Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Quality Account 2009/2010

Contents

Part 1: Chief Executive's statement

High Quality Care for All (June 2009) set the vision for quality to be at the heart of everything the NHS does. All providers of NHS healthcare are now required to produce a Quality Account: an annual report to the public about the quality of services delivered and it gives me great pleasure to present Northumberland, Tyne and Wear NHS Foundation Trust's Quality Account for 2009/2010.

Our vision as an organisation is to:

'Improve the well-being of everyone we serve through delivering services that match the best in the world'

We developed our vision, values and priorities through wide involvement and consultation with patients, carers, staff and partners. High quality patient care is at the centre of everything we do at Northumberland, Tyne and Wear NHS Foundation Trust. We fully embrace and support patients, carers and staff and work hard to achieve and maintain the highest quality standards. Improving our understanding of service quality, as experienced by those people who use our services, is very important to us.

High Quality Care for All defined quality as centred around three areas: patient safety, clinical effectiveness and patient experience. Using feedback from complaints, compliments and serious untoward incidents we have listened to the views of our patients, carers, staff and partners and, in response to this, we have identified four trust-wide objectives linked to these three areas, which we will be looking at in depth during 2010/2011.

Our staff are dedicated to the delivery of high quality services. This year we had our best results to date in the National NHS Staff Survey. The survey confirms that our staff feel their jobs make a difference and, importantly, staff understand how their job contributes to the success of the organisation. This ensures that staff feel supported, involved in decision making, and are able to make the changes needed to improve the quality of care.

We were delighted to achieve Foundation Trust status on 1st December 2009 and our Council of Governors will ensure that everyone connected with our services is able to hold us to account and help us shape the future direction of the Trust.

We have developed effective quality monitoring and reporting systems and the quality of our services is a key item at every Trust Board meeting. We have also reviewed and improved our governance system to ensure that the Trust Board remains focused on the quality and safety of services, thereby enabling us to continually improve upon the three elements of quality: patient safety; clinical effectiveness and patient experience.

To the best of my knowledge I confirm that the information in this document is accurate.

Dr. Gillian Fairfield
Chief Executive

Part 2: Our quality priorities

Northumberland, Tyne and Wear NHS Foundation Trust provides mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the north east of England. We are now one of the largest mental health and disability organisations in the country with an income of £300 million. We employ around 7000 staff, operate from more than 160 sites and provide a range of comprehensive services, including some regional and national services.

Our vision, values and priorities have been developed through wide involvement and consultation with patients, carers, staff and partners. Our vision as an organisation is to:

'Improve the well-being of everyone we serve through delivering services that match the best in the world'

This vision is underpinned by core values that ensure that we will:

- Place patients and carers at the centre of everything we do
- Treat patients and carers with respect and dignity
- Support and show respect towards our staff, encourage their personal development, acknowledge their expertise and professionalism and value the role they fulfil
- Always look to do things better, encouraging and acknowledging improvement and innovation
- Provide effective team and partnership working
- Be honest, show trust, have integrity and be open and transparent in our work
- Embrace diversity
- Listen to the views of others

We used our Foundation Trust preparations as an opportunity to refine and strengthen our governance arrangements to ensure that the organisation was fit for the future. This enabled us to focus on improving the quality of our services by identifying - drawing upon feedback from staff, patients, carers and our partners - what we do well and what we need to improve upon to provide consistently high quality care. Through this organisational learning process we identified the following four Quality Goals which form the basis of our quality priorities over the next five years:

Quality Goal One:
Reduce incidents of harm to patients

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

Quality Goal Three:
Improve multi-disciplinary team working to benefit the patient pathway

Quality Goal Four:
Ensure the right services are in the right place at the right time for the right person

Part 2: Our quality priorities

These four Quality Goals will enable us to continually improve upon the three elements of quality - patient safety, clinical effectiveness and patient experience - as shown in the table below.

Number	Element of Quality	Quality Goals
1	Safety	Reduce incidents of harm to patients
2	Patient experience	Improve the way we relate to patients and carers
3	Clinical effectiveness	Improve the development of multi-disciplinary team working to benefit the patient pathway
4	Clinical effectiveness	Ensure that the right services are in the right place at the right time for the right person

Specific and measurable targets for each Quality Goal will be set annually and approved by the Board of Directors and Board of Governors. We will monitor and report progress against each target through our Integrated Performance and Assurance Report on a quarterly basis to the Board of Directors and Board of Governors. Improvements will also be measured in conjunction with our patients, carers and partners through 'real time' initiatives.

Improving our organisational structure to improve quality of care

Governance structures have been in place throughout 2009/2010, including a formal sub-committee of the Board focused on quality and performance. This committee's remit includes patient safety, patient experience and clinical outcomes and effectiveness, integrated with performance monitoring and risk management. Trust-wide sub groups which report to this committee include the Patient Safety Group, the Complaints Assurance Group and the Clinical Effectiveness Group.

Each of the Trust's operational directorates also has a Quality and Performance Group in place, focussed on improving the quality of care within their clinical area.

At an individual and team level we recognise and acknowledge the work of our staff in improving the quality of care for service users through our staff recognition awards.

Our performance in 2009/2010 against the quality goals and priorities for 2010/2011

In the following sections the improvements we have made during 2009/2010 and the targets set for 2010/2011 against each Quality Goal are outlined. The targets set for 2010/2011 have been approved by the Board of Directors and Council of Governors.

Priority One: Safety

Goal One: Reduce incidents of harm to patients

The safety of people in our care is extremely important to us. Serious incidents in healthcare are uncommon, but when they do happen they can have a devastating and far-reaching effect. It is essential that all serious incidents are reported, actively investigated and, wherever possible, the cause eliminated. We must also learn lessons from serious incidents to prevent a recurrence.
Our aim in 2009/2010 was to continue a culture of high reporting and reduce the number of serious untoward incidents. During 2009/2010 the Trust successfully reduced the number of incidents of harm to patients whilst supporting an open incident reporting culture. All serious incidents continue to be actively investigated and reported to the Trust Board. During 2010/2011 we will be launching a core Safety Programme. This, together with the lessons learnt from reported incidents, will ensure that the safety of patients is a top priority for the coming year.

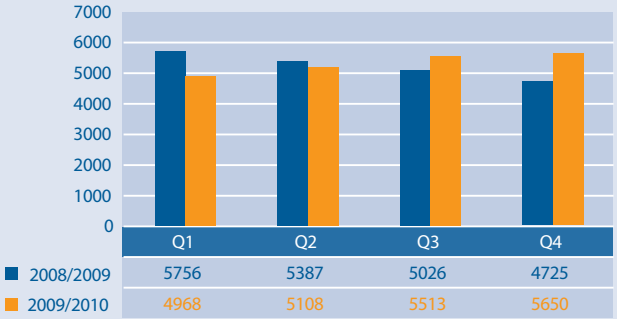
2009/2010 Our aim- To continue a culture of high reporting and reduce the number of serious untoward incidents

Improvements made in 2009/2010

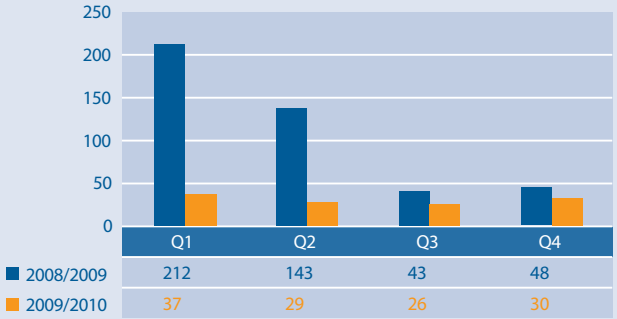
- Training programme for investigating officers and the After Action Review process
- Introduction of joint investigation with both the investigating officer and lead clinician
- Lessons Learnt Group established
- Improvement and modernisation of in-patient services
- Practice Development newsletter produced
- Trust actively involved in national development programme on patient safety
- Continue to demonstrate a culture of high reporting
- Reduction in the number of incidents of harm

Progress made in 2009/2010

All Incidents (April 2008 - March 2010)



All serious untoward incidents activity (April 2008 - March 2010)



Trust has continually developed its incident reporting system throughout the last year, and in 2009/2010 for the first time all incidents were recorded and reported on the newly developed Northumberland, Tyne and Wear NHS Foundation Trust Safeguard system. This enables us to assess the number and nature of reported incidents across the Trust.

In 2009/2010 there was an increase across the organisation for all incidents, this is predominantly to do with an increase in awareness about incident reporting, which is evidenced in the findings of our staff survey.

In the same period the organisation has seen a significant decrease in serious incidents being reported.

Not all of these serious incidents relate to harm to patients as there are other categories of serious incidents and these have seen a slight increase over time e.g. Information Governance.

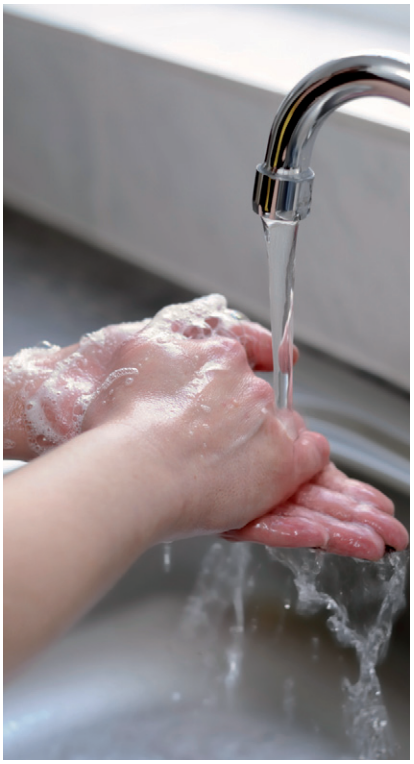
All serious incidents are reviewed to improve the quality and safety of all care provided and to prevent further harm to patients where possible.

Priority One: Safety

Trust-wide: Hospital acquired infections

The Trust is committed to promoting and protecting the health of service users, staff and visitors. We work in partnership with other health organisations in the North East to control the occurrence of healthcare-acquired infections both through formal relationships and through day-to-day working practice.

We have our own internal infection prevention and control team comprising qualified and experienced nurses, a Director of Infection Prevention and Control, and expert microbiology advice. A system of link nurses carries the expertise to the wards while a robust reporting system ensures that the Trust Board and clinical directorates are kept fully aware of any issues regarding infection and cleanliness. We have in place training for all staff, appropriate policies and guidance, and annual work and audit programmes to ensure we comply with the Hygiene Code. We are fortunate that the level of infections within our Trust is low but this does not make us complacent and we are continually seeking to maintain and improve standards. We routinely monitor all infections within the Trust and report serious infections to the Health Protection Agency. Any serious infection is analysed and reported to the Infection Prevention and Control Committee and Clinical Services to identify where lessons for the future may be learnt.



Older People's Services: Accreditation for Inpatient Mental Health Services (AIMS)

The Older People's Directorate participated in the national pilot accreditation scheme for in-patient units (AIMS) operated by the Royal College of Psychiatrists, the professional body which sets the standards of care people can expect when admitted for a stay in hospital. The process required a team of clinicians and managers to initially look at information provided by patients, carers and the Trust. They then visited the wards to check the standard of the service for themselves and check that the information provided was correct. Three of our wards - Akenside, Hawthorn and Hauxley, - took part in the pilot of 11 units across the country. We are pleased to report that all three wards reached the accredited standard and one, Hauxley, was accredited 'excellent'.

As this was such a positive process for both our patients and staff, we are rolling the programme out across all of our acute in-patient wards over the next year.

Forensic Services: Royal College of Psychiatrists Quality Network

Being a member of the Quality Network has enabled our Forensic Services to be at the forefront of developing safety systems and sharing best practice. Being part of the national network has given us the opportunity to help shape new guidance relating to the speciality, not only for ourselves, but also nationally. The views of the people who use this service are very much taken into account with patients being invited to participate in a telephone conference facilitated by the Quality Network. One of the areas that we are currently looking to focus our attention on, and improve where possible, is the use of occupational therapy within our Learning Disability medium secure services.

Priority One: Safety

Goal One: Reduce incidents of harm to patients

Action plans for 2010/2011		
Aim/Objective	**Rationale**	**Target by 31st March 2011**
1. Reduction in unexpected deaths from inpatients on leave/absent without leave or who have been discharged from inpatient care within the past three months.	Evidence shows that patients who are absent from the ward or have been recently discharged from hospital present increased clinical risks. Northumberland, Tyne and Wear NHS Foundation Trust wants to focus on these areas of risk to reduce harm to patients.	• Elimination of unexpected deaths from self harm of in-patients on leave. • Elimination of unexpected deaths from self harm of in-patients who are AWOL/or abscond from hospital. • Reduction by 20% of unexpected deaths from self harm of in-patients within 3 months of discharge.
2. Ensure all appropriate clinical staff receive effective care co-ordination training in accordance with Trust Policy.	To ensure all clinical staff are appropriately trained to deliver safe high quality care.	90%
3. Patients on care programme approach to have a risk assessment and care plan review a minimum of every six months.	Evidence from clinical audit and serious and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning, leading to increased clinical risk.	95%
4. To ensure GPs receive care plan information within seven days of a review.	It is a Trust priority to reduce risk through improved communication and multi-disciplinary/inter agency working.	95%
5. To ensure GPs receive discharge summaries within 24hrs of discharge.	It is a Trust priority to reduce risk through improved communication during periods of transition.	95%

Priority Two: Patient experience

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

It is not only important that we offer patients the right care at the right time but that their experience of care whilst with us is as positive as it possibly can be. We want to be better at listening; responding and learning from people's experience as this will help us improve our services. Our aim in 2009/2010 was to reduce the number of complaints and improve the timeliness and quality of responses.

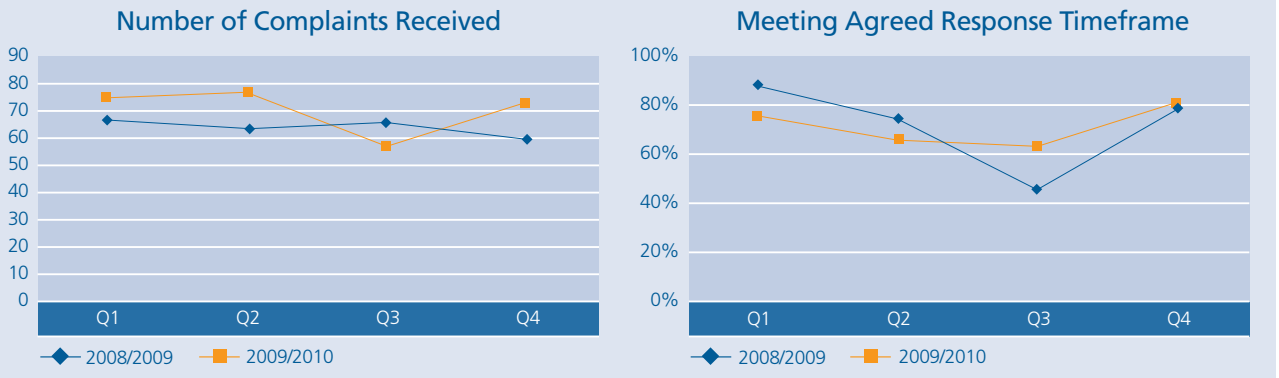
During 2009/2010 we made a series of improvements across the organisation which have helped us improve the way we listen, respond and learn from complaints. Our Board of Directors also now regularly visit services and we receive "real time" patient feedback. Continuing this work is a priority for us during 2010/2011.

Improvements made in 2009/2010

- Implementation of a new national complaints management process has supported us in reducing the number of complaints made
- Patient Opinion' supporting real time feedback from patients has been introduced
- Introduction of regular Board members' visits to services to 'listen and learn'
- Appointment of Foundation Trust Governors
- Carers Charter introduced at the Carers Conference
- Improved timeliness and quality of responses
- National Mental Health Patient Survey - improvements made in overall rating of care and being treated with dignity and respect

2009/2010 Our aim - To reduce the number of complaints and improve the timeliness and quality of responses

Progress made in 2009/2010



The trust received 282 complaints in 2009-2010 compared to 258 in 2008-2009.

Since the new complaints process began in July 2009, access for service users and carers to raise their comments and concerns has been actively promoted. This has been done through the distribution of standard and accessible complaints information leaflets ("Have Your Say") to all wards and departments. The leaflets are also available in a variety of languages. Access to raising concerns has also been promoted through closer working with the Patient Advice and Liaison Service (PALS) and the introduction of Patient Opinion. This has resulted in an increase in the overall number of complaints with a greater number being addressed at local level.

Compliance with meeting the agreed time frame to respond to people who made complaints averaged at 73% in 2009/2010 compared to 72% in 2008/9

Priority Two: Patient experience

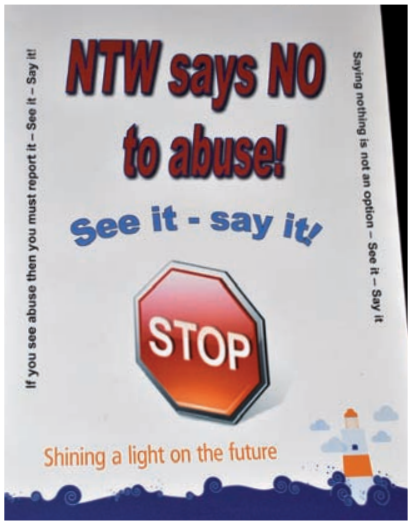
Children and Young People's Services: Integrated Service – Woodland View

It was very important to us that during the planning and preparation for building our new children and young people's development, Woodlands, the wishes and views of the people who would be using the services were taken very much into account. Looking for a way in which the young people could be included and have a 'loud' voice became part of a beneficial learning experience for everyone involved.

Over a number of years we have worked with Skills for People, an organisation which specialises in working with young people. Teaming up with the young people currently using our services, a DVD has been produced. This is owned and updated by the young people, who have the ultimate decision as to what should or should not be included. They have recorded their own thoughts, feelings and experiences of what it is like to be a patient.

The DVD has also been used to let the Project Board know what they would like to see in the new facility and it has very much influenced the decisions made.

Learning Disability Services: 'See it - Say It' Campaign



We are very proud of our 'See it – Say it' campaign. Abuse in any shape or form will not be tolerated by our Trust. It is our responsibility as a provider is to uphold our 'duty of care' to those people coming into contact with our services. This responsibility is at the centre of everything that we do and is rooted in our values.

'See it – Say it' was developed to help encourage and support a climate of openness in which people would feel comfortable about raising any concerns they may have, and that these could then be resolved in an honest, supportive and timely way.

We will measure the success of our campaign through everyone connected with our services - patients, carers and staff - knowing and appreciating what constitutes abuse, how to recognise it, and how to then take the appropriate action.

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

Action plans for 2010/2011		
Aim/Objective	**Rationale**	**Target by 31st March 2011**
1. All Trust services have accessible patient information providing details on care and services they provide (based on what the patients say they need).	To improve access and understanding in relation to Trust services.	100%
2. To improve waiting times for referrals to multi-disciplinary teams.	To ensure Trust services are responsive and accessible.	100% seen within 18 weeks.
3. To increase the number of service users who are involved in their care plan.	To increase engagement of service users in their own care following feedback from patients.	95%
4. To improve the choice and availability of therapeutic and recreational activities for inpatients, including 'out of hours' and at weekends.	In response to feedback from Care Quality Commission, patients and carers, this an identified area for improvement.	Define standard expected. Baseline current activities and improve availability of therapeutic and recreational activities by a factor of 50% by 2012 for 'out of hours' and at weekends.
5. To develop a standardised Trust 'family and friends' assessment.	In response to carers, and in accordance with standards set out in the Trust carers charter, to increase the involvement of carers in assessments.	A developed standardised assessment.

Priority Three: Clinical effectiveness

Goal Three: Improve multi-disciplinary team working to benefit the patient pathway

Following a review of Working Age Adult services South of Tyne, we established an internal Project Board to oversee a number of work streams established to deliver key service improvements. The work streams are focussing on improving: multi-disciplinary working; care coordination; risk assessment and management; records; transition between services; the involvement of carers; and team and service design and safeguarding.

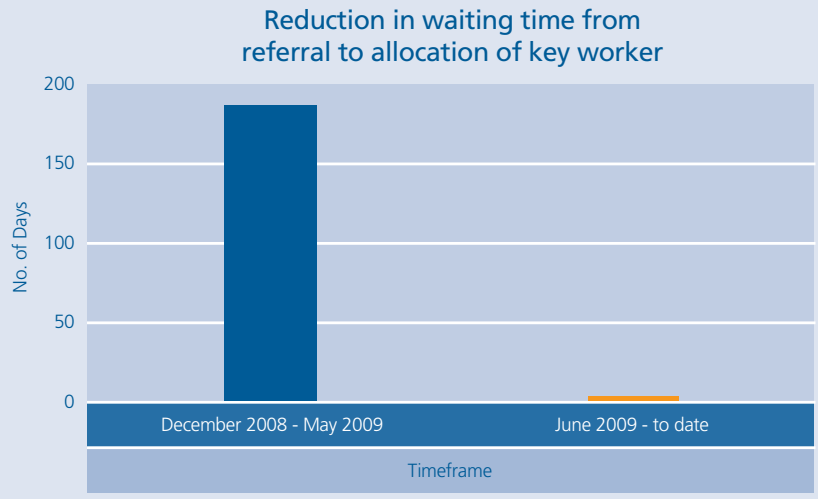
Our aim for 2009/2010 was to make demonstrable progress in all aspects of this programme of work, and key achievements included commencing team and service redesign, improving the access point to secondary services, and reducing the time taken for referrals to be allocated to a key worker.
Our priority for 2010/2011 is to maintain this momentum with the aim of continuing to achieve improvement in services.

Improvements made in 2009/2010

- Established Internal Service Development Programme for South of Tyne and Wear
- Established Project Board and Steering Group
- Established projects and prioritised key work streams
- Begun to implement the team and service redesign in Sunderland
- Significantly reduced the time taken for referrals to be allocated to a key worker following referral to the Community Treatment Team
- Designed improved access point to secondary services

2009/2010 Our aim - To ensure the progression of the South of Tyne Internal Service Development Programme

Progress made in 2009/2010



A service improvement event was held to look at how we could reduce the time a service user waits to be allocated a key worker from the time of referral.

This event took place in June 2009, at which point the average time taken was 200 days. The improvement event enabled us to identify improved processes and a number of changes were made to the referral/allocation process, with the result that the waiting time was reduced to only one day.

Working Age Adults Services: Rapid Process Improvement Workshop

Providing an efficient and effective service to the people we come into contact with is very important and something we value highly. Over the past year the Working Age Adult Directorate has started to work on an important service improvement programme that will bring together all the various disciplines which provide care for our patients. Whilst continuing as far as possible to ensure the safety of our patients, we have undertaken to modernise and strengthen the efficiency and effectiveness of our services by identifying and cutting out steps in processes that are unnecessary or do not add value. Using this process, one of our Community Treatment Teams has already successfully improved its service in the areas listed below. This good practice will now be shared widely throughout the Trust.

Before the Rapid Process Improvement Workshop:

- 200-day waiting from referral to allocation
- Waiting list in excess of 350 patients
- 40% of referrals not appropriate for the Community Treatment Team
- 50% of patients discharged without being seen

After the Rapid Process Improvement Workshop:

- Referral to allocation waiting time reduced from 200 days to 1 day
- Clear access criteria agreed for the team
- New ways of working agreed by the team, e.g. Triage Huddle, Referral Pro forma, capacity tool adopted
- Multi-disciplinary team working improved

Goal Three: Improve multi-disciplinary team working to benefit the patient pathway

Action plans for 2010/2011

Aim/Objective	Rationale	Target by 31st March 2011
1. To complete phase 1 of the South of Tyne Internal work programme:	Patients requiring specialist mental health treatment need access to integrated multi-disciplinary teams in all settings, to ensure comprehensive assessments and treatment plans. Phase 1 of the South of Tyne Internal Work Programme involves redesign of services to replace traditional service model. The new teams will develop policies and procedures that support effective multi-disciplinary team working and focus on the desired and agreed patient outcomes. Moving to the new model involves transfers of care for patients within the existing system. This is unavoidable but will be carried out in accordance with a carefully designed protocol to maximise safety in the transitional period. Specialist Mental Health Services will work with primary care, local authority, third sector and other partners to develop agreed access points and shared care arrangements, thus ensuring that the right help is available to service users in the right place at the right time.	Completion of phase 1:
• Establish & implement new community mental health teams in Sunderland		Establishment of teams
• Implement Creating Capable Teams training programme		90% of clinical staff trained
• Implement a safe patient transfer protocol		Protocol agreed, in place and effective
• Implement a single access point for secondary mental health care services		Single access point for secondary mental health services
• Develop an agreed format for core assessment		Format agreed and implemented effectively
• Develop shared, collaborative care arrangements		Agree shared care arrangements with partners

Priority Four: Clinical effectiveness

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

The development of services based on a risk and needs perspective will enable a better understanding, ensuring that resources can be assigned to best meet individual needs. We are an active member of the national Care Packages and Pathways Project, one of the project's aims being to ensure that the right services are in the right place for the right person.

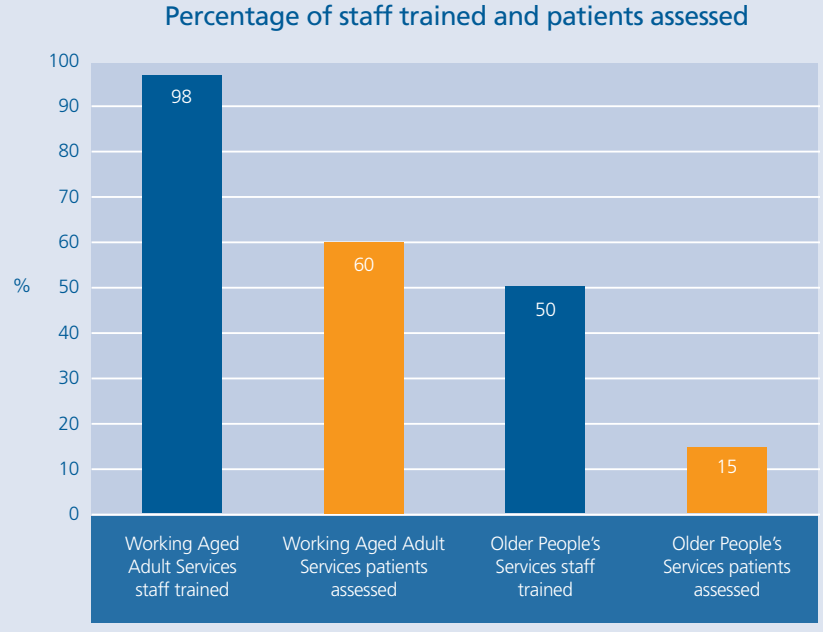
During 2009/2010 we established a Care Pathways and Packages Programme to coordinate the work within the Trust. Significant progress was made, enabling the Trust to better understand Working Age Adult Services from a needs-based perspective and to ensure that resources can be assigned over time to those areas which best meet patient needs and have greatest clinical effectiveness. Work also started in Older Peoples services. This work will continue during 2010/2011.

2009/2010 Care Pathways and Packages

Improvements made in 2009/2010

- Care Pathway and Packages Programme Board and infrastructure developed
- Changes made to electronic patient information system to allow recording and reporting of needs assessment scores (MHCT)
- Working Age Adult and Older People's staff trained in the use of the needs assessment tool
- Mapping of patients in Working Age Adult Services according to need undertaken
- Mapping of patients in Older People's Services commenced

Progress made in 2009/2010



This graph shows the significant progress made over the past year in services for working age adults. With almost all staff in this area now trained in the use of the needs assessment tool, the numbers of patients assessed and allocated to a needs-based system will increase as their care is routinely reviewed.

In Older People's services the work has started more recently. However, having learned the lessons from the other clinical directorates as to how best to support staff to use the needs assessment tool, it should be possible to produce similar results in a shorter period of time.

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

Action plans for 2010/2011		
Aim/Objective	**Rationale**	**Target by 31st March 2011**
1. As part of the Trust transformation programme (Next Steps), agree Trust-wide service groupings and standards.	To be clear about the patient groups we serve and to define patients according to need to allow appropriate service responses.	100% of defined service grouping 100% of standards proposed for each service grouping
2. As part of the Trust Care Packages and Pathways work:	To improve the accuracy and coverage of mapping service users by need.	
• Increase the % of patients assessed using the clustering tool		95% of Working Age Adults and Older Peoples Services patients
• Increase the % of staff trained in the use of the clustering tool		95% of Working Age Adults and Older Peoples Services staff

Part 3: Statements relating to quality of NHS services provided

Statements of assurance from the Trust Board

Annual Quality Accounts

The directors of Northumberland, Tyne and Wear NHS Foundation Trust are required to satisfy themselves that the Trust's annual Quality Accounts are fairly stated.

We have appointed a member of the Trust Board, the Acting Executive Director of Performance and Assurance, to lead and advise us on all matters relating to the preparation of the Trust's annual Quality Accounts.

The Trust has embedded into its annual audit plan a rolling programme of audits focused on quality performance metrics. In 2009/2010 an audit of the compliance framework performance indicators was undertaken and significant assurance was gained.

The internal and clinical audit plans are also aligned to the Trust's corporate risk register and assurance framework.

Review of services

During 2009/2010 Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 239 NHS services.

The Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all of the data available to them on the quality of care in all 239 of these NHS services. The income generated by the NHS services reviewed in 2009/2010 represents 100% of the total income generated from the provision of NHS services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2009/2010.

Participation in clinical audits

During 2009/2010, eight national clinical audits and one national confidential enquiry covered NHS services Northumberland, Tyne and Wear NHS Foundation Trust provides.

During that period Northumberland, Tyne and Wear NHS Foundation Trust participated in five national clinical audits and one national confidential enquiry of those it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust were eligible to participate in during 2009/2010 are as follows:

National Clinical Audits 2009/2010	National Confidential Enquiries 2009/2010
Prescribing Observatory for Mental Health (POMH – UK) Topic 9: Use of antipsychotic medication for people with learning disabilities Topic 6 Assessment of side effects of depot antipsychotic medication Topic 5: Benchmarking the prescribing of high dose and combination antipsychotics on acute and Psychiatric Intensive Care (PICU) wards Topic 7: Monitoring of patients prescribed Lithium Topic 8: Medicines reconciliation	Suicide and Homicide by People with Mental Illness
Dementia (Trust not invited to participate)	
Psychological Therapies (Trust not invited to participate)	
Treatment Resistant Schizophrenia (Trust not invited to participate)	

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in during 2009/2010 are as follows:

National Clinical Audits 2009/2010	National Confidential Enquiries 2009/2010
Prescribing Observatory for Mental Health (POMH – UK) Topic 9: Use of antipsychotic medication for people with learning disabilities Topic 6 Assessment of side effects of depot antipsychotic medication Topic 5: Benchmarking the prescribing of high dose and combination antipsychotics on acute and PICU wards Topic 7: Monitoring of patients prescribed Lithium Topic 8: Medicines reconciliation	Suicide and Homicide by People with Mental Illness

The national clinical audits that Northumberland, Tyne and Wear NHS Foundation Trust intends to participate in during 2010/2011 are as follows:

National Clinical Audits 2010/2011
Anxiety and Depression
Prescribing Topics in Mental Health

Part 3: Statements relating to quality of NHS services provided

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2009/2010, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2009/2010	Cases submitted	Cases required	%
Prescribing Observatory for Mental Health (POMH – UK)			
Topic 9: Use of antipsychotic medication for people with learning disabilities	28	Number determined by each organisation	Not applicable
Topic 6: Assessment of side effects of depot antipsychotic medication	Data collection in progress	Number determined by each organisation	Not applicable
Topic 5: Benchmarking the prescribing of high dose and combination antipsychotics on acute and PICU wards	446	Number determined by each organisation	Not applicable
Topic 7: Monitoring of patients prescribed Lithium	84	Number determined by each organisation	Not applicable
Topic 8: Medicines reconciliation	44	Number determined by each organisation	Not applicable
National Confidential Enquiries 2009/2010	**Cases submitted**	**Cases required**	**%**
Suicide and Homicide by People with Mental Illness	The Trust complies with the requirements of National Confidential Enquiries		

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

Project	Actions
Use of antipsychotic medication for people with learning disabilities	Action plans have been locally developed for individual services according to their results.
Topic 6: Assessment of side effects of depot antipsychotic medication	Action plans have been locally developed for individual services according to their results.

The reports of six local clinical audits were reviewed by the Trust in 2009/2010 and the Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Directorate	Actions
Quality information for service users. Compliance to "Standards for Better Health" C16	Trust-wide	Clinical teams that participated in the audit should address the action plans produced by the clinical audit officers. These plans to be monitored by their specific directorate. Clinical teams that have not participated in the audit should consider the audit results and produce their own clinical area action plans to be monitored by their specific directorate. All staff to be made aware of the need to adhere to the following Trust policies: Sharing Letters with Service Users policy, Care Coordination policy and Mental Health Act requirements via supervision. This will address the effective implementation of policy and the correct use of documentation. Care Coordination documentation relating to patient information to be reviewed for standardisation wherever possible. Review of the policy "The Production of Accessible Information for Patients, Carers and the Public" NTW(0)03. Development of a patient/carer information strategy.
Clinical Risk Management audit	Working Age Adult Services	Case record re-audit to be completed to give assurance of achievement of record keeping standards. To Implement a rolling Record Keeping Practice audit programme. Record keeping training to be provided to all clinical staff via a rolling programme in Clinical risk management, Care Co-ordination and RIO electronic record recording. Management supervision practice guidance notes to be drafted and standardised. Clinical leadership arrangements to be reviewed and strengthened. Care Practice standards training to be provided to Locality Clinical Managers, Team and Clinical Leads. Individual staff clinical performance concerns raised through the audit to be managed through clinical practice development plans or, if necessary through formal performance.
Clinical Supervision	Older People's Services	All medical staff to undertake formal clinical supervision in line with Trust policy. All clinical supervision sessions need to be recorded, using the clinical supervision template within the policy. All medical staff need to complete a supervision contract as per Trust policy. All medical staff should complete electronic matrix to confirm when their supervision sessions have taken place, for audit and recording purposes. A medical representative should be an active member of the Trust-wide Clinical Supervision Group.

Part 3: Statements relating to quality of NHS services provided

Project	Directorate	Actions
Sudden Death in Epilepsy (SUDEP)	Learning Disabilities Services	All Learning Disability Services staff who provide clinical care to service users to attend the annual epilepsy and SUDEP training. Ward managers to prioritise staff attendance based on the skill mix of staff who will be on duty to ensure that effective standards of care and support are offered to service users with epilepsy. Staff records re attendance at these sessions should be recorded and up to date. Service Managers to be informed of issues which delay attendance at these training sessions in order to look at the resource implications. Train the trainer workshops to be introduced across the Directorate. Copy of SUDEP report to be circulated to the following groups: • Other Directorate Quality and Performance Groups • Trust Resuscitation Group • Trust Patient Safety Group
Health records audit	Children and Young People's Services	A directorate approach to action planning was agreed at the quality and performance group and actions included: 1) Each clinical team will produce their own individual action plan against their results and compliance with the action plan will be checked by clinical governance staff. 2) A standardised and unified approach to clinical documents will be embraced where possible across the directorate. 3) Records and record keeping training will be offered to all clinical teams across the directorate and delivered by the practice development department. 4) All staff should attend the Trust's risk management training.
Quality Information for Service Users Standards for Better Health (C16)	Forensic Services	Each clinical team developed an individual action plan based on their results. The main themes emerging from the results across the directorate were that: 1) All patients must be offered copies of all clinical letters (unless this is demonstrably detrimental to their care) as per Trust policy Sharing letters with Service Users NTW (0) 22. 2) All carers must be offered a carers assessment.

During 2009/2010 20 local clinical audits were completed by individual healthcare professionals evaluating aspects of care they selected as being important to them and/or their team.

Northumberland, Tyne and Wear NHS Foundation Trust has approved nine priority clinical audit projects for 2010/2011, which have originated from issues within the organisation's assurance framework and risk register.

National	
1	Prescribing Observatory for Mental Health - UK
2	Anxiety and Depression
Northumberland, Tyne and Wear NHS Foundation Trust Priority	
1	Patients at risk of malnutrition
2	Care Pathways and Packages/HoNOS (Health of the Nation Outcome Scales)
3	Delivering Same Sex Accommodation (DSSA)
4	Care Co-ordination, Unified Health Records, Clinical Supervision
5	Safeguarding Children (Rapid Response)
6	Re-admissions within 28 days
7	Mental Health Act Compliance- Section 17 leave forms
8	Safeguarding Adults
9	Absent without leave

Research

The number of patients receiving NHS services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2009/2010 recruited during that period to participate in research approved by a research ethics committee was 725. They were recruited to the following research programmes:

Dementia and Neurodegenerative diseases	224
Mental Health	430
Health Service research	71
Total	725

Participation in clinical research demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Part 3: Statements relating to quality of NHS services provided

Goals agreed with commissioners: Commissioning for Quality and Innovation

A proportion (0.5%, £1.1m) of Northumberland, Tyne and Wear NHS Foundation Trust's income in 2009/2010 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and Commissioners who entered into contracts for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2009/2010 and for the following 12 month period are available on request from the Northumberland, Tyne and Wear NHS Foundation Trust's Performance and Assurance Directorate.

In 2009/2010 Northumberland, Tyne and Wear NHS Foundation Trust received all payments associated with achieving quality improvement and innovation goals.

Commissioning for Quality and Innovation: Indicators

Aim	Rationale
To increase the quality of personalised care plans for those patients who have an identified risk.	To improve the quality of assessment of risk ensuring it is part of a continuous care planning process. To use the Management Review Process to monitor the quality of assessment of risk where there has been a Serious Untoward Incident.
To improve the quality of Care Co-ordination seven day follow-up by increasing the percentage of 'face-to-face' contacts and reducing the number of 'telephone' contacts.	Improving the Quality of the follow-up of discharged patients, as per the Care Quality Commission target on Care Co-ordination seven day follow-up.
All GPs and providers identified on the care plan to receive copy of care plan and risk assessment within seven days of review and/or discharge from hospital.	Improving communication across care providers.
To enhance quality of hospital admission and discharge planning for persons with a learning disability by reducing number of inappropriate admissions to Learning Disability Assessment/Treatment wards; and enhancing quality of discharge.	A number of people with a learning disability spend time on acute assessment and treatment wards due to either inappropriate admission or delays in discharge following completion of assessment/treatment.
To ensure compliance with statutory principles embodied within the Mental Capacity Act 2005; enhancing the protection of persons who lack capacity to make particular decisions, and enhancing their ability to make decisions.	Assessments of a person's capacity to understand elements within a care plan are not always 'decision specific' and when a lack of capacity is established 'Best Interest' decision making is not always evidenced.
To improve access for Black Minority Ethnic (BME) communities to Improving Access to Psychological Therapy services (IAPT) / Early Intervention in Psychosis services (EIP) / Assertive Outreach Teams (AOT) / Crisis and Home Treatment services.	The Count Me In Census suggests that people from BME communities continue to experience poorer outcomes and experiences from secondary care mental health services. These indicators will be used nationally to measure improvement.
To improve the quality of carers experience of contact with Crisis Resolution Teams.	Reported dissatisfaction from Carers Groups regarding quality of experience. To enhance responses to carers in crisis situations.

Care Quality Commission

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission. The Trust received its registration confirmation on 23rd March 2010. Northumberland, Tyne and Wear NHS Foundation Trust has been registered to carry out two regulated activities across twenty-three locations:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

Northumberland, Tyne and Wear NHS Foundation Trust has no conditions applied to its registration.

The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2009/2010.

Periodic reviews

Northumberland, Tyne and Wear NHS Foundation Trust is not subject to periodic review by the Care Quality Commission during the reporting period.

Special reviews

Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Data quality

NHS number and General Medical Practice Code validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2009/2010 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

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

99.5%	for admitted patient care
99.5%	for outpatient care
N/A	for accident and emergency care

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

99%	for admitted patient care
99.8%	for outpatient care
N/A	for accident and emergency care

Information Governance Toolkit attainment levels

Northumberland, Tyne and Wear NHS Foundation Trust score for 2009/2010 for information quality and records management, assessed using the Information Governance Toolkit, was 77%.

Clinical coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2009/2010 by the Audit Commission.

Part 4: Review of quality performance

This section of the Quality Account provides a review of the Trust's quality performance through the use of specific national and local quality indicators that are capable of measuring our performance using a standardised definition and recognised data source. The indicators used cover patient safety, patient experience and clinical effectiveness, which are the essential elements of a quality service. The local quality indicators were identified as priority indicators by the Trust and commissioners.

National Quality Indicators and Performance in 2008/2009 and 2009/2010

Patient safety

Patient safety measures	Rationale for this measure	Performance in 2008/2009	Performance in 2009/2010
Reducing healthcare acquired infections: number of MRSA	Reducing healthcare infections is a key national priority for all trusts	0	0
Reducing healthcare acquired infections: number of Clostridium Difficile	Reducing healthcare infections is a key national priority for all trusts	6	3

Clinical effectiveness

Clinical effectiveness measures	Rationale for this measure	Performance in 2008/2009	Performance in 2009/2010
Enhanced care co-ordination patients received follow-up contact within seven days of discharge from hospital.	Ensuring those individuals discharged on Enhanced care co-ordination receive a follow up within seven days is a national target.	96.6%	96.4%
Ensuring appropriate inpatient facilities for 16/17 year olds: number of 16/17 year old admissions to adult wards.	Ensuring that appropriate inpatient facilities for 16/17 year olds are provided to avoid admission to adult wards is a national target.	2	1
Admissions to inpatient services had access to crisis resolution home treatment teams.	The provision of crisis resolution/home treatment teams is a national target.	100%	100%
To meet all Core Standards.	Compliance with all Core Standards is a national requirement.	Fully met	Fully met

Patient experience

Patient experience measures	Rationale for this measure	Performance in 2008/2009	Performance in 2009/2010
Minimising delayed transfers of care.	To enhance the quality of hospital admission, reduce the number of inappropriate admissions or delays in discharge following completion of assessment/treatment.	5.27%	2.7%
Patient survey: Did the psychiatrist(s) treat you with respect and dignity?	To maintain and improve upon the level of patient satisfaction relating to dignity and respect.	Inpatient - Best performing 20% of NHS Mental Health trusts	The 2009/2010 community mental health survey is currently underway. Expected month of publication July/ August 2010.
Patient survey: Did you have confidence and trust in nurses?	To improve upon the level of patient satisfaction.	Inpatient - Best performing 20% of NHS Mental Health Trusts	
Patient survey: Did the nurses treat you with respect and dignity?	To maintain and improve upon the level of patient satisfaction relating to dignity and respect.	Inpatient - Best performing 20% of NHS Mental Health Trusts	
Patient survey: Did staff explain the purpose of medication?	To maintain and improve upon the level of patient satisfaction relating to the information provided regarding their care.	Inpatient 2008/2009 - Best performing 20% of NHS Mental Health Trusts	
Patient survey: Were you told about possible side effects of medication?	To maintain and improve upon the level of patient satisfaction relating to the information provided regarding their care.	Inpatient 2008/2009 - Best performing 20% of NHS Mental Health Trusts	

Part 4: Review of quality performance

Local Quality Indicators and Performance in 2008/2009 and 2009/2010

Patient safety

Priority	Patient safety measures	Rationale for this measure	Performance in 2008/2009	Performance in 2009/2010
Trust	Continue a culture of high reporting and reduce the number of serious untoward incidents.	To improve patient safety across the Trust.	20,894 incidents, a 17% reduction from 24,611 in 07/08.	20,446 incidents, a 2% reduction from 20,894 in 08/09.
CQUIN	To increase the quality of personalised care plans for those patients who have an identified risk.	To improve the quality of assessment of risk ensuring it is part of a continuous care planning process. To use the Management Review Process to monitor the quality of assessment of risk where there has been an SUI.	N/A	In 2009-10 as part of CQUIN the lead commissioner joined the Serious Untoward Incident panel. Three specific questions were monitored closely through the SUI panel: • Has a risk assessment been carried out? • Is there evidence of risk assessment transferring through to care planning? • Is there evidence of risk assessment transferring to contingency planning? The results of this have helped inform the quality requirements in the 2010/2011 contract.
CQUIN	To improve the quality of care co-ordination seven day follow-up by increasing the percentage of 'face-to-face' contacts and reducing the number of 'telephone' contacts.	Improving the quality of the follow-up of discharged patients, as per the Care Quality Commission target on care co-ordination seven day follow-up.	N/A	88.5%
CQUIN	All GPs and providers identified on the care plan to receive copy of care plan and risk assessment within seven days of review and/or discharge from hospital.	Improving communication across care providers.	N/A	An Audit was undertaken in 2009-10. There have now been two quality requirements included in the 2010/2011 contract which are specifically linked to discharge summaries and risk assessment plans being received by GPs in a timely manner.

Clinical Effectiveness

Priority	Clinical effectiveness measures	Rationale for this measure	Performance in 2008/ 2009 2008/2009	Performance in 2009/2010
Trust	Ensure the completion of the South of Tyne Internal Work Programme.	Improving the quality of services South Of Tyne including the development of true multi-disciplinary team working. This will bring significant benefits across the patient pathway.	N/A	• Established Internal Service Development Programme for South of Tyne and Wear • Established Project Board and Steering Group • Established projects and prioritised key work streams • Begun to implement the team and service redesign in Sunderland • Significantly reduced the time taken for referrals to be allocated to a key worker following referral to the Community Treatment Team • Designed improved access point to secondary services
Trust	Care Pathways and Packages Programme.	Enable the Trust to understand services from a needs-based perspective to ensure that resources can be assigned over time to those areas which best meet patient need and have greatest clinical effectiveness.	N/A	• Care Pathway and Packages Programme Board and infrastructure developed • Changes made to electronic patient information system to allow recording and reporting of needs assessment scores (MHCT). • Working Age Adult and Older People's staff trained in the use of the needs assessment tool. • Mapping of patients in Working Age Adult Services according to need undertaken. • Mapping of patients in Older People's Services commenced
CQUIN	Enhance quality of hospital admission and discharge planning for people with a learning disability by reducing number of inappropriate admissions to Learning Disability Assessment/Treatment wards; and enhancing quality of discharge.	A number of people with a learning disability spend time on acute assessment wards either due to inappropriate admission or delays in discharge following completion of assessment/treatment.	N/A	In 2009/2010 an Audit Tool was produced in collaboration with the Trust commissioners. The results of this have informed the CQUIN for Learning Disability Services in 2010/2011.
CQUIN	Ensure compliance with statutory principles embodied within Mental Capacity Act 2005, enhancing the protection of people who lack capacity to make particular decisions, and enhancing their ability to make decisions.	Assessments of a person's capacity to understand elements within a care plan are not always 'decision specific' and when lack of capacity is established 'Best Interest' decision making is not always evidenced.	N/A	An Audit was undertaken in 2009-10. There have now been two quality requirements included in the 2010/2011 contract which are specifically linked to discharge summaries and risk assessment plans being received by GPs in a timely manner.

Part 4: Review of quality performance

Patient experience

Priority	Patient experience measures	Rationale for this measure	Performance in 2008/2009	Performance in 2009/2010
Trust	Reduce the number of complaints and improve the timeliness and quality of responses.	Complaints are a vital indicator of patient satisfaction and our ability to resolve complaints shows our willingness to respond and learn from shortfalls in the experiences of our patients.	Complaints received - 258 Compliance with meeting the agreed time frame - 72%	Complaints received - 282 Compliance with meeting the agreed time frame - 73%
CQUIN	Improve access for BME communities to IAPT/EIP/AOT/Crisis and Home Treatment services.	The Count Me In Census suggests that people from BME communities continue to experience poorer outcomes and experiences from secondary care mental health services. These indicators will be used nationally to measure improvement.	N/A	North East Public Health Observatory in process of analysing data submitted, no results published.
CQUIN	Improve quality of carers experience of contact with Crisis Resolution Teams.	Reported dissatisfaction from Carers Groups regarding quality of experience. To enhance responses to carers in crisis situations.	N/A	A survey was compiled after engagement from carer representatives and the survey was completed in 2009/2010.

Appendix 1 shows the Trust's performance against the relevant indicators set out in Appendix B of the Monitor Compliance Framework and the Care Quality Commission Periodic Review for 2009/2010.

The Trust declared to the Care Quality Commission in November 2009 that it was fully compliant with all Core Standards between 1st April 2009 and 31st October 2010. Since this declaration the Trust has not reported any significant lapse in, or insufficient assurance of, compliance against a Core Standard after 31st October 2009.

The Trust received its registration confirmation from the Care Quality Commission on the 23rd March 2010. Northumberland, Tyne and Wear NHS Foundation Trust has been registered to carryout two regulated activities across 23 locations:

- Treat of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

Northumberland, Tyne and Wear NHS Foundation Trust has no conditions applied to its registration.

Annex 1

Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts

The following comments have been received from Newcastle Local Involvement Networks and Overview and Scrutiny Committees:

Newcastle LINks:

"I would like to thank you for allowing Newcastle LINks the opportunity to view and respond to the Northumberland, Tyne and Wear NHS Foundation Trust's Quality Account Report for 2009/2010. This document was discussed at the Newcastle LINks Executive Board meeting today and I have been instructed to prepare the following response.

It is unfortunate that the timing of the consultation hasn't allowed sufficient time for the LINks Executive Board to respond fully to the Quality Account. The timetable of the LINk Executive Board meetings are set in advance and it has proved difficult to have the Quality Account as an agenda item due to this. The Executive Board did find the information contained in the Quality Account both comprehensive and informative. Furthermore, Newcastle LINks would like to offer the opportunity for representatives of Northumberland, Tyne and Wear NHS Foundation Trust to attend a LINks Executive Board meeting at an early point next year to discuss the 2010 – 2011 Quality Account and to clarify anything that Executive Board members do not understand and to answer any questions. This will be a specially convened half-an-hour slot before the Executive Board's main agenda.

The Executive Board would, however, like to raise a number of general points in relation to 2009/2010 Quality Account at this stage. First of all the document is written using text size and font which makes it difficult to read. Those members of the Executive Board who have visual impairments found it impossible to read and those who do not have visual impairments struggled with the majority of the document and in particular the diagrams and tables.

The Executive Board would suggest that the text size in general needs to be increased and it needs to be standard procedure of Northumberland, Tyne and Wear NHS Foundation Trust to produce any consultation documents in large print and in a timely manner to allow proper consultation.

It would also be of benefit if the report could be written using more plain English. Clearly some medical terminology needs to be used; however, more simple language should be used wherever possible. There is also use of jargon and acronyms without explanation of what they mean. This should be rectified with full names and terms being used initially with the acronyms in brackets afterwards and then the acronyms can be used in the rest of the document. An appendix of acronyms may also be useful to provide at the end of the document.

The LINks Executive Board would also suggest that examples of real cases could be used to support some of the figures and tables provided. This would aid understanding and also bring the document and figures more closer to those who read the document.

The Newcastle LINks Executive Board members trust that their comments and suggestions are helpful and look forward to working closer with Northumberland, Tyne and Wear NHS Foundation Trust on next year's Quality Account."

We have made efforts to take onboard this feedback in the final version by including case studies, reducing medical terminology, and where possible used plain English.

Annex 1

Newcastle Overview and Scrutiny Committee:

Newcastle Overview and Scrutiny Committee confirmed they would not be making a comment on the Trust's Quality Account.

North East Mental Health/ Learning Disability Commissioning Group:

"Thank you for the opportunity to comment on the Quality Account for Northumberland, Tyne and Wear NHS Foundation Trust, 2009/2010.

I confirm the accuracy and fairness of your report's account of the range of services your Trust provides.

Your four priorities of:

- Reducing incidents of harm to patients
- Improving the way we relate to patients and carers
- Improving MDT working to benefit the patient pathway
- Ensuring the right services are in the right place at the right time for the right person

are fully aligned with our commissioning perspective and signpost the Trust's renewed emphasis on improved patient satisfaction and safety together with innovation and partnership. This has been particularly evident in the progressive work being undertaken on a new model of care across South Tyne and in the way the Trust's new senior team have actively engaged in developing the cultural and practical elements of the quality agenda within the your organization and in partnership with the commissioners.

We look forward to further developing this partnership approach in 2010 in our current work around unexpected deaths and across all vital areas of patient safety and quality of provision."

Quality Overview - Appendix 1

Monitor Compliance Framework - National Standards and Priorities

Targets – national requirements (as defined by Monitor)	Threshold	2009/2010	Comment
Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT - assumed a 15% reduction if no level agreed in contract)	N/A	3	NTW had six reported cases in 08/09
MRSA Bacteraemia - maintaining the annual number of MRSA bloodstream infections at less than half the 2003/04 level (assumed target is 50% of 2003/04 if no level agreed in contract) [Note 1]	0	0	NTW relevant elective in-patients. Walkergate Park Wards 3/4.
Screening all relevant elective in-patients for MRSA [Note 2]	N/A	100%	100%
18 week maximum wait by 2008 - Admitted patients: maximum time of 18 weeks from point of referral to treatment [Note 3]	90% requirement.	100%	To be achieved from 31st Dec 08 and monitored thereafter.
18 week maximum wait by 2008 - Non-admitted patients: maximum time of 18 weeks from point of referral to treatment [Note 3]	95% requirement.	100%	To be achieved from 31st Dec 08 and monitored thereafter.
Mental Health Targets	**Threshold**	**2009/2010**	**Comment**
100% enhanced CPA patients receiving follow-up contact within 7 days of discharge from hospital [Note 4]	95%	96.4%	NTW performance 08/09: 96.6%
Minimising delayed transfers of care [Note 5]	<7.5%	2.7%	NTW performance 08/09 5.27%
Admissions to inpatient services had access to crisis resolution home treatment teams [Note 6]	90%	100%	To be achieved from 30th Jun 08 and monitored thereafter.
Maintain level of crisis resolution teams set in 03/06 planning round (or subsequently contracted with PCT)	7	7	
To meet all Core Standards	N/A	Fully Met	

Monitor Compliance Framework Notes

Note 1
Where trusts have less than 12 cases in a year, this target will not apply as long as there is no increase in the actual number of cases reported compared to the prior year. For the purpose of assessing in-year performance against trajectory with an annual target of 12 or less, the trajectory will be expressed as a pro rata of the target on a monthly basis.

Note 2
With the exception of: day case ophthalmology; day case dental; day case endoscopy; minor dermatology procedures; children/paediatrics unless already in a high risk group; maternity/obstetrics except for elective caesareans and any high risk cases; and mental health patients.

Note 3
To be reported in aggregate across all specialities. In addition, where a trust's data is significantly outside the range of 90-110% completeness, it may be rated amber for governance risk in the event that it fails to take effective action to rectify this position. By way of indication, significant may be outside a data completeness range of 75-125%. The Operating Framework sets the aim of moving towards achievement of this target in each specialty. Where an NHS foundation trust has failed to meet the thresholds for admitted (90%) or non-admitted (95%) patients with respect to any individual speciality (defined as treatment function) over a quarter it is required to report each specialty to Monitor as part of its normal quarterly monitoring. Monitor may then require an action plan from the trust to address the position. Once the Department of Health and the Care Quality Commission have published further guidance on requirements by specialty, we will consider how and when we can ensure alignment.

Note 4
Follow up contact can include face to face or telephone contact. Guidance on what should and should not be counted when calculating the achievement of this target can be found on Unify2 and STIES.

Quality Overview - Appendix 1

Note 5
The definition of delayed discharge can be found on the website of the National Mental Health Delivery Unit: www.nmhdu.org.uk

Note 6
This target applies to all admissions of working age adults, excluding transfers and Psychiatric Intensive Care Unit (PICU). As set out in the Guidance Statement on Fidelity and Best Practice for Crisis Services the crisis resolution home treatment team should:

a) Provide a mobile 24 hour, seven days a week response to requests for assessments;

b) Be actively involved in all requests for admission. For the avoidance of doubt, 'actively involved' requires face to face contact unless it can be demonstrated that face to face contact was not appropriate or possible. For each case where face to face contact is deemed inappropriate, a self-declaration that the face to face contact was not the most appropriate action from a clinical perspective will be required;

c) Be notified of all pending Mental Health Act assessments;

d) Be assessing all these cases before admission happens; and

e) Be central to the decision making process in conjunction with the rest of the multi-disciplinary team.

Care Quality Commission period review 2009/2010

Section	Forecast	2009/2010	Comment
Core Standards	Fully met	Fully met	Declaration made November 2009. No reported lapse since declaration.
Mental Health Indicators	**Forecast**	**2009/2010**	**Comment**
Access to crisis resolution home treatment (CRHT)	Achieved	100%	1,812 admissions gate kept by CRHT
Access to healthcare for people with a learning disability	Not part of assessment process		Information supplied
Best practice in mental health services for people with learning disabilities	Unknown due to thresholds not published		Eight green ratings and four amber ratings
Care programme approach (CPA) 7 day follow up	Achieved	96.4%	1,561 patients followed up within seven days of discharge
Child and adolescent mental health services (CAMHS)	Unknown due to thresholds not published		Five areas rated '4' and one area rated '3'.
Mental health minimum data set (MHMDS) data completeness	Unknown due to thresholds not published		Data still being ratified
Ethic coding data quality	Achieved		Threshold to achieve >85% NTW 08/09 = 92.814%
Delayed transfers of care	Achieved	2.7%	
Drug users in effective treatment	Achieved		Statistically banded
Patient experience	Achieved		Statistically banded
Staff satisfaction	Achieved		Statistically banded
Patterns of care from mental health minimum data set (MHMDS)	Unknown due to thresholds not published		Data still being ratified
Learning Disability Indicators	**Forecast**	**2009/2010**	**Comment**
Campus closure	Achieved		
Care plans	Achieved	100%	
Care Quality Commission National Indicators	Overall rating unknown at the date of publication		
Care Quality Commission Registration Status	Registered 23rd March with no conditions		
Care Quality Commission Quality of Financial Management Score	Forecast 'Excellent' Rating		

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We are constantly looking for ways to improve our public documents and if you have any ideas please tell us on the above contact details.

A PDF version of this report is available on the Trust's website – www.ntw.nhs.uk

Designed and produced by The Strategy House 01642 785116