Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 October 2017

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 6 September 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 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 4).
- At Month 6, the Trust has a year to date surplus of £3.2m which is ahead of plan and equates to a finance and use of resources score of 1 (this is a sub theme of the Single Oversight Framework), the forecast year-end risk rating is a 1. The Trust needs to continue to improve its underlying financial position to maintain this year's control totals. The main financial pressures during the month were staffing pressures in CYPS inpatient, Older People's in-patients, LD transformation, income being less than plan in Specialist Care and Older Peoples Units. See pages 20-21.
- There are a number of contract requirements largely relating to CPA metrics which were not achieved across local CCGs during month 6 with only Newcastle Gateshead and North CCG's achieving fully in the month. For quarter 2 Newcastle Gateshead, North and Sunderland CCGs achieved fully for the quarter (page 14)
- There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. An action plan is in place to address the underlying issues (page 19)
- Three out of five CQUINs have been internally assessed as achieved for the quarter with improving services with mental health needs who present at A&E and preventing ill health by risky behaviours being assessed as partially achieved for quarter 2 (page 15)
- Three of the five quality priorities are assessed as achieved in the qurterforecast to be achieved at the end of Quarter 2, whilst positive and safe and waiting times remain RAG rated as amber. (page 23)
- The Accountability Framework for each group is currently forecast as 4 due to the continuing underperformance in each group against a number of quality metrics. (p24)
- Reported appraisal rates have increased in the month to 82.9% (was 82.6% last month). (p22)
- The in month sickness absence rate has decreased to 5.15% in the month. The 12 month rolling average sickness rate has decreased to 5.47%. (p 22)
- Training rates have continued to see most courses above the required standard. The only courses more than 5% below the required standard is PMVA Basic Training (76.9% was 78.9% last month) and Rapid Tranquilisation Training at 78.2%. (p 22)
- The service user and carer FFT recommended score was 83% in September which is an decrease from 86% in August and is below the national average. (page 27)

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 Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report

2017-18 Month 6 (September 2017)

Contents:

SOF:	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy). NHSI are consulting on proposed amendments to the SOF which are likely to significantly impact on the Trust. A consultation response is currently being prepared.

Waiting Times

- The number of people waiting more than 18 weeks has increased in the month across all services
- The number of children and young people waiting more than 30 weeks has decreased in the month in Sunderland and South Tyneside, as has the overall number of waiters in these areas.

Quality Priorities:

Quarter 2 achieved:	Quarter 2 part achieved:	Quarter 2 not achieved	
3	2	0	In total there are five quality priorities identified for 2017-18 and at quarter 2 three have been assessed as achieved whilst the waiting times, embedding the positive and safe strategy are currently assessed as amber.

CQUIN:

Quarter 2 achieved:	Quarter 2 part achieved:	
8	2	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 achieved during the quarter apart from improving services for people with mental health needs who present at A&E and preventing ill health by risky behaviours – alcohol and tobacco, these have been assessed as partially achieved.

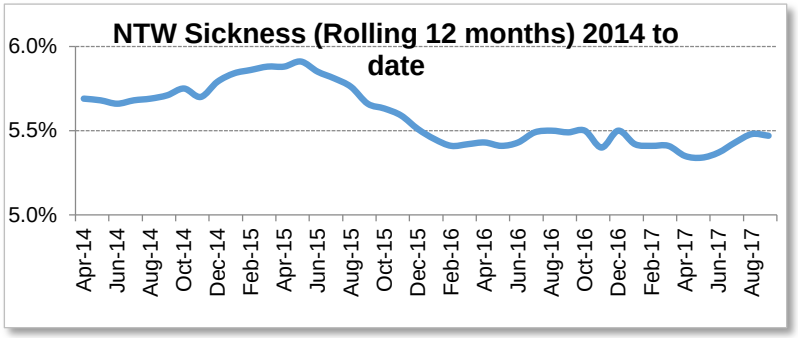
Workforce:

Statutory & Essential Training:

Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	
14	3	2	Clinical Supervision training (83.9%), Information Governance training (90.3%) and MHA combined training (80.6%) are within 5% of the required standard, PMVA Basic training (76.9%) and Rapid Tranquilisation training (78.2%) are more than 5% below the standard.

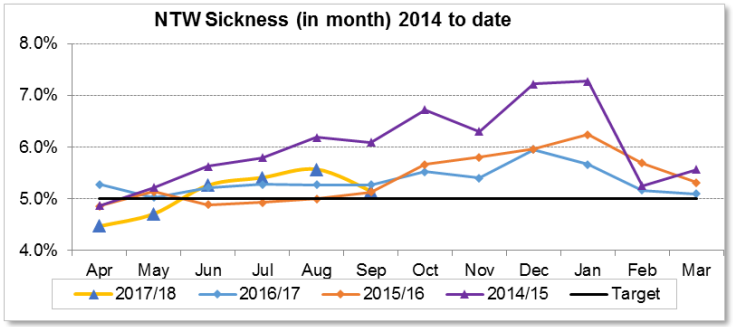
Appraisals: Appraisal rates have increased to 82.9% in September 17 (was 82.6% last month).

Sickness Absence:



The "in month" sickness absence rate is above the 5% target at 5.15% in September 2017

The rolling 12 month sickness average has decreased to 5.47% in the month



Finance:	At Month 6, the Trust has a year to date surplus of £3.2m which is ahead of plan. Pay spend at Month 6 was £124.2m which is slightly above plan and includes £3.8m agency spend which is £0.9m under the planned trajectory to hit our agency ceiling of £8.6m. Income was £0.9m less than plan which is offset by non-pay spend being less than plan. 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 finance and use of resources score is currently a 1 (this is a sub theme of the Single Oversight Framework) and the forecast year-end risk rating is also a 1. The main financial pressures at Month 6 are staffing pressures in CYPS inpatients, Learning Disabilities transformation and income being less than plan in Specialist Care and Older People's in-patients. The Trust needs to reduce pay spend down to the planned levels over the remainder of the year to improve the 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 reduce staffing levels down to budgeted establishments. Work is ongoing 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
	94% of metrics achieved in month 6	100% of metrics achieved in month 6	100% of metrics achieved in month 6	100% of metrics achieved in month 6	100% of metrics achieved in month 6	63% of metrics achieved in month 6	75% of metrics achieved in month 6
	94% of metrics achieved in quarter 2	100% of metrics achieved in quarter 2	100% of metrics achieved in quarter 2	90% of metrics achieved in quarter 2	100% of metrics achieved in quarter 2	63% of metrics achieved in quarter 2	75% of metrics achieved in quarter 2
	The areas of under performance relate mainly to CPA metrics and 7 day follow up						

2. Compliance

a) NHS Improvement Single Oversight Framework

Self assessment as at September 2017 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	Quarter 2 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%	100%	89.50%	National data includes all NHS providers and is at July 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%	100.0%	100%	98.70%	National data includes all NHS providers and is at June 2017	
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%	83%	74.90%	Published data is as at July 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%	93%	no data	no data	from weekly sheet 05.10.17	
1427	b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	91%	no data	no data	from weekly sheet 05.10.17	
1425	c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	88%	no data	no data	from weekly sheet 05.10.17	
	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%	99.0%	99.0%	National data includes all NHS providers and is at June 2017	
240	Date of Birth	Monthly	MHSDS	95%	100.0%	100.0%	100.0%	National data includes all NHS providers and is at June 2017	
239	Postcode	Monthly	MHSDS	95%	99.9%	99.0%	98.0%	National data includes all NHS providers and is at June 2017	
241	Current Gender	Monthly	MHSDS	95%	99.8%	100.0%	100.0%	National data includes all NHS providers and is at June 2017	
242	GP code	Monthly	MHSDS	95%	99.7%	99.0%	98.0%	National data includes all NHS providers and is at June 2017	
243	CCG code	Monthly	MHSDS	95%	99.4%	99.0%	99.0%	National data includes all NHS providers and is at February 2017	
	· priority metrics:								
17	ethnicity	Monthly	MHSDS	85%	94.0%	94.00%	83.0%	NEW. Data from metric 17 in dashboard.	
27	Employment status recorded	Monthly	MHSDS	85%	96.2%	28.9%	33.3%	The 96.2% 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 below the national average, both of which are significantly below the 85% standard required by NHSI	
28	Accommodation status recorded	Monthly	MHSDS	85%	96.1%	28.3%	36.7%	The 96.1% 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 below the national average, both of which are significantly below the 85% standard required by NHSI	
	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%	51.0%	50.0%	50.9%	NEW metric 1079 published data June 2017	
	· waiting time to begin treatment :								
1349	- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.7%	99.0%	88.8%	published data June 2017	
1348	- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	99.0%	published data June 2017	

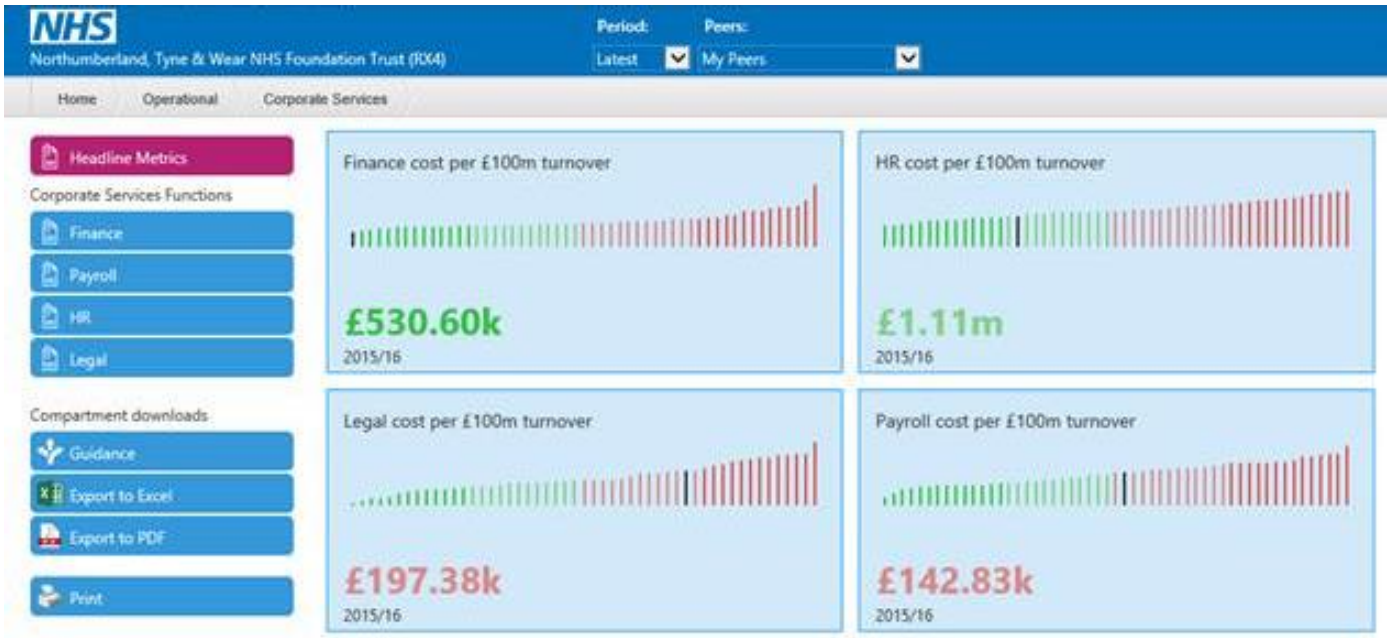
NHS Improvement Single Oversight Framework & Model Hospital Portal

As at the end of September 2017, the Trust remains segment 1 within the Single Oversight Framework as assessed by NHS Improvement. There are currently 13 mental health providers nationally achieving this rating. There are currently no MH providers in the lowest segment (segment 4) and four providers remain in segment 3.

The NHS Improvement consultation on proposed changes to the Single Oversight Framework ended in September 2017, an NTW response was submitted to the consultation highlighting some minor considerations.

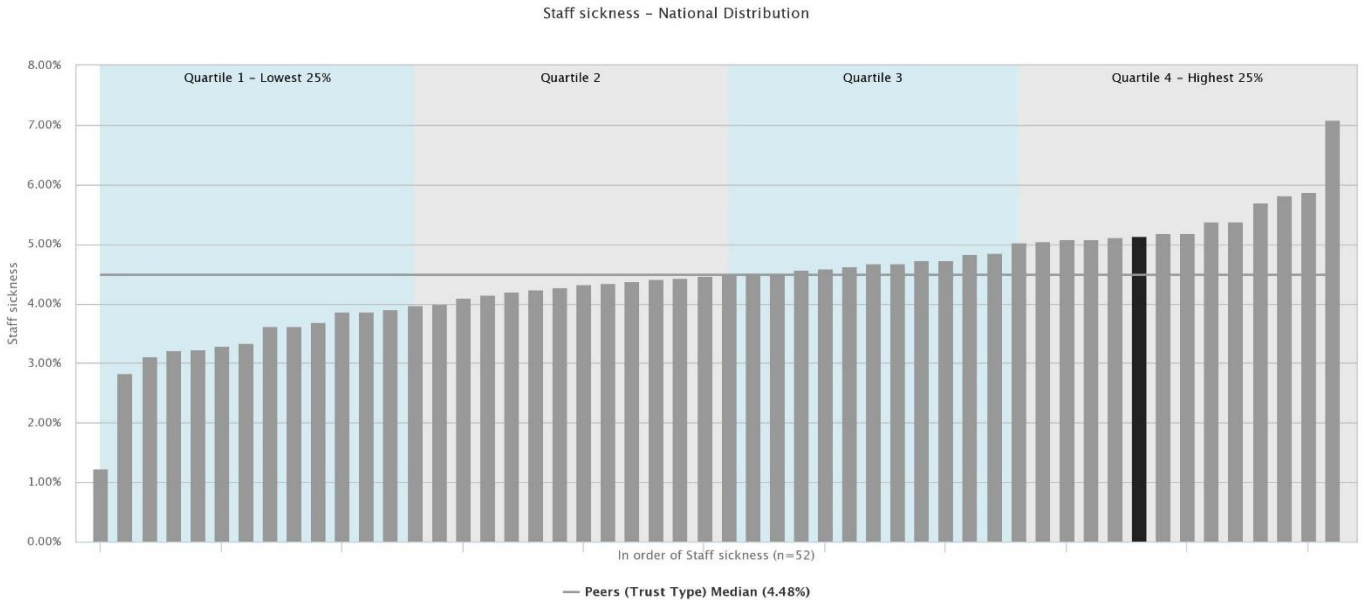
Corporate services comparative data for all provider sectors is now live on the NHSI Model Hospital. This compartment includes benchmarking data across finance, payroll, HR and legal functions, and to support the identification of opportunities to improve efficiency, quality and productivity.

Data relating to Finance, HR, legal costs and payroll costs has been published as follows:



This data has been gathered via an exercise conducted by NHS Improvement based upon 2016-16 data. As this was the first collection of back office function costs by NHSI, may be some subjectivity in the comparability between trust data.

Note also that the Trust was in the upper quartile of MH Trusts for staff sickness in March 2017, which has triggered two notifications within the Model Hospital- one for overall staff sickness, and another for nursing sickness:



Note the sickness rate has continued to be higher than anticipated, and has been an area of focus for the organisation. The rate for September 2017 has decreased – for more information please see section 6 of this report.

2. Compliance

b) CQC Update September 2017

CQC Compliance – Focussed Inspections

The Trust received the draft inspection reports following a focussed inspection visit to two core services within the Trust:-

- Acute wards for adults of working age and psychiatric intensive care units (Beckfield, Hopewood Park and Alnmouth, St George's Park)
- Long stay rehabilitation mental wards for working age adults (Bridgewell Ward, Hopewood Park and Kinnersley Ward, St George's Park)

The factual accuracy reports in relation to these draft reports were returned to the Care Quality Commission on 2nd October 2017; it is expected that the final reports will be published later this month. An update will be provided in the next report highlighting any issues once the final reports have been received.

CQC Data Request – Locked Rehabilitation Wards

On 10th October 2017 the Trust received a request for information relating to rehabilitation wards across the Trust. The CQC's recent report on the 'State of Care in Mental Health Services 2014-2017' identified concerns about the number of people being treated long term in inpatient rehabilitation wards, the quality of care provided in some and the increased use of out of area provision for people with complex mental health needs. The CQC hope to understand more about mental health rehabilitation services and the patients they treat, in order to ensure that future inspections can assess inpatient rehabilitation services across the country in a more tailored way.

The survey includes collection of information about each of the mental health in-patient rehabilitation wards and their patients.

The data for this information request is in the process of being collated and is to be submitted to the CQC by 13th October 2017.

The survey has been distributed to all providers of inpatient mental health care across England.

Registration notifications made in the month:

No registration notifications have been made to the CQC this month.

Mental Health Act Reviewer visits in the month:

Ward 2, Walkergate Park – visited 5th September 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. Four detained patients were interviewed in private. One patient was interviewed with staff present. Two detained patients had significant communication issues and were unable to be

interviewed. The ward manager, staff and RC were also interviewed and a tour of the ward facilities was undertaken.

Good Practice

The ward has achieved the “Full Monty Award” through the national program of STAR awards. This assessed 75 areas related to activities for patient. The ward was proud of this achievement as they were the first specialist service within the trust to gain this.

Findings

1. There was no notice inside the ward explaining to patients how to leave the ward.

2. There were no clear posters explaining patients right to contact the Care Quality Commission, how to complain or how to get drinks or snacks and no information explaining the Points of You or cards available to leave comment.
3. There was nowhere for patients to keep their valuables. Lockers had an area which required a key to open, but keys were not available and patients were unable to lock their bedroom doors.
4. A lack of opportunity to access a drink and switching off the television at midnight were blanket restrictions.
5. Section 132 rights not being given at appropriate times or recorded as having been given.
6. There were concerns linked to patient involvement in care.
7. Some medication was prescribed which was not authorised on the T2 certificate. There was no other certificate with the prescription chart to authorise additional medication.
8. The RC had not explained the outcome of the SOAD visit to the patient or recorded why it was not appropriate to do this.

Previous visit - There were 8 issues highlighted during a previous visit of those 3 remain outstanding see bullets 4, 5 and 6 above.

Mitford, Northgate Hospital – visited 11th September 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. The CQC spoke to three patients with staff present or just outside of the room. The also spoke to two carers who were interviewed in private; the ward manager, clinical nurse specialist and clinical nurse manager. The Mental Health Advocate who visits the ward several times a week also spoke to the CQC. They were given a tour of the unit and saw patients in their flats.

Good Practice

The carers were very positive about the ward and described the staff as very open, they felt supported by staff and the IMHA and fully understood the plan of treatment and future discharge.

The IMHA had no concerns about accessing the unit or seeing the patients; referrals were made promptly and often before admission; they felt listened to and able to represent patients in meetings; the care was good and the environment always clean.

Staff knew the patients well and could support them to express themselves in conversation. Patients appeared relaxed with staff and their interactions with patients were kind and caring.

Each patient had a structured day with activities or outings based on their individual needs. Each session was set up based on the needs of the patients attending.

Findings

1. In one patient record there was over a three week delay in requesting a SOAD when section 62 was used.
2. No evidence that the RC was recording they had spoken to the patient after a SOAD visit to inform them of the outcome. There was no written evidence to indicate the RC had thought this was not appropriate and recorded the reasons for this decision.

Previous Visit - There were no previous actions as this was the first visit to the ward by the MHA Reviewers.

Newton, St George's Park – visited 13th September 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. Four patients were interviewed in private; five patients declined to talk to the reviewer however other patients spoke to the reviewer informally in communal areas. A tour of the ward was undertaken and the ward manager and RC were interviewed.

Good Practice

The ward had identified that there was an increase in incidents on Wednesdays. Staff had considered the reasons for this and thought it could be due to the fact ward reviews, care program approach meetings and multi-disciplinary meetings took place that day. This meant lots of staff were seen entering the ward but were then unavailable to patients. The ward had started a communal meal for patients and staff on Wednesdays where staff attending these meetings could eat together before staff disappeared into the meetings. The ward manager told us incidents had reduced from 13 in one month to only two. This was an area of good practice because it addressed incidents, reduced behavioural disturbance and promoted the team and patients working together.

Staff to patient interaction was kind and caring. We found staff playing table tennis with patients and staff sitting in communal areas

Findings

1. Unclear about when section 132 rights should be given and review dates were not always met.
2. There was nowhere to place a towel or clothes in the bathroom. This could impact on patient's dignity.
3. Detention documents were misfiled and this made it difficult to follow. Capacity to consent to treatment not assessed or reviewed on change of RC.

4. The patient's capacity to consent to treatment on admission was recorded in progress notes and reviews rather than the trust form.
5. No record was found that the RC had told the patient of the outcome of the SOAD visit.

Previous Visit - There were 2 issues which remained outstanding from the previous visits, these have been raised as issues within this report (see bullets 3 and 4 above)

Gibside, St Nicholas Hospital – visited 26th September 2017

This was an unannounced planned visit by a Mental Health Act Reviewer. A tour of the ward facilities and outdoor space was undertaken. Both patients who were detained under the MHA were interviewed; one in private and the other with a CPN at their request. One carer, ward based staff and the ward manager were also interviewed during the visit.

Good Practice

One patient described staff as; "lovely" and the carer raised no concerns and stated that staff were; "all very nice and caring".

Both patients were aware of what was happening in their treatment and discharge planning and felt listened to within ward reviews. The patients commented about the cleanliness of the ward.

The ward planned activities and groups based on the patient's preference. On the day of the visit we found patients and staff together in the dining room. The ward had arranged a charity bake off with cakes made by staff and patients. Staff were interact with patients in a kind and caring way.

Patients had their section 132 rights explained on admission to the ward and as required. This was based on individual patient need and was often completed on a fortnightly basis. Records confirmed patients were given their section 132 rights on a regular basis. This record included a description of the patient's response and the nurse's view of the patient's understanding.

Findings

1. Difficult to see the patient's full detention period as detention documents were filed in old files.
2. Patient involvement in care plans was not evidenced.
3. The clock in the seclusion room had stopped and needed a new battery.
4. Patient's capacity to consent to medication not recorded by the RC and reviewed on a regular basis. No clear record of when a SOAD was requested.
5. For one patient the T3 was not on the ward.
6. Patient not informed of the outcome of a SOAD visit.
7. The carer who had responsibility for "accompanying" leave told us they had not been offered a section 17 leave form.
8. Patient had complained of bedroom being cold.
9. Patient made allegations against staff members.

Previous Visit – the three issues raised during the previous visit in 2015 were all fully resolved.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Avon and Wiltshire Mental Health Partnership NHS Trust	June 2017	October 2017	Requires improvement	Following re-inspection the trust's overall rating has remained as 'requires improvement'.	here
Surrey and Borders Partnership NHS Foundation Trust	July 2017	October 2017	Good	Following re-inspection the trust's overall rating has improved from "requires improvement" to "good".	here

Future announced inspections:

Nothing to report.

CQC Recent News Stories:

Equally outstanding: Equality and human rights

The CQC have published the following information "Equally outstanding: Equality and human rights" – this is a good practice resource for organisations which looks to address how a focus on equality and human rights can improve the quality of care in times of financial constraint and puts equality and human rights at the heart of an organisations improvement work so that the quality of care gets better for everyone. A link to this documentation is given below for information.

http://www.cqc.org.uk/publications/equally-outstanding-equality-human-rights-good-practice-resource

This resource was produced in partnership with key healthcare and equality organisations.

An investigation of some case studies of services that have used equality and human rights to improve care was undertaken these were from very different services yet they shared common factors.

Nine common factors that have been crucial in developing outstanding care were identified. None of these take large resources – but shifts in thinking and behaviour:-

1. **Committed leadership:** Leaders are enthusiastic and committed to equality and human rights. This should be the business of all leaders.
2. **Principles in action:** Equality and human rights run through from organisational values, through leadership behaviours and actions to frontline staff and their work.
3. **Staff equality:** This is a basis for quality improvement. It includes work to develop an open and inclusive culture and action to tackle specific workforce inequalities.
4. **Improvement through equality and human rights:** They started with considering a quality improvement issue, then incorporated equality and human rights as they developed a solution.

5. **Staff are improvement partners:** All staff think about, plan and deliver equality and human rights interventions to improve care quality. There is a no blame culture of learning and collective leadership.
6. **Serving the person better:** They listened carefully to people who used the service and considered their lives and aspirations.
7. **Involving others:** They linked to outside organisations for support.
8. **Courage:** This included positive risk-taking, being honest about issues and tackling difficult problems
9. **Continuous learning and curiosity:** They learned from mistakes and were always looking for the next thing that they could improve.

State of Care Report 2016/2017

CQC published the State of Care Report 2016/2017 on 10th October 2017. This report states that with the complexity of demand increasing across all sectors, the entire health and social care system is at full stretch.

Particularly in terms of Mental Health Services the report highlights specific areas of concern which are shown below:-

- Concern as area outdated and sometimes institutionalised practices exist – high numbers of people of 'locked rehabilitation wards' that are some way from their homes hospitals and did not employ staff with the right skills to provide the high-quality, intensive rehabilitation care required to support recovery.
- Physical restraint – use of and recording of.
- Use of dormitories
- Sexual safety – Eliminating Mix Sex Accommodation, hospitals still not compliant and particularly concerning in Mental Health services where wards could include a mix of those who are disinhibited and those who are vulnerable.
- Physical health
- Clinical information systems

The safe domain remains that with the most areas of concern these are in relation to:-

- Poor physical environment
- Safe staffing levels
- Management of medicines

Northumberland, Tyne and Wear NHS Foundation Trust were highlighted in the report as providing care in hospitals and round-the-clock care in the community that is world-class. They have leaders, both at a provider and ward level, who shape the care they deliver around the people who receive it.

A link to the report is given below:-

http://www.cqc.org.uk/sites/default/files/20171010_stateofcare1617_report.pdf

2. Compliance

c) Five Year Forward View for Mental Health – *In development*

Children and Young People Eating Disorders	Quarter 1 UNIFY Submission	Quarter 4 2016/17 England
Number of Urgent cases seen within one week	63.6%	68.7%
Number of Routine cases seen within four weeks	79.6%	78.9.0%

Children and Young People		
Under 18 admitted to Adult wards	NTW September 2017	Quarter 4 2016/17 England
Number of patients	0	42
Number of Bed Days	0	321

IAPT - Sunderland	NTW September 2017	Quarter 4 2016/17 England
% seen within 6 weeks	99.8%	89.6%
% moving to recovery	51.7%	51.0%

EIP	NTW September 2017	Quarter 4 2016/17 England
% starting treatment within 2 weeks of referral	96.0%	76.6%
% incomplete waiting more than 2 weeks * August data	20.0%	52.5%

	NTW September 2017	Quarter 4 2016/17 England
% of people aged 18-69 in employment	6.6%	6.2%
% of people aged 18-69 in stable accommodation	78.5%*	29.7%

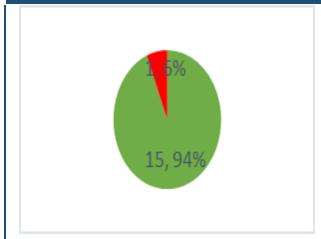
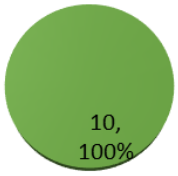
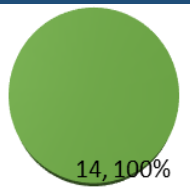
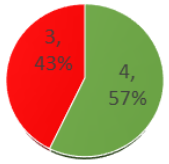
*Currently under investigation

	NTW September 2017/18	Quarter 4 2016/17 England
7 day follow up	97.1%	96.7%

Latest NHS England Five Year Forward View dashboards are available here

3. Contract Update September 2017

a) Quality Assurance – achievement of quality standards September 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 in month 6 on 7 day follow up (83.3%)	All achieved in month 6	All achieved in month 6	All achieved in month 6	All achieved in month 6	The contract under performed in month 6 on Crisis & Contingency (5 patients, 85.3%), CPA risk assessments (5 patients, 90.9%) and valid ethnicity MHMDS only (17 patients, 89.6%)	The contract under performed in month 6 on Completion of Risk assessment (3 patients, 62.5%), Crisis & Contingency (1 patient, 66.7%)
94% of metrics achieved in the quarter The contract under performed in quarter 2 on 7 day follow up (1 patient, 93.8%)	**100% of metrics achieved in the quarter**	**100% of metrics achieved in the quarter**	**90% of metrics achieved in the quarter** The contract underperformed in quarter 2 on 7 day follow up (2 patients, 94.7%)	**100% of metrics achieved in the quarter**	**71% of metrics achieved in the quarter** The contract under performed in quarter 2 on Crisis & Contingency (5 patients, 85.3%), CPA risk assessments (5 patients, 90.9%) and valid ethnicity MHMDS only (17 patients, 89.6%)	**75% of metrics achieved in the quarter** The contract under performed in quarter 2 on Completion of Risk assessment (3 patients, 62.5%), Crisis & Contingency (1 patient, 66.7%)
						

3. Contract update September 2017

b) CQUIN update September 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.					Quarter 2 milestones have been partially reached
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.					Quarter 2 milestones have been partially reached
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 September 2017

c) Service Development and Improvement Plan – NHS England

	Milestones	Progress
Review Mental Health Secure Outreach Team against service specification called Forensic Outreach and Liaison Service	Ensure service meets the national specification Develop action plan to meet service specification with clear timescales Reach a clear understanding of the types of contacts and activity levels by professionals within the team	We are waiting for the publication of the new service specification. The services have contributed to the consultation.
Gender Dysphoria Service	NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded NHS England to review the service against the new specification which is out to consultation NTW will work with NHSE to complete the national reporting template when implemented	We have been progressing this work with the team in line with the new gender service dataset. Submission has been made in line with the requirements for the 6th October 2017 and backdated to April 2017.- COMPLETE The service is contributing to the consultation on this document Changes to the NTW systems are now in place to support reporting. COMPLETE
Mental Health and Deaf Team	NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded	We are waiting for confirmation from NHSE in relation to the continuation of the national MH and deafness dataset.
Peri-natal outreach	If funding is agreed nationally, implement development of peri -natal outreach service in line with agreed business case	We are waiting for confirmation from NHSE of funding
Peri natal service	To ensure that the service meet the new specification when published	We are waiting for the publication of the new service specification. Service leads are involved in its development.
CAMHS Tier 4 National Service Review	NTW and NHS England to work together to implement recommendations from the national service review	We are working with commissioners on the trajectories and bed configuration element as part of the new care models arrangements
Adult Secure National	NTW and NHS England to work together to implement	We are waiting for the specific outcomes of the review with recommendations however we are already working with commissioners

Service Review	recommendations from the national service review	on the trajectories and bed configuration element as part of the new care models arrangements
Secure Outreach and Transitions Team	**If approved and agreed by NHS England** Develop Secure Outreach and Transitions Team as per agreed business case	The team has been operational since 8th May 2017. The OT post is still within the recruitment process as we were unable to recruit to this when it went to advert previously however we have an agency OT in place managing caseloads for SOTT. The SALT & Care navigator posts have been recruited to. The team are working collaboratively & developing relationships with bed based services, TEWV and partner organisations, shared pathways are being developed including partnership working with Cumbria to establish discharge pathway to repatriate patients. The case load is expanding as the team becomes established and referral process is embedded. Currently working with 30+patients and all bed based patients are on the case load. We are now looking at how best to capture and report on this activity. The team are working with bed based services attending review meetings, establishing IDD, working with providers to support discharge. As the discharge date is established SOTT increase their presence to actively establish discharge pathway, training and working with care provider. Performance criteria has been identified and is being recorded, awaiting RiO go live and will be available to share with commissioners in Q3. KLOE's have been set and shared with LIG, these will be updated as required.
Adult Medium and Low Secure services	To ensure that the services meet the new specifications when published	We are waiting for the publication of the new service specification. The services have contributed to the consultation.
CAMHs Tier 4 services	To ensure that the services meet the new specifications when published	We are waiting for the publication of the new service specification. The services have contributed to the consultation.
Neuropsychiatry	The current service specification is in draft. NTW will work with NHSE to ensure that the service meets the specification when finalised.	The service has worked with the commissioners to agree a service specification and are currently working to it as a draft spec. This will be reviewed once the national specification is in place. The quality of care is of a high standard and meets the needs of the population.
CNDS	NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded	The service produced a description of their contacts as part of the discussion in 16/17 on how to capture activity. A meeting with commissioners has taken place and a recent drop in contacts appears to be related to a change in the team's recording of activity. This will be rectified for Q3 in conjunction with NHSE requirements.

3. Contract update September 2017

d) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2017-18			Q2 2017-18			Q3 2017-18			Q4 2017-18		
			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%	58.5%	58.9%	59.1%	59.3%	59.6%						
Current Service Users on CPA			10.1%	10.0%	9.8%	9.7%	9.6%	9.5%						
Current in scope patients assigned to a cluster			86.7%	86.6%	86.9%	87.6%	87.5%	87.6%						
Number of initial MHCT assessments that met the mandatory rules			85.3%	85.5%	85.2%	84.8%	85.6%	84.8%						
Number of Current Service Users within their cluster review threshold		85%	77.4%	78.2%	79.0%	79.4%	78.8%	78.7%						
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	92.3%	92.7%	93.0%	92.8%	92.5%	94.0%						
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.0%	92.2%	92.8%	93.5%	93.2%	92.7%						
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		85%	68.9%	70.7%	67.7%	71.4%	68.1%	69.4%						
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		85%	54.7%	55.2%	53.6%	53.5%	55.1%	57.8%						
Current Service Users on CPA reviewed in the last 12 months	95%	95%	95.2%	95.7%	97.3%	96.4%	96.6%	97.7%						

4. Waiting Times

As at 30 September 2017, there were almost 7,000 people waiting to access NTW community services. There were also nearly 3,300 people waiting for a healthcare professional allocation.

Key points to note from September 2017:

- The number of people waiting more than 18 weeks has increased in the month across all services
- The number of children and young people waiting more than 30 weeks has decreased in the month in Sunderland and South Tyneside, as has the overall number of waiters in these areas.

Waiting Times Summary September 2017	As at 30th September 2017:		As at 31st August 2017:	
1. Number of service users waiting to access **adult community services provided by the community group**:	3828		3815	
Proportion waiting more than 18 weeks at that date:	221	5.8%	198	5.2%
Proportion waiting more than 30 weeks at that date:	67	1.8%	71	1.9%
2. Number of service users waiting to access **adult community services provided by the specialist care group***:	2576		*2483*	
Proportion waiting more than 18 weeks at that date:	878	34.1%	876	35.3%
Proportion waiting more than 30 weeks at that date:	577	22.4%	529	21.3%
** neuro rehabilitation, gender dyshporia, adult autism diagnosis, adult ADHD etc*				
3. Total number of children and young people waiting for **treatment** by **community CYPS** services:				
Northumberland	422		468	
Proportion waiting more than 18 weeks at that date:	106	25.1%	80	17.1%
Proportion waiting more than 30 weeks at that date:	1	0.2%	0	0.0%
Newcastle	299		*310*	
Proportion waiting more than 18 weeks at that date:	29	9.7%	*18*	*5.8%*
Proportion waiting more than 30 weeks at that date:	1	0.3%	*0*	*0.0%*
Gateshead	246		*272*	
Proportion waiting more than 18 weeks at that date:	34	13.8%	*25*	*9.2%*
Proportion waiting more than 30 weeks at that date:	0	0.0%	*0*	*0.0%*
South Tyneside	182		*205*	
Proportion waiting more than 18 weeks at that date:	46	25.3%	*65*	*31.7%*
Proportion waiting more than 30 weeks at that date:	3	1.6%	*11*	*5.4%*
Sunderland	497		*617*	
Proportion waiting more than 18 weeks at that date:	151	30.4%	*226*	*36.6%*
Proportion waiting more than 30 weeks at that date:	1	0.2%	*21*	*3.4%*
4. Services in scope for RTT (**referral to treatment**) measurement:				
Incomplete waiters less than 18 weeks	*100% achieved*		*100% achieved*	
Incomplete waiters more than 52 weeks	nil		nil	
5. Number of service users with **no recorded HCP/care co-ordinator** or **record of CPA status**	*3288*		*3244*	

5. Finance Update September 2017

Financial Performance Dashboard

NTW Income & Expenditure

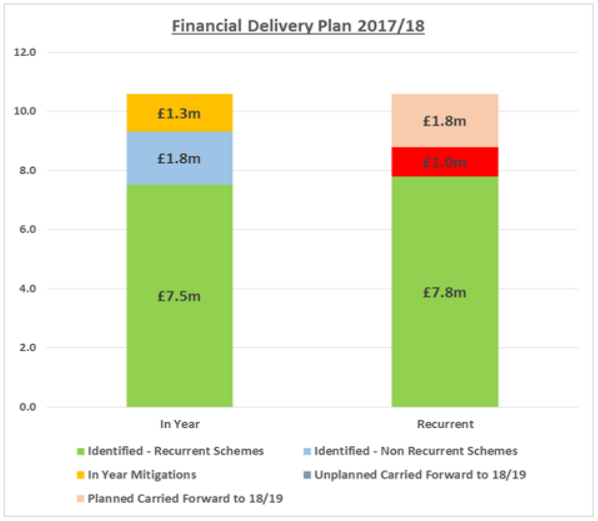
	Plan £m	YTD £m	Variance £m
Income	157.2	156.3	0.9
Pay	(124.0)	(124.2)	0.2
Non Pay	(25.5)	(23.6)	(1.9)
EBITDA	**7.7**	**8.5**	**0.8**
Cost of Capital	(5.4)	(5.3)	(0.1)
Surplus/(Deficit)	**2.3**	**3.2**	**(0.9)**

Control Totals

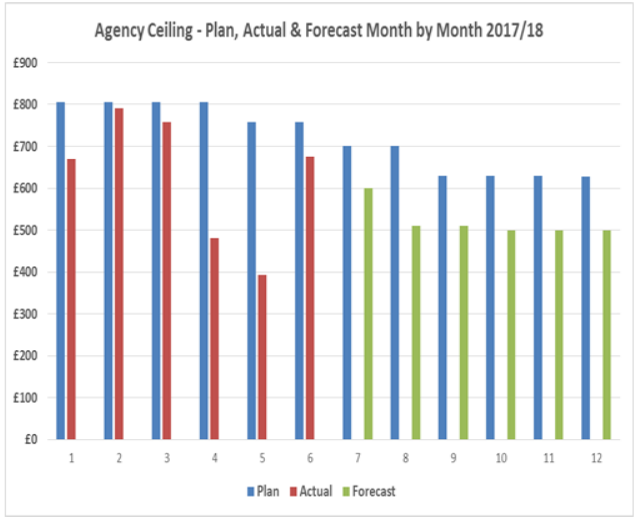
	Plan £m	YTD £m	Variance £m
Specialist	13.3	12.9	0.4
Community	11.4	11.3	0.1
Inpatient Care	13.5	13.0	0.5
Central	(35.9)	(34.0)	(1.9)
Surplus/(Deficit)	**2.3**	**3.2**	**(0.9)**

Key Indicators	Current	Fore-cast
Risk Rating	1	1
Agency Spend	£3.8m	£6.9m
FDP Delivery	£5.3m	£10.6m
Cash	£19.8m	£19.8m
Capital Spend	£2.2m	£8.5m

Financial Delivery Plan



Agency Spend



Key Issues/Risks

- Surplus - £3.2m at Mth6 which is ahead of plan.
- Control Total – The Trust is forecasting delivery of its £7.1m Control Total.
- Risk Rating – The Use of Resources rating is a 1 at Mth 6 & the forecast year-end rating is a 1.
- Pay costs slightly above plan at Mth6. Monthly pay spend needs to reduce in the 2nd half of the year if the Trust is to meet its control total this year.
- Main pressures - CYPS In-patients & below plan income in Specialist Care and Older Peoples In-Patients.
- Agency Spend – Target spend in 17/18 is £8.6m. Spend at Mth6 is £3.8m which is £0.9m below target trajectory. Forecast spend is £6.9m.
- Financial Delivery Plan - Planned savings of £5.3m have been achieved at Mth6.
- Cash – £19.8m at Mth6 which is £0.6m below plan.
- Capital Spend - £2.2m at Mth6 which is £3.5m below plan.

Agency Dashboard – Month 6 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 Mth6 is £3.8m which is £0.9m below trajectory.
6. Medical agency spend at Mth6 is £1.5m which is in line with trajectory.
7. Forecast agency spend is £6.9m which is £1.7m below ceiling.
8. The number of price cap breaches has reduced significantly since price caps were introduced. In September, the Trust reported an average of 21 above price cap shifts (breaches) per week (16 medical & 5 nursing). At the end of September, 3 medics were being paid above the capped rate. Agency medics are brought in at or below capped rates except in exceptional circumstances.

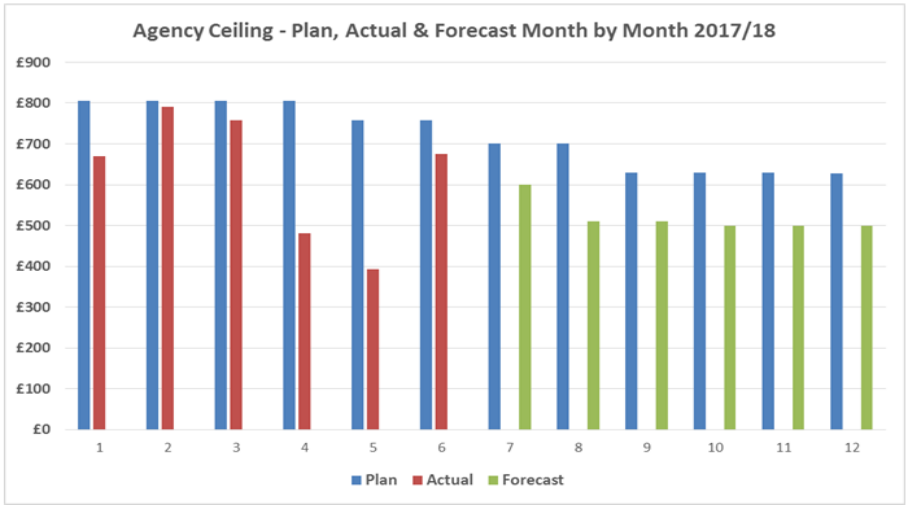
NTW - Temporary Staffing Spend 2017/18

	Year to date - Mth 6			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	0.9	2.3	0.8	4.0
Community	1.4	0.6	0.0	2.0
Inpatients	1.1	1.6	0.1	2.7
Support Services	0.4	0.0	0.2	0.6
	3.8	**4.5**	**1.1**	**9.3**

Monitor Agency Price Cap Breaches (Number of shifts)

	April	May	June	July	August	Sept
Staff Group	3/4 - 30/4	1/5 - 28/5	29/5 - 25/6	26/6 - 30/7	31/7 - 3/9	4/9 - 1/10
Medical	70	40	45	70	72	64
Nursing	15	20	20	20	25	20
Total	85	60	65	90	97	84

Agency Spend v Agency Ceiling



6. Monthly Workforce Update September 2017

Workforce Dashboard

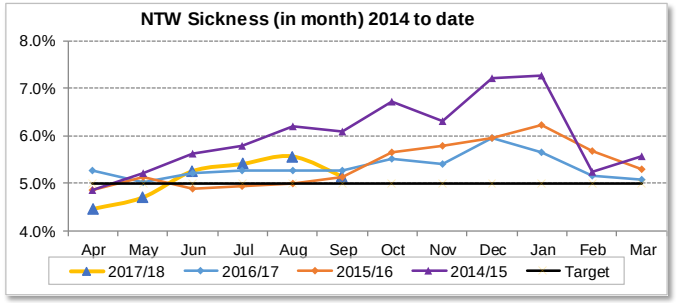
Training and Appraisals	Standard	M6 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions
Fire Training	85%	88.0%	▼	89.8%	88.7%	89.1%	86.8%	34.9%	91.6%	85.7%	92.1%
Health and Safety Training	85%	90.9%	▼	94.3%	89.9%	92.1%	93.1%	51.9%	90.5%	92.9%	90.3%
Moving and Handling Training	85%	92.9%	–	97.8%	90.2%	95.2%	93.9%	48.1%	95.7%	92.9%	90.6%
Clinical Risk Training	85%	90.6%	▼	92.4%	91.6%	90.1%			73.7%		
Clinical Supervision Training	85%	83.9%	▼	86.9%	83.0%	84.4%			73.7%		
Safeguarding Children Training	85%	94.3%	▼	95.8%	93.8%	96.3%	94.0%	40.3%	97.0%	89.3%	96.2%
Safeguarding Adults Training	85%	93.4%	▼	95.1%	92.9%	94.2%	94.6%	41.1%	96.1%	89.3%	96.4%
Equality and Diversity Introduction	85%	93.5%	▼	95.8%	93.1%	95.1%	93.3%	51.2%	91.6%	92.9%	96.1%
Hand Hygiene Training	85%	92.5%	▼	94.4%	90.6%	94.7%	94.5%	48.8%	89.5%	92.9%	95.9%
Medicines Management Training	85%	85.7%	▼	90.2%	83.3%	87.4%	83.3%		76.8%		
Rapid Tranquilisation Training	85%	78.2%	▼	85.0%		80.4%			44.2%		
MHCT Clustering Training	85%	88.4%	▲	85.5%	91.4%	83.8%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	80.6%	▼	84.6%	83.9%	82.0%			57.3%		
Seclusion Training (Priority Areas)	85%	88.7%	▼	84.6%		91.9%					
Dual Diagnosis Training (80% target)	80%	88.0%	▼	92.7%	91.3%	89.1%			61.1%		
PMVA Basic Training	85%	76.9%	▼	79.6%		79.4%			67.5%		
PMVA Breakaway Training	85%	87.6%	▼	100.0%	83.9%	91.7%					
Information Governance Training	95%	90.3%	▼	92.8%	90.7%	91.6%	87.8%	43.4%	89.8%	78.6%	
Records and Record Keeping Training	85%	97.5%	▼	99.3%	97.8%	98.5%	97.4%	54.3%	99.1%	100.0%	100.0%

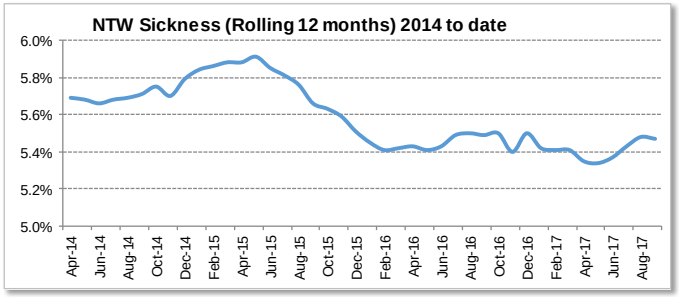
* NB Prior learning may not be reflected in these figures and is being investigated

Appraisals	85%	82.9%	▲	85.2%	82.3%	85.7%	64.5%				96.4%

Managing Attendance - includes NTW Solutions	Target	M6 position	Trend
In Month sickness	<5%	5.15%	▲
Short Term sickness (rolling)		1.45%	
Long Term sickness (rolling)		4.01%	
Average sickness (rolling)	<5%	5.47%	▲

NB - NTW Solutions Sickness absence in the month was 5.52%





Best Use of Resources	Target	M6 position	Trend
Agency Spend		£674,322	▼
Admin & Clerical Agency (included in above)		£104,700	▼
Overtime Spend		£193,800	▼
Bank Spend		£758,953	▲

Recruitment, Retention & Reward	Target	M6 position	Trend
Corporate Induction	100%	100.0%	–
Local Induction	100%	95.9%	▼
Staff Turnover (includes NTW Solutions)	<10%	*16.52%	▼
Current Headcount		6329	

*this is a rolling 12 month figure

Behaviours and Attitudes	M6 position
Disciplinaries (new cases since 1/4/17)	89
Grievances (new cases since 1/4/17)	17

*Trainee Doctors rotate every 4-6 months and it takes approx. one month for them to complete all of the training they are required to complete. There have been issues identified relating to ESR. Time delays are incurred when receiving information from other organisations when training has been completed outside of NTW. These issues are currently being addressed and this involves streamlining the process, part of this work has involved the recent activation between ESR and Intrepid which is undergoing testing.

7. Quality Goals/Quality Priorities/Quality Account Update September 2017

Progress towards the quarter two requirements for each of the 2017-18 quality priorities is summarised below.

Three of the seven priorities are currently rated green and two are rated amber against the Quarter 2 milestones.

Quality Goal:	2017-18 Quality Priority:		Quarterly Forecast Achievement:				
			Q1	Q2	Q3	Q4	Comments
Keeping you safe	1	Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)					There is slippage into quarter 3 on some elements of this quality priority
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					There are continuing challenges in maintaining waiting times, particularly in Children's and Young People's Community Services.
	3	Implement principles of the Triangle of Care					Progressing as planned
	4	Co-production and personalisation of care plans					Progressing as planned
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					Progressing as planned

8. 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	4			4	4			
Quality Governance	Performance against National Standards:	1	1			1	1			1	1			
	CQC Information:	2	1			1	1			2	2			
	Performance against Contract Quality Standards:	1	1			2	1			2	3			Specialist group - Waiting times are not recoverable in the quarter
	Clinical Quality Metrics:	4	4			4	4			4	4			Inpatient Group - Action plans have now been developed for all under performing metrics
Use of Resources	YTD Contribution	4	3			2	2			4	4			
	Forecast Contribution	2	2			2	2			2	1			
	Agency Spend	2	2			1	1			1	1			

		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

9. Monthly activity update (Currently in development)

10. Service User & Carer Experience Monthly Update September 2017

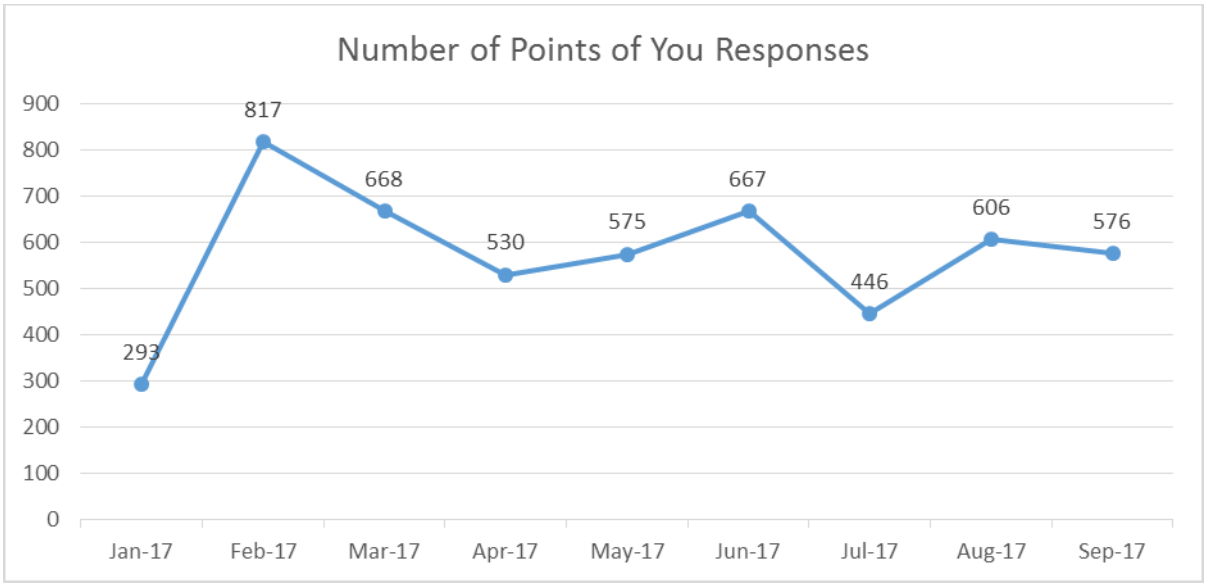
Experience Feedback:

Feedback received in the month – September 2017:

	Responses received September 2017	Results September 2017
Points of You Feedback from Service Users ('Both' option included here)	356	Overall, did we help? Scored: 8.3 out of 10* (8.5 in August)
Points of You Feedback from Carers	220	
Friends and Family Test (FFT) (now a subset of the Points of You responses)	576	Recommend Score**: 83% (86% in August)

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

Graph showing Points of You responses received by month:



In September the number of Points of You responses decreased compared to the previous month of August. The results have also shown an decrease with 83% of respondents identifying they would recommend our services to family or friends, this figure is below August's recommend score and below the national average.

10. Mental Health Act Dashboard

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%	92.4%	See Below			88.8%						
Record of Rights (Detained) Revisited in past 3 months (inpatients)	94.8%	93.5%				93.8%						
Record of Rights (Detained)Assessed at Section Change within the Period	87.0%	73.9%				88.2%						
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	50.8%	42.4%				55.4%						
Community CTO Compliance Rights Reviewed in Past 3 months	45.7%	48.9%				81.1%						
Community CTO Compliance Rights Assessed at start of CTO	42.9%	33.3%				75.0%						

The revised local rights recording form went 'live' on the 5th June 2017. The dashboard metrics for rights have been amended to link with the structure of the new form.

In April 2017 compliance with Rights assessed within 7 days of the detention start date (metric 918) – was 92%. For the month of September 2017 the dashboards show compliance as 89% (this represents that 103 out of 116 patients in the period had been provided with their rights as required). It is worth noting that 19 of the 27 wards involved were 100% compliant. Details of poor compliance will be highlighted in the first instance, at the MHA Local Forms and Practice Group.

For April 2017, compliance with rights having been revisited within a period not exceeding 3 months (metric 993) was 94.8%. For the month of September 2017 compliance was recorded on the dashboards as 93.8%.

Compliance in relation to the provision of rights where the section the patient was detained under had changed (metric 994) - in April 2017 was 87%. This metric is included within the Rights Quality Priorities for 2017/2018. For the month of September compliance was recorded as 88.2% which exceeds the quarter 1 and quarter 2 'Rights Quality Priority' trajectories (60/65% respectively) The September data shows September compliance also exceeds the Quarter 4 trajectory of 80%.

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.

Awareness sessions to support the introduction of the new form and the changes in practice required in relation to the provision of rights have been delivered by members of the 'MHA Local Forms and Practice Group' since June and are scheduled to continue until the end of November 2017. Registered Nurses are required to attend. The sessions to date have been, for the most part, well attended and feedback has been good. On completion of the scheduled awareness sessions it is anticipated that any registered staff who have not attended an awareness session will have their session delivered via a cascade model. E learning will also be an option.

In relation to CTO patients compliance with the provision of rights at the point the CTO is made (metric 998) in April 2017 was 42.9%. However significant improvement in compliance has been noted since the introduction of the revised form and associated training. For the month of September 2017 compliance was noted to be 75%. This exceeds the quarter 2 'Rights Quality Priority' trajectory of 50%.

Compliance with the provision of further explanations within a three month period (metric 985) has been consistently lower than the related metric for detained patients, In April 2017, compliance was 45.7%. Significant improvement in compliance has been noted since the introduction of the revised form and associated training. Compliance for the month of September 2017 is shown on the dashboards as 81%.

The CTO Task and Finish Group has been merged with the Local Forms Review Group. The new Group (The MHA Local Forms and Practice Group) will continue to monitor compliance and consider other options to improve compliance for both detained and CTO patient groups.

As noted above the ‘new’ rights form is now live and further awareness sessions are scheduled to be delivered throughout until the end of November 17.

The provision of ‘rights’ to detained and CTO patients has been agreed as a Quality Priority for this year. The lead for this priority is Dr R Nadkarni.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention – metric 916) - 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% and for May 2017 42.44.This is despite a prompt to undertake this, from the MHA office when the section papers are received. Compliance for June 2017 has gone up to 55.1% however compliance for July 2017 is down to 49.1. The data for September is not available.

The review of the capacity/consent to treatment recording form and associated practice issues is underway by the MHA Local Forms & Practice Review Group. As with the ‘The Provision of Rights’ the group will develop measures for improvement together a communication strategy.

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

Benchmarking

The draft report relating to the Mental Health collection has been reviewed internally and amendments have been submitted back to the NHS Benchmarking Team. Attendees to the Good Practice conference have been registered. The weighted report will be released in due course prior to the conference.

The draft report for the CAMHS collection has been received and work is ongoing within the organisation to review the report and resubmit any identified data.

The Corporate Functions benchmarking deadline has now passed and the data was submitted as required. The report is awaited.

The Trust has registered to participate in the Learning Disability Benchmarking and collection will commence when the final specification is released. The collection is due to run between 18th September 2017 until 10th November 2017.

The dates of the NHS Benchmarking Conferences are:

Good Practice in Mental Health Services Conference – 9th November 2017

Good Practice in CAMHS Services Conference – 16th November 2017

Learning Disability – March 2018

Improving Access to Psychological Therapies (IAPT)

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

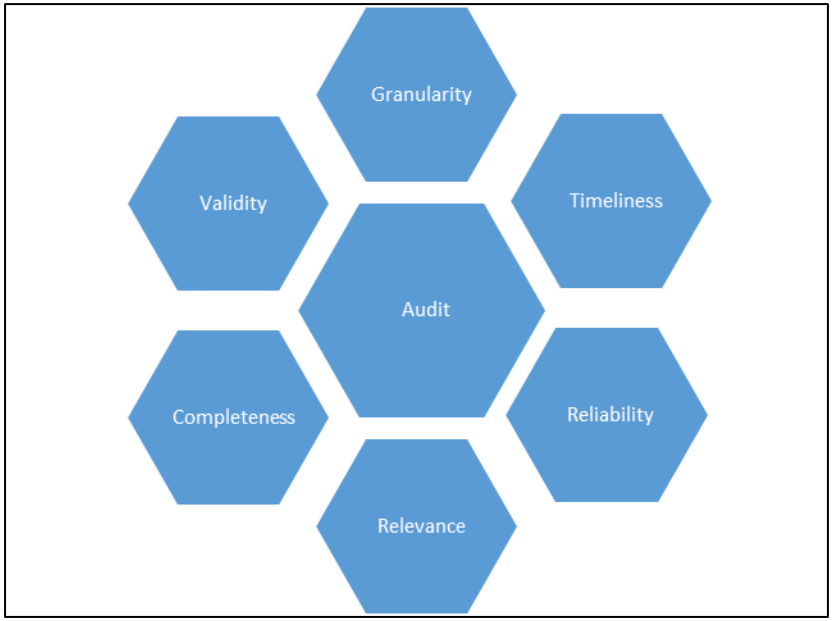
SUNDERLAND CCG PATIENTS - IAPT Only Patients - Quality Metrics in 2017-2018

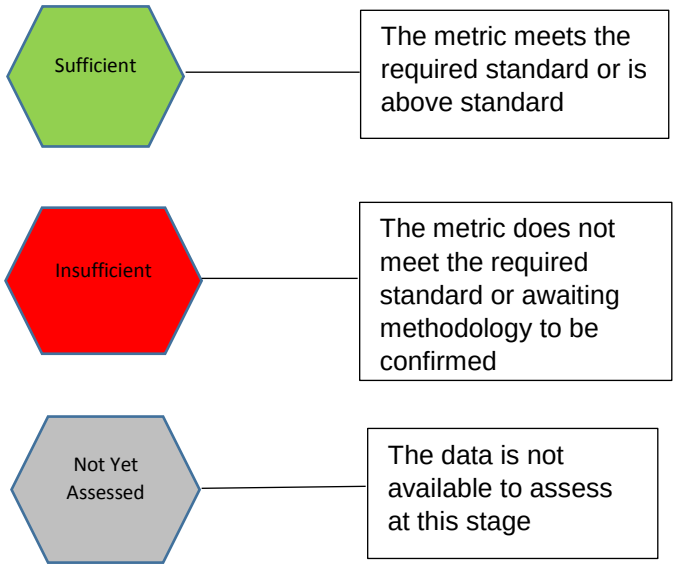
Outcome Measure	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Access - BAME (% of total service users entering treatment)	TBA	4.44%	2.53%	2.41%	2.04%	2.32%	1.94%						
Access - Over 65 (% of total service users entering treatment)	TBA	7.71%	6.94%	7.94%	7.95%	7.65%	5.06%						
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	14.09.%	10.68%	10.30%	11.17%	10.13%	12.36%						
Choice - % answering no	TBA	0%	0%	0%	0.37%	0%	0%						
Choice - % answering partial	TBA	1.94%	5.26%	4.85%	0.38%	1.27%	0.86%						
Choice - % answering yes	TBA	98.06%	94.74%	95.15%	99.25%	98.73%	99.14%						
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	2	2	6	1	2	5						
Patient Satisfaction (Average Score)	TBA	19.31	19.34	19.36	19.42	19.51	19.27						
Recovery	50% of patients completing treatment	53.57%	51.20%	49.78%	51.50%	51.64%	51.70%						
Reduced Disabilty Improved Wellbeing	TBA	36.31%	32.00%	30.90%	33.19%	32.16%	30.48%						
Reliable Improvement	TBA	73.53%	68.73%	72.53%	71.06%	67.32%	72.86%						
Self Referrals (% of discharges who had self referred)	TBA	73.81%	75.60%	73.82%	77.87%	78.43%	77.32%						
Waiting Times	95% entering treatment within 18 weeks	100%	100%	100%	100%	100%	100%						
Waiting Times	75% entering treatment within 6 weeks	99.61%	100%	99.83%	99.66%	100%	99.83%						

An element of the IAPT contract payment will be linked to these outcomes from April 2018

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