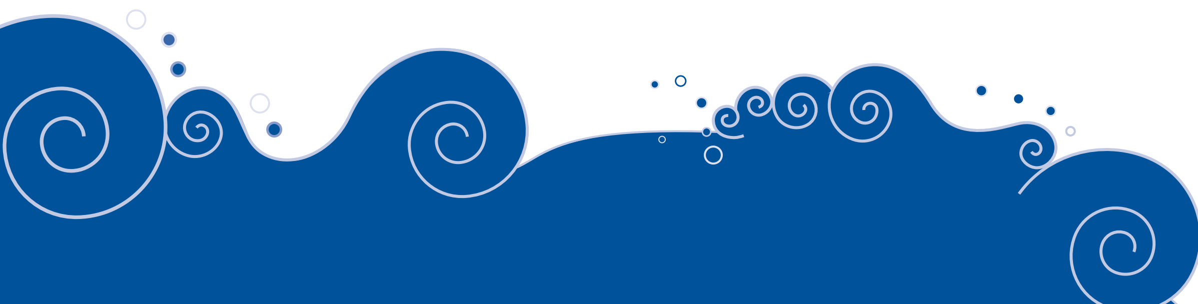
Northumberland, Tyne and Wear NHS

NHS Foundation Trust

Quality Account

2010/2011



Contents

Part 1

Introduction to the Quality Account 4

Chief Executive's statement 6

Medical Director and Director of Nursing and Operations statement 8

Part 2

Quality Priorities 10

Mandatory statements relating to quality of the NHS services provided 33

Part 3

Review of Quality Performance 47

Statements from other organisations 59

Appendices

Appendix 1: Monitor Compliance Framework 64

Appendix 2: NHS Performance Framework 66

Appendix 3: Registered locations and services 67

Appendix 4: Statement of Directors' Responsibilities in respect of the Quality Report 69

Appendix 5: Limited Assurance Report on the content of the Quality Report 70

Appendix 6: Glossary 72

Introduction to the Quality Report

About Northumberland, Tyne and Wear NHS Foundation Trust

Working from over 160 sites and covering more than 2,200 square miles, 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 also provide a range of specialist regional and national services. This makes Northumberland, Tyne and Wear NHS Foundation Trust one of the largest NHS Foundation Trusts of its kind in the country.

Northumberland, Tyne and Wear NHS Foundation Trust's vision is to improve the well-being of everyone we serve through delivering services that match the best in the world.

At the start of 2011/2012 we find ourselves in challenging times, with the economic downturn potentially affecting the mental health of many individuals and significant cost pressures facing the NHS and its partners.

We are confident that by focussing our efforts and resources on designing services around our patients' needs, our plans for the future leave us in a strong position to meet the challenges that lie ahead.

Why are we producing a Quality Account?

Northumberland, Tyne and Wear NHS Foundation Trust welcome the opportunity to provide information on the quality of services to patients, service users and the public.

In this document we will demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public, and comparing our performance with other Mental Health and Disability Trusts.

All NHS Trusts are required to produce an annual Quality Account, which is also sometimes known as a Quality Report.

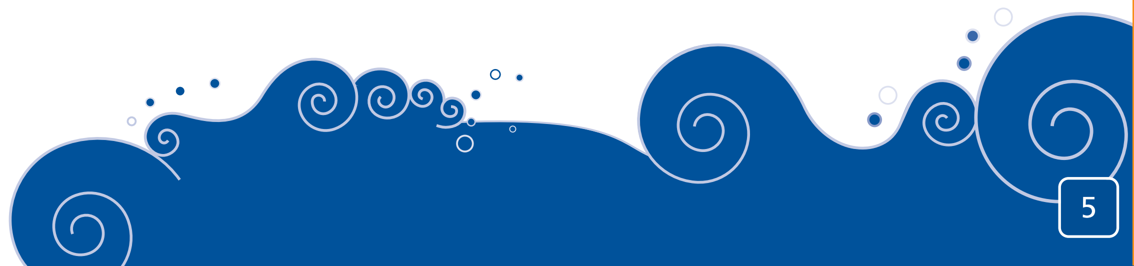
We will use this information to help make decisions about our services and to identify areas for improvement.

An explanation (glossary) of some of the NHS language and terminology used within this report can be found at Appendix 6.

Note: this document uses the terms "service user" and "patient" to describe people who are using our services.

If you have any feedback or suggestions on how we could improve our Quality Account, please do let us know by emailing communications@ntw.nhs.uk or calling 0191 223 2987.

Northumberland Tyne and Wear
Shining a Light on the future



Chief Executive's statement

Our organisation's stated aim is to "improve the well-being of everyone we serve through delivering services that match the best in the world".

I am delighted to introduce you to our second annual Quality Account.

Our organisation's stated aim is to **"improve the well-being of everyone we serve through delivering services that match the best in the world."** I welcome the opportunity to reflect publicly on our progress towards achieving this aim in 2010/2011.

Reviewing the quality of each and every one of our services is a continuous process.

There are many different ways in which we can review how well our services are performing. We have set long term Quality Goals, and each year we review our Quality Priorities based on feedback from service users, carers, partners and staff, to ensure that we are always striving for improvement and that we are focussing on the right things.

Our external regulators such as the Care Quality Commission, Monitor and the local PCT's who commission services from us also detail certain standards that we must meet, to satisfy them that we are providing high quality, safe services and to allow them to compare us with other providers of similar services.

We are a large Trust covering a very wide geographic area and while we strive to always provide high quality, safe services, inevitably, the consistency of the quality of our services can sometimes vary.

We actively promote a culture of learning from when things go wrong and we will objectively report on how well we have progressed against our Quality Priorities, as we can only improve if we truly understand where we could be doing better.

During 2010/2011 we have made significant progress in measuring the quality of our services, which would not be achievable without the dedication shown by our workforce. I was privileged to be able to acknowledge such improvements through our 'Shining a Light on Excellence Awards'. These awards aim to reward and recognise those staff and volunteers who make a real difference - every day - to the lives of local people who need the Trust's services.

I look forward to seeing continued improvements across all elements of quality, namely: safety, patient experience and clinical effectiveness in 2011/2012.

To the best of my knowledge, the information contained within this document is accurate and represents a balanced view of the quality of services the Trust provides.

Dr Gillian Fairfield
Chief Executive

Medical Director and Director of Nursing and Operations statement

We are very pleased to be able to report on the quality of our services in 2010/2011.

In the Quality Account we also share with you our Quality Priorities for 2011/2012. Throughout 2010/2011 we have engaged with key stakeholders in the development of these key quality improvement themes.

Feedback from patients, service users and carers has been gained through national and local questionnaires and focused group work, with the views of commissioners, our Council of Governors and staff also being taken into account.

Looking back, we have reviewed progress against the Quality Priorities set in 2010/2011 – where these have been achieved we expect to maintain the improved level of performance and will monitor this through our routine quality monitoring framework. Where there is still more work to do to achieve a Quality Priority, we will continue to work on these in 2011/2012 and publish the results in next year's Quality Account.

Looking forward, progress against the 2011/2012 Quality Priorities will be regularly monitored, with progress reported to the Trust Board and Council of Governors on a quarterly basis.

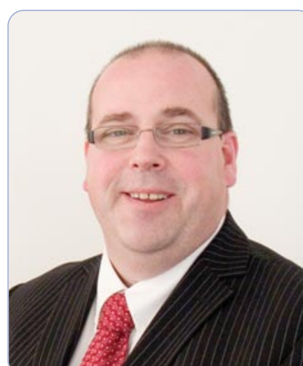
To support our goals and vision, we are transforming the organisation by redesigning our structures and services to ensure that we continue to be a safe, high performing organisation, while meeting any challenges that the future may bring.

We have worked hard to ensure that this Quality Account conforms to the regulations as set out by law in the Quality Accounts Regulations, and we hope that you find this to be a useful, easy to understand document that gives you meaningful information.

We have engaged with staff, commissioners, our Council of Governors, local Improvement Networks and Overview and Scrutiny Committees by sharing early drafts of the document to influence the content of the final version, while also ensuring that we have taken into account comments made by partners about last year's Quality Account.

We have also asked our auditors to review the content of the report to provide additional assurance that the information included is accurate.

Dr Suresh Joseph
Medical Director



Gary O'Hare
Director of Nursing & Operations

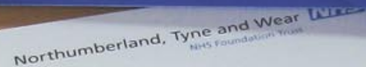
Northumberland, Tyne and Wear NHS

Carers' Pack

Including useful information

and support to a friend, neighbour or relative who could not manage otherwise because of frailty, illness or disability. This may include helping with personal care, medication, cooking, shopping, housework and giving emotional support.

Shining a light on carers

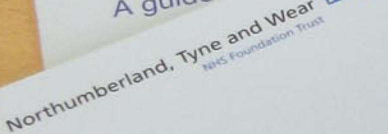


Northumberland, Tyne and Wear

Commonsense

Northumberland, Tyne and Wear NHS

Carers' Charter



Northumberland, Tyne and Wear NHS

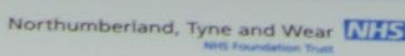
Useful contacts for new carers

Information Leaflet

Northumberland, Tyne and Wear NHS

A checklist for carers of people with mental health problems

Information Leaflet



Northumberland, Tyne and Wear NHS

Carers' Pocket Pack

Including useful information

Shining a light on carers

Quality Priorities

Introduction to our quality goals and priorities

In this section we will report our progress against our quality goals and priorities.

Using feedback from complaints, compliments and serious untoward incidents, the Trust has identified **Quality Goals** covering the 5 year period from 2009 to 2014, based on safety, patient experience and clinical effectiveness.

These Quality Goals were established by reviewing feedback from service users, carers, staff and partners to identify what we need to improve to provide consistently high quality care, and to be able to measure success over the five year period.

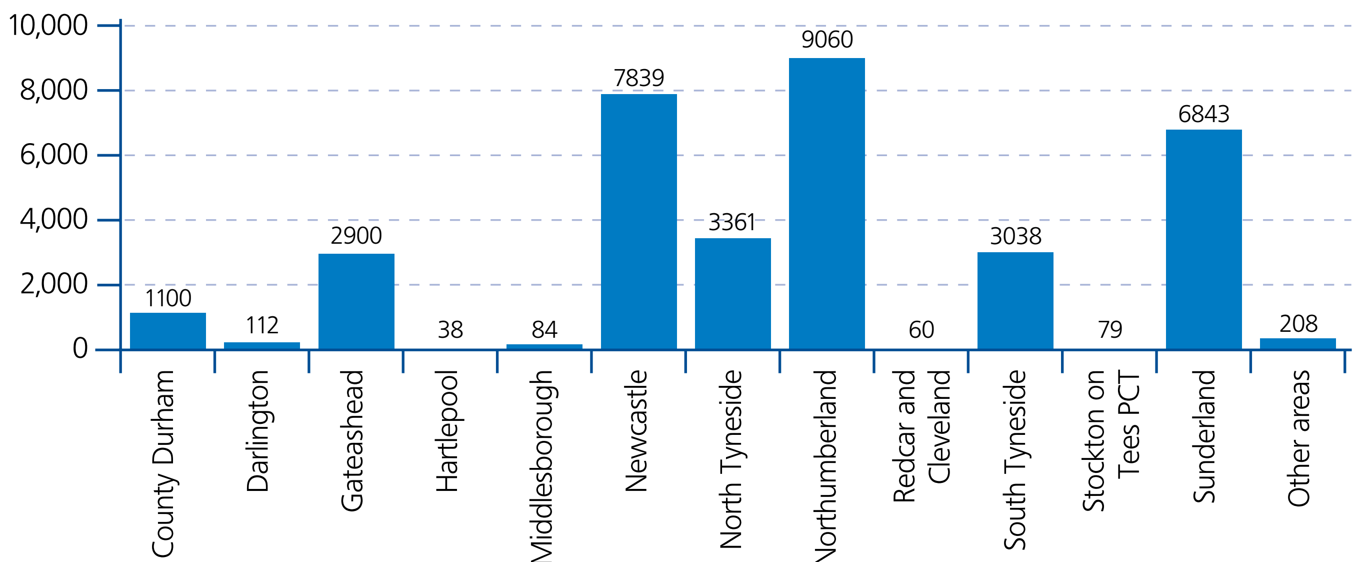
The long term Quality Goals underpin the setting of **Quality Priorities**, which are set each year to help us to achieve our Quality Goals.

In this section, taking each Quality Goal in turn, we will **look back** on the last year to assess progress against the Quality Priorities we set in 2010/2011, we will **reflect** on how these actions have affected progress against the Quality Goal and we will **look forward** to next year, setting new Quality Priorities for 2011/2012.

We will explain in this section how each Quality Priority for 2011/2012 will be measured.

Performance against 2011/2012 Quality Priorities will be monitored internally using the Trust's performance dashboard tool and progress will be reported quarterly to the Trust Board and Council of Governors.

The Trust is currently providing care for almost 35,000 people. Working from over 160 sites and covering more than 2,200 square miles, 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. The graph below shows the number of service users as at 31st March 2011, split by locality:



Quality Goal One: Reduce incidents of harm to patients

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

Looking Back: Progress against our Quality Priorities to support this goal in 2010/2011:

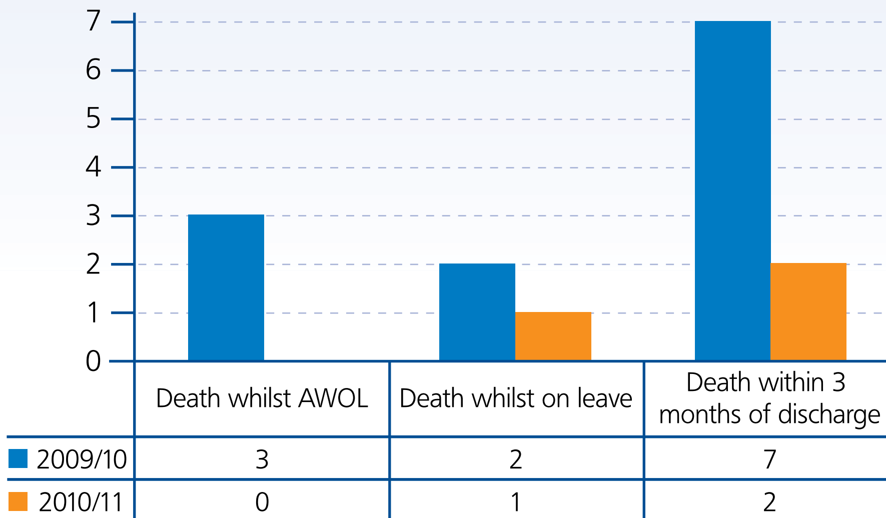
1. Reduction in unexpected deaths from inpatients on leave /absent without leave or who have been discharged from inpatient care within the past 3 months.

Evidence shows that patients who are absent from the ward or have been recently discharged from hospital have increased clinical risks. The Trust has decided to focus on these areas of risk to reduce harm to patients.

Target one: Elimination of unexpected deaths from self harm of inpatients on leave by 31/03/2011.	**Target two:** Elimination of unexpected deaths from self harm of inpatients who are AWOL / or abscond from hospital by 31/03/2011.	**Target three:** Reduction by 20% of unexpected deaths from self harm of inpatients within 3 months of discharge by 31/03/2011.

Partly Achieved
Data source: Safeguard

Unexpected Deaths 2009/10 and 2010/11



	Death whilst AWOL	Death whilst on leave	Death within 3 months of discharge
2009/10	3	2	7
2010/11	0	1	2

This graph shows that there were twelve unexpected deaths whilst absent from the ward or recently discharged in 2009/10, reducing to three in 2010/11. Deaths whilst AWOL have been eliminated in the year, while deaths within three months of discharge have reduced from seven to two and deaths whilst on leave have reduced from two to one.

2. Ensure all appropriate clinical staff receive effective care co-ordination training (incorporating Care Programme Approach) in accordance with Trust Policy.

To ensure all clinical staff are appropriately trained to deliver safe high quality care.
Over 93% of the 2,200 staff required to complete this training had done so by 31st March 2011, thus meeting the 90% target.

Achieved
Data Source: ESR

Quality Goal One: Reduce incidents of harm to patients

3. Patients on Care Programme Approach (CPA) to have a risk assessment and care plan review a minimum of every 6 months.

Evidence through 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. Target: 95% by 31 March 2011.

Ongoing Data source: RIO

The number of patients on CPA to have a risk assessment recorded on the electronic patient record (RIO) in the last six months has increased from 58% in June 2010 to 62% in March 2011.

The number of patients on CPA to have had a care plan review recorded on RIO in the last six months has increased from 51% in June 2010 to 54% in March 2011. There has been a technical issue with recording this data and we are currently redesigning our electronic patient record (RIO) to make it easier to record the information required. This Quality Priority is being carried forward to 2011/12.

4. To ensure GPs receive care plan information within 7 days of a review.

5. To ensure GPs receive discharge summaries within 24 hours of discharge.

It is a Trust priority to reduce risk by improved communication and multidisciplinary / inter-agency working, particularly through periods of transition. The target for both of these quality priorities was 95% by 31 March 2011.

Ongoing

The Trust has been working with GPs both north and south of the Tyne to agree a secure, confidential e-mail process and a consistent format for information to be provided, to provide this important patient information to GPs in line with Information Governance requirements. Existing processes for communicating with GP's (often fax based) remain in place while this piece of work continues. These Quality Priorities are both being carried forward to 2011/12.

Equality of access to services

It is important that all people, regardless of their ethnic origin, level of disability, language or communication difficulties, can access our services.

The Equality Act 2010 requires us to consider:

- the need to eliminate unlawful discrimination, and
- how we can improve equality of opportunity.

We have prepared an Equality Strategy and we will set Equality Objectives by April 2012 – these will be included in the 2011/2012 Quality Account. From May 2011 we will be discussing these issues extensively with our partners, so that the equality objectives will ensure fair access to all for the services that Northumberland, Tyne and Wear NHS Foundation Trust provide.

Quality Goal One: Reduce incidents of harm to patients

How have the Quality Priorities in 2010/2011 helped progress towards this goal?

Impact on the number of incidents reported by severity of harm:

We encourage incident reporting throughout the organisation and in the 2010 staff survey, 98% of staff who witnessed an error, near miss or incident in the last month said that they, or a colleague, had reported it.

Nearly 24,000 incidents were recorded and reported during 2010/2011, an increase from the previous year of over 2,400 incidents.

The nature of reported incidents across the Trust are assessed and graded by impact, with the vast majority being either no harm or low harm incidents. The table on the right shows the number of incidents by impact on the individual. Incidents causing minor or moderate harm have increased as the Trust continues to improve the reporting of these incidents, however there has been a decrease in major and catastrophic incidents.

Number of incidents reported, by impact:	2009/10	2010/11	Change
No Harm	8,083	6,600	-1,483
Minor, Non Permanent Harm	11,739	15,374	+3,635
Moderate, Semi Permanent Harm	1,278	1,643	+365
Major, Major Permanent Harm	152	105	-47
Catastrophic, Death	80	71	-9
Total incidents reported:	**21,332***	**23,793**	**+2,461**

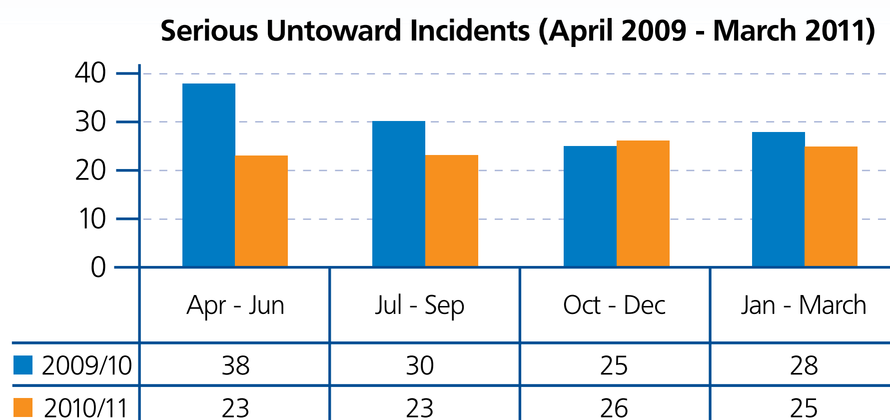
** Reported in the 2009/10 Quality Account as 21,239 incidents - since that report was completed an additional 93 incidents have been reported relating to 2009/10.*

Impact on the number of Serious Untoward Incidents reported:

The number of serious untoward incidents has decreased from 121 in 2009/10 to 97 in 2010/11. The graph shows the number of serious untoward incidents per quarter, with all quarters except one showing a reduction against the same period in the previous year.

Note: Serious untoward incidents do not always relate to harm to patients as there are other categories of serious incidents e.g. Information Governance.

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



	Apr - Jun	Jul - Sep	Oct - Dec	Jan - March
2009/10	38	30	25	28
2010/11	23	23	26	25

Note: The number of serious untoward incidents reported is different from the overall number of incidents reported in the table above, as many incidents of self harm by an individual, while likely to have a significant impact to the individual, are not required to be reported as a serious untoward incident (SUI). The data source for all incidents information is Safeguard.

Quality Goal One: Reduce incidents of harm to patients

Looking Forward: What are our Quality Priorities in 2011/2012 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	To develop a summary of the leave policy.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from inpatient care. Effective leave management has been identified as a way of reducing harm to patients.	Complete by Quarter 1
2	To ensure all relevant staff are trained in leave management.		Quarter 1 50% Quarter 2 95%
3	In line with Trust policy, every patient who goes on leave should have a care plan detailing clear arrangements for leave to ensure we improve care coordination arrangements and communication between the wards and CMHTs/other teams for the planning of leave.		Quarters 1-2 Sample Audit of records Quarter 2 report on findings and agree improvement areas Quarter 3 Implementation of improvements Quarter 4 Re-audit
4	Implement the model of Risk Assessment used by the Self Harm teams, across all Mental Health services. Develop the training package and develop and implement the training plan.	Effective risk management has been identified as a way of reducing harm to patients.	Quarter 1 Develop and agree roll out plan Quarters 2-4 Implement in line with trajectory
5	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months. **This Quality Priority has been brought forward from 2010/11.**	Evidence through clinical audit and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk.	Quarter 1 60% Quarter 2 75% Quarter 3 85% Quarter 4 95%
6	To ensure GPs receive care plan information within 7 days of a review. **This Quality Priority has been brought forward from 2010/11.**	It is a Trust priority to reduce risk by improved communication and multidisciplinary / inter-agency working.	Quarter 1 25% Quarter 2 50% Quarter 3 75% Quarter 4 95% Note: these targets relate to a new email process to be implemented.
7	To ensure GPs receive discharge summaries within 24hrs of discharge. **This Quality Priority has been brought forward from 2010/11.**		Quarter 1 25% Quarter 2 50% Quarter 3 75% Quarter 4 95% Note: these targets relate to a new email process to be implemented.

Quality Goal One: Reduce incidents of harm to patients

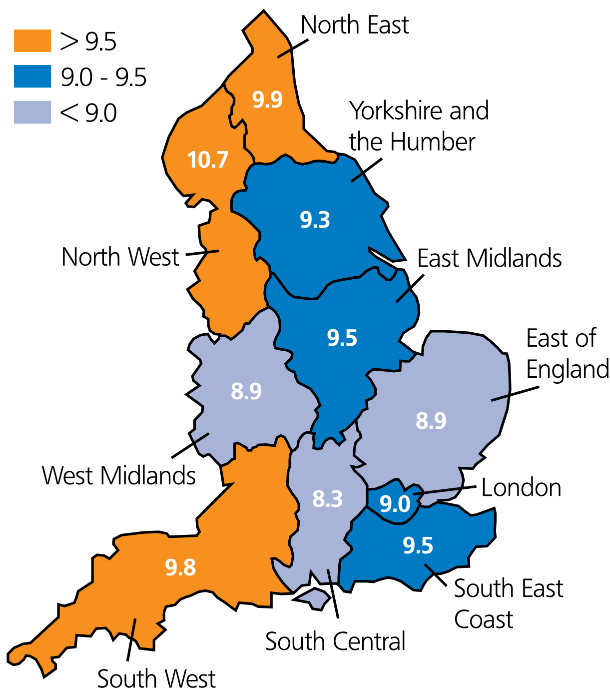
Unexpected deaths

There is no reliable national comparator for suicide rates in NHS Trusts, as similar NHS Trusts may have very different systems for reporting and managing unexpected deaths.

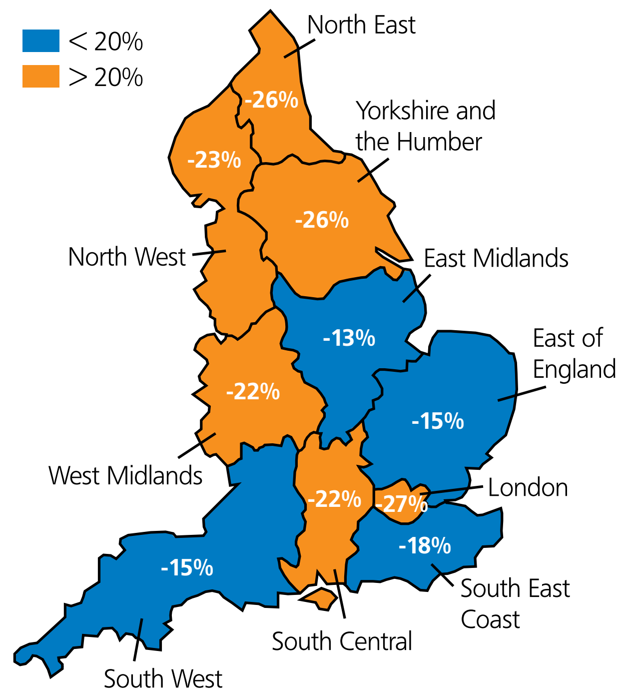
Suicide rates nationally are falling and evidence suggests that suicide rates in the North East are falling faster than in many other areas of England.

Data source: University of Manchester 2010 Confidential Inquiry Report

Rates of suicide by Strategic Health Authority of residence at the time of death (average rate 2005 - 2007)



Change In the rate of suicide from 1997 - 1995 to 2005 - 2007 by Strategic Health Authority



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

This Quality Goal will improve **patient experience**. We will demonstrate success against this goal by improving the overall score achieved in the patient survey and by reducing the number of complaints received.

Looking Back: Progress against our Quality Priorities to support this goal in 2010/2011:

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. Target: 100% by 31 March 2011.

Achieved
Data source: manual recording

All services now have a service leaflet and directorate specific welcome pack for inpatients.

The Trust has also recently been awarded the prestigious Information Standard – see page 25 for details.

Case study: A carer's view of the Crisis Assessment Team

"I care for my son who has recurring psychotic episodes, he has often been prescribed medication that I am sure would help if he would only take them; he has been offered services to try and support him in recognising early relapse and to prevent a fully blown episode. I am positive this would help if he would engage, however he chooses not to. Our life has become a revolving door through services. One service that we pass through on a regular basis is the Crisis Assessment Team, which has proved to be a lifeline, not only for my son but for me as a worried, frantic parent. Each worker we have had contact with has been patient, approachable and has spent time advising how we can best support our son. Communication and understanding between the staff and me has been indispensable. This service gives me the peace of mind that if I am worried or think my son is becoming unwell, someone is at the end of the phone. Recently I have come into contact with a worker who specialises in mental health and family support; this has provided me with time and space to talk through my guilt, frustration and my journey through the mental health system. These two services combined have created a feeling of security and positivity."

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

2. To improve waiting times for referrals to multidisciplinary teams.

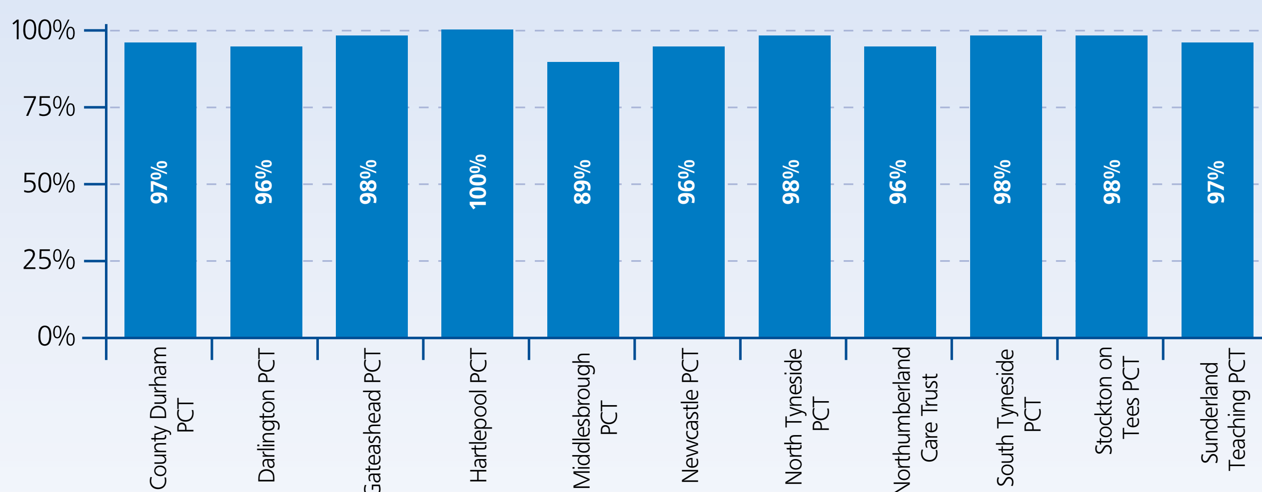
To ensure Trust services are responsive and accessible. Target: 100% of service users to be seen within 18 weeks of referral by 31 March 2011.

A review of referrals to multidisciplinary teams during the year found that 97% of service users had waited less than 18 weeks for their first contact with a team. A breakdown of this figure is shown below by PCT:

This Quality Priority is being carried forward to 2011/12.

Ongoing
Data source: RIO

Proportion of referrals to multidisciplinary teams in 2010/2011 who waited less than 18 weeks for their first contact with the team



A review at 31st March 2011 of current waiters shows that 4% of current referrals to multidisciplinary teams had been waiting more than 18 weeks at that date – the table below shows this data by PCT. Note: as at 31st March 2010 the equivalent figure was 9%.

Primary Care Trust	% of Service Users waiting less than 18 weeks for contact with a team during 2010/11	% waiting more than 18 weeks at 31/03/2011
County Durham PCT	96.9%	2.1%
Darlington PCT	95.5%	0.0%
Gateshead PCT	98.1%	1.1%
Hartlepool PCT*	100.0%	25.0%
Middlesbrough PCT	89.1%	0.0%
Newcastle PCT	96.5%	4.4%
North Tyneside PCT	97.9%	2.9%
Northumberland Care Trust	95.9%	5.6%
South Tyneside PCT	98.3%	3.9%
Stockton-on-Tees Teaching PCT**	98.0%	16.7%
Sunderland Teaching PCT	97.2%	3.2%
Total	96.9%	4.0%

*As at 31st March 2011, there were four service users from Hartlepool waiting to access services. One (25%) of these had been waiting for more than 18 weeks.

** As at 31st March 2011, there were six service users from Stockton on Tees waiting to access services. One (16.7%) of these had been waiting for more than 18 weeks.

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

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 service users. Target: 95% by 31 March 2011.

Ongoing

At the start of the year it was thought that reviewing the number of care plans signed by service users would be a way to measure progress against this priority.

Further analysis has identified that this did not sufficiently take into account that service users may choose not to sign their care plan or service users who do not have the ability to sign their care plan or those whose capacity was impaired.

An alternative way of measuring progress will be to compare the results from the national patient survey and Points of You data which are direct feedback from service users and the Trust's latest Health Records Audit. In 2011/12 we are planning to modify our recording tools to enable the recording of involvement by service users. This Quality Priority is being carried forward to 2011/12.

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 the Care Quality Commission, patients and carers, this is an identified area for improvement. One service user anonymously posted the following comment on NHS Choices in March 2010: **"(There's) NOTHING to do at weekends!!!! -any benefit gained during week lost as you endure sheer boredom of weekends- everything closed- absolute tedium & frustration".** Target: Define standard expected, measure current activities and improve the availability of therapeutic and recreational activities, by a factor of 50% by 2012 for out of hours and at weekends.

Ongoing

During the year, an event was held at Collingwood Court, an adult acute admission ward in Newcastle, to review the delivery of ward based groups and activities and to define the expected standard for activities. This Quality Priority is being carried forward to 2011/12.

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. Target: to develop a standardised assessment by 31 March 2011.

Achieved

Work has been undertaken to develop a Trust wide Carers, Friends and Family Guide. Produced in collaboration with carers across Trust services, the final guide is now agreed and being implemented. A "Young Carers" Guide has also been developed. For more information on the Carers' Charter, please see page 22.

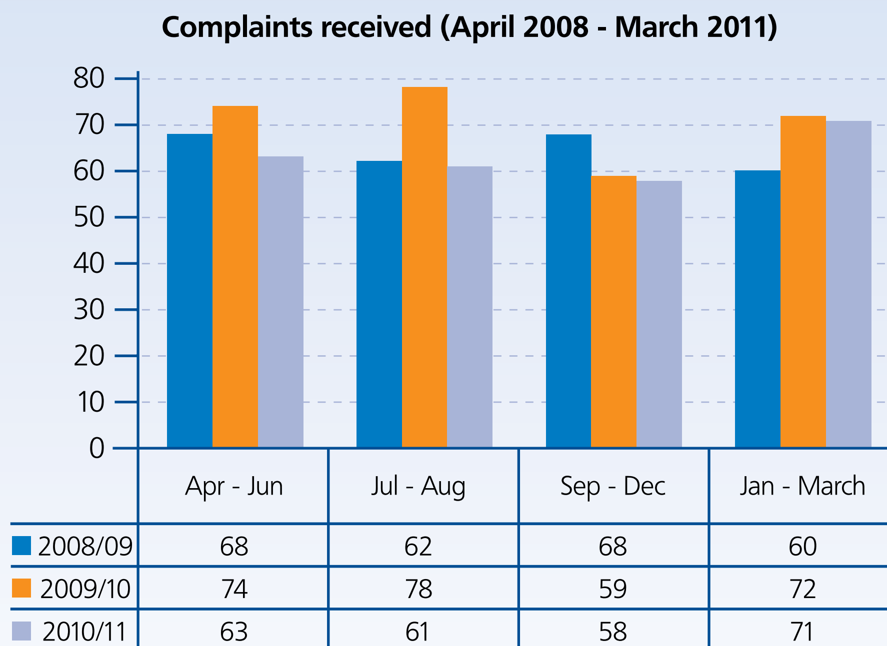
Quality Goal Two: Improve the way we relate to patients and carers

How have the Quality Priorities in 2010/2011 helped progress towards this goal?

Complaints have reduced during the year with 258 complaints in 2008/09, 283 complaints in 2009/10 and 253 complaints in 2010/2011.

Data source: Safeguard

The following graph shows complaints received in each of the three years, split by quarter:



	Apr - Jun	Jul - Aug	Sep - Dec	Jan - March
2008/09	68	62	68	60
2009/10	74	78	59	72
2010/11	63	61	58	71

Analysis of complaints received during the year has highlighted a number of broad themes arising relating to poor communication, individual needs not being recognised and problems with transfers between services.

An exercise to examine the complaints process took place in February 2011. Key improvements to be implemented include the introduction of a Complaints Resource File to help to produce a personal, high quality response, better collaborative working and the replacement of paper files with an electronic log accessible to all involved in a complaint.

2010 patient survey conducted by the Care Quality Commission

In 2010, service users were asked about the community based care they had received from the trust. Overall, the score for all questions was 6.9 out of 10 – which was in line with what we would expect in comparison with other similar trusts. For more information about the results of this survey, please see page 53.

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

Points of You - winner of the Trust's "Shining a Light on Excellence" Award 2011.

In the future, the success of health organisations will be determined by the experience of its patients and carers. The voice of our service users and carers is increasingly and rightly becoming more widely used to measure our performance. Experience, treatment effectiveness and safety issues are measured routinely from the perspective of the people who receive our services allowing us to monitor the quality with which we deliver and act upon issues that our service users and carers bring to our attention.

The 'Points of You' feedback cards were launched in February 2010, to help us to evaluate the quality of our services. So far we have had nearly 5,000 returns from service users and carers who use Working Age Adults services.

What have people told us they'd like to see more of?

- Better joint working.
- Improved communication.
- Shorter waiting times.
- Healthier food.
- More time with staff.
- More informal access to staff.
- More activities / something meaningful to do.
- Greater service user focussed outcomes.
- Greater involvement in care planning.

What are we doing about this?

- All inpatient areas across Working Age Adults are to have a visual board displaying real-time feedback from patients to staff.
- The Introduction of 'Points of You' Champions.
- The introduction of a reporting system up to Trust Board level.
- A commitment to increase activities and follow patients' suggestions for activities.

Please tell us what you think

	yes	no
Are staff kind and compassionate?		
Does your living space make you feel safe?		
Do you feel involved in deciding what care is best for you?		
Are staff non-judgemental, respectful and considerate?		
Do staff understand what your life situation is like?		
Do staff give you or help you get the information you need?		
Do staff recognise and focus on your hopes, talents and goals?		

Please turn over ▶

Please tell us what you think

	yes	no
Are staff kind and compassionate and listen to you?		
Do staff show consideration for your needs as a carer, offering you guidance and support?		
Do staff inform you of your rights as a carer and how to access a carers assessment?		
Do you feel involved in decisions made about the person you care for?		
Do staff give you enough information to assist in your role as a carer e.g. who to contact in a crisis?		
Are you aware of the carers' charter		
Do you feel the carers' charter meets all the standards?		

Please turn over ▶

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

Looking Forward: What are our Quality Priorities in 2011/2012 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Greater availability or variety of activities within inpatient services . **This Quality Priority has been brought forward from 2010/11.**	This is a key area of improvement demonstrated through patient feedback.	Quarter 1 Develop systems and processes to capture activities. Quarter 2 25% Quarter 3 50% Quarter 4 85% These targets apply to Urgent Care and Rehab Wards. Activities are those that are agreed and meaningful to patients.
2	Greater Service User collaboration in assessment and care planning. **Note: involvement in care planning has been brought forward from 2010/11.**	To ensure that the views and wishes of people are central to their care planning.	Quarter 1 Agree independent audit process involving staff and patient views of involvement. Quarters 2 -4 Implement in line with audit plan.
3	To roll out the Trust patient and carer feedback process 'Points of You' across all Trust services.	All service areas to have evidence of good ways of listening to the views and ideas of people who use services and explaining what has happened as a result of their feedback.	Quarter 1 25% Quarter 2 50% Quarter 3 75% Quarter 4 100% These targets apply to all inpatient wards.
4	Greater choice, quality of food and timing of meals to inpatient areas.	This is a key area of improvement demonstrated through patient feedback	Implement recommendations of the patient food survey.
5	To improve waiting times for referrals to multidisciplinary teams. **This Quality Priority has been brought forward from 2010/11.**	To ensure Trust services are responsive and accessible.	Quarter 2 100% seen within 18 weeks.

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

The Carers' Charter

Our Carers' Charter has been developed by carers, for carers, and sets out clear standards for working with, supporting and involving carers. We have worked with carers to develop the following:

- **Carers, Friends and Family Guide:** this ensures that carers are identified early and that families are quickly invited to a meeting to discuss their involvement, communication of information and support needed.
- **Commonsense Confidentiality Guide:** in response to concerns about information exchange between carers and staff we have produced the Commonsense Confidentiality Guide, providing guidance for staff and carers by identifying what information can be shared and how it can be shared.
- **Young Carers:** following joint working with the Young Carers Project, a Young Carers Guide has been developed which sets out the way in which the Trust will identify young carers, how we will work with them and how we will direct them to appropriate support if required.

Case study: David's* experience

"I have been using mental health services on and off for thirty five years and for the last four years have received input from the community mental health team. I feel that my team treat me as an equal and actively involve me in the planning of my care and that treatment is done with me and not to me.
The most important element of my care, for me, is that the team take into account my spiritual beliefs and not only acknowledge my beliefs but actually take some of the elements of my belief system and use them with me in my therapy sessions. For the first time professionals have listened to, respected and recognised that my spirituality is a vital part of who I am and how I respond and engage with people. This has played a monumental part in my leap forward in my recovery journey."

* name has been changed

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

Note: In 2009/10, this quality goal was shown as two separate goals; however for simplicity the two have been merged while retaining the requirements of both, to ensure the right services are in the right place at the right time for the right person, while improving multi-disciplinary team working to benefit the patient pathway.

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

Looking Back: Progress against our Quality Priorities to support this goal in 2010/2011:

1. To complete phase 1 of the South of Tyne Internal work programme, by:

- **a.** establishing and implementing new community mental health teams in Sunderland;
- **b.** implementing the Creating Capable Teams Training Programme;
- **c.** implementing a safe patient transfer protocol;
- **d.** implementing a single access point for secondary mental health care services;
- **e.** developing an agreed format for core assessment and
- **f.** developing shared, collaborative care arrangements.

Service users 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 entails redesign of services to replace the 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 using 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. The targets above are for completion by 31 March 2011.

Achieved Two fully integrated multidisciplinary community mental health teams in Sunderland have been established.

The teams in Sunderland working age adult directorate have received an introductory session on team coaching and teams are developing plans for how the coaches can support them. The transfer of appropriate patients is now complete, and work is continuing to develop a full access and initial assessment team, who will provide advice, signposting, triage, initial assessment, bed management and clustering. A standard risk assessment has been implemented as the Trust wide format for core assessment and there is ongoing work to implement a pilot collaborative care arrangement and this will continue as part of phase 2 of the programme.

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

BMA Patient Information Awards 2010 The Trust's "Stress and Anxiety – a self help guide for people in prison" received a commendation from the British Medical Association (BMA) Patient Information Awards 2010. The guide is one of three leaflets specifically developed to help recognise the symptoms of stress and anxiety which can be experienced by prisoners.

The Information Standard The Trust has recently achieved the prestigious Information Standard. The Information Standard scheme was developed by the Department of Health to help the public identify trustworthy health and social care information easily. At the heart of the scheme is the standard itself – a set of criteria that defines good quality health or social care information and the methods needed to produce it. To achieve the standard, organisations have to show that their processes and systems produce information that is accurate, impartial, balanced, and evidence-based.

What are Care Pathways and Packages?

Care pathways and packages are terms that are used in different ways. For some people, they describe a service user's journey through our services (e.g. from crisis team to acute ward to CMHT). For others they describe the actual treatment that will be provided to a service user.

The Care Pathways and Packages Programme (CPPP) defines care pathways and packages as a way of defining standards of care – these can then be monitored to understand how closely the actual care provided to a service user follows the agreed standards of care.

What are clusters?

Northumberland, Tyne and Wear NHS Foundation Trust is part of the Care Pathways and Packages Programme (CPPP) group, who are developing a way of classifying service users to help mental health organisations to understand the "mix" of service users they are caring for. Each group is known as a "cluster", and each cluster will include service users with broadly similar needs. For adult services, there are 21 different clusters to choose from - for example, a service user could be included within the following cluster:

- Ongoing Recurrent Psychosis (Low Symptoms).

Mental Health Trusts are required to identify the most appropriate cluster for all service users accessing Working Age Adult or Older Peoples' Services, while clusters are also being developed for both children's and forensic services. In the future, the amount of money that the Trust receives to pay for each service user's care will be based on the cluster they have been allocated to, initially this amount will be agreed locally but in time there will be a nationally agreed amount payable per cluster. This system, known as Payment by Results, is in place within acute hospitals and is planned to be introduced within mental health in 2012.

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

2. 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 service users according to need, to allow appropriate service responses. Target: 100% by 31 March 2011.

Achieved 100% of services have defined their patient groups by cluster. Those not using the nationally mandated clusters have plans to agree their draft clusters over the coming months.

Note: Much of this work forms part of national developments and timescales are subject to external influence. Draft care pathways have been developed for all (100%) of the nationally mandated clusters. These will be refined over the coming months through wider consultation whilst the ability to record this information is developed in Rio. As draft clusters are agreed for other service user groups, care pathways will be developed.

3. As part of the Trust Care Pathways and Packages work:

a. Increase the % of patients assessed using the clustering tool

b. Increase the % of staff trained in the use of the clustering tool

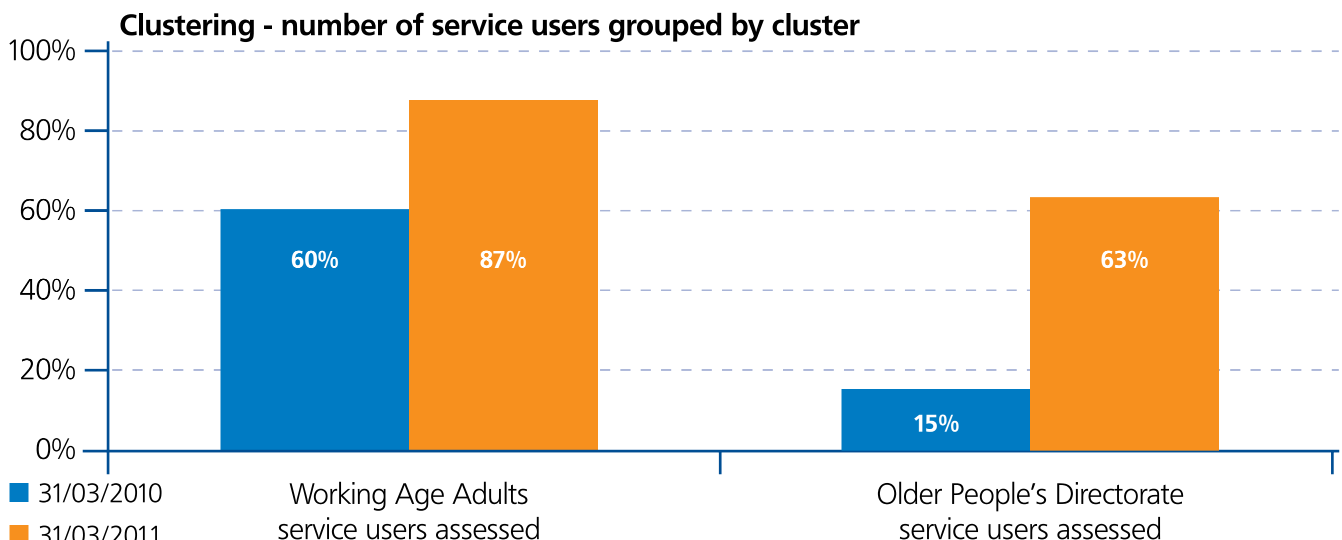
To improve the accuracy and coverage of mapping service users by need. Target: To assess 95% of Working Age Adults and Older Peoples' Services service users and to train 95% of Older Peoples' Services staff in the use of the clustering tool by 31 March 2011.

Ongoing Data source: RIO

A total of 77% of Working Age Adults and Older Peoples' Services service users have been assessed using the clustering tool (the graph below shows this figure split by directorate). Work is planned to increase this figure and to ensure cluster allocations are accurate and consistent. This Quality Priority is being carried forward to 2011/12.

Ongoing Data source: ESR

56% of Older Peoples' Services staff have been trained since July, with plans in place to continue the training programme into 2011/12. This Quality Priority is being carried forward to 2011/12.



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

How have the Quality Priorities in 2010/2011 helped progress towards this goal?

During 2010/2011, many service improvements have been made across the organisation – below are just three examples:

1. Improvements in Older People's Services in Sunderland and South Tyneside

Over the last two years we have carried out a programme of work to improve the quality of services we deliver to older people in Sunderland and South Tyneside.

First, we focused on improving our community services. To do this, we co-located the Sunderland and South Tyneside Older People's community mental health teams on the Monkwearmouth hospital site so staff can share expertise and to make sure that the care we provide is of a consistently high standard.

Secondly, we worked to modernise our day services within Sunderland. We combined the Grange Day Service with the Poplars Day Service on the Monkwearmouth Hospital site. This has allowed us to move away from outdated accommodation and make sure that all day services have close links with the community teams that are based on the same site.

In phase three, we looked at the existing inpatient wards providing specialised long term care for older people, at Palmer Hospital Jarrow, Wearmouth View at Monkwearmouth and Sycamore at Cherry Knowle. With more older people being able to be looked after in the community, some of these wards were being used well below their capacity and also needed updating.

Therefore we have consolidated South Tyneside and Sunderland inpatient services in Sycamore ward at Cherry Knowle and in a refurbished Wearmouth View at Monkwearmouth.

We have received positive feedback from patients, service users and carers about the new surroundings and we are delivering better care by concentrating specialist services together to allow us to develop excellent practice.

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

2. Primary care and psychological therapy services in Northumberland

Data source: RIO and some manual data collection

At the start of 2010/2011, targets were set in Northumberland to ensure that 65% of Primary Care service users would be seen within four weeks of referral and secondary care psychological therapy service users would be seen within 13 weeks of referral by 31st March 2011.

Primary Care

In August 2010 there were 529 service users waiting for treatment in Primary Care services and by March 2011 this number had reduced to 345. Additional resources have been put into the Northumberland team to reduce the number of service users specifically waiting for Primary Care psychology input by September 2011.

In the period from April to June 2010, 38% of service users had started their treatment within four weeks.

By March 2011 this had risen to 66% with work still ongoing and the intention is that 95% of service users will be seen within four weeks by October 2011.

Secondary care psychological therapies

In June 2010, there were 89 service users waiting for psychological therapies input with 31 service users waiting 18 weeks or more for treatment.

By March 2011 this number had reduced to 19.

In the period from April to June 2010, 38% of service users started their treatment within 13 weeks of referral. By March 2011 this had risen to 83% with work still ongoing to improve this further.

Autism sensory room at Northgate Hospital.

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

3. Newcastle Child and Adolescent Mental Health Services (CAMHS) User participation project - "Teen Army" Student Voice

A student group from Walbottle School came to speak to staff at St Nicholas Hospital about their work.

Their presentation offered a valuable insight into the views, comments, expectations and experiences of children and young people within NHS settings, including comments on the look of the reception/building and how they were greeted and received.

The presentation was of great benefit to staff who attended, providing an insight into what a young person would expect coming into our services.

GP's and CAMHS staff members then visited Walbottle School and met with pupils to discuss their views and expectations. At the feedback meeting, all the organisations pledged to carry actions forward in their workplace.

Representatives from CAMHS prioritised three recommendations, the first of which was the young people's request to have an appointment card which would contain the details of their next meeting as well as parents/carers having appointment letters.

As a result of these recommendations, a credit card sized card, not easily identifiable as a "mental health" card, has been produced and is now being distributed to service users. This will give the young person more ownership of their appointments and provide them with a visual reminder of when they are due to return.

Other recommendations from the Walbottle group were to have modern artwork on the walls and an updatable notice board with information on outside groups and events, both of which have also now been implemented

Ferndene Children & Young People's Hospital at Prudhoe under construction.

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

Service Model Review

During 2010 the Trust has set up a Service Model Review Group, led by senior clinicians from across the Trust, in an exciting initiative to develop the vision and design for how we will deliver our services in the future. By being innovative and using the best clinical evidence we will improve the quality of our services for our patients and their carers.

The Group has considered issues which have been raised by all of our stakeholders, particularly those raised by our patients. Taking into account the most up to date thinking on best practice in healthcare, a new model has been designed which shows how we intend to deliver the different parts of the patient journey such as accessing services, assessment, care planning, treatment and discharge.

The model has been developed bearing in mind the following principles:

1. you can reach us, simply and quickly;
2. the earlier the better;
3. to get the right care, safely and easily;
4. from our flexible and skilled workforce;
5. we will work in collaboration with families, carers and partnership organisations;
6. so that you can gain or regain independence, as far as possible;
7. by making smooth and sustainable “steps forward”;
8. you can reach us again, if you need to, simply and quickly.

The Service Model Review Group is developing the model to identify the future services to be delivered by the Trust and how they will operate to support our service users and their carers. The model and our thinking on service delivery will continue to be developed over the coming months as we enter discussions with patients, their carers, GPs and our partner agencies.

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

Transforming our multi-disciplinary team working

During 2010 we started a project to establish the potential scale of improvement in quality and cost that could be achieved in a typical ward and community team, starting by looking at multi-disciplinary team working.

All multi-disciplinary teams (MDT) regularly meet and review clinical cases. The methods employed by teams across the Trust vary hugely. Multi-disciplinary reviews can be very time consuming and time wasting for clinicians, reducing the amount of time they have available to spend with service users. We have also received feedback from service users that sometimes they are left waiting to find out the outcomes of the clinical review and the next steps in their package or care.

During November we worked on improving the MDT review process. We used a technique called rapid process improvement workshops (RPIW) - this is about taking time out with the right people to solve problems and to make improvements. We engage with staff, service users and carers and get their ideas of how we can make things better – to get the best ideas we have to think differently; often the more unusual ideas are best. The ideas are developed and tried out, we measure things to see if they have really improved, and then refine things further.

The results achieved by the teams have been remarkable:

Belsay is an acute admission ward on the Northgate Hospital site for women with learning disabilities. There was no single multidisciplinary team forum and as a result the decision making process around care was long and complicated causing confusion for patients, carers and staff. It was calculated that making decisions about a patient could take up to 5 weeks to be made and acted upon. After the RPIW, 3 processes were combined into 1, meaning staff know what is happening to each patient with the actions agreed and recorded on Rio on a weekly basis. The patients are also given this information on a weekly basis by the doctor. The reduction of repetitive work for the nursing staff means that they can spend more time with the patients.

The South Tyneside Older Person's Community Team has found a way to ensure that service users are communicated with about the outcomes of their assessment, following MDT review within 24 hours of their first appointment: previously this took up to 8 weeks. Service users tell us this is so much better, no longer waiting and wondering what is happening.

On Collingwood Court, an adult male acute assessment ward in Newcastle, the MDT has started to meet each morning, to review the care provided to everyone currently staying on the ward. This replaces the traditional weekly ward round. The patients have told us that this gives them much better access to their doctor and other professionals providing their care, and as their care needs change, appropriate treatment is provided much more quickly. Patients' stay in hospital is also much shorter, with a 50% reduction in the average length of stay.

We will work to ensure that all of our service users can benefit from these improvements.

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

Looking Forward: What are our Quality Priorities in 2011/2012 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	To improve the access to services for Adults in Crisis.	In response to commissioner, patient, carer and other stakeholder feedback. The Trust is looking to improve the access and responsiveness of services, to ensure services are redesigned around patient needs.	Quarter 2 Design new models of service delivery Quarter 2 Consult on new models and agree pilot locations Quarter 3 Implement pilots Quarter 4 Start evaluation of pilots.
2	To increase the percentage of patients in each cluster reviewed within the timeframes set out in the national Mental Health Clustering booklet.	This year the allocation to cluster will start to have clinical and financial implications. It is essential that clustering is accurate and up to date. The timescales set out in the booklet represent good clinical practice and take account of the nature of each patient group (cluster).	Quarter 1 Reporting processes established via NTW dashboard and all operational staff fully briefed. Quarter 2 20% Quarter 3 45% Quarter 4 75% This trajectory relates to adult and older people services.
3	As part of the Trust Care Packages and Pathways work: - Increase the % of staff trained in the use of the clustering tool. **This Quality Priority has been brought forward from 2010-11.**	To improve the accuracy and coverage of mapping service users by need.	Quarter 2 95% of staff trained. This target relates to adult and older people services.

Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2010/2011 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub contracted 248 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 248 of these NHS services.

The income generated by the NHS services reviewed in 2010/2011 represents 100% per cent of the total income generated from the provision of NHS services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2010/2011.

Participation in clinical audits

During 2010/2011, 6 national clinical audits and 1 national confidential enquiry covered NHS services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

During that period Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries which 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 2010/2011 are as follows:

National Clinical Audits 2010/2011
Prescribing Observatory Mental Health UK – Topic 7b Monitoring Patients prescribed Lithium
Prescribing Observatory Mental Health UK Topic 8b Medicines Reconciliation
Prescribing Observatory Mental Health UK –Topic 9b The use of antipsychotics in people with learning disabilities
Prescribing Observatory Mental Health UK – Topic 10a and b The use of antipsychotics in children
Prescribing Observatory Mental Health UK – Topic 11 The use of antipsychotics in people with dementia
Royal College of Psychiatrists Depression and Anxiety
Royal College of Physicians Falls and Bone Health
National Audit of Schizophrenia

National Confidential Enquiries 2010/2011
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

Mandatory statements relating to the 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 2010/2011, 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 2010/2011	Cases submitted	Cases Required	%
Prescribing Observatory Mental Health UK – Topic 7b Monitoring Patients prescribed Lithium	59 cases enrolled by the trust	3647 cases enrolled nationally	1.6%
Prescribing Observatory Mental Health UK Topic 8b Medicines Reconciliation	44 cases enrolled by the trust	2296 cases enrolled nationally	1.9%
Prescribing Observatory Mental Health UK –Topic 9b the use of antipsychotics in people with learning disabilities	35 cases enrolled by the trust	2387 cases enrolled nationally	1.5%
Prescribing Observatory Mental Health UK – Topic 10a the use of antipsychotics in children	43 cases enrolled by the trust	1575 cases enrolled nationally	2.7%
Prescribing Observatory Mental Health UK – Topic 11 the use of antipsychotics in people with dementia	Data collection in progress		
Royal College of Psychiatrists Depression and Anxiety (National Audit of Psychological Therapies)	9 trust teams participated in the audit 636 trust service users were included in the audit	362 teams participated nationally 50,403 service users were included nationally	2.5% 1.3%
Royal College of Physicians Falls and Bone Health	1 Trust Submission	Data collection in progress	
National Audit of Schizophrenia	In preparation phase		

National Confidential Enquiries 2010/2011	Cases submitted	Cases Required	%
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	38 suicide 6 homicide	41 suicide 6 homicide	92.7% 100%

Mandatory statements relating to the quality of NHS services provided

Case study: Jane's* story

"I was admitted to the Regional Eating Disorder Service after spending three months in an out of area eating disorder unit. I felt like, from the beginning, there was a co-ordinated approach to my care, that didn't just involve "feeding me up" and saw me as an individual rather than just an eating disorder. I was able to work with my therapist, named nurse and occupational therapist on other things too – like building up my confidence, learning how to be more assertive and to develop ways of relaxing- all things that have meant that I'm now less likely to use eating as a way to solve problems."

* name has been changed

The reports of 5 national clinical audits were reviewed by the provider in 2010/2011, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Prescribing Observatory Mental Health UK Topic 5 Benchmarking of the prescribing of high dose and combination antipsychotics in acute and PICU Wards	Clinical Pharmacists have developed individual ward action plans, discussion and education sessions have taken place with prescribers and multidisciplinary teams, and educational material (including work books and wall charts) have been made available at ward level.
Prescribing Observatory Mental Health UK Topic 6b Assessment of side effects of depot medication	Action plans were developed by teams, including an improved system for data collection, and improved monitoring and recording of physical health parameters.
Prescribing Observatory Mental Health UK Topic 7b Monitoring Patients prescribed Lithium	Action plans to improve performance have been agreed to address any specific areas of concern. Trust standards for lithium monitoring have been developed and the availability of these standards has been highlighted to appropriate teams.
Prescribing Observatory Mental Health UK Topic 8b Medicines Reconciliation	Action plans will be developed, to include training which will be developed according to the needs of the teams. The clinical pharmacy service will be reviewed to ensure that agreed standards for medicine reconciliation can be met.
Prescribing Observatory Mental Health UK Topic 10a The use of antipsychotics in Children	An action plan has been agreed to develop prescribing guidance and improve physical health monitoring of children and young people who are prescribed antipsychotics.

Mandatory statements relating to the quality of NHS services provided

Acute Inpatient Mental Health Services (AIMS) Accreditation

To demonstrate the quality of care provided by our wards, the Trust has sought accreditation through the Royal College of Psychiatrists' AIMS (Acute Inpatient Mental Health Services) standard. This required nominated wards to complete a number of audits, questionnaires involving staff, patients and carers and being visited by a peer review team to test them against national standards of best practice. As at March 2011, twelve of our adult wards and three of our older peoples wards have been accredited as meeting the AIMS standards, with two achieving 'excellent' status. In fact, we have more AIMS accredited wards than any other mental health provider in the country outside London. We are working to continue to improve quality in AIMS accredited wards, and are seeking new accreditation for further wards such as those providing rehabilitation services.

The reports of 4 local clinical audits were reviewed by the provider in 2010/2011 and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Health Records Audit	Action plans have been locally developed for individual services according to their results, which are monitored by Lead Nurses.
Mental Health Act Section 17 leave	The Leave Policy will be critically reviewed to ensure clarity for staff. It will become standard practice that patients detained under the Mental Health Act will be given a copy of their "Leave Form" to take on leave with them. Guidance describing the Care Quality Commissioners expectations during Mental Health Act visits will be circulated to all clinical areas. The Mental Health Act Legislation committee will review all current Mental Health Act action plans relating to Section 17 leave issues.
Safeguarding Adults	"Safeguarding Adults" will become a standing agenda item to be considered at all ward and team meetings. The Safeguarding Team will work with the Safety Team to streamline reporting. This will include the direct input of data onto Rio and developing the facility to attach Safeguarding Alerts on to the Safeguard electronic system.
Emergency Readmissions	Improvements have been made in the implementation of the Care Co-ordination Policy including discharge planning and contingency planning. It is recommended that regular scrutiny of readmissions within 28 days is maintained by nominated individuals in order that issues can be addressed and appropriate action taken.

Mandatory statements relating to the quality of NHS services provided

Research

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2010/2011 that were recruited during that period to participate in research approved by a research ethics committee was 537.

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. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Northumberland, Tyne and Wear NHS Foundation Trust was involved in conducting 68 clinical research studies in mental health during 2010/2011.

There were 13 clinical staff participating in research approved by a research ethics committee at Northumberland, Tyne and Wear NHS Foundation Trust during 2010/2011. These staff participated in research covering four medical specialties.

As well, in the last three years, 29 publications have resulted from our involvement in NIHR (National Institute for Health Research), which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques.

The Partnership Project (pilot study)

Choice, involvement, and shared decision making all greatly affect the quality of care delivered and overall satisfaction with the service our patients and carers receive.

The 'Partnership Project' at Walkergate Park, while at a very early stage, aims to improve consistent patient involvement in decision making. This will be achieved by encouraging clinicians to explore patients' preferences and values, whilst at the same time ensuring that all decisions made are based upon accurate and well explained information about treatment and care options. It is anticipated that the approach will be designed in collaboration with patients and carers.

Mandatory statements relating to the quality of NHS services provided

User involvement in research

We are active in research, and most of this research has user involvement. During 2010/2011, one of the research projects underway is the Mental Health Care Co-ordination Project, which has a high degree of service user involvement such as:

1. The direct involvement of the service user run group in conducting the research;
2. Locally, the outcome tool kit developed by the researchers will be used to improve the quality of services provided;
3. Nationally, the work will be used to develop further collaborations through a network of champions for quality recovery led care co-ordination;
4. Nationally, the good practice tool kit can be used to improve patient experiences of care co-ordination. This would include training information for both service users and carers along with material to improve the skills of the workforce;
5. This research will ultimately will be used to inform both local and national policy around care co-ordination.

Mandatory statements relating to the quality of NHS services provided

Goals agreed with commissioners

Use of the CQUIN payment framework

The CQUIN (Commissioning for Quality and Innovation) framework was launched in 2009 following recommendations made in the Lord Darzi report 'High Quality Care for All', and 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 2010/2011 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 NHS services, through the Commissioning for Quality and Innovation payment framework.

For 2010/11, £3.4m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators and the payment made associated with these indicators in 2010/2011 was £3.4m. All indicators were achieved in 2010/2011.

Further details of the agreed goals for 2010/2011 and for the following 12 month period are available electronically at:

2010/2011:

http://www.institute.nhs.uk/commissioning/pct_portal/cquin_schemes_in_north_east_2010%1011.html#3

2011/2012:

http://www.ntw.nhs.uk/fileUploads/1306400900CQUIN%20indicators%20for%202010-11%20and%202011-12.pdf

Mandatory statements relating to the quality of NHS services provided

A summary of the agreed CQUIN indicators for 2010/2011 and 2011/2012 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2010/11	2011/12
The use of the HCR 20 Violence Risk Assessment Scheme in Forensic Services to enable improved assessment of risk leading to safer clinical environments and improving the discharge processes.	✔	
To reduce inappropriate anti-psychotic prescribing for people with Dementia.		✔

CQUIN Indicators to improve Patient Experience	2010/11	2011/12
Patient experience to be evaluated through formalised Commissioner visits.	✔	✔
To reduce waiting times from referral to actual treatment for primary care mental health and psychological therapies services in Northumberland.	✔	✔
Reduce waiting times from referral to actual treatment for secondary care services (Adult Community Treatment Team, Early Intervention in Psychosis & Adult Secondary Care Psychology) in Sunderland.		✔
2010/11: The development & implementation of a new carer's satisfaction survey to measure any improvement in the carers' experience of services. 2011/12: Further developing the survey, validating the implementation of the standards within the Carers Charter and building on the findings of the previous survey.	✔	✔
The implementation of the ESSEN scale (or similar) in Forensic Services to assess the therapeutic climate within a care setting.		✔
To embed the development of service user defined meaningful activity plans (covering 25 hours per week) within Forensic Services.		✔
To ensure access to appropriate communication aids in a timely manner from completion of assessment, or direct request for a short term loan, to issue of loan.	✔	✔
To improve access to appropriate and timely environmental control service (ECS) from initial referral to ECS system installation.	✔	✔

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators to improve Clinical Effectiveness	2010/11	2011/12
2010/11 and 2011/12 - Implement and analyse the use of standardised outcome measures for Child and Adolescent Mental Health Community and Inpatient Services. 2011/12 To implement the use of standardised outcome measures in Forensic Services.	✓	✓
The reduction of the average length of stay for adult acute admission wards in Newcastle and North Tyneside.	✓	
To understand lengths of stay in Forensic Services & develop strategies to reduce lengths of stay.		✓
The implementation of the Recovery Star across Rehabilitation Services to enable better awareness and monitoring of clinical outcomes.	✓	✓
Implementation of phase 1 of the Internal Development Programme – Sunderland to ensure cultural and effective change in service provision.	✓	✓
The "End of Life Integrated Care Pathway" to be implemented in all older people's inpatient services, and advanced care planning to be implemented across all older people's CMHT's.	✓	✓
To increase the percentage of Learning Disabilities patients who have an active, up to date physical health care plan in place.	✓	✓
A higher percentage of 7 day follow up contacts to be carried out face to face. The development, implementation and evaluation of a quality standard to ensure consistency of 7 day follow up contacts.	✓	
Staff receiving training in relation to Autistic Spectrum Condition (ASC) to ensure that people with ASC are able to access a wider range of clinical services.		✓
To improve the access to services and improve the responsiveness for Adults in Crisis.		✓
Improving the quality of the pathway through Forensic Services.		✓
Improving recovery planning in Forensic Services.		✓

Mandatory statements relating to the quality of NHS services provided

Statements from the Care Quality Commission (CQC)

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered with no non routine conditions of registration. The Trust has the following conditions on registration: no conditions on registration.

The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2010/2011. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigation by the CQC during the reporting period.

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

Case study: Emma's* use of the Recovery Star

"The Recovery Star is a tool used in Rehabilitation and Recovery services to help service users to set recovery goals. Emma is in her early 30's and has a long history of schizophrenia, she has been in hospital since 2006 after experiencing distressing voices and beliefs, anxiety and excessive use of alcohol. She is now ready to make the transition to normal life outside hospital. Together, staff and Emma regularly use the Recovery Star to identify goals and prepare an action plan to help her to manage her mental health, covering all aspects of her life such as socialising, addictive behaviour, self esteem, relationships and physical health. This work has helped Emma to recognise her strengths and to successfully move forward in her recovery."

* Name has been changed

Mandatory statements relating to the quality of NHS services provided

CQC Quality & Risk Profile

The Quality and Risk Profile (QRP), published monthly by the Care Quality Commission (CQC), gathers together key information about the Trust to help CQC monitor our compliance with the essential standards of quality and safety required for registration.

The QRP is a useful tool to help us to continually monitor the quality of our services, so that we can identify areas of lower than average performance and take action to address them where necessary.

The latest QRP identifies the Trust as being at low risk of non compliance ("low neutral" in CQC terminology) against each of the following areas:

1. Involvement and Information
2. Personalised Care, Treatment and Support
3. Safeguarding and Safety
4. Suitability of Staffing
5. Quality and Management

CQC Registration Activity 2010/2011

During 2010/2011, the Care Quality Commission visited the following locations as part of their review of compliance with Essential Standards of Quality and Safety:

- Swalwell (2 Coalway Lane)
- Craigavon
- Cherry Knowle Hospital
- Midmoor Road (Social and Residential Home)
- Elsdon Mews (Social and Residential Home)

The reports from the planned reviews of compliance are available via the Care Quality Commission website http://www.cqc.org.uk . Where areas of improvement or compliance actions were required the Trust has put in place actions to address weaknesses. At the publication date of the Trust Quality Account all improvement and compliance actions had been addressed and the Trust was fully compliant with the requirements of registration.

Note: When concerns are raised by the Care Quality Commission, our Monitor Compliance rating can also be affected– see Appendix 1 for more information on our Monitor compliance rating.

Mandatory statements relating to the quality of NHS services provided

Data Quality

Statement on relevance of Data Quality and actions to improve Data Quality

Northumberland, Tyne and Wear NHS Foundation NHS Trust will be taking the following actions to improve data quality in 2011/12:

Planned actions in 2011/12:	
Dashboard Information	We will further embed the use of the Dashboard reporting system and implement a systematic training programme relating to performance management across the organisation.
RIO documentation	We will consolidate the way that information is recorded on RIO to be a more standardised process.
Awareness of data quality	We will continue to increase awareness of the importance of data quality.
Clinical Standards for Record Keeping	We will implement the internal Clinical Standards for Record Keeping, measuring staff adherence to the requirements.

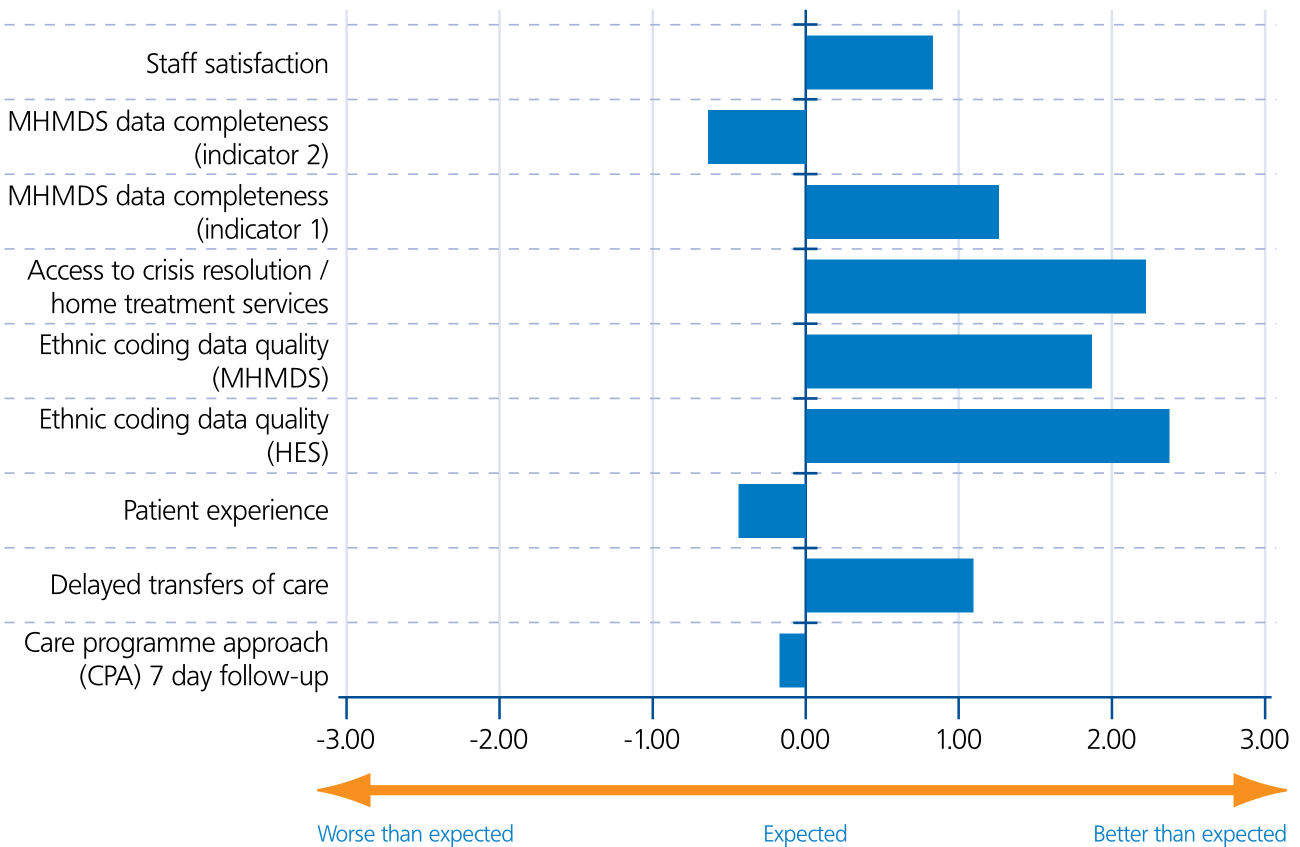
Example clinical dashboard:

Mandatory statements relating to the quality of NHS services provided

CQC Mental Health Indicators Benchmarking Tool 2009/2010

Published in October 2010, the CQC Mental Health Indicators Benchmarking Tool 2009/2010 is intended to assist trusts in identifying how their performance compared with that of other trusts in 2009/2010, and which areas trusts may wish to prioritise for improvement.

The graph below shows how the performance of the trust against a specific indicator differs from an expected level of performance. The expected level of performance is set as the average performance of all the organisations measured against the indicator.



Six indicators show performance which is broadly in line or better than what would be expected.

Three indicators show performance which is slightly less than expected.

Mandatory statements relating to the quality of NHS services provided

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2010/2011 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:

99.4% for admitted patient care;
99.9% for outpatient care.

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

100% for admitted patient care;
100% for outpatient care.

Percentages from SUS shown are for April 2010 to March 2011.

Fun and fitness day for service users.

Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Report overall score for 2010/2011 was 66% and was graded level 2 compliant.

Clinical Coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/2011 by the Audit Commission.

Review of Quality Performance

Service user Exercise Therapy Team

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

We will report separately on each of the quality domains (safety, patient experience and clinical effectiveness).

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

This section also includes performance against Commissioning for Quality & Innovation (CQUIN) indicators during 2010/2011.

Review of Quality Performance

Say it, see it anti abuse campaign poster.

Review of Quality Performance - Patient Safety

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
1	Infection prevention & control – number of MRSA infections	Reducing healthcare infections is a key national priority. Data source: manual	0 infections (also 0 in 2009/10)
2	Infection prevention & control – number of Clostridium Difficile cases	Reducing healthcare infections is a key national priority. Data source: manual	2 infections (3 in 2009/10)
3	Same Sex Accommodation Requirements	Increasing same sex accommodation is a national priority. Data source: Safeguard	- There have been no breaches of same sex accommodation requirements during 2010/2011 (also none in 2009/2010) - A patient leaflet "Delivering Same Sex Accommodation" has been developed
4	Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RIO	As at the end of March 2011, 95% of applicable patients had a formal CPA review in the last 12 months, meeting the Monitor target of 95%.
5	Safeguarding Awareness Training	The Safeguarding Adults and Safeguarding Children courses are essential training for all staff and must be completed every three years. Data source: ESR	At the end of 2010/2011 the proportion of staff who are up to date with their training is as follows: Safeguarding Adults Training 94% (95% last year) Safeguarding Children 98% (71% last year)
6	Use of HCR20 (Violence Risk Assessment Scheme) by adult medium and low secure inpatient services	Locally agreed CQUIN indicator in 2010/2011 – the use of this tool leads to better assessment of risk, leading to safer clinical environments and safer rehabilitation and discharge processes. Data source: manual data collection	At the end of June 2010, 42% of locally commissioned forensic inpatients had an HCR20 assessment within the last six months. By March 2011 this figure had increased to 100%.

Review of Quality Performance - Patient Safety

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
7	Medication Incidents e.g. wrong dose, wrong quantity, incorrect recording.	While rare, medication incidents can cause harm to patients. It is essential to monitor such incidents to ensure that medicines are used safely and prevent any further incidents. Data source: Safeguard	The graph below shows the total number of medication incidents reported in both 2009/2010 (1,380 incidents) and 2010/2011 (1,724 incidents) by severity of harm to service users. Our work in promoting medication incident reporting by staff is supporting the Trust in improving its safety culture. In line with the National Patient Safety Agency safety objectives, the increased reporting rates seen during the year have been associated with a reduction in the number in which more serious degrees of harm were experienced.

Medication Incidents by severity	No Harm	Minor, non permanent harm	Moderate, semi permanent harm	Total
2009/10	1,141	230	9	1,380
2010/11	1,467	249	8	1,724

During the year we published five shared care prescribing guidelines:

Area	Medicine	Condition
North of Tyne	Lithium	Bipolar disorder
	Atypical Antipsychotics	Schizophrenia / Bipolar disorder
	Agomelatine	Depression
	High Dose venlafaxine	Depression
South of Tyne and Wear	Methylphenidate	ADHD

Shared care enables patients to receive their prescriptions from their GP instead of having to travel to hospital.
Patient safety is also improved by ensuring that both hospital doctors and GPs understand who is responsible for checking for side effects and that the medicine is working.

A summary of work on developing shared care guidelines for dementia has been published on the NHS Evidence website: http://arms.evidence.nhs.uk/resources/qipp/29432/attachment

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
8	2010 staff survey	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS Constitution. Data source: CQC NHS Staff Survey 2010	The 2010 staff survey showed that: • 19% of staff had experienced physical violence from patients, services users, their relatives or other members of the public in the previous 12 months – this score is higher than the average for other similar trusts. • 17% of staff had experienced harassment, bullying or abuse from patients, service users or other members of the public in the previous 12 months – this score is higher than the average for other similar trusts • Staff were asked questions about the extent to which the trust takes effective action if staff are attacked, bullied or harassed – the resulting score was higher than the average for other similar trusts.

Review of Quality Performance - Patient Experience

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
1	Waiting times from referral to consultant to be less than 18 weeks (non admitted)	It is a national requirement to treat patients within 18 weeks of referral to a consultant. Data source: RIO	From April 2010 to March 2011, 97.46% of patients referred to a consultant were treated within 18 weeks of the referral being made.
2	Delayed transfers of care	Monitor & CQC requirement to minimise the number of patients in hospital who are ready for discharge. Data source: RIO	As at 31st March 2011, 4.6% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed. In March 2010, 2.7% of patients were delayed. Note: delayed transfers of care that are recorded as attributable to social care are excluded from the calculation as per national guidance.
3	The development and implementation of a new carers satisfaction survey	Locally agreed CQUIN indicator in 2010/2011 to capture carers' views and measure satisfaction, so that we can improve carers' experiences and ensure that the standards within the carers' charter are being met. Data source: manual data collection	A survey was undertaken in November and December 2010, and 312 completed surveys were returned. The survey was distributed via carer centres, clinical teams across the Trust and various carer networks as well as to carer members of the Trust. The results of the survey have been analysed and recommendations for improvement suggested. These will be implemented and monitored as part of a CQUIN indicator for 2011/2012.
4	Commissioner visits to services	Locally agreed CQUIN indicator in 2010/2011 to measure patient experience with visits to services providing an opportunity to discuss with service users the care they are receiving, supported by the service user representatives.	During 2010/2011, commissioners have visited ten different locations across the Trust. "During our CQUIN visits I have been particularly impressed by the dedication of the staff in ensuring that patient comfort and experience is maximized on a day to day basis. Linked to this, it has been evident that patient and carers are encouraged to have their say about care and treatment, which has led directly to service improvements." Philip Clow, Associate Director of Commissioning NHS North of Tyne March 2011

Review of Quality Performance - Patient Experience

<table>
<tr><th></th><th>Quality Indicator</th><th>Why did we choose this measure?</th><th>Performance in 2010/2011 (2009/10)</th></tr>
<tr><td>5</td><td>Waiting times from referral to actual treatment for adult primary care mental health, psychological therapies and IAPT services and secondary care psychological therapy in Northumberland.</td><td>Locally agreed CQUIN indicator in 2010/2011 to reduce waiting times.
Data source: RIO and some manual data collection</td><td>A review of primary care services in association with the development of IAPT services in Northumberland has enabled the reduction of waiting times for these services.
<table>
<tr><th>Improvement in waiting times:</th><th>April - June 2010</th><th>March 2011</th></tr>
<tr><td>Primary care referrals starting treatment within 13 weeks</td><td>38%</td><td>66%</td></tr>
<tr><td>Secondary care referrals starting treatment within 28 days</td><td>56%</td><td>83%</td></tr>
</table>
</td></tr>
<tr><td>6</td><td>Comments left on NHS Choices and Patient Opinion websites during 2010.</td><td>Reviewing comments left on websites about the quality of our services by patients and the public is valuable feedback.
Data source: NHS Choices</td><td>“I cannot thank the staff enough for all of their help, support and guidance. Myself, my husband and my family will never forget the people who helped us. We honestly cannot say thank you enough !!!!!”

- comment posted on NHS Choices November 2010 by a patient from the Mother and Baby Unit, St George’s Park, Northumberland

“I would like to thank staff at the CBT centre for ongoing support in my Therapy. I have always received an excellent service from them over the past two years and know this will continue. All the staff are very friendly when you arrive and appointments are always punctual, if they need to cancel an appointment they always ring and make sure you have another one.”

- comment posted on Patient Opinion website in April 2010 by a patient of the Newcastle CBT Centre</td></tr>
</table>

Review of Quality Performance - Patient Experience

2010 Patient survey: What service users said about community based care in Northumberland, Tyne and Wear NHS Foundation Trust

The Care Quality Commission uses national surveys to find out about the experience of service users when receiving care and treatment. The most recent survey, completed by over 200 service users in 2010, showed the following results:

Summary scores for patient survey questions	Score: (a higher score is better)	How this score compares with other trusts
For questions about health and social care workers	8.6/10	About the same. Expected range for this trust: 8.3 to 9
For questions about Medications	7.4/10	About the same. Expected range for this trust: 6.6 to 7.8
For questions about Talking Therapies	6.9/10	About the same. Expected range for this trust: 6.7 to 8
For questions about Care Coordinator	8.5/10	About the same. Expected range for this trust: 8 to 8.8
For questions about Care Plan	6.3/10	About the same. Expected range for this trust: 6.1 to 7.1
For questions about Care review	7.4/10	About the same. Expected range for this trust: 6.8 to 8.2
For questions about Day to Day Living	5.8/10	About the same. Expected range for this trust: 5.3 to 6.8
Overall questions	6.9/10	About the same. Expected range for this trust: 6.5 to 7.2

About these scores: The results take into account the age and sex of respondents, compared with the age and sex of all people across England that returned the questionnaire. This helps to remove any differences between the results from trusts that may simply be due to differences in the type of people responding.

An 'expected' range for each trust takes into account how reliable the trust's results are, as well as how the scores for all other trusts differ. A trust's score that falls within this expected range cannot be said to be any better or worse than what you would reasonably expect when looking at how all other trusts have performed and the number of people that responded to the survey.

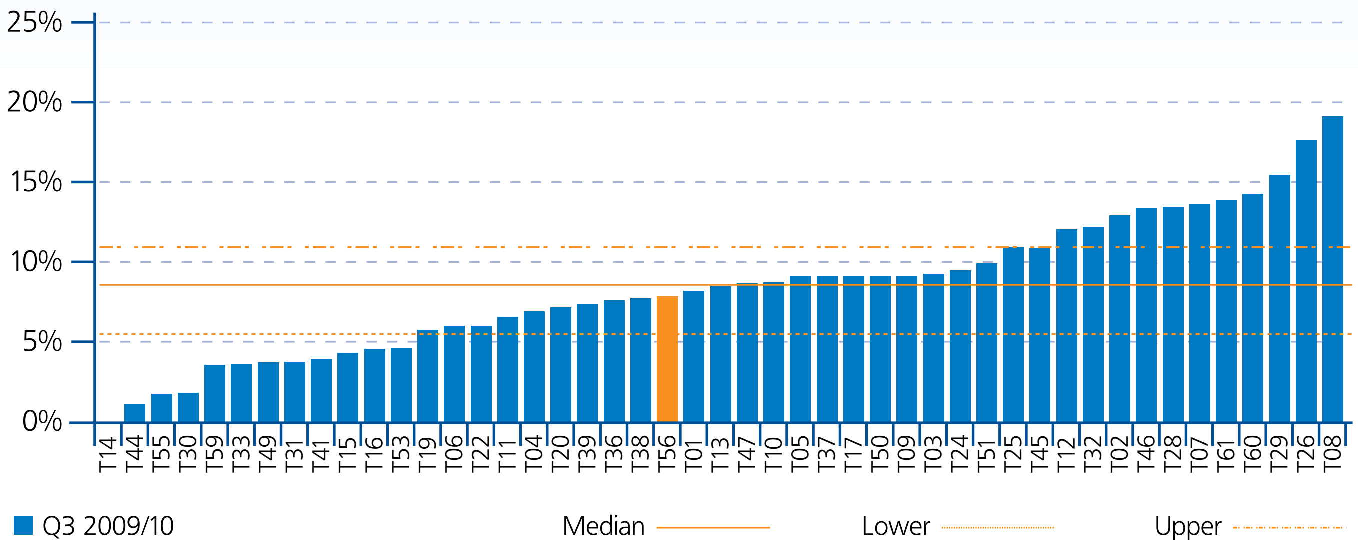
Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
1	Crisis Resolution Home Treatment Team (CRHT) gatekept admissions.	Both Monitor and CQC require us to demonstrate that certain inpatients have been assessed by a CRHT prior to admission. Data source: RIO	A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions. During 2010/2011, 96.4% of the 1,792 North East PCT admissions to adult urgent care wards (excluding Psychiatric Intensive Care Units) were gatekept by a CRHT prior to admission, thus meeting the target of 90%. 2009/10 data for comparison is not available and significant improvements have been made in the processes for collecting and recording this data during 2010/2011.
2	Seven Day Follow Up contacts.	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement. Data source: RIO	In 2009/2010, 1,561 service users (96.4% of those discharged from inpatient care in the year) were followed up within seven days of discharge. In 2010/2011, 1,702 service users (96.6%) were followed up within seven days of discharge. Note: The target for this quality indicator is 95%, and applies to adult patients on CPA. Those followed up within seven days can be further analysed by locality as follows: Gateshead PCT 96.9% Newcastle PCT 95.0% North Tyneside PCT 98.6% Northumberland Care Trust 96.1% South Tyneside PCT 97.1% Sunderland PCT 97.1%
3	Seven Day Follow Up contacts conducted face to face.	Locally agreed CQUIN indicator in 2010/2011. It is understood that 'face to face' follow ups give better quality of service and improved outcomes for service users. Data source: RIO	At the end of March 2011, 98.7% of local service users discharged in the month from adult acute assessment wards were followed up via a face to face contact. During 2009/10 this figure was 88.5%.

Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
4	Development of a quality standard for seven day face to face follow up contacts.	Locally agreed CQUIN indicator 2010/2011 to ensure that contacts are of a consistent high quality. Data source: manual data collection	By the end of March 2011, we achieved 96.1% compliance with the audit tool that has been developed during the year across Urgent Care discharges, thus meeting the 95% target.
5	Emergency re-admission rates.	Emergency re-admission rates are an important tool in the planning of mental health services and reviewing the quality of those services. Data source: RIO	In the last 12 months, 226 (7.5%) of mental health inpatients were readmitted within 28 days of discharge and 407 (13.6%) of learning disability inpatients were readmitted within 90 days of discharge. In 2009/10, readmission rates for our adult services were below the national average as shown by the following graph from the Audit Commission's Mental Health Benchmarking Club (the orange line is Northumberland, Tyne & Wear NHS Foundation Trust):

Adult - Readmission rate as a percentage of discharges



Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
6	Patient outcomes – numbers of service users in settled accommodation	CQC & Monitor require us to calculate how many of our service users are in settled accommodation. This information is useful for monitoring outcomes. Data source: RIO	Last year, at the end of March 2010, 65.9% of adult service users were recorded as living in settled accommodation. By the end of March 2011, the number of service users recorded as living in settled accommodation had increased to 72%. Note: These increases are partly due to data quality improvements made throughout the year.
7	Increase percentage of people with Learning Disabilities for inpatient service who have an active, up to date physical health care plan in place.	Locally agreed CQUIN indicator 2010/2011 to improve the health of people with Learning Disabilities, who may have greater health needs but often do not get equal health treatment. Data source: RIO and manual data collection	In February 2011, 100% of adult Learning Disability inpatients admitted in the month (including those in Forensic Services) had a physical healthcare plan within one month of admission. As at the end of March 2011, 100% of adult Learning Disability inpatients had their plan reviewed within the last six months. The graph below shows the progress against these targets throughout the year: **Learning Disability Inpatients with a Physical Healthcare Plan 2010/2011** 100%, 75%, 50%, 25%, 0% Apr - 10, May - 10, Jun - 10, Jul - 10, Aug - 10, Sep - 10, Oct - 10, Nov - 10, Dec - 10, Jan - 11, Feb - 11, Mar - 11 Within one month of admission; 6 monthly review Note: Six monthly review data started to be collected in October 2010, six months after the initiative started.

Review of Quality Performance - Clinical Effectiveness

	Quality Indicator	Why did we choose this measure?	Performance in 2010/2011 (2009/10)
8	Standardised outcome measures for Child and Adolescent Mental Health Services (CAMHS) Community and Inpatient Services.	Locally agreed CQUIN indicator for 2010/2011 – to demonstrate service effectiveness and improvement in service user outcomes through a standardised and evidence based outcome measure. Data source: RIO	The use of the HONOSCA (Health of the Nation Outcome Score for Children & Adolescents) tool has been recorded throughout CAMHS services during the year, the following graph shows progress in community services: **Use of HONOSCA tool in CAMHS Community Services 2010/2011** 100% 75% 50% 25% 0% Apr - 10, May - 10, Jun - 10, Jul - 10, Aug - 10, Sep - 10, Oct - 10, Nov - 10, Dec - 10, Jan - 11, Feb - 11, Mar - 11 Community - 1st contact Community - 6 monthly review Note: the 1st contact data for Jan – Feb 2011 is not yet available, and the 6 monthly review data started collection in August 2010 following an implementation period.
9	Implementation of the End of Life Integrated Care Pathway.	Locally agreed CQUIN indicator in 2010/11 to provide quality end of life care which can be benchmarked against national standards. Data source: manual data collection	The use of the End of Life Care Pathway has been fully implemented throughout all Older Peoples' Inpatient and Community Services during the year.
10	The implementation of the Recovery Star (a recovery focussed outcome tool).	Locally agreed CQUIN indicator in 2010/11 to increase the number of service users with a recovery focused outcome plan. Data source: manual data collection	During the year, the use of this tool has been implemented across Rehabilitation Inpatient Services, Assertive Outreach Teams across the Trust and the Community Rehabilitation Service in Sunderland. During 2011/12 we will start to analyse the results from the use of the tool, and we will monitor and report outcomes across services, and continue to expand the number of services that use this tool.

Review of Quality Performance - Clinical Effectiveness

<table>
<tr><th></th><th>Quality Indicator</th><th>Why did we choose this measure?</th><th>Performance in 2010/2011 (2009/10)</th></tr>
<tr><td>11</td><td>Reduction of the average length of stay on Adult Acute Admission wards in Newcastle and North Tyneside.</td><td>Locally agreed CQUIN indicator in 2010/2011 – to understand the reasons behind long lengths of stay and to help future planning.
Data source: RIO</td><td>From April to June 2010, the average length of stay in Newcastle & North Tyneside adult acute admission wards was 106 days. By March 2011 this had reduced to 72 days, by reviewing each individual delayed discharge and understanding the underlying reasons for the delay.</td></tr>
<tr><td>12</td><td>2010 Staff Survey.</td><td>The annual staff survey helps us to understand how our staff think the Trust is performing against the four pledges to staff in the NHS Constitution.
Data source: CQC NHS Staff Survey 2010</td><td>The 2010 staff survey showed that 90% of staff agreed that their role makes a difference to patients. 78% of staff agreed with at least two of the following three statements: that they are satisfied with the quality of care they give to patients; that they are able to deliver the patient care they aspire to; and that they are able to do their job to a standard they are personally pleased with. These scores are higher than the average for other similar trusts.</td></tr>
<tr><td>13</td><td>Staff absence through sickness.</td><td>High levels of staff sickness impact on patient care; therefore the Trust monitors sickness absence levels carefully.
Data source: ESR</td><td>The 12 month rolling average staff sickness absence figures have reduced during the year as follows:
<table>
<tr><th>Improvement in waiting times:</th><th>Short Term Sickness</th><th>Long Term Sickness</th><th>Total Average Sickness</th></tr>
<tr><td>31st March 2010</td><td>2.23%</td><td>4.01%</td><td>6.24%</td></tr>
<tr><td>31st March 2011</td><td>1.76%</td><td>3.75%</td><td>5.51%</td></tr>
</table>
We aim to reduce sickness absence through the robust implementation of the Trust Managing Sickness Absence Policy and the Health and Safety Executive’s Management Standards Approach to Tackling Stress.</td></tr>
</table>

Statements from Local Involvement Network (LINk), Overview and Scrutiny Committee (OSC) and lead Primary Care Trust (PCT)

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

Comments made last year:

Our partners made some useful observations last year and we have tried, wherever possible, to incorporate their suggestions into the 2010/2011 Quality Account.

Partners were interested to know about performance in their local areas, so we have shown information split by locality wherever possible. Partners also asked for more information about carers, and more case studies, which we have incorporated into this year's document.

Our partners also asked for a user friendly document, using less jargon and acronyms.

The wording of some parts of the Quality Account are set by the Department of Health (in particular the mandatory statements), but we have tried to make the language as clear as possible where we can.

To further help readers of the Quality Account, we have included a glossary of terms for the first time.

Our partners also highlighted concerns about the font sizes used in documents, and we have ensured that no small font sizes are used where possible.

Statement from NHS North of Tyne

"Northumberland Tyne & Wear NHS Foundation Trust's Quality Account is a fair and accurate reflection of the healthcare services delivered in 2010/11.

NTW have made good progress in achieving their quality goals, and this report clearly sets out the advancements made, with evidence and useful case studies.

CQUIN targets, agreed by Commissioners and NTW for 2010/11, have been delivered achieving improved quality of services; I particularly want to highlight the good work that has been done in developing the carers satisfaction survey and implementing the Recovery Star programme, two CQUIN targets that have resulted in tangible benefit to carers and patients.

In 2011/12, commissioners look forward to working closely with NTW to further improve service quality through focusing on agreed CQUIN targets, implementation of the service development plan and improvements to the acute care pathway."

Statement from Newcastle Local Improvement Network (LINk)

"Newcastle LINk would like to thank NTW NHS Trust for giving them an opportunity to be involved in the development of their Quality Account and for ensuring this response is incorporated into the final Quality Account. The LINk held a meeting with its members to consider the Quality Accounts of 3 NHS Trusts on 3 May 2011 which included the Quality Account of NTW. This response and the comments are framed from this meeting.

General issues that are not contained in the Quality Account, but LINk members think are important

Newcastle LINk is keen to promote the engagement of groups such as those with hearing/visual impairments and learning disabilities and so considers accessibility (size of print, language, easy read etc) as important. Newcastle LINk would suggest that NTW needs to consider what drafts are being released during the consultation period. This is because unfortunately not all of the versions that were released to the LINk were accessible, although the LINk appreciates the intention to keep the LINk informed of key changes in the document during the consultation period.

The Department of Health have set the 30 day consultation period for all Quality Accounts. Newcastle LINk can respond to 3 separate NHS Trust Quality Accounts in its locality and so to make it easier for the LINk to respond to these it would help if all 3 NHS Trusts could consider co-ordinating their 30 day period into the same 30 calendar days. This may not be feasible due to the different organisational structures of each Trust, but would certainly support Newcastle LINk to ensure it responds appropriately.

A number of LINk members did not understand what is meant by the term "Clustering" and the LINk would suggest that it should be defined more clearly in the document. A further suggestion is that the Glossary, a welcome addition in this year's Quality Account, contained in the Appendices should come at the beginning of the Quality Account so that people understand the terminology when reading the document.

Newcastle LINk has a number of individual and organisation members who represent different impairment groups. These members have noticed that there is not a lot of information within the Quality Account about specialist services. The LINk understands that Clustering has not been rolled out across specialist services yet so could this be explained within the document with any timescales and actions associated with it.

The future of the NHS is currently being considered by Central Government with the passage of the Health and Social Care Bill through Parliament. The effect of these changes may well influence the delivery of NTW services and so the LINk suggests that there should be reference in the Quality Account about how the aims and objectives regarding quality will be affected by the changes to health and social care and how NTW are responding.

A number of the LINk members have, for a number of years, been promoting the link between hospital food and patients overall well-being. Although it is a welcomed inclusion in this year's Quality Account it is a cause of frustration that hospital food has not been an official priority before.

NTW Priorities

Newcastle LINk supports the stated priorities of NTW contained in the Quality Account and makes the following comments.

Patient experience

The LINk understands that two deaf service users have been involved in working with NTW to ensure that services are accessible. This is a step-forward and is a credit to the organisation to include deaf and deaf/blind people.

The issue of Equality and Diversity is clearly taken forward by NTW and the LINk and its members recognise the work of the NTW's Equality Officer (Chris Rowlands).

Newcastle LINk is keen for this work to continue and that NTW continues to make progress to meet the challenges set by the Equality Act 2010. It is important that those groups and individuals who need support to access the services provided by NTW are engaged and their needs understood fully. This is an issue which runs throughout this response to the Quality Account.

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

Newcastle LINk understands that some people may not have equality of access to specialist services, for example, deaf people have experienced difficulty in accessing anger management sessions because a BSL interpreter is required. The LINk suggests that this issue needs to be considered by NTW and widened as it is the same issue for BME groups.

NTW is aware of the issue of weekend care and service provision. The LINk supports the fact that this is a priority area for NTW to ensure activities happen every day. NTW also is to undertake a wider service review (service model review) and a key factor in this will be that quality of care should be the same whatever the time of day / week. Newcastle LINk welcomes this and will be interested to know what the outcomes are from this review.

Performance targets

There are a number of targets contained within the Quality Account for this year. The LINk understands that the targets must reflect the whole range of services provided by NTW, but believes that it will be a challenge to meet all of them. The LINk is aware that a number of last year's targets are included in this Quality Account because, although good progress has been made, they have not fully been achieved. This would suggest that they need to be reviewed at an appropriate point.

Finally, the LINk feels that it would be useful to include a section in the Quality Account which describes the role of the Performance Management Team at NTW and how staff will be supported to achieve the targets they have been set e.g. by including details of the "Dashboard" system. Staff may not then see themselves and their work in isolation of the overall organisational aims."

Trust response:

Where possible, we have incorporated this feedback into the final version of the 2010/11 Quality Account.

Newcastle Overview & Scrutiny Committee

"Newcastle Scrutiny Councillors are happy to endorse the priorities in the Trust's draft Quality Account 2010/11. In delivering those ambitions, the Council is keen to work with Northumberland, Tyne and Wear NHS Foundation Trust on areas of joint responsibility; particularly where change will benefit Newcastle residents. Challenging financial times, plus NHS re-organisation, emphasise the need for joined-up and integrated working.

The experience of Scrutiny Councillors, during 2010/11, is that Northumberland, Tyne and Wear NHS Foundation Trust demonstrates a strong cultural commitment to transparency in planning service change. The Chair and Chief Executive have made time to discuss vision and values, a site visit was held when requested and open reporting has been exhibited at all times."

Improving Working Lives Staff encourage all to eat healthily.

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2010-11				Rating		Comments
Section				**Month 12 / Q4**		
Finance				**4**		
Governance				**Green**		
Targets - National requirements	**Threshold / Target**	**Weighting**	**Period & Source**	**Actual YTD**	**FOT**	
MRSA Bacteraemia – meeting the MRSA objective	6%	1.0	Apr-Mar 11 Manual IPC	0	0	0 reported cases in both 09/10 and 10/11
Screening all elective inpatients for MRSA	100%	0.5	Apr-Mar 11 Manual	100%	100%	Walkergate Park Wards 3 and 4
Care Programme Approach (CPA) patients: - receiving follow up contact within 7 days of discharge	95%	0.5	Apr-Mar 11 RIO	96.6%	96.6%	
- having a formal review within 12 months	95%	0.5	Mar 11 RIO	95%	95%	
Minimising delayed transfers of care	< 7.5%	1.0	Mar 11 RIO	4.6%	4.6%	
Admissions to inpatient services had access to crisis resolution home treatment teams	90%	1.0	Apr-Mar 11 RIO	96.4%	96.4%	
Meeting commitment to serve new psychosis cases by early intervention teams	95%	0.5	Apr-Mar 11 RIO + Man (Northl'd)	133.2%	133.2%	
Data completeness: identifiers: (7 indicators)	99%	0.5	RIO MHMDS	99.5%	99.5%	
Data completeness: outcomes: (3 indicators)	50%	0.5	RIO MHMDS	76.3%	76.3%	
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	n/a	0.5	2010/11 Self Asses			Self assessment was 3 and above across all areas required for CQC

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2010-11				Rating		Comments
Section				**Month 12 / Q4**		
Other	**Threshold**	**Weighting**	**Period & Source**	**Actual YTD**	**FOT**	
Moderate CQC concerns regarding the safety of healthcare provision	N/A	2.0 (Compliance Action)	Apr-Mar 11	No	No	
Major CQC concerns regarding the safety of healthcare provision	N/A	2.0	Apr-Mar 11	No	No	
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the condition(s) (or as subsequently amended with the CQC's agreement)	N/A	4.0	Apr-Mar 11	No	No	
Department of Health Information Governance Toolkit – requirement to reach Level 2 in the 22 key requirements (rather than all 45 standards) with plans in place to rectify any shortfall	N/A		2010/11 Submission	Level 2	Level 2	
Registration conditions imposed by Care Quality Commission						No Conditions
Restrictive registration conditions imposed by Care Quality Commission						No Conditions
Total Score as at Month 12 /Q4						**0**
Governance Risk Rating as at Month 12 / Q4 Published 3rd June 2011						**GREEN**

Appendix 2: NHS Performance Framework

NHS Performance Framework (Application to Mental Health Trusts)

Performance Indicator	Data Source	Data Frequency	Target	Month 12	
1. Proportion of adults on CPA receiving secondary mental health services in settled accommodation (10/11 indicator will be data completeness)	MHMDS	Quarterly	50%	72.4%	
2. Proportion of adults on CPA receiving secondary mental health services in employment (10/11 indicator will be data completeness)	MHMDS	Quarterly	50%	72.0%	
3. The proportion of patients on CPA discharged from inpatient care who are followed up within 7 days	MH Comm. Team Activity Return	Quarterly	95%	96.6%	
4. The proportion of those on CPA who have had a HoNOS assessment in the last 12 months	MHMDS	Quarterly	50%	81.8%	
5. The proportion of users on CPA who have had a review in the last 12 months	MHMDS	Quarterly	95%	95%	
6. Proportion of patients who recorded incidents of physical assault to them	Count me in census	Will be Quarterly from MHMDS	Actual number recorded, not scored	1,056	
7. The number of episodes of absence without leave (AWOL) for the number of patients detained under the Mental Health Act 1983	MHMDS	Quarterly	Actual number recorded, not scored	1	
8.The number of new cases of psychosis served by early intervention teams per year against contract plan	MH Comm. Team Activity Return	Quarterly	95%	133.2%	
9. The number of admissions to the trust's acute wards that were gate kept by the crisis resolution home treatment teams	MH Comm. Team Activity Return	Quarterly	90%	96.4%	
10. Provision of comprehensive Children & Adolescent Mental Health Services	CQC	Annual	22/24	23/24	
11. The number of admissions to adult facilities of patients who are < 16 years of age	VSMR 10/11 MHMDS from 11/12	Quarterly	0	0	
12. Delayed transfers of care to be maintained at a minimal level	SITREPS KH03	Quarterly	<=7.5%	4.6%	
13. Data quality on ethnic group	MHMDS	Quarterly	85%	96.0%	
14. Data completeness of MHMDS applies to the following fields: - date of birth - patient's current gender - patient's marital status - patient's NHS number - postcode of patient's normal residence - organisation code of patient's registered General Medical Practice - organisation code of commissioner	MHMDS	Quarterly	99%	100.0% 100.0% 98.0% 99.7% 99.9% 99.7% 99.4%	99.5%

Appendix 3: Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2011 and the regulated activity that the Trust is registered with the Care Quality Commission to carry out at each location:

Service Types Provided at Each Location **Note: each location is regulated to carry out the treatment of disease, disorder or injury and the assessment or medical treatment for persons detained under the Mental Health Act 1983**	**Service Type**							
	CHC	**LDC**	**LTC**	**MHC**	**MLS**	**PHS**	**RHS**	**SMC**
2 Coalway Lane							●	
Brooke House							●	
Cherry Knowle Hospital			●		●		●	
Craigavon Short Break Respite Unit					●			
Elm House					●			
Hepple House			●				●	
Monkwearmouth Hospital					●			
Campus for Ageing and Vitality (Previously known as Newcastle General Hospital)					●		●	
North Tyneside General Hospital					●			
Northgate Hospital			●		●		●	
Palmer Community Hospital			●		●		●	
Prudhoe Hospital			●		●		●	
Queen Elizabeth Hospital					●			
Rose Lodge					●			
Royal Victoria Infirmary					●			
South Tyneside District Hospital					●		●	
St George's Park			●		●		●	
St Nicholas Hospital	●	●	●	●	●	●	●	●
The Grange							●	
Walkergate Park					●		●	

Key

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

Appendix 3: Registered locations and services

Registered Home / Service Note: it is intended that all of these locations will transfer to new providers during 2011/2012.	**Regulated Activity**				**Service Type**			
	Accommodation for persons who require nursing or personal care	**Treatment of disease, disorder or injury**	**Diagnostic and screening procedures**	**Personal care**	**Care home service without nursing**	**Care home service with nursing**	**Domiciliary care service**	**Supported living service**
Avonridge	●				●			
Acacia House	●				●			
Braeside	●				●			
Basra	●				●			
Berrishill Grove	●				●			
Burnaby House	●	●	●		●			
Denewell Avenue	●				●			
Easterfield Court	●				●			
Elsdon Mews	●				●			
Flax Cottages	●				●			
Grange Park Avenue	●				●			
Hylton Bank	●				●			
Hirst Villas	●				●			
Haig Road	●				●			
Harwood House	●	●	●		●			
Leatham	●				●			
Lyndhurst Grove	●	●	●		●			
Murton House	●				●			
McNulty Court	●	●	●		●			
Midmoor Road	●				●			
Newgate Street	●				●			
Prudhoe House	●				●			
Prudhoe Hospital				●			●	●
Roseate House	●	●	●		●			
Roslin	●				●			
School House								
Shian	●				●			
Springdale	●				●			
Sixth Avenue	●	●	●		●			
Serlby Close	●				●			
St Albans Place	●	●	●		●			
Stonecroft	●				●			
Tavistock Square	●				●			
Woodland View	●	●	●		●			
Wensleydale	●				●			
Woodlands Cottage	●	●	●		●			
West View House	●				●			
The Willows	●				●			
Woolsington Court	●	●	●		●			

Appendix 4: 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 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- 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 2010 to May 2011;
    - Papers relating to Quality reported to the Board over the period April 2010 to May 2011;
    - Feedback from the commissioners dated May 2011;
    - Feedback from governors dated May 2011;
    - Feedback from LINks dated May 2011;
    - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 31/05/2011;
    - The national patient survey 2010;
    - The national staff survey 2010;
    - The Head of Internal Audit's annual opinion over the trust's control environment dated 24/05/2011;
    - CQC quality and risk profiles dated March 2011;
- 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; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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

By order of the Board

31st May 2011 — Chairman

31st May 2011 — Chief Executive

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

Independent Assurance Report to the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust on the Annual Quality Report

I 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 the content of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

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

Respective responsibilities of the Directors and auditor

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 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

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

- Board minutes for the period April 2010 to March 2011;
- papers relating to Quality reported to the Board over the period April 2010 to March 2011;
- feedback from the Lead Commissioner dated May 2011;
- feedback from the Governors;
- feedback from LINKS dated May 2011;
- the Trust's annual complaints data from the Trust's draft Annual Complaints report dated May 2011;
- the 2011 national patient survey;
- the 2011 national staff survey;
- the draft Head of Internal Audit's annual opinion over the trust's control environment for the period April 2010 to March 2011; and
- Care Quality Commission quality and risk profiles during 2010/11.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the Council of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

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

To the fullest extent permitted by law, I 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 my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I 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'). My limited assurance procedures included:

- making enquiries of management;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents listed previously.

A limited assurance engagement is less 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

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Cameron Waddell
Officer of the Audit Commission
3 June 2011

Appendix 6: Glossary

Term	Definition
Audit	Audits are carried out by auditors to determine the soundness and reliability of information.
Care Co-ordinator	If a service user has complex needs, this is the person who will be their main contact and who will ensure they receive the care needed.
Care Pathways and Packages Programme (CPPP)	A project to redesign services that truly focus on value and quality for the patient.
Commissioners	Members of Primary Care Trusts (PCT's), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
Care Co-ordination	A process used to help and support people with mental health problems.
Care Plan	A care plan is a way of recording the help and support a service user needs and explains how this will be done. The information in the individual's care plan will be written into a document so that it is clear what support has been agreed (this may be in the form of a letter).
Care Planning	Care planning is a process that involves health care professionals working with a service user and any other people that the service user wants involved, for example carers, to agree the service user's care plan.
Care Programme Approach (CPA)	A term that may be used to describe your care if you have complex needs.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependant upon improving quality
CMHT	Community Mental Health Team – a service provided to patients in the community.
CRHT	Crisis Resolution Home Treatment – a service provided to patients in crisis.
Clinician	A clinician is a health professional. Clinicians come from a number of different healthcare professions such as psychiatrists, psychologists, nurses, occupational therapists etc.
Clusters	Clusters are used to describe groups of patients with similar mental health needs.

Appendix 6: Glossary

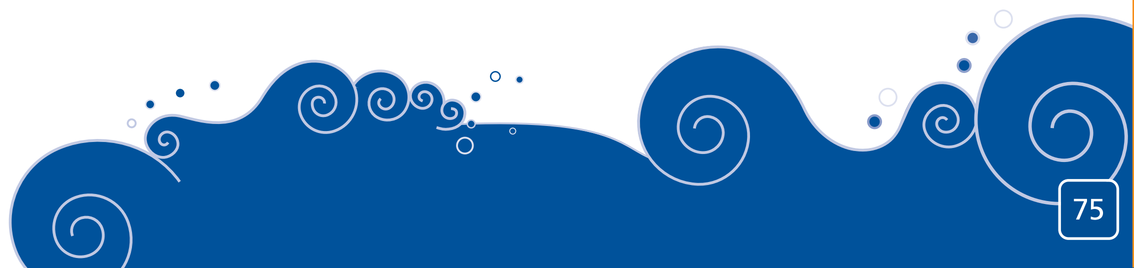
Council of Governors	Anyone who lives in the area, works for a Foundation Trust, or has been a patient there, can become a member of the trust. Members of the trust are elected by their fellow members to sit on the Council of Governors. The Council of Governors is made up of patients, public, staff and partner representatives, is the 'voice' of local people and sets the direction for the future of the trust, based on members' views.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
CPA	Care Programme Approach. CPA is a term for describing the process of how mental health services patients' needs, plan ways to meet them and check that they are being met.
ESR	Electronic Staff Record – the system used to record employee information and training records.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
Lead Professional	If a service user has needs that are not complex, this is the person who will be their main contact and who will ensure that they receive the care they need.
MHA / Mental Health Act 1983 (revised 2007)	The Mental Health Act is a law under which someone can be admitted, detained and treated in hospital against their wishes.
Local Improvement Network (LINk)	A Local Improvement Network is a way to bring together like-minded individuals and organisations within an area who share a commitment to continuous improvement and learning, a desire to improve services for local people and a passion for working together to improve the way that organisations operate.
Monitor	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
Monitor Compliance Framework	Monitor asks Foundation Trusts to assess their own compliance with required standards. NHS Foundation Trusts submit an annual plan and quarterly reports to Monitor, plus other information on request.

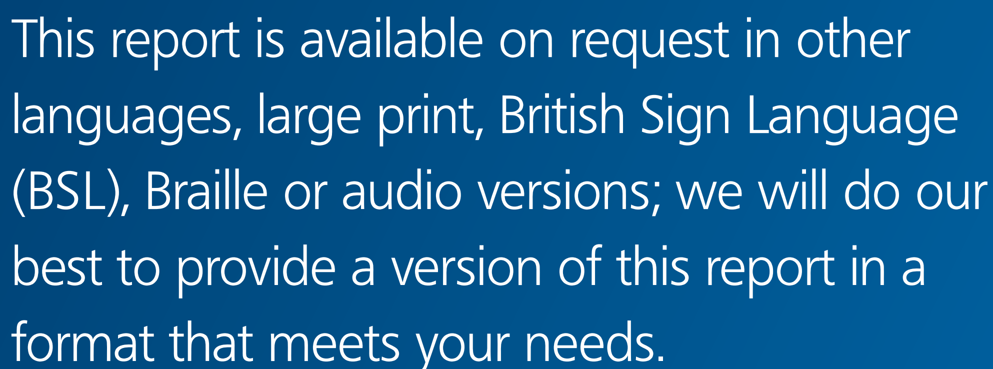
Appendix 6: Glossary

Multi- Disciplinary Team (MDT)	Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide care – i.e. Psychiatrists, Clinical Psychologists, Community Psychiatric Nurses, Occupational Therapists etc.
Next Steps	A group of projects to ensure that the organisation is fit for the future and provides services that match the best in the world.
NHS Performance Framework	An assessment of the performance of NHS Trusts against minimum standards. As a Foundation Trust we are not required to report against these standards however we have decided to utilise the framework to strengthen our performance management function.
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
Overview and Scrutiny Committee (OSC)	Councils are required to create Overview and Scrutiny Committees, who hold decision makers to account by questioning councillors, council employees and representatives of other organisations on decisions being made and policies being pursued in the local area.
PCT	Primary Care Trust – a type of NHS Trust that purchases healthcare from other NHS providers within a local area, to ensure that there are enough services for people within their area and that these services are accessible and working together effectively.
QRP	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
Recovery Star	The Recovery Star is a tool used to help people to set recovery goals. Many people who are recovering from mental illness have found it useful to think about recovery as a journey with different stages, and to think about which stage they are in and to get a picture of where they are on their journey.
RIO	The computer system used by the Trust to securely record information about service users.
Safeguard	The Trust's incident and complaints reporting system. Trust policy is that all incidents are reported through Safeguard.
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.

Appendix 6: Glossary

Stakeholder	A stakeholder is anyone with a concern or interest in the trust. Stakeholders include (among others) patients, carers, staff, the Council of Governors, Primary Care Trusts and local councils.
SUI	Serious Untoward Incident - an incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes "near misses" or low impact incidents which have the potential to cause serious harm.





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

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

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