Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th May 2017

Title and Author of Paper:
Integrated Commissioning & Quality Assurance Report **(Month 1 April 2017)**
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 & Debate

Key Points to Note:

- The Trust remains assigned to segment 2 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 4).
- At Month 1, the Trust has a year to date surplus of £0.1m which is £0.2m less than plan and a risk rating of 2. The Trust needs to continue to improve its underlying financial position to achieve this years control totals. The main financial pressures during the month were staffing pressures in CYPS Inpatient and LD transformation in Specialist Care. See pages 21-22
- There are a number of contract requirements largely relating to CPA metrics which were not achieved across local CCGs and NHS England during month 1 with only South Tyneside achieving fully. (page 13)
- All CQUINs are internally assessed as forecast to be achieved at the end of Quarter 1 (page 14)
- Four of the five quality priorities are forecast to be achieved in quarter 1, whilst waiting times has been RAG rated as amber. (page 24)
- The Accountability Framework for each group is currently forecast as 4. (p25)
- Reported appraisal rates have decreased in the month from 79.7% to 78.9% (p23)
- The in month sickness absence rate has decreased to 4.47%, this is the lowest sickness rate within the last four reported years . The 12 month rolling average sickness rate has decreased within the month to 5.35%. (p23)
- The staff turnover reported this month is 16.6% which is due to the introduction of NTW Solutions. (p23)
- Training rates have continued to see most courses above the required standard. The only course more than 5% below the required standard is PMVA Basic Training (76.2% was 76.4% last month). (p23)
- The service user and carer FFT recommended score was 88% in April which is in line with the national average. (page 28)
- Sunderland IAPT outcomes data is included within this report for the first time (Page 33)

Risks Highlighted: NHS Improvement 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 – Single Oversight Framework, 2017/18 NHS Standard Contract, 2017-19 Planning Guidance and standard contract, 2017-18 Accountability Framework

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report

2017-18 Month 1 (April 2017)

Contents:

NHS Improvement Risk Assessment Framework:	A material finance risk has been identified resulting in a Financial Sustainability Risk Rating of 2.	2	The Trust's assigned shadow segment under the Single Oversight Framework remains at "2" (targeted support).

Quality Priorities:	Quarter 1 achieved:	Quarter 1 part achieved:	Quarter 1 not achieved	In total there are five quality priorities identified for 2017-18 and at month 1 four are forecast to be achieved whilst the waiting times quality priority is currently rated as amber.
	4	1	0	

CQUIN:	Quarter 1 forecast achieved:	Quarter 1 forecast part achieved:	There are a total of ten CQUIN schemes in 2017-18 across local CCGs and NHS England commissioned services. All have been internally assessed as forecast to be achieved in the quarter.
	10	0	

Workforce:

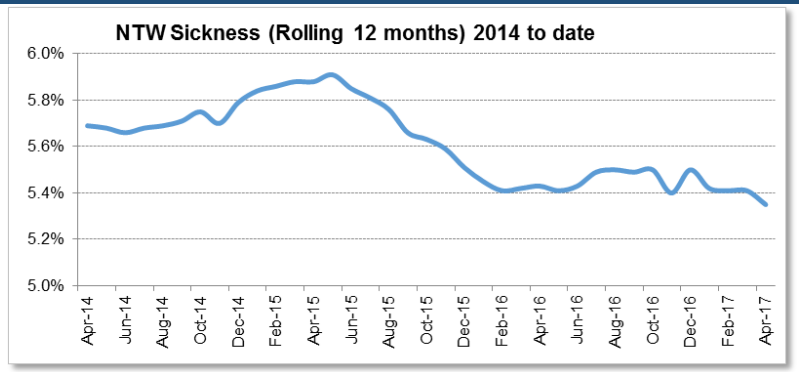
Statutory & Essential Training:

Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Clinical Supervision training (82.3%), Mental Capacity Act/ Mental Health Act/ DOLS Combined training (84.0%) and Information Governance training (92.7%) are <5% below the standard target , PMVA Basic training is >5% below the standard target at 76.2% Trustwide.
15	3	1	

Appraisals:

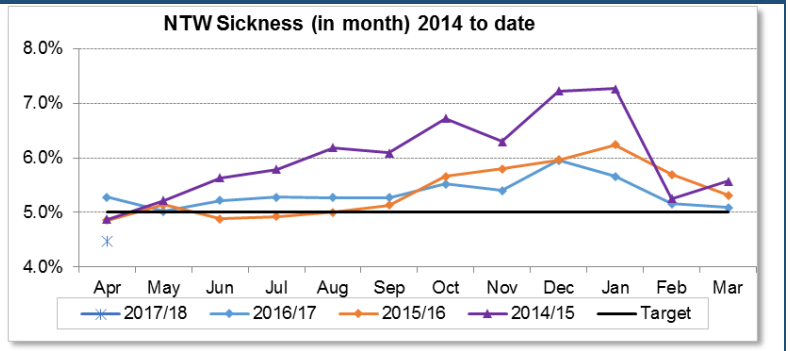
Appraisal rates have decreased to 78.9% in April 17 (was 79.7% last month).

Sickness Absence:



The "in month" sickness absence rate is below the 5% target at 4.47% in April 2017

The rolling 12 month sickness average has decreased to 5.35% in the month



Finance:	At Month 1, the Trust has a year to date surplus of £0.1m which is in £0.2m less than plan. Pay spend at Month1 was £20.7m which is £0.4m higher than plan and includes £0.7m agency spend which is £0.1m under the planned trajectory to hit our agency ceiling of £8.6m. The Trust is forecasting to meet its control total of £7.1m by delivering a surplus before Sustainability and Transformation Fund (STF) funding of £5.2m and receiving its STF funding of £1.9m. The Trust's risk rating at Month 1 is a 2 and the forecast year-end risk rating is a 1. The main financial pressures at Month 1 are staffing pressures within CYPS In-patients & LD transformation in Specialist Care. The Trust needs to reduce pay spend down to planned levels to improve its underlying financial position and to achieve this year's control total. To achieve this, spending on temporary staffing (agency, bank and overtime) needs to continue to reduce to get staffing levels down to budgeted establishments. Work is on-going to reduce overspends across the main pressure areas and savings schemes continue to be developed/implemented.						
Contract Summaries:	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	81% of metrics achieved in the month	80% of metrics achieved in the month	80% of metrics achieved in the month	100% of metrics achieved in the month	93% of metrics achieved in the month	86% of metrics achieved in the month	75% of metrics achieved in the month
	The areas of under performance relate mainly to CPA metrics						

2. Compliance

a) NHS Improvement Single Oversight Framework

Self assessment against the "operational performance" metrics included within the Single Oversight Framework:

Metric Id	Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Month 1 self assessment	NTW % as per most recently published MHSDS/RTT/EIP/IAPT data	National % from most recently published MHSDS data	Comments. NB those classed as "NEW" were not included in the previous framework	Data Quality Kite Mark Assessment
80	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Monthly	UNIFY2 and MHSDS	92%	100%	99%	98.50%	National data includes all NHS providers and is at February 2017	
31	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards	Quarterly	UNIFY2 and MHSDS	95%	99.3%	100%	98.60%	National data includes all NHS providers and is at October 2016	
1400	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	Quarterly	UNIFY2 and MHSDS	50%	81.5%	74%	78.30%	Published data is as at January 2017	
	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
1426	a) inpatient wards	Quarterly	Provider return / CQUIN audit	90%	89%	no data	no data	from weekly sheet 04.05.17	
1427	b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	92%	no data	no data	from weekly sheet 04.05.17	
1425	c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	83%	no data	no data	from weekly sheet 04.05.17	
	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:								
	· identifier metrics:								
238	NHS Number	Monthly	MHSDS	95%	99.9%	100.0%	98.0%	National data includes all NHS providers and is at October 2016	
240	Date of Birth	Monthly	MHSDS	95%	100.0%	100.0%	99.5%	National data includes all NHS providers and is at October 2016	
239	Postcode	Monthly	MHSDS	95%	99.9%	99.0%	97.0%	National data includes all NHS providers and is at October 2016	
241	Current Gender	Monthly	MHSDS	95%	99.9%	100.0%	99.5%	National data includes all NHS providers and is at October 2016	
242	GP code	Monthly	MHSDS	95%	99.8%	99.0%	97.5%	National data includes all NHS providers and is at October 2016	
243	CCG code	Monthly	MHSDS	95%	99.5%	99.7%	98.5%	National data includes all NHS providers and is at October 2016	
	· priority metrics:								
17	ethnicity	Monthly	MHSDS	85% by 16/17 year end	92.3%	94.00%	81.0%	NEW. Data from metric 17 in dashboard.	
27	Employment status recorded	Monthly	MHSDS	85% by 16/17 year end	93.5%	40.8%	34.2%	The 93.5% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status. NTW is above the national average, both of which are significantly below the 85% standard required by NHSI	
3	Proportion of patients in employment	Monthly	MHSDS		6.9%	6.3%	8.0%	MHSDS methodology TBC	
28	Accommodation status recorded	Monthly	MHSDS	85% by 16/17 year end- unclear if standard applies to recording status or proportion	93.4%	39.9%	34.5%	The 93.4% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status. NTW is above the national average, both of which are significantly below the 85% standard required by NHSI	
29	Proportion of patients in settled accommodation	Monthly	MHSDS		76.6%	49.0%	58.4%		
	Improving Access to Psychological Therapies (IAPT)/talking therapies							(Sunderland service only)	
1079	· proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	52.4%	52.0%	50.8%	NEW metric 1079 published data December 2016	
	· waiting time to begin treatment :								
1349	- within 6 weeks	Quarterly	IAPT minimum dataset	75%	100.0%	97.9%	89.0%	published data December 2016	
1348	- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	98.7%	99.0%	published data December 2016	

NHS Improvement Single Oversight Framework & Model Hospital Portal

As at the end of April 2017, the Trust remains at segment 2 within the Single Oversight Framework as assessed by NHS Improvement.

This month, NHS Improvement has published, for the first time, the data that has led to this assessment. This data is available via the Model Hospital portal.

The Model Hospital portal aims to provide a nationally available performance information system relating to metrics of productivity, efficiency and quality of care.

The portal uses a combination of nationally available data and data collected from Trusts to support Trusts in developing a greater understanding of their performance and how they compare nationally. It allows Trusts to easily access their data compared to others and offers a dynamic and interactive platform to benchmark performance, with the ability to choose a bespoke peer group.

Data held within the portal currently relates to metrics included within the Single Oversight Framework, broken down as follows:

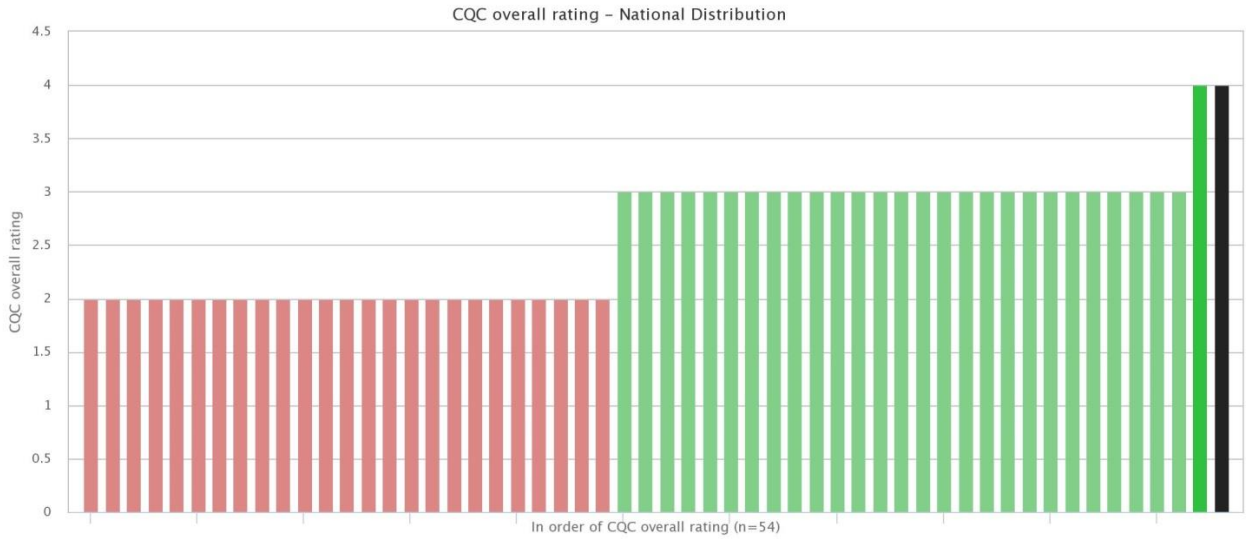
Due to the volume of data included within the portal, it is proposed that a summary of each of the above themes be considered in turn over this and the next two monthly reports, as follows:

May 2017	Quality of Care
June 2017	Operational Performance
July 2017	Finance & Use of Resources plus Leadership & Improvement

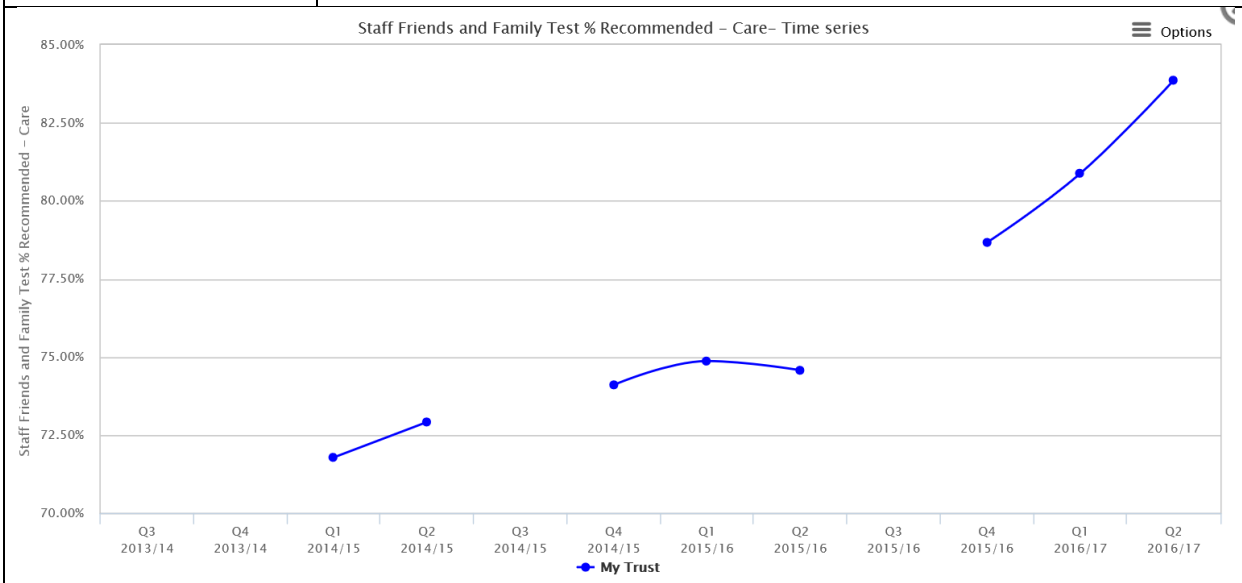
(nb there is currently no data reported in relation to strategic change)

Single Oversight Framework comparative data - Quality of Care:

National Metrics (MH providers only)	NTW performance
CQC rating	NTW remains one of only two Mental Health & Disability trusts to be rated as outstanding by the Care Quality Commission. Currently 25 trusts (46%) remain rated either inadequate or requires improvement

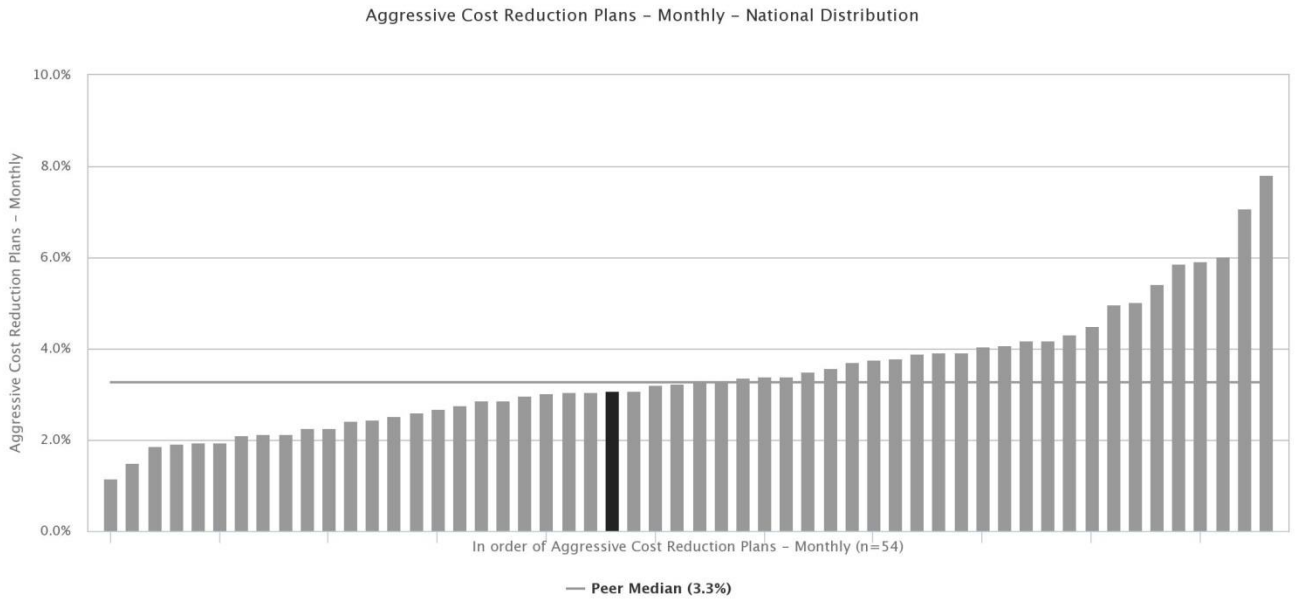


Staff Friends and Family Test Score	Published data shows NTW at 83.86% for 16/17 Q2 (% recommending NTW for care and treatment) - there is no published national comparator for this metric.



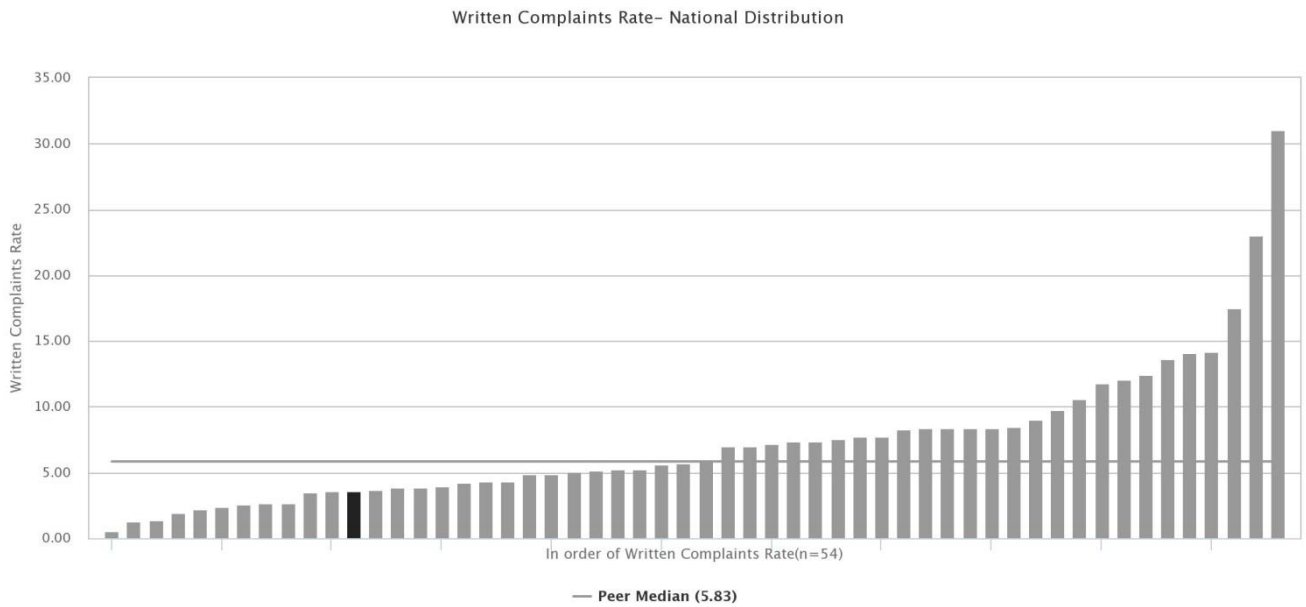
NTW staff FFT recommend score April 2014-Sep 16.
NB The equivalent score at Q4 2017 decreased to 74% and the provisional 17/18 Q1 figure suggests a score of c77%.

National Metrics (MH providers only)	NTW performance
Aggressive cost Reduction plans	NTW shown as 3.1% as at Feb 2017, compared with a national median of 3.3%. Calculated as a percentage of the previous year's costs.

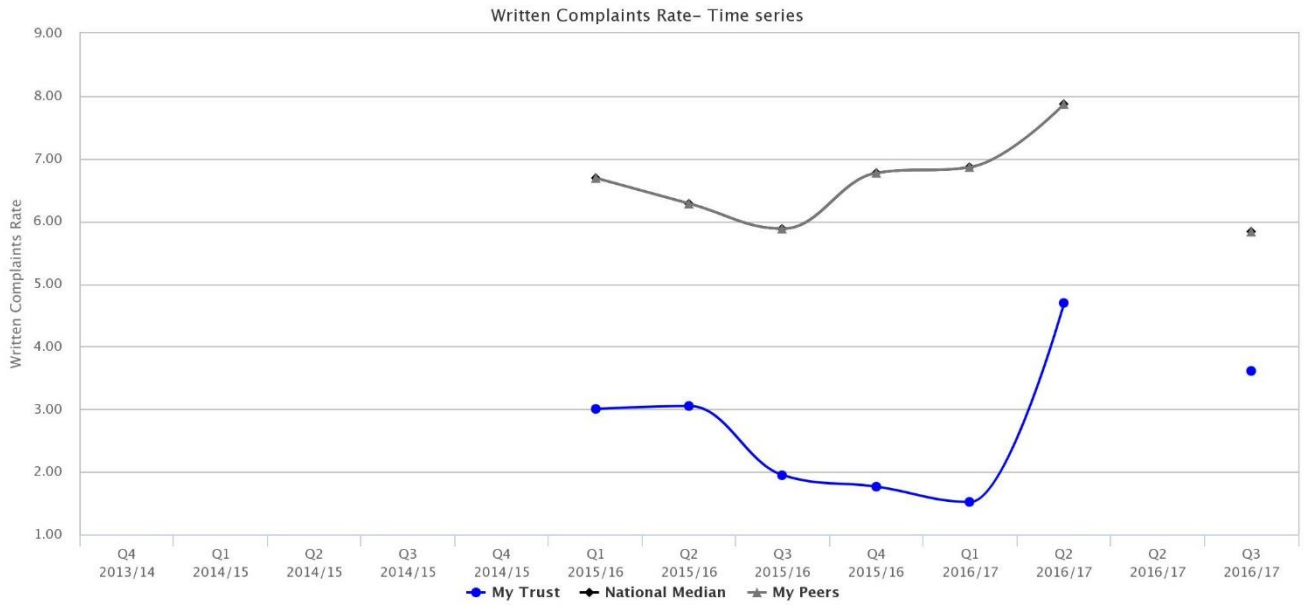


NB NTW is the black line.

Written complaints rate	Q3 16/17 data is 5.83 per 1,000 staff national median, with NTW at 3.61 per 1,000 staff.

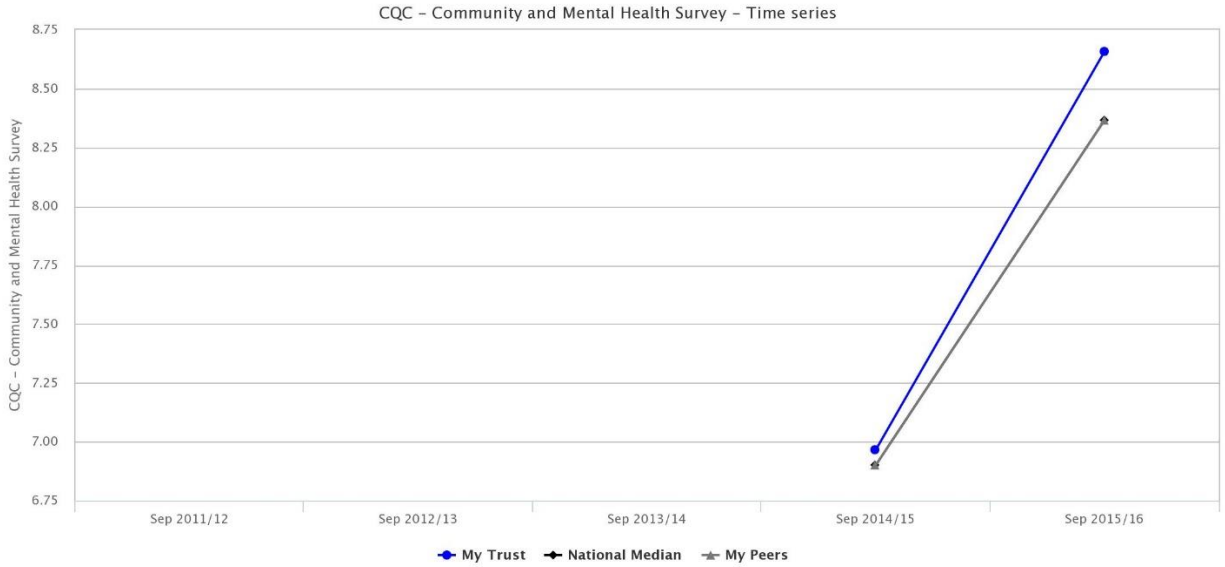


National Metrics (MH providers only)	NTW performance



The NTW complaints rate is the blue line above, showing trend since April 2015.
(NB it is unclear why this metric has two 16/17 Q2 data points)

CQC community MH Survey	Reported score of 8.66 (15/16) compared with national median of 8.37. The chart below demonstrates that the NTW 15/16 score improved compared with the previous year, as did the national average score, however the NTW improvement in score was greater than the national average improvement.



2. Compliance

b) CQC Update April 2017

CQC Comprehensive Inspection update

- Action plans on the two 'must dos' and 50 'should dos' were submitted to the CQC on the 27 January 2017. Progress on outstanding actions will continue to be monitored by the CQC Quality Compliance Group.
- The action plan to address personalisation of care plans in older peoples services was originally planned to be completed by 31st March 2017 however, there has been slippage against a number of actions therefore the action plan remains open. The outstanding actions are:
    - The review of the QMT audit tool
    - The review of the risk register once actions are completed
    - Reaudit in April 2017
    - Assurance that care planning is being discussed in clinical supervision
    - Focus groups with service users and carers

    The above are planned to be completed in May 2017

- CQC have requested a visit to Alnwood and a discussion with the Chief Executive which is planned to take placeduring vearly June 2017
- The CQC monthly monitoring submissions continue to be submitted to the CQC.

Registration notifications made in the month:

The CQC were notified on the 9th May 2017 of the closure of Longhirst ward on the 4th April 2017 and Alnwick ward on 27th April 2017.

Other Registration Information

On the 4th May 2017 the Trust received a requirement from CQC to provide specified information and documentation under Section 64 of the Health and Social Care Act 2008 in relation to a recent incident at Hopewood Park. The Trust provided a response within the required timescale to this letter and a separate report providing further detail of this incident will be provided to the Trust Board separately

Mental Health Act Reviewer visits in the month:

The CQC visited Hopewood Park on 17 April. This was not an inspection visit, but an 'appreciative enquiry' visit to allow the CQC to ask questions predominantly about the rise in detentions and AMHP availability. Part of a fact finding mission, the CQC will visit 12 trusts/private providers around the country before publishing a report in the summer.

They acknowledged the good links between the Trust and the Local Authority and highlighted the good practice of the LA, saying Sunderland were leading the way and thinking 'outside of the box'.

Trusts/private providers will not be named in the report unless there is an area of good practice to highlight, in which case they will be consulted first.

Joint Thematic visit

There is a pending new psychoactive substances joint thematic inspection of North of Tyne Probation which is being led by HM Insectorate of Probation and the CQC.

The inspection is to commence on 15th May 2017 with an expectation that a meeting is to take place with local substance misuse providers to understand what provision is available locally.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Oxleas NHS Foundation Trust	March 2017	02/05/17	Good	Following re-inspection the trust's overall rating has been upgraded to 'good'.	here
South West Yorkshire Partnership NHS Foundation Trust	February 2017	13/04/17	Good	Following re-inspection the trust's overall rating has been upgraded to 'good'.	here
Kent and Medway NHS and Social Care partnership Trust	January 2017	12/04/17	Good	Following re-inspection the trust's overall rating has been upgraded to 'good'.	here

Future announced inspections:

- June 2017
  Pennine Care NHS Foundation Trust
  Coventry and Warwickshire Partnership NHS Foundation Trust

CQC Recent News Stories:

CQCs Equality Objectives for 2017-19

CQC have published ambitous new equality objectives for 2017-19. The new objectives for the next two years focus on the CQC regulatory role in improving equality. Through inspections, they will check that providers make person-centred care work for everyone, from all equality groups – for example for lesbian, gay, bisexual and transgender people using adult social care or mental health inpatient services. They will look at how organisations are meeting the new Accessible Information Standard, which applies to disabled people who have information and communication needs, for example, deaf people or people with a learning disability.

The equality objectives for 2017-19 are

- Person-centered care and equality
- Accessible information and communication

- Equality and the well-led provider
- Equal access to pathways of care
- Continue to improve equality of opportunity for our staff and those seeking to join CQC

The document can be accessed here

Celebrating good care, championing outstanding care

CQC have recently published the CQC State of Care report which shows there is considerable variety in the quality of care provided in England.

Among the best care they have found is in services that acknowledge there is always room for improvement – they are proactive, seeking feedback on their services and learning from concerns and complaints.

The report includes a collection of short case studies illustrating some of the qualities shown by care providers that are rated good or outstanding overall. It also shares the views of some people responsible for care quality and what they do to drive improvement.

What underpins good and outstanding care?

CQC found that good leadership is a central part of improvement, and that improvements in the quality of care people are receiving are happening despite tight financial constraints and increased demand across the sectors.

Also important is the way care services in an area work together – CQC inspections look at this, and the NHS England Five Year Forward View has recognised that the country is too diverse for a one-size-fits-all care model to apply everywhere.

New technology is influencing the way health and care services are delivered – and so health and care services are changing too. Technology is transforming care for some people, and no doubt this will continue to develop.

In this report and via other reporting methods, they will share good practice where they find it and signpost excellence for other providers.

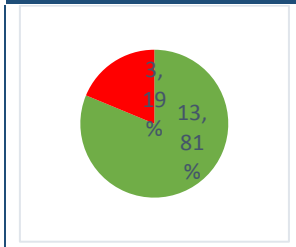
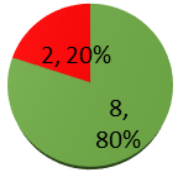
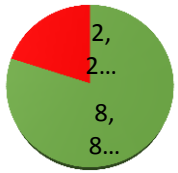
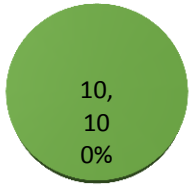
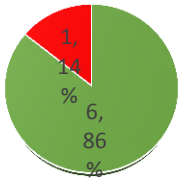
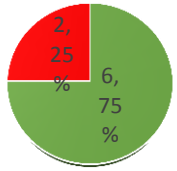
2. Compliance

c) Five Year Forward View – *In development*

Please note that performance against RTT, EIP and IAPT waiting times is covered in the NHS Improvement - Single Oversight Framework 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.

3. Contract Update April 2017

a) Quality Assurance – achievement of quality standards April 2017

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
						
The contract under performed for month 1 on Crisis and Contingency (99.1%, 1 patient), Inpatients with an Honosca within 7 days of admission and discharge (85.7%, 1 patient) and CGAS within 7 days of admission or discharge (80%, 1 patient)	The contract under performed for month 1 on Crisis and Contingency (94.8%, 44 patients) and CPA reviewed in the last 12 months (94.7%, 42 patients)	The contract under performed for month 1 for 7 day follow up (91.9%, 3 patients) and CPA reviews within last 12 months (94.8%, 44 patients)	All achieved in Month	The contract under performed against the contract in month 1 against the the numbers entering IAPT Treatment (498)	The contract under performed for month 1 on CPA reviews in last 12 months (93.3%, 2 patients)	The contract under performed for month 1 on Completion of Risk assessment (3 patients, 66.7%) and Crisis & Contingency (1 patient, 83.3%)
						

3. Contract update April 2017

b) CQUIN update April 2017

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				
			Q1	Q2	Q3	Q4	Comments
1.Improving Staff Health and Wellbeing	£625k	To improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.					
2. Improving physical healthcare to reduce premature mortality in people with serious mental illness(PSMI)	£625k	Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).					
3. Improving services for people with mental health needs who present to A&E	£625k	Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.					
4. Transitions out of Children and Young People's Mental Health Services	£625k	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.					
5. Preventing ill health by risky behaviours – alcohol and tobacco	£625k	To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.					
6. Health and Justice patient Experience	£5k	NHS England has a national priority and focus on patient experience in order to improve the quality of services.					
7. Recovery Colleges for Medium and Low Secure Patients	£1.2m	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
8. Discharge and Resettlement		To find initiatives to remove hold-ups in discharge when patients are clinically ready to be resettled into the community. To include implementation of CUR for MH at pilot sites					
9. CAMHS Inpatient Transitions		To improve transition or discharge for young people reaching adulthood to achieve continuity of care through systematic client-centred robust and timely multi-agency planning and co-ordination.					
10. Reducing Restrictive Practices within Adult Low & Medium Secure Services		The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, to improve patient experience whilst maintaining safe services.					
Grand Total	**£3.7m**						

3. Contract update April 2017

c) Service Development and Improvement Plan – Final 16/17 SDIP Update for CCG's

Description	Milestones and Timescales		Progress
Psychotherapy and CBT Centre Review In 2015/16 the North and South of Tyne CCGs shared with NTW the plan to complete a cross CCG review of psychotherapy and CBT centre services. As this did not occur this plan will be rolled over to 2016/17. This will be a commissioner led review with involvement from NTW including clinicians.	Quarter 1	Work will be undertaken to scope the review. This is expected to be carried out during May 2016. This will develop an action plan for the review for the rest of 2016/2017.	NTW elements of the review completed and shared with NECS. NECS to complete their sections by June following which the report will be shared with commissioners and any resultant actions agreed.
	Quarters 2-4	The review will take place and a final report will be completed including recommendations on future commissioning arrangements.	
ADHD and Autism (All) In 16/17 CCGs and Northumberland, Tyne and Wear NHS Foundation Trust will jointly work on further developing the plans for the Adult ADHD and Autism Diagnostic service in accordance with phase 2 of the model. A communication strategy will also need to be developed to support the service launch during 2016-2017.	Quarter 1 - 2	The implementation plan for phase 2 will include finalisation of the service specification, performance framework (including outcomes), waiting list remedial action plan, clear timescales and communication strategy for the integration of the pathways into the "core business" of the CMHTs as agreed with commissioners. The implementation plan will need to include KPIs, milestones, and priorities i.e. waiting times, phasing to autism pathway and clear mechanisms for embedding diagnosis and support in mainstream community services.	Meetings have taken place with CCG representatives to agree a new service specification and model of service delivery. The model proposes a phased approach to moving towards a more integrated service with the diagnostic & support HUB continuing to provide the single point of access for the 2 pathways. The core team aligned to the HUB would continue to undertake the initial diagnostic assessments for both ADHD and ASD however link workers will be identified to work closely with adult mental health and learning disability teams across each CCG area providing: • Joint case working / case supervision • Scaffolding • Support & advice • Training & awareness • Ongoing treatment and interventions where appropriate. An initial implementation plan has been developed to enable the service to move towards the agreed model of delivery

Description	Milestones and Timescales		Progress
Outcome Based Contract During 15/16 CCGs and NTW worked together to better understand outcome based commissioning. **Arrangements for 16/17** Newcastle Gateshead CCG has decided to continue on the basis of a service activity contract for 16/17. The CCG supports the concept of an outcome based contract and is committed to working towards an outcome based model during 16/17. North Tyneside CCG has decided to continue on the basis of a service activity contract for 16/17. The CCG supports the concept of an outcome based contract and is committed to working towards an outcome based model during 16/17. South Tyneside CCG has agreed to continue with its cluster based model for 16/17. The CCG supports the concept of an outcome based contract and is committed to working towards an outcome based model during 16/17. Northumberland CCG is keen to develop an outcome based model which aligns with its emerging Accountable Care Organisation status through 2016/17.	Ongoing in year	Collaborative work between Northumberland, Tyne and Wear NHS Foundation Trust and CCGs to develop plans for moving towards an outcome based contract. This will require further workshops to consider outcome based measures and implementation etc. This may require discussions to take place on an individual CCG basis and plans to reflect local requirements.	As agreed within the 2017/18 contracting negotiations NTW and CCGs will work jointly in moving towards an outcome based commissioning model during 2017/18. Process to be agreed as part of the 2017/18 SDIP.
ICTS (North Tyneside)	Ongoing in year	For North Tyneside CCG, to establish a robust pathway system with NHCT to ensure appropriate and timely referrals between the services.	Work has been carried out to review the referral and treatment pathways to ensure they are compliant with NICE guidance and with CCG expectations. Regular meetings are in place between NTW and NHCT and appear to be working well. Activity information continues to be provided. Complete.

Description	Milestones and Timescales		Progress
Learning Disabilities (All) NTW is fully committed to work collaboratively with CCGs to meet the requirements of the Transforming Care agenda, and any emerging guidance, policy or requirements.	Ongoing in year	To work collaboratively with CCGs towards the implementation of transforming care including the following areas: • Developing shared plans for the future configuration of services including in patient and community provision To embed a MDT approach to support the delivery of individual care plans	NTW continue to support the Transforming Care programme and provide regular information to support the work ongoing around this and are working with commissioners to develop future models of care
Learning Disabilities (Sunderland) • Developing shared plans for the future configuration of services including in patient and community provision • To develop the CTR approach to support the delivery of individual care plans • Consideration of Lead Provider model for Learning Disability Services	Ongoing collaborative engagement with Sunderland Implementation Group/Plan	Ongoing in year	NTW continue to support the Transforming Care programme and provide regular information to support the work ongoing around this and are working with commissioners to develop future models of care.
CYPS in Sunderland is currently demonstrating significant over performance which is likely to have detrimental effect on service if situation continues. Review will be undertaken on understanding that future model will be delivered within the current cost envelope - - notwithstanding future announcements regarding new recurrent investments into CYPS - clearly this introduces significant risk to the scale and scope of the future model and this principle is acknowledged by all parties.	Q2 – Review completion with recommendations – future configuration/scope of services described.	Review of NTW CYPS provision alongside STFT provision of CaMHS tier 2 services. Review will develop single pathway for all elements of CaMHs/CYPS with single access point improving resilience within contracts	NTW continues to participate in the transformation work being led by the CCG. Internal work to realign the teams to work more in line with patient groupings has been completed. The service is also participating in a national pilot of CAMHS PBR and expects to utilise the outcomes of this project to support further service developments. There continues to be pressure on the service to meet demand and whilst capacity and demand have been a key focus in the internal work to realign the teams work remains to be done as part of the wider transformation plan.
RAID (Sunderland) To consider findings of formal evaluation of the service (due April 16) and review cost effectiveness/scope of the service	December 2016	Collaborative consideration of current service scope/cost effectiveness	Discussions have continued regarding a lifespan model and inclusion of a peri-natal provision. Specific posts identified and included in a bid for national funding.

Description	Milestones and Timescales		Progress
EDICT (All) CCG CAMHS Transformation Plans refer to the need to review existing eating disorder services, explore best practice, improve early identification, establish robust data monitoring around eating disorder services. CCGs will carry out a review of these services with support from NTW.	Ongoing in year	NTW to: • assist in the review of eating disorder services which will include understand configuration of services, pathways and development of any potential new models of working • For North Tyneside CCG, to establish a robust pathway system with NHCT to ensure appropriate and timely referrals between the services. • To ensure data is submitted in line with national requirements and standards NTW to commit to sign up to nationally approved accreditation programme	Representatives from the CYPS services are participating in a national CEDS training programme. A second provider/commissioner event for CEDS services is due to take place in Durham in May hosted by NHSE and the national lead for the access and waiting time standards. Representatives from across our adult and CYPS eating disorder teams will be present. The service continues to report on waiting times in line with the national requirements. NTW would welcome the opportunity to be able to share this work and progress with CCGs and discuss next steps.
EIP (All) 16/17 sees introduction of new access standards for EIP services	Ongoing in year	NTW to demonstrate how they will ensure that staff delivering EIP services are fully trained to deliver the new access standards NTW to commit to sign up to nationally-approved accreditation programmes	Following assessment of team training needs the following training was identified and implemented. • All staff trained in BFT to NICE standard. • Staff also trained to undertake CAARMs assessments. • Previously qualified diploma staff to receiving top up training for CBTp and CBT supervision. A small number of staff are currently undertaking a 2 year CBT course. The training needs of staff are identified and addressed on an ongoing basis as part of the Trust's JDR process. The Trust participates in the national self-assessment as part of the National Waiting Time Standard requirements. Results to be shared with commissioners when available.

Description	Milestones and Timescales		Progress
CAMHS Transformation Plan (Newcastle Gateshead CCG)	Q1 & Q2	NTW to work with the CCG to collaboratively review, design and implement a new service model (which may involve a range of providers) and which offers a sustainable service for both CCG and NTW.	NTW continues to work with the CCG and partners on the transformation plan for Newcastle/Gateshead. Work currently is focused on establishing the single point of access to services.
Liaison Psychiatry (Newcastle Gateshead CCG)	Q1 & 2	NTW to work with the CCG to collaboratively review, design and implement a new service model (which may involve a range of providers) and which offers a sustainable service for the local health economy	Service model for 2016/17 agreed and implemented. Future service model has been agreed and a bid for National funding submitted. Work on-going to implement new service model.
RAID (Sunderland) To consider findings of formal evaluation of the service (due April 16) and review cost effectiveness/scope of the service	December 2016	Collaborative consideration of current service scope/cost effectiveness	Discussions have continued regarding a lifespan model and inclusion of a peri-natal provision. Specific posts identified and included in a successful bid for national funding.
Digital transformation (Sunderland) Digital Transformation to support local digital roadmap	End of Q2 End of Q3 End of Q4	Scope and agree action plan for implementation. Implement identified work Maintain and complete actions identified in work plan	Work on-going in line with locality plan.
E-referral (Sunderland) Implement use of national E-referral service	End of Q2 End of Q3 End of Q4	Scope and agree action plan for implementation. Implement identified work Maintain and complete actions identified in workplan	Work on-going in line with locality plan. National requirement has been limited to Acute Trusts.
Service Specifications Review Service specifications to align to CRS and transformation programme.	End of Q1		Revised service specifications have been sent to commissioners for review and for inclusion in the 17/18 contracts.

*Refer to Contract Technical Guidance for detail of requirement

3. Contract update April 2017

d) Mental Health Currency Development Update

Mental Health Currency Development Update													
			Q1 2017-18			Q2 2017-18			Q3 2017-18			Q4 2017-18		
Key Metrics	Contract Standard	Internal Standard	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			58.0%											
Current Service Users on CPA			10.1%											
Current in scope patients assigned to a cluster			86.7%											
Number of initial MHCT assessments that met the mandatory rules			85.3%											
Number of Current Service Users within their cluster review threshold		100%	77.4%											
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	92.3%											
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.0%											
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	68.9%											
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	54.7%											
Current Service Users on CPA reviewed in the last 12 months	95%	95%	95.2%											

N.B The outcomes steering group will be proposing revised standards for the three metrics highlighted above

4. Finance Update March 2017

Financial Performance Dashboard

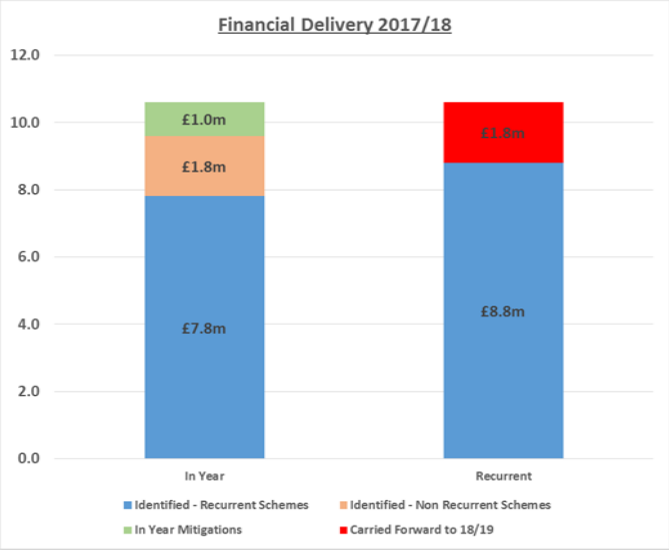
NTW Income & Expenditure

	Plan £m	YTD £m	Variance £m
Income	25.8	25.8	0.0
Pay	(20.3)	(20.7)	0.4
Non Pay	(4.4)	(4.2)	(0.2)
EBITDA	**1.1**	**0.9**	**0.2**
Cost of Capital	(0.8)	(0.8)	0.0
Surplus/(Deficit)	**0.3**	**0.1**	**0.2**

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	2.3	2.0	0.3
Community	1.9	2.0	(0.1)
Inpatient Care	2.3	2.3	0.0
Central	(6.2)	(6.2)	0.0
Surplus/(Deficit)	**0.3**	**0.1**	**0.2**

Key Indicators	Current
Risk Rating	2
Agency Spend	£0.7m
FDP Delivery	£0.7m
Cash	£14.9m
Capital Spend	£0.2m



Agency Spend Month 1

Key Issues/Risks

- Surplus - £0.1m at Mth 1 which is £0.2m less than plan.
- Control Total – The Trust is forecasting delivery of its £7.1m Control Total.
- Risk Rating – The Use of Resources rating is a 2 at Mth1 & the forecast year-end rating is a 1.
- Pay costs and staff numbers are above plan in Mth1. Monthly pay spend needs to continue to reduce if the Trust is to meet its control total this year.
- Main pressures - CYPS In-patient & LD transformation in Specialist Care which have resulted in Specialist Care being £0.3m above their control total at Mth1.
- Agency Spend – Target spend in 16/17 is £8.6m. Spend at Mth1 is £0.7m which is £0.1m below target trajectory.
- Financial Delivery Plan - £0.7m of the planned £0.9m savings achieved at Mth1.
- Cash – £14.9m at Mth1 which is £6.9m below plan.
- Capital Spend - £0.2m at Mth1 which is £0.6m below plan.

Agency Dashboard – Month 1 2017/18

Key issues

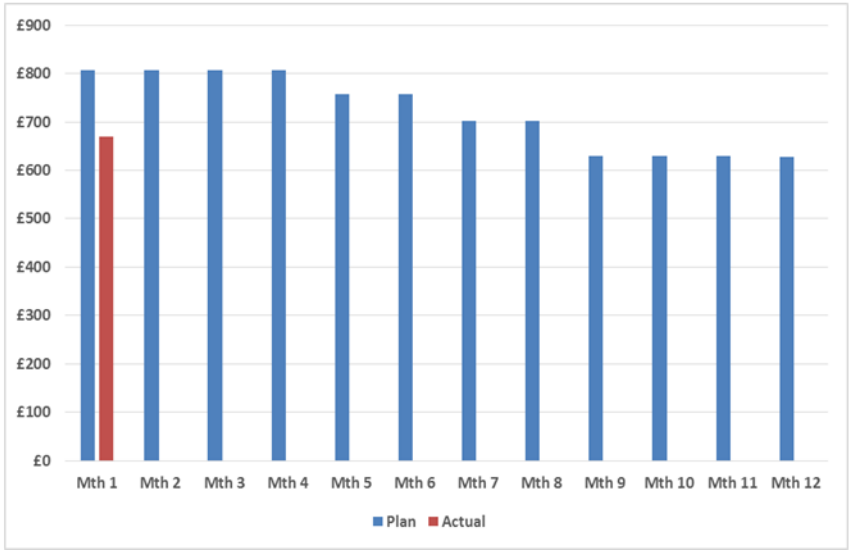
1. Monitor introduced capped rates for Agency staff in November 2015 as well as a requirement to use approved suppliers for agency nursing and a ceiling on qualified nursing agency spend of 3%. Trust spend was below this at 2.2% in March 2016.
2. Cap rates reduced on 1st Feb and reduced further on 1st April 2016 when the need to use suppliers on approved frameworks for all staff groups and agency spend ceilings were also introduced.
3. The Trust's ceiling in 16/17 was £8.6m, which was a £5m reduction on 15/16 spend. Agency spend in 16/17 was £11.3m.
4. The Trust's ceiling for 17/18 remains at £8.6m but a medical agency spend target of £3.1m has also been introduced.
5. Agency spend at Mth1 is £0.7m which is £0.1m below trajectory.
6. Medical agency spend at Mth1 is £0.3m which is in line with trajectory.
7. The number of price cap breaches has reduced significantly since price caps were introduced. In April, the Trust reported an average of 21 above price cap shifts (breaches) per week (17 medical & 4 nursing). At the end of April, 4 medics were being paid above the capped rate. Agency medics are brought in at or below capped rates except in exceptional circumstances.

Monitor Agency Price Cap Breaches (Number of shifts)

	Wk 1	Wk 2	Wk 3	Wk 4
Staff Group	3/4 - 9/4	10/4 - 16/4	17/4 - 23/4	24/4 - 30/4
Medical	10	20	20	20
Nursing	5	5	0	5
Total	15	25	20	25

NTW - Temporary Staffing Spend 2017/18

Agency Spend v Agency Ceiling



5. Monthly Workforce Update April 2017

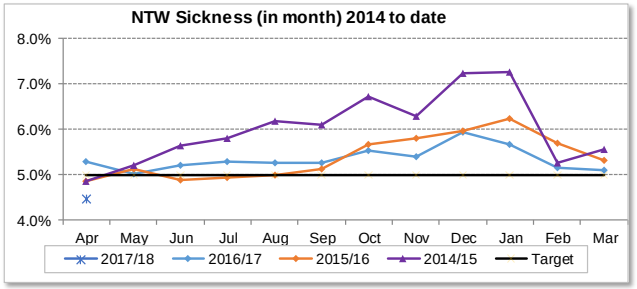
Workforce Dashboard

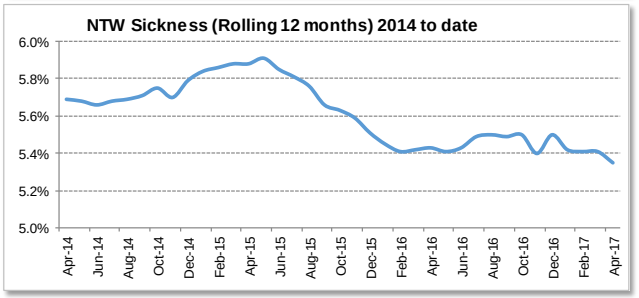
Training and Appraisals	Standard	M1 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions
Fire Training	85%	88.1%	▼	91.0%	88.0%	89.6%	81.3%	59.7%	91.0%	66.7%	92.1%
Health and Safety Training	85%	92.0%	▼	95.0%	90.9%	94.1%	88.9%	62.9%	89.7%	81.0%	94.3%
Moving and Handling Training	85%	93.6%	▲	98.1%	91.3%	96.4%	88.7%	62.1%	96.2%	85.7%	94.7%
Clinical Risk Training	85%	91.3%	▼	93.5%	90.9%	92.2%			72.7%		
Clinical Supervision Training	85%	82.3%	–	87.0%	81.8%	81.3%			73.9%		
Safeguarding Children Training	85%	95.4%	▲	98.1%	94.6%	97.4%	95.0%	62.1%	96.2%	81.0%	96.4%
Safeguarding Adults Training	85%	92.9%	–	96.1%	92.1%	93.8%	90.0%	62.9%	95.1%	81.0%	95.7%
Equality and Diversity Introduction	85%	94.2%	▲	96.7%	93.6%	95.8%	93.0%	64.5%	90.8%	76.2%	96.9%
Hand Hygiene Training	85%	92.5%	▲	94.6%	91.2%	95.7%	88.4%	62.1%	87.8%	71.4%	96.4%
Medicines Management Training	85%	88.9%	–	94.2%	87.3%	88.9%	86.7%		80.7%		
Rapid Tranquilisation Training	85%	85.0%	▲	93.4%		84.6%			52.3%		
MHCT Clustering Training	85%	87.9%	▲	87.3%	92.7%	73.7%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	84.0%	▲	90.4%	85.3%	85.1%			62.2%		
Seclusion Training (Priority Areas)	85%	95.1%	▲	96.6%		94.1%					
Dual Diagnosis Training (80% target)	80%	88.5%	▲	92.9%	90.8%	89.3%			66.6%		
PMVA Basic Training	85%	76.2%	▼	78.8%		76.9%			67.1%		
PMVA Breakaway Training	85%	92.0%	▼	100.0%	88.2%	96.3%					
Information Governance Training	95%	92.7%	▲	93.5%	92.9%	93.9%	90.9%	63.7%	90.5%	66.7%	
Records and Record Keeping Training	85%	98.5%	▼	99.5%	98.8%	99.4%	97.4%	73.4%	99.7%	90.5%	98.9%

* NB Prior learning may not be reflected in these figures

Appraisals	85%	78.9%	▼	82.2%	76.3%	85.0%	66.2%				77.4%

Managing Attendance	Target	M1 position	Trend
In Month sickness	<5%	4.47%	▲
Short Term sickness (rolling)		0.18%	
Long Term sickness (rolling)		5.16%	
Average sickness (rolling)	<5%	5.35%	▲





Best Use of Resources	Target	M1 position	Trend
Agency Spend		£669,891	▲
Admin & Clerical Agency (included in above)		£105,868	▲
Overtime Spend		£250,132	▼
Bank Spend		£724,570	▲

Recruitment, Retention & Reward	Target	M1 position	Trend
Corporate Induction	100%	100.0%	–
Local Induction	100%	90.8%	▲
Staff Turnover	<10%	16.6%	▲
Current Headcount		6373	

Behaviours and Attitudes	M1 position
Disciplinaries (new cases since 1/4/17)	25
Grievances (new cases since 1/4/17)	5

6. Quality Goals/Quality Priorities/Quality Account Update April 2017

Following an engagement process and internal development work within clinical groups, the Quality Priorities for 17-18 have been established as follows:

Quality Goal:	2016-17 Quality Priority:		Quarterly Forecast Achievement:					
			Lead	Q1	Q2	Q3	Q4	Comments
Keeping you safe	1	Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)						
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.						
	3	Implement principles of the Triangle of Care						
	4	Co-production and personalisation of care plans						
Ensure the right services are in the right place at the right time to meet all your health and wellbeing needs	5	Use of the Mental Health Act – Reading of Rights						

7. Accountability Framework

N.B Reflects the revised Accountability Framework for 2017-18 which took effect from 1st April 2017

		Inpatient Group				Community Group				Specialist Group				Comments:
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Overall Rating	4				4				4				
Quality Governance	Performance against National Standards:	1				1				1				
	CQC Information:	2				1				2				
	Performance against Contract Quality Standards:	1				2				2				The Community Group was below target on 4 contract metrics in April. Discussions are on-going within the Group to bring these in line by the end of Q1.
	Clinical Quality Metrics:	4				4				4				Inpatient Group - Due to the failure to meet the current CPP requirements with targets of 100% for the 3 previous quarters and we do not consider them achievable by the end of the quarter. Underperformance on IG & PMVA training in Month 1 but consider these achievable. Community Group - The Group was below target on 8 internal metrics in April . Although discussions are on-going within the Group to address it is unlikely these will be met by the end of Q1. As such the Group will have failed these areas in 3 consecutive quarters. Whilst CPP metrics remain at 100% it is likely the Group will remain at a level 4.
Use of Resources	YTD Contribution	1				1				4				
	Forecast Contribution	2				1				2				
	Agency Spend	2				1				1				
	Use of resources metrics													

		1	2	3	4
Quality Governance	**Performance against national standards**	All Achieved or failure to meet any standard in no more than one month	Failure to meet any standard in 2 consecutive months triggered during the quarter	Failure to meet any standard in 3 or more consecutive months triggered during the quarter	Trust is assigned a segment of 3 (mandated support) or 4 (special measures)
	CQC Information	No Concerns -all core services are rated as Good or Outstanding and there are no "Must Do's" with outstanding actions.	No Concerns - all core services are rated as Good or Outstanding however there are "Must Do's" with outstanding actions.	Concerns raised – one or more core services are rated as "Requires Improvement"	Concerns raised – one or more core services are rated as "Inadequate"
	Performance against contract quality standards *(measured at individual contract level)*	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached and contract penalties applied or are at risk of being applied.
	Clinical Quality Metrics	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached in 3rd consecutive quarter.
Use of resources	**YTD contribution**	Exceeding or meeting plan.	Just below plan (within 1%).	Between 1% and 2% below plan	More than 2% below plan
	Forecast contribution				
	Agency Spend	Below or meeting ceiling.	Up to 25% above ceiling.	Between 25% and 50% above ceiling.	More than 50% above ceiling.
	Use of resources metrics	TBC	TBC	TBC	TBC

8. Monthly activity update (Currently in development)

9. Service User & Carer Experience Monthly Update April 2017

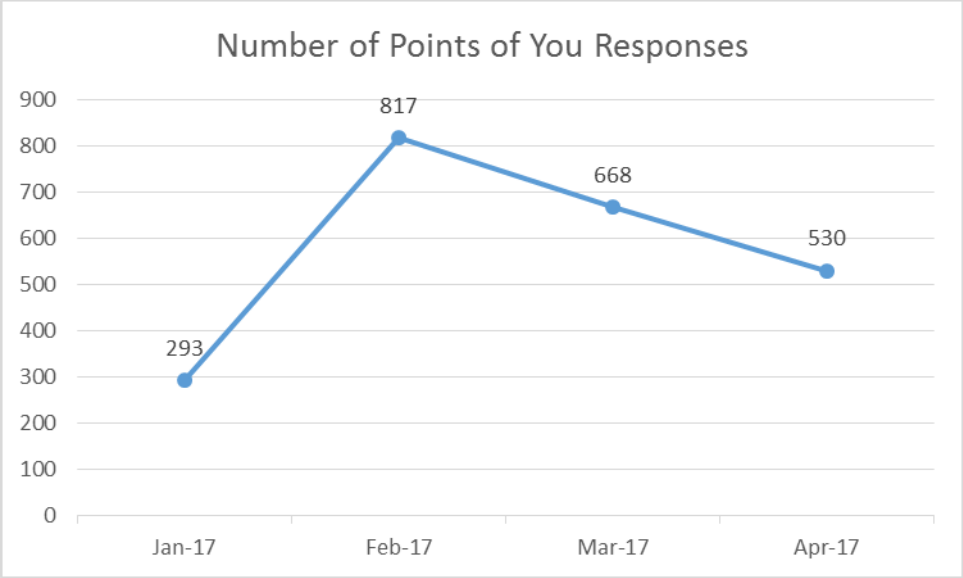
Experience Feedback:

Feedback received in the month – April 2017:

	Responses received April 2017	Results April 2017
Points of You Feedback from Service Users	406	Overall, did we help? Scored: 8.7 out of 10* (8.8 in March)
Points of You Feedback from Carers	124	
Friends and Family Test (FFT) (now a subset of the Points of You responses)	505	Recommend Score**: 88% (88% in March)

* score of 10 being the best, 0 being the worst
** national average recommend score resides around 87-88%

Graph showing Points of You responses received by month:



In April the number of Points of You responses has reduced compared to the previous months. The results however are positive with 88% of respondents identifying they would recommend our services to family or friends, this figure is in line with the national average. A development of the current Points of You dashboard is currently being tested and due to be introduction in May 2017. It displays a statistical and thematic analysis of the feedback for clinical services.

Note that the 2017 CQC Community MH survey has now been sent out to applicable service users.

10. Mental Health Act Dashboard

The Mental Health Act dashboard is still under development and in the testing stages, listed below 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	92.0%											
Record of Rights (Detained) Revisited in past 3 months (inpatients)	94.8%											
Record of Rights (Detained)Assessed at Section Change within the Period	87.0%											
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	50.8%											
Community CTO Compliance Rights Reviewed in Past 3 months	45.7%											
Community CTO Compliance Rights Assessed at start of CTO	42.9%											

The dashboard metrics for rights will be updated as part of the launch of the revised rights form which is scheduled to go live on 5 June 2017.

The dashboards show that the provision of rights to patients detained in hospital is fairly well embedded within the Trust. In April 2017 compliance with the metric was 92% which is 4.6% lower than for the same period in 2016.

Compliance with rights having been revisited within the past 3 month period for April 2017 has also dipped slightly. For the period April 2016 to March 2017 the compliance rate was consistently above 95%.

Compliance is lower in relation to the provision of rights where the section the patient was detained under had changed - for April 2017 this was 87%.

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 therefore improvement in the level of compliance is required.

The CQC, in their annual report “Monitoring the Mental Health Act in 2015/16” provide details of their national level findings in relation to the provision of rights. While the majority of records the CQC reviewed during their MHA visits showed evidence that patients had been given information there was no evidence that staff discussed rights with patients at the point of detention in 10% of cases and no evidence that patients had been reminded of their rights from time to time in 18% of cases. Compliance within NTW Trust is currently higher than that reported in the CQC national level findings.

The CQC, following 14 of their last 32 MHA reviewer visits (1st April 2016 to 30/04/17) reported issues in relation to the provision and recording of rights. The number of occasions the CQC are identifying rights issues is decreasing (the last report showed 13 of 26).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 dip in compliance in April 2017 is disappointing however the local ‘rights’ recording form has been reviewed by the local forms group. It is anticipated that the revised form will go live on 5 June 2017. A communications/training plan has been agreed and awareness sessions will run from late May and throughout June. Registered Nurses will be required to attend. An e Learning package is also being

developed by the Mental Health Legislation Team. It is anticipated that these and other measures will help drive up compliance and in particular for community patients where compliance is lower.

In relation to CTO patients the dashboards show that the improvement in compliance seen in August 2016 (91.7%) with the provision of rights at the point the CTO is made was not sustained throughout the reporting period for 2016/2017 (1st April 2016 – 31st February 2017). The high in August 2016 of 91.7% dropped to 69.2% in September 2016 however the average since October 2016 was 80%. In April 2017 this has dropped significantly to 42.9%.

Compliance with the provision of further explanations within a three month period remains lower, the average compliance as a percentage over the period April 2016 to March 2017 was 45.7% with a range of 30.7% to 56.1%. The compliance rate for April 2017 is the around the same as last year's average being 47.9%.

How these shortfalls can be addressed is being considered as part of the remit of the CTO Task and Finish Group. Some further recommendations to improve compliance had been made by the CTO Task and Finish Group and will be included on the agenda for discussion/agreement at the next Mental Health Legislation Steering Group.

Two 'local forms' awareness sessions (which included both the rights and consent to treatment forms), have been delivered to Sunderland community staff. These sessions were well received and feedback was good.

The Local Forms Group has agreed a launch date for the 'new' rights form. As noted above a number of training and awareness sessions will be delivered to support this.

The provision of 'rights' to detained and CTO patients has been agreed as a Quality Priority for this year. A lead will need to be appointed and trajectories agreed. The CTO task and finish group at their last meeting made some recommendations to be taken to the MHL Steering Group for agreement. This included transferring responsibility for the reporting on compliance to representatives from Clinical Services who would be in a position to report on progress against action plans put in place to improve compliance.

……

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) has been consistently under 68.3%. The average for the year 1st April 2016 to 31st March 2017 was 61%. For April 2017 the compliance rate was 50.8%.This is despite a prompt to undertake this, from the MHA office when the section papers are received.

The review of the recording form and associated practice issues is part of the remit of 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. The Local Forms Group has agreed that the review of these particular forms will start in May/June 2017)

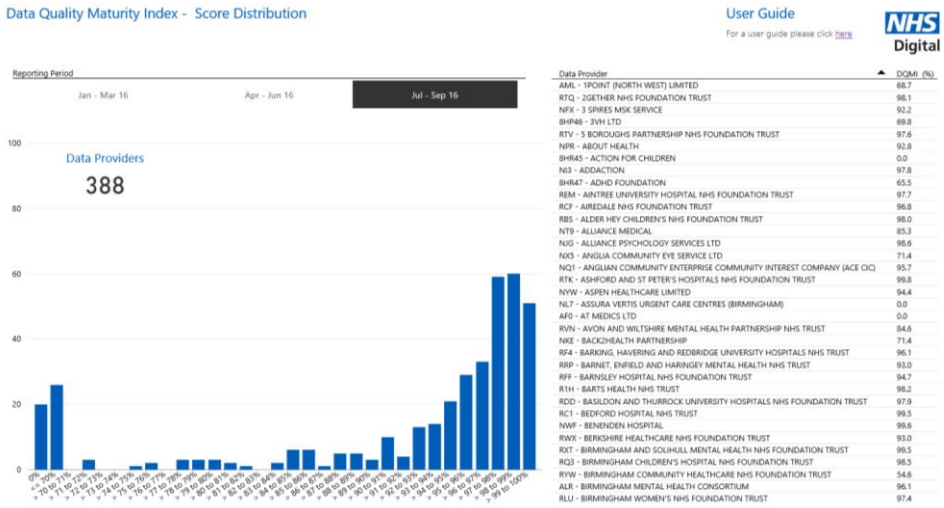
Improvement in compliance for CTO patients is also part of the remit of the CTO Task and Finish Group.

12. Outcomes/Benchmarking/National datasets Update and Other Useful Information

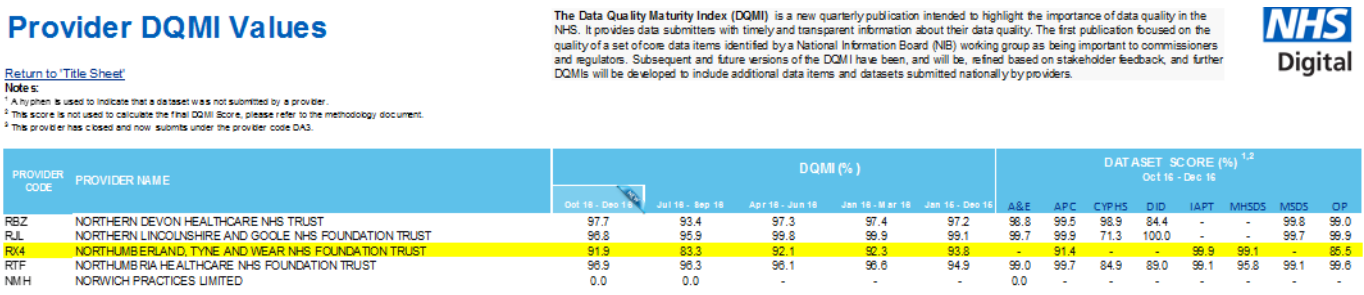
The Data Quality Maturity Index (DQMI) is a quarterly publication produced by NHS Digital to highlight the importance of data quality in the NHS. It provides data submitters with information about their data quality. The first publication (May 2016) focussed on the quality of a set of core data items identified by a National Information Board (NIB) working group as being important to commissioners and regulators. Subsequent and future versions of the DQMI have been, and will be, refined based upon stakeholder feedback, and further DQMI's will be developed to include additional data items and data sets submitted nationally by providers.

The DQMI publication includes data from the following datasets relevant to NTW:

- Admitted patient care (APC)
- Outpatient (OP) (including CDS dataset)
- Mental health Services dataset (MHSDS)
- Improving Access to Psychological Therapies (IAPT)



NTW's most recent result is 91.1% (Oct – Dec 2016) which represents a significant increase from 83.3% reported in the previous period. The increase is due to the correction of an error with the submission of the CDS dataset in July 2016 and the submission process has now been reviewed.



PROVIDER CODE	PROVIDER NAME	DQMI (%)					DATASET SCORE (%) [1,2] Oct 16 - Dec 16							
		Oct 16 - Dec 16	Jul 16 - Sep 16	Apr 16 - Jun 16	Jan 16 - Mar 16	Jan 16 - Dec 16	A&E	APC	CYP HS	DID	IAPT	MHSDS	MSDS	OP
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	97.7	93.4	97.3	97.4	97.2	98.8	99.5	98.9	84.4	-	-	99.8	99.0
RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	96.8	95.9	99.8	99.9	99.1	99.7	99.9	71.3	100.0	-	-	99.7	99.9
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	91.9	83.3	92.1	92.3	93.8	-	91.4	-	-	99.9	99.1	-	85.5
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	96.9	96.3	96.1	96.6	94.9	99.0	99.7	84.9	89.0	99.1	95.8	99.1	99.6
NMH	NORWICH PRACTICES LIMITED	0.0	0.0	-	-	-	0.0	-	-	-	-	-	-	-

This information can be found at the NHS Digital website (link here)

Benchmarking

The NHS Benchmarking network has now launched the collection of the Adult and Older adult mental health benchmarking collection and the CAMHS collection and work is beginning within the organisaation to collate this data.

The key dates are listed below:

Adult and Older Adult Mental Health Benchmarking

Collection dates between 28th April 2017 – 30th June 2017

Validation – August – October 2017

Reporting – November 2017

Workshop Event – 9th November 2017

CAMHS

Collection dates between 8th May 2017 – 14th July 2017

Validation – August – October 2017

Reporting – December 2017

Workshop Event – 16th November 2017

LD

No collection is required during 2017/18 but the collection will return in 2018/19

The results of the 2016 collection will be reported to CDT in June 2017.

Improving Access to Psychological Therapies (IAPT)

Listed below are the Sunderland IAPT Outcome Measures for April 2017.

SUNDERLAND CCG PATIENTS - IAPT Patients - Quality Metrics 2017-2018

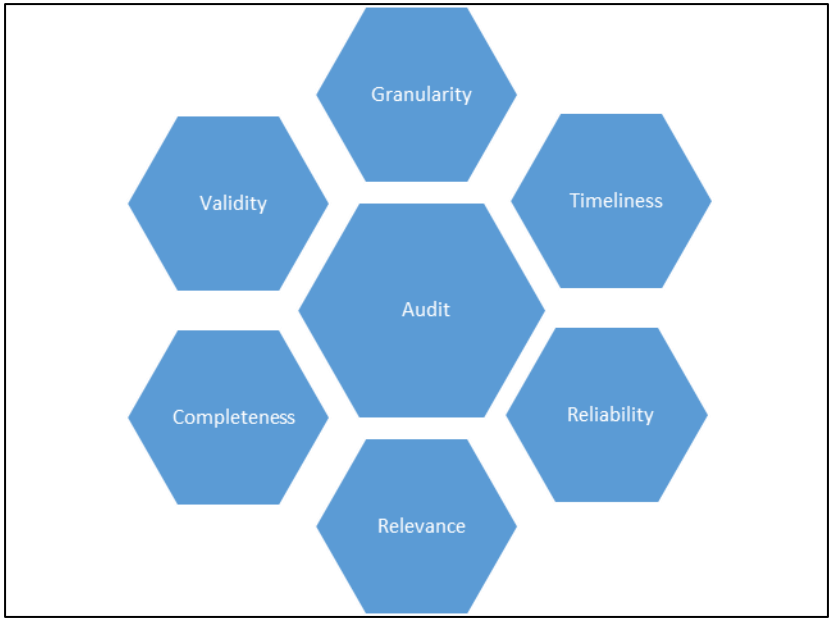
Outcome Measure	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Access - BAME (% of total service users entering treatment)	TBA	4.4%											
Access - Over 65 (% of total service users entering treatment)	TBA	7.7%											
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	14.1%											
Choice - % answering no	TBA	0%											
Choice - % answering partial	TBA	1.9%											
Choice - % answering yes	TBA	98.1%											
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	72%											
Patient Satisfaction (Average Score)	18	19											
Recovery	50% of patients completing treatment	53.57%*											
Reduced Disabilty Improved Wellbeing	TBA	36.3%											
Reliable Improvement	TBA	73.5%											
Self Referrals (% of discharges who had self referred)	TBA	73.8%											
Waiting Times	95% entering treatment within 18 weeks	100%*											
Waiting Times	75% entering treatment within 6 weeks	99.61%*											

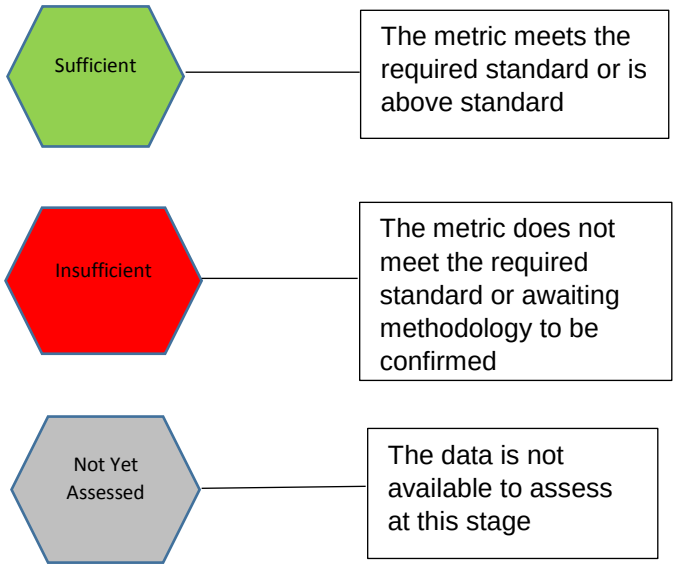
- Note These figures are marginally different from the Trust wide figure reported in the Single oversight framework (page 4). The reasons for this are being investigated

  It is anticipated that an element of the IAPT contract payment may be linked to these outcomes in future financial years

Appendix 1 Data Quality Kite Marks

Data Quality Kite Mark Assessment





Each metric has been assessed using the seven elements listed in blue to provide assurance that the data quality meets the standard of sufficient, insufficient or Not Yet Assessed

Data Quality Kite Mark – This page provides guidance relating to how the metrics have been assessed within NHS Improvements, Single Oversight Framework and Contract Standards

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Timeliness	Is the data the most up to date and validated available within the system?	The data is the most up to date available	Data is not available for the current period due to problems with the system or process	The data is not the most up to date and decisions may be made on inaccurate data	Understand why the data was not completed within given timeframes. Report this to relevant parties as required
Granularity	Can the data be broken down to different levels e.g. Available at Trust level down to client level?	Where relevant the Trust has the ability to drill down into the data to the correct level	The Trust is unable to drill down into the data to the correct level	It is not possible to drill down to the relevant level of data to understand any issues	Work with relevant teams to ensure the data can be broken down to varying levels
Completeness	Does the data demonstrate the expected number of records for that period?	There is assurance that effective controls are in place to ensure 100% of records are included within the metrics as required and no individual records are excluded without justification	There is inadequate assurance or no assurance that effective controls are in place to ensure 100% of records are included within the metrics	Performance cannot be assured due to the level of missing data	Understand why the data was not complete and request when the data will be updated. Report this to relevant parties as required

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Validity	Is the data validated by the Trust to ensure the data is accurate and compliant with relevant rules and definitions?	The Trust have agreed procedures in place for the validation and creation of new metrics and amendments to existing metrics	A metric is added or amended to the dashboard without the correct procedures being followed	The data has not been validated therefore performance cannot be assured	The metrics are regularly reviewed and updated as appropriate
Audit	Has the data quality of the metric been audited within the last three years?	The data quality of the metric has been audited within the last three years	The metric has not been audited within the last 3 years	The system and processed have not been audited within the last three years therefore assurance cannot be guaranteed	Ensure metrics that are outside the three year audit cycle are highlighted and completed within the next year. Review the rolling programme of audit
Reliability	The process is fully documented with controls and data flows mapped	Mostly a computerised system with automated controls	Mostly a manual system with no automated controls	Process is not documented and/or for manual data production controls and validation procedures are not adequately detailed	Ensure processes are reviewed and updated accordingly and changes are communicated to appropriate parties
Relevance	The indicator is relevant to the measurement of performance against the Performance question, strategic objective, internal, contractual and regularity standards	This indictor is relevant to the measurement of performance	This indicator is no longer relevant to the measurement of performance	The metric may no longer be relevant to the measurement of standards	Ensure dashboards are reviewed regularly and metrics displayed are relevant and updated or retired if no longer relevant