

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST
BOARD OF DIRECTORS MEETING

Meeting Date: 27 May 2015

Title and Author of Paper: NTW Quality Account 2014/15
Lisa Quinn, Executive Director of Performance and Assurance

Paper for Debate, Decision or Information: Decision

Key Points to Note:

- To approve the content of the Quality Account 2014/15
- to approve the Quality Priorities 2015/16 identified within the report
- Statement of Directors' Responsibilities to be approved (Appendix 4 of the Quality Account document)
- The final version of the document will be circulated to board members after the May meeting of the Audit Committee has concluded (to be held 20th May 2015).

Outcome required: The Board of Directors is requested to approve:

- the content of the Quality Account 2014/15,
- the 2015/16 quality priorities as described in the account,
- the Statement of Directors' responsibilities

BOARD OF DIRECTORS MEETING

27 May 2015

Quality Account 2014/15

PURPOSE

The purpose of this paper is:

- to present the Board of Directors with the Quality Account 2014/2015 (to be known as “Quality Report” within the Annual Report),
- to present the 2015/16 Quality Priorities identified
- to present the Statement of Directors’ Responsibilities in respect of the content of the 2014/15 Quality Report for inclusion in the published 2014/15 Quality Report within the annual report, and
- to present the Statement of Directors’ Responsibilities in respect of the 2014/15 performance indicators included in the Quality Report to provide to auditors.

BACKGROUND

The 2014/15 Northumberland, Tyne & Wear NHS Foundation Trust Quality Account will be submitted to Monitor on 29th May 2015 and uploaded to the NHS Choices website by 30th June 2015.

The working drafts of the Quality Account have been shared widely both internally (with the Corporate Decisions Team, the Audit Committee, Trust Quality & Performance Committee and the Council of Governors) and externally (with CCG’s, Overview & Scrutiny Committees, Local Healthwatch and external audit).

Comments received from local partners will be included in the published Quality Account, and any comments from other localities/partners will be published alongside the document on the NTW website.

EXTERNAL ASSURANCE

The content of the Quality Account has been audited to ensure it complies with legislation and Monitor requirements, additionally 3 performance indicators were also audited to assess the accuracy of the systems and processes used to report performance information.

A limited assurance audit report is to be presented to the Audit Committee on 20th May 2015.

STATEMENTS OF DIRECTORS' RESPONSIBILITIES

A statement of directors' responsibilities in relation to the Quality Account/Report is required:

- in respect of the content of the 2014/15 Quality Report for inclusion in the published 2014/15 Quality Report within the annual report
- in respect of the 2014/15 performance indicators included in the Quality Report to be provided to auditors (but not included within the annual report)

This statement (to cover both of the above requirements) is included in Appendix 4 of the Quality Account document.

In considering the draft statement the Board of Directors are asked to refer to the Integrated Performance and Assurance Report, Annual Governance Statement and Annual Plan information.

The Board of Directors are asked to approve this statement.

RECOMMENDATIONS

The Board of Directors are asked to:

1. Approve the 2014/15 Quality Account
2. Approve the 2015/16 Quality Priorities identified within the report
3. Approve the Statement of Directors' Responsibilities:
 - a. in respect of the content of the 2014/15 Quality Report
 - b. in respect of the 2014/15 performance indicators included in the Quality Report.

Lisa Quinn
Executive Director of Performance & Assurance
May 2015

Northumberland, Tyne and Wear



NHS Foundation Trust

Quality Account

2014 / 2015

Draft 2.1

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Introduction to the Quality Account

About Northumberland, Tyne and Wear NHS Foundation Trust

Working from over 60 sites and covering more than 2,200 square miles, our 6,000 staff provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We also provide a range of specialist regional and national services. This makes Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) one of the largest NHS trusts of its kind in the country. The Trust's vision is:

“To improve the well-being of everyone we serve through delivering services that match the best in the world”.

Why are we producing a Quality Account?

All NHS trusts are required to produce an annual Quality Account, to provide information on the quality of services to service users and the public.

The Trust welcomes the opportunity to demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other mental health and disability trusts across the country. We can use this information to make decisions about our services and to identify areas for improvement.

Chief Executive's statement

Our Board of Directors (the Board) are committed to providing services of the highest quality, which enable and empower service users to reach their potential and live fulfilling lives.

We aim to provide services that are patient centred are accessible and are focused on recovery. We also aim to support service users as close to their home as possible. We work closely with service users, their carers, our partners in other agencies and third sector colleagues to deliver integrated care in the right place and at the right time by staff with the right skills.

We aim at all times to work in accordance with our vision, mission and values (shown in Figure 1 below) which were developed in consultation with a range of partners including service users, carers, staff and governors.

**Figure 1: Northumberland, Tyne and Wear NHS Foundation Trust
Vision, Mission and Values**



Our Quality Account outlines how we are doing in relation to these aspirations and gives an honest review of the progress we have made on the priorities we set last year and the work that remains for us to do.

Our Quality Account has been developed in partnership with our service users, carers, clinicians, managers, governors, commissioners, local Healthwatch and local authority health Overview and Scrutiny Committees (OSCs).

To the best of my knowledge, the information in this document is accurate.

John Lawlor

Chief Executive

Medical Director and Director of Nursing and Operations statement

This Quality Account includes information which demonstrates to our service users, carers, commissioners and the public that we provide mental health, learning disability and neuro-rehabilitation services that are among the best.

We have set out in this Quality Account how well we have performed against local and national priorities including how well we progressed with those areas we highlighted as our improvement priorities for 2014/15.

Positive outcomes from previous Care Quality Commission inspections alongside a comprehensive set of performance metrics demonstrate that we have established high standards of core service quality. We recognise that we have more work to do and continue to pursue excellence in all our service areas.

We recognise some of the quality priorities we set ourselves are challenging but we are committed to always delivering any unmet standards from previous years. The Trust's quality goals are co-developed with stakeholders and communicated within the Trust and the community it serves. Each year the Trust holds events to engage service users, carers and other internal and external stakeholders to define quality goals and priorities for the coming year.

Our focus is always and will remain on patient safety, clinical effectiveness and the service user experience.



Dr Douglas Gee
Medical Director



Gary O'Hare
Director of Nursing
& Operations

Quality Priorities

Introduction to our Quality Goals and Priorities

In this section we will report our progress against our Quality Goals and Quality Priorities.

Using feedback from service users, carers staff and partners as well as information gained from incidents, complaints and other quality reports the Trust has identified three **Quality Goals** based on safety, patient experience and clinical effectiveness.

Each year we set new **Quality Priorities** to help us to achieve our Quality Goals.

Taking each Quality Goal in turn, we will **look back** on the last year to assess progress against the Quality Priorities we set in 2014/2015, we will **reflect** on how these actions have affected progress against the Quality Goal and we will **look forward** to next year, setting new Quality Priorities for 2015/2016.

As in previous years, we remain committed to taking any Quality Priorities that are not fully achieved during 2014/15, or priorities which we feel should continue, forward to 2015/16 to ensure we meet and maintain targets that were set in these important areas.

The progress of all Quality Priorities will be monitored every month at the Trust's Quality and Performance Committee, as part of the Integrated Performance Report.

Our Quality Goals support the delivery of the Trust's Strategic objectives:

1. Modernise and reform services across all directorates in line with local and national strategies and the needs of individuals and communities; providing first class care in first class environments;
2. Be a sustainable and consistently high performing organisation;
3. Be a Model Employer, an Employer of Choice and an Employer that makes the best use of the talents of the entire workforce;
4. Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work;
5. Provide high quality evidence based and safe services, supported by effective integrated governance arrangements;
6. Improve clinical and management decision making through the provision and development of effective information;
7. Be an influential organisation which supports and enables social inclusion.

Our Quality Goals:

Patient Safety

QUALITY GOAL ONE: Reduce incidents of harm to patients

We will demonstrate success by reducing the severity of incidents and the number of serious incidents across the Trust.

Patient Experience

QUALITY GOAL TWO: Improve the way we relate to patients and carers

We will demonstrate success by improving the overall score achieved in the patient survey and by reducing the number of complaints received.

Clinical Effectiveness

QUALITY GOAL THREE: Ensure the right services are in the right place at the right time for the right person

We will demonstrate success by delivering demonstrable improvements in service delivery.

The Trust is currently providing care for just over 41,700 people. Working from over 60 sites and covering more than 2,200 square miles, we provide a range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England.

Table 1 below shows the number of current service users as at 31st March 2015, split by locality, with a comparison of the same figures from the previous 4 years:

Table 1: Service Users by locality 2010/11 to 2014/15:

CCG/PCT	2010/11	2011/12	2012/13	2013/14	2014/15
Durham Dales Easington & Sedgefield CCG	*	*	*	388	371
North Durham CCG	*	*	*	561	557
Durham (old PCT)	1110	1208	1049	*	*
Darlington CCG	112	128	115	89	86
Gateshead CCG	2900	3422	3620	3706	3868
Hartlepool & Stockton CCG	38	38	40	115	131
Newcastle (old PCT)	7839	8582	8907	*	*
Newcastle North & East CCG	*	*	*	4499	4492
Newcastle West CCG	*	*	*	4487	4421
North Tyneside CCG	3361	3520	3526	3778	4031
Northumberland CCG	9060	9201	9425	10739	10345
Redcar and Cleveland (old PCT)	60	65	58	*	*
South Tees CCG	84	95	113	175	189
South Tyneside CCG	3038	4017	4561	4599	4336
Stockton (old PCT)	79	84	81	*	*
Sunderland CCG	6843	8725	8575	9084	8786
other areas	208	545	395	413	171
Total	34732	39630	40465	42530	41784

Table 1 above shows that the number of service users have very slightly decreased (by 746) during 2014/15.

Part 2

Some locality areas (North Tyneside and Gateshead) have seen a small increase in the number of service users during 2014/15.

During the five year period of the data presented service user numbers have increased in total by 16.9% or 7,052 service users.

*Due to changes to the commissioning structure in 2013/14 when Primary Care Trusts (PCT's) were dissolved and Clinical Commissioning Groups (CCG's) were established there is no longer a direct comparison available for all of our locality areas.

DRAFT

Quality Goal One: Reduce incidents of harm to patients

This goal will improve **patient safety**. We will demonstrate success against this goal by reducing the severity of incidents and the number of serious incidents across the Trust.

Looking Back: Progress against our quality priorities to support this goal in 2014/2015:

Quality Priority 2014/2015	Rationale	Target by 31 st March 2015	Progress
To improve the assessment and management of risk.	Evidence from serious incident reviews has highlighted that if we can undertake more effective risk assessment it can reduce clinical risk and increase patient safety.	Clinical Risk Strategy drafted and approved. 75% of professionally registered staff (in clinical roles) to complete the enhanced suicide risk training.*	<p>Partially Met</p> <p>A Clinical Risk Strategy has been developed and approved by the Board during 2014/15. Due to extended engagement and development of the Strategy, the programme of staff training started later in the year than planned and is now continuing into 2015/16.</p> <p>As a result, as at 31st March 2015, the number of staff who had completed this training was not as high as originally intended (31% against the target of 75%).</p> <p>This will be carried forward to 2015/16</p>

** It is important to note that staff receive clinical risk management training as part of their current essential training requirements. The suicide risk training is an enhanced training course which staff are required to attend in conjunction with the clinical risk training they have already received.*

Quality Goal One: Reduce incidents of harm to patients

How have the Quality Priorities in 2014/15 helped progress towards this Quality Goal?

The aim of this Quality Goal is to reduce the number and severity of patient safety incidents. Table 2 below shows the number of patient safety incidents reported by the Trust over the past 6 years:

Table 2: Number of reported patient safety incidents 2009/10-2014/15

Patient Safety Incidents reported:	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Patient Safety Incidents	9,887	11,721	12,622	13,719	12,702	11,231

(data correct as at 7/5/15)

A patient safety incident is defined as 'Any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS funded healthcare. This is also referred to as an adverse event/incident or clinical error and included near misses.'

Most serious incidents are unexpected deaths in mainstream community services and addictions services. The Trust has continued to improve its investigation and learning processes, and reports themes from serious incidents to the Board on a quarterly basis. The themes are consistent with those found in both nationally published independent investigation reports and the National Confidential Inquiry into Suicides and Homicides.

The recurring themes include:

- Communication
- Risk Assessment
- Record keeping standards
- Falls management
- Medicines management

As a result of these identified themes, the Trust has ensured that robust Safeguarding processes are in place and there has been a significant increase in safeguarding activity within addictions services, evidencing that more that people are being safeguarded when there are concerns of vulnerability.

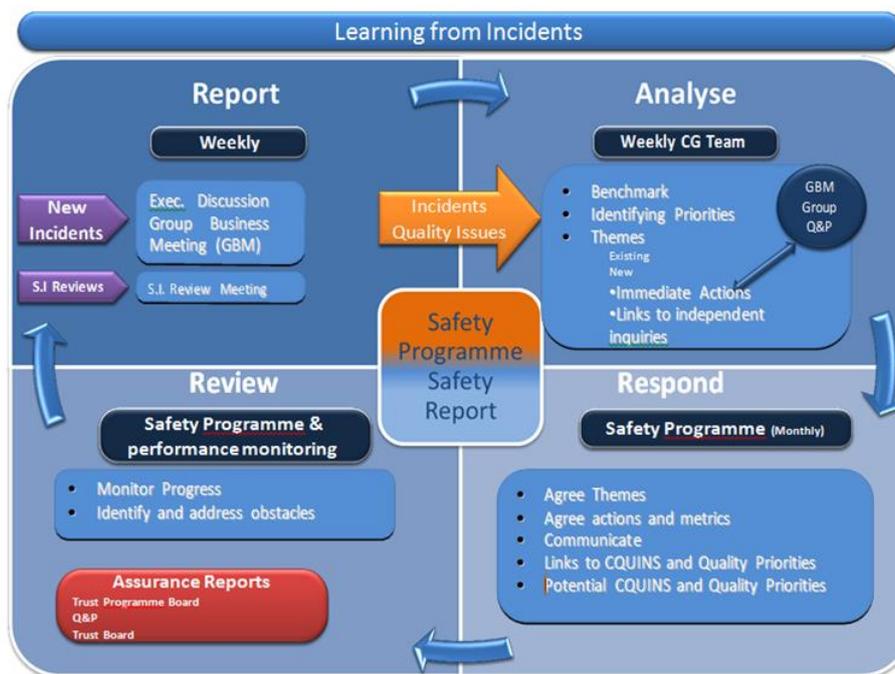
During 2014/15 we have ensured that pharmacy advice is sought when investigating serious incidents - this has led to a number of formal communications across the Trust highlighting the risks associated to a number of prescribed drugs and illicit substances.

The Trust continues to review its serious incident processes and learning opportunities, and will shortly review the Incident Policy NTW (0)05 in line with the new National Serious Incident Framework published by NHS England in March 2015.

Quality Goal One: Reduce incidents of harm to patients

Figure 2 below shows how information reported from incidents is considered, analysed and responded to so that the Trust continuously learns from the process.

Figure 2: Incident Policy Process



Patient Safety Incidents by impact

Table 3: Number of Patient Safety Incidents by impact 2009/10-2014/15:

Number of Patient Safety Incidents reported, by impact:	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
No Harm	3,123	3,014	3,769	3,335	3,404	4,330
Minor Harm	6,009	7,839	7,913	8,151	8,355	6,153
Moderate Harm	602	756	804	1992	772	603
Major Harm	73	49	59	168	66	57
Catastrophic, Death	80	63	77	73	105	88
Total patient safety incidents reported*	9,887	11,721	12,622	13,719	12,702	11,231

(some numbers will differ from previous reports due to on-going data quality improvement work and the results of coroner's conclusions. Data correct as at 7/5/15)

As demonstrated in Table 3 above during 2014/15 the numbers of Moderate and Major harm incidents continue to reduce from previous years while the No harm incidents have increased. This is partly due to improved recording and categorising processes of our patient safety incidents and the Trust will be using the 2013/14 data as a solid baseline to identify trends in future years.

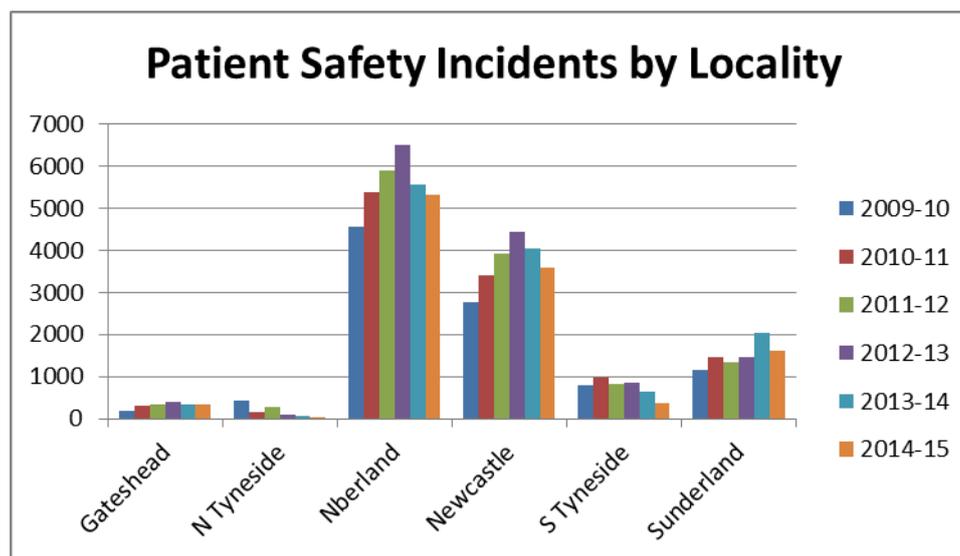
It is important to note that the figures presented for 2013/14 and 2014/15 Catastrophic/Death related patient safety incidents may reduce during 2015/16 as more Coroner conclusions relating to previous years are received. Coroner conclusions sometimes change the classification of incidents so that they no longer meet the patient safety definition (e.g. the conclusion may be that of natural causes).

Quality Goal One: Reduce incidents of harm to patients

Patient Safety Incidents by locality

Figure 3 below shows all of the patient safety incidents which have been reported over the past 6 years split by locality:

Figure 3: Patient Incidents by locality 2009/10-2014/15



The localities of Newcastle and Northumberland have more reported patient safety incidents than others which is due to the number of inpatient services located in those areas. This means the numbers are not purely population specific as they relate to where the services are located. For example, Trust sites in Newcastle and Northumberland include a number of forensic and specialist inpatient services for service users from all over England, Wales and Scotland – resulting in higher numbers of incidents reported against those areas.

In the following section we have shown patient safety incidents, by locality, and the severity of harm caused, using the 5 categories reported in Table 3. The information has been divided into patient safety incidents which happen in the community and those that happen when our service users are inpatients.

Table 4 below shows the numbers of incidents reported in the community and in our inpatient services over the six year period.

Table 4: Number of Patient Safety Incidents in Community and Inpatient Services 2009/10-2014/15

Number of Patient Safety Incidents reported	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Community	903	708	643	944	981	910
Inpatient	8,984	11,013	11,979	12,775	11,721	10,321
Total patient safety incidents	9,887	11,721	12,622	13,719	12,702	11,231

(data correct as at 7/5/15)

Quality Goal One: Reduce incidents of harm to patients

Patient Safety Incidents by Locality and Level of Harm

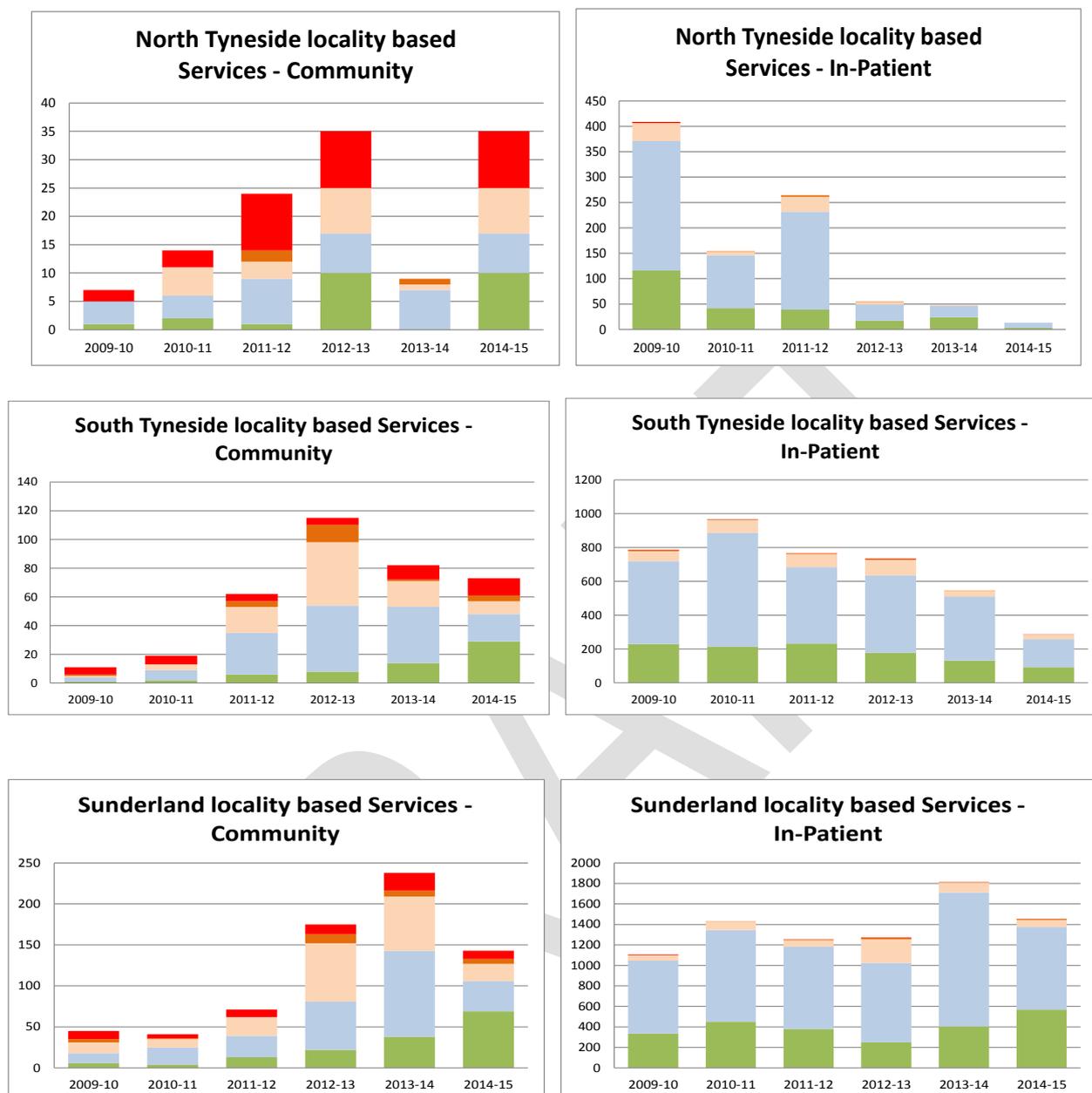
Figure 4: Patient Safety Incidents by Locality and Level of Harm



Patient Safety Incident Category	
	Catastrophic, Death
	Major, permanent harm
	Moderate, semi-permanent harm
	Minor, non-permanent harm
	No harm

NB The numbers are not purely population specific as they relate to where the services are located. For example, Trust sites in Newcastle and Northumberland include a number of forensic and specialist inpatient services for service users from all over England, Wales and Scotland – resulting in higher numbers of incidents reported against those areas. Note that the vertical scales on each graph differ to reflect this variation.

Quality Goal One: Reduce incidents of harm to patients



NB The numbers are not purely population specific as they relate to where the services are located. For example, Trust sites in Newcastle and Northumberland include a number of forensic and specialist inpatient services for service users from all over England, Wales and Scotland – resulting in higher numbers of incidents reported against those areas. Note that the vertical scales on each graph differ to reflect this variation.

The graphs in Figure 4 above show each the patient safety incidents in our inpatient and community services, for each locality over a 6 year period. National benchmarking information on our serious incident reporting can be found on page 48 of this report.

For any further updates on our patient safety incident information please access our publically available Trust Board patient safety reports which are published quarterly and can be found at <http://www.ntw.nhs.uk/section.php?l=2&p=26>.

Quality Goal One: Reduce incidents of harm to patients

Looking Forward: What are our Quality Priorities in 2015/2016 to support this Goal?

Priority	Aim/objective	Rationale	Target & Trajectory
1	To embed risk assessment/management training and review the quality of the recording of the face risk tool	Evidence from our serious incident reviews has highlighted that if we can undertake more effective risk assessment it can reduce clinical risk and increase patient safety.	<p>The feedback on our current risk tool (called FACE risk) will be considered in quarter one 2015/16 , with any resulting changes to the existing clinical risk element of the care co-ordination training to be agreed in quarter two and revised training implemented from quarter 3 2015/16 onwards.</p> <p>To develop the Risk of Harm and Suicide Risk training, further potential trainers are to be identified and trained to deliver the training from quarter two 2015/16 onwards.</p> <p>The programme of training will continue across relevant community and inpatient services throughout 2015/16 and 85% of applicable staff will have completed the training by 31/03/2016.</p>

Quality Goal Two: Improve the way we relate to patients and carers

This Quality Goal will improve **patient experience**.

Looking Back: Progress against our Quality Priorities to support this Goal in 2014/2015:

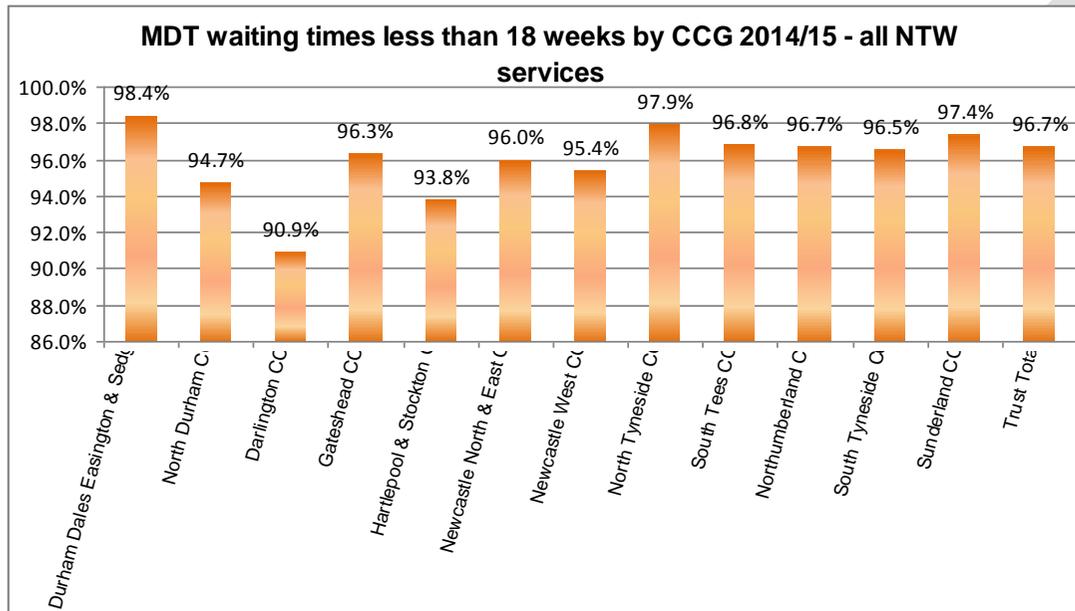
Quality Priority 2014/2015	Rationale	Target by 31 st March 2015	Progress
Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	To roll out the electronic food ordering system to all inpatient wards and complete nutritional analysis of all menus by 31/03/2015	<p>Met</p> <p>Electronic meal system has been rolled out to all inpatient areas. Nutritional analysis of menus is complete</p> <p>This will continue into 2015/16 as a theme as it is very important to our service users.</p>
To improve the referral process and the waiting times for referrals for multi-disciplinary teams.	To ensure Trust services are responsive and accessible	<p>100% of all service users to wait less than 18 weeks by 31/3/15.</p> <p>Implement an improved access/referral process across NTW Services.</p>	<p>Partially Met</p> <p>During 2014/15, the Trust provided 225 different local and regional community and outpatient services taking on new cases. During the year these Teams conducted over 100,000 initial appointments and of these, 96.7% were seen within 18 weeks of the referral being received into the organisation.</p> <p>62% of these Teams (covering nearly 70% of all new cases) saw 100% of new cases in 2014/15 within 18 weeks of referral.</p> <p>A small number of services, responsible for 5% of new cases, had specific pressures in the year resulting in significant underperformance against the 18 weeks standard. More information on these services is overleaf.</p> <p>The improved access/referral model is being rolled out on a locality basis.</p> <p>This priority will be carried forward to 2015/16</p>

Quality Goal Two: Improve the way we relate to patients and carers

Multi-disciplinary waiting times by locality

Figure 5 below shows the percentage of service users in each locality who have waited less than 18 weeks for their first appointment with a multidisciplinary team during 2014/15.

Figure 5: MDT Waiting Times less than 18 weeks by CCG 2014/15



NB It is important to note that not all service users wait up to 18 weeks for their first appointment – any urgent cases are seen much sooner, in line with service referral urgency protocols.

Waiting times – Specific areas of pressure in 2014/15:

A small number of teams faced significant pressures during the year and the impact on waiting times was closely monitored.

Gender Dysphoria – this is a small, regional service which has seen significantly increased demand in recent years along with a number of pathway issues. These issues have been scrutinised closely in collaboration with NHS England commissioners.

Autism Diagnosis – this is another small team that has seen demand increase to levels significantly higher than anticipated when the service commenced. The staffing capacity on the team has been increased during 2014/15 to enable waiting times targets to be achieved in future.

Waiting times less than 18 weeks:

CYPS – separate waiting times targets were agreed with commissioners for CYPS services, focusing on children and young people entering treatment within 12 weeks of referral. These targets were achieved in Northumberland, Newcastle and Gateshead.

Quality Goal Two: Improve the way we relate to patients and carers

How have the Quality Priorities in 2014/2015 helped progress towards this Goal?

We have made progress against our overall Goal of improving patient experience and this is reflected in our 2014 Community Patient Survey scores.

The Care Quality Commission uses national surveys to find out about the experiences of service users when receiving care and treatment. The most recent survey, completed in 2014 by 199 community Service Users, showed the following results:

Table 5: National Mental Health Community Patient Survey Results 2014

Section	2014 Lowest Trust Score	2014 NTW	2014 Highest Trust Score
1. Health or Social Care Workers	7.3	8.1	8.4
2. Organising your Care	8.2	8.9	9.0
3. Planning your Care	6.5	7.5	7.8
4. Reviewing your Care	6.8	8.0	8.2
5. Changes in who you see	5.1	7.0	7.8
6. Crisis Care	5.4	6.9	7.3
7. Treatments	6.7	7.4	7.9
8. Other Areas of Life	4.0	5.2	6.1
9. Overall	6.7	7.5	7.8

Our scores above show that we are much closer to the highest trust scores than the lowest in all sections.

Comparison to previous year's scores:

The CQC made substantial changes to the questionnaire for 2014 and therefore the results for 2014 are not directly comparable with the results from 2013 or earlier. A summary of results from previous years is shown below in Table 6 for information:

Table 6: National Mental Health Community Patient Survey Results 2010-2013

Section	2010	2011	2012	2013
1. Health or Social Care Workers	8.6	8.5	9.0	8.7
2. Medications	7.4	7.0	7.1	7.4
3. Talking Therapies	6.9	7.3	7.4	7.2
4. Care Co-ordinator	8.5	8.4	8.6	8.0
5. Care Plan	6.3	6.8	7.1	6.8
6. Care Review	7.4	7.6	7.5	7.5
7. Crisis Care	-	6.8	6.5	6.7
8. Day to Day Living	5.8	6.0	5.7	5.5
9. Overall	6.9	6.5	7.3	7.3

Quality Goal Two: Improve the way we relate to patients and carers

More details on the 2014 survey results for this Trust can be found at the below link:

<http://www.cqc.org.uk/provider/RX4/survey/6>

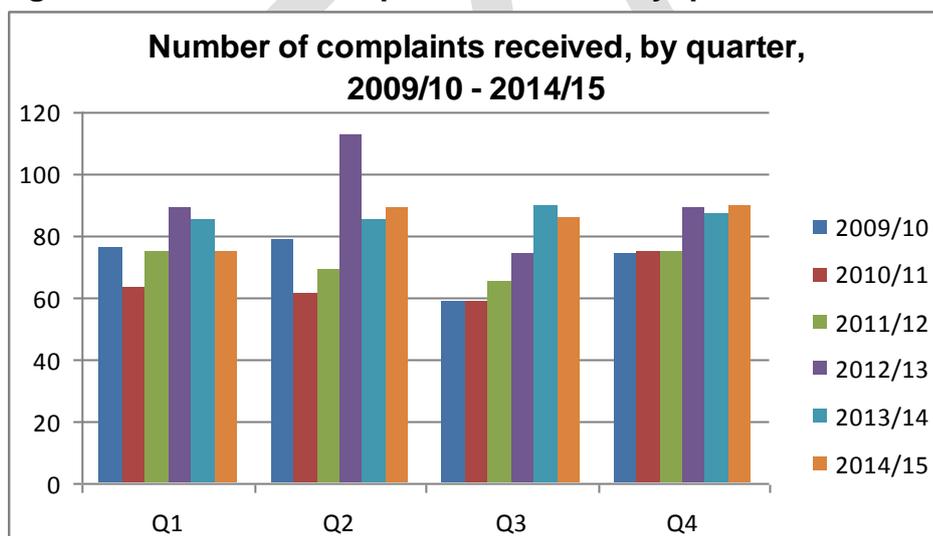
Complaints

The Trust welcomes the valuable information gathered from our complaints process as this is used to inform our service improvements to ensure we provide the best possible care to our service users and carers.

Complaints that are received in the Trust are reported on a weekly basis to the Directors of our Clinical Services so they can consider immediate improvements and learning and also determine who are the most appropriate members of staff to support the complainant and investigate the complaint. Complaints activity and the learning from each one are considered within each clinical group's quality and performance structures, as well as the Trust's Quality and Performance Committee a Board Sub Committee which has Non-Executive Director Membership and therefore offers independent scrutiny. Each complaint response is considered by the Executive Medical Director and Executive Director of Nursing and Operations before being formally approved by the Chief Executive.

Complaints to the Trust have decreased during 2014/15 with a total of 330 received during the year from nearly 74,000 service users accessing services. This is a decrease of 15 complaints from 2013/14 (there were 345 in 2013/14 and 365 in 2012/13).

Figure 6: Number of complaints received by quarter 2009/10-2014/15



Quality Goal Two: Improve the way we relate to patients and carers

Complaints by Category Type

In line with national recording of complaint category types that are reported to the Health & Social Care Information Centre, Table 7 below shows both the numbers of complaints and the category types (when the category has been reported 10 or more times) for the year 2014 / 15 compared to previous years.

Table 7: Number of complaints and category type 2009/10-2014/15

Category Type	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Access To Community Services	5	14	4	22		
Admission, Discharge & Transfer Arrangements	5				17	25
All Aspects Of Clinical Treatment	59	32	101	124	151	123
Appointments	2	5	16	24		
Attitude Of Staff	75	63	75	78	58	73
Car Parking	5	2	1	3		
Care	7	6	4			
Clinical	9	4				
Communication / Information To Patients	24	17	31	34	40	24
Customer Care	4	6		4		
Discharge	1	4	2	10		
Failure To Follow Agreed Processes	2	6	2	1	4	
Hotel Services	10	1	3	2	6	5
Mental Health Administration	2		5	10		
Patient Privacy & Dignity	7	7	1	1	8	6
Patient Property And Expenses	5	1	3	4	6	
Patient Status / Discrimination	3	1	4	8	14	16
Personal Records	6	9	3	10	14	17
Privacy & Dignity	2	11	6	5		
Transfer	3	4	6	1		
Transport	9	5		1	23	37
Treatment	12	35		2		
Other (categories with less than 10 reports)	31	25	17	21	4	4
Total	288	258	284	365	345	330

Quality Goal Two: Improve the way we relate to patients and carers

Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. Table 8 indicates the numbers of complaints and the associated outcomes for the 6 year reporting period:

Table 8: Number of complaints and outcomes 2009/10-2014/15

Outcome	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Closed - Not Upheld	103	90	108	123	90	75
Closed - Partially Upheld	70	80	91	109	109	72
Closed - Upheld	68	47	36	63	95	60
Complaint Withdrawn	44	29	23	40	34	37
Decision Not To Investigate	0	0	0	0	1	4
Query Completed	0	0	0	0	0	2
Still Awaiting Completion	0	0	0	1	1	63
Unable To Investigate*	3	12	26	29	15	17
Total	288	258	284	365	345	330

*category relates to complaints received which are not about our services, or the Trust was unable to contact the complainant.

Complaints referred to the Parliamentary and Health Service Ombudsman

If a complainant is dissatisfied with the outcome of a complaint investigation they are given the option to contact the Trust again to explore issues further. However if they choose not to do so, or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

There were 20 complaints relating to the Trust referred to the PHSO during 2014/15. This is an increase of 6 from the previous year and demonstrates that more service users, carers and families are exercising their right to have their complaints independently reviewed.

The following table provides the PHSO outcome for those that were completed at the time of writing this report. The Trust has been fully compliant with the timescales for response to PHSO requests.

Quality Goal Two: Improve the way we relate to patients and carers

Table 9: Outcome of complaints considered by the Parliamentary and Health Service Ombudsman

Closed - Upheld	1
Closed - Partially Upheld	1
Closed - Not Upheld	3
Decision Not To Investigate	1
Still Awaiting Completion	14

Friends and Family Test – Service Users

Since January 2015 the Trust has offered all service users the opportunity to complete a Friends and Family Test Questionnaire, with the results soon to be published on NHS Choices.

The questionnaire consists of the following question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" and the available responses range from 'extremely likely' (a positive response) to 'extremely unlikely' (a negative response). Initial analysis of responses received to this question in the period January to March 2015 suggests that 78% of services users provided a positive response to the question.

Other service user feedback mechanisms

Prior to the implementation of the Friends and Family Test, the Trust already used a variety of methods of seeking feedback from service users and carers to help us improve our services. Predominantly this has been via the Points of You patient and carer feedback system which is now well known and widely used across the Trust.

- During 2014/15 over 1,500 Points of You responses were received from inpatients - this equates to 56% of inpatient admissions in the year.
- Responses were received from service users on 75% of mental health and learning disability inpatient wards (excluding specialist services).
- Responses were received from service users on 61% of wards providing specialist services (for example autism, forensic and children's inpatient units).
- Over 200 responses were also received from services users accessing drug and alcohol services and 150 from service users accessing Crisis Resolution Home Treatment Teams.

We also received Points of You feedback from nearly 250 carers during the year.

Other patient feedback measures used in the organisation include How's It Going (used in learning disability services), DREEM (Developing Recovery Enhancing Environments Measure) and Experience of Service (ESQ), used in community Children and Young People's Services.

When reviewing service user feedback, compliments, thank you letters and comments made on websites such as NHS Choices and Patient Opinion are also considered.

Quality Goal Two: Improve the way we relate to patients and carers

Looking Forward: What are our Quality Priorities in 2015/2016 to support this Goal?

Priority	Aim/objective	Rationale	Target & Trajectory
1	Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	<p>In quarter one 2015/16, we will evaluate the next phase of the Client Meal Ordering System and commence analysis of any catering satisfaction surveys received.</p> <p>In quarter two 2015/16, we will introduce new nutritionally adequate menu options and a finger food menu, as well as updating the current pictorial menus currently in use. If well evaluated, we will roll out the next phase of the Client Meal Ordering System.</p> <p>In quarter three 2015/16 we will provide calorie and nutritional information on food sold within Trust run cafes and shops, and we will also provide them with advice on recommended portion sizes.</p> <p>In quarter four 2015/16, we will complete a follow up audit of the nutrition screening tool (previously conducted in 2014/15).</p>
2.	To improve the referral process and the waiting times for referrals for multi-disciplinary teams.	To ensure Trust services are responsive and accessible	<p>Services facing particular waiting times pressures have had specific improvement targets developed for 2015/2016 as follows:</p> <p>Children’s and Young People’s Services:</p> <ul style="list-style-type: none"> ○ The very longest waiters for treatment in Northumberland will be seen by the end of September 2015, and the longest waiters in Newcastle & Gateshead, Sunderland and South Tyneside will be seen by the end of December 2015. ○ 70% of children and young people in Northumberland, Newcastle & Gateshead will wait no more than 9 weeks for treatment by the end of 2015/16. ○ In Sunderland and South Tyneside, 50% of children and young

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			<p>people will wait no more than 9 weeks for treatment by the end of 2015/16.</p> <ul style="list-style-type: none"> While the nine week waits are being embedded within services, it is also expected that 95% of children and young people will wait no more than 12 weeks for treatment by the end of 2015/16. <p>Gender Dysphoria Services: Currently there is a long wait to access the Gender Dysphoria team. NHS England commissioners have invested in the service, recognising that it will take some time to develop new specialist staffing capacity and reduce the waiting times to 18 weeks. It is anticipated that 95% of service users will wait no more than 18 weeks for their first contact with the service by the end of September 2016.</p> <p>All other service users: 100% of all other service users will wait less than 18 weeks for their first contact with a service by 31st March 2016.</p>
<p>3.</p>	<p>To improve communication to, and involvement of, carers and families (focus on young carers)</p>	<p>It is recognised that there is a gap in support for young carers. Clarity is required on what support is currently available.</p>	<p>In quarter one 2015/16, we will produce an initial report detailing services and support currently available for young carers, identifying gaps in provision and reviewing how information is currently recorded.</p> <p>In quarter two 2015/16, we will work with carers groups, commissioners and other relevant stakeholders to review the report developed in quarter one and develop a detailed action plan to address any identified shortfalls.</p> <p>In quarter three 2015/16, we will complete any actions identified in the action plan develop clear guidance for Trust staff to help them identify, support and work with Young Carers.</p> <p>In quarter four 2015/16, we will continue to complete any actions identified in the action plan and we will also develop an audit methodology to demonstrate any improvements as a result of those actions.</p>

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This quality goal will improve **clinical effectiveness**. We will demonstrate success against this goal by delivering demonstrable improvements in service delivery.

Looking Back: Progress against our Quality Priority to support this Goal in 2014/2015:

Quality Priority 2014/2015	Rationale	Target by 31 st March 2015	Progress
Enhancing the Quality of care in inpatient units and developing fit for purpose community teams	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development of more responsive community teams and access model	To ensure ongoing development, each of the three discrete clinical Groups will identify priorities for development throughout 2014/ 15 by the end of Q1 2014/15.	<p>Met</p> <p><u>Urgent Care Group</u> has completed Business Cases linked to the Trust's Operational Plan (2014/15), implemented service changes in line with the opening of Hopewood Park, reviewed Stepped Care services and undertaken an evaluation of service changes.</p> <p><u>Planned Care Group</u> has implemented Principal Community Pathways within agreed timescales in Sunderland and South Tyneside and commenced preparatory work in other localities.</p> <p><u>Specialist Care Group</u> has created and rolled out a community Learning Disability transitions team in forensic services to enable successful transition into community living</p>
To widen the roll out across the Trust of the Wellness Recovery Action Plan (WRAP) tool.	WRAP planning is service user led and helps to promote recovery and long term stability.	Identify current use of WRAP and set improvement trajectory. Revise policies to incorporate WRAP.	<p>Met</p> <p>The Trust's Care Coordination Policy has been amended to reflect the WRAP process and training has been undertaken in accordance with an agreed</p>

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Quality Priority 2014/2015	Rationale	Target by 31 st March 2015	Progress
		Assess training requirements and set trajectory	plan. A train the trainers 5 day programme will be delivered later in the year from an accredited approved national recovery educator.
To improve service user recovery-using the Improving Recovery Through Organisation Change (ImROC)10 Key Challenges To Support Service User Recovery Tool	Implementing Recovery through Organisational Change initiative, known as ImROC, is the leading source of support for mental health service provider organisations who wish to progress towards more recovery-orientated services. Embedding on principals of co-production where professionals and people with lived experience work together to design and produce better services, and implementing the 10 Key Challenges to support recovery will significantly improve the quality and effectiveness of community services delivered through Community Principal Pathway.	Establish ImROC Steering Group with key stakeholders. Agree underpinning principles for a Recovery College. Establish number of peer support workers required in each locality and recruit accordingly. Evaluate model and impact.	<p>Met</p> <p>The ImROC Steering Group was established with key stakeholders. Recovery Colleges have been set up in Sunderland and Newcastle. A number of peer support workers have been recruited for each locality. The model has been evaluated and, at the time of writing this report, the results are being gathered.</p> <p>This important priority area will be continued into 2015/16</p>

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person

How have the Quality Priorities in 2014/2015 helped progress towards this Goal?

This Goal continues to be centred around the Trust's Transformation of Services Programme to ensure we can continue to deliver and improve our services to best suit the needs of our service users and carers.

Service Improvement and Developments throughout 2015/16

These are some of the key service developments that the Trust has made during 2014/15:

Community Transformation Programme

The Programme commenced in 2013/14 with the design, testing and implementation of effective, evidence based interventions focussed on recovery and effective support for people to live and work in their own communities with the aim of reducing reliance on hospital beds in Sunderland and South Tyneside.

The Programme is focusing on the redesign of community services to meet the following needs in adults: Psychosis; Non-psychosis; Cognitive Disorders and Learning Disability. During 2014/15 the Trust rolled out the new improved community pathways in Sunderland and South Tyneside and also began work with Commissioners and stakeholders on the principles and design of improved community pathways in Northumberland, North Tyneside, Newcastle and Gateshead.

Developing new models for Inpatient Care Programme

The PRiDE development (providing improved mental health and learning disability environments in Sunderland and South Tyneside) was a keenly awaited development to provide state of the art, inpatient and support services to replace the Cherry Knowle Hospital. The Specialist Care Dementia Centre at Monkwearmouth Hospital opened in November, 2013 and Hopewood Park, in Ryhope Sunderland, opened in September 2014.

During 2014/15 the Trust therefore focussed on the final realignment of adult assessment and treatment services, older people's and stepped care services across South of Tyne into Hopewood Park, in line with the agreed South of Tyne Model of Care including:

- The redesign of Stepped Care Services (Move on/ Relapse Prevention Services) South of Tyne bringing together inpatient provision in Hopewood Park supported by additional investment in the Community Rehabilitation Service;
- The rationalisation of the Sunderland and South Tyneside Dementia Services optimising the use of the new Dementia Care Centre at Monkwearmouth Hospital;
- The realignment of the secondary care pathway South of Tyne (assessment and treatment services) optimising the use of Hopewood Park and facilitating the closure of inpatient beds on the Bede Unit at South Tyneside General Hospital;

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- The rationalisation of older people's functional in patient services South of Tyne optimising the use of Hopewood Park.

The Trust also:

- Completed the review of the dementia care pathway in Newcastle;
- Redesigned Stepped Care Services (Move on/ Relapse Prevention Services) North of Tyne bringing together, in the interim, inpatient provision for Newcastle and North Tyneside into one unit on the St. Nicholas Hospital site;
- Consolidated of the Trust's two existing Psychiatric Intensive Care Unit Services into a purpose built unit at Hopewood Park;
- Established a specialist Augmentation Personality Disorder (PD) Hub Team;
- Developed of a male High Dependency Unit for the North of Tyne and a female High Dependency Unit to serve both the North and South of Tyne;
- Further expanded hospital liaison services across localities in line with the principles of the recognised Rapid Assessment, Interface and Discharge (RAID) model, most notably in Sunderland where commissioners supported the establishment of a comprehensive service. With the support of commissioners improvements were also made in the services provided in North Tyneside and South Tyneside.

Other developments included the introduction of Street Triage in Sunderland, South Tyneside and Gateshead which is having an impact on the reduction of section 136 admissions and the development of out of hours Consultant cover across Hopewood Park.

Specialist Care Services Programme

The Specialist Care Services Programme is responsible for ensuring the Trust retains sustainable specialist services as part of the overall service model and high quality competitive services, in preparation for the tendering of any existing services by commissioners. The Trust continued to make significant progress in this programme of work achieving the following during 2014/15:

- The further review of Neurological Services to ensure long term sustainability. This included the review of the future of the services provided from Hepple House in Corbridge;
- The review of the Children's and Young People's Medium Secure and Tier 4 Services including the provision of an enhanced outreach service to the North East Secure Children's Estate;
- The review of the Trust's Forensic Services to ensure long term sustainability. This included the establishment of a new Specialist Forensic Learning Disability Community Transitions Team which facilitated the closure of the Hebron unit;

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- Capital to fund the development of a purpose built assessment and treatment unit for people with Autism was secured and the planning of the new unit progressed;
- A Business Case relating to the establishment of an Attention Deficit Hyperactivity Disorder (ADHD) service was developed and shared with commissioners;
- Plans relating to the relocation of The Regional Affective Disorder Service (RADS) from the Centre for Ageing and Vitality to St.Nicholas Hospital were progressed enabling the expansion of the service from 8 to 10 beds;
- Following discussions with NHS England an Eating Disorder Intensive Day Service was opened at Walkergate.

The Specialist Care Services Programme also continued to work with NHS England during 2014/15 with regard to their strategy and proposals for specialised commissioning.

Social and Residential Services

The Trust's longstanding strategy, with the support of Commissioners, has been to divest itself of social and residential services. During 2014/15 the Trust achieved the following:

- Rationalised adult residential mental health care services in Northumberland closing the remaining void beds at the Willows in Morpeth and focusing the remaining services in Easterfield Court;
- Agreed with Commissioners a future model for Mental Health Day Service provision in Northumberland.

New Services

During 2014/15 the Trust successfully tendered for additional monies to support the development of new services and service improvements. This included:

- Funding to support the implementation of evidenced based IAPT interventions in Children and Young People's services in Gateshead and Sunderland, in line with the national programme;
- The award of the contract relating to the Sunderland and Gateshead Acquired Brain Injury Service, a new service to support individuals in the community which is to commence in April 2015.

The Trust, working in partnership with Tees Esk and Wear Valley NHS Foundation Trust, was also awarded a contract relating to the North East Offender Health Service, maintaining delivery of our services into North East prisons (mental health, learning disability) and the Westgate Unit.

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person**Partnerships**

The Trust continues to work in partnership with NHS organisations, the community, voluntary and independent sectors which we highly value. These include:

- Our partnership with Insight, who we work with in the provision of Newcastle Talking Therapies;
- The partnership with Tees Esk and Wear Valley NHS Foundation Trust (TEWVFT) and Revolving Doors in the implementation of the Big Diversion Project;
- The provision of Tier 3 Children and Young People's Services South of Tyne in partnership with Barnardos, Action for Children and Investing in Children;
- A partnership with TEWVFT, Combat Stress and The Royal British Legion to provide a Veterans Wellbeing Assessment and Liaison Service in the North East;
- A partnership with Changing Lives and Turning Point to provide both the Northumberland and North Tyneside Recovery Partnership services (integrated drug and alcohol services);
- Partnership working with Northumbria and Cumbria Probation Trusts to develop Community Personality Disorder services within the respective Probation Trust areas;
- Hosting of the North East Quality Observatory System (NEQOS) in partnership with South Tees Hospitals NHS Foundation Trust;
- Working in partnership with TEWVFT, Her Majesty's Courts and Tribunal Service and Youth Offending Teams from Northumbria, Durham and Cleveland in the provision of Liaison and Diversion Pilot Services;
- Our partnership with Byker Bridge Housing Association in the provision of Westbridge, a 24 hour staffed step down accommodation for individuals moving out of Adult Forensic Services;
- The provision of Sunderland Psychological Wellbeing Services in partnership with Sunderland Counselling Services and Washington MIND;
- The provision of a Macmillan Clinical Nurse Specialist in Palliative Care for people with learning disabilities in partnership with Macmillan Cancer Care;
- Our partnership with Northumbria Probation Service and Barnardos in the provision of assessment and treatment for individuals at risk of sex offending who are outside of the criminal justice system.
- The future provision of the Sunderland and Gateshead Acquired Brain Injury Service in partnership with Headway, Momentum and Neuro Partners.

There is more detail about the Trust's Transformation of Services Programme in our Annual Report 2014/15.

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Northumberland, Tyne and Wear NHS Foundation Trust Equality Strategy 2012-2016

The Equality Strategy 2012-2016 contains the Equality Objectives that the Trust has set to meet its Public Sector Duties in line with the Equality Act 2010. Our equality objectives are SMART, with targets and measures set for each. The objectives are aligned to the findings and recommendations of the Trust's Service Model Review and to the Department of Health initiative, the Equality Delivery System, which has the intention of driving Equality and Diversity performance across the whole of the NHS.

During this year we have undertaken the following:

- Reported to the Board on the Provision of Reasonable Adjustments within the Trust
- Audited Trust Practices against NHS Employers 'Guidance Relating to Disability in the NHS' and reported the findings to the Senior Management Team
- Signed up to the national Speak out Safely Campaign
- Started the Trust-Based Don't be a Spectator Campaign
- Collected evidence and held workshops for preparation for Equality Delivery System (EDS2) submission
- Launched a dedicated mailbox for Equality and Diversity queries equality@ntw.nhs.uk
- Devised an audit tool that will assess the accessibility of the Trust's Built Environment, which will lead to the publication of access information

In the coming year the Trust will publish a rating of our Equality and Diversity provision using the revised Equality Delivery System 2 from NHS England. This will provide the required evidence to help us to set new Equality Objectives to meet the requirements of the Public Sector Equality Duty.

Our Equality and Diversity Work is aligned to the work that we undertake as a result of the findings of our Staff Survey, as a result we will be continuing to work towards

- Equality and Diversity Open Forums
- Whistleblowing Campaign

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person

Looking Forward: What are our Quality Priorities in 2015/16 to support this Goal?

Priority	Aim/objective	Rationale	Target and Trajectory
1	To continue to embed the Recovery Model	The Trust wishes to continue to move towards more recovery-orientated services. Embedding principals of co-production where professionals and people with lived experience work together to design and produce better quality, more effective services.	<p>In quarter one 2015/16 we will review the skill mix of teams within the Community Services Group, in line with our plans for transformation, to introduce Peer Support Workers into all localities. We will also conduct a review of the recruitment and induction process in conjunction with Peer Support Workers already in post, and develop an action plan for any improvements identified.</p> <p>In quarters two and three 2015/16 we will develop the IMRoC strategy (Improving Recovery Through Organisation Change), continue to progress the Recovery Colleges in line with agreed strategy and report on progress against agreed workstreams.</p> <p>In quarter four 2015/16 we will review the work plan, evaluate the progress made during the year and produce an annual report.</p>
2	To ensure comprehensive diagnosis information is available in relation to community service users	Improving diagnosis recording has both clinical and analytical benefits and facilitates a more robust approach to NICE guideline audits.	<p>This priority relates to the recording of primary and secondary mental and physical health ICD10 diagnosis codes in community Early Intervention in Psychosis (EIP) Teams.</p> <p>In quarter one 2015/16 we will agree a methodology and implement a process to measure compliance with recording diagnosis in community EIP Teams, by gaining an understanding of the baseline position we will set quarterly trajectories for improvement over the remainder of 2015/16.</p> <p>In quarter two 2015/16 we will seek to further understand the barriers and enablers to diagnosis recording, making any</p>

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			<p>necessary identified changes to guidance and ensuring clinical engagement in the process.</p> <p>In quarter three 2015/16 we will implement any required changes to the RIO system and implement any guidance changes made in quarter two 2015/16.</p> <p>In quarter four 2015/16 we will develop a detailed action plan for any identified areas of underperformance.</p>
3	To improve the recording and use of outcome measures by improving suppression rates of patient rated outcome measurement (PROM)	Outcome measures are a key way in which effectiveness of treatment can be demonstrated.	<p>This priority relates to the number of service users given the opportunity to feedback their views via the use of the Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWEBS).</p> <p>In quarter one 2015/16 we will agree a methodology and implement a process to measure how many times staff prevent (suppress) the tool from being sent to a service users. We will set quarterly trajectories for improvement over the remainder of 2015/16.</p> <p>In quarter two 2015/16 we will seek to further understand the barriers and enablers to the SWEMWEBS distribution process, making any necessary identified changes to guidance and ensuring clinical engagement in the process.</p> <p>In quarter three 2015/16 we will implement any required changes to the RIO system and implement any guidance changes made in quarter two.</p> <p>In quarter four 2015/16 we will develop a detailed action plan for any identified areas of underperformance.</p>

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person

NTW Clinical Effectiveness Strategy

The Trust's Clinical Effectiveness Strategy forms an over-arching framework that aligns with other relevant strategies and programmes. This collaborative approach will optimise the benefits for all service users with mental health, learning disability and neurological disability, by rapidly implementing evidence-based practice and measuring, as well as learning from, the outcomes of the care provided by the Trust. The mission for the Clinical Effectiveness Strategy is for the Trust to provide safer, better quality care that enables service users to live better for longer. The three year strategy is in the context of a ten-year aim to support the Trust's mission to demonstrate a significant measurable improvement in the extent to which service users are living better for longer.

The Trust already has a wide range of policies, processes and programmes that are addressing clinical effectiveness, including the Service Model Review and its translation into the Transformation Programme, the Principal Community Pathways (PCP) programme, and the Care Packages and Pathways programme. While excellent work is already underway and much progress has been made already, the complexity of both clinical effectiveness and of the organisation means further work is now required to enhance the solid foundation for achieving our aim. This will require a consistent approach implemented systematically and at sufficient scale.

Central to the Strategy are five clear objectives to be achieved by 2017/18:

1. All service users (and carers where relevant) will have the outcomes that are important to them measured, reported and tracked over time
2. There is evidence that the culture of the organisation is supporting staff in delivering clinically effective care
3. Routine measurements demonstrate that evidence-based guidelines, including but not limited to NICE quality standards, will inform care that is given to all service users
4. There is evidence that the infrastructure of the Trust will support staff to deliver clinically effective care
5. Routine measurements demonstrate that the physical health care needs of our service users are consistently recognized, monitored and managed

Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2014/2015 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 246 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all the data available to them on the quality of care in all 246 of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of relevant health services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2014/15.

Participation in clinical audits

During 2014/15, 5 national clinical audits and 2 national confidential enquiries covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

During that period Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Trust was eligible to participate in during 2014/15 are as follows:

Table 10: **National Clinical Audits 2014/15 and National Confidential Enquiries 2014/15**

National Clinical Audits 2014/2015
1. National Audit of Schizophrenia (Royal College of Psychiatrists)
2. Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)
3. Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)
4. Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)
5. Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 10c)
National Confidential Enquiries 2014/2015
1. National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
2. National Confidential Enquiry (NCI) into Inpatient Suicide whilst Under Non Routine Observation

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, are shown in Table 11 below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Mandatory statements relating to the quality of NHS services provided

Table 11: National Clinical Audits 2014/15 and National Confidential Enquiries 2014/15

National Clinical Audits 2014/2015	Cases submitted	Cases required	%
National Audit of Schizophrenia (Royal College of Psychiatrists)	89 cases submitted. Trust action planning in progress	75	100%
Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)	21 cases submitted	No minimum requirement	-
Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)	50 cases submitted. Report received and draft action plan submitted	No minimum requirement	-
Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)	83 cases submitted. Report received and draft action plan submitted	No minimum requirement	-
Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 10c)	Audit on-going at time of report	-	-
National Confidential Enquiries 2014/2015			
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	Reported directly to NCI	n/a	n/a
National Confidential Enquiry (NCI) into Inpatient Suicide whilst Under Non Routine Observation	Reported directly to NCI	n/a	n/a

The reports of 5 national clinical audits were reviewed by the provider in 2014/2015, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Table 12: Actions to be taken in response to national clinical audits

Project	Actions
National Audit of Psychological Therapies for Anxiety and Depression	<p>Full Report included the following key recommendations:</p> <ul style="list-style-type: none"> - Service staff need to provide service users, carers and referrers with better information on the remit of the service, including referral criteria, choice, alternative sources of support, equity of access, end of therapy, information sharing and confidentiality - Commissioners must ensure that services are able to demonstrate they provide therapies that are adherent to NICE guidelines, of sufficient duration and delivered by a suitably trained and supervised workforce

Mandatory statements relating to the quality of NHS services provided

Project	Actions
	<ul style="list-style-type: none"> - Supervisors need to have received specific training in providing supervision and qualified therapists should only deliver therapy that they have been specifically trained to provide - Services need to take active steps to address service user sources of dissatisfaction and have systems in place to obtain anonymous service user feedback on an ongoing basis - As a minimum, steps to understand and improve outcomes for service users need to consider type and duration of therapy, therapist training, service user feedback, attrition, reliable improvement and recovery rates - Individual Team Action Plans are currently in development
National Audit of Schizophrenia (Royal College of Psychiatrists)	<ul style="list-style-type: none"> - Trust-wide action plans is currently in development
Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)	<p>Reports were reviewed by the Trust's Medicines Management Committee and appropriate actions taken from the audit recommendations</p> <ul style="list-style-type: none"> - Development of an evidence-based guideline and approval for use in NTW - Keycard to be developed and circulated to all clinical staff to raise awareness of the guideline by May 2015 - Increase compliance with baseline bloods being taken - CQUIN for physical health should increase compliance with this so no further actions required - POMH-UK will request a re-audit of this topic in early 2016
Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)	<p>Summary reports reviewed by the Trust's Medicines Management Committee and appropriate actions taken from the audit report</p> <ul style="list-style-type: none"> - Local Action Planning currently in progress
Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)	<p>Reports were reviewed by the Trust's Medicines Management Committee and appropriate actions taken from the audit recommendations</p> <ul style="list-style-type: none"> - Action Plan to be agreed by end March 2015 - Ensure medication reviews are undertaken and recorded every 6 months - Standardise where information is recorded on the electronic record - Ensure EPSEs are assessed and recorded as part of the medication review - When tests cannot be undertaken as prescribed due to the clinical presentation of the patient, this should be recorded in the care record - All actions were completed by December 2014

The reports of 105 local clinical audits were reviewed by the provider in 2014/15 and the details can be found at Appendix 3 of this report.

Research

Participation in clinical research

The number of service users receiving relevant health services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2014/2015 that were recruited during that period to participate in research approved by a research ethics committee was 1533.

Participation in clinical research demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's ongoing commitment to improving the quality of care we offer and to

Mandatory statements relating to the quality of NHS services provided

making our contribution to wider health improvement. This means continued involvement in large-scale NIHR Portfolio research which aims to influence practice and deliver real benefits to service users.

The Trust was therefore involved in the conduct of 59 clinical research studies in mental health related topics during 2014/2015, 28 of which were large-scale nationally funded NIHR Portfolio studies.

Staff participation in research increased during 2014/2015 and there were 61 clinical staff participating in ethics committee approved research employed by the Trust.

Goals agreed with commissioners

Use of the CQUIN payment framework

The CQUIN framework aims to embed quality improvement and innovation at the heart of service provision and commissioner-provider discussions. It also ensures that local quality improvement priorities are discussed and agreed at board level in all organisations. It enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

A proportion of Northumberland, Tyne and Wear NHS Foundation Trust income in 2014/2015 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For 2014/15, £6.1m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6m in 2013/14).

At the time of writing this Quality Report the majority of indicators were fully achieved with the exception of Children and Young People's Waiting times in some locality areas. The CQUIN has been extended into 2015/16 with an expectation of further reductions in waiting times.

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators

A summary of the agreed CQUIN indicators for 2014/2015 and the new indicators for 2015/16 is shown in Tables 13-15 below. The tick marks show which year the indicator applies to:

Table 13: CQUIN Indicators to improve Safety

CQUIN Indicators to improve Safety	2014/15	2015/16
NHS Safety Thermometer	✓	-
To implement the use of a specialised services clinical dashboard	✓	-
Collaborative Risk Assessment	✓	✓
Improving CPA process for specialised services	✓	-

Table 14: CQUIN Indicators to improve Patient Experience

CQUIN Indicators to improve Patient Experience	2014/15	2015/16
Reduce waiting times for Children and Young Peoples services (CYPS)	✓	✓
Carers	✓	✓
Diversity – improving links to community groups	✓	-
Improving patient experience of gender identity clinics	✓	-
Friends and Family Test	✓	
Perinatal specific involvements and support for partners/ significant others	-	✓

Table 15: CQUIN Indicators to improve Clinical Effectiveness

CQUIN Indicators to improve Clinical Effectiveness	2014/15	2015/16
Transformation programme – South CCG's	✓	-
Transformation programme – North CCG's	✓	-
To increase the percentage of people with mental health illness who receive appropriate physical health care.	✓	✓
Deaf recovery package	✓	✓
Assuring appropriateness of unplanned admissions	✓	-
Training and supervision of clinical staff to deliver interventions to improve mother/infant relationships	✓	-

Mandatory statements relating to the quality of NHS services provided

Statements from the Care Quality Commission (CQC)

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services. The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2014/2015. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC registers, and therefore licenses Northumberland, Tyne and Wear NHS Foundation Trust as a provider of care services as long as we meet the fundamental standards of quality and safety. The CQC monitors us to make sure that we continue to meet these standards.

CQC Intelligent Monitoring Report

The Intelligent Monitoring Report, published by the Care Quality Commission (CQC) is a useful tool to help us to continually monitor the quality of our services. It allows us to identify any areas of lower than average performance and take action to address them if necessary.

The report gathers together a range of key indicators about the Trust in relation to five key questions - is the Trust safe, effective, caring, responsive and well-led. These indicators are used by the CQC to raise questions about the quality of care provided by the Trust.

Our first Intelligent Monitoring Report was published by the CQC in November 2014 and it identifies the Trust as being in Risk band 3 (1 highest risk and 4 lowest risk). Our overall risk score is 3 out of a possible maximum score of 114. Our Intelligent Monitoring Tool can be found via the following link: <http://www.cqc.org.uk/provider/RX4/reports>

CQC Registration Activity 2014/15

During 2014/15, the Care Quality Commission did not undertake any compliance visits to the Trust.

Mandatory statements relating to the quality of NHS services provided

External Accreditations

The Trust has gained national accreditation for the quality of service it provides in many wards and teams.

- Nearly 70% of adult and older people's mental health wards have achieved the AIMS Accreditation for Inpatient Mental Health Services; the remainder are seeking to gain accreditation within the next 12-18 months.
- 80% of the adult forensic medium and low secure wards have been accredited by the Quality Network for Forensic Mental Health Services.
- 50% of the children's wards in the Ferndene unit have been accredited by the Quality Network for Inpatient CAMHS

Table 16 below provides a breakdown of current clinical accreditations as at March 2015.

Table 16: Current clinical external accreditations (March 2015)

External Accreditation	Ward/Department	Location
Accreditation for Inpatient Mental Health Services (AIMS)	Beckfield (PICU)	Hopewood Park
	Collingwood Court	Campus for Ageing and Vitality
	Embleton	St George's Park
	Fellside Ward	Queen Elizabeth Hospital
	Gainsborough Ward	Campus for Ageing and Vitality
	Lamesley Ward	Queen Elizabeth Hospital
	Lowry Ward	Campus for Ageing and Vitality
	Warkworth Ward	St George's Park
	Rosewood	Cherry Knowle Hospital
	Longview	Hopewood Park
	Springrise	Hopewood Park
	Akenside (OP)	Centre for Ageing and Vitality
	Hauxley (OP)	St George's Park
	Castleside Ward (OP)	Campus for Ageing and Vitality
	Cresswell (OP)	St George's Park
	Mowbray Ward (OP)	Monkwearmouth Hospital
	Roker Ward (OP)	Monkwearmouth Hospital
	Bluebell Court (Rehab)	St George's Park
	Clearbrook (Rehab)	Hopewood Park
Willow View (Rehab)	St Nicholas Hospital	

Mandatory statements relating to the quality of NHS services provided

External Accreditation	Ward/Department	Location
	Ward 31a Eating Disorders Service (QED)	Royal Victoria Infirmary
Quality Network for Forensic Mental Health Services	Bamburgh Clinic	St Nicholas Hospital
	Bede Ward	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Quality Network for Inpatient CAMHS	Stephenson	Ferndene
	Fraser	Ferndene
Quality Network for Community CAMHS	Northumberland CYPS	Villa 9, Northgate Hospital
	Newcastle CYPS	Benton House
	South of Tyne and Wearside Community CYPS	Sunderland and South Tyneside
ECT Accreditation Service	Hadrian Clinic	Campus for Ageing and Vitality
	Treatment Centre	St George's Park
Psychiatric Liaison Accreditation Network	Psychiatric Liaison Team, Sunderland Royal	Sunderland
	Liaison Psychiatry and Self Harm Team, Wansbeck General Hospital	Northumberland
	Self Harm and Liaison Service, RVI	Newcastle
Memory Service National Accreditation Programme	Newcastle Memory Assessment and Management Service	Newcastle
	Monkwearmouth Memory Protection Services	South Tyneside
Quality Network for Perinatal Mental Health Services	Beadnell Mother and Baby Unit	St George's Park
Home Treatment Accreditation Scheme (Pilot starting in April 2012)	Newcastle CRHT	Newcastle
Forum of Mobility Centres	North East Drive Mobility	Walkergate Park

Mandatory statements relating to the quality of NHS services provided

Data Quality

Northumberland, Tyne and Wear NHS Foundation NHS Trust will be continuing to take the following actions to improve data quality:

Table 17: Actions to be taken to improve data quality

On-going actions:	
Dashboard Information	We will further embed the use of the Dashboard reporting system and implement a systematic training programme relating to data quality and performance management across the organisation.
RIO documentation	We will consolidate the way that information is recorded on RIO to be a more streamlined process.
Awareness of data quality	We will continue to implement standards for Data Quality to increase awareness of the importance of data quality.
Clinical Standards for Record Keeping	We will continue to implement the Clinical Standards for record keeping, measuring staff adherence to the requirements.
Incident reporting process	We will continue to ensure that robust systems are implemented to review the grading of all incidents reported through our internal systems to provide a consistent and accurate picture of incident activity in the trust.
Complaints reporting process	As per the incident reporting process above the Trust is committed to continually refining our internal processes to ensure complaints are recorded and graded appropriately.

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2015/16 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

Mandatory statements relating to the quality of NHS services provided

North East Quality Observatory (NEQOS) Benchmarking of 2013/14 Quality Account

The North East Quality Observatory System (NEQOS) provides expert clinical quality measurement services to most NHS organisations in the north east.

During 2014 NTW once again commissioned NEQOS to undertake a benchmarking exercise. It compares the Trust's Quality Account 2013/14 with those of 56 other NHS Mental Health organisations.

A summary of the top 11 indicators found in all Quality Accounts has been provided in the Table 18 below.

Table 18: Top 11 Quality Account Indicators

	Top 11 Quality Account Indicators	Target	Average	Peer*	NTW	# Trusts
1	National Clinical Audit participation (%)	100%	94.3	89.3	100.0	55
2	National Confidential Enquiry participation (%)	100%	100.0	100.0	100.0	54
3	MHMDS data completeness: NHS number (%)	99%	99.4	99.2	99.6	55
4	% inpatients receiving follow up contact within 7 days of discharge	95%	97.3	96.8	97.1	55
5	Admissions to adult urgent care wards gatekept by CRT (%)	95%	98.5	98.4	100.0	54
6	Proportion of all incidents for severe harm/death	-	1.4	1.0	1.4	52
7	Patient experience of community MH services	-	8.0	7.9	8.7	49
8	Inpatients classed as delayed transfers of care (%)	< 7.5%	3.6	3.6	4.2	45
9	Proportion of inpatients readmitted	-	7.0	6.8	7.9	36
10	CPA formal review within 12 months (%)	95%	96.6	96.9	97.2	34
11	Staff who would recommend the trust to their family/friends (%)	-	3.56	3.52	3.61	23

Mandatory statements relating to the quality of NHS services provided

The Trust has a higher than average score in 8 of the 11 indicators tested and the same as the average in a further 2 indicators. When compared to the Peer cohort the Trust was higher in 10 of the 11 indicators and the same as the Peer score in the remaining 1.

*Peer includes data for (C&W, Lancashire, Norfolk, North Essex, Oxford, Southern, Sussex, TEWV)

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust did not submit records during 2014/2015 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Assessment Report overall score for 2014/2015 was 72% and was graded green.

Clinical Coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2014/2015 by the Audit Commission.

Mandatory statements relating to the quality of NHS services provided

Performance against mandated core indicators

The mandated indicators applicable to Northumberland, Tyne and Wear NHS Foundation Trust are as follows:

- The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period** (data governed by a national definition)

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reason - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement.

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by ensuring clinicians are aware of their responsibilities to complete these reviews.

Table 19: 7 day follow up data 2013/14-2014/15

7 day follow up	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
NTW %	95.8%	97.5%	97.6%	97.0%	98.3%	95.8%	98.2%
National Average %	97.4%	98.8%	96.7%	97.4%	97.0%	97.3%	97.3%
Highest national %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest national %	94.1%	90.7%	77.2%	93.3%	95.0%	91.5%	90.0%

(higher scores are better)

- The percentage of admissions to acute wards for which the Crisis Home Treatment Team acted as a gatekeeper during the reporting period** (data governed by a national definition)

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement.

The Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by closely monitoring this requirement and quickly alerting professionals to any deterioration in performance.

Table 20: Gatekeeping data 2013/14-2014/15

Gatekeeping	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
NTW %	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	99.7%
National Average %	97.7%	98.7%	98.6%	98.2%	98.0%	98.5%	97.8%
Highest national %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest national %	74.5%	89.8%	85.5%	75.2%	33.3%	93.0%	73.0%

(higher scores are better)

Mandatory statements relating to the quality of NHS services provided

- **The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends**

The Northumberland, Tyne and Wear NHS Foundation Trust consider that this data is as described for the following reasons – this is an externally commissioned survey.

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services by continuing to hold multidisciplinary staff engagement sessions regarding the results of the staff survey and identifying actions for improvement.

Table 21: Family and Friends recommendations data 2011-2014

Family & Friends recommendation	2011 Staff Survey	2012 Staff Survey	2013 Staff Survey	2014 Staff Survey
NTW	3.46	3.52	3.61	3.64
National Average	3.42	3.54	3.54	3.57
Highest national	3.94	4.06	n/a	n/a
Lowest national	3.07	3.06	n/a	n/a

(5 is the highest/best score)

- **'Patient experience of community mental health services' indicator score with regard to a patients experience of contact with a health or social care worker during the reporting period**

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons – this is an externally commissioned survey.

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by constantly engaging with service users and carers to ensure we are responsive to their needs and continually improve our services.

Table 22: Patient experience of community mental health indicator scores 2010-2014

Patient experience of community mental health indicator scores	2010	2011	2012	2013	2014
NTW	86.5	85.8	90.9	87.4	At the time of writing, the 2014 data has not been published on the HSCIC website
National Average	87.1	86.7	86.5	85.8	
Highest national	91	91.4	91.8	91.8	
Lowest national	81.8	81.9	82.6	80.9	

(higher scores are better)

Mandatory statements relating to the quality of NHS services provided

- **The number and , where available the rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death** (data governed by a national definition)

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons – this is data we have uploaded to the National Learning and Reporting System (NRLS).

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this rate/number/percentage, and so the quality of its services by ensuring all serious Patient Safety Incidents are robustly investigated and lessons shared throughout the organisation (including the early identification of any themes or trends).

Table 23: Patient Safety Incident data October 2011-September 2014

Oct 11 - Mar 12	NTW	National average	Highest national	Lowest national*
Number of PSI reported (per 1000 obd)	22.8	19.2	86.9	0
Number of 'Severe' PSI(% of incidents reported)	0.7%	0.5%	2.8%	0
Number of 'Death' PSI(% of incidents reported)	0.9%	0.8%	5.2%	0
Apr 12 - Sept 12				
Number of PSI reported (per 1000 obd)	31.0	23.8	72	0
Number of 'Severe' PSI(% of incidents reported)	0.8%	0.8%	8.9%	0
Number of 'Death' PSI(% of incidents reported)	0.6%	0.8%	4.3%	0
Oct 12 - Mar 13				
Number of PSI reported (per 1000 obd)	30.2	26.8	99.8	0
Number of 'Severe' PSI(% of incidents reported)	1.8%	0.5%	1.8%	0
Number of 'Death' PSI(% of incidents reported)	0.7%	0.8%	4.5%	0
Apr 13 - Sept 13				
Number of PSI reported (per 1000 obd)	33.9	28.0	67.1	0
Number of 'Severe' PSI(% of incidents reported)	0.4%	0.4%	1.6%	0
Number of 'Death' PSI(% of incidents reported)	1.0%	0.9%	4.7%	0
Oct 13 - Mar 14				
Number of PSI reported (per 1000 obd)	38.5	28.0	58.7	0
Number of 'Severe' PSI(% of incidents reported)	0.6%	0.4%	2.9%	0
Number of 'Death' PSI(% of incidents reported)	0.9%	0.7%	3.5%	0
Apr 14 - Sept 14				
Number of PSI reported (per 1000 obd)	39.3	35.6	90.4	0
Number of 'Severe' PSI(% of incidents reported)	0.5%	0.3%	2.9%	0
Number of 'Death' PSI(% of incidents reported)	1.0%	0.7%	3.0%	0

(lower scores are better)

*nb some organisations report zero patient safety incidents

Review of Quality Performance

In this section we will report on the quality of the services we provide, by reviewing progress against indicators for quality improvement, and feedback from sources such as patient and staff surveys.

We will report separately on each of the quality domains (safety, patient experience and clinical effectiveness). Some of the indicators from our 2013/14 report are no longer included and we have added some new indicators this year as we feel this gives a more appropriate balance of our performance measures. For indicators which relate to our CQUIN goals no comparator information is included as the milestones change from year to year.

The information included in this section has been developed in conjunction with staff, our Council of Governors, commissioners and partners, to ensure that we include relevant, meaningful information about the quality of services we provide.

Review of Quality Performance – Patient Safety

Table 24: Patient Safety Quality Indicators Performance 2014/15

Quality Indicator	Why did we choose this measure?	Performance in 2014/2015 (2013/14)
*Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority and Department of Health requirement Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2014/15(also none in 2013/14)
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2015, 95.6% of applicable service users had a CPA review in the last 12 months, meeting the Monitor target of 95% (97.2% March 2014)
2014 Staff Survey - The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution Data source: CQC NHS Staff Survey 2014	The 2014 staff survey showed that our staff scored the question regarding recommending the trust as a place to work or receive treatment as 3.64 out of 5 (2013 3.61 out of 5). The average score for mental health trusts for this question is 3.57. The survey is available via the following link: http://www.nhsstaffsurveys.com/Page/1015/Latest-Results/Mental-Health-Learning-Disability-Trusts/
Safeguarding Awareness Training	The Safeguarding Adults and Children courses are essential training for all staff and must be completed every three years Data source: ESR	By the end of March 2015: The number of staff trained in Safeguarding Adults – 95.0% (95.1% in March 2014) The number of staff trained in Safeguarding Children – 96.2% (96.7% in March 2014)

*data for this indicator governed by a national definition

Review of Quality Performance

Review of Quality Performance – Patient Experience

Table 25: Patient Experience Quality Indicators Performance 2014/15

Quality Indicator	Why did we choose this measure?	Performance in 2014/2015 (2013/14)
*Delayed transfers of care	Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge Data source: RiO	At 31 st March 2015, 2.6% of total inpatient beddays were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of inpatient beddays delayed (4.2% in 2013/14).
Improving the Quality of the Getting to Know You (GTKY) Process & Ensuring Carers are aware of the “Common-sense Confidentiality” Guidance	Locally agreed CQUIN indicator in 2014/15 to capture carers’ views and measure satisfaction so that we can improve carers’ experiences and ensure that the standards within the carers’ charter are being met. Data source: manual	During 2014/15 this CQUIN concentrated on improving the quality of the ‘Getting to Know You’ process by undertaking an audit. The findings were analysed and an action plan for improvement was created and implemented. The group agreed what is meant by common sense confidentiality and undertook an assessment of where this is currently being practiced within NTW services (including the identification of any gaps in provision). An action plan for improvement has been created.
Friends and Family Test (patients)	National CQUIN indicator in 2014/15 to implement the Friends and Family Data source: Manual	March 2015: The Friends and Family test for service users was implemented fully during 2014/15 in line with national requirements. The elements of this CQUIN were fully met.

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2014/2015 (2013/14)
Comments left via the Trust or other websites	<p>Reviewing comments left on websites about the quality of our services by patients and the public is valuable feedback.</p> <p>Data source: Patient Opinion/NHS Choices websites</p>	<p>Comment left on Patient Opinion website during 2014/15: <i>A great place for one's self esteem. After treatment at St Georges, my psychiatrist told me the world is my oyster and I can be anything I want to be. I was able to get my life back, my own business being self-employed began to thrive and relationships in the community prospered. My girlfriend was also thrilled with me after the hospital treatment. Well done St Georges.</i></p> <p>Comment left on Patient Opinion website during 2014/15: <i>The staff were very patient, friendly and kind. Nothing was too much trouble. A special thank you to the member of staff for taking me on brisk walks as there was no exercise available and with the wonderful treacle puddings and spotted dicks, constant snacking, I'm not surprised most patients had a weight problem . I also enjoyed watching late films at night and being served 2 cups of Horlicks! In fact I shall miss being waited on hand and foot and the lovely family atmosphere. Some people don't realise how lucky we are to be born in England. The doctor was very kind and helpful I have made an excellent recovery and am very grateful to the NHS</i></p>

*data for this indicator governed by a national definition

Review of Quality Performance – Clinical Effectiveness

Table 26: Clinical Effectiveness Quality Indicators Performance 2014/15

Quality Indicator	Why did we choose this measure?	Performance in 2014/2015 (2013/14)
*CRHT Gate kept Admissions	<p>Both Monitor and CQC require us to demonstrate that certain inpatients have been assessed by a CHRT prior to admission</p> <p>Data source: RiO</p>	<p>A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions.</p> <p>As at March 2015, 100% of the North East CCG admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 95%.</p> <p>In 2013/14 the performance was 100%</p>

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2014/2015 (2013/14)
*7 Day Follow Up contacts	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement Data source: RiO	<p>During 2013/14, 1,967 service users (97.1% of those discharged from inpatient care in the year) were followed up within seven days of discharge.</p> <p>In 2014/15, 1,702 service users (97.4% of those discharged from inpatient care in the year) were followed up within seven days of discharge.</p> <p>Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows: Gateshead CCG: 96.7% Newcastle West CCG: 96.7% Newcastle North & East CCG: 98.1% North Tyneside CCG: 98.2% Northumberland CCG: 98.3% South Tyneside CCG: 98.1% Sunderland CCG: 97.1%</p>
7 Day Follow Up contacts conducted face to face	'Face to face' follow ups give a better quality of service and improved outcomes for service users Data source: RiO	<p>By the end of March 2015 92.3% of seven day contacts were conducted face to face.</p> <p>During 2013/14 this figure was 93.8%.</p>
Emergency re-admission rates	Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services Data source: RiO	<p>During 2013/14, 236 mental health inpatients (7.9%) were readmitted within 28 days of discharge and 11 learning disability inpatients (9.7%) were readmitted within 90 days of discharge.</p> <p>In 2014/15, 172 mental health inpatients (6.2%) were readmitted within 28 days of discharge and 10 learning disability patients (8.1%) were readmitted within 90 days of discharge.</p>
*Patient outcomes – numbers of patients in settled accommodation	CQC and Monitor require us to calculate how many of our service users are in settled accommodation Data source: RiO	At the end of March 2015, the number of service users recorded as living in settled accommodation was 73.2% (75.1% in 2013/14).

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2014/2015 (2013/14)																												
Improving Physical Healthcare for mental health patients	2014/15 National CQUIN. Data source: RiO	This national CQUIN was in 2 parts. Part A concentrated on an audit undertaken by the Royal College of Psychiatrists to establish if inpatients had been appropriately screened using the Lester Tool. Part B related to improving communication between ourselves and GP's at certain key points in a service users pathway. NTW has fully participated in the CQUIN during 2014/15 and this work will continue through 2015/16.																												
Staff Survey results 2014	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution Data source: NHS Staff Survey 2014 (KF1&2)	The 2014 staff survey showed that 89% of staff who responded agreed that their role makes a difference to service users (90% in 2013). 80% of staff who responded felt satisfied with the quality of work and patient care they are able to deliver (75% in 2013). The survey is available via the following link: http://www.nhsstaffsurveys.com/Page/1015/Latest-Results/Mental-Health-Learning-Disability-Trusts/																												
Staff absence through sickness	High levels of staff sickness impact on patient care: therefore the Trust monitors sickness absence levels carefully Data source: ESR	The 12 month rolling average staff sickness absence figures have increased very slightly when compared to 2014 but remain lower than 2013. The Board of Directors continue to monitor this important target. <table border="1"> <thead> <tr> <th></th> <th>Short term sickness</th> <th>Long term sickness</th> <th>Total average sickness</th> </tr> </thead> <tbody> <tr> <td>31st March 2010</td> <td>2.23%</td> <td>4.01%</td> <td>6.24%</td> </tr> <tr> <td>31st March 2011</td> <td>1.76%</td> <td>3.75%</td> <td>5.51%</td> </tr> <tr> <td>31st March 2012</td> <td>1.57%</td> <td>4.19%</td> <td>5.76%</td> </tr> <tr> <td>31st March 2013</td> <td>1.81%</td> <td>4.42%</td> <td>6.23%</td> </tr> <tr> <td>31st March 2014</td> <td>1.53%</td> <td>4.33%</td> <td>5.86%</td> </tr> <tr> <td>31st March 2015</td> <td>1.72%</td> <td>4.17%</td> <td>5.88%</td> </tr> </tbody> </table>		Short term sickness	Long term sickness	Total average sickness	31 st March 2010	2.23%	4.01%	6.24%	31 st March 2011	1.76%	3.75%	5.51%	31 st March 2012	1.57%	4.19%	5.76%	31 st March 2013	1.81%	4.42%	6.23%	31 st March 2014	1.53%	4.33%	5.86%	31 st March 2015	1.72%	4.17%	5.88%
	Short term sickness	Long term sickness	Total average sickness																											
31 st March 2010	2.23%	4.01%	6.24%																											
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31 st March 2014	1.53%	4.33%	5.86%																											
31 st March 2015	1.72%	4.17%	5.88%																											

*data for this indicator governed by a national definition

Review of Quality Performance

Performance against contracts with local commissioners

During 2014/15 the Trust had several contractual targets to meet with local commissioners (CCG's). Table 27 below highlights the targets and the performance of each CCG against them, as at 31st March 2015.

Table 27: Contract Performance Targets as at 31st March 2015

Contract performance targets as at 31/3/2015	Gateshead CCG	Newcastle North & East CCG	Newcastle West CCG	N'land CCG	North Tyneside CCG	Cumbria CCG	Sunderland CCG	South Tyneside CCG
Number of long term inpatients that have received an Annual Health Check (95%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Current admissions to adult wards that are gatekept by crisis home resolution teams (95%)	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	97.6%	97.2%	96.4%	96.2%	99.6%	94.1%	98.7%	97.2%
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	94.4%	93.9%	95.1%	94.0%	98.1%	96.2%	99.2%	93.2%
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	96.7%	98.1%	96.7%	98.3%	98.2%	N/A	97.1%	98.1%
Safeguarding Adults Training (90%)	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Safeguarding Children Training (90%)	96.2%	96.2%	96.2%	96.2%	96.2%	96.2%	96.2%	96.2%
Current delayed transfers of care -including social care (<7.5%)	3.0%	4.7%	2.1%	2.1%	2.8%	1.3%	1.9%	3.6%
The number of people who have completed IAPT treatment during the reporting period (50%)	N/A	N/A	N/A	38.7%	N/A	N/A	47.1%	N/A

*N/A = those services are not commissioned in the CCG areas

Review of Quality Performance

The Trust also has specific contractual targets for specialised services with NHS England for which the majority of targets were met by the 31/3/2015.

Staff Survey 2014

The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution. The 2014 staff survey questions were structured around the following issues:-

- personal development
- job roles
- how staff feel about managers
- how staff feel about their organisation
- staff health
- staff well-being and safety at work
- background (demographic) information.

Corporate actions in response to survey results

- Many of the responses to the open questions on the survey spoke about not always feeling fully engaged in the work of the Trust. In response to this we have launched 'Speak Easy, be heard', a new way of staff engagement. As a Trust we want to listen to each other's views and opinions and we want to have open and honest conversations.
- The Trust has joined the Speak out Safely Campaign and this is bolstered by the 'Don't be a Spectator' Trust Campaign and the equality@ntw.nhs.uk mailbox
- Revised management training.
- The Staff Survey Working Group has played a key part in ensuring that the key messages from the survey are being raised. This includes moving the monthly meeting around Trust premises and organising visits to staff working on that site to discuss issues. These meetings have proved to be beneficial and have helped inform the actions that are taking place.

What next?

Discussion around themes in the Staff Survey will be explored in the 'Speak Easy, Be Heard' engagement events during 2015. Views from these events and those expressed in the Staff Survey will inform the way we make future workforce decisions.

Statements from lead Clinical Commissioning Groups (CCG) and local Healthwatch

We have invited our partners from all localities covered by Trust Services to comment on our Quality Account. It has been agreed that responses from partners in Newcastle, North Tyneside, Northumberland, Gateshead, Sunderland and the local Healthwatches will be included within this document, and any comments from other localities will be made available on our website (www.ntw.nhs.uk).

Northumberland, North Tyneside, Newcastle North & East, Newcastle West and Gateshead Clinical Commissioning Groups statement

NHS Newcastle Gateshead CCG, North Tyneside CCG and Northumberland CCG welcome the opportunity to review and comment on the Quality Account for 2014/15 and would like to offer the following commentary.

We remain committed to commissioning high quality services from Northumberland Tyne and Wear NHS Foundation Trust (NTWFT) and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

The CCG's would like to commend the Trust for the improvements that are demonstrated in the report, particularly the achievement of most of its goals relating to the 3 Quality Goals of patient safety, patient experience and clinical effectiveness and the ongoing work to address gaps particularly in respect of the staff education in relation to the revised clinical risk strategy and further improvement of waiting times for Children and Young People.

The CCG's acknowledge the Trusts challenging and unprecedented Transformation Programme ahead and service redesign which will reflect the CCGs Commissioning Intentions of a modern mental health service. We would continue to encourage working together on the Programme to avoid any unintended consequences and to ensure full and meaningful engagement with services users Carers, the public and partner organisations is sustained.

The CCG's are pleased to note the efforts being made to discuss and improve the patient's experience recognising the impact of the recently revised nursing strategy which is underpinned by the principles of the 6 C's we also congratulate the Trust on the achievement of some of 2013/14 challenges for example the improvement with the meal ordering system.

The CCG's are looking forward to working with the Trust on the 3 Quality Priorities identified for 2015/16

Goal 1 Reducing incidence of Harm to patients

Goal 2 Improve the way we relate to patients and carers

Goal 3 Ensure the right services are in the right place at the right time for the right person

Finally congratulations on the achievements outlined in the report which we believe accurately reflects the Trust's commitment to delivering a high Quality patient centred service

Healthwatch Newcastle's statement

Healthwatch Newcastle was pleased to read the Northumberland, Tyne and Wear NHS Foundation Trust's quality account for 2014/15. It is clear, easy to read and felt very open and honest.

Over the last year Healthwatch has received no comments about the Trust that relate to the quality goals and priorities mentioned in the quality account. It is clear the Trust has worked hard making improvements based on progress against the priorities from last year.

Quality goal 1: safety

This was only partially met but the quality account document makes it clear this is the case and the standard the Trust is setting for itself is enhanced - meaning it is over and above current risk management training.

Quality goal 2: patient experience

At the briefing event for the quality account there was a lot of discussion specifically around 'jacket potatoes' and the perception of one service user that the only meal they could eat was a jacket potato for an inpatient stay lasting over three weeks. Healthwatch Newcastle has no evidence that this is a wider problem and has not received any intelligence that would imply it was a massive issue for patients.

We are pleased to see the continued focus on achieving 100% of service users being seen within 18 weeks. We will continue to follow the Trust's progress against this goal using service user feedback.

Quality goal 3: clinical effectiveness

This section was a positive read with all targets achieved and we will continue to monitor these throughout 2015/16.

Obviously, one of the most interesting areas for Healthwatch Newcastle is patient involvement and how this will continue as one of the Trust's priorities. We will continue to work together with the Trust to ensure that a high standard of patient involvement is maintained into this year and beyond.

The Trust's new and on-going priorities for 2015/16 are sensible and extensive. We wish NTW continued success and look forward to receiving updates about progress.

Healthwatch Northumberland's statement

We note that Northumberland has the largest number of patients using services provided by NTW and congratulate the Trust on what has been achieved in the past year.

We consider that the Trust has included evidence of improvement in many areas in this year's Quality Account. However it also seems to indicate that performance was not consistent across all operational areas in the year.

We see key areas for improvement around the reported high level of catastrophic/death incidents in 'reducing harm' data, services to children and young people, staff training. We note the increase in the number of complaints relating to staff attitude and that complaints are taking longer to resolve.

We note the improvement in training in the 'Getting to know you' process for community team staff and would like to see SMART targets around work with carers, identifying carers and information sharing.

The low number of staff completing enhanced suicide risk training is disappointing, given that this need was identified from serious incident reviews. We would have liked more information about the other ways that risk management training is provided. We note that targets for improving the referral process and the waiting times for referrals for multi-disciplinary teams was only partially met and would wish to understand what changes will be made to ensure it is met in 2015/16.

Some narrative around the number of service users would be helpful, eg number of users from outside Northumberland receiving services in the county.

We note that most CQIN indicators were met. However, we note that the Children and Young People waiting times CQIN indicators were not met in some areas, a concern which we raised in our response to last year's draft Quality Account also. Plans outlining how this will be improved in the coming year should be identified in priorities for 2015/16. We would welcome more focus on prevention and rehabilitation in priorities for 2015/16 as well as more detail on the plans for community transformation.

Overall our view is that the draft Quality Account presents a positive picture of services provided in 2014/15 and look forward to working with NTW in the coming year and continuing to build on the positive working relationship we have established.

Northumberland County Council's statement

Members of the Care and Wellbeing Overview and Scrutiny Committee welcome the opportunity to examine and scrutinise the information you have provided over the course of the past year, and to submit a commentary for inclusion in the Northumberland, Tyne and Wear NHS Foundation Trust's Quality Account.

As part of our ongoing engagement with you on topics of importance to our Members, we had valuable discussions at our 28 January 2015 Meeting about the following proposal:

Improving the Northumberland Dementia Pathway.

Your presentation provided details about inpatient provision at St George's Park:

- showing that the current spend on inpatient services at the facility was disproportionate to those of other similar Trusts
- describing the Service Model Review undertaken to design a model that would meet the needs of service users.

Questions from our Members at the Meeting received the following responses from you:

- Would it be feasible for inpatient beds in the wards to be used to accommodate patients from other Trusts?

The way forward was for more care at home. Inpatient capacity would be utilised, but an empty ward could not be maintained on the off chance that other Trusts might need the beds

- Would one ward be enough at peak times?

Yes, given the broad range of community infrastructure available. Other wards had been closed by the Trust with no subsequent increases in out of area treatments

- How would NTW be involved with patients out in the community who presented with challenging behaviour?

Care was reviewed within the organic mental illness pathway and only in extreme cases was inpatient care needed. Previously people had to stay as inpatients longer owing to a lack of investment in community services, but more options were now in use. NTW was keen to work with Social Care colleagues and further discussions could take place. NTW could also report back at a later date

- Who would undertake visits to patients in care homes and secure units?

Collaborative working between health and social care was important to support individual clients. The Trust would visit different types of providers, as patient needs dictated. With the provision of more specific care in communities, the need for secure care would reduce

- How would care at home and monitoring for people with dementia be provided for?

Support would be provided according to each individual's needs. In terms of the individual's care plan, some short term interventions might require several visits per day. The Challenging Behaviour Team could also assist. Family were very important in this process, and it was very important to take action early, including beginning earlier with medication

- Were other Trusts taking this approach?

The Newcastle model had focused more on diagnosis and less on wards. No long term beds were now needed and as a result of other investments behavioural problems were less serious. The Challenging Behaviour Team were working to the same model and the demand for beds had reduced

- How many care homes with EMI (Elderly Mentally Infirm) units were there in the county?

There were now only a few because of the reduced demand

- How important was early diagnosis and what effect would it have?

Regarding the timing of diagnosis for people with dementia, work was taking place to move to a clinic based model, with pre and post diagnosis counselling, taking into account how to manage people coping with memory loss. Access to services would be better and new relationships with primary care providers would be built up. Also, regarding the provision of medication, it was important to diagnose early so that patients' conditions did not worsen. Medication was only one part of the process, where advice, support, fitness and health were key issues

- Was respite care available?

The hospitals were not in a position to provide respite care, which was not an entitlement or easy to provide given the practicalities of arranging it. Health and Social Care staff recognised the value of carers and tried to be supportive.

Members thanked the Trust for keeping up their good work and support for communities.

The Committee will receive an update from NTW at a future meeting, which will take place at St George's Park.

The Committee Chairman attended your presentation of the draft Quality Account for 2014/2015 on 14 April 2015. On the basis of that session and our earlier discussions, the Committee endorses your Strategic Objectives and direction of travel, and we look forward to a further session at St George's Park.

Healthwatch Gateshead's statement

Healthwatch Gateshead welcome the opportunity to comment on the Quality Report for Northumberland, Tyne and Wear NHS Foundation Trust 2015/15.

As a consumer champion we are always looking to see how our local healthcare providers can learn, improve and build upon patient experience.

We are particularly pleased to see and acknowledge that the Trust has shown achievements in many of its aims through 2014/15, certainly around quality priorities and continues to meet priorities for quality of food and choice of food along with timings of meals but disappointed that it has not fully met its aim to improve referral and waiting times, however acknowledge that this will continue to be a priority for the trust throughout 2015/16.

Overall we are pleased to see the trust is clearly making good progress in meeting its priorities and making clear commitments to improving the patient experience, continuing to listen and learn from its patients.

Gateshead Council's statement

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2014-15 we feel able to comment as follows:-

Patient Safety

The OSC was pleased to note that the Trust had included a breakdown of information on patient safety incidents in inpatient and community settings in this Account as requested by the OSC last year. The OSC was also pleased to note that the number of patient safety incidents where no harm is found is increasing and the numbers of incidents of moderate / major harm are decreasing. There also appears to be a significant decrease in the number of patient safety incidents in the community compared with 2013-14.

Quality Priority – To improve the assessment and management of risk

The OSC queried why the target for professionally registered staff to complete enhanced suicide risk training was so far off target and noted that this was due to a delay in the Clinical Risk Strategy being agreed and training subsequently commencing. The OSC was reassured that this was a priority for the Trust going forwards and that the Trust aimed to have the training rolled out to 85% of relevant staff by the end of next year.

Patient Experience

The OSC noted that information from the Friends and Family Test did not appear to be included in the account although the Trust had implemented the test this year. The OSC considered that it is important that such information is included in the account going forwards.

The OSC also noted the importance of ensuring that services for patients continue to be located in the right place to ensure their needs are met.

Waiting Times

The OSC was concerned that performance in relation to achieving waiting times of less than 18 weeks was not as good as in other areas and queried why this was the case. The OSC noted that there are no national standards for waiting times for mental health services, however the Trust has prioritised this area and set its own targets as it is committed to reducing waiting times. There are specific challenges around waiting times for some regional services which affect the Trust's performance and the Trust is carrying out work with a view to investing in new services which aim to address these issues. Work is also ongoing with a view to further reducing waiting times for children from 18 weeks to 12 weeks by the end of the year with the aim of moving towards a waiting time of no more than 9 weeks.

Complaints

The OSC was pleased to note that the Trust has included a significant amount of information regarding complaints in this account in response to the OSC's comments last year.

The OSC is supportive of the Quality Account overall and is pleased to note that CQC has no compliance issues in regard to the Trust.

Sunderland City Council's statement

Thank you for the opportunity to comment on your 2014/15 Quality Account, which provides a good account of services and the performance achieved during the past year.

Scrutiny Councillors took evidence this year on the Children and Young People's Community Services – also known as CAMHS. The Scrutiny Committee has previously robustly monitored and challenged performance on waiting times for access to children and young people's services. At a scrutiny meeting held in April 2015, Scrutiny Councillors acknowledged the improvement and progress made and, although there is still some way to go, there is clearly a commitment to continued improvement. Scrutiny members in Sunderland will be interested in continuing to monitor waiting times for children's and young people's services.

Sunderland Scrutiny Councillors are happy to endorse the priorities in the Trust's draft Quality Account going forward. Overall, we would like to thank you for presenting your report and look forward to a further year of quality and safety improvements.

Appendix 1: Monitor Compliance Framework

MONITOR PERFORMANCE 2014-15 (by quarter)						
Risk Assessment Framework	Target	Q1 (Apr - June)	Q2 (July - Sept)	Q3 (Oct- Dec)	Q4 (Jan - Mar)	
Overall Governance Risk Rating	Green	Green	Green	Green	Green	●
Overall Finance Risk Rating	3	3	3	4	3	●
Referral to treatment waiting times - non-admitted	95%	100.0%	99.7%	100.0%	100.0%	●
Referral to treatment waiting times - incomplete	92%	99.4%	100.0%	100.0%	100.0%	●
CPA 7 day follow up	95%	98.2%	95.6%	97.8%	98.0%	●
CPA review within 12 months	95%	97.1%	96.5%	96.8%	95.6%	●
Minimising mental health delayed transfers of care (including social care)	≤7.5%	3.1%	2.7%	3.0%	3.1%	●
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	100.0%	100.0%	99.8%	100.0%	●
Data Completeness: 6 indicators	97%	99.8%	99.8%	99.8%	99.8%	●
Data Completeness: outcomes for patients on CPA 3 indicators	50%	92.5%	92.2%	91.7%	91.7%	●
Self certification against LD access requirements	Green	Green	Green	Green	Green	●
Clostridium Difficile - meeting the C Diff objective	0	0	0	0	0	●
MRSA - meeting the MRSA objective	0	0	0	0	0	●
Risk of, or actual, failure to deliver Commissioner Requested Services	No	No	No	No	No	●
CQC compliance action outstanding	No	No	No	No	No	●
CQC enforcement action within the last 12 months	No	No	No	No	No	●
CQC enforcement action currently in effect	No	No	No	No	No	●
Moderate CQC concerns or impacts regarding the safety of health	No	No	No	No	No	●
Major CQC concerns or impacts regarding the safety of healthcare	No	No	No	No	No	●
Trust unable to declare ongoing compliance with minimum standa	No	No	No	No	No	●

●	Achieving Monitor target
●	Breaching Monitor target

Appendix 2: CQC Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2015:

Locations	Regulated Activities			Service Types							
	Treatment of Disease, Disorder of Injury	Diagnostic and Screening Procedures	Assessment or medical treatment for persons detained under the Mental Health Act 1983	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	•	•	•							•	
Cherry Knowle Hospital	•	•	•			•		•		•	
Craigavon Short Break Respite Unit	•	•	•					•			
Elm House	•	•	•					•			
Ferndene	•	•	•			•		•		•	
Hepell House	•	•	•			•		•		•	
Hopewood Park	•	•	•			•		•		•	
Monkwearmouth Hospital	•	•	•			•		•		•	
Campus for Ageing and Vitality	•	•	•					•			
Northgate Hospital	•	•	•					•		•	
Queen Elizabeth Hospital	•	•	•			•		•		•	
Rose Lodge	•	•	•					•			
Royal Victoria Infirmary	•	•	•					•			
St George's Park	•	•	•			•	•	•		•	
St Nicholas Hospital	•	•	•	•	•	•	•	•	•	•	•
Walkergate Park	•	•	•					•		•	

Key

- CHC** – Community health care services
- LDC** – Community based services for people with a learning disability
- LTC** – Long-term conditions services
- MHC** – Community based services for people with mental health needs
- MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse
- PHS** – Prison healthcare services
- RHS** – Rehabilitation services
- SMC** – Community based services for people who misuse substances

CQC Registered Locations, Regulated Activities and Service Types – Social and Residential

	Regulated Activity	Service Type
Registered Home / Service	Accommodation for persons who require nursing or personal care	Care home service without nursing
Easterfield Court	•	•

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Appendix 3 – Local Clinical Audits

Trust wide initiatives:	
1	Suitability of Staffing (CQC Outcomes 13 & 14)
2	Trust-wide Seclusion Audit Q4 (2013-2014)
3	Planned Care – Care Co-ordination Audit
4	Mental Health Act Policy – Consent to Treatment
5	Urgent Care – Care Co-ordination Audit
6	Specialist Care – Care Co-ordination Audit
7	MHA & Policy Compliance : Patient Rights
8	CQUIN Standard 6 – Carers Survey
9	Quality Priority 2 – Patient Experience – Points of You
10	Self-Administration of Medicines
11	Audit of NTW (O)27 Nutrition Policy
12	Nutrition Screening in Adults over 18 Years Old within Inpatient Units
13	Audit to determine whether the Gateshead Crisis and Ward based teams prescribe antipsychotic medication for first episode psychosis in accordance with the local draft guidelines
14	Controlled Drugs
15	Unlicensed Use of Drugs
16	Antipsychotic Medication for First Episode Psychosis: An Audit of NICE Clinical Guideline Recommendations for Psychosis and Schizophrenia in Children and Young People
Group Specific initiatives	
17	Standards of Interim Discharge Summary
18	Smoking Cessation Practices in Stepped Care In Patient Services in South of Tyne and compliance with local and national guideline
19	Physical health monitoring in Antipsychotic medication according to trust guidelines
20	Audit of Prescribing Practice in Old Age Psychiatry Ward at Akenside Ward, Centre of Ageing and Vitality
21	FACE Risk Audit – Crisis Team
22	Improving Information Given to Patients Admitted to Ward 18 STDH Re: Purpose & Possible Side Effects of Psychotropic Medications
23	Current Alcohol Detox Practice According to Guidelines - A Re-Audit
24	Safety & Suitability of Premises
25	Audit of Prescription of Night Sedation On Inpatient Wards on The Bede Wing
26	72 Hour Discharge Planning Meetings - A Re-Audit of CA-13-0040
27	Advanced decisions in inpatient dementia care services
28	The Assessment of Falls Intervention in Old Age Organic Inpatient Wards - Roker and Mowbray - in Monkwearmouth Hospital: A Comparison with the Trust Local Policy
29	Anti Cholinergic Cognitive Burden in Patients on Admission and Discharge from Mowbray Ward
30	Physical Health Monitoring of Patients Prescribed Anti-Psychotics

31	Re-audit of waiting times from the time a referral is received to the time the patient is seen
32	Recommended Equipment for Physical Health Assessment in Psychiatric Unit
33	Cardio metabolic monitoring for patients in Rose Lodge Hospital
34	Audit of admission documentation process in 3 urgent care sites
35	Are Newly Admitted Service Users Having Their Physical Health Form Completed Fully During Their Inpatient Stay?
36	Audit of the Implementation of NTW Observation Policy across Older Persons Inpatient Services North of Tyne
37	ECG monitoring and recording practice on acute admission service
38	An audit of response times to urgent and routine referrals against PLAN standards by the liaison psychiatry team based in Royal Victoria Infirmary and Freeman Hospitals
39	Audit of Mental State Examination Recording in Admission Documentation (Core Assessment Document)
40	A retrospective assessment of the quality of completion of physical health monitoring records for patients in acute inpatient mental health services at Hopewood Park
41	Prolactin levels monitoring in patients receiving anti psychotics
42	NICE CG68- Screening of depression following stroke on E58
43	A GP evaluation of community mental health services for Older people in Morpeth, Bedlington and Cramlington within Planned Care
44	Repeat audit on monitoring of patients on high dose antipsychotic therapy (HDAT)
45	Transitions in Urgent Care
46	Audit of form T2 and T3
47	Are my new referrals to ADHD having a risk assessment?
48	Belief in Recovery Project - Staff Survey
49	Smoking Cessation Practices in Stepped Care In Patient Services in South of Tyne and compliance with local and national guideline
50	NICE CG 42 Are patients with Alzheimer's disease in the Tynedale CMHT locality prescribed Memantine according to NICE Guidelines?
51	An audit of the information provided in written referrals to the Older Persons Liaison Psychiatry Service
52	Audit of follow-up for patients following DNA at Castleside Day Unit
53	Dual Diagnosis re-audit
54	Do patients on antipsychotic medication under the North Tyneside West CMHT receive physical health monitoring in line with guidelines.
55	Audit of physical health monitoring of patients in adult community mental health teams. (Catchment area 1)
56	NICE CG 79 To measure our adherence to the NICE guideline for the treatment of Emotionally unstable Personality disorder patients
57	An audit of current prescribing, administration and physical health monitoring of depot anti-psychotics within NTW NHS Foundation Trust outpatient and community services
58	Physical Monitoring of patients prescribed antipsychotics

59	Audit of Timeliness and Quality of Out-Patient Reports
60	Are baseline physical investigations for people commencing antipsychotic therapy being completed according to local and national guidance?
61	A qualitative and quantitative audit with service evaluation of the newly developed smoking cessation service provided by secondary care mental health services within the Sunderland locality.
62	An audit of the GP referral letters to the North Tyneside CMHT against the Standard Referral Proforma
63	Re-Audit: GP Communication Audit in Learning Disabilities - Planned Care, Monkwearmouth Hospital
64	Re-Audit: Recording of Driving Status of referrals to South of Tyne Memory Protection Service (MPS)
65	Re-Audit: Organic referrals to the South of Tyne Memory Protection Service and Older Persons CMHT
66	Assessment times for new referrals into the EIP service.
67	National Specialist Commissioning Team (NSCT) & Secure Forensic Mental Health Service for Young People
68	Psychotropic Drug Interactions
69	Transition Planning in Young People (14-19) with an ASD Diagnosis open to CAMHS Service
70	Do Patients in the MH & Deafness Service have Care Co-ordinators / Lead Professionals in Secondary Care?
71	Methadone & Buprenorphine for the Management of Opioid Dependence
72	Waiting List Management Model - medical staff open case audit
73	QS23 Drug Use Disorders
74	Assessments of ADHD Referrals and Outcomes
75	Assessment of current prescribing of anti-epileptics for acute generalise convulsive seizures at WGP Neuro-Rehabilitation Centre as compared with current NICE guidelines
76	Prescribing Acamprosate in Patients with Moderate or Severe Alcohol Dependence.
77	Validity of diagnosis of attention deficit hyperactivity disorder ADHD in outpatient clinics
78	Record Keeping Audit 2014
79	An audit of prescribing practices of medication under shared care at Benton House
80	Audit of post incident reviews following administration of IM rapid tranquilisation
81	Audit & Evaluation of Standard Directions in the Newcastle Crown Court Service, Mental Health Liaison Team
82	Care Plans for Section 17 Leave on a Low Secure Forensic Ward
83	Discharge and Follow Up
84	Review of those on Anti-Depressant with Drug and Alcohol Dependency
85	Effectiveness of Clinical Supervision and Peer Review - Audit Across Directorate in Relation to NTW's Developing Policy
86	Care Co-ordination - To find out percentage of CPA's within CYP Inpatient Services where the young person is in attendance

87	Case Note Audit to Evaluate the Adherence to Essential Electronic Record Keeping
88	Records Audit of North East Drive Mobility Clinical Assessment
89	Young People Engaging in Activity after Education
90	Audit of Height & Weight of All Children and Young People in the Inpatient Settings of Ferndene and Alnwood
91	Audit on Obesity and Diabetes Management in Schizophrenia/Psychosis on an Inpatient Ward
92	Re-Audit of Proposed Referral Guidelines in the Forensic Liaison (Community Mental Health Team) Service of Northumberland, Tyne and Wear NHS Foundation Trust
93	Audit of Referral Process in Northgate Hospital
94	To Develop a Greater Understanding of Young Person Attendance within CYP Inpatient Services in Relation to Clinical Team Meetings (CTM)
95	Alnwood Clinics Involvement in CQUIN Measures for 'Enhancing Family Support'
96	Urine Drug Screen for the Newly Admitted Patient to Redburn Ward, Ferndene Hospital
97	Forensic Inpatient Knowledge of Advanced Statements and their Use
98	An Audit to Test High Dose Antipsychotic Therapy (HDAT) and Polypharmacy Prescribing and Monitoring Across NTW Forensic Wards
99	To Develop an Understanding of Young People's Engagement in Physical Activity over a Two-Week Period at Alnwood Clinic
100	Re-Audit on Obesity and Diabetes Management in Schizophrenia / Psychosis on an Inpatient Ward
101	Are we recording accurately the medications and allergies of clients on admission and discharge to the Oswin Unit
102	Audit of Borderline Personality Disorder: Treatment and Management
103	Audit on Interventions Provided by the Plummer Court for Moderate and Severe Alcohol Dependence after Successful Detoxification.
104	An Audit on Satisfaction Questionnaires Sent Out to Families who Received a Second Opinion Assessment for Bipolar Affective Disorder from ABS
105	An Audit on the monitoring of blood glucose levels in patients on antipsychotic therapy

Appendix 4 - Statement of Directors Responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board Minutes and papers for the period April 2014 to May 2015
 - papers relating to Quality reported to the Board over the period April 2014 to May 2015
 - feedback from Commissioners dated May 2015
 - feedback from governors dated May 2015
 - feedback from Local Healthwatch organisations dated May 2015
 - feedback from Overview and Scrutiny Committee dated May 2015
 - the Trusts complaints information presented to the Board that has not yet been published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, dated May 2015
 - the 2014 national patient survey
 - the 2014 national staff survey
 - the Head of Internal Audit's annual opinion over the trust's control environment dated May 2015
 - CQC Intelligent Monitoring Report dated November 2014
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report; and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

By order of the Board

27th May 2015



Hugh Morgan-Williams

Chairman

27th May 2015



John Lawlor

Chief Executive

Appendix 5: Limited Assurance Report on the content of the Quality Report

Independent Auditor's Report to the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital; and
- Admissions to inpatient services had access to crisis resolution home treatment teams.

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's Detailed Guidance for External Assurance on Quality Reports 2014/15; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for our report if we became aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to April 2015;
- Papers relating to quality reported to the Board over the period April 2014 to April 2015;
- Feedback from Commissioners, dated xxx 2015
- Feedback from governors, dated xxx 2015;
- Feedback from local Healthwatch organisations, dated xxx 2015;
- Feedback from Overview and scrutiny committee, dated xxx 2015;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xxx 2015;
- The 2014 national patient survey;
- The 2014 national NHS staff survey;
- Care Quality Commission Intelligent Monitoring Report, dated xxx 2015;
- The Head of Internal Audit's annual opinion over the trust's control environment for the period April 2014 to March 2015; and
- Any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the Council of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Northumberland, Tyne and Wear NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;

- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Northumberland, Tyne and Wear NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in section 2.1 Monitor's Detailed Guidance for External Assurance on Quality Reports 2014/15; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

Signed:

Date: XX May 2015

Cameron Waddell (CPFA) Engagement Lead, for and on behalf of Mazars LLP
Chartered Accountants and Statutory Auditor
Rivergreen Centre, Aykley Heads, Durham, DH1 5TS

Appendix 6: Glossary of Terms

AIMS	Accreditation for inpatient mental health services
Care Co-ordinator	A named person to co-ordinate the services a patient receives where their needs are numerous or complex, or where someone needs a range of different services.
Care Packages and Pathways	A project to redesign care pathways that truly focus on value and quality for the patient.
Commissioners	Members of Primary Care Trusts (PCT's), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependant upon improving quality
CMHT	Community Mental Health Team
CRHT	Crisis Resolution Home Treatment – a service provided to service users in crisis.
Clinician	A clinician is a health professional. Clinicians come from a number of different healthcare professions such as psychiatrists, psychologists, nurses, occupational therapists etc.
Clusters	Clusters are used to describe groups of service users with similar types of characteristics.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
CPA	Care Programme Approach. CPA is a term for describing the process of how mental health services service users' needs, plan ways to meet them and check that they are being met.
CYPS	Children and Young Peoples Services – also known as CAMHS
Dashboard	An electronic system that presents relevant information to staff, service users and the public
Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so

HoNOS/HoNOS 4 factor model	Health of the Nation Outcome Scales. A clinical outcome measuring tool.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
LD	Learning Disabilities
Lead Professional	A named person to co-ordinate the service a patient receives if their needs are not complex.
Leave	A planned period of absence from an inpatient unit which can range from 30 minutes to several days
MHA	Mental Health Act
MHMDS	Mental Health minimum data set – a standard set of information sent from mental health providers to the Information Centre
Monitor	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
Monitor Compliance Framework	Monitor asks Foundation Trusts to assess their own compliance with the terms of their authorisation. NHS foundation Trusts submit an annual plan, quarterly and ad hoc reports to Monitor.
Multi- Disciplinary Team	Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide care – i.e. Psychiatrists, Clinical Psychologists, Community Psychiatric Nurses, Occupational Therapists etc.
Next Steps	A group of projects to ensure that the organisation is fit for the future and provides services that match the best in the world.
NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement

NHS Performance Framework	An assessment of the performance of NHS Trusts against minimum standards. As a Foundation Trust we are not required to report against these standards however we have decided to utilise the framework to strengthen our performance management function.
NHS Safety Thermometer	The NHS Safety Thermometer provides a quick and simple method of surveying patients harms and analysing results so that you can measure and monitor local improvement
NICE	National Institute for Health and Clinical Excellence – a group who produce best practice guidance for clinicians
NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research
NPSA	National Patient Safety Agency
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
Out of area placements	Service users who are cared for out of the North East area or service users from outside of the North East area being cared for in the North East.
Pathways of care	Service user journey through the Trust – may come into contact with many different services
PCT	Primary Care Trust – a type of NHS Trust that commissions primary, community and secondary care from providers
Points of You/How's it Going	NTW service user/carer feedback processes allowing us to evaluate the quality of services provided
Productive Ward	The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency
QRP	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
RIO	Electronic patient record
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.
SMART	Specific, Measurable, Achievable, Realistic, Timely – a way of setting objectives to make sure they are achievable

Serious Incident

Serious incident - an incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.

SWEMWEBS

Warwick-Edinburgh Mental Wellbeing Scale – a clinical outcome measuring tool.

Transition

When a service user moves from one service to another i.e. from an inpatient unit to being cared for by a community team at home

DRAFT

This report is available on request in other languages, large print, British Sign Language (BSL), Braille or audio versions; we will do our best to provide a version of this report in a format that meets your needs.

For other versions telephone 0191 223 2987 or email communications@ntw.nhs.uk.

Copies of this Quality Account can be obtained from our website (www.ntw.nhs.uk) and the NHS Choices website (www.nhs.uk). If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing communications@ntw.nhs.uk or calling 0191 223 2987.

Printed copies can be obtained by contacting:

Communications Department
St Nicholas Hospital
Jubilee Road, Gosforth
Newcastle upon Tyne
NE3 3XT
Tel: 0191 223 2987