

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 26th October 2016

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 6) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The financial sustainability risk rating has increased to 3 this month. The governance rating remains green.
- The Risk Assessment Framework is being replaced by the Single Oversight Framework with effect from 1st October 2016. The Trust has been assigned a shadow segment of “2” – potential support needed in relation to finance. The planning guidance, NHS standard contract and CQUIN schemes for 2017-19 have recently been published and a brief summary of these is included within the report.
- There has been a slight decrease in performance against contract quality standards in the month.
- The CQUIN “Safely reducing avoidable detentions under the Mental Health Act” remains amber this month following agreement of an action plan. The associated financial risk for the quarter is a maximum of £338k.
- The CQUIN “Measuring effectiveness in community CYPS” has remains amber this month due to challenges re the delivery of outcomes training. The associated financial risk for the quarter is a maximum of £300k.
- Five of the seven quality priorities have been fully achieved in the quarter, while the remaining two remain RAG rated as amber.
- The Accountability Framework for each group is rated as 2 for quality governance for quarter two. The Specialist Group is currently rated as 1 (highest risk) for financial sustainability.
- Reported appraisal rates have decreased in the month to 82.8% which is below the Trust wide standard of 85%, however the most recent appraisals conducted may not be included within this figure as there has been a delay in recording this information centrally.
- The sickness absence rate has remained stable within in the month at 5.27% trust wide.
- Training rates have decreased across the majority of courses during September. The Trust headcount has increased by 3% in the month and there has also been a delay in entering training records centrally therefore an increase is anticipated during October.

Risks Highlighted: NHS Improvement Risk Assessment Framework / Single Oversight

Framework

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information only

Link to Policies and Strategies: NHS Improvement – Risk Assessment Framework, Single Oversight Framework, 2016/17 NHS Standard Contract, 2017-19 Planning Guidance and standard contract

NTW Integrated Commissioning & Quality Assurance Report**2016-17 Month 6 (September 2016)****Contents:**

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1. At a Glance Integrated Commissioning & Quality Assurance Report September 2016

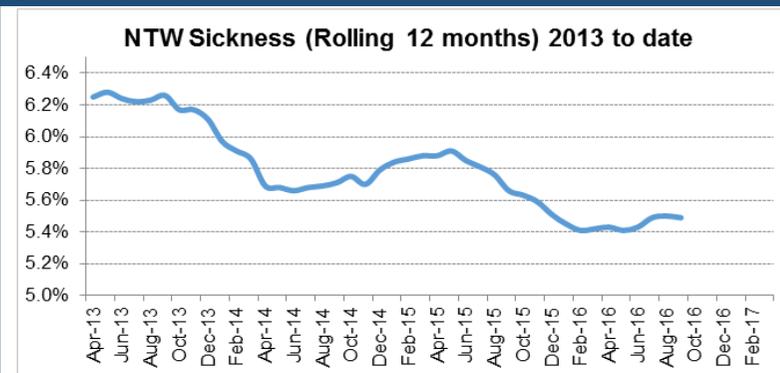
NHS Improvement Risk Assessment Framework:		Governance Risk Rating Month 6:	Financial Sustainability Risk Rating Month 6:	<p>The Governance risk rating remains green (lowest risk) and the Financial Sustainability risk rating has increased to 3. While all of the Governance Risk Assessment Framework requirements are achieved in the month, performance against Internal KPIs as forecast in the annual plan are currently not achieved.</p> <p>NHS Improvement have recently confirmed that the Trust's assigned shadow segment under the Single Oversight Framework is "2" (targeted support).</p>
		Green	3	

Quality Priorities:	Quarter 2 forecast achieved:	Quarter 2 forecast part achieved:	<p>In total there are seven quality priorities identified for 2016-17 and as at Quarter 2, two are rated amber, encompassing waiting times and embedding suicide risk training.</p>
	5	2	

CQUIN:	Quarter 2 forecast achieved:	Quarter 2 forecast part achieved:	<p>There are a total of ten CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services and at Quarter 2 all requirements have been fully achieved in Quarter 2 with the exception of Safely Reducing Avoidable Repeat Detentions under the Mental Health Act and Measuring Effectiveness in Community Children and Young Peoples Service, all are subject to agreement with commissioners.</p>
	8	2	

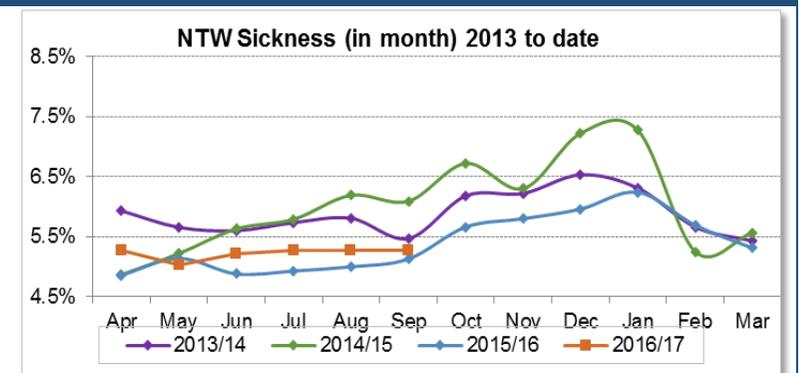
Workforce:	Statutory & Essential Training:			<p>Information Governance continues to under perform (86.0%). The MHA, MCA and DOLs training is now reported as a combined total at 79.8%. There has been a significant increase in PMVA Breakaway (87% was 76.8% last month) Following a review, the frequency of some essential training topics is to be reduced and will be implemented from October 2016.</p>	Appraisals:
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		
	14	3	2		

Sickness Absence:



The "in month" sickness absence rate remained the same at 5.27% in September 6.

The rolling 12 month sickness average remains at 5.5%.



Finance: At Month 6, the Trust has a surplus of £1.7m which is £0.9m behind our revised plan. This delivers a risk rating of 3 this month. The Trust’s control total increased to £6.5m following the allocation of £1.8m from the Sustainability and Transformation Fund (STF) and the Trust only receives this funding if it achieves its original control total. The Trust faces a significant challenge to deliver its control total and needs to improve its financial position and deliver its recovery plans to achieve this. The Trust is currently assuming it can deliver £4.4m from recovery plans and achieve its control total but this requires Groups and directorates to reduce spend and assumes the Trust can negotiate additional income for some specific issues. The financial position has improved from a £0.2m deficit at month 5 as a result of several ‘one-off’ benefits, including accruing for STF Funding, but the underlying financial position has improved by over £200k.

The main financial pressures are CYPS In-patient & Community and LD transformation in Specialist Care and staffing pressures in Community Services due to agency staff spending. The staffing overspend at Month 6 across the Trust was £2.8m. The Trust saw a reduction in the level of agency spend incurred at month 6. A significant change in spending on temporary staffing (agency, bank and overtime) is required to turn the staffing overspend around. Agency spend is £6.7m at Month 6 which is £1.1m above ceiling trajectory and forecast agency spend is around £11.4m which is over £2.8m above the Trust’s ceiling. Work is on-going to reduce overspends across the main pressure areas and some specific savings schemes are being developed. However, to improve the Trust’s financial position this year and achieve the target surplus, all areas of the Trust need to minimise spend over the rest of this financial year.

Contract Summaries:	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	<p>15, 94% 6, 6%</p>	<p>10, 100%</p>	<p>10, 100%</p>	<p>10, 100%</p>	<p>10, 100%</p>	<p>6, 86% 1, 14% 2, 25%</p>	<p>6, 75% 2, 25%</p>
	Completion of Risk Assessment (1 patient) within 6 months under performed at a contract level for month 6	All achieved in Month 6	All achieved in Month 6	All achieved in Month 6	All achieved in Month 6	Completion of Crisis & Contingency plans (3 patients) under performed at a contract level for month 6	Completion of Risk assessment (2 patients), Crisis & Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 6.

2. Compliance

a) NHS Improvement Risk Assessment Framework September 2016

*****Note that this will be superceded from 01.10.2016 by the Single Oversight Framework. See overleaf*****

NHS Improvement Risk Assessment Framework Dashboard																
Key Indicators:	Standard	Q3 2015-16			Q4 2015-16			Q1 2016-17			Q2 2016-17			Trend	National benchmark	Data Quality
		Oct	Nov QTD	Q3	Jan	Feb QTD	Q4	Apr	May QTD	Q1	July	Aug QTD	Q2			
Governance Risk Rating														—		
Financial Sustainability Risk Rating		4	4	4	4	4	4	3	3	2	2	2	3	▲		
Access	7 day follow up	95%	98.4%	98.5%	98.7%	98.5%	98.3%	98.1%	95.7%	97.2%	97.4%	96.8%	97.1%	97.2%	▲	TBC
	Service users on CPA 12 month review	95%	96.3%	97.0%	97.2%	96.0%	97.0%	97.2%	97.1%	95.9%	96.2%	95.8%	96.6%	96.9%	▲	TBC
	Gatekeeping admissions by CRHT teams	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	▼	TBC
	EIP 2 week wait	50%				35.3%	76.1%	74.7%	90.3%	88.8%	87.4%	91.7%	85.2%	82.3%	▼	TBC
	IAPT 6 week wait	75%	98.8%	98.8%	99.1%	98.4%	98.8%	98.8%	99.6%	99.0%	98.7%	98.0%	98.5%	98.6%	▲	TBC
	IAPT 18 week wait	95%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	99.6%	99.8%	99.9%	▲	TBC
	RTT waiting times (incomplete)	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	—	TBC
	Clostridium Difficile objective														—	TBC
Outcomes	Delayed Transfers of care	7.5%	2.2%	2.0%	2.0%	2.7%	2.4%	2.3%	2.4%	2.0%	1.8%	2.0%	2.0%	1.8%	▲	TBC
	Data Quality : Outcomes	50%	92.4%	93.1%	93.0%	92.4%	92.8%	93.4%	93.4%	93.1%	92.5%	92.7%	92.9%	92.5%	▼	TBC
	Data Quality: completeness	97%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.9%	▲	TBC
	LD access requirements														—	
Risk/failure to deliver Commissioner Requested Services		No	No	No	No	—										
CQC Compliance action outstanding		No	No	No	No	—										
CQC enforcement action in the last 12 months		No	No	No	No	—										
CQC enforcement action in effect		No	No	No	No	—										
Moderate CQC concerns		No	No	No	No	—										
Major CQC concerns		No	No	No	No	—										
Non compliance with CQC registration		No	No	No	No	—										
Comments: The Financial Sustainability Risk Rating remains at 2 which represents a material risk, potentially triggering investigation by NHS Improvement.																
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>meeting target</p> <p>breaching target</p> <p>improved from last month</p> <p>no change from last month</p> <p>worse than last month</p> </div> <div style="width: 35%; text-align: center;"> <p>■ meeting target</p> <p>■ breaching target</p> <p>▲ improved from last month</p> <p>— no change from last month</p> <p>▼ worse than last month</p> </div> </div>																
Internal KPIs	Statutory & Essential Training	85%							81.0%	80.0%	71.4%	77.8%	77.8%	77.8%		14 of 18 achieved
	Information Governance Training	95%							88.7%	90.6%	90.8%	89.6%	88.7%	86.0%		
	Local Contract Quality Standards	95%							89.9%	96.0%	96.0%	90.6%	96.0%	94.6%		71 of 75 achieved
	Internal Quality Priorities	90%							100.0%	100.0%	57.1%	71.4%	71.4%	71.4%		5 of 7 achieved

2. Compliance

b) CQC Update September 2016

CQC Comprehensive Inspection update 10.09.16

The date for the Quality Summit has been confirmed as 20 October 2016.

As outlined in last month's report each service report identifies areas for improvement, the majority of which are not classed as breaches of regulatory requirements. There are, however, two breaches of regulations identified, which are:

1. Use of mechanical restraint in inpatient services for children and young people
2. Lack of personalised care planning in inpatient wards for older people

Formal actions plans have been developed and these were submitted to the CQC on the 30th September 2016.

CAMHS inpatient wards

The trust were using mechanical restraint as an intervention in the management of violence and aggression in child and adolescent mental health wards. The use of mechanical restraint to move patients around the building linked to the environment and did not support therapeutic intervention and recovery of children on the wards.

The trust must ensure that care and treatment including the use of mechanical restraint is planned to support therapeutic intervention and recovery.

The trust must ensure that mechanical restraint is being used in exceptional circumstances when it is in the best interests of the patient and provides the least restrictive intervention.

- Develop a shared electronic trust-wide database of good practice in relation to reducing violence and aggression. Baseline data has been produced to support service development and change.
- The trust training programme has been reviewed and developed to better support de-escalation and restraint avoidance. This is currently being rolled out across the trust.
- Continue to monitor the use of all MRE via both the operational groups and the trust Positive and Safe Implementation Strategy Group.
- All wards in CYPS will have been enrolled into the Talk First programme by the 31st December 2016.
- Further scoping will be undertaken over the next 4 months, however any future environmental development is subject to the availability of capital investment, which nationally is an unknown quantity at this time. The trust will be seeking access to national capital resources to design and build a new facility once it is clear that we will be continuing to deliver the service. A decision in relation to the re-provision will be made by 31st March 2017.

Older people's wards

Person centred care was not reflected in the care plans which had limited personalisation and did not reflect the involvement of patients and carers.

Care plans were not being used by staff as their point of reference to deliver planned and consistent care.

The trust must ensure staff formulate personalised and detailed care plans and that care plans are used consistently by staff to inform them of a patient's care.

- Development of a care planning and evaluation tool to reflect the standards of personalisation by October 2016.
- Undertake an audit of care planning and evaluation tool on each of the older person's wards to give a baseline position. This will be reported to the Trust-wide Care Planning Group in November 2016.
- Obtain examples of best practice in relation to care planning from the Trust-wide Care Planning Group to share with the wards by November 2016.
- Develop a visual representation of evaluation tool in the form of a poster to demonstrate at a glance the need for patient and carer involvement into care planning and evaluation. Poster to be adopted by the wards within older people's services, acting as a visual reminder and prompt of the importance of patient and carer/family involvement into individualised care planning.
- Plan and deliver a series of development days for clinical staff during December and January 2017 with the aim of improving the quality of their care planning as part of multi-disciplinary working; ensuring person centred and individualised care.
- Undertake a re-audit of the care planning and evaluation tool in February 2017 and report to the Trust-wide Care Planning Group in March 2017.
- The audit questions will continue to form part of the monthly care plan audit.

Registration notifications made in the month: none

Mental Health Act Reviewer visits in the month:

01/08/16 Beckfield Ward

17/08/16 Riding Ward

31/08/16 Longhirst Ward

The issues below were the common themes that were raised in visits between July and September 2016.

- The quality of care plans was variable in 4 of 8 visits for the period.
- Section 132 rights not being reviewed was an issue in 5 of the 8 visits for the period. Following discussion at the Mental Health Legislation Steering Group a Task and Finish Group will be set up to ensure staff explain a patient's rights to them on admission and routinely thereafter. This work will include community patients who are subject to a CTO.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Oxleas NHS FT	April 2016	13/09/16	Requires improvement	This trust has been rated as 'Requires Improvement' overall due to safety concerns within some services. The trust was in breach of three regulations.	here
North East London NHS FT	April 2016	27/09/16	Requires improvement	This trust has been rated as 'Requires Improvement' overall. The trust was in breach of eleven regulations.	here
Derbyshire Healthcare NHS FT	June 2016	29/09/16	Requires improvement	This trust has been rated as 'Requires Improvement' overall due to a lack of robust leadership, failed assurance and reporting systems in recognising serious safeguarding issues, front-line staff lacked confidence in the leadership team and the quality of clinical services varied. The trust was in breach of 23 regulations.	here

Anticipated CQC inspection reports of note:

- North East Ambulance Service inspected April 2016. The Quality Summit is due to take place November 2016.

CQC Recent News Stories:

CQC launches an updated code of practice on confidential personal information

The CQC have updated their code of practice that CQC staff follow to obtain, handle, use and disclose confidential personal information. The code explains how CQC makes decisions relating to confidential personal information. This includes how they decide whether they need to look at medical or care records during an inspection, and whether they need to share personal information that they hold. The updated code of practice can be found [here](#).

Review of how NHS trusts investigate and learn from deaths

The CQC have now completed their site visits and continue to work with a range of stakeholders, including an Expert Advisory Group, online communities and providers to complete their evidence gathering and analyse their findings. Recommendations from the review will be published in December 2016.

CQC publishes independent review into data security breach

On 26 July 2016 the CQC publicly reported a data security breach involving the loss of Disclosure and Barring Service (DBS) certificates from CQC premises in Newcastle. Following this incident and the internal Service Incident Report, an independent external review of the incident was commissioned. The findings of their investigation can be found [here](#).

‘Time to listen’: A joined up approach to child sexual exploitation and missing children

Joint inspections between CQC, Ofsted, HM Inspectorate of Probation and HM Inspectorate of Constabulary have found that public services need to better recognise and act on their safeguarding responsibilities when it comes to identifying and responding to possible child sexual exploitation. Inspections, which spanned a range of services – from healthcare, to the police, probation and youth offending teams – have uncovered that despite there being some evidence of good practice, more needs to be done to ensure all children and young people receive consistently good support from the agencies that they depend upon.

Their [report](#) reveals that while many professionals were committed to engaging with children, listening to their views and understanding their experiences, health communities appear to have an inadequate understanding of the signs of child sexual exploitation. There is variation in practice, which means that the signs are not being acted upon and that some children have to wait too long to get the help and support they need

The joint target area inspections between CQC, Ofsted, HMIP and HMIC will look at specific issues that affect vulnerable children and adults. From October 2016, the agencies will begin their next round of inspections, which will have a particular focus on how health, police and probation services respond to and care for children living with domestic abuse.

CQC State of Care 2016 report

This is due to be published 13th October 2016 and CQC have notified the Trust that the Community Transitions Team and Street Triage service are highlighted as areas of good practice within the report.

2. Compliance

c) National Access & Outcomes Development Update

Please note that performance against RTT, EIP and IAPT waiting times is covered in the NHS Improvement section of the report. Performance against MDT waits and other local access requirements (eg Gender Dysphoria, ADHD) are included within the quarterly quality priority update to CDT-Q.

Gender Dysphoria 18 weeks RTT: It has been confirmed nationally that the 18-week RTT standard **does** apply to all Gender Identity Clinics, as they are considered as meeting the definition of a consultant led service for the purpose of RTT (acknowledging that there are multiple professionals involved in the delivery of services within the clinics). This has significant implications for our reporting of compliance with RTT standards and associated regulatory implications eg NHS Improvement Risk Assessment Framework/Single Oversight Framework.

The NTW Gender Dysphoria service was visited by an NHS Improvement Elective Intensive Support Team (EIST) last month who found that the Trust is in a good position to commence reporting.

CYPS Eating Disorders:

- treatment is to be commenced within a maximum of 4 weeks from first contact for routine cases and within 1 week for urgent cases (standard of 95% by 2020/21).
- In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours (standard of 95% by 2020/21).

Submission of this data has recently commenced, however the data needs further refining to meet the full requirements of the standard. Initial data suggests that current performance against the one week standard for urgent cases is approximately 60% however this is based on low numbers and unlikely to reflect all the the relevant activity taking place across community CYPS and adult CMHT's, particularly routine referrals.

IAPT: An outcomes based currency for IAPT has been developed and will be applied in shadow form in 2017/18, and implemented in 2018/19. The current standard of 75% of patients to start treatment within six weeks of referral is to be increased to 95% by 2020 and the number of people accessing treatment is forecast to increase to 25% of people with common MH conditions by 2020/21 (currently c16% nationally).

Sunderland CCG has recently successfully bid against national funding of £500k in 2016/17 and £1m in 2017/18 with the condition that the funding is matched by the CCG in subsequent years. Discussions regarding implementation and sustainability are currently ongoing with commissioners.

EIP: The 50% standard for EIP treatment within 2 weeks of referral will increase to 53% in 2018/19, to 56% in 2019/20 and to 60% by 2020/21. Implementation of the standard is currently being overseen by the EIP Strategy Group.

The 2016 national audit of EIP services is currently ongoing by NHS England and will result in the Trust being assigned a rating for the service. Areas of risk are anticipated to be outcomes, physical health and access to CBT. Given the short timescale to address the areas of concern

identified within the original audit the Trust is likely to be assessed as “Requiring Improvement”.

Perinatal mental health: Access standard and routine outcomes measures remain in development - the National Collaborating Centre for Mental Health are leading a process of expert engagement in achieving better access to perinatal mental health services.

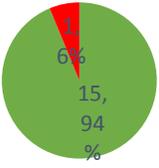
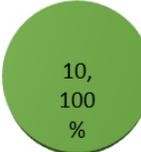
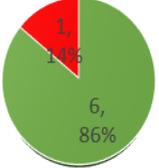
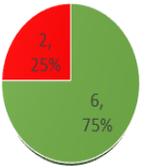
Crisis Care: NHS England has recently announced that mental health services will be expected to treat patients in crisis within four hours as part of a new waiting time target for the sector mirroring the acute accident and emergency standard. Two new access and waiting times standards are being drawn up and will be in place by 2021. The aim is to ensure:

- every area provides 24/7 crisis resolution and home treatment teams to provide treatment within four hours; and
- every A&E has acute liaison psychiatric services and 50 per cent should be able to make those services available 24/7.
- patients in crisis will also be able to expect to see a doctor or nurse within an hour

NB Discussions with commissioners re the funding of these services are currently ongoing.

3. Contract Update September 2016

a) Quality Assurance – achievement of quality standards September 2016

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
 <p>Completion of Risk Assessment (1 patient) within 6 months under performed at a contract level for month 6</p>	 <p>All achieved in Month 6</p>	 <p>All achieved in Month 6</p>	 <p>All achieved in Month 6</p>	 <p>All achieved in Month 6</p>	 <p>Completion of Crisis & Contingency plans (3 patients) under performed at a contract level for month 6</p>	 <p>Completion of Risk assessment (2 patients), Crisis & Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 6.</p>

3. Contract update September 2016

b) CQUIN update September 2016

CQUIN Scheme:	Annual Value	Requirements	Quarterly Forecast:				Comments
			Q1	Q2	Q3	Q4	
1. Embedding Clinical Outcomes	£947,740	To further embed a culture of using clinician and patient outcome tools into clinical practice, aligning with emerging national guidance.					While this CQUIN is rated green, there is a risk associated with the level of commissioner involvement in the process to date.
2. Patients & Carers Involvement & Engagement CQUIN	£947,740	To improve the involvement and engagement with carers and service users when they access crisis services.					
3. Measuring effectiveness in Community Children and Young Peoples Services	£1,196,261	This approach will provide a first step in work towards an outcome based contract for the future and is in keeping with the recent report of the Children and Young People's Mental Health Taskforce Future in Mind (March 2015).					The final outcomes achievement will not be known until late October therefore this CQUIN is currently rated amber. The associated financial risk is a maximum of £300k.
4. Safely Reducing Avoidable Repeat Detentions under the Mental Health Act	£1,351,969	Providers will be assessed against quarterly implementation of governance-focused requirements.					This CQUIN is rated amber pending clarity on commissioner expectations. The associated financial risk is a maximum of £338k.
5. Health Equality Framework: outcome measurement for services to people with learning disabilities	£404,229	To implement use of the Health Equality Framework, using it to capture salient outcome measures for people with learning disabilities.					
6. Recovery Colleges for Medium and Low Secure Patients	£489,599	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
7. Reducing Restrictive Practices within Adult Low and Medium Secure Services	£242,280	The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services.					
8. Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer	£242,280	Implementation of good practice regarding the involvement of family and carers through a CAMHS journey, to improve longer term outcomes.					
9. Benchmarking Deaf CA and Developing Outcome Performance Plans and Standards	£49,000	Developing outcome benchmarking processes across all providers, followed by performance planning and standard setting.					
10. Perinatal Involvement and Support for Partner / Significant Other	£242,280	To develop care plans ensuring appropriate emotional, informational and practical support is offered to partners and significant others to robustly encourage their understanding and participation in the mother's treatment, care and recovery and to promote their bond with the infant.					
Grand Total	£6,113,378						

3. Contract update September 2016

c) 2017-19 Planning & Operational Guidance, NHS Standard Contract and Mandated CQUINs

The above guidance documents have now been published and key points to note are as follows:

- i. The default will be for 2 year contracts
- ii. The target deadline is for all 2017-19 contracts to be signed by 23 December 2016. Failure to do so will be seen as a governance failure.
- iii. From April 17 each STP will have a financial control total that is also the sum of individual organisational control totals; all organisations will be held accountable for delivering both their individual control total and the overall system control total
- iv. Priorities are in line with those set out in the mental Health Five Year Forward View. STPs will need to agree trajectories against these for 2017-19
- v. Plans will need to be agreed by NHS England and NHS Improvement
- vi. There are minimal changes to the NHS Standard contract
- vii. Cost uplifts in the national tariff will be 2.1% for both 2017-18 and 2018-19. The efficiency deflator will be set at 2% in both years.
- viii. Centrally held transformation funding to support delivery of the Mental Health Five Year Forward View will be allocated to CCGs in relation to:
 - a. Increasing IAPT services
 - b. Specialist perinatal mental health care
 - c. Delivery of liaison services in acute A&E departments and wards
- ix. In addition to the above initiatives there are a number of key deliverables for mental health transformation set out in the guidance
- x. 1.5% of the CQUIN funding available to NTW will be linked to the following five nationally identified indicators:
 - a. Improving staff health and wellbeing
 - b. improving services for people with mental health needs who present to A&E
 - c. physical health for people with severe mental illness
 - d. transition for children and young people with mental health needs
 - e. preventing ill health from risky behaviours – alcohol and tobacco
- xi. An NTW response to the consultation on the above schemes has been submitted.
- xii. The remaining 1% CQUIN funding will be assigned to providers locally, with half of this to be held within a risk reserve and released when control totals have been delivered.

2017-18 and 2018-19 High level timetable:

Timetable Item:	Date:
Commissioner allocations published	21 October 2016
Submission of STPs	21 October 2016
Final CCG and specialised services CQUIN scheme guidance issued	31 October 2016
Commissioners (CCGs and direct commissioners) to issue initial contract offers that form a reasonable basis for negotiations to providers	4 November 2016
Providers to respond to initial offers from commissioners (CCGs and direct commissioners)	11 November 2016
Submission of full draft 2017/18 to 2018/19 operational plans	24 November 2016
Weekly contract tracker to be submitted by CCGs, direct commissioners and providers	Weekly from: 21/22 November 2016
<ul style="list-style-type: none"> • National deadline for signing of contracts, • Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts • Final plans approved by Boards or governing bodies of providers and commissioners 	23 December 2016

3. Contract update September 2016

d) NHS England SDIP Quarter 2 (Shared with Commissioners)

	Milestones	Progress
Adult Eating Disorder Intensive Day Service	Review the existing Eating Disorder Intensive Day Service pathway	The reviewed Pathways into and out of REDS Intensive Day Service have been shared with Commissioners. The team have now agreed a process for individualised care plans giving a range of options re IDS attendance
Alnwood Transition	The service and commissioners to work together to agree a revised model of clinical delivery and to agree a bed configuration in line with the current budget and agreed reduction in activity level/ bed occupancy for 16/17.	Implementation of the new model have been delayed due to ongoing issues with the bespoke packages of care required by 2 patients on Wilton Ward. Awareness raising sessions have continued with staff, of the 6 planned sessions 4 have been delivered regarding the new model of care.
Gender Dysphoria Service	The service will work in collaboration with NHS England to develop achievable timescales for meeting the action plan agreed in 2015/16 following investment by NHS England to meet 18 week waiting times target agreed between both parties.	Recruitment has continued & a new appointment booking system has been put in place which is helping to increase productivity. Early feedback suggests this has had a positive impact on DNA rates and patient feedback on the new process is positive. The waiting time is continuing to reduce and the current longest wait is 12 months which has reduced from 16 months in Q1.
Mental Health Forensic Outreach and Outpatient Service	The service will work with the commissioners to identify the range of activities delivered by each of these elements of service provision.	Work in relation to identifying contacts is being picked up as part of the wider work on contact activity for block contracts as outlined below.
Agree level of contact activity for all block contracts and process for review/revision of these in year	Provisional contact activity put in place for block contracts to be reviewed and revisions to be agreed where necessary	Work within the Trust has focused on pulling together the information the commissioners required in order to inform the next step of the plan as agreed in Q1, this takes into account activity over the last 3 years and also any national currencies or standards.
Wards 1a and 1b neuro rehab at Walkergate Park	Specialised Commissioning and NTW to work together to negotiate and agree a local weighted bed day tariff for wards 1a and 1b.	Building on previous discussions, information regarding occupancy and dependency has been provided to commissioners for their analysis and further consideration. Specific issues regarding occupancy and the impact of highly dependent patients were raised at the August contract meeting with regard to Ward 1.

3. Contract update September 2016

e) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2016-17			Q2 2016-17			Q3 2016-17			Q4 2016-17		
			Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			55.8%	56.0%	56.2%	56.7%	56.6%	56.8%						
Current Service Users on CPA			11.3%	11.2%	11.1%	10.9%	10.7%	10.7%						
Current in scope patients assigned to a cluster			87.6%	88.0%	88.0%	88.0%	87.8%	87.4%						
Number of initial MHCT assessments that met the mandatory rules			85.9%	84.4%	86.7%	85.0%	85.3%	87.4%						
Number of Current Service Users within their cluster review threshold		100%	81.7%	82.5%	82.0%	81.3%	80.2%	79.1%						
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	94.4%	94.2%	93.8%	93.7%	93.3%	93.0%						
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.1%	93.9%	93.3%	93.8%	93.6%	93.7%						
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	73.0%	71.2%	75.7%	76.1%	73.5%	72.8%						
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	47.9%	47.1%	49.5%	47.8%	51.9%	57.1%						
Current Service Users on CPA reviewed in the last 12 months	95%	95%	97.1%	95.9%	96.2%	95.8%	96.6%	96.9%						

4. Quality Goals/Quality Priorities/Quality Account Update September 2016

Progress towards the quarter two requirements for each of the 2016-17 quality priorities is summarised below.

Five of the seven priorities are currently rated green, two are rated amber and none are rated red against the Quarter 2 milestones.

Quality Goal:	2016-17 Quality Priority:		Quarterly Forecast Achievement:					Comments
			Lead	Q1	Q2	Q3	Q4	
Reduce incidents of harm to patients	1	To embed suicide risk training.	Rajesh Nadkarni					Trajectory for achievement of 85% standard to be established. Currently 84% overall.
	2	To improve transitions between young people's services and adulthood.	Gail Bayes / Tim Docking					
	3	To improve transitions between inpatient and community mainstream services.	Russell Patton / Tim Docking					
Improve the way we relate to patients and carers	4	To improve the referral process and the waiting times for referrals to multidisciplinary teams.	Gail Bayes					This quality priority remains rated as amber while there are still patients waiting more than 18 weeks for first contact with a team (excluding areas with known pressures, ie CYPS, gender etc). Recent staffing pressures within community CYPS will affect the service's ability to meet the 18 week standard.
	5	Adopt the principles of Triangle of Care to improve engagement with carers and families, with a particular focus on community services.	Group Nurse Directors					
Ensure the right services are in the right place at the right time for the right person	6	To improve the recording and use of Outcome Measures.	Jonathan Richardson					Rated green however awaiting interpretation of requirements by commisisoners.
	7	Developing staff skills to prevent and respond to Violence and Aggression.	Gary O'Hare					Rated green in quarter 2 however there is a risk to the delivery of the 85% trained target in quarter 4 due to the number of trainers available.

5. Monthly Workforce Update September 2016

*** Note the deterioration in most training courses is being investigated further. There is a known issue with the appraisals data due to a current backlog in central recording of this information***

Workforce Dashboard											Behaviours and Attitudes		
Training	Standard	M6 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology	Target	M6 position	Trend
Fire Training	85%	86.6%	▼	88.1%	84.0%	89.4%	88.1%	50.0%	85.8%	63.6%	85%	82.8%	▼
Health and Safety Training	85%	93.5%	▼	96.4%	94.2%	94.4%	94.1%	47.6%	90.3%	77.3%		57	
Moving and Handling Training	85%	94.2%	▼	98.0%	94.1%	95.3%	93.8%	47.6%	94.8%	77.3%		29	
Clinical Risk Training	85%	91.7%	▼	94.2%	91.8%	91.5%			79.6%				
Clinical Supervision Training	85%	80.9%	▼	90.1%	76.5%	82.2%			73.8%				
Safeguarding Children Training	85%	93.8%	▼	96.8%	95.2%	94.1%	93.3%	45.2%	93.3%	90.9%			
Safeguarding Adults Training	85%	91.6%	▼	94.7%	93.1%	91.3%	91.7%	47.6%	92.0%	95.5%			
Equality and Diversity Introduction	85%	93.1%	▼	95.3%	93.8%	95.0%	93.3%	47.6%	88.6%	77.3%			
Hand Hygiene Training	85%	92.1%	▼	95.5%	92.9%	94.1%	91.7%	46.0%	85.8%	72.7%			
Medicines Management Training	85%	88.7%	▼	92.2%	87.6%	88.4%	92.7%		82.5%				
Rapid Tranquillisation Training	85%	85.8%	▼	94.3%		84.6%			59.2%				
MHCT Clustering Training	85%	86.2%	▼	82.5%	76.7%	55.5%							
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	79.8%	▼	88.9%	82.1%	79.3%			60.7%				
Seclusion Training (Priority Areas)	85%	93.1%	▼	96.3%		91.7%							
Dual Diagnosis Training (80% target)	80%	87.0%	▼	92.9%	90.7%	87.8%			64.7%				
PMVA Basic Training	85%	78.8%	▼	83.2%		84.2%			62.2%				
PMVA Breakaway Training	85%	87.0%	▲	100.0%	86.4%	87.6%							
Information Governance Training	95%	86.0%	▼	91.7%	85.2%	87.4%	84.6%	37.3%	86.3%	63.6%			
Records and Record Keeping Training	85%	97.3%	▼	98.9%	99.0%	98.0%	95.7%	57.1%	97.5%	95.5%			

Recruitment, Retention & Reward			
Target	M6 position	Trend	
100%	100.0%	—	Corporate Induction
100%	89.7%	▼	Local Induction
<10%	7.7%	—	Staff Turnover
	6443		Current Headcount

Best Use of Resources			
Target	M6 position	Trend	
	£748,663	▲	Agency Spend
	£192,631	▼	Admin & Clerical Agency (included in above)
	£193,436	▼	Overtime Spend
	£704,485	▲	Bank Spend

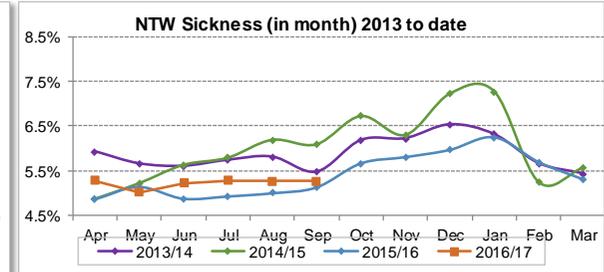
Managing Attendance			
Target	M6 position	Trend	
<5%	5.27%	—	In Month sickness
	1.36%		Short Term sickness (rolling)
	4.13%		Long Term sickness (rolling)
<5%	5.5%	—	Average sickness (rolling)

▲	Better than previous month
—	Same as previous month
▼	Worse than previous month

■	Performance at or above target
■	Performance within 5% of target
■	Under-performance greater than 5%

Comments:

Appraisals have decreased this month to 82.8% and are now reported below the 85% standard .
 In September the trend for training shows a decrease across the majority of training
 The in month sickness and rolling 12 month sickness figures remains the same



6. Finance Update September 2016

Financial Performance Dashboard

NTW Income & Expenditure

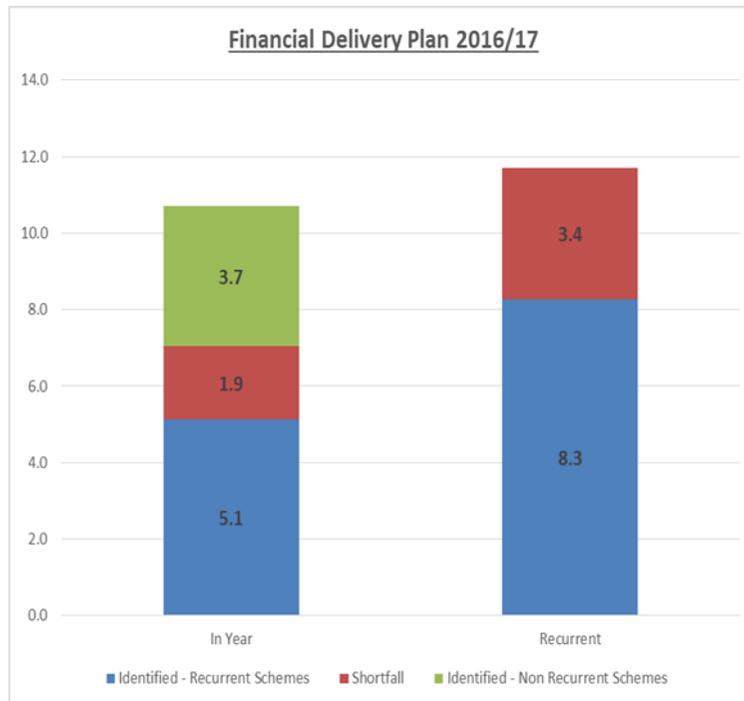
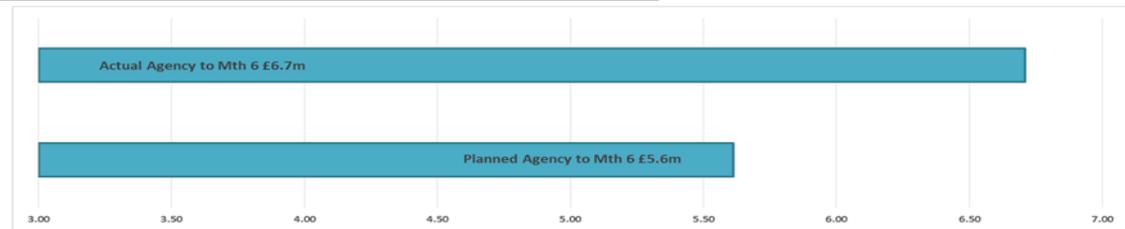
	Plan £m	YTD £m	Variance £m
Income	153.9	154.9	(1.0)
Pay	(121.5)	(124.3)	2.8
Non Pay	(23.2)	(22.9)	(0.3)
EBITDA	9.2	7.7	1.5
Cost of Capital	(6.6)	(6.0)	(0.6)
Surplus/(Deficit)	2.6	1.7	0.9

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	12.5	10.4	2.1
Community Services	10.0	9.3	0.7
Inpatient Care	16.4	16.6	(0.2)
Central	(36.3)	(34.6)	(1.7)
Surplus/(Deficit)	2.6	1.7	0.9

Key Indicators	Current
Risk Rating	3
Agency Spend	£6.7m
FDP Delivery	£2.9m
Cash	£16.1m
Capital Spend	£6.9m

Agency Spend Month 6



Key Issues/Risks

- £1.7m Surplus at Mth 6 – This is £0.9m less than the planned surplus of £2.6m. The position has improved by £1.9m. £0.8m of this is as a result of a number of one off benefits included in month 6, £0.9m is due to an accrual for STF funding & the underlying financial position has improved against trend by £0.2m.
- Control Total – The Trust is forecasting delivery of its £6.5m Control Total. This is based on some material assumptions including funding of some specific issues by Commissioners as well as delivery of financial recovery plans and control of non-essential spending.
- Risk Rating of 3 – Rating has moved back to a 3 due to the improvement in the surplus. The year-end forecast rating is a 3 based on delivery of the Trust's Control Total.
- Pay overspent by £2.8m - this position needs to be turned around quickly if the Trust is to improve its financial position and meet its control total.
- Main pressures - CYPS In-patient & Community services and LD transformation in Specialist Care which have resulted in Specialist Care being £2.1m above their control total at month 6. Also Community Services are £0.6m above their control total at month 6.
- Agency Spend – Target spend in 16/17 is £8.6m. Agency spend at month 6 is £6.7m which is £1.0m over the planned trajectory. Forecast spend is around £11.4m.
- Financial Delivery Plan - £2.9m of the planned £3.9m delivered at month 6.
- Cash – £16.1m at month 6 (£3.6m below plan). Forecast is £25.0m (£0.4m above plan).
- Capital Spend - £6.9m (£4.5m below plan). Forecast is £18.8m (£2.8m below plan).

Agency Dashboard – Month 6 2016

Key issues

1. Monitor introduced capped rates for Agency staff in November as well as a requirement to use approved suppliers for agency nursing and a ceiling on qualified nursing agency spend of 3%. Trust spend was below this at 2.2% in March.
2. Cap rates reduced on 1st Feb increasing the number of breaches. However, agency medic breaches reduced during Feb and revised below cap rates were agreed for Psychologists from start of March.
4. On 1st April cap rates reduced further and trusts need to use suppliers on new NHSI approved frameworks for all staff groups . A ceiling on all agency spend in 16/17 was also introduced and the Trust's ceiling is £8.6m, which is a £5m reduction on 15/16 spend.
5. Agency spend at Mth6 was £6.7m which is £1.1m above plan. Forecast spend is around £11.4m which is over £2.8m above our ceiling.
6. The number of breaches has reduced significantly in recent months. The Trust was reporting circa 1,500 braches a month through April to July following the last reduction in the caps. As at 1st August the Trust advised Social Workers and Community nursing agency staff that we would only pay at caped rates. As a result nursing & SW breaches reduced to 166 & 144 in August and only 30 & 40 in September. Since April the Trust has run with circa 200 Medical breaches a month and this is down to 70 breaches in September. Those still breaching the cap are a legacy of before April, the practice is now that agency medics are brought in at caped rates.

Group	Year to date - Mth 6			
	Agency	Bank	Overtime	TOTAL
	£m	£m	£m	£m
Specialist	2.0	1.9	1.0	4.9
Community	2.7	0.6	0.1	3.5
Inpatients	1.2	1.9	0.1	3.2
Support Services	0.7	0.3	0.3	1.3
	6.7	4.6	1.5	12.8

Monitor Agency Cap Breaches (Number of shifts)

	Wk 1-6	Wk 7-10	Wk 11-14	Wk 15-18	Wk 19 - 23	Wk 24-27	Wk 28-31	Wk 32-36	Wk 37-41	Wk 42	Wk 43	Wk 44	Wk 45
Staff Group	23/11 - 3/1	4/1 - 31/1	1/2 - 22/2	29/2-27/3	28/3 - 25/4	2/5 - 23/5	30/5 - 20/6	27/6 - 25/7	1/8 - 29-8	5/9	12/9	19/9	26/9
Medical	13	0	102	30	218	184	173	247	190	15	17	16	22
Nursing	26	13	15	3	1,283	670	586	665	166	10	10	5	5
Psychology & SW	37	24	195	0	200	578	609	663	144	10	10	10	10
Total	76	37	312	33	1,701	1,432	1,368	1,575	500	35	37	31	37

7. Outcomes/Benchmarking/National datasets update

Benchmarking:

- The 2016 MH Benchmarking draft report has been reviewed and the amended figures where necessary have been resubmitted to the Benchmarking network. We are awaiting the final published report which is expected in late October 2016. The Benchmarking Network will be hosting a workshop early November 2016 relating to the findings along with presentations from various sources
- Secure Services Benchmarking draft report has been received, comments have been submitted back to the Benchmarking Network and we are awaiting the final report
- CAMHS Benchmarking has now been submitted as required and the report is due mid November 2016
- Perinatal Benchmarking has now been submitted as required and the report is awaited
- LD Benchmarking – The data collection has now opened for the dataset and the data collection is currently underway within the organisation. The dataset will collect data regarding service models, access and activity metrics, workforce, finance, quality, effectiveness and safety along with patient outcomes. Once collated this will be reviewed within the Groups prior to submission on 11th November 2016

OATS:

A national collection of data on out of area treatments is to commence from the 3rd October 2016. The guidance has been received regarding the definition and requirements of the collection. The first submission is due to be reported to NHS Digital by 7th November 2016 and relates to data from 17th October – 31st October 2016. A paper is going to Group Business meeting in late October to review the submission methodology

NHS England anticipates that reducing out of area placements will save £200m nationally, which will be used to help achieve new waiting time and access standards.

9. Accountability Framework Update

Continuity of Service/Financial Sustainability Risk Rating:	Inpatient Group				Community Group				Specialist Group				Comments:			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
	3	4			1	2			1	1						
Continuity of Service/Financial	4				3				2				1			
YTD contribution:	Exceeding Plan				In line with/just below plan (within 1%)				Between 1% and 2% below plan				More than 2% below plan			
Forecast contribution																

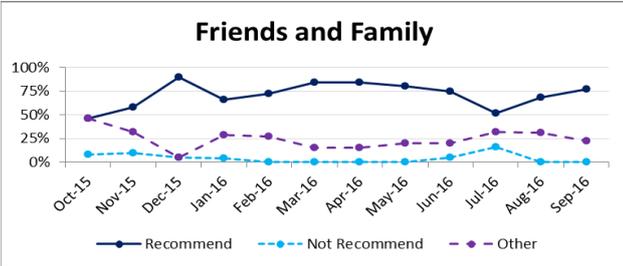
Quality Governance Risk Rating:	Inpatient Group				Community Group				Specialist Group				Comments:			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
	2	2			2	2			2	2				The quarter end position includes breaches of quarterly standards, therefore reducing the risk ratings for each group to 2.		
Performance against National Standards:																
CQC Information:																
Performance against Contract Quality Standards:																
Clinical Quality Metrics:																
Quality Governance Risk Rating Framework:	4				3				2				1			
Performance against National Standards:	All achieved				In month below standard				In month below standard				Quarterly standard breached			
CQC Information:	No concerns				No concerns				Concerns raised				Concerns raised			
Performance against Contract Quality Standards:	All achieved				In month below standard				Quarterly standard breached				Quarterly standard breached			
Clinical Quality Metrics:	All achieved				In month below standard				Quarterly standard breached				Quarterly standard breached			

10. Principal Community Pathways Benefits Realisation Update Data to September 2016

Benefits Realisation dashboard Sunderland Psychosis/Non-Psychosis

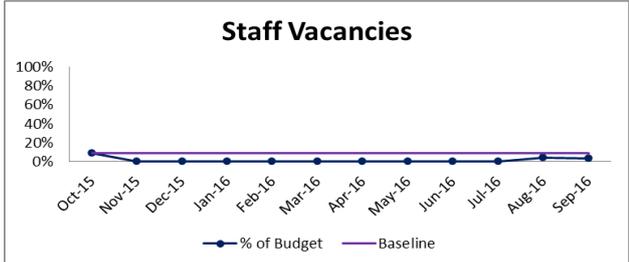
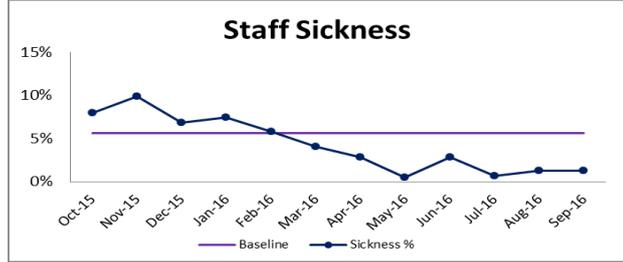
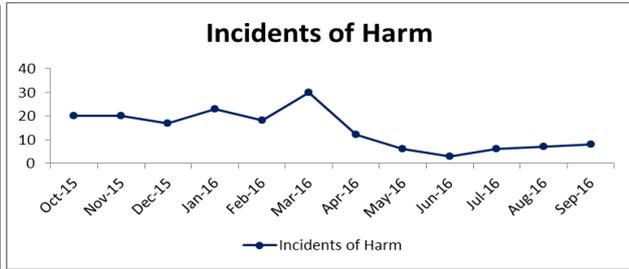
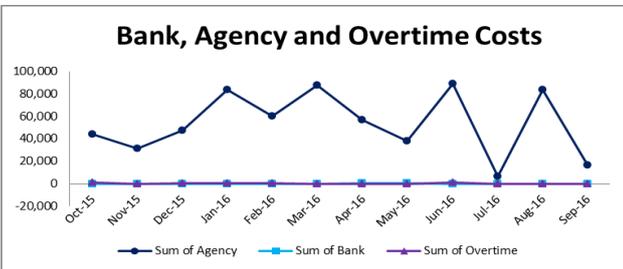
Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible



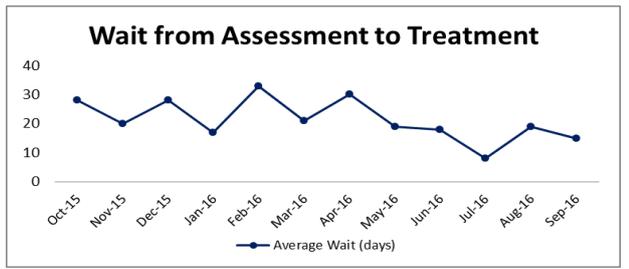
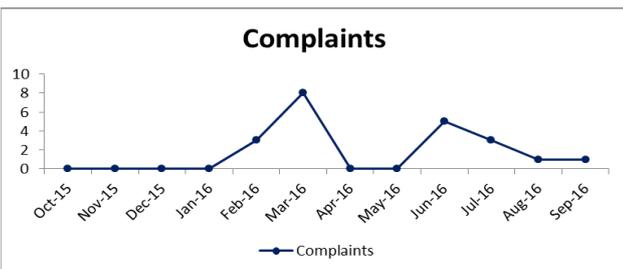
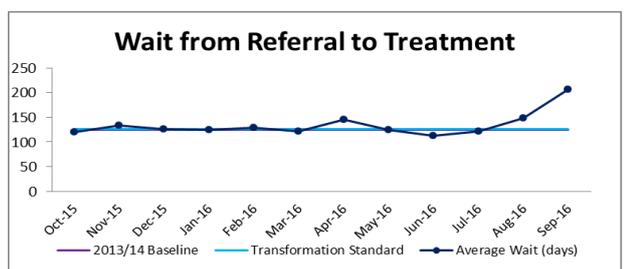
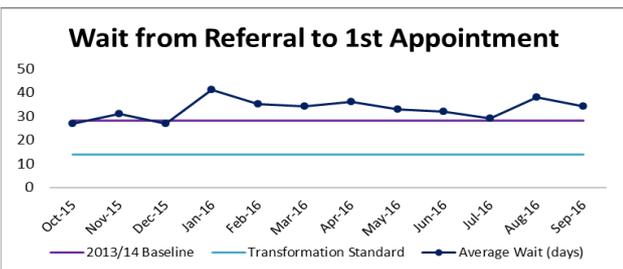
Safe

To get the right care, safely and easily from our flexible and skilled workforce



Responsive

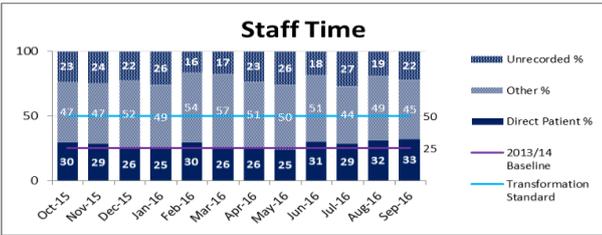
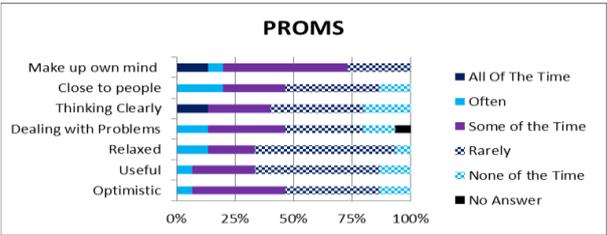
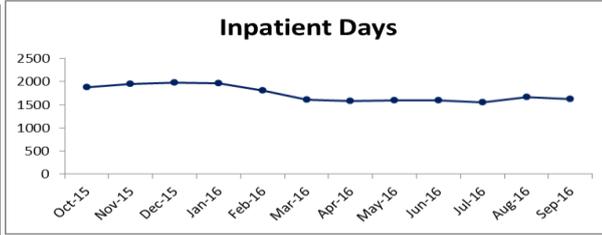
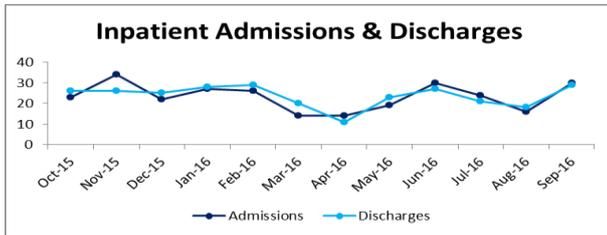
You can reach us simply and quickly, the earlier the better



PCP

Effective

To get the right care, safely and easily



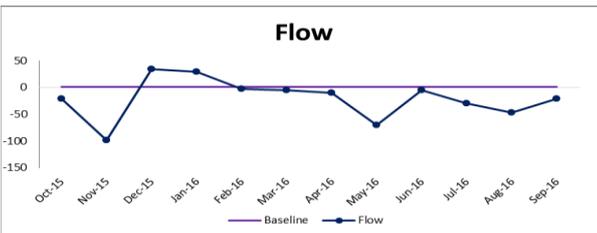
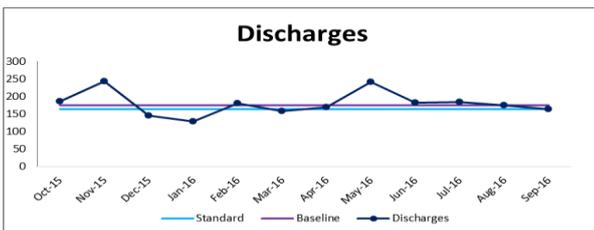
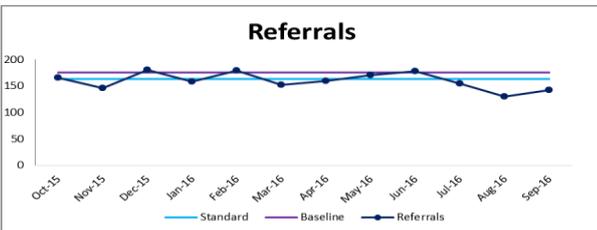
HoNOS Factor	Score change within the period	Sunderland Psychosis/Non-Psychosis	%	113	100%
Personal	No Change	58	51%		
	Improved	30	27%		
	Deteriorated	25	22%	113	100%
Emotional	No Change	43	38%		
	Improved	43	38%		
	Deteriorated	27	24%	113	100%
Social	No Change	58	51%		
	Improved	32	28%		
	Deteriorated	23	20%	113	100%
Severe	No Change	63	56%		
	Improved	27	24%		
	Deteriorated	23	20%	113	100%

Transformation Implementation

Project	Status	Comment
Workforce	●●●	
IT	●●●	
Standard Work	●●●	
Accommodation	●●●	
Pathway Functions	●●●	
Clinical Pathway/Interventions	●●●	

Key: ● Action Completed ● In Progress ● To Commence

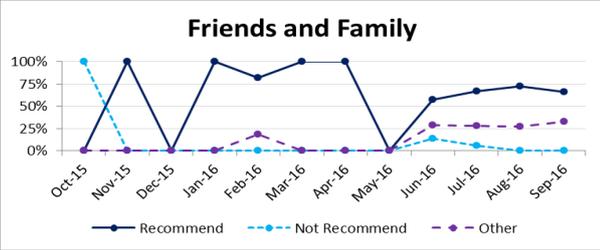
Capacity



Benefits Realisation dashboard Sunderland Older People

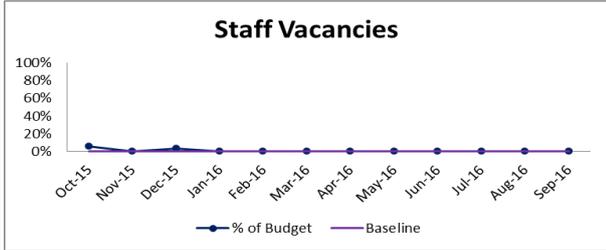
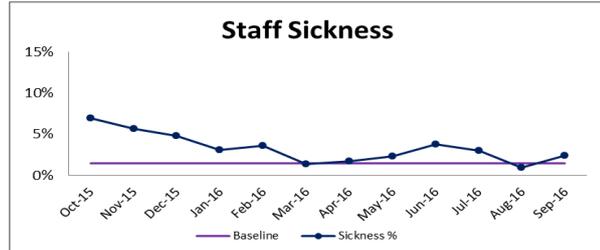
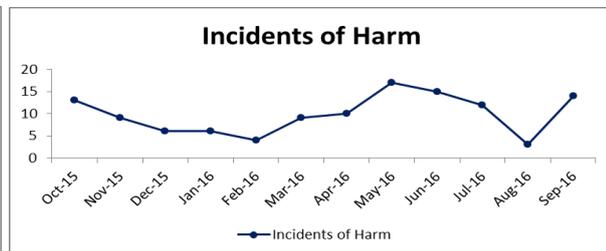
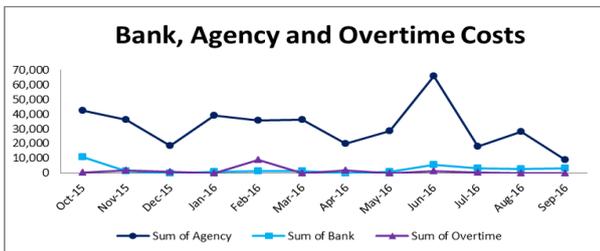
Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible



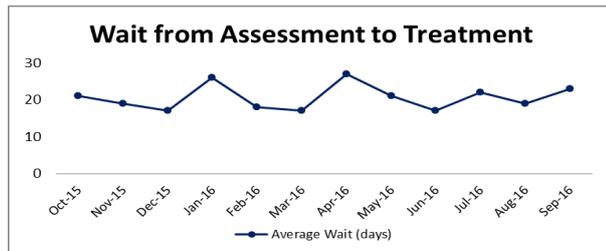
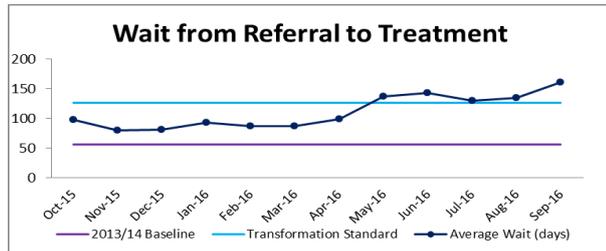
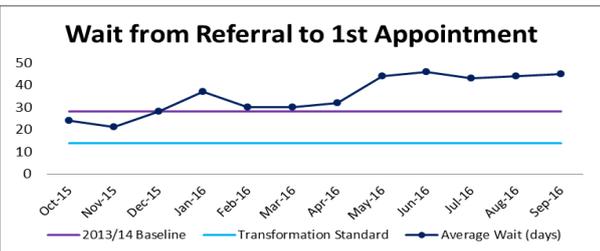
Safe

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Responsive

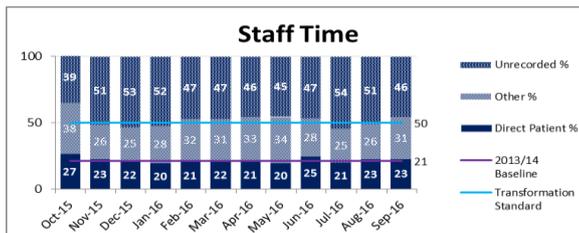
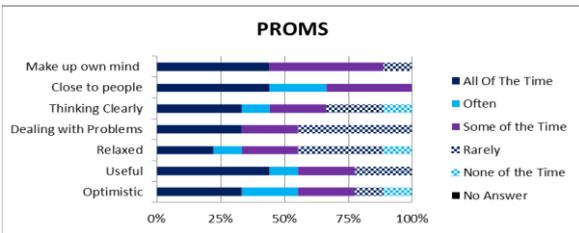
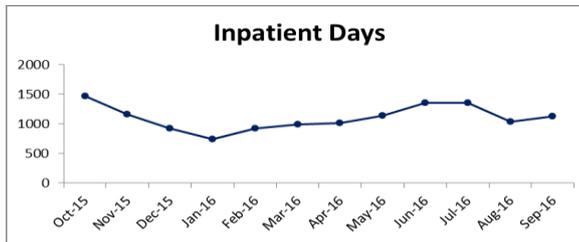
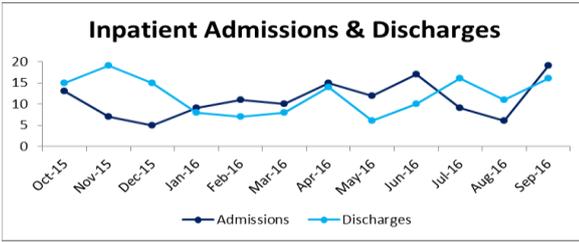
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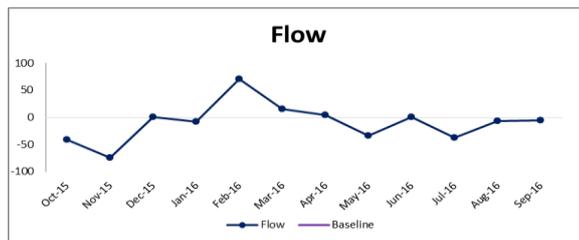
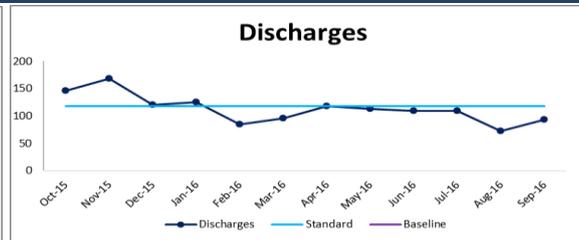
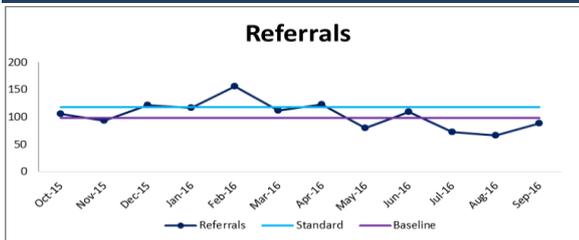
HoNOS Factor	Score change within the period	Sunderland	
		Older People	%
Personal	No Change	55	71%
	Improved	12	16%
	Deteriorated	10	13%
Emotional	No Change	49	64%
	Improved	16	21%
	Deteriorated	12	16%
Social	No Change	58	75%
	Improved	8	10%
	Deteriorated	11	14%
Severe Disturbance	No Change	49	64%
	Improved	17	22%
	Deteriorated	11	14%

Transformation Implementation

Project	Status	Comment
Workforce	● ● ●	
IT	● ● ●	
Standard Work	● ● ●	
Accommodation	● ● ●	
Pathway Functions	● ● ●	
Clinical Pathway/Interventions	● ● ●	

Key: ● Action Completed ● In Progress ● To Commence

Capacity

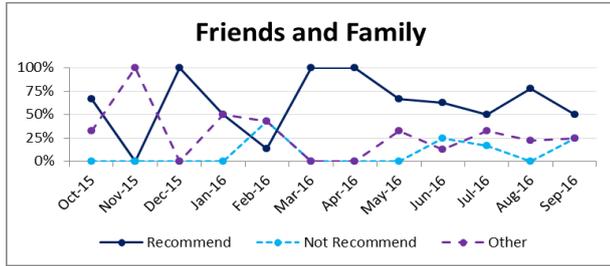


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Benefits Realisation dashboard South Tyneside Psychosis/Non-Psychosis

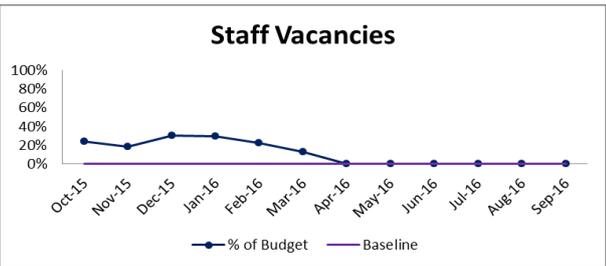
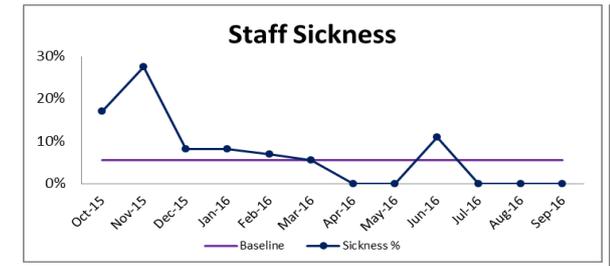
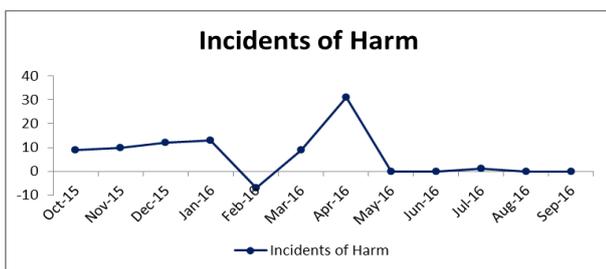
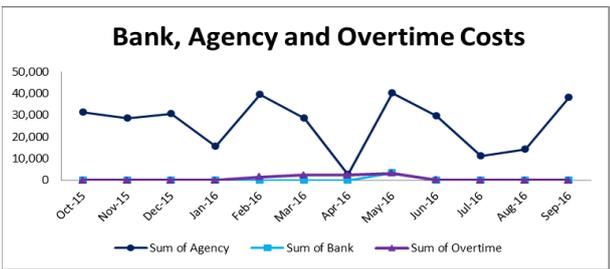
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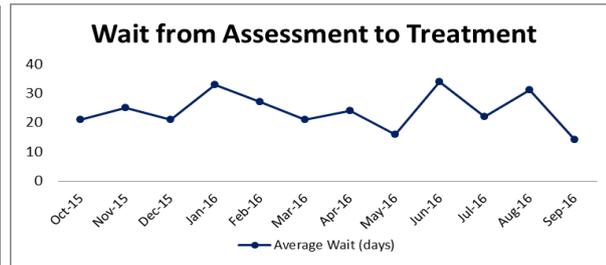
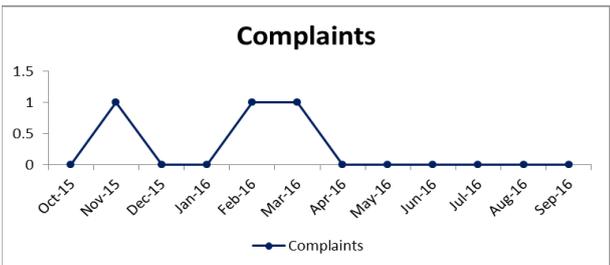
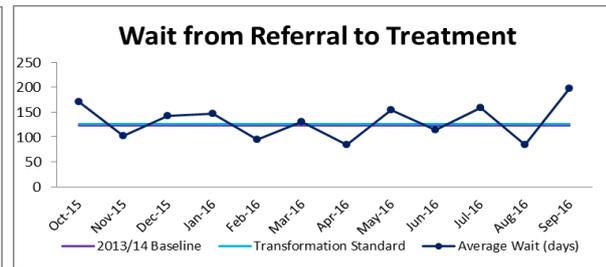
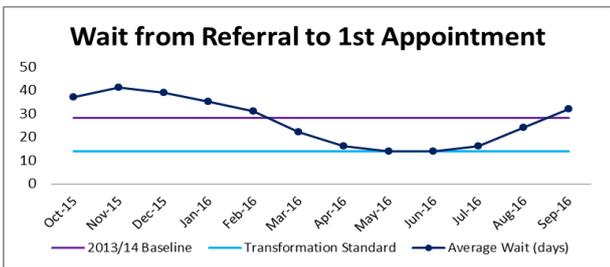
Safe

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Responsive

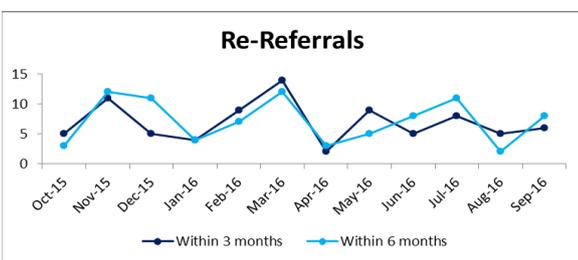
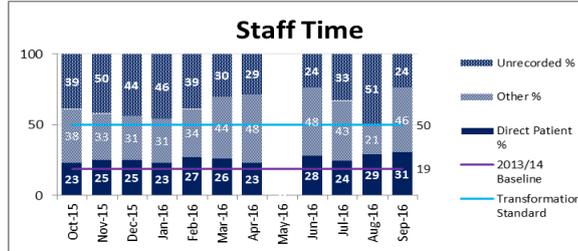
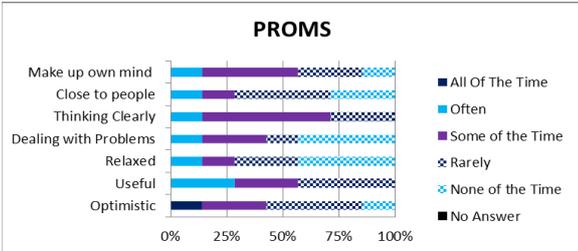
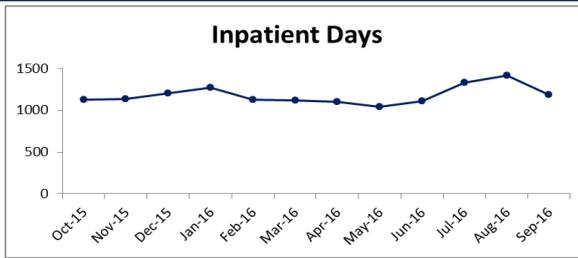
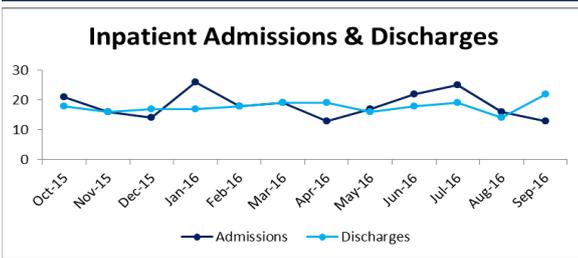
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Score change South Tyneside

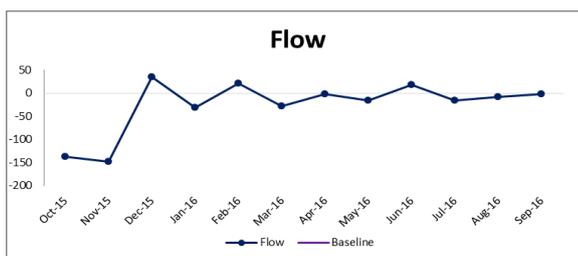
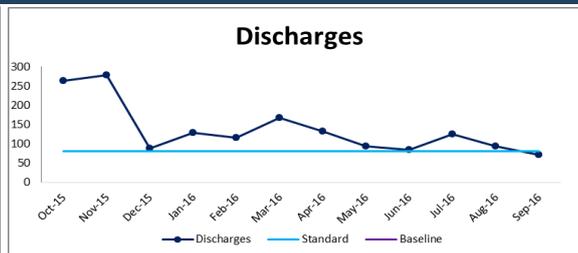
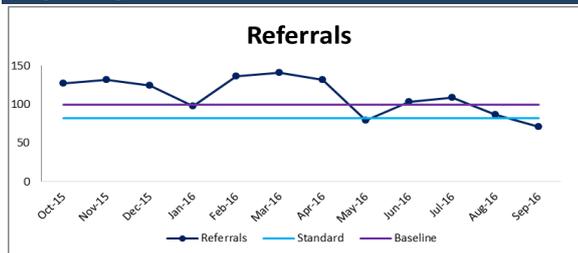
HoNOS Factor	Score change within the period	Psychosis/Non-Psychosis	%		
Personal	No Change	19	35%		
	Improved	19	35%		
	Deteriorated	16	30%	54	100%
Emotional	No Change	16	30%		
	Improved	23	43%		
	Deteriorated	15	28%	54	100%
Social	No Change	21	39%		
	Improved	16	30%		
	Deteriorated	17	31%	54	100%
Severe Disturbance	No Change	19	35%		
	Improved	24	44%		
	Deteriorated	11	20%	54	100%

Transformation Implementation

Project	Status	Comment
Workforce	●●●	
IT	●●●	
Standard Work	●●●	
Accommodation	●●●	
Pathway Functions	●●●	
Clinical Pathway/Interventions	●●●	

Key: ● Action Completed ● In Progress ● To Commence

Capacity

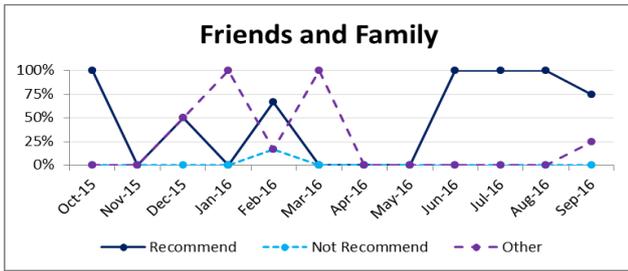


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Benefits Realisation dashboard South Tyneside Older People

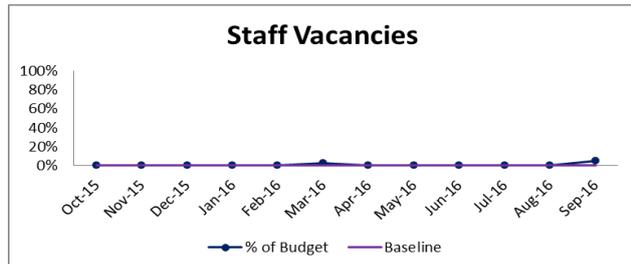
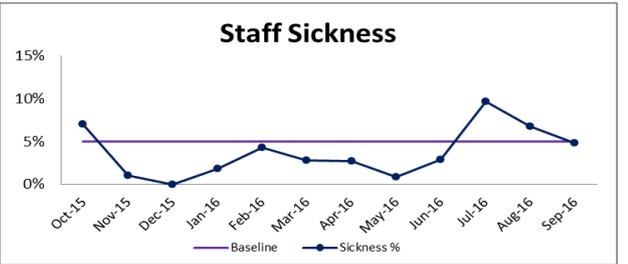
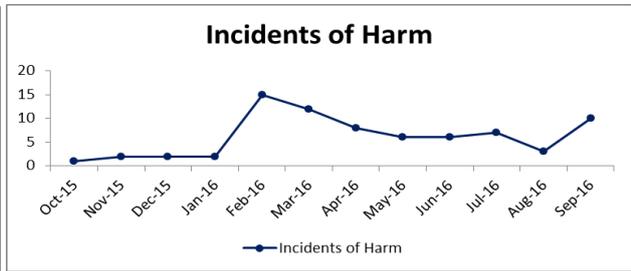
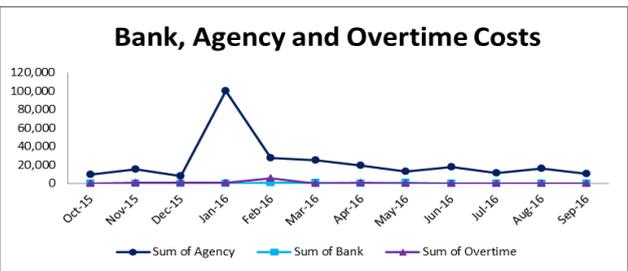
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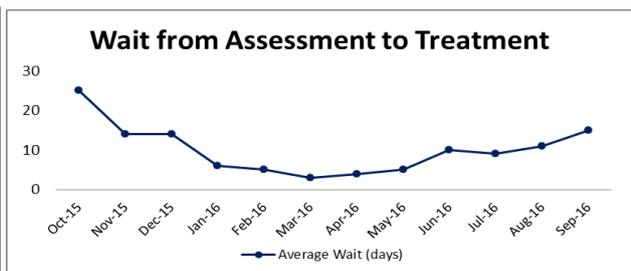
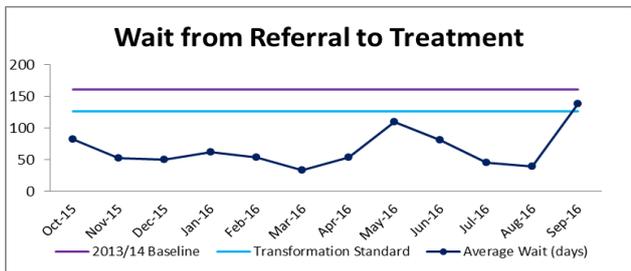
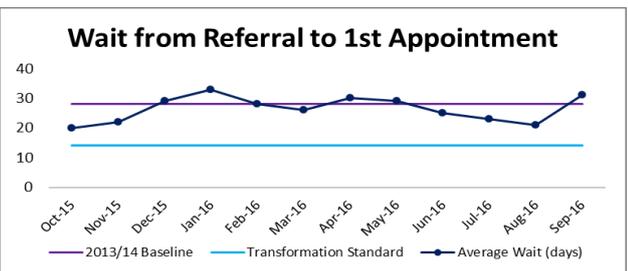
Safe

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Responsive

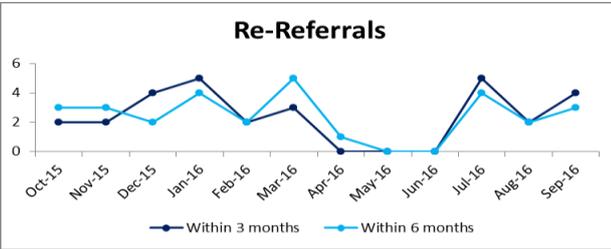
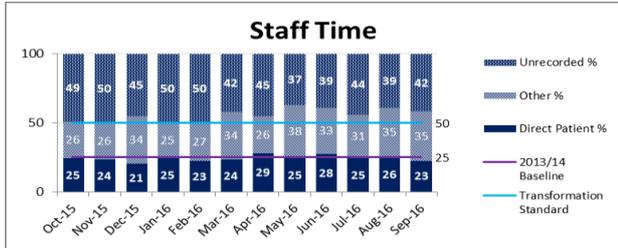
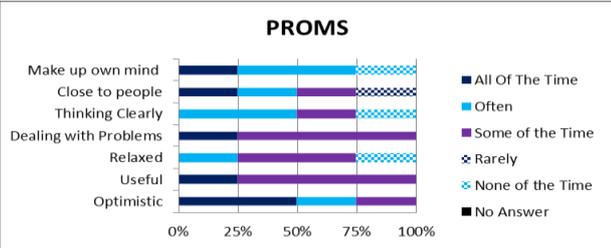
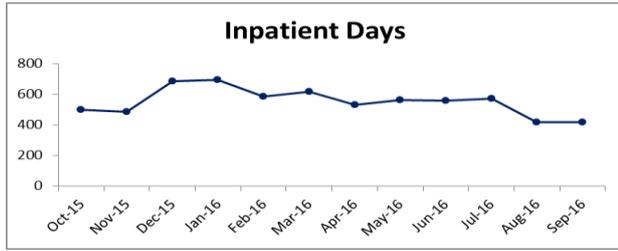
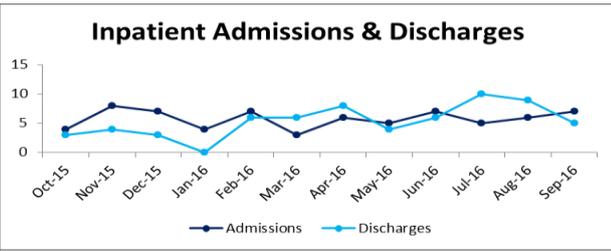
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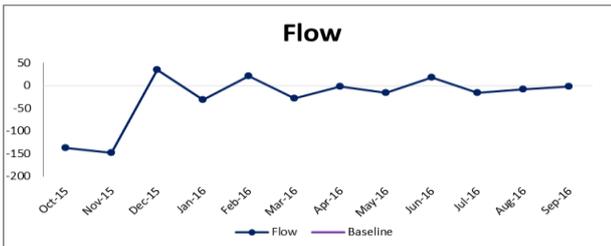
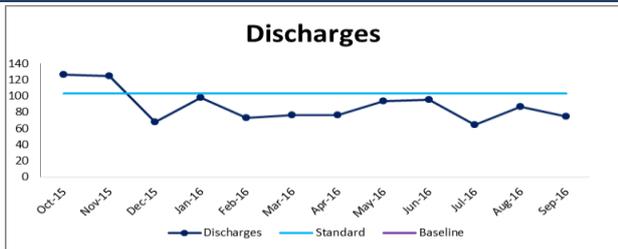
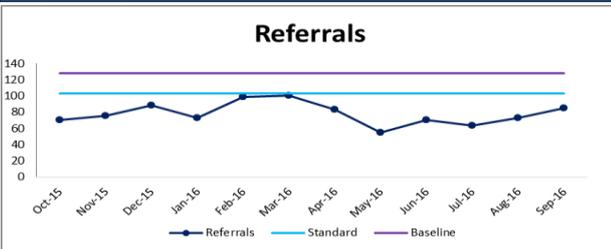
Score change		South Tyneside	
HoNOS Factor	within the period	Older People	%
Personal	No Change	34	55%
	Improved	13	21%
	Deteriorated	15	24%
Emotional	No Change	36	58%
	Improved	20	32%
	Deteriorated	6	10%
Social	No Change	39	63%
	Improved	14	23%
	Deteriorated	9	15%
Severe Disturbance	No Change	37	60%
	Improved	16	26%
	Deteriorated	9	15%

Transformation Implementation

Project	Status	Comment
Workforce	●●●	
IT	●●●	
Standard Work	●●●	
Accommodation	●●●	
Pathway Functions	●●●	
Clinical Pathway/Interventions	●●●	

Key: ● Action Completed ● In Progress ● To Commence

Capacity



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11. Monthly activity update – (currently excludes Specialist and LD Services)

Monthly Activity Update														
CCG	Month	Occupied Bed Days	Total Admissions	Total Emergency Re Admissions	Total Discharges	Total Transfers In	Total Transfers Out	Occupancy (%)	Leave Overnight	Occupancy Ex Leave (%)	Delayed Clients	Delayed Days	Reason for delay	Reason for delay No.
Gateshead	April	1430	20	2	17	4	4	98.80%	48	87.40%	4	136	NHS - Awaiting Rehab or Intermediate Care	1
													NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	May	1439	16	3	20	7	7	95.90%	78	77.90%	3	93	NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	June	1349	19	3	19	8	8	91.90%	59	77.90%	3	90	NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	July	1456	31	4	23	5	5	94.50%	61	80.40%	4	96	NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	August	1550	23	4	28	5	5	95.60%	58	82.30%	3	108	NHS - Care Home Placement - Residential	1
													NHS - Public Funding	1
													SC - Completion of Assessment	1
September	1454	17	1	16	5	5	87.90%	3	87.10%	3	108	NHS - Care Home Placement - Residential	1	
												NHS - Public Funding	1	
												SC - Completion of Assessment	1	
Newcastle	April	2846	46	6	44	20	20	77.80%	91	60.90%	2	60	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
	May	3001	39	1	33	17	17	72.60%	46	64.50%	6	156	Awaiting NTW - WAA Rehabilitation	4
													NHS - Care Home Placement - Residential	2
	June	3033	47	2	46	33	34	76.50%	64	64.60%	3	111	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
													NHS - Completion of Assessment	1
	July	3116	36	3	41	16	16	76.30%	51	67.20%	4	124	NHS - Care Home Placement - Residential	1
													Awaiting NTW - WAA Rehabilitation	1
													NHS - Completion of Assessment	1
													NHS - Care Home Placement - Nursing Home	1
	August	3010	45	4	45	16	16	83.00%	28	78.00%	3	88	NHS - Care Home Placement - Residential	1
NHS - Completion of Assessment													0	
Awaiting NTW - Forensics													1	
September	3113	49	5	43	16	17	85.60%	27	80.60%	2	88	NHS - Care Home Placement - Residential	1	
												NHS - Completion of Assessment	0	
												Awaiting NTW - Forensics	1	

Monthly Activity Update														
CCG	Month	Occupied Bed Days	Total Admissions	Total Emergency Re Admissions	Total Discharges	Total Transfers In	Total Transfers Out	Occupancy (%)	Leave Overnight	Occupancy Ex Leave (%)	Delayed Clients	Delayed Days	Reason for delay	Reason for delay No.
North Tyneside	April	1252	18	0	19	1	1	76.80%	119	70.10%	1	30	SC - Care Home Placement - Nursing Home	1
	May	1246	19	1	18	4	4	76.70%	73	72.70%	1	31	SC - Care Home Placement - Nursing Home	1
	June	1221	18	2	18	4	3	77.60%	57	74.40%	0	20	NHS - Care Home Placement - Nursing Home	0
	July	1275	25	3	25	8	8	85.30%	92	80.30%	0	0		
	August	1262	23	2	22	4	4	88.10%	90	83.20%	0	31	NHS - Care Home Placement - Nursing Home	1
September	1208	18	2	22	2	2	87.60%	71	83.60%	0	31	NHS - Care Home Placement - Nursing Home	0	
Northumberland	April	3048	43	4	51	15	16	76.80%	119	70.10%	0	0		
	May	3005	47	8	46	6	7	76.70%	73	72.70%	0	0		
	June	2832	40	4	38	13	14	77.60%	57	74.40%	1	2	SC - Public Funding	1
	July	2788	48	4	52	11	11	85.30%	92	80.30%	1	31	SC - Care Home Placement - Nursing Home	1
	August	2516	32	0	41	9	9	88.10%	90	83.20%	1	54	Awaiting NTW - Forensics	1
													SC - Care Home Placement - Nursing Home	0
September	2450	46	1	42	7	7	87.60%	71	83.60%	1	54	Awaiting NTW - Forensics	1	
SC - Care Home Placement - Nursing Home	0													
South Tyneside	April	1638	19	3	27	7	7	95.20%	98	90.10%	1	30	SC - Public Funding	1
	May	1608	22	1	20	3	3	93.40%	96	88.60%	0	13	SC - Public Funding	0
	June	1672	29	1	24	5	5	99.10%	64	89.60%	0	0		
	July	1907	30	2	29	10	10	90.70%	65	87.40%	0	0		
	August	1836	22	2	23	8	8	91.70%	66	88.40%	0	1	Both - Completion of Assessment	0
	September	1610	20	2	27	13	13	90.70%	66	87.30%	0	1	Both - Completion of Assessment	0
Sunderland	April	2593	29	0	25	14	14	95.20%	98	90.10%	1	30	Awaiting NTW - WAA Rehabilitation	1
	May	2734	31	2	29	16	17	93.40%	96	88.60%	0	0		
	June	2952	46	1	37	13	13	92.90%	64	89.60%	0	0		
	July	2907	33	1	37	13	13	86.60%	50	82.70%	0	0		
	August	2710	22	1	29	8	8	90.70%	65	87.40%	0	0		
2741	2741	49	0	45	19	19	90.70%	66	87.30%	0	0			

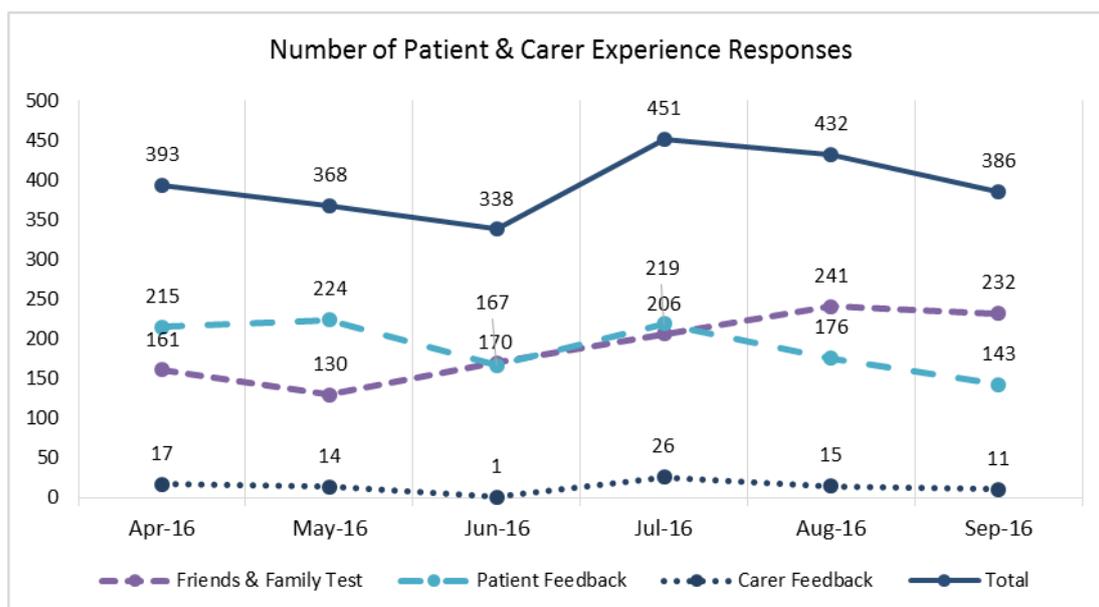
12. Service User & Carer Experience Monthly Update September 2016

Experience Feedback:

Feedback received in the month – September 2016:

		Received on paper	Received via electronic methods (including telephone)	Total received September 2016
Friends and Family Test	Response Rate	224	8	232
	Recommend Score % (nb national average is 88%)			81% (was 80% last month)
Other service user Feedback	Response Rate	143	0	143
Carer Feedback	Response Rate	11	0	11
Total		378	8	386

Graph showing FFT and POY received by month:



Note that the above data may not include feedback received at service level – work is ongoing to develop reporting systems across the Trust.

At the September CDT-Q meeting a universal service user and carer Points of You feedback form (incorporating the FFT) was approved and will be implemented throughout November 2016.

13. Mental Health Act Dashboard

The Mental Health Act dashboard is still under development and in the testing stages, listed below are some of the key metrics that have undergone this process and this will be added to as the data has been verified

Mental Health Act Dashboard												
Key Metrics	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Record of Rights (Detained) Assessed within 7 days of detention start date	96.6%	97.9%	95.5%	94.3%	94.8%	92%						
Record of Rights (Detained) Revisited in past 3 months (inpatients)	98.0%	98.6%	99.0%	97.6%	97.0%	95.9%						
Record of Rights (Detained) Assessed at Section Change within the Period	83.3%	90.4%	80.0%	86.9%	91.2%	80.7%						
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	59.5%	68.3%	61.8%	64.8%	65.7%	60.5%						
Community CTO Compliance Rights Reviewed in Past 3 months	41.1%	50.2%	56.1%	54.0%	40.3%	30.7%						
Community CTO Compliance Rights Assessed at start of CTO	83.3%	87.5%	84.6%	82.4%	91.7%	69.2%						

The dashboards show that the provision of rights to patients detained in hospital is fairly well embedded within the Trust. Compliance against the first two metrics is shown to be consistently above 94% however compliance is lower in relation to the provision of rights where the section the patient is detained under, changes.

It is relevant to note that providing detained patients with explanations of their rights is not only a requirement of the Code of Practice but a legal requirement under the Mental Health Act.

The CQC, following six of their last seven MHA reviewer visits reported issues in relation to the provision and recording of rights. The issues reported included - rights not given at the review date that was set or when the section had changed. The CQC also reported instances where rights were not given on transfer to a different ward.

The local 'rights' recording form will be reviewed by the local forms group, any changes recommended by the group (including practice changes which may improve compliance) will be submitted to the MHL Steering Group.

The need to improve compliance with rights particularly for CTO patients was discussed at the Trusts recent CQC learning event, a suggestion was put forward for an automatic reminder to be generated by email to relevant personnel to help ensure review dates are not exceeded. Consideration of the feasibility of this will be taken forward.

The dashboards show that compliance is improving (over 90%) with the provision of rights to patients at the point CTOs are made. It is generally accepted that this is because rights at the point the CTO is made is carried out within the inpatient setting where staff are more familiar with the requirements. However compliance with the provision of further explanations within a three month period is much lower. This will be addressed as part of the remit of the CTO task and finish group.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention) -in relation to section 58 treatment (medication for mental disorder) is consistently under 70%. This is despite a prompt from the MHA office when the section papers are received.

The recording form is being reviewed by the local forms group and any changes recommended by the group (including practice changes which may improve compliance) will be submitted to the MHL Steering Group.

13. Other Useful Information September 2016

This section highlights any other relevant information arising in the month not covered elsewhere within the report.

None to report this month.