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# Quality Account

Northumberland, Tyne and Wear  
NHS Foundation Trust

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2018/19



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# Northumberland, Tyne and Wear NHS Foundation Trust at a glance...



Mental Health  
& Disability  
Foundation Trust



Local population  
of 1.4 Million



Employ around  
6,000 staff

Inspected and rated

Outstanding 



We work from over 60  
sites across  
Northumberland,  
Newcastle, North  
Tyneside, Gateshead,  
South Tyneside and  
Sunderland

We also provide a  
number of regional and  
national specialist  
services to England,  
Ireland, Scotland &  
Wales



Five Local Clinical  
Commissioning  
Groups and six  
Local Authorities



Costs of around  
£300 Million

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# Northumberland, Tyne and Wear NHS Foundation Trust 2018/19 in numbers:

**88%**

The proportion of 7,000 service users and carers who responded to the Friends and Family Test and would recommend our services in 2018/19 an increase of 1% point compared with the previous year. The mental health average national score in March 2019 was 90%

**40**

The average number of out of area bed days per month that local service users were inappropriately admitted to

**1 of 4**

The number of mental health and disability trusts rated “Outstanding” by the Care Quality Commission, out of 52 NHS trusts.

**80%**

The number of people with a first episode of psychosis beginning treatment with a NICE recommended care package within two weeks of referral.

**67%**

The response rate to the 2018 staff survey, which was 13% points above the national average and 3% points higher than the previous year

**43,100**

The number of service users cared for by the Trust on 31 March 2019

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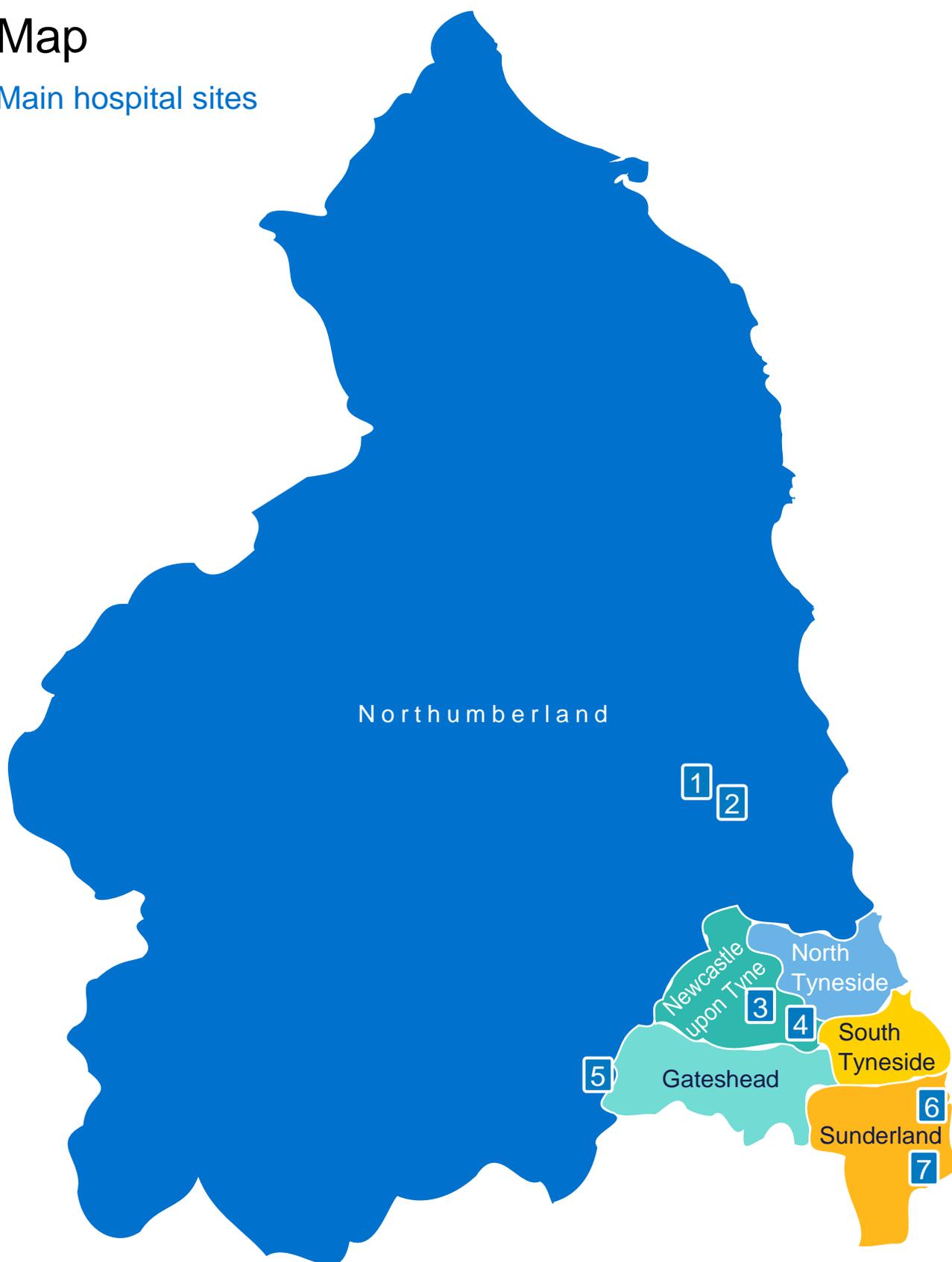
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# Map

Main hospital sites



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## Part 1

# Welcome and Introduction to the Quality Account

Northumberland, Tyne and Wear NHS Foundation Trust was established in 2006, is one of the largest mental health and disability organisations in the country and has an annual income of more than £300 million.

We 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 employ over 6,000 staff, operate from over 60 sites and provide a range of comprehensive services including some regional and national services.

We support people in the communities of Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland working with a range of partners to deliver care and support to people in their own homes and from community and hospital based premises. Our main hospital sites are:

- Northgate Hospital, Morpeth (numbered 1 on the map on page 6)
- St. George's Park, Morpeth (2)
- St. Nicholas Hospital, Newcastle upon Tyne (3)
- Walkergate Park, Newcastle upon Tyne (4)
- Ferndene, Prudhoe (5)
- Monkwearmouth Hospital, Sunderland (6)
- Hopewood Park, Sunderland (7)

To focus on local populations and their needs we structure our services geographically into the following "Locality Care Groups":

- North – Northumberland and North Tyneside
- Central – Newcastle and Gateshead
- South – Sunderland and South Tyneside

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# What is a Quality Account?

All NHS healthcare providers are required to produce an annual Quality Account, to provide information on the quality of services they deliver.

We welcome the opportunity to outline how we have performed over the course of 2018/19, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

To help with the reading of this document we have provided explanation boxes alongside the text, and some examples of service user and carer experience.

**This is an “explanation” box**

It explains or describes a term or abbreviation found in the report.

Information in this Quality Account includes NTW Solutions, a wholly owned subsidiary company of NTW

**This is an “experience” box**

It gives the experience of service users.

*“My treatment has always been consistent and reliable. I have found a lot of benefit from talking to my therapist as it has given me the strength to face my problems”*

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# Statement of Quality from the Chief Executive



Thank you for taking the time to read our 2018/19 Quality Account, reflecting upon another busy year.

In 2018 we continued to develop innovative services, such as virtual reality technology, used with young people and those with phobias, and I was delighted when the Personality Disorder Hub team won a prestigious Health Service Journal award for patient safety.

We have championed mental health and disability awareness both within the wider NHS, via the North East and North Cumbria Integrated Care System, and also with local business leaders. Recently we were also recognised as a “Diversity Champion” by LGBT charity, Stonewall, marking our commitment to making NTW a great place to work for all members of staff.

We were proud in 2018 to once again be rated as “Outstanding” by the Care Quality Commission, highlighting positive findings such as our person centred culture, caring staff and drive to improve services. We know that we have more to do to reduce restrictive practices in inpatient settings, and to reduce the waiting times to access some services.

In early 2019, our Board of Directors agreed to work towards taking on responsibility for the provision of a range of mental health and learning disability services in North Cumbria, currently provided by Cumbria Partnership NHS Foundation Trust. We are looking forward to sharing learning from our services with colleagues in North Cumbria while also enabling them to share their good practice with us.

We have set out in this document how we have performed against local and national priorities - including how we have progressed with our Quality Priorities for 2018/19. We have also set out in this document our Quality Priorities for 2019/20, and look forward to reporting our progress against these in next year’s Quality Account.

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

A handwritten signature in black ink that reads "John Lawlor".

John Lawlor  
**Chief Executive**

The Northumberland, Tyne and Wear NHS Foundation Trust is often referred to as “NTW” or “NTWFT”.

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# Statement from Executive Medical Director and Executive Director of Nursing & Chief Operating Officer

We were proud this year to develop a range of collaborative partnerships, working with other organisations to improve the quality of care for our service users, to learn from others and to share our own learning.

We have launched a collaborative partnership with one of India's largest providers of mental health services, allowing us to mutually share expertise in the delivery of care to different populations.

We have also worked closely throughout the year with colleagues in North Cumbria, developing plans to improve the outcomes and quality of care provided and to improve the sustainability and resilience of mental health services provided in the area.

This year we have focussed upon the following quality priorities:

- Improving waiting times to access services,
- Improving the inpatient experience,
- Embedding the Principles of the "Triangle of Care" (a carer initiative), and
- Embedding Trust Values.

This year we have developed an "Equality, Diversity & Inclusion Strategy" and we will focus upon developing a better understanding of any barriers to accessing our services, particularly for those service users with protected characteristics. Only by understanding and removing those barriers can we meet everyone's needs and ensure high quality care for all.



A handwritten signature in black ink that reads "Rajesh Nadkarni".

Dr Rajesh Nadkarni  
**Executive Medical  
Director**



A handwritten signature in black ink that reads "Gary O'Hare".

Gary O'Hare  
**Executive  
Director of  
Nursing & Chief  
Operating Officer**

People receiving treatment from NTW are often referred to as "patients", "service users" or "clients". To be consistent, we will mostly use the term "service users" throughout this document.

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# Statement of Quality from Council of Governors Quality Group



The Council of Governors scrutinises the quality of services provided by Northumberland, Tyne and Wear NHS Foundation Trust via a Quality Group who meet every two months. The group considers all aspects of quality, with a particular emphasis on the Trust's annual quality priorities.

During 2018/19 the group received a number of presentations and updates from Trust representatives on varied topics including Recovery Colleges, carer initiatives, the Positive and Safe violence reduction strategy and transitions from Children and Young People's services to Adult services.

The presentations provided Governors with a valuable opportunity to engage with staff, understand ongoing initiatives and to evaluate the quality of services provided.

Members of the group have continued to attend the Trust Quality and Performance Committee and we have also played a valuable role in developing the 2019/20 Trust Quality Priorities.

In 2019/20 we will continue to monitor progress towards Quality Priorities and continue to participate in visits to Trust services.

Governors also complement engagement with service users and carers by being active members of the Service User and Carer Reference Group, the Service User & Carer Involvement & Engagement Group, the Triangle of Care Group (see page 41) and are currently involved in the development of the Service User & Carer Involvement Strategy.

All of these activities contribute to a thorough understanding by Governors of the issues impacting on the quality of services provided.

A handwritten signature in black ink, appearing to read 'M Adams', written in a cursive style.

Margaret Adams

**Chair, Northumberland, Tyne and Wear NHS Foundation Trust Council of Governors Quality Group**

# Care Quality Commission (CQC) Findings

In 2018, the Care Quality Commission (CQC) conducted an inspection of our services and once again rated us as “Outstanding”. We are one of only four Mental Health and Disability Trusts in the country to be rated as such, as at 1 April 2019.

All of our core services are rated overall as either “Good” or “Outstanding”, and we aim to protect, build upon and share our outstanding practice. We are also addressing all identified areas for improvement, which included:

- Reducing blanket restrictive practices,
- Availability of nurse call systems on inpatient wards, and
- Recording of physical health observations following the use of rapid tranquillisation.



Last rated  
26 July 2018

Northumberland, Tyne and Wear NHS  
Foundation Trust



Last rated  
26 July 2018

Northumberland, Tyne and Wear NHS Foundation Trust



### Are services

Safe?	Good
Effective?	Outstanding
Caring?	Outstanding
Responsive?	Outstanding
Well led?	Outstanding

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at [www.cqc.org.uk/provider/RX4](http://www.cqc.org.uk/provider/RX4). We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)



	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Outstanding	Good	Good	Outstanding	Outstanding
Community mental health services for people with learning disabilities or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Community-based mental health services for adults of working age	Good	Outstanding	Outstanding	Good	Good	Outstanding
Community-based mental health services for older people	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Outstanding	Outstanding	Outstanding
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Substance misuse services	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

# Northumberland, Tyne and Wear NHS Foundation Trust aim at all times to work in accordance with our values:

Caring and compassionate	Respectful	Honest and transparent
<ul style="list-style-type: none"> <li>Put ourselves in other people's shoes</li> <li>Listen and offer hope</li> <li>Focus on recovery</li> <li>Be approachable</li> <li>Be sensitive and considerate</li> <li>Be helpful</li> <li>Go the extra mile</li> </ul>	<ul style="list-style-type: none"> <li>Value the skill and contribution of others</li> <li>Give respect to all people</li> <li>Respect and embrace difference</li> <li>Encourage innovation and be open to new ideas</li> <li>Work together and value our partners</li> </ul>	<ul style="list-style-type: none"> <li>Have no secrets</li> <li>Be open and truthful</li> <li>Accept what is wrong and strive to put it right</li> <li>Share information</li> <li>Be accountable for our actions</li> </ul>

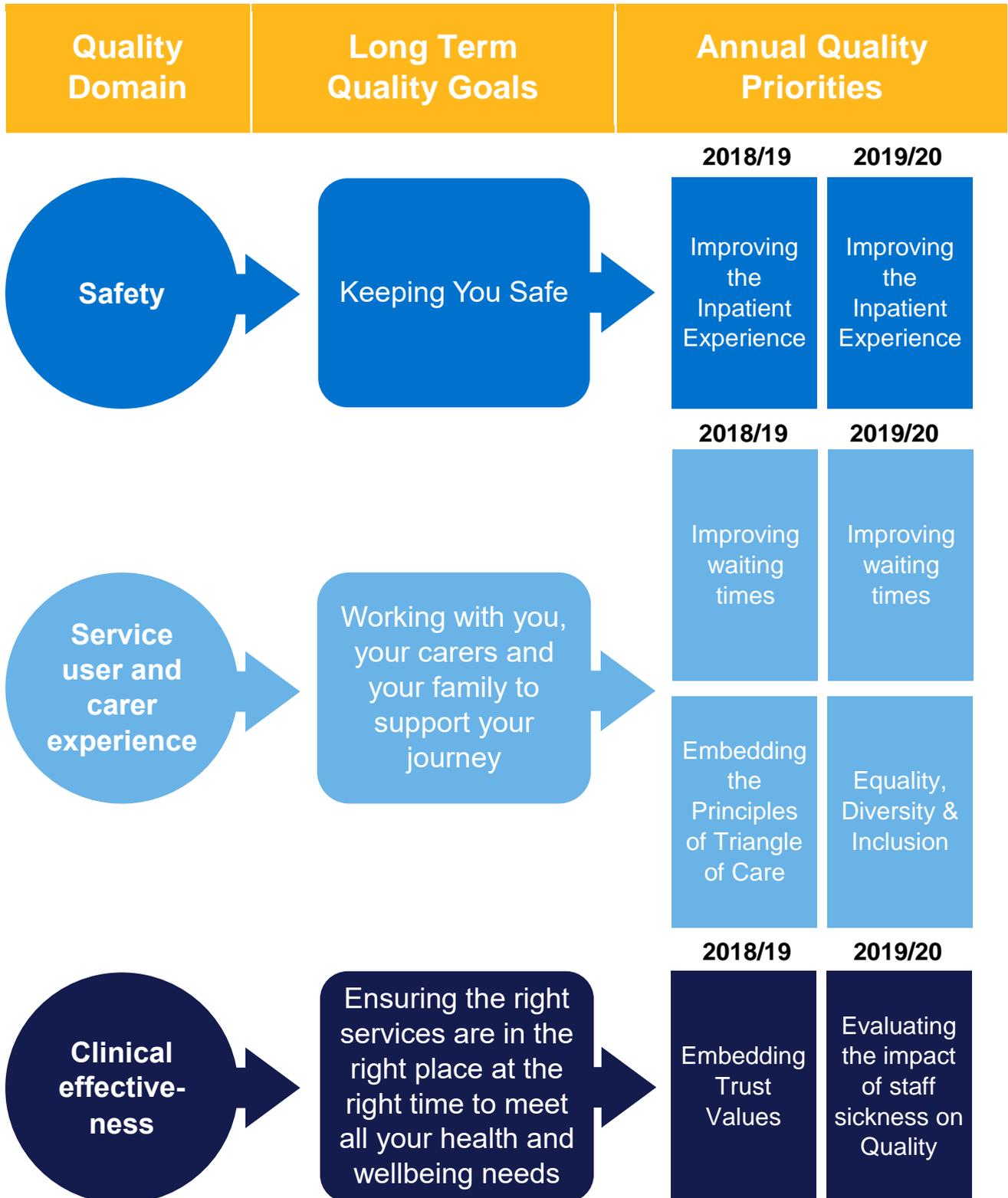
Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

## Our Strategy for 2017 to 2022

Our strategy takes into account local and national strategies and policies that affect us, and our ambitions are:



Our long term Quality Goals are based on safety, service user and carer experience, and clinical effectiveness. Each year we set Quality Priorities to help us achieve our long term Quality Goals:



## Trust Overview of Service Users

Table 1 below shows the number of current service users as at 31 March 2019 by locality, and Table 2 shows the total number of referrals in the year. Both tables have a comparison to the previous 2 years and the increase in referrals received is mainly attributable to investment in crisis, psychiatric liaison, street triage and substance misuse services.

*Table 1: Service Users by locality 2016/17 to 2018/19 (data source: NTW)*

Clinical Commissioning Group (CCG)	2016/17	2017/18	2018/19
Durham Dales Easington & Sedgefield CCG	475	474	<b>526</b>
North Durham CCG	653	633	<b>721</b>
Darlington CCG	134	110	<b>130</b>
Hartlepool & Stockton CCG	184	193	<b>217</b>
Newcastle Gateshead CCG (Total)	13,210	13,195	<b>13,405</b>
<i>Newcastle</i>	8,592	8,533	<b>8,659</b>
<i>Gateshead</i>	4,618	4,662	<b>4,746</b>
North Tyneside CCG	4,093	4,013	<b>4,161</b>
Northumberland CCG	9,584	9,671	<b>9,274</b>
South Tees CCG	232	223	<b>270</b>
South Tyneside CCG	3,684	3,713	<b>3,735</b>
Sunderland CCG	9,443	9,711	<b>9,917</b>
Other areas	611	636	<b>730</b>
<b>Total Service Users</b>	<b>42,303</b>	<b>42,572</b>	<b>43,086</b>

*Table 2: Total referrals by locality 2016/17 to 2018/19 (data source: NTW)*

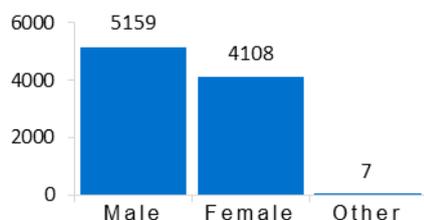
Clinical Commissioning Group (CCG)	2016/17	2017/18	2018/19
Durham Dales Easington & Sedgefield CCG	1,356	1,585	<b>1,596</b>
North Durham CCG	1,079	1,127	<b>1,165</b>
Darlington CCG	133	105	<b>119</b>
Hartlepool & Stockton CCG	183	213	<b>232</b>
Newcastle Gateshead CCG (Total)	35,538	37,467	<b>40,464</b>
<i>Newcastle</i>	20,772	22,486	<b>24,423</b>
<i>Gateshead</i>	14,760	14,980	<b>16,031</b>
North Tyneside CCG	11,550	12,772	<b>13,962</b>
Northumberland CCG	26,411	28,302	<b>29,751</b>
South Tees CCG	194	174	<b>197</b>
South Tyneside CCG	17,323	16,747	<b>16,816</b>
Sunderland CCG	34,333	36,203	<b>37,846</b>
Other areas	1,298	1,402	<b>1,530</b>
<b>Total number of referrals</b>	<b>129,398</b>	<b>136,097</b>	<b>143,678</b>

## Breakdown of service users by age, gender, ethnicity (by CCG)

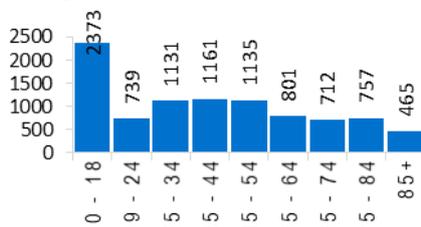
Figure 1: Gender, age and ethnic group breakdown of service users for our local CCGs

### Northumberland CCG

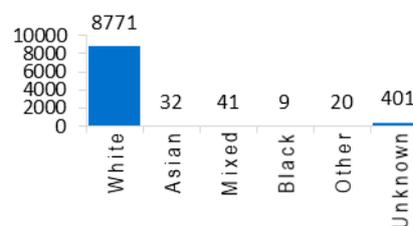
#### Gender Breakdown



#### Age Breakdown

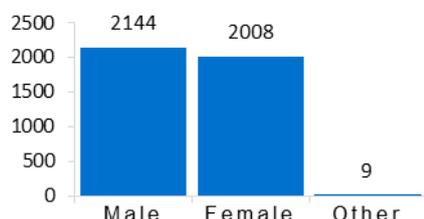


#### Ethnicity Breakdown

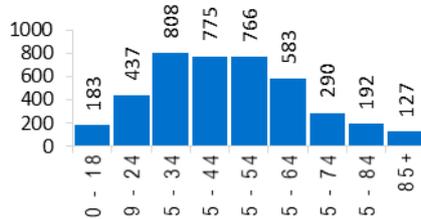


### North Tyneside CCG (see page 36 for more information on services in North Tyneside)

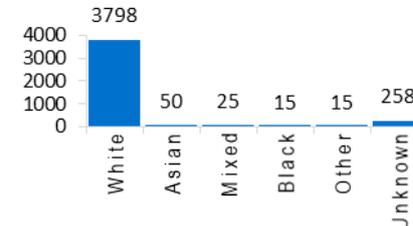
#### Gender Breakdown



#### Age Breakdown

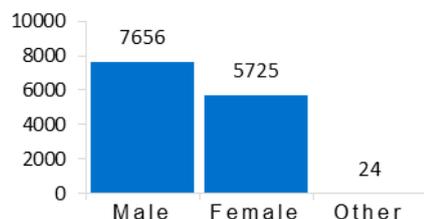


#### Ethnicity Breakdown

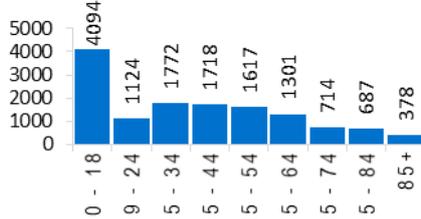


### Newcastle Gateshead CCG

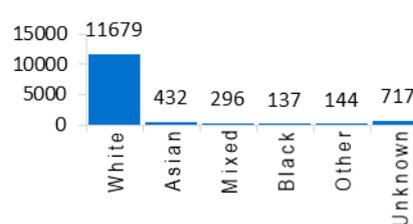
#### Gender Breakdown



#### Age Breakdown

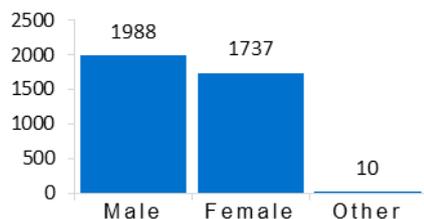


#### Ethnicity Breakdown

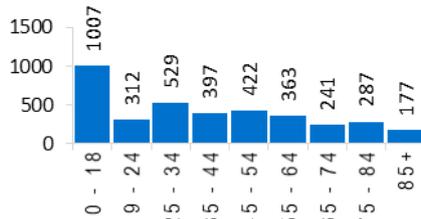


### South Tyneside CCG

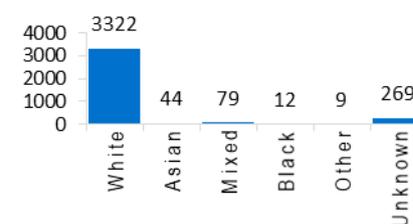
#### Gender Breakdown



#### Age Breakdown

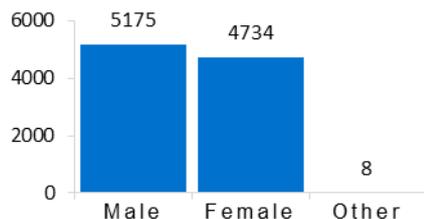


#### Ethnicity Breakdown

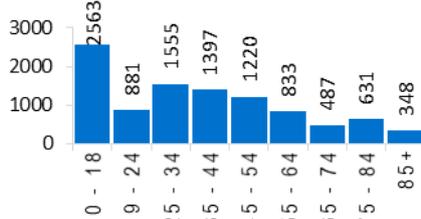


### Sunderland CCG

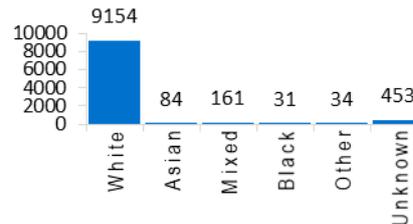
#### Gender Breakdown



#### Age Breakdown



#### Ethnicity Breakdown



Data source: NTW

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## Part 2a

# Looking Ahead – Our Quality Priorities for Improvement in 2019/20

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2019/20.

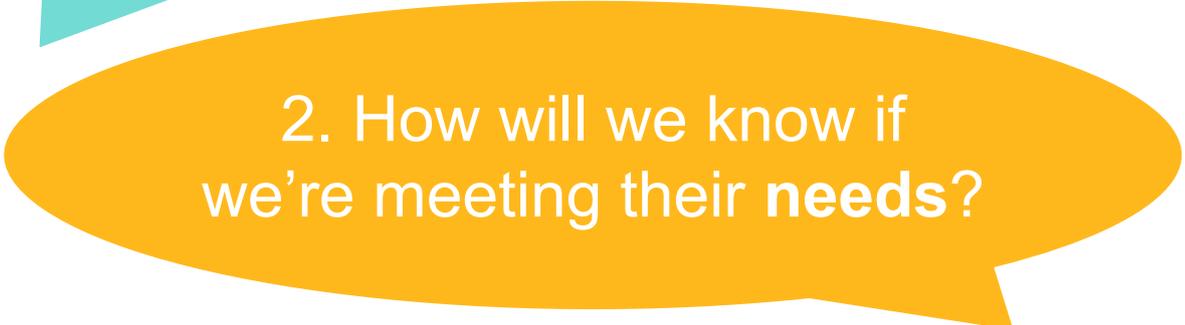
Each year we set annual Quality Priorities to help us to achieve our long term Quality Goals. The Trust identifies these priorities in partnership with service users, carers, staff and partners from their feedback, as well as considering information gained from incidents and complaints, and by learning from Care Quality Commission findings.

Quality Priorities should reflect the greatest pressures that the organisation is currently facing.

An engagement process was undertaken from December 2018 to January 2019, inviting governors, service users, carers, staff, commissioners and other stakeholders to consider two questions relating to our Equality, Diversity & Inclusion Strategy:



1. How can we understand the communities we serve?



2. How will we know if we're meeting their needs?

By engaging with the diverse communities we serve, gathering information on how our work affects different groups, we can identify and remove barriers that prevent people we serve from being treated equally.

These are the agreed Quality Priorities for the year 2019/20, and how we intend to achieve them:

## Safety

### Improving the inpatient experience

Continue to monitor inappropriate out of area treatment days against plan set out in Figure 2.

Continue to monitor average bed occupancy on adult and older people's mental health wards (including PICU - psychiatric intensive care unit) against the plan in Figure 2.

Implement reporting average patient days receiving out of area treatment within NTW.

Continue to monitor service user and carer experience.

Figure 2: Inappropriate out of area bed days planned trajectory 2019/20 and 2020/21



Table 3: Bed occupancy trajectories including leave, by quarter 2019/20. Excludes rehabilitation.

Service	Q1	Q2	Q3	Q4
Adults (Assessment & Treatment including PICU)	100%	100%	100%	100%
Older People	77%	77%	77%	94%

In 2019/20, we plan to maintain a stable level of bed occupancy in the adult acute pathway whilst reducing beds in line with the Newcastle/Gateshead CCG "Delivering Together" consultation.

In the older people's pathway, the planned occupancy rate increases in quarter 4 as a consequence of decommissioning existing empty beds. No increase in inpatient admissions is anticipated.

## Service User & Carer Experience

### Improving waiting times

Continue to report waiting times to first contact for adult community services (excluding Autism Spectrum Diagnosis, Attention Deficit Hyperactivity Disorder Diagnosis and Gender Dysphoria services) **with the intention of achieving no waits over 18 weeks by 30 September 2019**. Commence reporting waiting times to treatment for adult and older people's mental health services.

Monitor and report waiting times to treatment for children and young people's services using new methodology and monitor against plan in Table 4. Split waiting times reporting into pathways.

*Table 4: Children and young people community services waiting times trajectories.*

Locality	30 Sep 2019	31 Mar 2020	30 Sep 2020
Northumberland CCG	0	0	0
Newcastle Gateshead CCG	185	0	0
Sunderland & South Tyneside CCGs	400	200	0
<b>NTW</b>	<b>474</b>	<b>200</b>	<b>0</b>

Continue to monitor and report Gender Dysphoria, adult Attention Deficit Hyperactivity Disorder diagnosis and adult Autism Spectrum Disorder diagnosis service waiting times.

## Service User & Carer Experience

### Equality, Diversity & Inclusion

Our implementation will involve a trustwide approach working across Locality Groups, the Equality & Diversity Lead, NTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group, and Communications

We will work with the staff networks for Black, Asian and Minority Ethnic, disability, LGBT+ and the Mental Health Staff Network.

## Clinical Effectiveness

### Evaluating the impact of staff sickness on quality

Determine a methodology for conducting a comparative analysis of staff sickness absence rates.

Establish a measure of "continuity of care" for community services.

Undertake a comparative analysis of staff sickness absence rates and relevant factors for each locality care group.

Highlight the impact of staff sickness on quality to relevant clinical areas.

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Part 2b

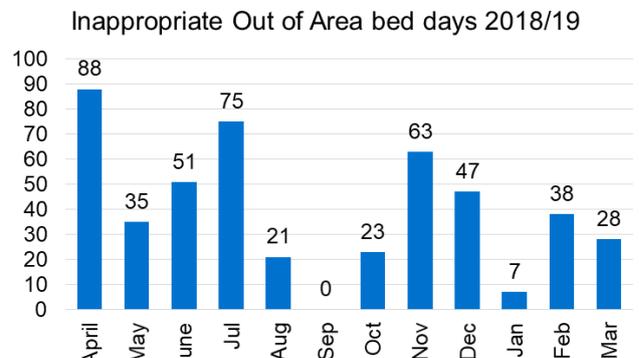
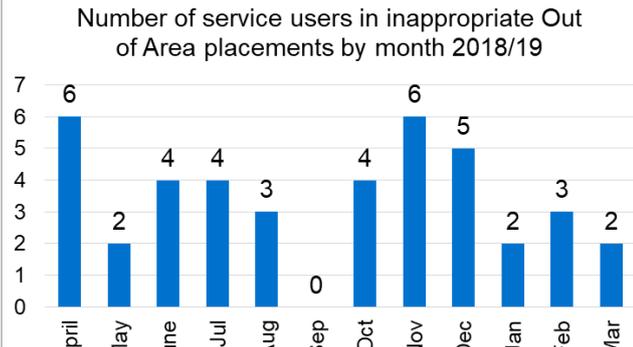
## Looking Back – Review of Quality Goals and Quality Priorities in 2018/19

In this section we will review our progress against our 2018/19 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goal**.

Our 2018/19 Quality Priorities were:

Safety	Clinical Effectiveness
Improving the inpatient experience <ul style="list-style-type: none"><li>• see page 21</li></ul>	Embedding Trust Values <ul style="list-style-type: none"><li>• see page 50</li></ul>
Service User & Carer Experience	
Improving waiting times <ul style="list-style-type: none"><li>• see page 31</li></ul>	Embedding the Principles of Triangle of Care <ul style="list-style-type: none"><li>• see page 41</li></ul>

# Improving the inpatient experience

<p><b>We said we would:</b></p>	<ol style="list-style-type: none"> <li>1. Reduce the number of service users being admitted to inpatient beds outside of the Trust because we have no beds available.</li> <li>2. Reduce bed occupancy rates so that beds are always available.</li> <li>3. Reduce the number of service users who are admitted to our beds outside of their home locality.</li> <li>4. Monitor the feedback we receive from inpatients about their experience of being cared for on our wards.</li> </ol>																																																				
<p><b>Progress</b></p>	<p><b>Ongoing</b></p> <p>(1) The number of inappropriate out of area bed days during 2018/19 is shown in Figure 3, with the number of service users affected shown in Figure 4. There has been a reducing trend throughout the year.</p> <div data-bbox="798 757 1437 1243"> <p><i>Figure 3: Number of inappropriate Out of Area bed days by month, 2018/19</i></p>  <table border="1"> <caption>Inappropriate Out of Area bed days 2018/19</caption> <thead> <tr> <th>Month</th> <th>Number of bed days</th> </tr> </thead> <tbody> <tr><td>April</td><td>88</td></tr> <tr><td>May</td><td>35</td></tr> <tr><td>June</td><td>51</td></tr> <tr><td>Jul</td><td>75</td></tr> <tr><td>Aug</td><td>21</td></tr> <tr><td>Sep</td><td>0</td></tr> <tr><td>Oct</td><td>23</td></tr> <tr><td>Nov</td><td>63</td></tr> <tr><td>Dec</td><td>47</td></tr> <tr><td>Jan</td><td>7</td></tr> <tr><td>Feb</td><td>38</td></tr> <tr><td>Mar</td><td>28</td></tr> </tbody> </table> <p>Data source: NTW</p> </div> <div data-bbox="316 1249 949 1736"> <p><i>Figure 4: Number of service users in inappropriate Out of Area placements, 2018/19</i></p>  <table border="1"> <caption>Number of service users in inappropriate Out of Area placements by month 2018/19</caption> <thead> <tr> <th>Month</th> <th>Number of service users</th> </tr> </thead> <tbody> <tr><td>April</td><td>6</td></tr> <tr><td>May</td><td>2</td></tr> <tr><td>June</td><td>4</td></tr> <tr><td>Jul</td><td>4</td></tr> <tr><td>Aug</td><td>3</td></tr> <tr><td>Sep</td><td>0</td></tr> <tr><td>Oct</td><td>4</td></tr> <tr><td>Nov</td><td>6</td></tr> <tr><td>Dec</td><td>5</td></tr> <tr><td>Jan</td><td>2</td></tr> <tr><td>Feb</td><td>3</td></tr> <tr><td>Mar</td><td>2</td></tr> </tbody> </table> <p>Data source: NTW</p> </div> <p>(2) Average bed occupancy levels during 2018/19 have been monitored and are compared with a baseline position from the previous year to ensure the Trust is moving towards achieving the optimal bed occupancy rate of 85% as recommended by the Royal College of Psychiatrists.</p>	Month	Number of bed days	April	88	May	35	June	51	Jul	75	Aug	21	Sep	0	Oct	23	Nov	63	Dec	47	Jan	7	Feb	38	Mar	28	Month	Number of service users	April	6	May	2	June	4	Jul	4	Aug	3	Sep	0	Oct	4	Nov	6	Dec	5	Jan	2	Feb	3	Mar	2
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During the last quarter of 2017/18 (the baseline period) the average bed occupancy rate in mainstream services (including leave days) was:

- adult (acute, rehab & PICU\*) = 95% occupancy rate
- older people = 88% occupancy rate

*The bed occupancy level in 2018/19 for **adult** mainstream beds reduced between July and December 2018, reaching its lowest level in Q3 at 92.8% (2% point reduction compared to baseline). An increase in occupancy rate is shown in the latest quarter of 2018/19 (January – March 2019) compared to previous months, as shown in*

**Table 5.** During the year the number of available beds in adult mainstream beds have reduced, mostly during Q4, and as a consequence the bed occupancy rate has increased. Over the year there has been a reduction in occupied bed days which is evident in Table 6. The graphs and tables below illustrate the bed occupancy over the year.

The bed occupancy level for **older people’s** beds during 2018/19 has reduced below the baseline, and has seen a further reduction in the latest quarter (January – March 2019) (9.7% point reduction from baseline). The number of occupied bed days has also reduced in older people’s inpatient services. As within adult services, there has been a reduction in available beds.

The management of bed utilisation remains a significant issue for the Trust therefore this will remain a Quality Priority for 2019/20 and 2020/21. There will be a small number of bed reductions during 2019/20 linked to the system wide review of both adult and older people’s services within Newcastle and Gateshead, previously known as Deciding/Delivering Together.

*Table 5: Average bed occupancy by locality care group and quarter, 2018/19*

Average bed occupancy including leave	Adult mental health wards including PICU* (Q4 2017/18 baseline = 95%)				Older People’s mental health wards (Q4 2017/18 baseline = 88%)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North	93.7%	94.3%	91.4%	92.8%	93.9%	91.0%	94.4%	93.8%
Central	99.4%	95.7%	95.9%	96.5%	67.1%	78.0%	88.9%	91.9%
South	98.0%	94.0%	91.4%	91.8%	75.9%	74.7%	71.2%	68.7%
<b>Trustwide</b>	<b>97.0%</b>	<b>94.6%</b>	<b>92.8%</b>	<b>93.5%</b>	<b>78.8%</b>	<b>78.9%</b>	<b>79.3%</b>	<b>78.3%</b>

Data source: NTW

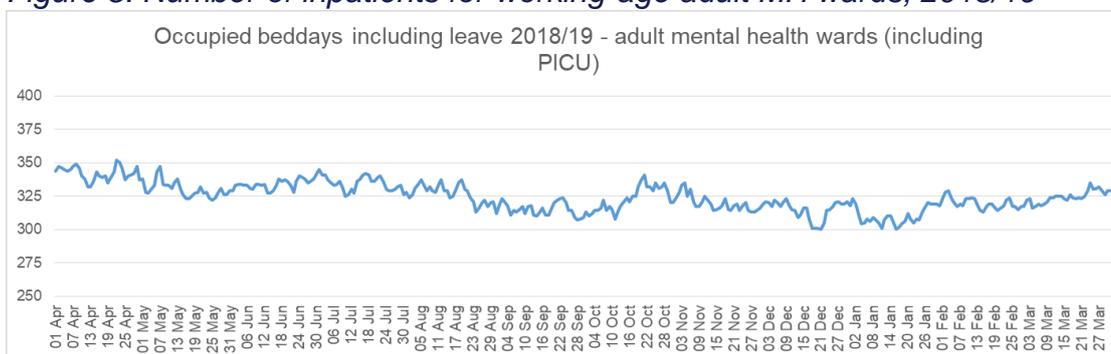
\*PICU = Psychiatric Intensive Care Unit

**Table 6: Occupied mental health beds, 2018/19**

Occupied bed days including leave	Adult mental health wards including PICU*				Older People’s mental health wards			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trustwide	30,510	29,944	29,357	28,609	8,052	7,828	7,738	7,468
Average occupied beds per day	335	325	319	318	88	85	84	83

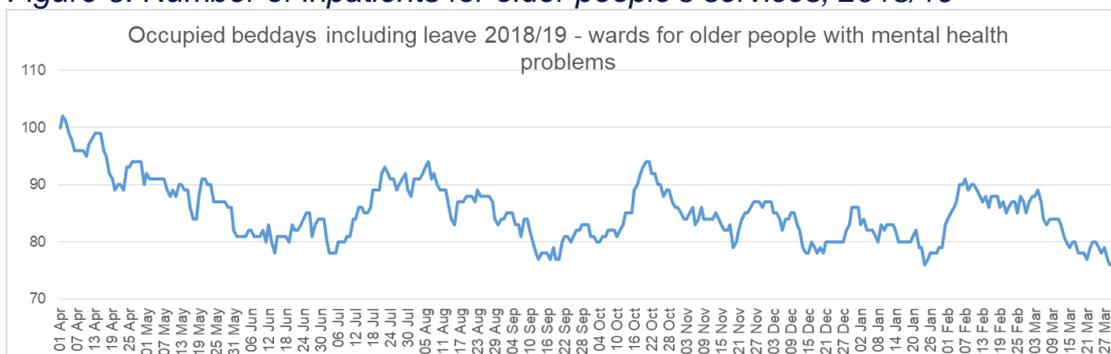
Data source: NTW

**Figure 5: Number of inpatients for working-age adult MH wards, 2018/19**



Data source: NTW

**Figure 6: Number of inpatients for older people's services, 2018/19**



Data source: NTW

(3) An approach to capture inappropriate out of area placement bed usage within the NTW footprint remains in development.

(4) Analysis of the Friends and Family Test recommend scores for adult and older peoples mainstream mental health wards April 2018 to March 2019:

*Figure 7: Friends and Family Test scores for adult and older people's MH wards by quarter 2018/19*

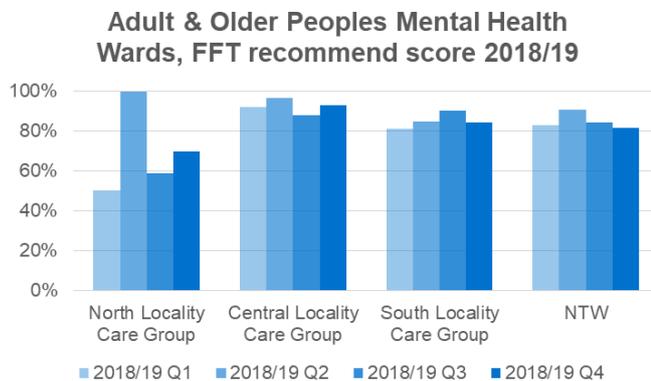


Figure 5 shows the Friends and Family Test “recommend” score for each quarter of 2018/19. The results are based upon 375 surveys received, and the North locality, which received the fewest surveys, has the greatest variation in scores.

Data source: NTW

The data in Figure 7 is based upon the following number of surveys received:

North Locality 56; Central Locality 108; South Locality 211

Note that uptake of Points of You within some of the inpatient areas remains low, work is ongoing to encourage higher volumes of responses. For more information on Points of You please see pages 48 and 104.

No comments or complaints relating to travelling to wards were received during the year 2018/19.

*“I wish the hospital ... was a care home, as my Dad is so happy, I've never seen him so happy. The staff are so lovely and caring, it will be so sad to see my Dad leave... I worry all the time about my Dad as I live down south, it's so hard being away from him. I call every day the staff are so lovely even put my Dad on the phone. I came back after visiting for a couple of days and I have no worries where he is as he is so settled and come a long way since I last saw him. Thank you so much...”*

*“...My first weekend leave went well however when I returned on the Monday (lunch time) there was no (room/bed) for me and had to wait 6hrs. My husband or myself could have been informed. The following day I was allowed home (Tuesday) on leave, waited 6 1/2 hours for discharge to be arranged...”*

# How has the Improving the inpatient experience Quality Priority helped support the Safety Quality Goal of Keeping You Safe?

We aim to demonstrate success against this quality goal by reducing the severity of incidents and the number of serious incidents across the Trust's services.

Figure 6 shows the total number of patient safety incidents reported by the Trust over the past 3 years:

Compared with the previous year, there has been a 4% increase in the number of patient safety incidents. Patient safety incidents represent 28% of the total number of incidents reported for the year, which totalled 40,662 (an increase of 5% from the previous year).

Figure 8: Number of reported **patient safety incidents** and total incidents 2016/17 to 2018/19



Data source: NTW

Table 7: Number and percentage of **patient safety incidents** by impact 2016/17 to 2018/19

Number of Patient Safety incidents reported by impact:	2016/17		2017/18		2018/19	
No Harm	6,626	51.9%	6,584	59.3%	<b>7,328</b>	<b>63.5%</b>
Minor Harm	5,181	40.6%	3,692	33.2%	<b>3,595</b>	<b>31.2%</b>
Moderate Harm	770	6.0%	752	6.8%	<b>540</b>	<b>4.7%</b>
Major Harm	79	0.6%	38	0.3%	<b>46</b>	<b>0.4%</b>
Catastrophic, Death*	109	0.9%	46	0.4%	<b>25</b>	<b>0.2%</b>
Total patient safety incidents	12,765	100%	11,112	100%	<b>11,534</b>	<b>100%</b>

Data source: NTW

Note, annual totals for previous years may differ from previously reported data due to on-going data quality improvement work and to reflect coroner's conclusions when known. Data is as at 2 April 2019.

\*The reduction in the number of reported deaths from 2017/18 follows changes to national reporting rules regarding deaths of unknown cause. We are now only required to report actual self-harm related deaths.

The “no harm” or “minor harm” patient safety incidents now account for 95% of reported patient safety incidents, with an increase in the number assessed as “no harm”.

### Degree of harm in incident reports

The following categories are used across the NHS for patient safety incident reports:

**No Harm** – a situation where no harm occurred: either a prevented patient safety incident or a no harm incident

**Minor Harm** – any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons

**Moderate Harm** – any unexpected or unintended incident that resulted in further treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused short-term harm to one or more persons

**Major Harm** – any unexpected or unintended incident that caused permanent or long-term harm to one or more persons

**Catastrophic, Death** – any unexpected or unintended event that caused the death of one or more persons.

NTW also uses these categories for non-patient safety incidents. These are incidents that do not relate to harm to a service user: for example physical assaults and violence against staff, information governance, and security incidents.

Table 8: **Total** incidents 2018/19 for local CCGs, includes patient safety and non-patient safety incidents

Total incidents by locality	No Harm	Minor Harm	Moderate Harm	Major Harm	Catastrophic, Death*
NHS Northumberland CCG	7,804	2,215	237	18	156
NHS North Tyneside CCG	2,164	650	75	10	109
NHS Newcastle Gateshead CCG	7,877	2,260	271	21	337
<i>Newcastle</i>	5,730	1,633	173	13	259
<i>Gateshead</i>	2,147	627	98	8	78
NHS South Tyneside CCG	1,812	546	71	9	122
NHS Sunderland CCG	4,793	1,756	336	29	263
<b>Total for local CCGs</b>	24,450	7,427	990	87	987

Data source: NTW

\*Note that the “Catastrophic, Death” column includes all deaths including by natural causes, and that there are also incidents relating to service users from other non-local CCGs, the trust total deaths for NTW is 1,035. There is more information on Learning from Deaths on page 69.

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## Openness and Honesty when things go wrong: the Professional Duty of Candour

All healthcare professionals have a duty of candour which is a professional responsibility to be honest with service users and their advocates, carers and families when things go wrong. The key features of this responsibility are that healthcare professionals must:

- Tell the service user (or, where appropriate, the service user's advocate, carer or family) when something has gone wrong.
- Apologise to the service user. Offer an appropriate remedy or support to put matters right (if possible).
- Explain fully to the service user the short and long term effects of what has happened.

At NTW we try to provide the best service we can. Unfortunately, sometimes things go wrong. It is important that we know about these so we can try to put things right, and stop them from going wrong again.

If you wish to make a complaint you can do so by post to: Complaints Department, St. Nicholas Hospital, Gosforth, Newcastle upon Tyne NE3 3XT

By email: [complaints@ntw.nhs.uk](mailto:complaints@ntw.nhs.uk)

By phone: 0191 245 6672

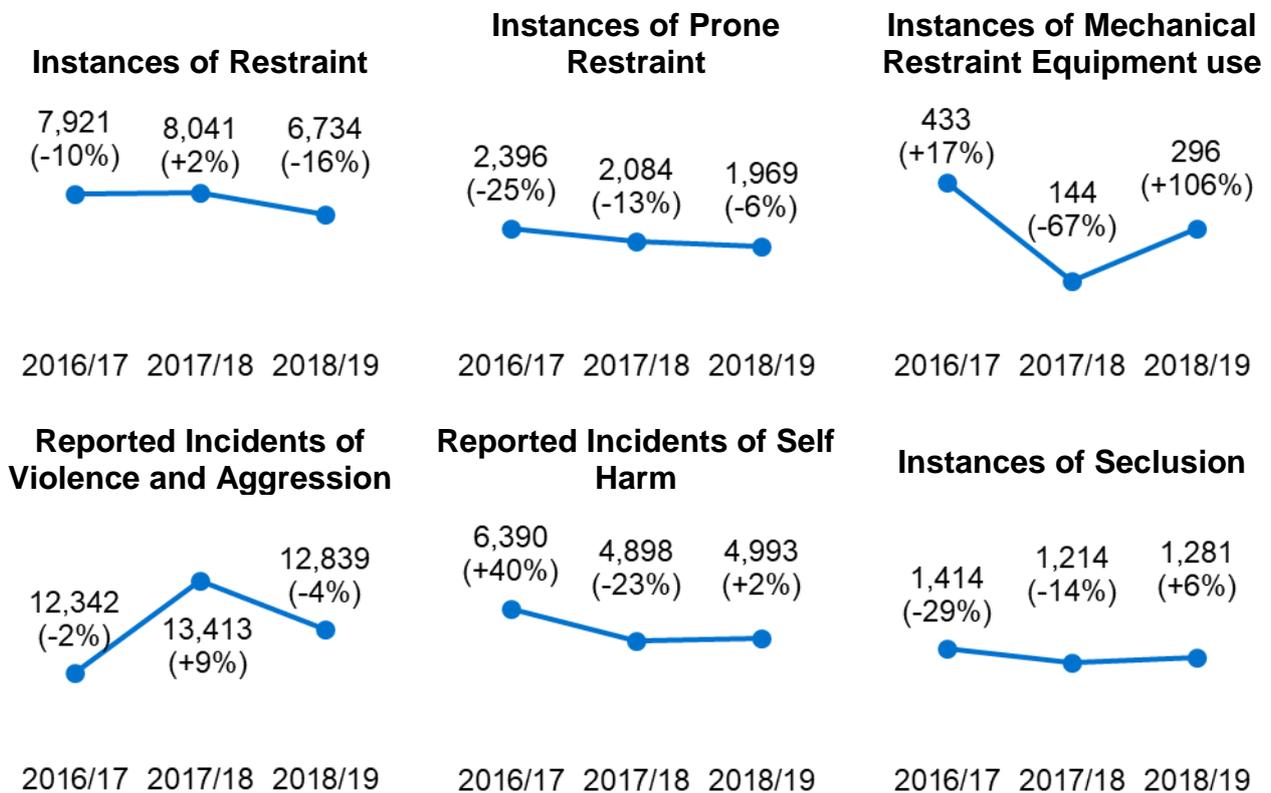
A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of care. We have implemented the Duty of Candour, developed a process to allow thematic analysis of reported cases, raised awareness of the duty at all levels of the organisation and we are also reviewing how we can improve the way we learn and ensure that teams and individuals have the tools and opportunities to reflect on incidents and share learning with colleagues. Healthcare professionals must also be open and honest and take part in reviews and investigations when requested. All staff are aware that they should report incidents or raise concerns promptly, that they must support and encourage each other to be open and honest, and not stop anyone from raising concerns.

We have reviewed our approach to Duty of Candour, in light of the national publications on death reviews and have been applying this new approach since April 2017.

Through the last year the Safer Care Team has continued to report through the governance system of the Trust producing monthly and quarterly Safer Care reports for the clinical care groups. Learning has developed over the last year with the creation of the Learning and Improvement Group, as well as significant development of the Safer Care Intranet site and Safer Care Bulletin. These have been well received and embedded throughout the organisation. The Safer Care Team continues through its subject experts to support key governance systems such as Infection, Prevention and Control, Safeguarding, Health, Safety, Security and Emergency Preparedness, and has improved significantly over the last year the key corporate processes of serious incidents, including learning from deaths and mortality reviews as well as complaints, claims and complex case panel reviews. All of the learning is shared through the Safer Care reports and presented to the Board of Directors as well as the Quality Review Groups where shared learning with our Commissioners takes place.

## Positive and Safe Strategy - impact in numbers:

Figure 9: Talk 1st number of incidents (and change on previous year) 2016/17 to 2018/19



Data source: NTW

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## **Restraint**

Restraint across the Trust is significantly reduced since the commencement of the Positive and Safe strategy. There continues to be variance at ward and team level. Ongoing analysis continues to monitor like for like services variance and the Positive and Safe Care team continue to work closely with all teams.

Increases are recorded in children and young people's services and acute services in the north clinical business unit, this is a small change. It must be noted the overall restraint numbers still include low level supportive care where staff hold patients to aid in toileting and other personal needs. Development of the Safeguard incident reporting system, under new guidelines, will allow us to disaggregate this information to provide further clarity.

### **Prone Restraint**

The results since the implementation of the Positive and Safe strategy are encouraging with a notable decrease of the use of prone restraint across the trust. The team will continue to focus on the reduction of this intervention, with additional strategies planned, working closely with our colleagues in NTW Academy.

Increases in the use of prone restraint are evident at Ferndene, a small number of young people make up the majority of the incidents recorded.

### **Mechanical Restraint Equipment**

There is a significant reduction in the use of MRE (mechanical restraint equipment) in the four years since the implementation of the Positive and Safe strategy. MRE use has increased in 2018/19 within autism services, forensic learning disability and inpatients children and young people's services. A small number of service users within these areas make up a high percentage of the overall trust figure. Monthly analysis of MRE use continues to find it being used in a planned way for the safe movement of patients, for example, general ward area to seclusion, court appearances and external appointments.

### **Seclusion**

Whilst there has been a slight increase in the use of seclusion in 2018/19 there is a cautious and welcome reduction since the implementation of the Positive and Safe Strategy. Increases in seclusion have been noted in Adult Acute North, Oswin and Autism. The number of seclusions must be considered alongside the duration of seclusion. Talk 1st dashboards indicate duration increased in the middle part of 2018/19 that have more recently decreased. A small number of long term seclusions have impacted on average duration times.

### **Self-Harm**

There is a small increase across the Trust as a whole. The increase in the last year has largely been due to better reporting by our community teams as well as a rise in personality disorder secure services and female rehabilitation in the south.

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## Violence and Aggression

Activity remains high in autism and children and young people's services. It should be noted this includes a very broad range of incidents. Reporting of violence and aggression has remained broadly static over the four year period.

### Freedom to Speak Up

As the key to the delivery of safe and compassionate care, the Trust is committed to an open reporting culture about the quality of care, patient safety, or bullying. Staff are encouraged to embrace as normal practice the raising of concerns, speaking to their manager or in team meetings. They are further supported by the Freedom to Speak Up Guardian and a network of 31 Freedom to Speak Up Champions. Managers are required to also inform self-employed, contractors, agency staff, volunteers, or students/apprentices/trainees on placement, about the raising concerns process.

Every page of the staff Intranet gives Raising Concerns information, including details of how to raise concerns outside the Trust, giving details of (among others) the CQC and Public Concern at Work. Posters detailing how to contact the Freedom to Speak Up Guardian are widely distributed.

Concerns are responded to as locally as possible. Those hearing the concerns may instigate investigatory processes. Those hearing concerns are required to report back to those raising concerns about the outcome of any enquiry and any proposed remedial action. This is usually done in writing or in a feedback meeting, and may be done to individuals or staff groups.

As a matter of policy, staff who speak up are protected from detriment even if it later transpires that they were mistaken in their suspicions or belief. The Trust does not tolerate bullying, harassment or victimisation of anyone raising a concern, and such behaviour would be dealt with under the Trust's Disciplinary Procedure (including the possibility of dismissal).

#### **Neil Cockling**

Freedom to Speak Up Guardian

Northumberland, Tyne and Wear NHS Foundation Trust

# Improving waiting times

**We said we would:** Improve waiting times for adult and older people’s services so the 18 week Trust standard is achieved.  
 Improve waiting times for children and young people to ensure that the 18 week treatment standard is achieved by the end of the year.  
 Report waiting times for specialised services separately.

**Progress Partially Met**

Nobody should wait more than 18 weeks for their first contact with a community service. In line with nationally reported 18 weeks data, we measure progress against this by looking at the waiting list at the end of the year, and calculating how many of those service users waiting had been waiting for more or less than 18 weeks at that point.

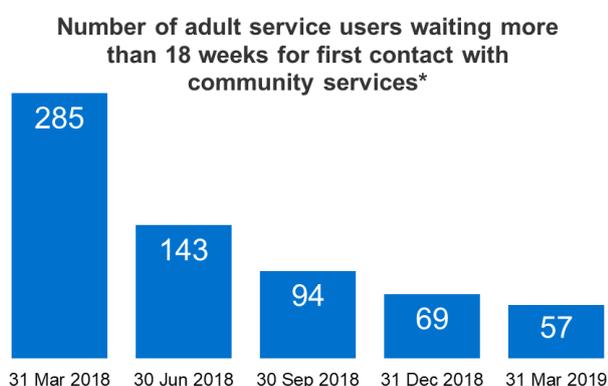
Referrals which are regarded as a priority or emergency by the clinical team would not be expected to wait 18 weeks for first contact. The definition of what constitutes a priority or emergency referral differs per service.

We encourage service users, carers and referrers to keep in touch with us while they are waiting for the first contact with a service, to manage risks and to ensure that we understand if anything about their situation changes.

This year we have seen significant improvements within community services for adults and older people\* with 57 people waiting more than 18 weeks for their first contact with a service at 31st March 2019, which is a decrease of 80% when compared with the same date last year, when 285 people were waiting.

The biggest reductions have been seen in the North locality (Northumberland and North Tyneside).

*Figure 10: People waiting more than 18 weeks for first contact for adult and older peoples community services\*, 2018/19*



\*excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services

Data source: NTW

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<p>Reported waiting times to access community services for children and young people have significantly improved in Northumberland and there has been large reductions in the number waiting in Newcastle and Gateshead – see overleaf for further information.</p>
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<p>Note that the methodology used to calculate waiting times for children and young people's services is changing in 2019/20.</p>
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### **How we support service users while waiting to access our services**

- *For people whose referrals are not accepted by us*

If a referral is not accepted by the Trust the service user will be provided with a list of alternative services, which they may find useful, while their care requirements are re-assessed by the referring organisation.

- *Support offered to service users who are waiting for their treatment to start*

All service users are provided with contact numbers for out of hours services and a leaflet for their local Crisis Team with a verbal explanation or discussion about the services available. Whilst on the waiting list service users are contacted monthly for a telephone review which consists of; updating of current issues, risk, clinical presentation and review of support available. If the service user's clinical presentation deteriorates, the trust will seek to provide the service user with an earlier appointment.

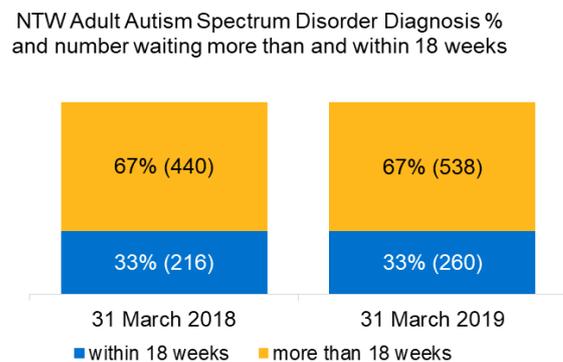
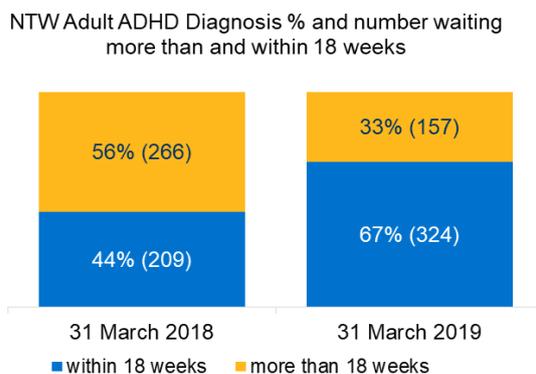
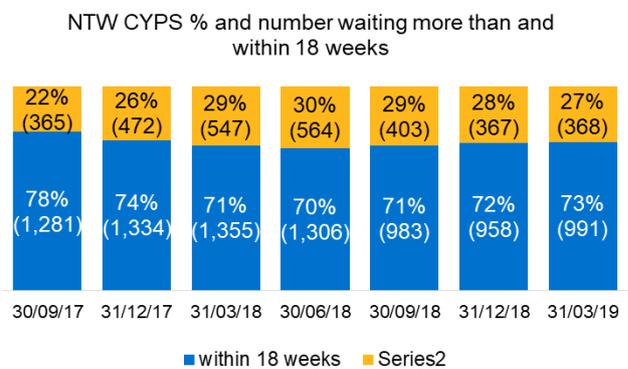
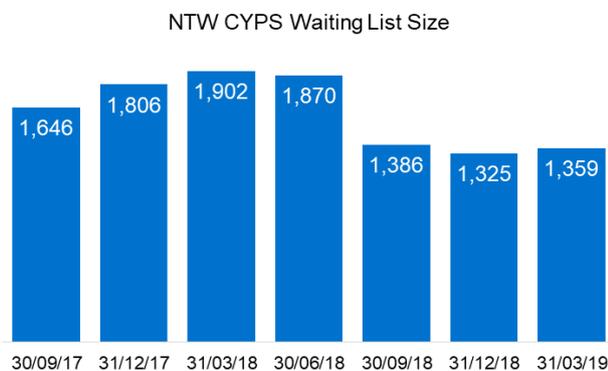
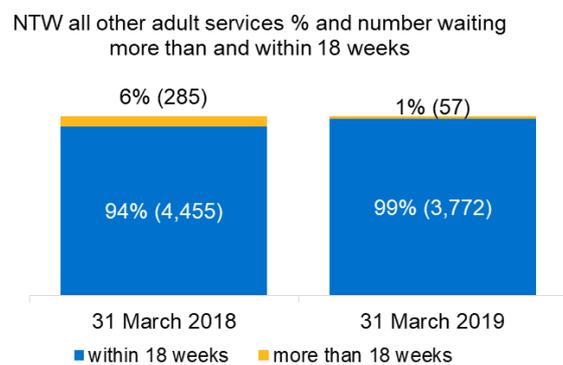
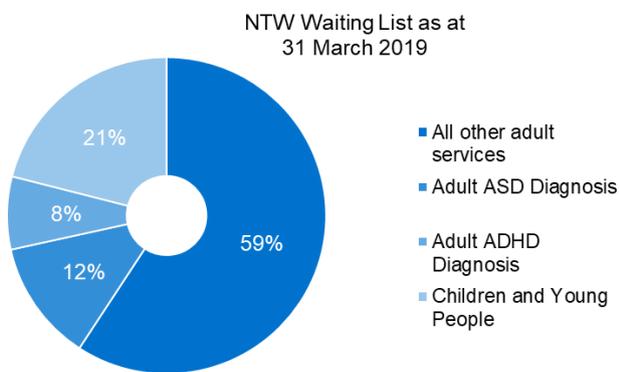
## Trustwide waiting times analysis

The charts below show the waiting times position trustwide, as at 31 March 2019 and compared to the previous year. The number of adults waiting for community services has reduced from 285 to 57 in the year (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The number of children and young people waiting for treatment has significantly reduced while the proportion waiting less than 18 weeks has remained stable.

There has been improvement to waiting times for the adult Attention Deficit Hyperactivity Disorder diagnosis service, and a stable position continues for the adult Autism Spectrum Disorder diagnosis service.

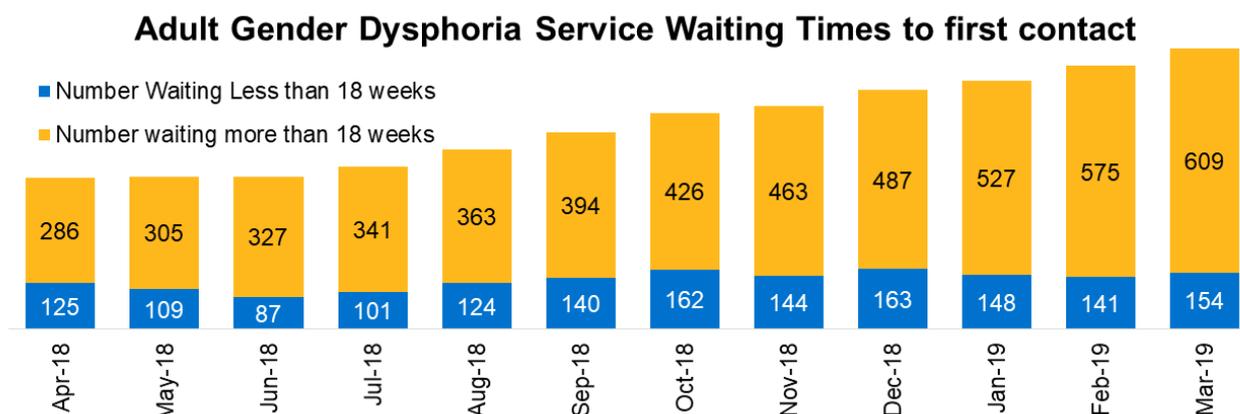
Figure 11a-f: Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics



Data source: NTW

The **Gender Identity Service** is a regional service commissioned by NHS England, therefore the data for this service is not displayed at Clinical Commissioning Group (CCG) level.

Figure 12: Gender identity service waiting list 2018/19



Data source: NTW

The overall waiting list for the adult Gender Dysphoria service has dramatically increased during the year, due to the sustained increase in referrals received. As at 31 March 2019, there were a total of 763 adults waiting to access the service, more than double the equivalent number as at 31 March 2018 (366). NHS England has recognised the national difficulties in meeting the demand for these services and a procurement exercise is taking place during 2019 to review the current provision.

NTW data for **Five Year Forward View for Mental Health** waiting time standards:

Table 9: Five Year Forward View for Mental Health waiting times data 2018/19

Area	Waiting time measure	Minimum standard	NTW data	Data period
Early Intervention in Psychosis (EIP)	% starting treatment within two weeks of referral	50%	<b>79.6%</b>	April 2018 to March 2019
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	<b>99.8%</b>	April 2018 to March 2019
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	95% by 2020/21	<b>100%</b>	April 2018 to March 2019
	% routine cases starting treatment within four weeks of referral		<b>86.2%</b>	

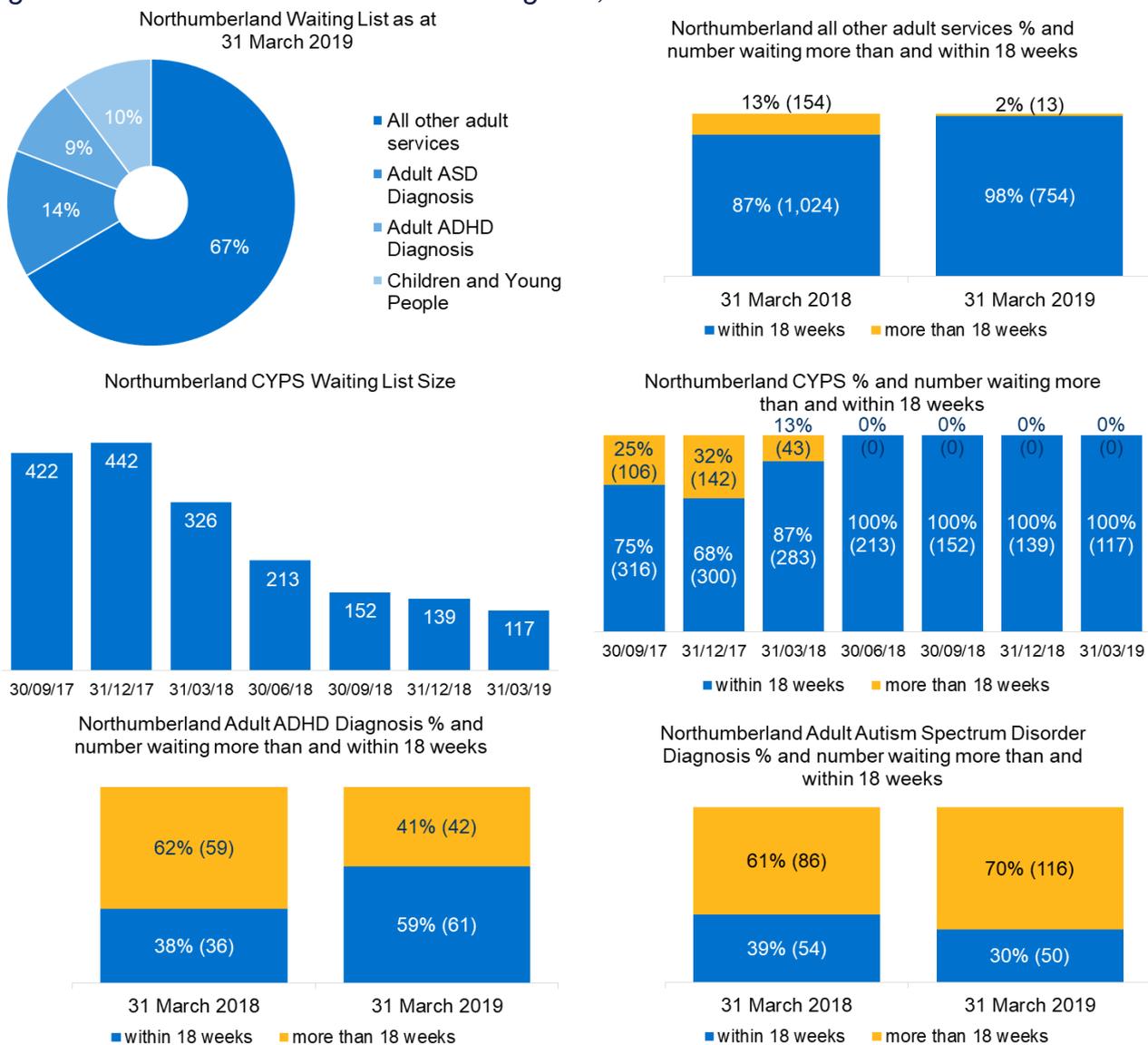
Data source: NTW

## Waiting times analysis at locality level

In **Northumberland**, waiting times for adult services have reduced, with 13 individuals waiting more than 18 weeks for their first contact as at 31 March 2019 (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

Within services for Children and Young People (CYPS), there has been a sustained improvement, with no child or young person waiting more than 18 weeks for treatment during the whole year. Waiting times for the adult attention deficit hyperactivity disorder diagnosis services have improved and waits for the adult Autism Spectrum Disorder diagnosis service have slightly lengthened.

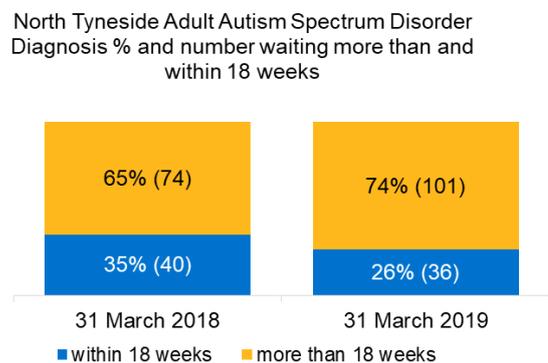
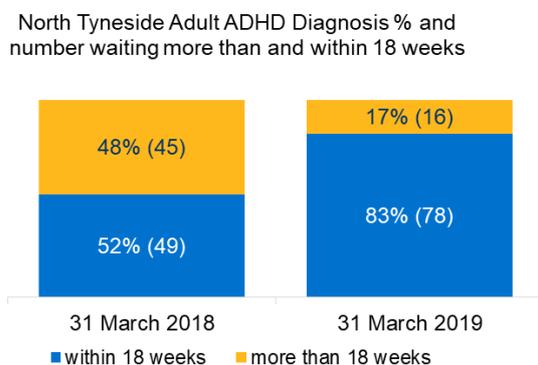
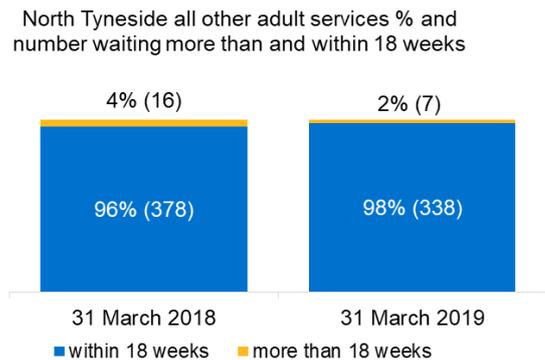
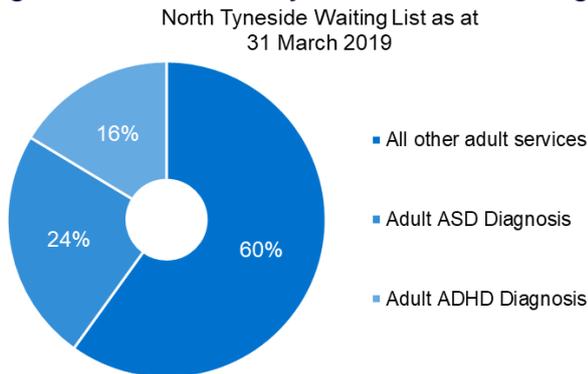
Figure 13a-f: Northumberland CCG waiting lists, assorted metrics



Data source: NTW

In **North Tyneside**, the waiting times for adult services excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have remained broadly under 18 weeks and waits for adult ADHD (Attention Deficit Hyperactivity Disorder) services have reduced. There has been some increase in services users experiencing long waits for the adult Autism Spectrum Disorder diagnosis service.

Figure 14a-d: North Tyneside CCG waiting lists, assorted metrics



Data source: NTW

Note there is no chart provided for community services for children and young people in North Tyneside as this service is provided by Northumbria Healthcare NHS Foundation Trust, not NTW, for more information please see:

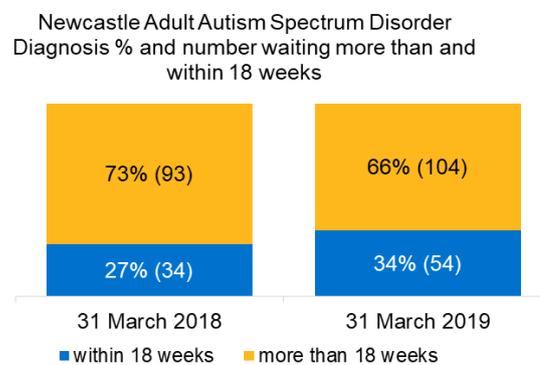
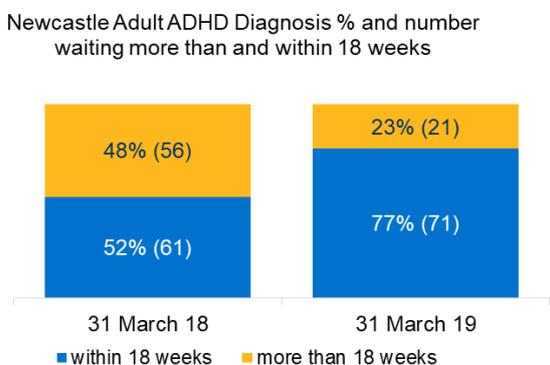
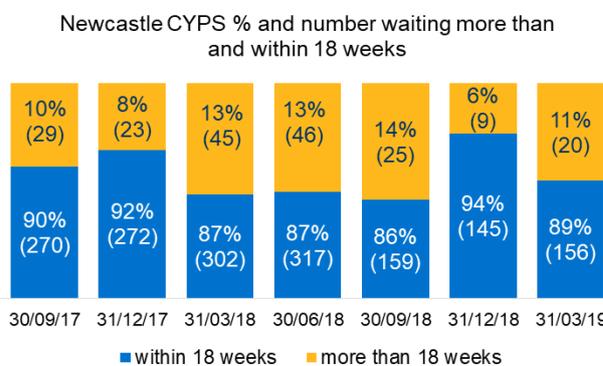
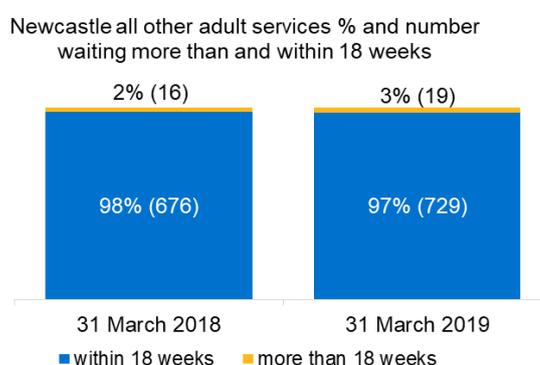
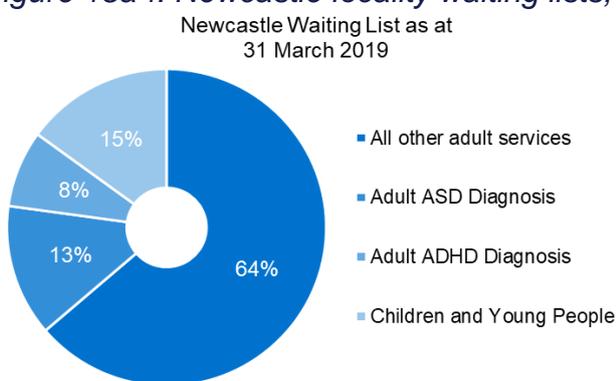
<https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mental-health-service-camhs/>

In **Newcastle**, the waiting times for adult services are similar to last year where very few service users have a long wait to be seen (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The introduction of a single point of contact for children and young people’s services in Newcastle has seen a reduction in the numbers waiting, although the *proportion* waiting more than 18 weeks has remained broadly similar throughout the last year.

There has been reductions in the waiting times for the adult attention deficit hyperactivity disorder diagnosis services and for the adult Autism Spectrum Disorder diagnosis service.

Figure 15a-f: Newcastle locality waiting lists, assorted metrics

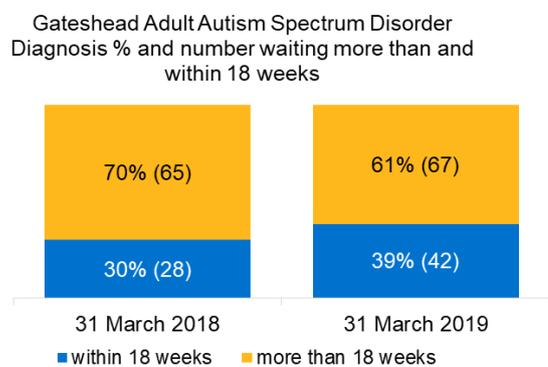
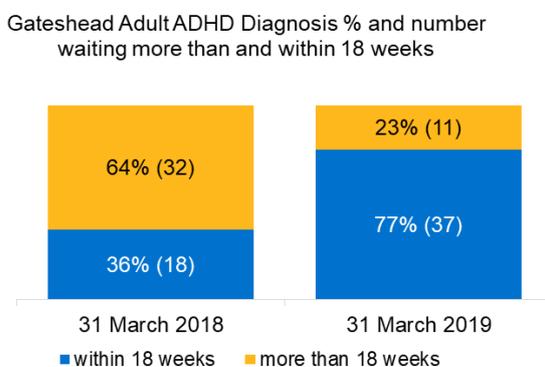
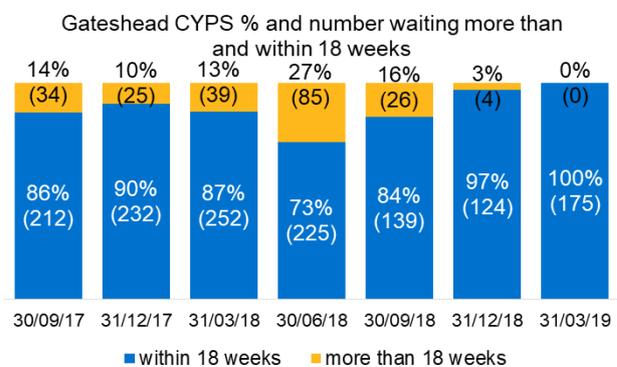
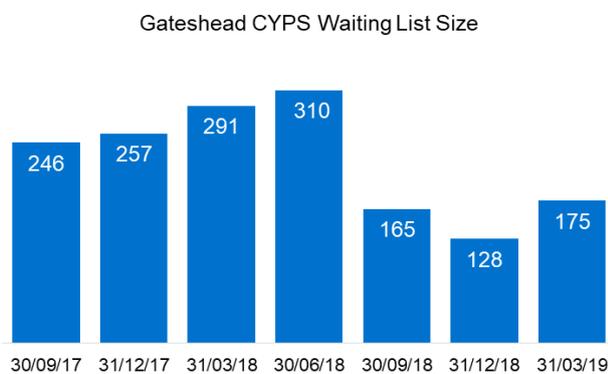
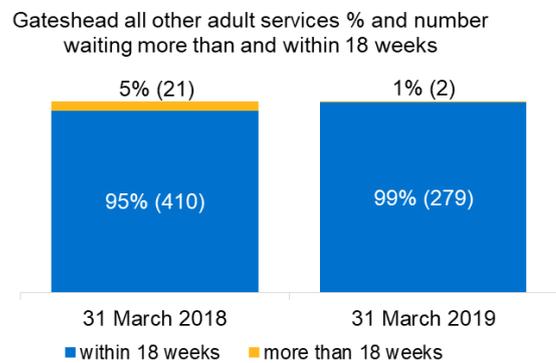
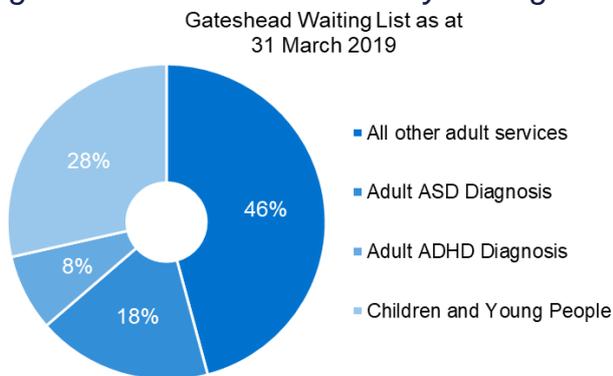


Data source: NTW

In **Gateshead**, there has been improvements in the waiting times for all service areas.

There has been a reduction in the number of Children and Young People waiting for treatment and at 31 March 2019 there were none waiting more than 18 weeks.

**Figure 16a-f: Gateshead locality waiting lists, assorted metrics**



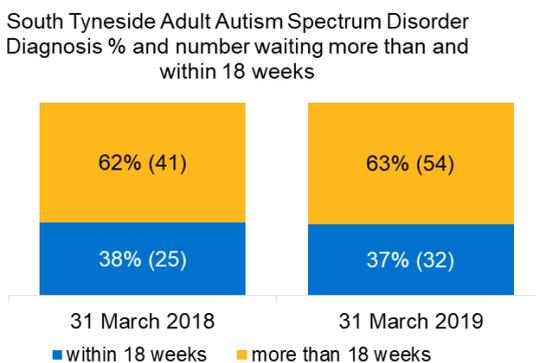
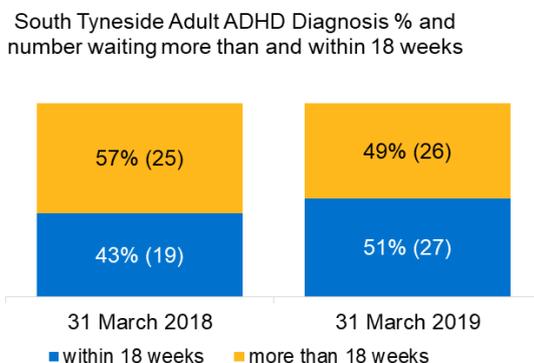
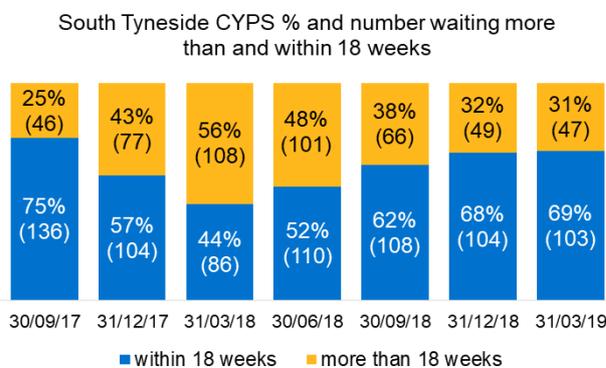
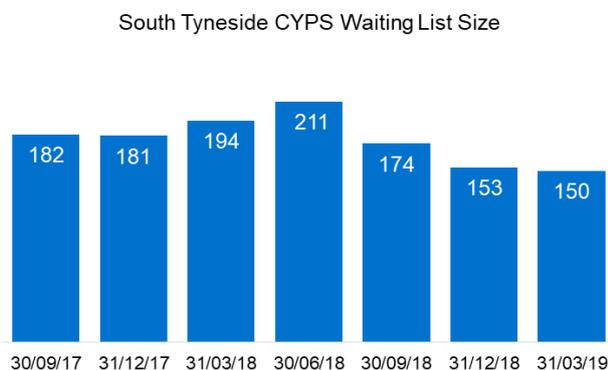
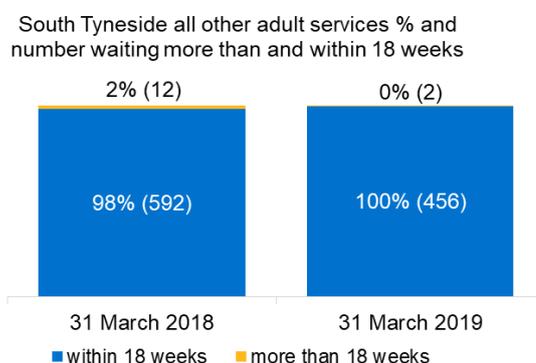
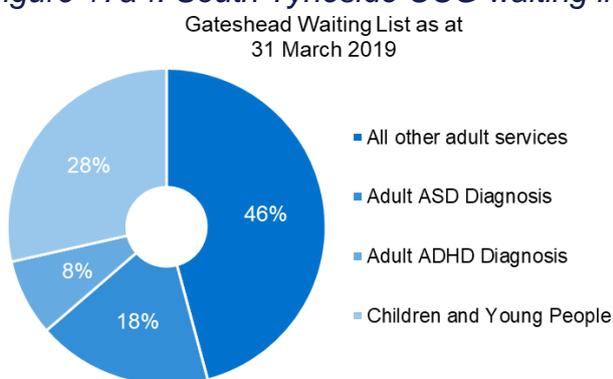
Data source: NTW

In **South Tyneside**, there has been further improvements in the waiting times to first contact for adult services, with none waiting more than 18 weeks (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

Waiting times for children and young people services have seen a reduction in both number waiting and proportion waiting over 18 weeks compared with one year ago.

There has been an improvement in waits to access the adult attention deficit hyperactivity disorder diagnosis service and an increase in the number waiting to access the adult Autism Spectrum Disorder diagnosis service.

Figure 17a-f: South Tyneside CCG waiting lists, assorted metrics



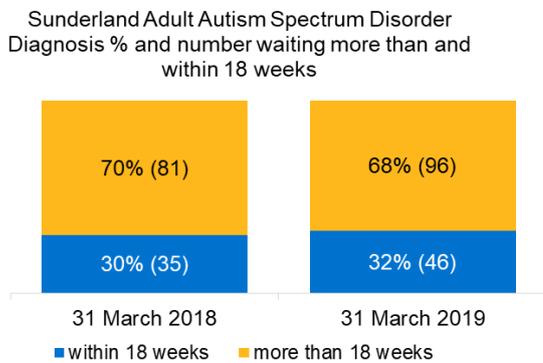
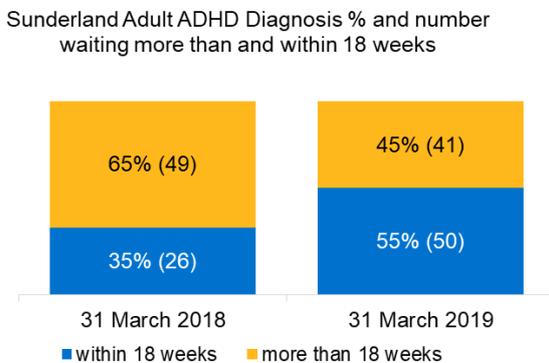
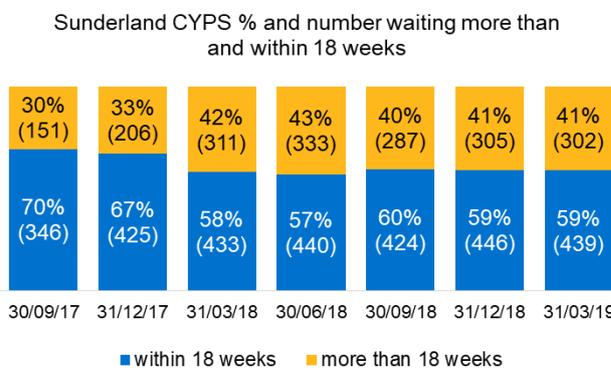
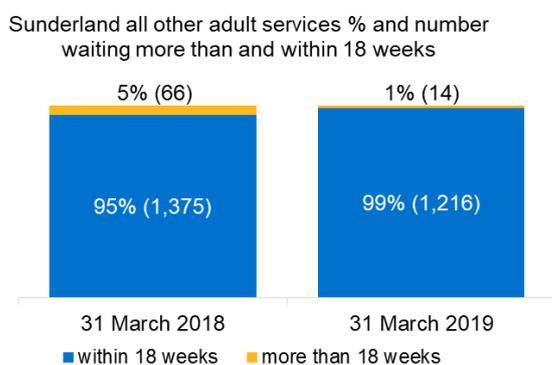
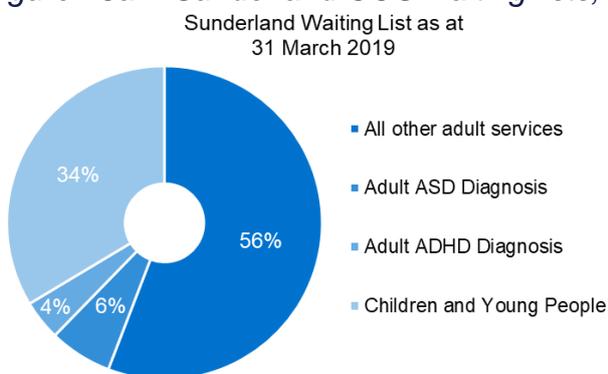
Data source: NTW

In **Sunderland**, waiting times for adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have improved

Waiting times for children and young people have remained stable throughout the year, with 41% waiting more than 18 weeks as at 31 March 2019.

There has been a slight improvement in waits to access the adult Autism Spectrum Disorder diagnosis service and the adult Attention Deficit Hyperactivity Disorder diagnosis service.

Figure 18a-f: Sunderland CCG waiting lists, assorted metrics



Data source: NTW

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Service User & Carer Experience 2018/19 Quality Priority:

## Embedding the principles of the Triangle of Care

<b>We said we would:</b>	<p>Continue to embed the Triangle of Care, ensuring that we work in partnership with service users and carers.</p> <p>Roll out the use of the Triangle of Care to services for Children and Young People.</p> <p>Closely monitor feedback from carers to measure the impact of this initiative.</p>
<b>Progress</b>	<p><b>Partially Met</b></p> <p>An initial meeting has taken place with Tyne and Wear Citizens Programme to discuss an evaluation of the impact of Triangle of Care. This would potentially involve a working group involving Carers, Carer Centre leads, representation from Tyne and Wear Citizens Programme and NTW.</p> <p>We are awaiting the findings from a national survey regarding Triangle of Care to influence the development of the evaluation tool and its implementation.</p> <p>Triangle of Care self-assessments and action plans are continuously monitored through the carer champion forums and individual wards and teams. Regular updates are provided and discussed throughout team meetings. Any outstanding actions from the action plans are discussed at the Trust Wide Triangle of Care Steering Group, which reports into the Trust Quality and Performance committee via the Service User and Carer Involvement and Experience group.</p> <p>We are awaiting enhancements to the electronic clinical record which will support the Getting To Know You process for identifying carers.</p> <p>Existing groups and structures are in place for Triangle of Care Children and Young People to report into. We are awaiting National Guidance for Triangle of Care and Young People Self-assessment.</p>

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## Statement on Triangle of Care

The Triangle of Care is a national scheme, to promote therapeutic alliance between the service user, their mental health professional and their carers, promoting safety, supporting recovery and sustaining wellbeing. The Trust adopted the scheme a number of years ago and has placed significant emphasis on embedding these principles across the organisation by making Triangle of Care a Quality Priority for each of the last three years.

During the last year, I have been involved in an in-depth review of the effectiveness of Triangle of Care in practice, considering the impact of organisational changes and the development of the engagement function. I am pleased to see that the governance processes relating to this initiative have been strengthened, ensuring that Governors and Board members will remain sighted on progress towards Triangle of Care aims, via the Quality & Performance Committee.

We will continue to engage with both carers and the workforce to ensure that the principles of Triangle of Care become second nature, and that NTW continues to participate in the national Triangle of Care initiative. While Triangle of Care is no longer a Trust Quality Priority, I am confident that NTW will continue to place significant emphasis on this important piece of work.

### **Margaret Adams**

Chair, Northumberland, Tyne and Wear NHS Foundation Trust Council of Governors Quality Group

### **The six key principles of Triangle of Care are:**

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter
2. Staff are 'carer aware' and trained in carer engagement strategies
3. Policy and practice protocols re: confidentiality and sharing information, are in place
4. Defined post(s) responsible for carers are in place
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
6. A range of carer support services are available

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# How have the two Service User & Carer Experience 2018/19 Quality Priorities helped support the Service User & Carer Experience Quality Goal to **work with you, your carers and your family to support your journey?**

We aim to demonstrate success against this Quality Goal by improving the overall score achieved in the annual CQC survey of adult community mental health services and by reducing the number of complaints received. We will also review the feedback received from our Points of You survey which includes the national “Friends and Family Test”.

## CQC Community Mental Health Service User Survey 2018

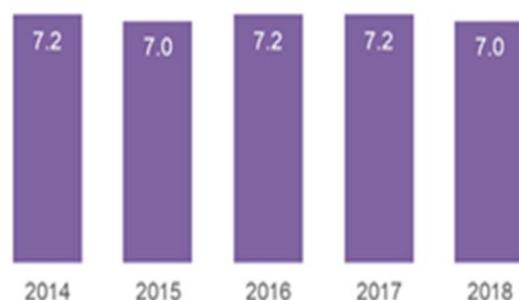
This national survey gathered information from over 12,000 adults across England who were in receipt of community mental health services between September 2017 and November 2017. NTW’s response rate was broadly in line with the national response rate of 28%.

**Overall, the Trust scored 7.0 (out of 10) in response to the question about overall experience of care. This was within the expected range for the Trust and the NTW result for this question has been relatively static for the last four years (see Figure 19).**

When comparing results with other providers, CQC identifies whether a Trust performed “better”, “worse” or “about the same” as the majority of trusts for each question. The results were an improvement against the previous year and there were three areas in 2018 where NTW performed better than other trusts to an extent that is not considered to be through chance. These related to the following questions:

- Do you know how to contact this person if you have a concern about their care? (answered by all who were told who was in charge of their care and services)
- Did you feel that decisions were made together by you and the person you saw during this discussion? (answered by all who had a formal meeting to discuss their care with someone from NHS mental health services in the last 12 months)
- Were you involved as much as you wanted to be in deciding what NHS therapies to use? (answered by those who have been receiving NHS therapies in the previous 12 months)

*Figure 19: NTW's overall experience of care score 2014 to 2018*



Data source: [CQC](#)

There were no areas where NTW performed worse than expected. Quantitative comments made by survey respondents can be grouped into the following themes:

- Waiting times
- Medication issues
- Continuity of care
- Accessing services in a crisis

The NTW scores by survey section are shown below, highlighting that NTW score in the upper range of scores for all sections: none of the year on year score changes are considered statistically significant.

*Table 10: National Mental Health Community Patient Survey results for 2016 to 2018*

Survey section	2016 NTW score (out of 10)	2017 NTW score (out of 10)	<b>2018 NTW score (out of 10)</b>	2018 lowest – highest question score	2018 Position relative to other mental health trusts
1. Health and Social Care Workers	7.9	7.8	<b>7.4</b>	5.9– 7.7	About the Same
2. Organising Care	8.6	8.5	<b>8.6</b>	7.9 – 9.0	About the Same
3. Planning Care	7.0	7.0	<b>7.2</b>	5.9 – 7.5	About the Same
4. Reviewing Care	7.9	7.4	<b>8.0</b>	6.5 – 8.2	About the Same
5. Changes in who you see	6.0	6.7	<b>6.4</b>	5.1 – 7.3	About the Same
6. Crisis Care	6.5	6.2	<b>7.3</b>	5.8 – 7.9	About the Same
7. Medicines			<b>7.5</b>	6.2 – 7.9	About the Same
8. Treatments			<b>8.0</b>	6.7 – 8.5	About the Same
9. Support & Wellbeing	5.3	5.1	<b>5.0</b>	3.3 – 5.2	About the Same
10. Overall Views of Care and Services	7.6	7.4	<b>7.5</b>	5.8 – 7.8	About the Same
<b>11. Overall Experience</b>	<b>7.2</b>	<b>7.2</b>	<b>7.0</b>	<b>5.6 – 7.5</b>	

Data source: [CQC](#). The Medicines and Treatments sections have changed from previous years.

## Complaints

Information gathered through our complaints process is used to inform service improvements and ensure we provide the best possible care to our service users, their families and carers.

Complaints have decreased during 2018/19 with a total of 483 received during the year. This is an overall decrease of 61 (11%) from 2017/18. In the North locality complaints decreased by 21% to 135, in the Central locality by 14% to 155 complaints. There were 182 complaints in the South locality which was very similar to the previous year. Complaint categories where a significant reduction is noted in comparison to 2017/18 are:

- Complaints related to prescribing categories have decreased by 52%.
- Complaints related to appointment categories have decreased by 44%
- Complaints related to values and behaviours categories have decreased by 19%
- Complaints related to waiting times categories have decreased by 59%.

The complaint categories where an increase is noted in comparison to 2017/18 is communication; which have increased by 28%. At the time of writing, 41% of complaints categorised as communication were upheld or partially upheld.

The Patient Advice and Liaison Service (PALS) gives service users and carers an alternative to making a formal complaint. The service provides advice and support to service users, their families, carers and staff, providing information, signposting to appropriate agencies, listening to concerns and following up concerns with the aim of helping to sort out problems quickly.

*Table 11: Number of complaints received by category 2016/17 to 2018/19*

Complaint Category	2016/17	2017/18	2018/19
Patient Care	124	157	<b>139</b>
Communications	75	83	<b>114</b>
Values and Behaviours	64	109	<b>87</b>
Admissions and Discharges	21	37	<b>24</b>
Prescribing	26	31	<b>15</b>
Clinical Treatment	20	21	<b>25</b>
Appointments	20	22	<b>18</b>
Trust Admin/ Policies/ Procedures	17	17	<b>22</b>
Facilities	29	7	<b>10</b>

*Figure 20: Number of complaints received 2016/17 to 2018/19*



Data source: NTW

Complaint Category	2016/17	2017/18	2018/19
Other	13	13	4
Waiting Times	3	17	7
Access to Treatment or Drugs	7	10	9
Privacy, Dignity and Wellbeing	12	4	6
Restraint	4	2	0
Staff Numbers	0	2	2
Integrated Care	0	1	1
Commissioning	1	0	0
Consent	0	1	0
<b>Total</b>	<b>436</b>	<b>544</b>	<b>483</b>

Data source: NTW

## 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. In 2018/19 we responded to complaints in line with agreed timescales in 90% of cases. Table 12 indicates the numbers of complaints and the associated outcomes for the past three years:

*Table 12: Number (and percentage) of complaint outcomes 2016/17 to 2018/19*

Complaint Outcome	2016/17	2017/18	2018/19
Closed – Not Upheld	135 (31%)	150 (27%)	<b>132 (27%)</b>
Closed – Partially Upheld	107 (25%)	163 (30%)	<b>150 (31%)</b>
Closed – Upheld	87 (20%)	80 (15%)	<b>71 (15%)</b>
Comment		1 (0%)	<b>2 (0%)</b>
Complaint withdrawn	50 (11%)	48 (9%)	<b>42 (9%)</b>
Decision not to investigate	5 (1%)	3 (1%)	<b>4 (1%)</b>
Query Completed			<b>3 (1%)</b>
Still awaiting completion	34 (8%)	72 (13%)	<b>52 (11%)</b>
Unable to investigate	17 (4%)	27 (5%)	<b>27 (6%)</b>
<b>Total</b>	<b>436</b>	<b>544</b>	<b>483</b>

Data source: NTW

## 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.

Outcome of complaints considered by PHSO, as at 31 March 2019 there were 23 cases still ongoing and their current status at the time of writing is as follows:

Table 13: Outcome of complaints considered by the PHSO

Enquiry	18
Draft – partially upheld	1
Draft – not upheld	1
Intention to investigate	3

Data source: NTW/PHSO

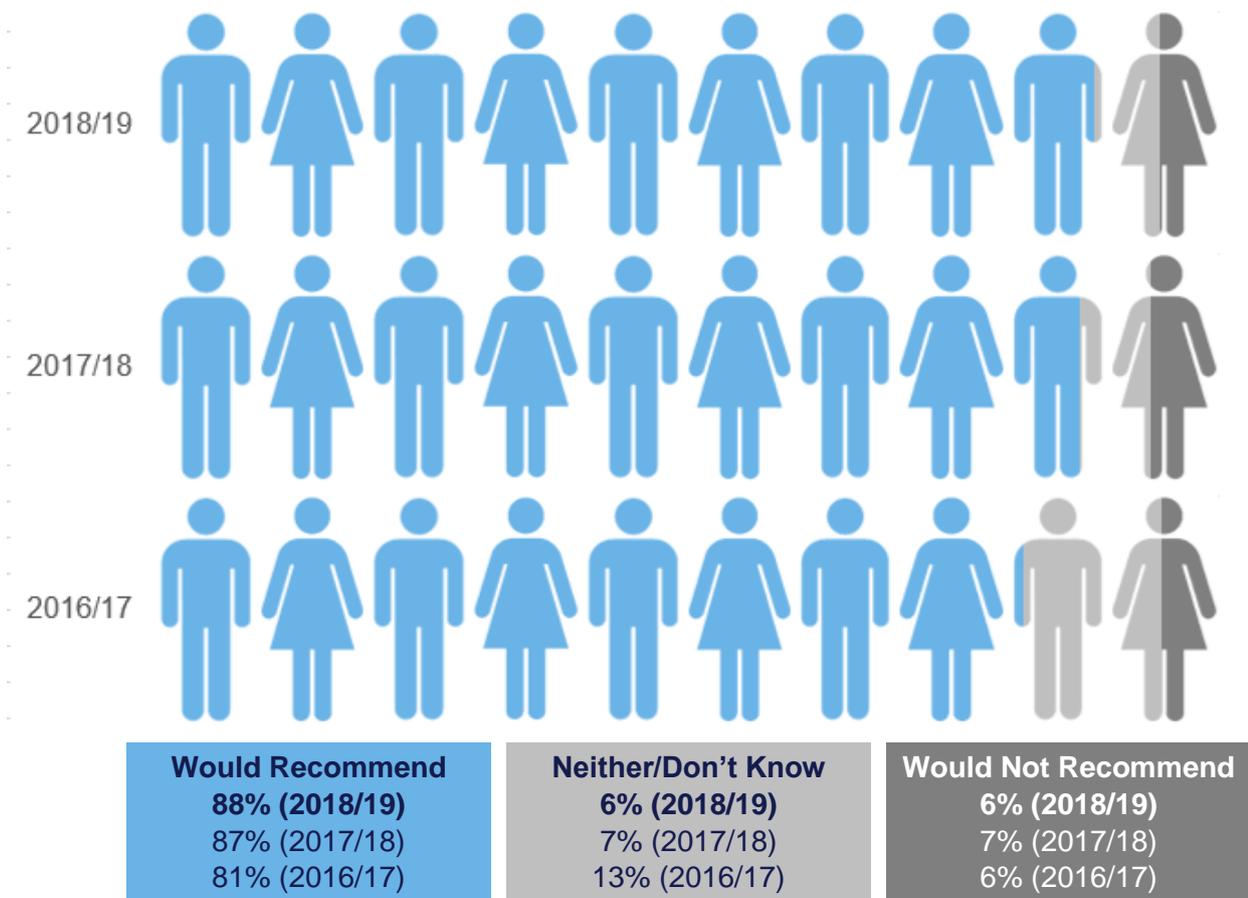
## Friends and Family Test – Service Users and Carers

The NHS Friends and Family Test is a national service user and carer experience feedback programme. The Friends and Family Test question asks:

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

There are 5 possible answer options ranging from extremely likely to extremely unlikely (with an additional option of 'don't know').

Figure 21: Percentage of respondents who would or would not recommend the services they received to their friends and family 2016/17 to 2018/19. Data source: NTW



During 2018/19, around 7,000 responses to the Friends and Family Test question were received which was a 6% increase in responses compared to 2017/18. Of respondents, 88% said they would recommend the service they received (rating of extremely likely or likely), this score has increased slightly compared to 2017/18. Six percent of respondents indicated they would not recommend the service they received (ratings of extremely unlikely or unlikely) which is also a small decrease compared to 2017/18.

## Points of You Survey

We use the Points of You survey to gather feedback from service users and carers about their experience of our services. For more information on Points of You please see page 104.

The below Table 14 shows the questions asked in the survey and the results for the past 2 years, in 2018/19 around 75% of feedback received was from service users and 25% was from carers. All question scores have increased compared with the previous year.

Table 14: Points of You question scores (out of 10), 2017/18 to 2018/19

Question	2017/18	2018/19
How kind and caring were staff to you?	9.3	9.4
Were you encouraged to have your say in the treatment or service received and what was going to happen?	8.5	8.6
Did we listen to you?	8.8	8.9
If you had any questions about the service being provided did you know who to talk to?	8.5	8.5
Were you given the information you needed?	9.0	9.1
Were you happy with how much time we spent with you?	8.2	8.3
Did staff help you to feel safe when we were working with you?	9.1	9.2
Overall did we help?	8.6	8.7

Data source: NTW

This data for 2018/19 can be displayed by service type, as per Table 15 below:

Table 15: Points of You responses by service type, April 2018 to March 2019

	Number of Responses 2018/19	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
<b>Trust</b>	<b>7101</b>	<b>9.4</b>	<b>8.6</b>	<b>8.9</b>	<b>8.5</b>	<b>9.1</b>	<b>8.3</b>	<b>9.2</b>	<b>8.7</b>
Neuro Rehab Inpatients (Acute Medicine)	99	9.7	8.4	8.9	8.8	9.1	8.2	9.4	9.2
Neuro Rehab Outpatients (Acute Outpatients)	682	9.8	9.2	9.4	9.3	9.6	9.0	9.6	9.5
Community mental health services for people with learning disabilities or autism	242	9.6	9.0	9.2	8.6	9.4	8.6	9.4	9.2

	Number of Responses 2018/19	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Community-based mental health services for adults of working age	1403	8.9	8.1	8.4	7.9	8.6	7.8	8.8	8.0
Community-based mental health services for older people	1821	9.7	8.8	9.2	8.5	9.4	8.6	9.5	9.1
Mental health crisis services and health-based places of safety	352	8.9	8.2	8.5	7.6	8.6	7.9	8.5	8.0
Acute wards for adults of working age and psychiatric intensive care units	177	8.5	7.1	7.7	8.0	8.3	7.4	8.3	8.3
Child and adolescent mental health wards	86	9.2	8.2	8.7	9.2	9.5	8.1	8.7	9.1
Forensic inpatient/secure ward	18	7.5	6.1	6.6	7.8	8.8	6.8	8.1	7.8
Long stay/rehabilitation mental health wards for working age adults	120	9.7	8.6	8.9	9.6	9.6	8.6	9.1	9.3
Wards for older people with mental health problems	94	9.7	8.7	8.9	9.3	9.5	8.7	9.2	9.4
Wards for people with learning disabilities or autism	28	8.7	8.3	8.2	8.1	8.1	8.1	9.3	8.7
Children and Young Peoples Community Mental Health Services	722	9.3	8.6	8.8	8.5	8.6	7.9	9.2	8.0
Substance Misuse	487	9.3	8.6	8.9	9.0	9.2	8.2	9.2	8.9
Other	691	9.6	8.7	9.1	9.2	9.5	8.6	9.4	9.1

Data source: NTW

Key to colours in Points of You question scores:

 Score 8-10 (highest score)	 Score 6-7.9
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2018/19 Clinical Effectiveness Quality Priority:

# Embedding Trust Values

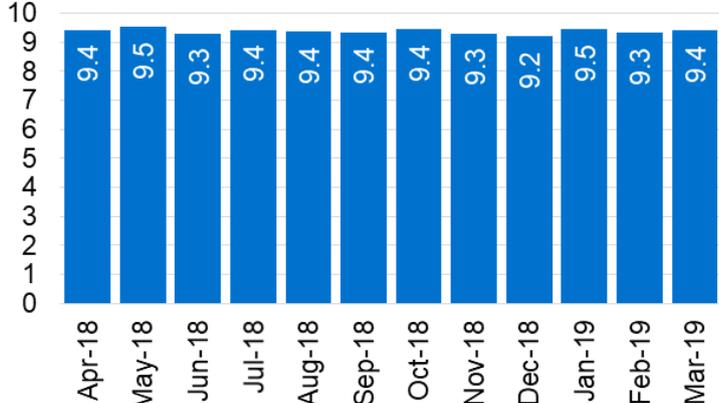
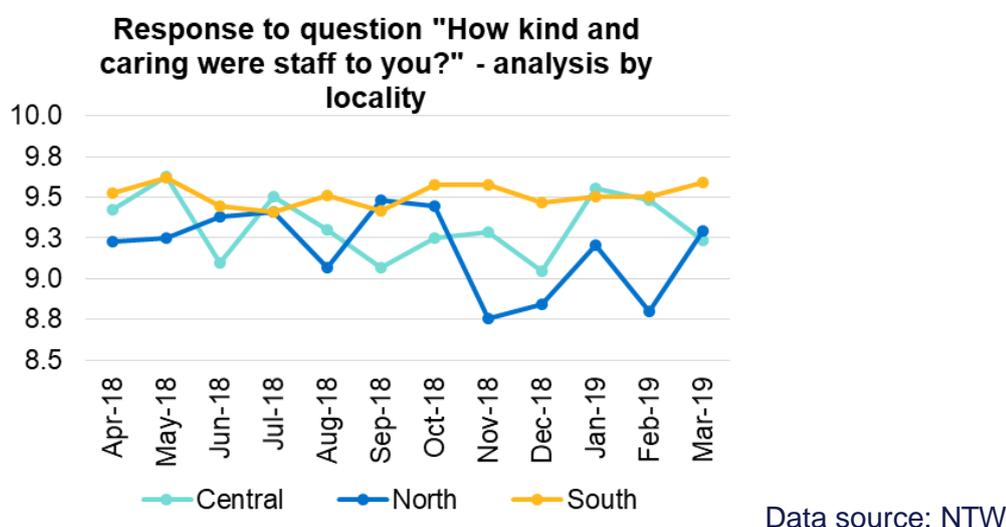
<p><b>We said we would:</b></p>	<p><b>Identify and reduce instances where we are not displaying the Trust values of being caring and compassionate, respectful, honest and transparent.</b></p> <p><b>Align themes and monitor complaints and feedback from staff, service users and carers to measure the progress of this Quality Priority.</b></p>																										
<p><b>Progress</b></p>	<p><b>Partially Met</b></p> <p>We have monitored feedback received in the year through a range of sources, to identify instances where services have not always demonstrated the Trust values of Caring, Respectful, Honest, and Transparent.</p> <p>These sources are:</p> <ul style="list-style-type: none"> <li>• complaints</li> <li>• comments received via Patient Advice and Liaison Services</li> <li>• general feedback and comments received through the Points of You service user and carer survey, for more information on Points of You please see pages 48 and 104</li> <li>• feedback and comments received via social media</li> </ul> <p>We have also aligned the categories used to theme comments received via the different sources, to assist comparison and analysis of data.</p> <p>Specific analysis of responses to the Points of You question: “How kind and caring were staff to you?” shows a relatively stable position throughout the year trustwide, with the South locality consistently reporting the highest score to this question (score is out of ten):</p> <p><i>Figure 20: Scored responses to Kind and caring experiences, by month 2018/19</i></p> <div data-bbox="347 1473 1066 1966"> <p style="text-align: center;"><b>Trust response to question 2</b> <b>"How kind and caring were staff to you?"</b></p>  <table border="1" data-bbox="347 1563 1066 1966"> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>9.4</td></tr> <tr><td>May-18</td><td>9.5</td></tr> <tr><td>Jun-18</td><td>9.3</td></tr> <tr><td>Jul-18</td><td>9.4</td></tr> <tr><td>Aug-18</td><td>9.4</td></tr> <tr><td>Sep-18</td><td>9.4</td></tr> <tr><td>Oct-18</td><td>9.4</td></tr> <tr><td>Nov-18</td><td>9.3</td></tr> <tr><td>Dec-18</td><td>9.2</td></tr> <tr><td>Jan-19</td><td>9.5</td></tr> <tr><td>Feb-19</td><td>9.3</td></tr> <tr><td>Mar-19</td><td>9.4</td></tr> </tbody> </table> </div> <p style="text-align: right;">Data source: NTW</p>	Month	Score	Apr-18	9.4	May-18	9.5	Jun-18	9.3	Jul-18	9.4	Aug-18	9.4	Sep-18	9.4	Oct-18	9.4	Nov-18	9.3	Dec-18	9.2	Jan-19	9.5	Feb-19	9.3	Mar-19	9.4
Month	Score																										
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Jan-19	9.5																										
Feb-19	9.3																										
Mar-19	9.4																										

Figure 22: Kind and caring experience scores, by locality care group and month 2018/19



Other activities supporting this quality priority during the year include:

- A “Compassionate Leadership” training session was delivered to the Trust wide Nursing Leadership Forum focusing on value based appreciation of leading and managing teams in understanding the emotional needs of patients and families
- A Compassionate Leadership training workshop for Complaints and Serious incident investigators took place in November
- The 2019 Nursing Conference – Delivering Compassion in Practice: Shaping the Future was held in March. Reflecting on the achievements of the previous 5 year Nursing Strategy and going forward highlighting the unique position nurses hold in shaping patient experience and person centred care
- The Nursing Leadership forum have focused on specific initiatives to improve staff Health & Wellbeing, for example a Pop up staff wellbeing café held at Monkwearmouth Hospital in January 2019
- The development of locality based action plans has not progressed as planned. This requirement will be reviewed during 2019/20.

Note that this activity will not continue to be classified as a quality priority in 2019/20. Ongoing work to support the Trust values will be monitored via the Trust Corporate Decisions Team – Quality group. Planned future activity includes:

- The development of a “Living the Values” staff recognition scheme
- Reflecting the focus on values through the development of the overarching multi-professional Clinical Strategy

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• The development (via the NTW Academy) and implementation of customer care training</li> <li>• Continued promotion of the Trust values through initiatives such as Trust lanyards etc.</li> </ul> |
|--|---|

## How has the Embedding Trust Values Quality Priority helped support the Clinical Effectiveness Quality Goal of ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs?

Underpinned by the organisation's approach to delivering the Clinical Effectiveness Strategy, we will demonstrate success by delivering improvements in service delivery.

### Service Improvement and Developments throughout 2018/19

These are some of the key service improvements and developments that the Trust implemented during 2018/19:

#### Northumberland

##### **Specialised Children's Services**

Over the last year, Ferndene has developed to provide services in a much more flexible way to meet the needs of young people. Wards have undertaken training and worked in partnership with community teams and other agencies to broaden the spectrum of young people they can provide care to.

Spanning no less than eight project areas across specialised children's services, teams and individuals are working together with service users and families to lead specialised children's services into a new era. Working in synergy, these projects have combined to deliver significant benefit.

Current data shows that these new ways of working have avoided 2,000 out of area bed days compared with the baseline position. This is hugely beneficial to local young people and the financial savings associated with reduced out of area placements will remain within the local health economy, reinvested into healthcare services to further improve care provision.

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## North Tyneside

### **Mental Health Practitioners in Primary Care**

The North Locality Care Group with key partners (CCG's and Primary Care) have recruited into additional senior nurse posts. These new innovative roles will undertake key tasks including, assessment and triage, evidence based psychological therapies, service development, and supervision to support the broader Primary Care Team for some GP practices. This model of enhanced Primary Care is gaining prominence as a concept and is likely to be replicated across other localities

## Newcastle and Gateshead

Agencies across Newcastle and Gateshead are working together to redesign mental health services, ensuring that people can easily access the right care and treatment for their needs within their community.

### **Enhanced Bed Management**

We have supported the development of an enhanced bed management service to improve how it feels for people using our inpatient services across admission, treatment and discharge the process. This service:

- Uses the skills of medical staff and Multi-Disciplinary Teams to support people moving through their care pathway including the discharge process.
- Uses the national role of Trusted Assessment in Mental Health services, NTW is the first mental health trust to have implemented the national role of Trusted Assessment into mental health services.
- Has up to date information about potential delays, what might delay somebody's discharge and where beds are available. All this helps people to be moved through their care pathway more quickly and efficiently.
- Helps ensure that lengths of stay for our patients are appropriate.
- Helps to reduce the reliance on out of area beds.

This development has resulted in an enhanced bed management service which has created flow, efficiencies and productivity within the system. Implementation of new information technology systems, processes and the work of the staff, have all helped in the success of this innovative project.

## South Tyneside and Sunderland

### **Positive and safe in community services**

A Positive and Safe launch event was held in November 2018 for the community services within our locality. This was a fantastic opportunity to find out about the success of the strategy within inpatient services and consider how we can transfer the learning and good practice to the community. Staff were keen to make a start on implementing interventions

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following the event; acknowledging that some service users move between inpatients to the community, therefore would recognise and understand the interventions.

We have commenced a Positive and Safe forum and each of our community teams have nominated Positive and Safe representatives. The enthusiasm from the teams has been fantastic, with staff making immediate changes and implementing interventions to improve the service user and carer experience. Examples were bringing in book cases and books for waiting areas as well as toys for children.

### **Lesson Learned Reflective Forum for Community services**

A reflective practice forum has been established within the South community clinical business unit to support the lessons learned framework. The forum reviews all serious incidents, after action reviews and mortality reviews using a reflective model to consider any learning from the event and consider actions to reduce future reoccurrence. The forum also includes the sharing of good practice and positive news stories. To date the forum has engaged over 30 clinicians with representation from all South community clinical services.

### **Non-medical prescribing strategy**

Developments are occurring within the South Tyneside community team with a view to evaluation and further roll out across other services. The work of the non-medical prescribing lead also includes chairing a local non-medical prescribing development forum, supporting the supervision of non-medical prescribers and recruitment of clinicians who wish to undertake training within this area (in line with the workforce plan).

# NICE Guidance Assessments Completed 2018/19

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2018/19 the Trust undertook the following assessments against appropriate guidance to further improve quality of service provided. Assessments were conducted against all published NICE guidance deemed relevant to the Trust

Table 16: NICE Guidance Assessments Completed in 2018/19

Ref	Topic Details / Objective	Compliance Status/ main actions
QS 53	Anxiety	Partially Compliant: The development of an anxiety e-pathway is an a important enabler in ensuring anxiety Interventions are evidence based
QS 139	Oral health promotion in the community	Partially Compliant: Develop a Service Level Agreement with the dental service in Newcastle upon Tyne Hospitals
NG6	Excess winter deaths and illness and the health risks associated with cold homes	Non-Compliant: Identify services within Northumberland that are appropriate for signposting patients
QS117	Preventing excess winter deaths and illness associated with cold homes	Non-Compliant: Align protocol to Safeguarding procedures
NG76	Child abuse and neglect	Fully Compliant: Recommendations specific to child trafficking (1.3.45 – 1.3.47) requires adding to Safeguarding Children Policy (NTW(c) 04) )
QS 88	Personality Disorders: Borderline and antisocial	Fully Compliant: Increase joint working and scaffolding between Children and Young People and adult services with clients undergoing transition (use of 'Moving on Plan' and the transition protocol).
QS147	Healthy workplaces: improving employee mental and physical health and wellbeing	Partially Compliant: clinical business units ensure that there is a strategic approach to staff wellbeing and included in service development plans. All operational levels of decision-making take account of the impact on staff wellbeing and team resilience
QS 144	Care of Dying Adults in the last days of Life	Fully Compliant: Ensure medicines are available for safe administration when required and staff have an awareness of anticipatory medicines.
NG 108	Decision Making and Mental Capacity	Fully Compliant: Improvements to the formation of Patient Care plans by supporting decision makers in relation to capacity assessments and best interest decisions

Ref	Topic Details / Objective	Compliance Status/ main actions
NG 93	Learning disabilities and behaviour that challenges: service design and delivery	Partially Compliant: It has been agreed by the Autism and Learning Disability Clinical Strategic Network to develop a Positive Behaviour Support Steering group. The purpose of this group will be to oversee the maintenance of quality in the delivery of Positive Behaviour Support. This will include the development and delivery of in-house training to new staff and to offer on-going training as part of an agreed Training-Star.
NG 56	Multimorbidity: clinical assessment and management	Partially Compliant: Need to optimize care for long term conditions – More integrated services
NG 54	Learning disabilities: identifying and managing mental health problems	Partially Compliant: We have expertise in therapeutic areas but not consistently across the Trust. The use of an agreed training strategy will enable the delivery of skills within house at a manageable pace within existing resources.
QS 142	Mental health problems in people with learning disabilities: prevention, assessment and management	

Data source: NTW

## Part 2c

# Mandatory Statements relating to the Quality of NHS Services Provided

## Review of Services

During 2018/19 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 174 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 174 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 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 2018/19.

## Participation in clinical audits

During 2018/19, 16 national clinical audits and 1 national confidential enquiry covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

The national clinical audits eligible for participation by Northumberland, Tyne and Wear NHS Foundation Trust during 2018/19 are shown in Table 17.

*Table 17: National Clinical Audits 2018/19 and National Confidential Enquiries 2018/19*

National Clinical Audits 2018/19	
1	POMH-UK Topics 1g & 3d: Prescribing High Dose & Combined Anti-Psychotics
2	POMH-UK Topic 17a: Use of Depot / LA Anti-psychotic injections for relapse prevention
3	POMH-UK Topic 15b: Prescribing Valproate for Bipolar Disorder
4	POMH-UK Topic 16b: Rapid Tranquillisation
5	POMH-UK Topic 18a: Prescribing Clozapine
6	POMH-UK Topic 6d: Assessment of the Side Effects of Depot Anti-Psychotics (BAF)
7	POMH-UK Topic 7f: Monitoring of Patients Prescribed Lithium
8	Specialist Rehabilitation for Patients with Complex Needs following Major Injury
9	National Clinical Audit of Psychosis (NCAP)
10	CCQI Early Intervention in Psychosis Network: Self-Assessment Audit 2017/18
11	National Clinical Audit of Anxiety & Depression (NCAAD)
12	National Audit of Care at the End of Life
13	NCAP Spotlight Audit: Early Interventions in Psychosis (EIP)
14	Audit of Comprehensive Health Assessment Tool (CHAT)
15	NCAAD Spotlight Audit: Psychological Therapies
16	National Audit for Falls (Falls & Fragility Fractures Audit Programme)
National Confidential Enquiries 2018/19	
1	National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

Data source: NTW and [HQIP](#)

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

The national clinical audits that Northumberland, Tyne and Wear NHS Foundation Trust participated in, **and for which data collection was completed during 2018/19**, are listed below alongside the number of cases submitted to each audit, and as a percentage of the number of registered cases required by the terms of that audit if applicable.

*Table 18: Cases submitted for National Clinical Audits 2018/19*

National Clinical Audits 2018/19		Cases submitted	Cases required	%
1	National Clinical Audit of Anxiety & Depression (CA-17-0029)	Sample Provided: 105 Core Audit: 100 Random Quality Check: 5	105	100%
2	National Audit of Care at the End of Life (CA-18-0001)	Contextual Data only	n/a	n/a
3	NCAP Spotlight Audit: Early Interventions in Psychosis (CA-18-0014)	Sample Provided: 233 Contextual Questionnaires:6	233	100%
4	Audit of Comprehensive Health Assessment Tool (CA-18-0015)	Sample Provided: 30	30	100%
5	NCAAD Spotlight Audit: Psychological Therapies (CA-18-0018)	Sample Provided: 122 Core Audit: 83 Random Quality Check: 39	122	100%
6	POMH-UK Topic 16b: Rapid Tranquillisation (CA-17-0033)	Sample Provided: 46	46	100%
7	POMH-UK Topic 18a: Prescribing Clozapine (CA-18-0013)	Sample Provided: 194	194	100%
8	POMH-UK Topic 7f: Monitoring of Patients Prescribed Lithium (CA-18-0028)	Sample Provided: 110	110	100%
9	POMH-UK Topic 6d: Assessment of the Side Effects of Depot Anti-Psychotics (BAF)	Sample Provided: 223	223	100%

Data source: NTW and [HQIP](#)

Northumberland, Tyne and Wear NHS Foundation Trust returned 98% of National Confidential Inquiry into Suicide and Safety in Mental Health questionnaires between 2015 and 2018.

The reports of 4 national clinical audits were reviewed by the provider in 2018/19, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

*Table 19: Actions to be taken in response to National Clinical Audits*

Project	Actions
1 Topic 1g & 3d: Prescribing High Dose and Combined Anti-Psychotics (CA-16-0089)	<ol style="list-style-type: none"> <li>1. To enhance awareness of HDAT guidelines for trainees working in rehabilitation wards.</li> <li>2. To educate staff members in HDAT monitoring in rehab/complex needs teams.</li> <li>3. To include CGI as part of standard documents i.e. care-coordination document in RiO, so can be completed at CPA meeting every 3 months.</li> <li>4. To establish a prescribing meeting on each rehab/complex needs ward and incorporate review of HDAT monitoring in the prescribing meetings.</li> <li>5. To share findings with Rehabilitation / Complex Needs Clinical Network</li> </ol>
2 Topic 17a: Use of Depot / Long Acting Anti-psychotic injections for relapse prevention. (CA-17-0008)	<ol style="list-style-type: none"> <li>1. To share with staff across Trust via Safer care outlining audit results and reminding staff of needs based approach of care plans and depot card standards.</li> <li>2. To update Trust Policies with specific reference to prescribers needing to re-write depot charts within six months and to include reference to CTO 11/12 forms and the need for these to be located with the depot chart.</li> </ol>
3 POMH-UK Topic 15b: Prescribing Valproate for Bipolar Disorder (CA-17-0011)	<ol style="list-style-type: none"> <li>1. To Update Safe Prescribing of Valproate policy incorporating Pregnancy Prevention Programme and disseminate to Trust-wide</li> <li>2. Present CRIS valproate search results to localities and encourage annual audit against standards contained in PPT-PGN-25</li> <li>3. To Update valproate risk register entry</li> </ol>
4 NCAP Spotlight Audit: Early Interventions in Psychosis (CA-18-0014)	<ol style="list-style-type: none"> <li>1. To prepare Wave 2 transformation funding of IPS workers.</li> <li>2. To provide Feedback to the teams to encourage routine collection of outcome data and share results with staff</li> <li>3. To improve use of QPR on RiO and include scoring in supervision and CPA review</li> <li>4. To nominate a lead for physical health assessments and interventions within each team.</li> <li>5. To develop a local team action plan around reducing weight gain and smoking</li> <li>6. To encourage the use of Triangle of Care and REACT to ensure carer support is provided.</li> </ol>

Data source: NTW

Additionally, 16 Priority clinical audits were reviewed by the provider in 2018/19 and the details can be found in Appendix 2.

## Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2018/19 that were recruited

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during that period to participate in research approved by a research ethics committee was 2992.

This is an 80% increase on last year's recruitment figure.

The Trust was involved in 80 clinical research studies in mental health, dementia, learning disability and neuro-rehabilitation related topics during 2018/19, of which 52 were National Institute for Health Research (NIHR) portfolio studies.

This is a 6% increase from last year's figure.

During 2018/2019, 164 clinical staff employed by the trust participated in ethics committee approved research.

We have continued to work closely with the NIHR Clinical Research Network to support large scale national portfolio research projects and have achieved further successes with respect to large scale research funding in collaboration with Newcastle University.

According to the latest NIHR Clinical Research Network annual league tables NTW are the 4th most research active mental health and disability trust in England based on the number of active research studies.

## Goals agreed with commissioners

### **Use of the Commissioning for Quality & Innovation (CQUIN) 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 2018/19 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. Further details of the agreed goals for 2018/19 and for the following 12 month period are available electronically at [www.ntw.nhs.uk](http://www.ntw.nhs.uk).

For 2018/19, 6.0m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6.4m in 2017/18).

## CQUIN Indicators

All CQUIN requirements for 2018/19 are fully delivered for quarters 1 to 3 and pending agreement for quarter 4. A summary of CQUIN indicators for 2017/18 and 2018/19 is shown in [Table 20](#) below, with a summary of the actions completed for each indicator.

Note that the CQUIN indicators are either mandated or developed in collaboration with NHS England and local Clinical Commissioning Groups (CCGs), the current CQUIN programme

spans two years 2017/18 and 2018/19. The range of CQUIN indicators can vary by commissioner, reflecting the differing needs and priorities of different populations.

Table 20: CQUIN Indicators to improve Safety

CQUIN Indicators to improve Safety
<b>Reducing Restrictive Practices within adult low and medium secure inpatient services</b>
<p>Reducing Restrictive Practice is part of the Trust’s CQC compliance strategies and a Trustwide group has been established to develop a Trust Practice Guidance Note to ensure that Restrictive Practice is managed across the organisation.</p> <p>An overarching statement was developed for the CQC by the Trust to outline its response.</p> <p>A patient “Speak Easy” event is being arranged to engage and develop a co-produced response to the CQUIN and enable further work to be undertaken regarding the identified restrictive interventions, practices, blanket restrictions, and life on the Secure Care wards.</p> <p>All data and Restriction With Reason care is discussed within multi-disciplinary team and clinical management team meetings for Secure Clinical Business Unit.</p> <p>Training will be undertaken across Secure Care and the Trust.</p> <p>Data collection is ongoing however further work to the Trust internal dashboard and RiO is required to capture more data.</p>
<b>Improving Staff Health &amp; Wellbeing</b>
<p>The Trust was required to achieve a 5% point improvement in two of the three NHS annual staff survey questions on health and wellbeing, musculoskeletal problems and stress. Although the required improvement was not achieved, we were significantly above the national average.</p> <p>The Trust achieved all of the requirements of the health food survey and have met some of the 2018/19 requirements. These includes:</p> <ol style="list-style-type: none"> <li>a) Signing up to the national sugar-sweetened beverage reduction scheme</li> <li>b) Total litres of sugar-sweetened beverage sold account for 10% or less of all litres of drinks sold in 2018/19</li> <li>c) 80% of confectionary and sweets do not exceed 250 Kcal</li> <li>d) At least 75% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.</li> </ol> <p>76% of frontline workers received the influenza vaccine (75% target).</p>
<b>Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness</b>
<p>Whilst the Trust has made significant strides in relation to sharing information with GP colleagues as NTW staff can view primary care records via the Medical Operability Gateway performance in relation to the use of an electronic format for discharge and CPA summaries has fallen short of the CQUIN requirements. NTW has however continued to</p>

### CQUIN Indicators to improve Safety

send paper formats ensuring GP colleagues have continued to receive timely information following discharge.

The Trust was successful in ensuring all targets were met in relation to the screening and intervention of service users with severe mental illness or Early Intervention in Psychosis as indicated within the Lester tool

### Preventing ill health by risky behaviours – alcohol and tobacco

The Trust was successful in ensuring that over 90% of inpatient service users were screened for alcohol and tobacco use and if required provided with a brief advice intervention. Nicotine replacement therapy is also made available during inpatient admissions.

Table 21: CQUIN Indicators to improve Patient Experience

### CQUIN Indicators to improve Service User & Carer Experience

#### Health & Justice – Patient Experience

The Points of You feedback survey has been rolled out in Liaison and Diversion services with work ongoing to improve the response rates, for more information on Points of You please see pages 48 and 104. Regular meetings and drop in sessions have been set up throughout the year. Courses running through the period include Patient Perspective, This is me, caring for yourself and others, Dialectical Behaviour Therapy and Wellness Recovery Action Plan, Tai Chi, Creative Wellness, mood and food, Getting back to Nature, Recovery Garden, Challenge Cup, Yoga, astronomy, Music through recovery, Road to recovery, DIY. Locker Project, Photography.

Table 22: CQUIN Indicators to improve Clinical Effectiveness

### CQUIN Indicators to improve Clinical Effectiveness

#### Development of Recovery Colleges for adult medium and low secure inpatients

A variety of courses are provided for service users with regular review of how they have engaged and enjoyed the courses.

#### Transitions out of Children and Young People's Community Mental Health Services

An audit of those transitioning from the mental health care pathway was completed, and has identified that young people and their families were involved in and agreed their transition plan. However, further work needs to be done to ensure that transition planning begins as early as possible with the relevant people (recommended 6-12 months prior to transition). Our services will continue to embed the 'My Moving On Plan' booklet to promote a smooth transition for young people from Child and Young People's Community Mental Health Services.

#### Children and Young People's Inpatient Transitions

All 5 areas have been achieved:

1. Planning for discharge/transition at the point of admission
2. Involve the young person in all discussions and decisions (as much as possible/ appropriate)

### CQUIN Indicators to improve Clinical Effectiveness

3. Involve the family/carers in all discussions and decisions (as much as possible/appropriate) - Ongoing work to involve families in shaping patients care will be undertaken via the Service User and Carer Review Meeting.
4. Liaise early with other agencies
5. Numbers of delayed discharges - There has been a reduction in delayed discharges as a result of dedicated staff having been employed to support the passage of young people through the pathway at Ferndene.

### Specialised Services Discharge & Resettlement

Systems are now in place to record and report estimated discharge dates in Forensic services. The service continually monitors discharge dates and delayed discharges are regularly monitored.

A small fund has been set up to support discharges that may otherwise be delayed due to issues relating to small items of expenditure (for example, a service user requiring a fridge).

### Improving services for people with mental health needs who present to A&E

Building on the work undertaken in 2017/18 NTW has worked in partnership with acute trust colleagues to identify service users who would benefit from a multi-agency care plan with the aim of reducing the number of A&E attendances. The 20% reduction was achieved in the South however the target was narrowly missed for the North and Central CCGs. This was in relation to service users with comorbid physical and mental health problems who as a result of physical issues have continued to attend A&E.

Data source (Table 20 to Table 22): [NHS England](#) and NTW

## 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 2018/19.

Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2018/19. In April 2018 the Care Quality Commission conducted a routine inspection of four core services (Acute wards for adults of working age and psychiatric intensive care units, Wards for older people with mental health problems, Child and Adolescent mental health wards and Specialist community mental health services for children and young people) and rated the Trust as "Outstanding".

Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to address the conclusions or requirements reported by the CQC:

- We will ensure that staff monitor the physical health of patients following the administration of rapid tranquillisation.

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- We will ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.
  - We will ensure patients have access to a nurse call system in the event of an emergency.

In April 2018 the Trust participated in a Thematic Review of Never Events. The findings from the national review are awaited.

In February 2019 the Trust participated in a Thematic Review of Restraint, Seclusion and Long Term Segregation Thematic Review. The findings from the national review are awaited.

## Northumberland, Tyne and Wear NHS Foundation Trust

**Overall rating**

Inadequate      Requires improvement      Good      **Outstanding** 

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good	Outstanding 	Good	Good	Outstanding 	Outstanding 
Community mental health services for people with learning disabilities or autism	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 	Outstanding 
Community-based mental health services for adults of working age	Good	Outstanding 	Outstanding 	Good	Good	Outstanding 
Community-based mental health services for older people	Good	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Outstanding 	Outstanding 	Outstanding 
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Outstanding 	Outstanding 	Good	Outstanding 	Outstanding 
Substance misuse services	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding 	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 	Outstanding 

## External Accreditations

The Trust has gained national accreditation for the quality of services provided in many wards and teams.

43% of adult, older people's and rehabilitation mental health wards have achieved the Accreditation for Inpatient Mental Health Services.

100% of the adult forensic medium and low secure wards have been accredited by the Quality Network for Forensic Mental Health Services.

100% of children and young people's wards have been accredited by the Quality Network for Inpatient Children and Adolescent Mental Health Services.

*Table 23: Current clinical external accreditations (as at 31 March 2019)*

External Accreditation	Ward/Department	Location
Accreditation for Working Age Wards (AIMS)	Collingwood Court	Campus for Ageing and Vitality
	Longview	Hopewood Park
	Shoredrift	Hopewood Park
	Springrise	Hopewood Park
Quality Network for Psychiatric Intensive Care Unit (QNPICU)	Beckfield	Hopewood Park
Quality Network for Older Adult Wards (QNOAMHS)	Akenside	Campus for Ageing and Vitality
	Hauxley	St George's Park
	Mowbray	Monkwearmouth Hospital
	Roker	Monkwearmouth Hospital
Accreditation for Rehabilitation Wards (AIMS)	Aldervale	Hopewood Park
	Kinnersley	St George's Park
	Newton	St George's Park
Quality Network for Forensic Mental Health Services (QNFMHS)	Bamburgh Clinic	St Nicholas Hospital
	Bede Ward	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Quality Network for Inpatient CAMHS (QNIC)	Stephenson	Ferndene
	Fraser	Ferndene
	Redburn	Ferndene
	Ferndene PICU	Ferndene
	Alnwood	St Nicholas Hospital
Quality Network for Community CAMHS (QNCC)	Northumberland CYPS	Northgate Hospital
	Sunderland and South Tyneside CYPS	Monkwearmouth Hospital
ECT Accreditation Scheme (ECTAS)	Hadrian ECT Clinic	Campus for Ageing and Vitality
	ECT Treatment Centre	St George's Park
Psychiatric Liaison Accreditation Network (PLAN)	Sunderland Psychiatric Liaison Team	Sunderland Royal Hospital

Quality Network for Eating Disorders (QED)	Ward 31a	Royal Victoria Infirmary
Home Treatment Accreditation Scheme (HTAS)	Newcastle Crisis Assessment and Home Based Treatment Service	Ravenswood Clinic
	Sunderland Crisis Team	Hopewood Park
	South Tyneside Crisis Team	Palmers Community Hospital
	Gateshead Crisis Team	Tranwell Unit
Accreditation for Psychological Therapies Services (APPTS)	Northumberland Crisis Team	St George's Park
	Sunderland Psychological Wellbeing Service (IAPT)	Monkwearmouth Hospital
	Sunderland and South Tyneside Psychological Services	Monkton Hall

Data source: NTW

## Data Quality

Good quality information underpins the effective delivery of 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 2019/20 the Trust will build upon actions already taken to ensure that we continually improve the quality of information we provide.

*Table 24: Actions to be taken to improve data quality*

Clinical Record Keeping	We will continue to monitor the use of the RiO clinical record system, learning from feedback and incidents, measuring adherence to the Clinical Records Keeping Guidance and highlighting the impact of good practice on data quality and on quality assurance recording. We will continue to improve and develop the RiO clinical record system in line with service requirements.
NTW Dashboard development	We will continue to review the content and format of the existing NTW dashboards, to reflect current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements. We will continue to develop and embed the Points of You dashboards. For more information on Points of You please see pages 48 and 104.
Data Quality Kite Marks	We will continue to roll out and review the use of data quality kite marks in quality assurance reports further.
Data Quality Group	We will implement a Trust wide data quality group.
Mental Health Services Dataset	We will continue to understand and improve data quality issues and maintain the use of national benchmarking data. We will seek to gain greater understanding of the key quality metric data shared between

	Mental Health Services Dataset, NHS Improvement and the Care Quality Commission.  We will continue to improve our data maturity index score and understand areas where improvement is required.
Consent recording	We will continue to redesign the consent recording process in line with national guidance and support the improvement of the recorded consent status rates.
ICD10 Diagnosis Recording	We will continue to increase the level of ICD10 diagnosis recording within community services.
Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and four factor analysis to support the consistent implementation of outcomes approaches in mental health.
Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements. We will monitor and improve our data quality in line with our CQUIN requirements, Specialised Mental Health and the Aggregate Contract Monitoring dataset.
Quality Priorities	We will continue to develop a robust reporting structure to support the quality priorities relating to waiting times and improving inpatient care.
Outcome Measures	We will enhance the current analysis of outcome measures focusing on reporting information back to clinical teams.

Data source: NTW

## North East Quality Observatory (NEQOS) Retrospective Benchmarking of **2017/18** Quality Account Indicators

NEQOS provide expert clinical quality measurement services to many NHS organisations in the North East.

NTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2017/18 with those of all other NHS Mental Health and Disability organisations. A summary of frequent indicators found in all Quality Accounts has been provided in Table 25 below:

*Table 25: Nationally available Quality Account indicators for 2017/18*

Quality Account Indicators		Target	England Average	Peer*	NTW
1	Staff who would recommend the trust to their family/friends	-	3.66	3.65	<b>3.81</b>
2	Admissions to adult urgent care wards gatekept by Crisis Resolution Home Treatment Teams (%) Q4 17/18	95%	98.7	98.8	<b>99.7</b>
3	Inpatients receiving follow up contact within 7 days of discharge (%) Q4 17/18	95%	95.5	95.7	<b>97.7</b>
4	Incidents of severe harm/death (%) 2017/18	-	1.1	1.7	<b>0.7</b>

Quality Account Indicators		Target	England Average	Peer*	NTW
5	CPA formal review within 12 months (per March 2018)	95%	77.8	85.8	<b>83.2</b>
6	Early Intervention in Psychosis patients treated within 2 weeks March 2018	50%	75.9	80.5	<b>95.2</b>
7	Patients recommending service (%), Friends and Family Test Jan to March 2018		88.7	87.7	<b>89.1</b>
8	Written complaints per 1,000 FTEs, 2017/18		83.3	111.1	<b>55.2</b>

Data source: North East Quality Observatory

The above table shows that the Trust consistently performs above average.

\*Table 25 includes data for a peer group of similar trusts: Birmingham and Solihull Mental Health NHS Foundation Trust; Cheshire and Wirral Partnership NHS Foundation Trust; Lancashire Care NHS Foundation Trust; North East Essex Mental Health NHS Trust; Oxford Health NHS Foundation Trust; South London and Maudsley NHS Foundation Trust; Sussex Partnership NHS Foundation Trust; and Tees, Esk and Wear Valleys NHS Foundation Trust

## Learning from Deaths

The Serious Incident Framework (2015) forms the basis for the Trust's Incident Policy which guides/informs the organisation about reporting, investigating and learning from incidents including deaths. The Learning from Deaths policy supports and enhances this learning and investigation process. This is currently being revised in collaboration with other mental health and learning disability Trusts in the North of England.

We report all deaths of people with learning disabilities who are service users to the Learning Disabilities Mortality Review (LeDeR) Programme for further investigation, from which we have received no feedback to date.

During 2018/19, 1,035 of Northumberland, Tyne and Wear NHS Foundation Trust's patients were reported to have died, with the majority of these being natural deaths in nature.

This comprised the following number of deaths which occurred in each quarter of that reporting period: 284 in the first quarter; 244 in the second quarter; 242 in the third quarter; 264 in the fourth quarter.

Of the 1,035 deaths, and in line with our Incident Policy – NTW (O) 05 and our Learning from Deaths Policy – NTW(C) 12, 280 of these deaths would fit the criteria for further investigation.

Of the 280 deaths subject to an investigation, 51 have been subject to or are currently subject to a mortality case record review and 229 have been or are currently subject to a level 1 (after action review) or level 2 (full serious incident) investigation.

By 11 April 2019, the following investigations were carried out and completed in each quarter, 76 in the first quarter; 67 in the second quarter; 60 in the third quarter and 67 in the

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fourth quarter, some of which remain under investigation and reports not completed due to the time frames.

Three deaths representing 0.28% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

0 representing 0.00% for the first quarter;

2 representing 0.82% for the second quarter;

1 representing 0.41% for the third quarter;

0 representing 0.00% for the fourth quarter.

These numbers have been estimated using the findings from Serious Incident investigations. Where there has been either a root or contributory cause found from the incident review then this has been used as a way to determine if the patient death may have been attributable to problems with care provided. There is currently no agreed or validated tool to determine whether problems in the care of the patient contributed to a death within mental health or learning disability services so we are using this approach until such a tool becomes available. This means that currently mental health and learning disability organisations are using differing ways of assessing this. The Royal College of Psychiatrists has developed a mortality review tool which the Trust is currently piloting along with other mental health and learning disability trusts.

Over the last twelve months our investigations have identified five main areas of **learning**:

### **Risk assessment**

It has been identified that when assessing the risk of the patient the FACE risk scoring is not correlating with the narrative of risk. Also when there is a change to the presentation of risk this is not being reflected in the risk management plan.

A Trust-wide review of FACE has been undertaken and a guide “FACE – Frequently Asked Questions” (March 2019) produced to guide staff to use the tool consistently. This is attached to the Care Co-ordination Policy NTW(C) 20. This has been published in the Safer Care Bulletin and a presentation arranged for the Learning and Improvement Group.

### **Physical health monitoring**

The management of problems relating to physical health monitoring has been identified in several cases, with examples of learning needs identified including policies not being followed and lack of awareness of clinical symptoms. Specifically, the prescribing of anti-psychotics with a patient who has a diagnosis of dementia and the recording of rationale for use has been highlighted.

Venous Thromboembolism assessment and monitoring has also been identified as not always being carried out in an appropriate and timely fashion.

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Central Alerts, learning bulletins and specific training sessions have been actioned to educate and raise staff awareness.

### **Safeguarding**

Issues identified include variable understanding about the importance of raising Safeguarding alerts internally and the support and supervision that is available once this has been carried out. Also, variable awareness of the process of obtaining a forensic history from the police and the difference between local and national intelligence.

Safety Bulletins have been used to raise awareness and training for staff has been provided by the Safeguarding Team.

### **Clinical Judgement**

Investigations have found that the rationale for choosing a specific treatment plan is not always documented appropriately. Teams should consider that the service user's presentation is not static, and to have the space for discussion when there is a differing of conclusion about presentation and risk.

Staff are asked to reflect on incidents reviewed via team meetings and supervision.

### **Management of Waiting Lists**

Several incidents have been reviewed where the patient was waiting for treatment. These cases have all been individual and waiting times vary between teams. However a trust wide project is currently underway and will be presented at a forthcoming Quality Review Groups for to provide assurance for the Commissioners of mental health services.

### **Dissemination of Learning**

Learning can be both trust wide and individual/team specific and the Trust uses a variety of methods to share learning across the organisation. This includes discussing learning within team meetings, learning groups and individual supervision of staff.

Making sure the learning becomes part of practice within the organisation and across the organisation is done in several different ways. The organisation has a variety of audit programmes running which will check if any learning from deaths is put into practice. Changes made from learning are introduced into policies which are regularly reviewed. Training programmes are changed and updated following learning from incident investigation findings. Teams have learning at the top of their agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture. Learning groups use incident findings to inform their agendas to check out staff understanding of learning and the impact on their service areas.

The Trust has developed a Safer Care monthly bulletin which disseminates lessons arising from investigations to all staff. The Central Alert System is used when a message is so important it needs to go across the whole organisation very quickly.

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NTW has introduced a formal Learning and Improvement Group to monitor all of the above and evaluate the impact of actions identified from incident and complaint investigations. This meeting is chaired jointly by the Executive Director of Nursing & Operations and Executive Medical Director, and can be accessed by staff from across the Trust using Skype.

## Investigations into deaths in 2017/18

No case record reviews and 18 investigations completed after 11 April 2018 which related to deaths which took place before the start of 2018/19.

One representing 0.10% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the findings from Serious Incident investigations. Where there has been either a root or contributory cause found from the incident review then this has been used as a way to determine if the patient death may have been attributable to problems with care provided. There is currently no agreed or validated tool to determine whether problems in the care of the patient contributed to a death within mental health or learning disability services so we are using this approach until such a tool becomes available. This means that currently mental health and learning disability organisations are using differing ways of assessing this. The Royal College of Psychiatrists has developed a mortality review tool which the Trust is currently piloting along with other mental health and learning disability trusts.

9 representing 0.87% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

## NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data for April 2018 to January 2019.

The percentage of records in the published data which included the patient's valid NHS number was:

99.6% for admitted patient care; and 99.5% for outpatient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

99.9% for admitted patient care; and 99.9% for outpatient care.

## Data Security and Protection Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Data Security and Protection Toolkit submission for March 2019 was that we fully met 100 out of 100 assertions. In 2018/19 the Information Governance Toolkit was replaced by the Data Security and Protection Toolkit.

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## Clinical Coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

## Safe working hours for doctors in training

A report on safe working hours for doctors in training covering January to December 2018 was presented to the NTW Trust board in January 2019. The report is reproduced in Appendix 3.

# 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 26: 7 day follow up data 2016/17 to 2018/19 (higher scores are better)

7 day follow up %	2016/17				2017/18				2018/19			
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q3	Q4
NTW	99.1%	98.5%	99.1%	98.5%	99.1%	98.5%	99.1%	98.5%	<b>97.1%</b>	<b>96.5%</b>	<b>96.7%</b>	<b>96.9%</b>
National Average	97.0%	96.8%	97.0%	96.8%	97.0%	96.8%	97.0%	96.8%	<b>95.8%</b>	<b>95.7%</b>	<b>95.5%</b>	<b>95.8%</b>
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Lowest national	88.9%	83.4%	88.9%	83.4%	88.9%	83.4%	88.9%	83.4%	<b>73.4%</b>	<b>83.0%</b>	<b>81.6%</b>	<b>83.5%</b>

Data source: [NHS England](#)

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 27: Gatekeeping data 2016/17 to 2018/19 (higher scores are better)

Gate-Keeping %	2016/17				2017/18				2018/19			
	Q2	Q3	Q2	Q3	Q2	Q3	Q2	Q3	Q1	Q2	Q3	Q4
NTW	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
National Average	97.0%	97.4%	97.0%	97.4%	98.7%	98.6%	98.5%	98.7%	<b>98.1%</b>	<b>98.4%</b>	<b>97.8%</b>	<b>98.1%</b>
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Lowest national	48.5%	61.9%	48.5%	61.9%	88.9%	94.0%	84.3%	88.7%	<b>85.1%</b>	<b>81.4%</b>	<b>78.8%</b>	<b>88.2%</b>

Data source: [NHS England](#)

The score from 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 score, and so the quality of its services by continuing to hold multidisciplinary staff engagement sessions at Trust and local levels regarding the results of the staff survey and identifying actions for improvement.

“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”

Table 28: NHS staff survey data (question 21d), shown against benchmarking group

% Agree or Strongly Agree	2016	2017	2018
NTW %	72%	68%	<b>69%</b>
National Average %	59%	61%	<b>61%</b>
Highest national %	82%	87%	<b>81%</b>
Lowest national %	44%	42%	<b>38%</b>

Data source: [Staff Survey Coordination Centre](#)

## ‘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 score, 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 29: Community Mental Health survey scores, 2016 to 2018

Health and social care workers	2016	2017	2018
NTW	7.7	7.6	<b>7.4</b>
National Average	7.3	7.2	<b>7.1</b>
Highest national	8.0	8.0	<b>7.7</b>
Lowest national	6.5	6.0	<b>5.9</b>

Score out of 10, higher are better. Scores based on same two questions used in 2018

Data source: [CQC](#)

## 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 Reporting and Learning 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 30: Patient Safety Incidents, National Reporting and Learning System

Indicator	Performance	2016/17 Apr-Sep	2016/17 Oct-Mar	2017/18 Apr-Sep	2017/18 Oct-Mar	2018/19 Apr-Sep	2018/19 Oct-Mar
Number of PSI reported (per 1,000 bed days)	NTW	49	52	43	44	<b>48</b>	
	National average	42	42	48	46	<b>51</b>	
	Highest national	89	88	127	97	<b>114</b>	
	Lowest national*	10	11	16	15	<b>25</b>	
Severe PSI (% of incidents reported)	NTW	0.8%	0.5%	0.4%	0.3%	<b>0.4%</b>	
	National average	0.3%	0.3%	0.3%	0.3%	<b>0.3%</b>	
	Highest national	2.9%	1.8%	2.0%	2.1%	<b>2.1%</b>	
	Lowest national*	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>	
PSI Deaths	NTW	0.8%	1.0%	0.5%	0.2%	<b>0.3%</b>	
	National average	0.8%	0.8%	0.7%	0.8%	<b>0.8%</b>	

Indicator	Performance	2016/17 Apr-Sep	2016/17 Oct-Mar	2017/18 Apr-Sep	2017/18 Oct-Mar	2018/19 Apr-Sep	2018/19 Oct-Mar
(% of incidents reported)	Highest national	10.0%	3.8%	3.4%	3.9%	<b>2.3%</b>	
	Lowest national*	0.1%	0.0%	0.0%	0.0%	<b>0.1%</b>	

Data source: [NHS Improvement](#) Data for October 2018 to March 2019 will be published on 25 September 2019

\*note that some organisations report zero patient safety incidents, national average for mental health trusts

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## Part 3

# Review of Quality Performance

In this section we report on the quality of the services we provide, by reviewing progress against indicators for quality improvement, including the NHS Improvement Single Oversight Framework, performance against contracts with local commissioners, statutory and mandatory training, staff sickness absence and staff survey results.

We have reviewed the information we include in this section to remove duplication and less relevant data compared to previous quality accounts. We have included key measures for each of the quality domains (safety, service user experience and clinical effectiveness) that we know are meaningful to our staff, our Council of Governors, commissioners and partners.

## NHS Improvement Single Oversight Framework

The NHS Improvement Single Oversight Framework identifies NHS providers' potential support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Individual trusts are “segmented” by NHS Improvement according to the level of support each trust needs. In 2018/19 NTW has been assigned a segment of “1 – maximum autonomy”.

Table 31: Self-assessment against the Single Oversight Framework as at March 2019 (previous year data in brackets where available)

	Period	Trustwide	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	South Tyneside CCG	Sunderland CCG
<b>Patient Safety Quality Indicators</b>							
Admissions to adult facilities of patients under 16	2018/19 (2017/18)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
CPA follow up - proportion of discharges from hospital followed up within 7 days	2018/19 (2017/18)	96.8% (97.2%)	95.3% (96.3%)	99.0% (98.1%)	97.9% (96.1%)	95.1% (97.4%)	97.8% (98.6%)
Inappropriate Out of Area Placements <i>average bed days per month</i>	2018/19 (2017/18 Q4 avg.per month)	40 (16)	11 (28)	6 (0)	8 (13)	1 (0)	14 (7)
<b>Clinical Effectiveness Quality Indicators</b>							
% clients in settled accommodation	2018/19 (2017/18)	80.7% (77.3%)	82.8% (79.9%)	80.9% (74.7%)	84.5% (79.8%)	77.9% (81.9%)	81.4% (73.9%)
% clients in employment	2018/19 (2017/18)	6.7% (6.5%)	5.9% (6.3%)	8.7% (8.9%)	7.2% (6.8%)	9.0% (4.7%)	5.2% (4.3%)
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:							
• Inpatient wards	2018/19 (31/03/2018)	98.4% (85.0%)					
• Early intervention in psychosis services	2018/19 (31/03/2018)	90.7% (76.7%)					
• Community mental health services (people on care programme approach)	2018/19 (31/03/2018)	98.2% (58.8%)					
Data Quality Maturity Index	Q2 2018/19 (Q2 2017/18)	95.8% (91.7%)					
IAPT- Proportion of people completing treatment who move to recovery	March 2018 (Q4 2017/18)	55.3% (52.4%)					55.3% (52.4%)
<b>Service User Experience Quality Indicators</b>							
RTT Percentage of Incomplete (unseen) referrals waiting less than 18 weeks*	2018/19 (2017/18)	100% (99.6%)	100% (98.6%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	2018/19 (2017/18)	79.6% (83.9%)	66.7% (76.7%)	75.3% (81.6%)	80.8% (74.0%)	92.2% (95.7%)	98.6% (95.1%)
IAPT Waiting Times to begin treatment – incomplete							
• 6 weeks	March 2019 (March 18)	99.2% (99.6%)					99.2% (99.6%)
• 18 weeks	March 2019 (March 18)	99.8% (100%)					99.8% (100%)

Data source: NTW. \*Note that this relates only to a small number of consultant-led services

## Performance against contracts with local commissioners

During 2018/19 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCGs). Table 26 below highlights the targets and the performance of each CCG against them for quarter four 2018/19 (1 January 2019 to 31 March 2019).

Table 32: Contract performance targets 2018/19 Quarter 4 (2017/18 Quarter 4 in brackets)

CCG Contract performance targets Quarter 4 2018/19 (target in brackets)	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	Sunderland CCG	South Tyneside CCG
CPA Service Users reviewed in the last 12 months (95%)	97.5% (97.4%)	98.0% (93.3%)	97.0% (95.8%)	98.7% (98.0%)	98.0% (98.1%)
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	98.2% (99.0%)	97.2% (95.8%)	97.5% (93.5%)	97.8% (99.5%)	98.1% (98.5%)
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	96.0% (96.3%)	97.1% (93.6%)	96.6% (93.4%)	95.0% (95.6%)	96.2% (95.9%)
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	96.1% (97.1%)	98.3% (97.8%)	97.1% (96.1%)	96.2% (100%)	95.2% (100%)
Current delayed transfers of care -including social care (<7.5%)	1.7% (1.5%)	4.0% (2.6%)	2.4% (0.0%)	3.2% (0.9%)	4.6% (3.2%)
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%) <small>Note that this relates only to a small number of consultant-led services</small>	100% (98.6%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)
Current service users aged 18 and over with a valid NHS Number (99%)	99.9% (99.9%)	99.9% (99.7%)	99.9% (99.8%)	100% (99.7%)	100% (99.9%)
Current service users aged 18 and over with valid Ethnicity completed (90%)	93.5% (91.8%)	94.1% (93.9%)	92.9% (92.7%)	94.7% (96.2%)	90.6% (95.5%)
The number of people who have completed IAPT treatment during the reporting period (50%)	n/a	n/a	n/a	54.3% (54.9%)	n/a

Data source: NTW

Note the figures above relate to quarter 4 average while the equivalent data in Table 31 on the previous page is for the whole of 2018/19.

# Statutory and Mandatory Training for 2018/19

It is important that our staff receive the training they need in order to carry out their roles safely.

Table 33: Training position as at 31 March 2019

Training Course	Trust Standard	Position at 31/03/2018	Position at 31/03/2019
Fire Training	85%	88.6%	90.1%
Health and Safety Training	85%	93.6%	95.8%
Moving and Handling Training	85%	94.4%	92.3%
Clinical Risk Training	85%	91.8%	77.5%
Clinical Supervision Training	85%	83.6%	87.9%
Safeguarding Children Training	85%	95.1%	92.6%
Safeguarding Adults Training	85%	94.2%	94.5%
Equality and Diversity Introduction	85%	94.0%	95.1%
Hand Hygiene Training	85%	93.2%	94.0%
Medicines Management Training	85%	83.8%	91.4%
Rapid Tranquillisation Training	85%	78.3%	91.2%
MHCT Clustering Training	85%	90.3%	87.7%
Mental Capacity Act / Mental Health Act / DOLS Combined Training	85%	74.3%	78.1%
Seclusion Training (Priority Areas)	85%	92.7%	94.1%
Dual Diagnosis Training	80%	89.2%	85.8%
PMVA Basic Training	85%	80.6%	79.4%
PMVA Breakaway Training	85%	82.3%	90.0%
Information Governance Training	95%	95.0%	95%*
Records and Record Keeping Training	85%	98.3%	98.8%

Data source: NTW. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

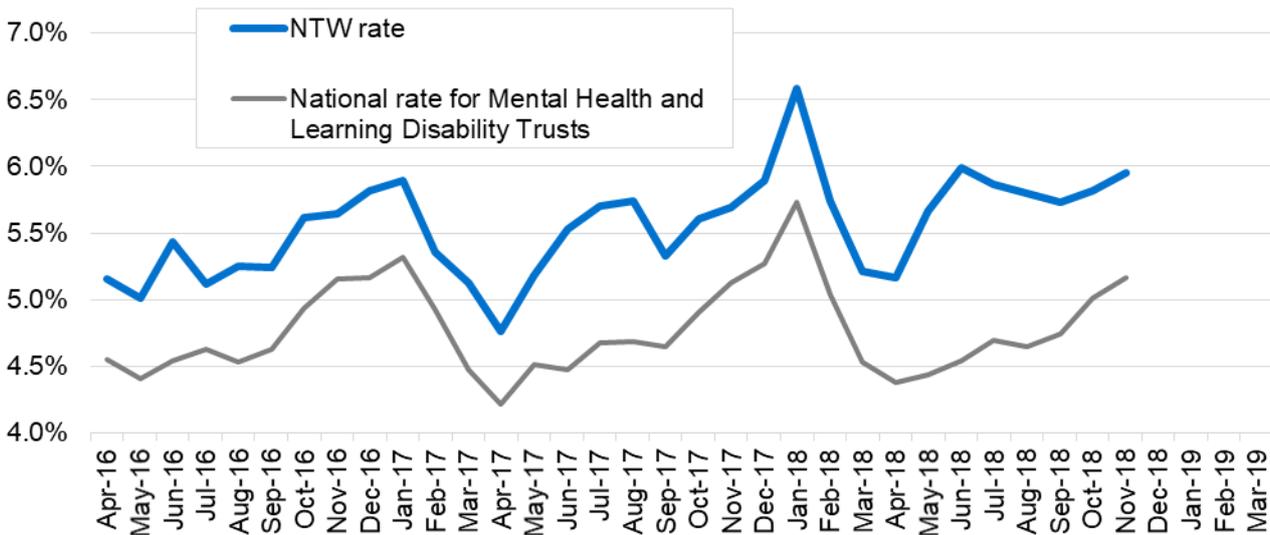
\*Information Governance training calculated slightly differently to align with NHS Improvement requirements.

<span style="color: green;">■</span>	Performance at or above target
<span style="color: yellow;">■</span>	Performance within 5% of target
<span style="color: red;">■</span>	Under Performance greater than 5%

# Staff Absence through Sickness Rate

High levels of staff sickness impact on service user care, therefore the Trust monitors sickness absence levels carefully.

Figure 23: Monthly staff sickness, NTW and national, April 2016 to November 2018



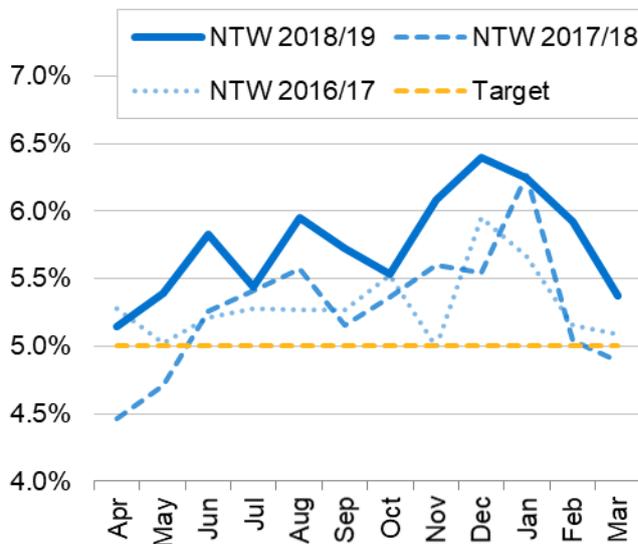
Data source: NHS Digital, Electronic Staff Record. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

The Trust continues to place a high priority on supporting the wellbeing and health of staff and this is highlighted in the Workforce and Organisational Development strategy 2017-2022.

The Trust is continually reviewing the Wellbeing and Health Agenda ensuring it is taking into account the differing needs of the staff as well as incorporating best practice and both Local and National Wellbeing agendas. Evaluating the impact of staff sickness is a Quality Priority for 2019/20.

The Trust is working with staff and partners to revise Wellbeing and Health policies which includes a review of the Trusts Occupational Health provision. There will be an increased focus on supporting staff mental health including looking at socioeconomic factors and their impact on Mental health.

Figure 24: NTW Sickness (in month) 2016/17 to 2018/19



Data source: NTW. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

We continue to hold the Better Health at Work, continuing excellence award.

## Staff Survey

Since 2010 the Trust has adopted a census approach to the Staff Survey, seeking views from all staff. Whilst the results listed here are relating to the National Survey (based on a sample), our action planning also takes into account the findings from our census report as well as themes identified from the comments received.

The Trust, in the past five years, and as a direct consequence of staff survey findings, has been working on improving its approach to staff engagement. We have developed a schedule of listening events called Speak Easy where Senior Managers listen to the views of staff across the Trust, with a focus on empowering people to be able to take action to improve matters at a local level. Staff Survey results are disseminated widely throughout the Trust with presentation of key findings at meetings with Trust Board, Corporate Decisions Team, Business Development Group, Council of Governors, Staff Side and Corporate and Operational Directorates throughout the Trust. At each of these meetings views are sought on our intentions to take action on issues highlighted in the survey results. The Trust wide Staff Survey Action Plan is agreed by Trust Board and is monitored through the Trust's Corporate Decisions Team (Workforce) Group. In addition localities also develop their own specific action plans which are monitored through local assurance groups.

Table 34: NHS staff survey responses 2016 to 2018

Response rate	2016	2017	2018
Trust	46%	64%	<b>67%</b>
National Average (Mental Health/Learning Disability)	50%	52%	<b>54%</b>

From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those. Scores for each indicator together with that of the survey benchmarking group Mental Health /Learning Disability Trusts are presented below.

Table 35: Response scores by theme, Staff Survey 2016 to 2018

Theme	2016		2017		2018	
	NTW	Benchmarking Group	NTW	Benchmarking Group	NTW	Benchmarking Group
Equality, diversity and inclusion	9.4	9.0	9.3	9.0	<b>9.3</b>	8.8
Health and wellbeing	6.6	6.2	6.6	6.2	<b>6.5</b>	6.1

Theme	2016		2017		2018	
	NTW	Benchmarking Group	NTW	Benchmarking Group	NTW	Benchmarking Group
Immediate managers	7.3	7.1	7.5	7.2	<b>7.5</b>	7.2
Morale					<b>6.6</b>	6.2
Quality of appraisals	5.9	5.5	5.9	5.5	<b>5.9</b>	5.7
Quality of care	7.7	7.4	7.5	7.3	<b>7.5</b>	7.3
Safe environment – bullying and harassment	8.3	8.0	8.3	8.0	<b>8.2</b>	7.9
Safe environment – violence	9.0	9.2	8.9	9.2	<b>9.1</b>	9.3
Safety culture	7.0	6.6	7.0	6.7	<b>7.0</b>	6.7
Staff engagement	7.2	6.9	7.1	7.0	<b>7.1</b>	7.0

Data source (*Table 34 and Table 35*): [Staff Survey Coordination Centre](#). Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

## Actions

The following are actions under consideration

- Continue to identify any concentrations of staff reporting discrimination. Actions to form part of Equality Diversity and Inclusion Group work.
- Continue to prioritise the issue of reported physical deterioration and stress at work and analyse ways in which we can meet problems.
- Look to reinforce the positive view of commitment from staff and being aware that this should not come at a cost to their own health and wellbeing.
- Continue to prioritise the development of line managers. Consider how this links directly to some of the other areas covered in the survey.
- Ensure that line managers are able to make the link between the Trust's goals and how staff fit in with this.
- Ensure that managerial and supervisory roles include the duty to give feedback to staff including both positive and negative comments as appropriate.
- Improve staff involvement in changes that happen in their area of work. Communication is key.
- Consider how all staff can be made to feel more involved in decision making processes and having more control over how they carry out their work.
- Continued focus on appraisals cycle.
- Ensure that patient experience data is regularly shared with staff to highlight areas which are positive as well as areas for improvement.
- Continue to promote awareness of the need to report incidents of violence, harassment, bullying and abuse and ensure that staff are aware of the process around this.
- Identify the location of spikes in Harassment, Bullying and Abuse from patients and the public / Managers and other colleagues.
- Explore support groups and de-briefing sessions.

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- Continue to ensure that staff are aware of the policy and process for raising concerns about unsafe clinical practice and are provided with reassurance about how these would be handled to encourage and reassure staff that their concerns will be treated seriously and with transparency.
  - Ensure that team members have shared objectives and that these are communicated effectively and understood.

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Statements from Clinical Commissioning Groups (CCG), local Healthwatch and Local Authorities

We have invited our partners from all localities covered by Trust Services to comment on our Quality Account.

## Corroborative statement from Newcastle Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland Clinical Commissioning Groups for Northumberland Tyne & Wear NHS Foundation Trust Quality Account 2018/19

The CCGs welcome the opportunity to review and comment on the Trust Quality Account for 2018/19 and would like to offer the following commentary.

Newcastle Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland Clinical Commissioning Groups (CCGs) are committed to commissioning high quality services from Northumberland Tyne and Wear NHS Foundation Trust (NTWFT) and have a responsibility to ensure that the healthcare needs of the patients that they represent are safe, effective and that they ensure that the experience of patients are reflected and acted upon.

The CCGs would like to take the opportunity to congratulate the Trust on once again being rated as “Outstanding” by the Care Quality Commission in 2018. The Trust has also won awards such as the Health Service Journal award for patient safety in the Personality Disorder teams and the Trust were recognised as a “Diversity Champion” by the LGBT charity Stonewall. The Trust has gained national recognition for the use of the Talk 1st programme. Using this approach has resulted in reductions in the use of restraint, prone restraint and violence and aggression and it is encouraging to see that inpatient and community teams across the Trust are engaged in this programme.

It is clear that the Trust has developed collaborative partnerships as evidenced in the partnership launched with one of India’s largest providers of mental health services which will allow the sharing of expertise in the delivery of care to different populations. Locally the Trust has also collaborated with colleagues in North Cumbria to develop plans to improve outcomes and resilience of mental health services in the area.

Within the Safety quality goal, the CCGs commend the Trust for the ongoing improvements that are demonstrated in the ‘inpatient experience’ priority. Clear progress has been made as shown in higher patient satisfaction levels and in the reduction of the number of complaints made. It has been encouraging to see that the bed occupancy level for older people’s beds during 2018/19 reduced to below the baseline, with a further reduction shown in Q4. The reduction in occupancy reflects better planned care and more patients being cared for in the community. It is acknowledged that bed

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utilisation remains a significant issue for the Trust and the CCGs are pleased to note that this will remain a quality priority.

The CCGs note that the Trust has not met the 'Improving waiting times' quality priority, however there have been significant improvements within non-specialised community services for adults and older people and the CCGs would like to see this continued improvement. Waiting times for children and young people have also improved compared to 2017/18 with the exception of the Sunderland CCG area where the waiting times, although remaining stable, show 41% of children and young people are still waiting more than 18 weeks. In the South Tyneside area, a reduction has been reported when compared to March 2018, however towards the end of 2018/19 this reduction slowed down. The biggest reductions in waiting times were reported in the North locality – particularly Northumberland and North Tyneside CCG areas with a sustained improvement shown since June 2018.

The CCGs note that there appears to have been an increase in service users experiencing long waits for the adult autism spectrum disorder diagnosis service in Northumberland, North Tyneside and South Tyneside CCG areas. Improvements have been noted for all CCGs in the waits for the adult attention deficit hyperactivity disorder diagnosis service. There has been a national increase in demand for the service and it is acknowledged that the Trust cannot meet the waiting times on the current planned activity levels. The CCGs will continue to work with the Trust to help address these issues. The Gender Identity Service waiting list has dramatically increased during the year due to the sustained increase in referrals received. The CCGs note that NHS England has recognised the national challenges and look forward to seeing the results of the procurement exercise to review and improve the current provision. The CCGs are pleased to see that this priority will continue into 2019/20.

Through 'Embedding the principles of the Triangle of Care', it is encouraging to see the partnership work that the Trust is undertaking with service users and carers. Commissioners look forward to seeing the development of the evaluation tool once the findings from a national survey are received. The CCGs continue to be assured that the Trust is putting patients and carers first and fully support the enhancements to the electronic clinical record which will support the Getting to Know You process.

We acknowledge the key improvements and service developments that have been implemented in each CCG area in the 'Embedding Trust Values' priority. Although the Trust will not be continuing this as a quality priority, it is encouraging that the ongoing work to support these values will be monitored at the Trust Corporate Decisions Team Quality Group.

It is encouraging to see that the results of the CQC Community Mental Health Service User Survey 2018 show an improvement against the previous year and that there were three areas in 2018 where NTW performed considerably better than other trusts;

- Do you know how to contact this person if you have a concern about the care?
- Did you feel that decisions were made together by you and the person you saw during their discussion?
- Were you involved as much as you wanted to be in deciding what NHS therapies to use?

In so far as we have been able to check the factual details, the CCGs' view is that the Quality Account is materially accurate. It is clearly presented in the format required by NHS England and the information it contains accurately represents the Trust's quality profile. Finally, the CCGs would like to offer congratulations to the Trust on the achievements outlined in this report which we believe accurately reflects the Trust's commitment to delivering high quality, patient centred services. The

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CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2019/20.

Annie Topping

Director of Nursing, Quality & Patient Safety

NHS Northumberland CCG

Chris Piercy

Executive Director of Nursing, Patient Safety & Quality

NHS Newcastle Gateshead CCG

Jeanette Scott

Executive Director of Nursing, Quality and Safety

NHS South Tyneside CCG

Lesley Young Murphy

Executive Director of Nursing & Chief Operating Officer

NHS North Tyneside CCG

Ann Fox

Executive Director of Nursing, Quality & Safety

NHS Sunderland CCG

## Healthwatch North Tyneside statement for Northumberland, Tyne and Wear NHS Foundation Trust's Quality Account 2018/19

Thank you for the opportunity to comment on Northumberland, Tyne and Wear NHS Foundation Trust's (NTW) latest Quality Account.

Overall it was great to read of the continued success with the CQC and your progress against the priorities you have set. You have clearly had a very successful year and it is in that context that we make the following comments which highlight some of the areas that could be improved.

Your report is an interesting and informative read with the information being well presented. The addition of baseline data for all your comparisons should be considered for next year. It was particularly interesting to see greater parity in the gender of people accessing your services from North Tyneside (Page 16).

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We would like to make the following detailed comments:

### **Improving the inpatient experience**

It was good to see the progress you have made with out of area beds and occupancy. There is obviously more work to do on this and your commitment to continuing the focus on this during 19/20 is appreciated.

The Friends and Family Test scores for the North locality need further investigation given the fluctuation and generally lower scores than in your other localities.

Your progress with the quality goal of 'keeping you safe' is much appreciated.

### **Improving waiting times**

For the residents of North Tyneside, it's good to see that you are meeting your 18 week target for waiting times in 98% of cases as you report on page 36. It would be helpful if you would also present average waiting times so that we can better understand the service user's experiences.

We note your 2019/20 commitment to 'Continue to monitor and report Gender Dysphoria, Adult ADHD and Adult Autism Spectrum Disorder diagnosis waiting times'. Your data shows there has been a significant improvement in meeting your 18 week target for adult ADHD diagnosis during this period and whilst there is more work to do, it is great to see this progress. We are concerned about waiting times for Adult Autism Septum Disorder service in North Tyneside which seems to have worsened during this period and residents of North Tyneside appearing to have a poorer experience than any other locality in your patch. It would be useful to better understand what you are planning to address this issue in addition to 'monitoring and reporting'.

Similarly the Gender Identify Service is under significant pressure and it will be interesting to see how the procurement exercise in 2019 helps to improve this service for users.

### **The Triangle of Care**

The carer's experience is one of the main issues local people raise with us about NTW's services and we acknowledge the difficult balance that your staff need to maintain. We appreciate NTW's continued very active participation in North Tyneside's Carers' Partnership Board. We are pleased to see you continue to be committed to embedding this approach across the organisation. You show your progress as 'partly met' and we would have preferred this issue to be carried forward as a priority for 2019/20 to ensure that progress is maintained. We would encourage you to continue to monitor and report progress in future years.

### **Feedback from users**

It's great to see the improvements you have achieved over the years with user experience and satisfaction across NTW. It would interesting to hear what steps you are taking to understand and address the 'things you can do better' feedback you receive through your various mechanisms.

### **Priorities for 2019/20**

Your agreed priorities for 19/20 seem sensible. We feel there is an opportunity missed to ensure The Triangle of Care is further embedded and a greater focus on the services where waiting times are furthest away from your 18 week target.

### **Thank you**

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Mental health has been a priority for Healthwatch North Tyneside during 2018/19 and we have valued the support of NTW teams in helping us gather feedback from your service users and helping to shape our research approach. Your response to our Mental Health Crisis report published in November 2018 <https://healthwatchnorthtyneside.co.uk/your-issues/mental-health/> was appreciated.

We will be looking into older people's experiences of mental health services during 19/20 and look forward working with you on this.

## Newcastle City Council Health Scrutiny Committee's statement:

As Chair of Newcastle Health Scrutiny Committee, I welcome the opportunity to comment on your draft Quality Account for 2018/19.

We recognise the importance of the Quality Account as a tool in ensuring that services are reviewed objectively and as a means of illustrating to patients, carers and partners the performance of the trust in relation to your quality priorities.

Firstly, I would like to comment on the overall improvement in performance, which has been achieved in the context of unprecedented challenges facing mental health services. We are also pleased to note the outcome of the CQC inspection during 2018, which reaffirmed the overall performance of the trust as outstanding. We would like an update from you next year on those areas the CQC identified for further improvement.

In relation to progress against your 2018/19 priorities, we make the following points:

- We are pleased to note that inappropriate out of area placements fell to 28 days in March 2019 from 88 days in April 2018. However, the Quality Account does highlight significant peaks during the year, suggesting that the position may not be a stable one. This is obviously related closely to bed occupancy levels, which remain high. In particular, we note an increase in bed occupancy levels for older people in the Newcastle area, from 67.1% to 80%, which we understand is linked to the reconfiguration of older people's services. We will review progress on this next year.
- We are pleased to note an improvement in overall waiting times for adult and children and young people's services, taking into account unprecedented levels of demand, and at our meeting we sought and received assurance that there is a flow through services and delays are not arising elsewhere in the pathway.
- In respect of non-compliance with NICE Guidance on winter deaths, we note that a detailed action plan is in place to ensure compliance and that this will be monitored closely.
- We welcome the reduction in complaints from last year, particularly the reduction in relation to patient care, where there had been an increase the previous year.
- We note an increase in patient incidents reported as 'no harm' and 'major harm'. We understand and welcome the trusts encouragement of incident reporting, which can have a positive effect on patient safety, and note the arrangements that are in place to use this information to influence changes to care. We will review this next year in respect of reported incidents of higher harm.

In relation to 2019/20 priorities, we make the following points:

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- We welcome the continuation of priorities in relation to improving the inpatient experience and improving waiting times, which includes work to encourage feedback through the 'Points of View' patient survey.
  - We welcome the inclusion of a new priority in relation to equality, diversity and inclusion. Linked to this we have recently established a task and finish group to consider challenges faced by BAME groups in accessing services and we can share the results of that with you.
  - We note the higher than average staff sickness levels and welcome the inclusion of a priority that will link this to experience and quality of services. However, we would suggest some caution to ensure that that this does not indirectly put additional pressure on staff.
  - Overall, we support the priorities proposed for 2019/20, as being a fair reflection of areas that are of high importance to Newcastle residents.

Finally, I would like to acknowledge the continued efforts of the trust to engage with stakeholders and to use that feedback to influence the development of your quality priorities.

Yours sincerely

Cllr Wendy Taylor

Chair, Health Scrutiny Committee

## Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee's statement:

The Health and Wellbeing Overview and Scrutiny Committee welcomes the opportunity to submit a commentary for inclusion in your Annual Plan and Quality Account for 2018/19 as presented to the committee in draft, and about our ongoing engagement with the Trust over the past year. We have continued to receive information from the Trust with participation of your officers at some of our committee's bimonthly meetings.

At our 26 March 2019 meeting we received a presentation on your draft Quality Account for 2018/19 and your priorities for 2019/20. At that meeting we also received a presentation from the North East Ambulance Service NHS Foundation Trust on their Quality Account. Before this we also received presentations from Northumbria Healthcare NHS Foundation Trust and Newcastle upon Tyne Hospitals NHS Foundation Trust about their Quality Accounts at our previous meeting on 5 March 2019. We believe that considering all four Trusts' Quality Accounts within the same month provides a good joined up picture of the many NHS services provided in Northumberland. Members responded favourably to the information you presented, with reference to the highly valued staff and clinical support provided.

Members welcomed the information you presented, including the progress made against the 2018/19 quality priorities: improving the inpatient experience, improving waiting times, embedding the principles of Triangle of Care and embedding Trust values. Regarding your priorities for 2019/20, members welcomed the continuation of a quality priority of both improving the inpatient experience and improving waiting times. Members also welcomed your two new priorities for next year, equality, diversity and inclusion and evaluating the impact of staff sickness on quality.

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Reference was also made to the work and assistance that North East Ambulance Service had contributed through their work addressing sickness absence.

The committee's Vice-chair and Policy Officer Mr Allen also attended your launch event for your Quality Account on 11 April.

From the information you have provided to the committee over the past year, including the presentation about your draft 2018/19 Quality Account, we believe the information provided is a fair and accurate representation of the services provided by the Trust and reflects the priorities of the community. Members also support your priorities for improvement planned for 2019/20.

We also would be very grateful if I could get in contact with you again soon to further discuss possible agenda items for the Health and Wellbeing Overview and Scrutiny Committee to consider about the Trust's services during the next council year beginning on 1 May 2019.

We would also appreciate if we could diarise when you will attend to give next year's equivalent Quality Account and future priorities presentation. I would be very grateful if you could confirm whether the OSC's meeting on Tuesday 31 March 2020 (beginning at 1.00pm) would be suitable please?

If I can be of any further assistance please do not hesitate to contact me.

Yours sincerely,

Mike Bird

Senior Democratic Services Officer, Democratic Services

On behalf of Councillor Jeff Watson, Chair, Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee

## Healthwatch Northumberland Statement:

We welcome the opportunity to respond to the draft quality account of Northumberland, Tyne & Wear NHS Foundation Trust and congratulate the Trust on some good results.

Overall we considered the report gives a fair reflection of the services provided by the Trust. We felt that the document despite being very detailed is easy to read, logical and clear throughout. Plain English usage is much appreciated with very few acronyms. We found the glossary and the explanation boxes to be useful.

We have identified below areas where we believe the Trust has performed well –

- The improved waiting times in Northumberland (with exception of adult Autism Spectrum Disorder diagnosis) are greatly welcomed, especially for children and young people.
- The reduction in complaints overall and especially in the North locality – but see below for further comment.
- The increased response rate to the 'Friends and Family Test' and the improvement in the highest rating score.
- The development of the Specialised Children's Services in Northumberland which resulted in reductions in out of area placements.

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- The NICE Guidance Assessments conducted in 2018/19 showed some interesting results and should repay careful consideration of those few aspects in which NTW was considered non-compliant, particularly in relation to signposting to services in Northumberland.

Mental health and services which support good mental health are a concern to the people of Northumberland. Healthwatch Northumberland conducts an annual survey to hear the people of Northumberland's views and experiences of health and social care. This year's survey reached a record 770 people from a wide range of backgrounds.

As part of the survey, people were asked to rate the priorities that Healthwatch Northumberland should focus on in 2019/20. Mental health services were identified as the top priority and Healthwatch Northumberland will look further at the recurring themes of the availability of information and signposting to support for community based services, waiting times and co-ordination within and between services.

We anticipate, and would appreciate, working with NTW, commissioners and stakeholders in taking this forward.

With this in mind we have identified below areas for improvements –

- We noted last year that the Patient Advice and Liaison Service (PALS) is rightly mentioned as source of advice and support to service users, families and carers. We suggested the Healthwatch function (across all of the Trust's area) is also highlighted as a way of communicating experiences both good and less good and are disappointed to this has not been done in this draft. We suggest it again as an improvement and NTW look to inclusion of Healthwatch feedback/insight into its processes and reporting.
- Complaints – within the context of an overall reduction we note the sharp increase in those relating to 'communications' and how many have been fully or partially upheld. We also note smaller increases in complaints about 'facilities' and 'privacy, dignity and wellbeing'. As these relate directly to service user experience we would welcome further information about what learning the Trust takes from this and any actions to address the issues raised. We would also ask if there may be a link to the hiatus in the 'PLACE' assessments?

Regarding the Trust's priorities for 2019/20, the plans to improve performance appear positive and achievable. We particularly welcome the emphasis on equality and diversity, staff sickness and waiting times.

With regard to equality and diversity, we believe the example used to illustrate the Trust's work in the presentation to the Northumberland Health and Wellbeing Overview and Scrutiny Committee could have been illustrated by a Northumberland based example. We feel it is important, that due to the large rural area and dispersed populations, NTW gives particular emphasis to how it engages with, and provides equitable access to, services for people with protected characteristics who may feel additional isolation and vulnerability.

We are pleased to see that consideration is being given to the impact of staff sickness and the emphasis on health and wellbeing as well quality of care. We look forward to working with NTW in the coming year and continuing to build on the positive working relationship we have established.

Yours sincerely

Derry Nugent

Project Coordinator

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# Gateshead Council Overview and Scrutiny Committee's statement:

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2018-19 we feel able to comment as follows:-

## **Quality Priorities for Improvement 2019 - 20**

The OSC was supportive of all the quality priorities outlined for 2019-20 but expressed particular support for quality priorities 1. improving the inpatient experience and quality priority 2. improving waiting times.

In relation to quality priority 1. – improving the inpatient experience, OSC noted that as part of the Trust's service improvement and developments during 2018-19 the Trust had been working with other agencies across Newcastle and Gateshead to redesign mental health services to ensure that people can easily access the right care and treatment for their needs within the community.

OSC acknowledged that for a variety of reasons implementation of this work was not occurring at the pace originally anticipated. However, OSC indicated that it was particularly keen to receive regular information from the Trust on the various stages of implementation and timeframes for this work during 2019-20. OSC planned to consider progress on this work as part of its 2019-20 work programme.

## **Progress against Quality Priorities in 2018-19**

### **Safety – Improving the Inpatient Experience**

The OSC has previously raised concerns with the Trust regarding the availability of inpatient beds and the fact that some service users are having to be admitted to beds outside their home locality / go out of area and was pleased to note that there has been a reducing trend in the number of inappropriate out of area bed days during 2018-19. However, the OSC was keen that the position continues to be monitored to ensure that this good work is sustained.

### **Improving Waiting Times**

OSC has previously raised concerns in relation to waiting times and was pleased to note that in Gateshead there have been improvements across waiting times for all service areas. OSC was particularly pleased to note the significant reduction in the number of children waiting for treatment and that none were waiting more than 18 weeks as at 31 March 2019. However, the OSC noted that changes to the provider arrangements for children's services (with NTW now acting as lead provider and sub-contracting with other providers as required) may impact on waiting times going forwards. Changes in national reporting will also affect waiting times. It felt that this situation should be closely monitored and mitigating actions put in place as appropriate.

### **CQC**

The OSC congratulated the Trust on achieving an overall rating of Outstanding from CQC and being one of only two mental health provider Trusts nationally to have achieved this rating.

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The OSC was very pleased to note that all the Trust's core services have been rated as either good or outstanding and was very pleased to note that the Trust's Children and Adolescent Mental Health Wards have now been re-categorised as Good in the Safe category due to reductions in restrictive practices and that wards for older people with mental health problems have been re-categorised to Good in the Effective category due to improvements in personalisation of care plans having both previously been rated as requires improvement.

However, the OSC noted that, during this period, acute wards for adults of working age and psychiatric intensive care units have been rated as "Requires Improvement" in terms of the category of Safety but received reassurances around actions being taken by the Trust to address this situation. The OSC also noted that the Trust has been accredited by the Accreditation for Working Age Wards (AIMS) and the Quality Network for Psychiatric Intensive Care Unit.

## South Tyneside Council Overview and Scrutiny Committee's statement:

Thank you for the opportunity to comment on your 18/19 Quality Report.

We have not asked representatives of NTW to attend any of our scrutiny committees this year as our programme has been very much focussed once again on the "Path to Excellence" programme.

We had intended to look at the Learning Disability Transformation Programme in our schedule for this year but that has not been possible. It will be scheduled in for early in 19/20.

As regards the report itself, we continue to appreciate the high performance standards that the Trust is maintaining in many areas. However, whilst we acknowledge the progress you have made over the waiting times for Child and Adolescent Mental Health Services, we continue to believe that no child should wait more than 9 weeks for services. We understand that driving waiting times down is a tough task against the financial, workforce and workload pressures that the Trust are operating under. But we do believe that this is very important so we are therefore pleased that waiting times continue to remain in your priorities for 19/20.

It is concerning that the number of patient safety incidents has continued to grow but we have some assurance that the Trust is treating this issue very seriously through the very open approach you are taking and the governance changes that are being made through learning from previous incidents.

We are assured that NTW is a high performing, caring and very self-aware organisation who are focussing on continuous improvement.

I hope these comments are helpful.

Yours sincerely

Cllr Rob Dix

Chair, South Tyneside Council Overview and Scrutiny Coordinating and Call-in Committee

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# Sunderland City Council Health and Wellbeing Scrutiny Committee's statement:

Sunderland City Council's Health and Wellbeing Scrutiny Committee are once again pleased to be able to comment on the Northumberland Tyne and Wear NHS Foundation Trust Quality Report 2018/19. The quality account provides a clear and concise overview of future and previous priorities as well as reviewing the Trust's quality performance. It is also reassuring for the Scrutiny Committee to acknowledge that the Trust has once again been rated outstanding following a Care Quality Commission inspection.

The committee are pleased to be able to recognise the achievements against the quality priorities set for 2018/19. In particular the progress made in the 'Improving the Inpatient Experience' priority to ensure that beds are always available and inpatient feedback is monitored. Although the 'Improving Waiting Times' priority has not been met it is encouraging to see that significant improvements have been evidenced across the service.

The Children, Education and Skills Scrutiny Committee in Sunderland continues to take an active interest in the waiting times associated with the Children and Young Peoples Service (CYPS). There has been little improvement to waiting times with 41% of children and young people waiting more than 18 weeks and the committee will continue to monitor waiting times in this service area.

The Health and Wellbeing Scrutiny Committee are also pleased to note that both of these priorities remain a focus of the Trust through 2019/20 along with 'Evaluating the impact of staff sickness on quality' and 'Equality, Diversity and Inclusion'. The Committee agrees that it is important that NTW Foundation Trust has a connect with the communities that it serves and operates within, and that it understands the diverse nature of those communities across the North East.

Northumberland Tyne and Wear Foundation Trust are an integral part of the health landscape and provide several important and key services to the people of Sunderland. The Scrutiny function will therefore continue to provide challenge and focus to the Trust that are identified as key issues or priorities within Sunderland. The Health and Wellbeing Scrutiny Committee are therefore satisfied to endorse the quality report for 2018/19.

Cllr Darryl Dixon

Chair of the Health and Wellbeing Scrutiny Committee

## Appendix 1

# CQC Registered locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2019.

Table 36: CQC registered locations

Location	Regulated Activities			Service Types							
	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Diagnostic and Screening Procedures	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	●	●	●							●	
Elm House	●	●	●					●			
Ferndene	●	●	●			●		●		●	
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	●	●	●					●		●	

### Service Types:

**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

Table 37: CQC Registered Locations for social and residential activities

Registered Home/Service	Regulated Activity	Service Type
		Accommodation for persons who require nursing or personal care
Easterfield Court	●	●

Data source (Table 36 and Table 37): [CQC](#)

## Appendix 2

# Priority clinical audits undertaken in 2018/19

Table 38: Priority clinical audits undertaken in 2018/19

Board Assurance (6)		
1	CA-17-0007	Care Co-ordination Audit – Community Services
2	CA-17-0028	Clinical Supervision
3	CA-17-0012	Engagement & Observation Audit
4	CA-17-0019	High Dose Anti-Psychotic Prescribing in Community Services
5	CA-17-0020	Six-monthly Reviews of Depot Medication (Joint with CA-17-0008)
6	CA-17-0009	NICE NG72: ADHD in the Adult ADHD Service
7	CA-17-0013	Benchmarking Acuphase Use on Inpatient Care Wards in NTW
8	CA-18-0017	Administration & Electroconvulsive Therapy (ECT)
9	CA-18-0021	Benzodiazepine & Z-Drug Prescribing (PPT-PGN-21) (Inpatient)
10	CA-18-0019	Audit of Risk Assessment in Children & Young People Assessed by Eating Disorders Intensive Community Treatment Team (EDICT)
11	CA-17-0016	NICE (Implementation) QS90 Urinary Tract Infections
12	CA-17-0032	NICE (Implementation) QS161 Sepsis
13	CA-17-0003	Medicines Management: Safe & Secure Medicines Handling (MMRA)
14	CA-17-0015	Controlled Drugs
15	CA-17-0027	Audit of Prescribing Botulinum Toxin (NTW PPT PGN 20) & Administration of Botulinum Toxin (PGD 07)
16	CA-18-0009	Medicines Management: Prescribing Administration & Prescribing Clinical Checking Standards (Take 5 Audit)

Data source: NTW

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## Appendix 3

# Annual report on safe working hours: doctors in training

This report covering the period January to December 2018 was presented to the Trust Board in January 2019

## Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from 2nd August 2017 are on the New 2016 Terms and Conditions of Service. There are currently 117 trainees working into NTW with 96 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 26 trainees employed directly by NTW working as Trust Grade Doctors or Teaching Fellows. (Total 143).

## Introduction

This is the Annual Board report on Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow trusts to have an overview of working practices of junior doctors as well as training delivered.

The new contract is gradually implemented by being offered to new trainees' as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 160 trainee posts, we do not directly employ the majority of these trainees, also due to current recruitment challenges a number of the senior posts are vacant.

## High level data

Number of doctors in training (total): 117 Trainees (at December 2018)

Number of doctors in training on 2016 Terms and Conditions of Service (total): 96 Trainees (December 2018)

Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity

Admin support provided to the guardian (if any): Ad Hoc by Medical Education, Development and Staffing Team

Amount of job-planned time for educational supervisors: 0.5 PAs per trainee

New Trust Guardian of Safeworking: Dr Clare McLeod

## Exception reports (with regard to working hours)

Table 39: Working hours exception reports received

Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest	Total Education
CT1-3	Gateshead			5		5	
CT1-3	St George's Park	4	4		1	9	
CT1-3	NGH				5	4	1
CT1-3	RVI	2			4	6	
CT1-3	St Nicholas	4	1	1		5	1
ST4+	North of Tyne	1			1	2	
ST4+	South of Tyne			1		1	
ST4+	CAMHS	1			1	2	
Total	36	12	5	7	12	34	2

## Work schedule reviews

During the year there have been 36 Exception Reports submitted from Trainees; the outcome of which was that TOIL was granted for 27 cases, 5 no action required, 2 cases were not agreed and payment was made on 2 occasions. Emergency rota cover is arranged when no cover can be found from either Agency or current trainees. The rotas are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

### a) Locum bookings

Table 40: Locum bookings (agency) by department

Specialty	Q1	Q2	Q3	Q4
Neuro Rehab				
Hopewood Park	3	3	2	2
Gateshead	1			
NGH	4	3	2	
RVI				
SNH	1			
CAMHS				
LD				
SGP	5	6	1	
South of Tyne			1	1
North of Tyne			3	
Total	14	12	9	3

Table 41: Locum bookings (agency) by grade

Grade	Q1	Q2	Q3	Q4
F2				
CT1-3	14	9	5	2
ST4+		3	4	1
Total	14	12	9	3

Table 42: Locum bookings (agency) by reason

Reason	Q1	Q2	Q3	Q4
Vacancy	14	12	5	3
Sickness/other			4	
Total	14	12	9	3

### b) Locum work carried out by trainees

Table 43: Number of locum shifts worked by trainees

Area	Q1	Q2	Q3	Q4	Total
SNH	17	22	13	11	63
SGP	41	26	16	12	95
Gateshead	8	10	3	8	29
Crisis	9	4	5	8	26
Hopewood Park	16	20	13	13	62
RVI	14	4	6	4	28
NGH	17	6	3	16	42
North of Tyne	33	11	16	22	82
South of Tyne	0	0	18	26	44
CAMHS	6	4	1	0	11
Total	161	107	94	120	482

### c) Vacancies

Table 44: Vacancies by quarter

Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	3	3		3
	GP	3	3	1	
SNH	CT	3		3	3
	GP			2	
SGP	CT	9	9	6	6
	GP	3	3	1	1
RVI	CT				
HWP	CT	6	9	8	4
	FY2			2	2
Gateshead	CT		1	2	1
	GP			2	2
Total		27	28	27	22

### d) Emergency Rota Cover

Table 45: Emergency Rota Cover by Trainees

Reason	Q1	Q2	Q3	Q4
Vacancy	3	2	4	1
Sickness/other	4	11	19	11
Total	7	13	23	12

### e) Fines

There was 1 fine during the year. This was due to inadequate rest between shifts due to working late following emergency admissions at St George's Park. The doctor has received payment accordingly and the Guardian has issued a fine to the service of £383.96. At the Junior Doctor Forum agreement was reached to purchase books to assist trainees sitting CASC exams.

### Qualitative information:

Very low numbers of Exception Reports continue despite efforts to raise the profile at Junior Doctor Forums and Induction. Guardian of Safe-working and Medical Staffing Representative are attending various sites to meet with trainees following teaching to raise awareness of Exception

Reporting. Dates have been added to the calendar for 2019.

### Issues arising

There have been 17 IR1s submitted for Insufficient Medical Handover since the system was introduced in May 2018 which relate to insufficient handover when a patient is admitted to hospital.

Some trainees find attending the Junior Doctors Forum difficult on a Friday, due to other clinical and training commitments.

The BMA have produced the Fatigue and Facilities charter which outlines steps to promote better working conditions for doctors to reduce fatigue, improve safety and provide more efficient care.

Matt Hancock, Secretary of State for Health and Social Care, has allocated funds to be spent by the Guardian of each trust specifically to improve the working conditions for junior doctors. These funds are contingent on trusts agreeing to the principles outlined in the BMA Fatigue and Facilities charter.

### Actions taken to resolve issues:

The Director of Medical Education has reviewed and summarised the IR1s submitted for Insufficient Medical Handover up until November 2018. This summary has been circulated to all medical staff and crisis team managers in the trust. The guidance of when to submit an IR1 has again been circulated to all medical staff and the crisis teams. The Guardian and Medical Staffing representative have met with trainees at HWP and SGP to explain about when and how to submit an IR1 form for Insufficient Medical Handover and have arranged to visit trainees at CAV in January 2019.

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The number of IR1s submitted has increased since the Guardian visits to trainees. These will continue to be reviewed and reported through the forum and report to the Board. IR1s with both possible reporting codes (PC12: Insufficient Medical Handover and SD08: Poor Transition of Care) are now included in the reports which are sent to the Guardian, DME and Medical Staffing Manager.

The Forum now alternates between a Thursday and a Friday. Following feedback from trainees, it was agreed that a room with a large screen set up with skype would be arranged so that trainees could join the forum together. This will be piloted at HWP for the meeting on 10th January.

The profile of Exception Reporting continues to be raised through the Junior Doctor Forum, at Induction for new doctors and at visits to trainees. The document "What is Work" which is guidance as to when it would be appropriate to raise an Exception Report, originally developed by the Guardians of Safe Working across the Region has been updated following discussions in the Junior Doctors Forum and is now on the trust intranet. The Guardian has shared the document with all trainees in the trust and will continue to use it at Induction. The Guardian and the Medical Staffing Team have met with trainees at HWP on 7th November and SGP on 10th December to raise awareness of Exception Reporting. There are dates to meet trainees rotating through four trust sites on a monthly basis, arranged at times to coincide with training; the next meeting is at CAV on 31st January.

At the Guardian Forum on 16th November, it was confirmed that the trust agrees in principle with the BMA Fatigue and Facilities charter. It was agreed that a working group be formed to review the charter, to agree

the points which were relevant to this trust and to add any additional points more specific to NTW. The first meeting was held on 17th December. The charter was agreed in the main. The Guardian will ensure that information relating to the importance of taking breaks is conveyed at Induction and review the information given about safety when travelling to trust sites out of hours and about changing facilities and showers.

Rest facilities for trainees to use when on duty and to sleep after a night shift to ensure safety to drive home were discussed in this working group. The current facilities are shared with day-time teams and need to be vacated at 9am. The difficulty identifying appropriate accommodation was discussed. It was proposed that the money received on the adoption of the charter could be used to fund appropriate rest facilities and it was suggested that this could be the purchase of pods which would be directly accessed from trust buildings for the sole use of junior doctors to provide appropriate rest facilities. The Director of Workforce Planning will write to Mr. Hancock to enquire about the likely amount the trust would have to spend on improving conditions for junior doctors, on acceptance of the charter, to inform the discussions about how best to use these funds. This will continue to be discussed through the Forum.

## Summary

Work is continuing to promote the importance of Exception Reporting and emphasise that it is a positive process.

The process to record episodes of Insufficient Medical Handover is now established and will continue to be reviewed at the Guardian Forum. A summary of reports submitted to date and the guidance

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has been shared with all medical staff and crisis team managers.

The Guardian and medical staffing representatives have arranged monthly meetings with trainees rotating through four trust sites to discuss Exception Reporting, medical handover and for any other issues that arise.

It is hoped that by alternating the day of the forum and through the use of Skype, attendance at the Forum can be facilitated and allow more trainees to attend.

Through the Guardian Forum, the BMA Fatigue and Facilities charter is being

reviewed. It has been accepted in principle and a working group has been convened to look at trust specific issues to add to or amend the document. Once adopted, we understand that the trust would receive funds from the Secretary of State for Health and Social Care to be spent by the Guardian to improve the working conditions for junior doctors.

**Dr Clare McLeod**  
Trust Guardian of Safeworking

January 2019

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## Appendix 4

# Further information on the Points of You experience survey

Points of You is a survey designed with service user and carer involvement to capture feedback about their experience of the care and treatment provided. The survey is composed of 10 questions to help Northumberland, Tyne and Wear NHS Foundation Trust make improvements in specific areas. NHS England requires us to ask the 'Friends and Family Test' question which is also included in the Points of You survey as the first question.

Service user and carer experience is an important indicator of service quality, and only by asking our service users and carers about their experience can we monitor and continuously improve the quality of our services. All service users and carers should have the opportunity to provide feedback of their experience. It is important to hear from all service users and carers who are accessing or have recently accessed our inpatient, community and outpatient services.

Points of You can be completed as a hard copy that should be freely available in all clinical areas, online at [www.ntw.nhs.uk/poy](http://www.ntw.nhs.uk/poy), or via a postal survey.

The questions we ask are:

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment?
2. How kind and caring were staff to you?
3. Were you encouraged to have your say in the treatment or service received and what was going to happen?
4. Did we listen to you?
5. If you had any questions about the service being provided did you know who to talk to?
6. Were you given the information you needed?
7. Were you happy with how much time we spent with you?
8. Did staff help you to feel safe when we were working with you?
9. Overall did we help?
10. Is there anything else you would like to tell us about the team or ward? (You can also use this space to tell us more about any of the questions on this survey)

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## Appendix 5

# Statement of Directors' Responsibilities in respect of the Quality Report

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.

NHS Improvement 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 NHS 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 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19
- 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 2018 to May 2019
  - papers relating to quality reported to the board over the period April 2018 to May 2019
  - feedback from commissioners dated May 2019
  - feedback from governors dated May 2019
  - feedback from local Healthwatch organisations dated May 2019
  - feedback from overview and scrutiny committee dated May 2019
  - the trust's Annual review of complaints information which was presented to the Board within the Safer Care (Quarter 4) report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2019
  - the 2018 national patient survey
  - the 2018 national staff survey
  - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2019
  - CQC inspection report dated 26/07/2018
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported 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
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

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By order of the Board

22 May 2019

Handwritten signature of Ken Jarrold in black ink.

Ken Jarrold

Chair

22 May 2019

Handwritten signature of John Lawlor in black ink.

John Lawlor

Chief Executive

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## Appendix 6

# 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 2019 (the "Quality Report") and certain performance indicators contained therein.

#### **Scope and subject matter**

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral; and
- Inappropriate out-of-area placements for adult mental health services

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 NHS Improvement.

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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's Detailed Requirements for External Assurance for Quality Reports 2018/19; 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 supporting guidance and the six dimensions of data quality set out in the Detailed Requirements 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 supporting guidance, and consider the implications for our report if we become 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 2018 to April 2019;
  - Papers relating to quality reported to the Board over the period April 2018 to April 2019
  - Feedback from Commissioners: Newcastle Gateshead, North Tyneside, Northumberland, South Tyneside and Sunderland Clinical Commissioning Groups (dated 14 May 2019);
  - Feedback from Governors;
  - Feedback from local Healthwatch organisations: Healthwatch Northumberland (dated 10 May 2019) and Healthwatch North Tyneside (dated 21 May 2019);
  - Feedback from the Overview and Scrutiny Committees: South Tyneside Council (dated 16 April 2019), Northumberland County Council (dated 7 May 2019), Sunderland City Council (dated 8 May 2019), Newcastle City Council (dated 10 May 2019) and Gateshead Council (dated 17 May 2019);
  - The Trust's complaints information that will inform its complaints report to be published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
  - The national patient survey (dated 2018);
  - The national NHS staff survey (dated 2018);
  - Care Quality Commission inspection report (dated 26 July 2018);
  - The Head of Internal Audit's annual opinion over the trust's control environment for the period April 2018 to March 2019 (dated 15 May 2019); 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 (ICAEW) 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, 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 2019, to enable the Council of Governors to demonstrate that it has discharged their 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 and supporting guidance.

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 2019:

- 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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's Detailed Requirements for External Assurance for Quality Reports 2018/19; 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 and supporting guidance.

Signed:



Gareth Davies

Partner, for and on behalf of Mazars LLP

Date: 22 May 2019

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Chartered Accountants and Statutory Auditor

Salvus House

Aykley Heads

Durham

DH1 5TS

## Appendix 7

# Glossary

<b>A&amp;E</b>	Accident & Emergency department
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder – a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness
<b>AIMS</b>	Accreditation for Inpatient Mental health Services
<b>Bed days</b>	The number of days that a hospital bed is occupied overnight.
<b>Blanket restriction</b>	Rules or policies that restrict a service user’s liberty and other rights, which are routinely applied to a group of service users without individual risk assessments to justify their application.
<b>CAMHS</b>	Children and Adolescent Mental Health Services. In NTW we usually refer to our services as CYPS (see below)
<b>Casemix</b>	a term used to identify groups of statistically similar patients
<b>CCG</b>	Clinical Commissioning Group – a type of NHS organisation that commissions primary, community and secondary care from providers
<b>CAS alert</b>	The Central Alerting System is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS.
<b>CCQI</b>	College Centre for Quality Improvement – part of the Royal College of Psychiatrists, working with services to assess and increase the quality of care they provide.
<b>CGI</b>	Clinical Global Impression Rating Scale
<b>Commissioner</b>	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
<b>CQUIN</b>	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality
<b>Clinician</b>	A healthcare professional working directly with service users. Clinicians come from a number of healthcare professions such as psychiatrists, psychologists, nurses and occupational therapists.
<b>Cluster / Clustering</b>	Mental health clusters are used to describe groups of service users with similar types of characteristics.
<b>CQC</b>	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.
<b>CPA</b>	Care Programme Approach – a package of care for some service users, including a care coordinator and a care plan.
<b>CRIS</b>	Clinical Record Interactive System allows researchers to conduct research using the large amount of information from electronic patient records
<b>CTO</b>	Community Treatment Order

<b>CYPS</b>	Children and Young Peoples Services – also known as CAMHS
<b>Dashboard</b>	An electronic system that presents relevant information to staff, service users and the public
<b>DOLS</b>	Deprivation Of Liberty Safeguards – a set of rules within the Mental Capacity Act for where service users can't make decisions about how they are cared for.
<b>Dual Diagnosis</b>	Service users who have a mental health need combined with alcohol or drug usage
<b>ECT</b>	Electroconvulsive therapy
<b>EIP</b>	Early Intervention in Psychosis
<b>Forensic</b>	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so
<b>Freedom to Speak Up</b>	Encouraging and supporting staff to raise concerns at work, based on recommendation from Sir Robert Francis' Freedom to Speak Up Review in response to the Mid-Staffordshire scandal.
<b>Friends and Family Test (FFT)</b>	A process for people who use NHS services to provide feedback on their experience.
<b>FTE</b>	Full-Time Equivalent, a unit of employment that accounts for some people working part-time
<b>Gatekept</b>	Gatekeeping involves assessing the service user before admission to hospital to consider whether there are alternatives to admission
<b>GP</b>	General Practitioner – a primary care doctor
<b>HDAT</b>	High Dose Antipsychotic Therapy
<b>HQIP</b>	The Healthcare Quality Improvement Partnership promotes quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement
<b>IAPT</b>	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.
<b>ICD10</b>	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses
<b>Integrated Care System</b>	A collaborative arrangement where NHS organisations, local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
<b>LD</b>	Learning Disabilities
<b>LeDeR</b>	The Learning Disabilities Mortality Review Programme aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.
<b>Lester Tool</b>	The Lester Positive Cardiometabolic Health Resource provides a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in service users with psychosis receiving antipsychotic medication.
<b>LGBT</b>	Lesbian, Gay, Bisexual, and Transgender

<b>MHCT</b>	Mental Health Clustering Tool – a computerised system used in clustering
<b>Multimorbidity</b>	Relating to service users with several co-occurring diseases
<b>NHS</b>	National Health Service – the publicly funded national healthcare system for England
<b>NHS Improvement</b>	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
<b>Single Oversight Framework</b>	An NHS Improvement framework for assessing the performance of NHS Foundation Trusts (replacing the Monitor Risk Assessment Framework)
<b>NEQOS</b>	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement
<b>NICE</b>	National Institute for Health and Care Excellence – an organisation that produces best practice guidance for clinicians
<b>NIHR</b>	National Institute of Health Research – an NHS organisation undertaking healthcare related research
<b>NRLS</b>	National Reporting and Learning System – a system for recording patient safety incidents, operated by NHS Improvement
<b>NTW</b>	Northumberland, Tyne and Wear NHS Foundation Trust
<b>Out of area placements</b>	Service users admitted inappropriately to an inpatient unit that does not usually receive admissions of people living in the catchment of the person's local community mental health team.
<b>Pathway</b>	A service user journey through the Trust, people may come into contact with many different services
<b>Personality Disorder</b>	a class of mental disorders characterized by enduring maladaptive patterns of behaviour, cognition, and inner experience
<b>PHSO</b>	The Parliamentary And Health Service Ombudsman
<b>PICU</b>	Psychiatric Intensive Care Unit
<b>Points of You</b>	An NTW service user and carer feedback system that allows us to evaluate the quality of services provided. For more information on Points of You please see page 104.
<b>POMH-UK</b>	Prescribing Observatory for Mental Health – a national organisation that helps mental health trusts to improve their prescribing practice.
<b>PMVA</b>	Prevention and Management of Violence and Aggression
<b>QPR</b>	Process of Recovery Questionnaire, a patient reported outcome measure
<b>Rapid tranquillisation</b>	When medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them.
<b>REACT</b>	Relatives Education And Coping Toolkit, an online self-help package for relatives and friends of people with mental health problems
<b>Recovery College</b>	Recovery Colleges take an educational approach to provide a safe space where people can connect, gain knowledge and develop skills.
<b>RiO</b>	NTW's electronic patient record
<b>RTT</b>	Referral To Treatment – used in many waiting times calculations

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<b>Serious Incident</b>	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.
<b>Talk 1st</b>	Part of NTW's Positive & Safe Care Strategy. We aim to reduce violence and aggression, and restrictive interventions.
<b>Transition</b>	When a service user moves from one service to another, for example from an inpatient unit to being cared for at home by a community team.
<b>Triangle of Care</b>	a national scheme, to promote therapeutic alliance between the service user, their mental health professional and their carers
<b>Tyne and Wear Citizens Programme</b>	The local chapter of Citizens UK, organising communities to act together for power, social justice and the common good.

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For other versions telephone 0191 246 6935 or email [qualityassurance@ntw.nhs.uk](mailto:qualityassurance@ntw.nhs.uk)

Copies of this Quality Account can be obtained from our website ([www.ntw.nhs.uk](http://www.ntw.nhs.uk)) and the NHS Choices website ([www.nhs.uk](http://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 [qualityassurance@ntw.nhs.uk](mailto:qualityassurance@ntw.nhs.uk) or calling 0191 246 6935.

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