

Quality Account

2011/2012





Contents

Part 1

Introduction	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 NHS services provided	30

Part 3

Review of Quality Performance	40
Statements from Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and lead Primary Care Trust (PCT)	47

Appendices

Appendix 1: Monitor Compliance Framework	52
Appendix 2: NHS Performance Framework	54
Appendix 3: CQC Registered location and services	56
Appendix 4: Statement of Directors' Responsibilities in respect of the Quality Report	58
Appendix 5: Limited Assurance Report on the content of the Quality Report	59
Appendix 6: Glossary	64

Introduction to the Quality Account

About Northumberland, Tyne and Wear NHS Foundation Trust

Working from over 100 sites and covering more than 2,200 square miles, our 6,000 staff provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We also provide a range of specialist regional and national services.

This makes Northumberland, Tyne and Wear NHS Foundation Trust one of the largest NHS Trusts of its kind in the country.

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

Why are we producing a Quality Account?

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

Northumberland, Tyne and Wear NHS Foundation Trust welcomes the opportunity to demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. We can use this information to make decisions about our services and to identify areas for improvement.

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.



NTW Staff Awards ceremony 2012 - celebrating excellence in service delivery.

Chief Executive's statement



“Quality is at the heart of everything we do in the Trust. Whether it is in our hospitals, or in our patients’ homes, it is the quality of what we provide combined with the way we provide it, that makes for a good experience for our service users.”

I am delighted to present the Northumberland, Tyne and Wear NHS Foundation Trust Quality Account for 2011/2012. The purpose of the report is to enable the Trust to be transparent and accountable for the quality of the services it provides.

The annual quality account gives us an excellent opportunity to promote the importance of quality by setting priorities for the coming year and highlighting achievements over the past year. **Quality is at the heart of everything we do in the Trust.** Whether it is in our hospitals, or in our patients' homes, it is the quality of what we provide combined with the way we provide it, that makes for a good experience for our service users.

Service quality is about four key things, the clinical effectiveness of the treatments and interventions we offer, the safety of those receiving, working in or visiting our services, the experience of those using or supporting those who use our services, and the accessibility of our services for patients.

The Trust has many initiatives which are designed to improve quality and you will find many examples detailed in this Quality Account. Our Service Model Review, undertaken in 2011, brought together expert clinicians from across the Trust to work and help develop our vision for the future delivery of services, ensuring that our services are designed around patients' needs.

The recommendations of the Service Model Review Group are now at the very heart of our plans to transform our services. These transformation plans, through a number of work streams, will allow us to increase quality while significantly reducing cost in meeting current demand.

We know that 2012 will be a challenging year for all public services but we also know that our commitment to quality will enable us to improve the efficiency and effectiveness of our services.

This quality report reflects our determination to develop our understanding and measurement of quality as experienced by users of our services, and our ambition to deliver continuous quality improvement in all our services. To the best of my knowledge the information presented in this report is accurate and represents a balanced view of the quality of services that the Trust provides. I hope you will find it informative and stimulating.



Dr Gillian Fairfield
Chief Executive

Medical Director and Director of Nursing and Operations statement

This document summaries the organisation's drive and determination to improve the quality of services we provide to our service users. Our Vision to improve the wellbeing of everyone we serve through delivering services that match the best in the world continues to be encapsulated in our quality priorities.

We are committed to working collaboratively with our service users, their carers and all key partners. Their views are pivotal for us in helping to shape our ongoing transformation plans and providing high quality services. That is why we are sharing, in this document, the feedback we have received from service users, carers, LINKs, commissioners and the actions we have undertaken as a result of this feedback.

The progress we have made over the last twelve months has been encouraging, however, there is more that can and will be done. We have designed a number of key service principles which will be embedded in our future clinical practice. They are:

Service principles

- You can reach us, simply and quickly
- The earlier the better
- To get the right care, safely and easily
- From our flexible and skilled workforce
- In collaboration with families, carers and partnership organisations
- So that you can gain/re-gain independence, as far as possible
- By making smooth and sustainable steps forward
- Reaching us again, simply and quickly

It is important that we can also demonstrate effectively the quality of our services and with this in mind that we continue to develop and improve our quality and performance dashboards and expand our patient experience feedback systems across the Trust. These systems provide our clinicians and managers with real time information and performance data regarding service users' experiences of our services. Access to such information allows us to be more responsive and dynamic in our approach to governance and quality.

The case studies incorporated into this year's Quality Account show examples of service improvement and the work surrounding our wider service transformation.

To the best of our knowledge, the information contained within this document is accurate.



A handwritten signature in black ink, appearing to read 'Suresh Joseph'.

Dr Suresh Joseph
Medical Director



A handwritten signature in black ink, appearing to read 'G O'Hare'.

Gary O'Hare
**Director of Nursing
& Operations**



Rose Lodge, at Hebburn.

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 service users, carers staff and partners as well as information gained from incidents, complaints and other quality reports , the Trust has identified three **quality goals** covering the 5 year period from 2009 to 2014, based on safety, patient experience and clinical effectiveness.

Each year we set new **quality priorities** to help us to achieve our quality goals.

Taking each Quality Goal in turn, we will **look back** on the last year to assess progress against the Quality Priorities we set in 2011/2012, 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 2012/2013.

We are committed to taking any Quality Priorities that are not fully achieved during 2011/12 forward to 2012/13 to ensure we meet the targets that were set in these important areas.

The progress of all Quality Priorities will be monitored every month at the Trust Quality and Performance Committee as part of the integrated performance report.

Our Quality Goals support the delivery of the Trust Strategic objectives.

NTW Strategic Objectives:

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

Quality Priorities

Our Quality Goals 2009-2014:

Patient Safety

QUALITY GOAL ONE: Reduce incidents of harm to patients

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

Patient Experience

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

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

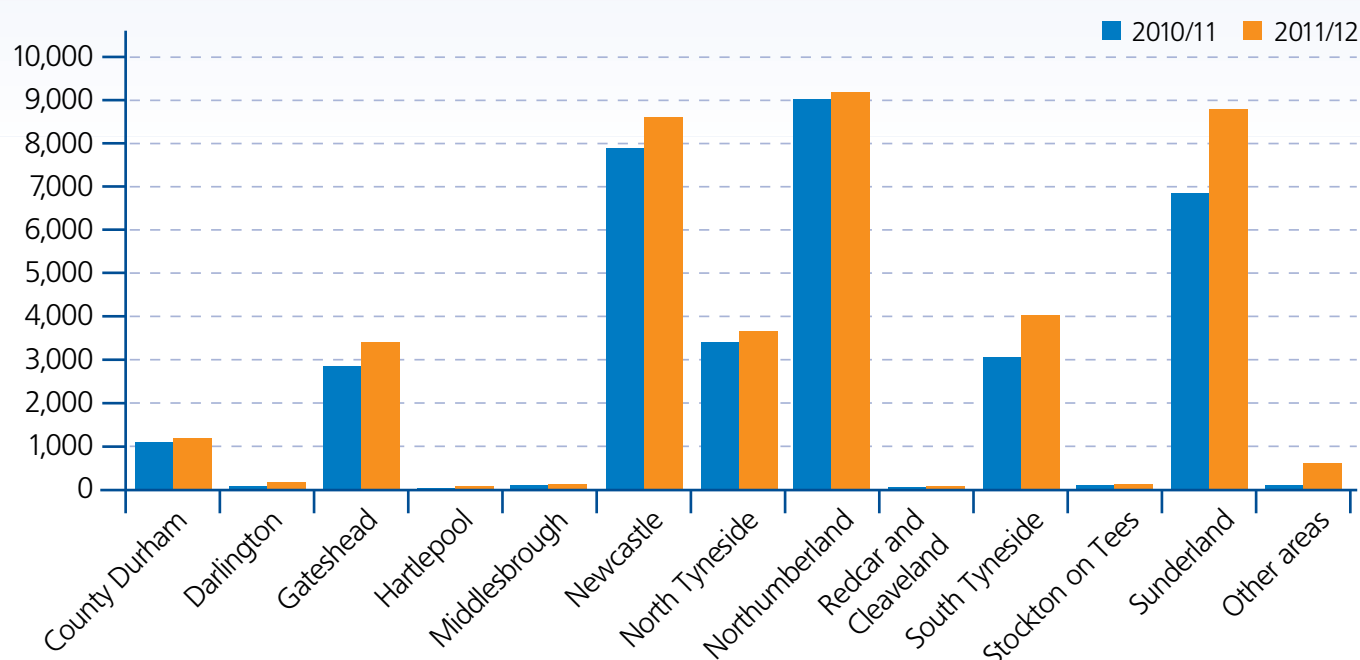
Clinical Effectiveness

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

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

The Trust is currently providing care for almost 40,000 people. Working from over 100 sites and covering more than 2,200 square miles, we provide a range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. The chart below shows the number of current service users as at 31st March 2012, split by locality, with a comparison of the same figures from 2010/11.

NTW Service Users by locality 2010/11 & 2011/12:



The chart shows that our Service User numbers have increased by 4,908 during 2011/12. Each locality area has seen an increase in numbers of Service Users with the biggest increase being in Sunderland.

Quality Goal One: Reduce incidents of harm to patients

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

Looking Back: Progress against our quality priorities to support this goal in 2011/2012:

	Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
1	To develop a succinct summary of leave policy.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	To develop a summary of the leave policy for staff, in the form of 5 key points, to be considered when planning leave.	The summary of the leave policy has been created and rolled out to all appropriate staff. ACHIEVED
2	Ensure relevant staff are trained in leave management.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	95%	Good progress has been made towards achieving the 95% target however at the end of March 2012 the Trust total was 83%. This priority will be carried forward to 2012/13.
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.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	Sample audit of records Report on findings and agree improvement areas Implementation of improvements Re-audit.	The audit has been undertaken and improvement areas identified. The re-audit occurred during March 2012. ACHIEVED
4	Implement the model of Risk Assessment used by the self harm teams across all mental health services. Develop the training package and implement the training plan.	Effective risk management has been identified as a way of reducing harm to patients.	Implement agreed training plan.	The training package has been developed and is now being rolled out as per the training plan. ACHIEVED

Quality Goal One: Reduce incidents of harm to patients

	Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
5	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months.	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.	95%	Good progress has been made towards achieving the 95% target however at the end of March 2012 the Trust total was 77.6%. This priority will be carried forward to 2012/13.
6	To ensure GPs receive care plan information within 7 days of a review.	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working.	95%	Work has continued throughout 2011/12 between NTW and local GP's to identify a suitable and safe process to achieve these targets.
7	To ensure GPs receive discharge summaries within 24hrs of discharge.	It is a Trust priority to reduce risk by improved communication during periods of transition.	95%	The priorities will be carried forward to 2012/13 and will also be a CQUIN target that will be monitored by our Commissioners.

Quality Goal One: Reduce incidents of harm to patients

How have the quality priorities in 2011/2012 helped progress towards this goal?

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

Incident reporting in general has increased over the last 3 years. The main increases have been in incidents classed as 'no harm' and 'minor harm' which is evidence of the Trusts positive reporting culture. In the 2011 staff survey 97% of our staff said that if they had witnessed an error, near miss or incident in the last month they had reported it.

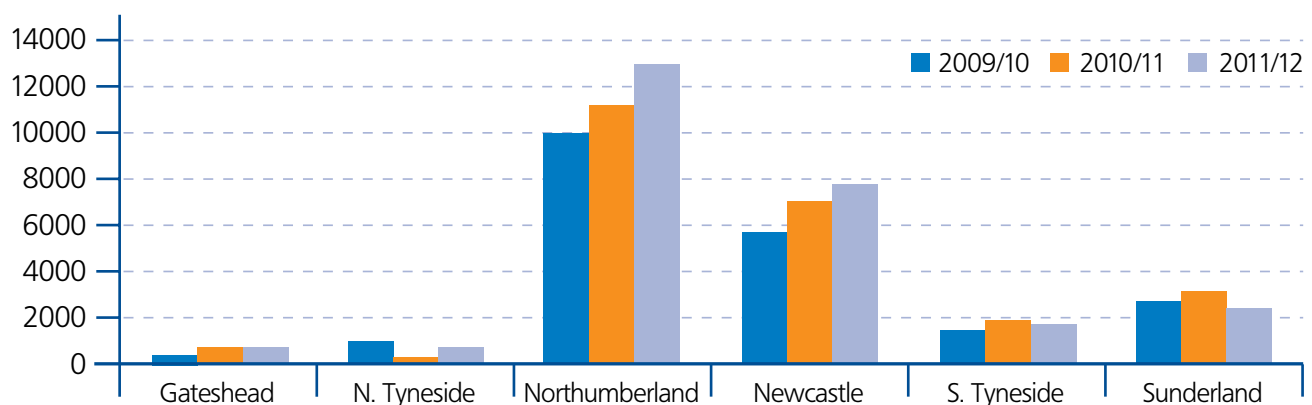
This information confirms that training and awareness around incident reporting is having a positive impact on the numbers of incidents reported. This also demonstrates that the Incident Policy and other policies such as Safeguarding Adults and Children, Information Governance, Prevention and Management of Violence and Aggression are also being implemented as the information relating to incidents flows through the organisation, and allows services to investigate, reflect and improve the quality and safety of care.

Over 26,000 incidents were recorded and reported during 2011/12, an increase from the previous year of over 2,000 incidents.

Number of incidents reported, by impact:	2009/10	2010/11	2011/12	Change
No harm	8,083	6,806	8,591	+1,785
Minor, Non-permanent harm	11,739	15,439	15,810	+371
Moderate, Semi Permanent harm	1,281	1,645	1,545	-100
Major, Major Permanent harm	153	105	109	+4
Catastrophic, Death	82	56	73	+16
Total incidents reported	21,338	24,051*	26,128	+2,077

*Reported in the 2010/11 Quality Account as 23,793 incidents – since that report was completed an additional 258 incidents have been reported relating to 2010/11.

Incident activity by locality 2009-2012:



Quality Goal One: Reduce incidents of harm to patients

Serious Untoward Incidents information:

The Trust currently reports serious incidents in line with the Strategic Health Authority / Commissioner guidance. There have been 2 major changes to the classification of serious incidents in the reporting period 2009 – 2012. From April 2010 an under 18 admission to an adult ward was classified as a serious incident, from March 2011 fractured neck of femurs which are acquired whilst a patient were classified as a serious incident.

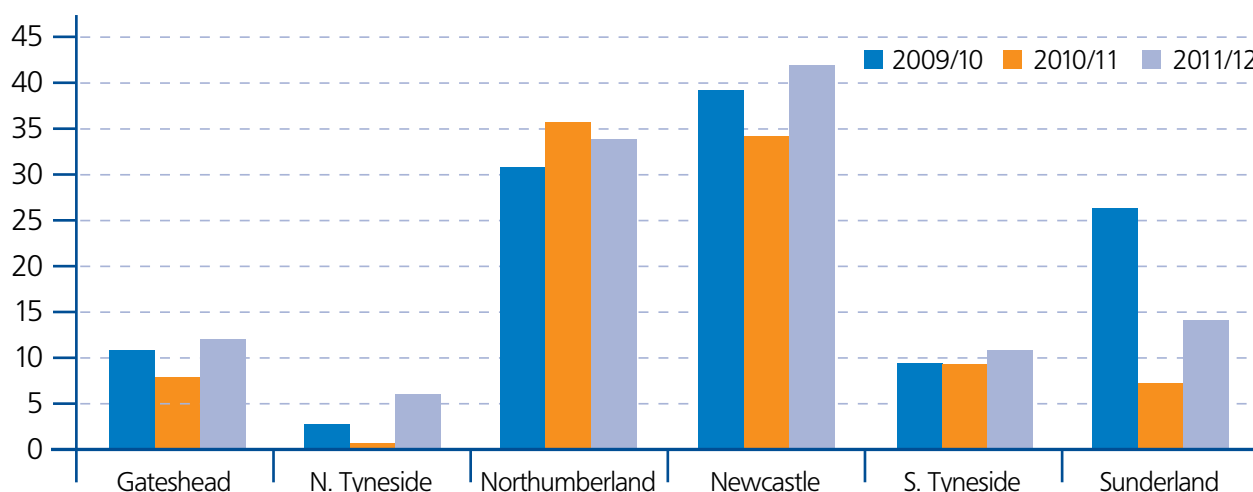
Number of serious incidents reported	2009/10	2010/11	2011/12	Change
Unexpected Deaths	82	56	73	+17
Homicides	0	3	3	0
Assaults	4	3	5	+2
Self Harm	5	10	9	-1
Under 18 Admissions	4	10	6	-4
Fractured Neck of Femur	0	2	17	+15
Information	4	1	1	0
Other	20	10	4	-6
Total serious incidents reported	119	95	118	+23

The increase in major incidents is a direct result of the reporting and recording in 2011 of fractured neck of femurs which account for 17 of the 23 additional cases reported.

From the information shown it appears that the unexpected death rate has increased significantly from 2010 to 2011, however there are still a number of unexpected deaths to be formally investigated by the coroner and as such there is an expectation that this figure will change over time (see below table).

Number of serious incidents reported	2009/10	2010/11	2011/12
Unexpected Deaths	82	56	73
Number of coroner verdicts pending	2	3	27

Serious Untoward Incidents by locality 2009-2012:



Quality Goal One: Reduce incidents of harm to patients

Looking Forward: What are our quality priorities in 2012/2013 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	To ensure all staff are trained in leave management.	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	To have a minimum of 90% of applicable staff trained in leave management (the target has been reduced from 95% to take into account sickness absence and staff turnover).
2	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months This quality priority is being carried forward from 2011-12.	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.	To achieve a target of 95% by March 2013.
3	To ensure GPs receive care plan information within 7 days of a review. This quality priority is being carried forward from 2011-12.	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working.	To achieve a target of 95% by March 2013.
4	To ensure GPs receive discharge summaries within 24hours of discharge. This quality priority is being carried forward from 2011-12.	It is a Trust priority to reduce risk by improved communication during periods of transition.	To achieve a target of 95% by March 2013.
5	To improve the quality of transitions of care from inpatient units to community services, improving the links with community teams throughout the admission and ensuring joint involvement in discharge planning.	Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.	To develop an audit tool, agree audit sample and timeframe by June 2012. To conduct audit and identify improvements by September 2012. To implement improvements by March 2013.

Quality Goal One: Reduce incidents of harm to patients

Case study: Transforming Community Services

The Transforming Community Services work stream is working to develop plans that will drive real changes in the way our community services work and this includes how we work alongside GPs, Local Authority services and other providers to provide, better more joined up care.

As part of this exciting project we have commenced the roll-out of mobile working across Sunderland and South Tyneside, by investing in technology to enable community staff to work more effectively and spend more time with their service users.

Our staff are telling us that the mobile solution has greatly improved their ability to do their jobs with comments such as:

“ I have found that my mobile solution has improved my ability to do my job in a more efficient way. It allows for more flexible working and less time spent travelling. I have also found it useful to use the mobile solution to fill in assessment information during sessions. This means that I do not have to spend time after sessions completing paperwork. Additionally my clinical notes are more up to date as I am able to access RiO anywhere.”
(Principal Clinical Psychologist).

“ Mobile working has increased my availability to spend more time completing RiO and feel less stressed due to not having the time constraints of returning to base to do it. It is easy to use and the support from IT been great. I am now able to locate information freely when visiting patients rather than getting back to service users at a later date.”
(Support Worker)

These changes are making a positive difference to the patient experience and quality of our community services in Sunderland and South Tyneside and will be look forward to the technology being rolled out to community teams across NTW in the coming months.

Implementation of this technology provides a huge benefit to the working lives of our staff and ultimately a big step forward in improving levels of care as our clinicians are able to spend more face-to-face time with their patients.

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.

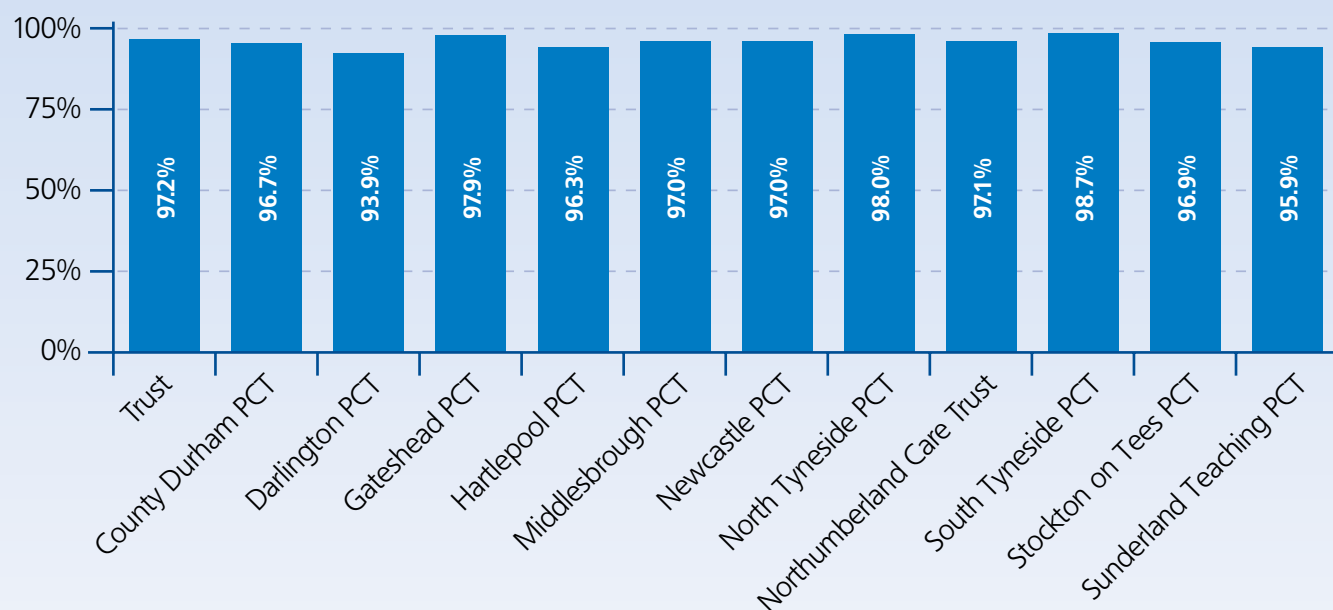
Looking Back: Progress against our quality priorities to support this goal in 2011/2012:

	Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
1	Greater availability or variety of activities within inpatient services.	This is a key area of improvement demonstrated through patient feedback.	85%	This project was rolled out during 2011/12 however it has proved problematic to find a reliable and consistent approach to recording the data. This priority will be carried forward to 2012/13.
2	Greater Service User collaboration in assessment and care planning.	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. Quarters 2-4 implement in line with audit plan.	The core documentation to measure service user involvement in care planning is now in use and carer champions have been appointed across inpatient wards. At 31st march 2012 we have seen an overall improvement in service user involvement in their care plan which has now increased to 76.2%. The Trust will continue to monitor this with the aim to achieve 95%. ACHIEVED
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.	100%	This has been successfully rolled out for adults. Will continue through 2012/13 to incorporate children and young people and community services. This priority will be carried forward to 2012/13
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 food survey.	Work is in progress to improve in this area. This priority will be carried forward to 2012/13
5	To improve waiting times for referrals to multidisciplinary teams.	To ensure Trust services are responsive and accessible.	100% seen within 18 weeks.	During the year 97.2% of service users were seen within 18 weeks (at the end of March 2012 the actual figure was 88.1% - this was mainly due to the transfer of children's services South of Tyne in October 2011). This priority will be carried forward to 2012/13

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

Multi-disciplinary waiting times by locality.

Proportion of referrals to multidisciplinary teams in 2011/12 who waited less than 18 weeks for their first contact with the team:



	% of service users waiting less than 18 weeks for contact with a team during 2011/12	% of service users waiting less than 18 weeks at 31/03/2012	Number of service users waiting more than 18 weeks at 31/03/2012
Trust	97.2 %	88.1%	867**
County Durham PCT	96.7%	69.7%	50
Darlington PCT	93.9%	70.8%	7
Gateshead PCT	97.9%	86.2%	69
Hartlepool PCT	96.3%	28.6%	7
Middlesbrough PCT	97.0%	71.4%	5
Newcastle PCT	97.0%	91.6%	116
North Tyneside PCT	98.0%	92.6%	37
Northumberland Care Trust	97.1%	92.4%	96
South Tyneside PCT	98.7%	73.0%	290
Stockton on Tees PCT	96.9%	53.3%	8
Sunderland Teaching PCT	95.9%	91.3%	160

** includes 22 Out of Area service users

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

How have the quality priorities in 2011/2012 helped progress towards this goal?

2011 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 experiences of service users when receiving care and treatment. The most recent survey, completed in 2011 by over 250 Service Users, showed the following results:

Summary scores for patient survey question	Score: (a higher score is better)	How this score compares with other Trusts
For questions about health and social care workers	8.5 out of 10 (8.6 in 2010/11)	About the same
For questions about medications	7.0 out of 10 (7.4 in 2010/11)	About the same
For questions about Talking Therapies	7.3 out of 10 (6.9 in 2010/11)	About the same
For questions about Care Coordinator	8.4 out of 10 (8.5 in 2010/11)	About the same
For questions about Care Plan	6.8 out of 10 (6.3 in 2010/11)	About the same
For questions about Care Review	7.6 out of 10 (7.4 in 2010/11)	About the same
For questions about Crisis Care	6.8 out of 10 (no previous score for this question)	About the same
For questions about Day to Day living	6.0 out of 10 (5.8 in 2010/11)	About the same
Overall questions	6.5 out of 10 (6.9 in 2010/11)	About the same

The results show that people are generally very positive about the health and social care workers they had come into contact with. The vast majority said that workers listened carefully to them, gave them enough time for discussion and took their views into account. Many people also commented that they were treated with respect and dignity and they had trust and confidence in their health care worker.

More detail on the 2011 survey results for this Trust can be found at the below link:

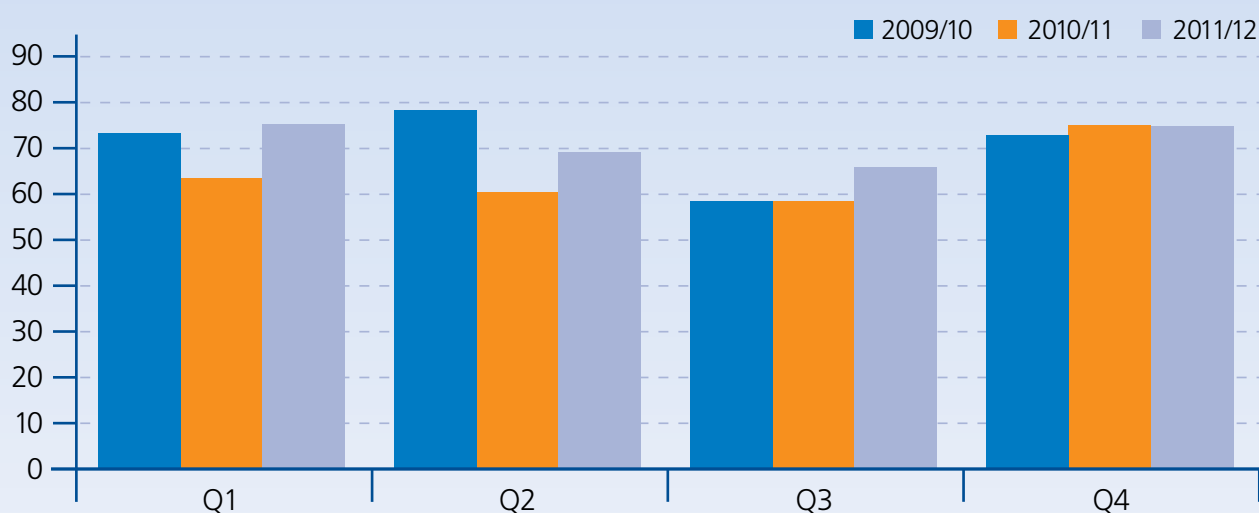
<http://www.cqc.org.uk/survey/mentalhealth/RX4>

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

Complaints:

Complaints have increased during 2011/12 with a total of 284 received during the year (253 in 2010/11, 283 in 2009/10).

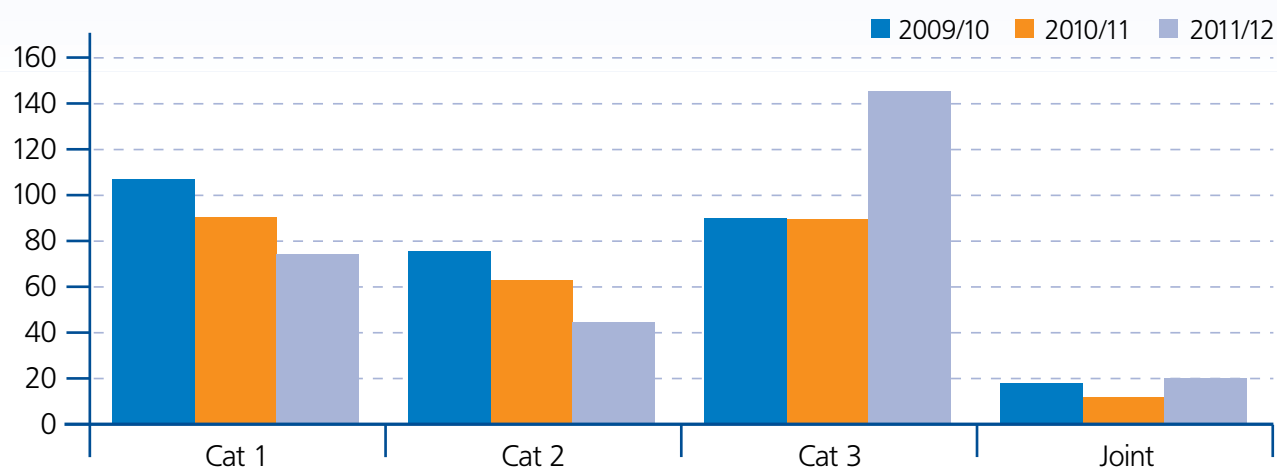
Complaints activity 2009-2012:



Complaints by category:

Complaints are categorised as Category 1, 2 or 3 and there are also complaints which are joint complaints with other organisations. The below chart shows how our complaints were categorised during 2009-2012:

Complaints by category 2009-2012:



The Trust actively encourages patients to express their views, to allow us to actively reflect on the services we provide, and to review how we improve these services. Each complaint is fully investigated, with feedback provided to patients, carers and families.

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

Definitions of complaint categories:

- Category 1 complaints** low impact on the provision of care such as a request for information of a comment about a service
- Category 2 complaints** minimal/potential risk to provision of care such as staff attitude or standard of care
- Category 3 complaints** high impact on provision of care such as a serious untoward incident or professional misconduct.

The Trust has put in place a number of improvements around the complaints process in 2011/12 including the following:

- Weekly reviews of complaints relating to clinical teams looking specifically at the themes and outcomes of complaints, through the governance arrangements of each the 3 clinical groups.
- Performance reports to the Service Managers around complaints received relating to their respective areas.
- Improvements to the recording of complaints centrally to support effective feedback to patients, carers and families in a timely manner.

The Trust has made changes to the complaints process, introducing improvements to the way services are provided. **The following gives a breakdown of some of the improvements made.**

- Improvements have been made to reduce complaint waiting times, and communicate fully when there are delays.
- Improvements to communications with patients, family and carers, the Trust has improved communications with patients, families and carers, to explain services that are provided within secondary care.
- Improvements have been made to the care plans and contingency plans for individual patients following complaints.

Case Study: Engagement with Service Users and Carers as part of Transforming Services

Following the Board's endorsement of the proposals for the new service model in June, several service user and carer engagement events were held from September to January.

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

Feedback from these events about the model was very positive. Service users and carers told us they like:

- That it is needs based with the emphasis being on community care and services being as close to home as possible.
- That access to services is simpler and easier.
- That there is strong emphasis on the continuity of care - easier transition through services, less bouncing around the system, less repetition and less time in hospital.
- That it is an integrated, whole systems approach with effective partnerships and involvement of carers.
- That staff can spend more time on seeing people and less time on administrative tasks and travelling around.
- That there is standardisation of quality throughout the system and access to expertise across all services.

Some common questions and concerns were raised, including:

- Is this too ambitious?
- Is this going to be staged?
- Can we staff this?
- Can we afford this?
- How can we ensure that clinical issues take priority?
- What do partners think?
- How are we going to measure outcomes?

We asked how they wanted to be involved and they told us that they would like:

- To provide input based on personal experience
- To provide a perspective from those in "after care".
- To provide input from the perspective of the carer.
- To be part of a focus group – contacted for information, advice, whatever would be most useful.
- To have opportunities to meet up together, attend courses, conduct surveys, offer advice at the end of a telephone.
- To have a way you can really be listened to.

But, overwhelmingly they told us that they wanted a **"network of networks"** - a forum which gives service users and carers the opportunity to challenge the work currently being undertaken as part of the Trust's Transforming Services Programme, to influence the future work of the Programme and to disseminate information to service user and carer groups represented by the network's members.

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

This idea was supported by the Transforming Service Board and the first meeting of the Service User and Carer Reference Group was held on 12th April at the Royal Station Hotel, Newcastle. There will be bi-monthly, half-day events. Initial feedback has been very positive. Those there on the day told us that this is a significant step forward for service user and carer involvement.

Looking Forward: What are our quality priorities in 2012/2013 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Greater availability or variety of activities within inpatient services. This priority is being carried forward from 2011/12.	This is a key area of improvement demonstrated through patient feedback.	Target applies to adult urgent care and stepped care only: 30% by June 2012 42% by September 2012 62% by December 2012 85% by March 2013
2	To roll out the Trust patient and carer feedback process 'Points of You' across all Trust services. This priority is being carried forward from 2011/12.	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.	70% by June 2012 75% by September 2012 85% by December 2012 100% by March 2013
3	Greater choice, quality of food and timing of meals to inpatient areas. This priority is being carried forward from 2011/12.	This is a key area of improvement demonstrated through patient feedback.	Devise new catering booklets to assist service users and carers Incorporate patient feedback into revised menus. Enhance current electronic patient meal ordering system. Ensure all menus are nutritionally analysed.
4	To improve waiting times for referrals to multidisciplinary teams. This priority is being carried forward from 2011/12.	To ensure Trust services are responsive and accessible.	90% by June 2012 92% by September 2012 95% by December 2012 100% by March 2013
5	To reduce the proportion of patient complaints received relating to attitude of staff, putting measures in place to identify good practice and highlighting training needs.	Complaints received relating to attitude of staff account for a significant proportion of complaints received (26% of complaints received October 2011 – January 2012).	Review themes from complaints and agree actions. Implement actions and report on current numbers and % of complaints.

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

Case study - Social Activity Volunteers

NTW Foundation Trust values the time, goodwill and enthusiasm offered by volunteers who enrich and personalise the patient experience and complement the work of our healthcare professionals.

In response to identified need, we have recently increased the involvement of volunteers to assist with social activities in some of our in-patient Wards. We currently have thirty five new volunteers engaged in these areas and are planning to recruit more.

Social and recreational activity plays an important role in developing and maintaining good health. In a ward setting, social stimulation can offer distraction and relief and can often contribute to the rebuilding of confidence and self-esteem. Volunteers are well placed to motivate and assist patients to engage in social activities by offering fresh ideas, a new perspective and by having the freedom to spend time with patients without the competing demands of paid staff. For instance, a volunteer can have the luxury of playing a game of scrabble with a patient all the way through without constant interruption.

In a group or through one to one engagement, volunteers can chat to patients, discuss newspaper articles, assist with arts and crafts, crosswords and quizzes, play board games, cards or pool, and weather permitting, help to pot a few plants in garden areas. The list is endless and is dependent upon the recipient's interests. Interaction is a two way process and we have one volunteer who is delighted to have been taught dominoes by an elderly day patient.

Some new paid social activity posts have been established in Urgent Care to whom volunteers will be able to offer support and assistance. We remain extremely appreciative of all of our volunteers for their immense contribution, dedication, energy and commitment.



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

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 2011/2012:

	Quality Priority 2011/2012	Rationale	Target by 31st March 2012	Progress
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.	To have implemented pilots of new models of service delivery and started to evaluate those pilots.	The pilot has commenced and the evaluation will be incorporated into a CQUIN target for 2012/13. ACHIEVED
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).	75% of adult and older peoples services.	During 2011/12 75.3% of service users in adult and older peoples services had been clustered within the correct timeframes. ACHIEVED
3	As part of the Trust care pathways and packages work: Increase the % of staff trained in the use of the clustering tool.	To improve the accuracy and coverage of mapping service users by need.	95%	97.3% of staff have been trained in the use of the clustering tool at the end of March 2012. ACHIEVED

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?

As a direct result of delivering the 2010/11 Quality Priorities (Goal Three) the Trust has developed an Initial Response Team.

Case Study: How the Initial Response Team (IRT) can really make a difference

“A call was received into the IRT at 12 noon. It was a self referral from a young man in a distressed state. He reported having a two week history of feeling low in mood with increased anxiety symptoms and he was having some thoughts of wanting to end his life. He stated that he had no plans to act on these thoughts and would be willing to work with services to address his current symptoms and needs.”

“I arrived at the gentleman’s home at 12:17. I provided a face to face triage appointment lasting approximately 30 minutes during which I assessed the gentleman’s immediate needs and risks. The gentleman had excellent support from his family and was willing to engage with the service. It was decided, to avoid any further deterioration in his mental health, to refer him to the universal crisis team. The relevant documentation was completed and he was seen by the crisis team later that evening. The gentleman has received a period of home based treatment, including a medical review, his symptoms have settled and his mood has greatly improved.”

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

Service Improvement and Developments throughout 2011/12

The below table highlights some of the service developments that the Trust has made:

South of Tyne Memory Protection Service	The aim of this new service is to provide information, support, early diagnosis and treatment for people with dementia across Sunderland, South Tyneside and Gateshead.
North of Tyne Psychiatric Intensive Care Unit (PICU)	All PICU services North of Tyne have been combined into one unit in Greentrees Ward at St Nicholas Hospital, Newcastle. This is to ensure that service users requiring access to PICU services can be managed safely and appropriately by a dedicated team of clinical staff who are experts in that field.
Ward 21 (North Tyneside)	There had been concerns raised for some time about the suitability of this ward due to its design and location. Action has been taken to address the issues and as a result the ward was moved to a temporary base at St Nicholas Hospital and in April 2012 the service moved to St Georges Park in Morpeth.
Sunderland / South Tyneside Older People Liaison	This service provides specialist assessment and management advice for mental health needs in older adults receiving general hospital care across Sunderland and South Tyneside.
North of Tyne Children and Young Peoples Services (CYPS)	The services provided by the Linhope and Aisling teams in Mid-Northumberland were combined into a single unit based at the Howard Centre in Morpeth to allow more coordinated working alongside other CYPS services.
South of Tyne Children and Young Peoples Services (CYPS)	In October 2011, NTW became responsible for providing Specialist Child and Adolescent Mental Health & Learning Disability services South of Tyne, which had previously been provided across a number of different organisations. The service provides holistic, accessible, family based interventions which are based upon principles of early intervention, participation and inclusivity.
Ferndene	This new centre, based in Prudhoe, provides inpatient services for children and young people requiring mental health care - including those with a learning disability. The 40 bed centre provides modern accommodation and also includes a four bedded psychiatric intensive care unit which will care for young people who previously would have been referred outside of the area.
Complex Neurodevelopmental Disorders Service (CNDS)	This is a new service which provides a range of assessment and intervention services to children and young people from birth to their eighteenth birthday with complex neurodevelopmental disorders.

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

NTW Equality Strategy 2012-2016

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

The principles of our strategy are as follows:

- Support and respect for everyone's Human Rights as a fundamental basis for our work with people
- Identifying and removing barriers that prevent people we serve from being treated equally
- Treating all people as individuals respecting and valuing with their own experiences and needs
- Finding creative, sustainable ways of supporting Human Rights improving equality and increasing diversity
- Working with the people who use our services and staff towards achieving equality
- Learning from what we do - both from what we do well and from where we can improve
- Using everyday language in our work
- Working together to tackle barriers to equality across our organisations

Our equality objectives have been published on our website and can be found at the following link:

<http://www.ntw.nhs.uk/section.php?l=1&p=217>

Looking Forward: What are our quality priorities in 2012/2013 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Enhancing the Quality of care in inpatient units and developing fit for purpose community teams.	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development of more responsive community teams and access model.	Consultation on redesigned pathways of care. Consider responses from consultation process and implement proposals.

The NTW approach to National Institute for Health and Clinical Excellence (NICE) guidance

The National Institute for Health and Clinical Excellence (NICE) recommends best practice guidelines to health professionals in the NHS. The guidelines make recommendation on medical treatment including drug treatments.

Our Transforming Services work is based upon a service model review which included relevant NICE guidance. Further developments to our electronic patient record (RiO) will mean that care packages and pathways for Service Users are built into the system and this is also based on NICE guidance. During 2012/13 the Trust is undertaking an internal review of how we are doing against all NICE guidance that is applicable to our services including the NICE Quality Standard on Dementia.

Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2011/2012 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 273 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 273 of these NHS services.

The income generated by the NHS services reviewed in 2011/2012 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 2011/2012.

Participation in clinical audits

During 2011/2012, 5 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 Trust was eligible to participate in during 2011/2012 are as follows:

National Clinical Audits 2011/2012
1. National audit of Schizophrenia
2. Prescribing anti-psychotics for people with dementia
3. Assessment of the side effects of depot anti-psychotics
4. Monitoring of patients prescribed lithium
5. Use of anti-psychotic medication in CAMHS
National Confidential Enquiries 2011/2012
1. National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

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 2011/2012, 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.

Mandatory statements relating to the quality of NHS services provided

National Clinical Audits 2011/2012	Cases Submitted	Cases Required	%
1. National audit of Schizophrenia	76 cases enrolled by the Trust	80 cases required per participating Trust	95%
2. Prescribing anti-psychotics for people with dementia	91 cases enrolled by the Trust	10,199 cases enrolled nationally	<1%
3. Assessment of the side effects of depot anti-psychotics	47 cases enrolled by the Trust	6,105 cases enrolled nationally	<1%
4. Monitoring of patients prescribed lithium	28 cases enrolled by the Trust	5,683 cases enrolled nationally	<1%
5. Use of anti-psychotic medication in CAMHS	46 cases enrolled by the Trust	1,628 cases enrolled nationally	2.8%
National Confidential Enquiries 2011/2012			
1. National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH) (this is an on-going study and data is from 01/01/2005 – 31/05/201)	Suicide – 202 cases applicable Homicide – 34 cases applicable	98.73% of applicable cases submitted 202 required – 199 returned 34 required – 34 returned	98.73%

The reports of 5 national clinical audits were reviewed by the provider in 2011/2012, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Monitoring patients prescribed Lithium	All of these reports were reviewed by the Trusts Medicines Management Committee and appropriate actions taken from the audit recommendations.
Medicines reconciliation	
The use of anti-psychotics in people with Learning Disabilities	
The use of anti-psychotics in children	
The use of anti-psychotics in people with dementia	

The reports of 4 local clinical audits were reviewed by the provider in 2011/2012 and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Management Group	Actions
1. Seclusion Audit (Ind. 846).	Trust wide	New Policy in development as a result of audit.
2. Audit of diagnostic formulations within the Electronic record (Rio) (Ind. 884).	Urgent Care	Actions identified and implementation reviewed through Group meetings.
3. Face Risk Assessment Audit- Inpatient (Ind. 894).	Urgent Care	Actions identified and implementation reviewed through Group meetings.
4. Standards of medical recommendation on section papers (Ind. 899).	Urgent/Planned	Actions identified and implementation reviewed through Group meetings.

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 766.

Increased 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. This means involvement in large-scale NIHR Portfolio research which aims to influence practice and deliver real benefits to patients.

The Trust was therefore involved in the conduct of 64 clinical research studies in mental health related topics during 2011/2012, 31 of which were large-scale nationally funded NIHR Portfolio studies.

Staff participation in research increased considerably in 2011/2012 and there were 22 clinical staff participating in ethics committee approved research employed by the Trust.

In addition we have retained a strong collaborative focus with the Trust continuing to act as Host organisation for the two relevant north east based NIHR Clinical Research Networks (Mental Health Research Network and Dementias and Neurodegenerative Diseases Research Network) and also working closely with Northumberland Tyne and Wear Comprehensive Local Research Network (NTW CLRN), while partnerships with both Newcastle and Northumbria Universities have led to successful collaborative bids for research funding.

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 report 'High Quality Care for All'.

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

A proportion of Northumberland, Tyne and Wear NHS Foundation Trust income in 2011/2012 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 2011/12, £3.5m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators. At the time of writing this Quality Report all indicators were achieved with the exception of HONOSCA (South of Tyne Quarter 2 only) and IAPT (North of Tyne Quarter 4 only) which equates to a value of £24k.

Further details of the agreed goals for 2011/2012 and for the following 12 month period are available electronically at

<http://www.institute.nhs.uk/images/documents/wcc/PCT%20portal/CQUIN%201112/North%20East%202011-12/Northumberland%20Tyne%20and%20Wear.pdf>



Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators

A summary of the agreed CQUIN indicators for 2011/2012 and 2012/13 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2011/12	2012/13
Reduction of inappropriate anti-psychotic prescribing.	✓	✓
NHS Safety Thermometer.		✓
Enhancing the quality of communication between NTW and the service users' GP.		✓
To implement the use of a specialised services clinical dashboard.		✓

CQUIN Indicators to improve Patient Experience	2011/12	2012/13
Patient experience to be evaluated through formalised commissioner visits.	✓	
Reduce waiting times from referral to actual treatment for service users accessing Primary and Secondary mental health services treatment.	✓	✓
Out of Area placements.		✓
To build on the findings of the Carers 2010/11 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 defines meaningful activity plans (covering 25 hours per week) within Forensic Services.	✓	
To ensure access to appropriate communication aids in a timely manner.	✓	
To improve access to appropriate environmental control service (ECS).	✓	
To introduce and implement a recovery and outcomes based approach to the care pathway.		✓
To improve access to specialised mental health services.		✓

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators to improve Clinical Effectiveness	2011/12	2012/13
Staff receive training in relation to Autistic Spectrum Conditions (ASC) to ensure that people with ASC are able to access a wider range of clinical services.	✓	
To improve access to services and improve the responsiveness for adults in crisis.	✓	
To utilise the Recover Star data to demonstrate improved outcome scores for service users over time.	✓	✓
Implementation of internal service development programme – South of Tyne.	✓	✓
End of Life Integrated Care Pathway and associated care planning.	✓	
To further increase the percentage of adults and children with Learning Disabilities with an active, up to date, physical healthcare plan in place.	✓	
To increase the percentage of people with mental health illness who receive appropriate physical health care.		✓
Care Pathways and Packages Project (CPPP) – to be paid in line with the achievement of milestones in the service development plan.		✓
Dual Diagnosis.		✓
Children and Young Peoples services.		✓
Implement and analyse the use of standardised outcome measures for Children and Young Peoples services.	✓	
Improving the quality of the pathway through Forensic Services.	✓	
Improving recovery planning in Forensic Services.	✓	
To implement the secure forensic care pathway feasibility project.		✓
To implement a secure pathway.		✓
To develop a Clinical Quality Network.		✓
To optimise length of stay in specialised mental health 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 without conditions and therefore licensed to provide services. The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2011/2012. 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.

CQC Quality & Risk Profile

The Quality & 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 any areas of lower than average performance and take action to address them where necessary.

The latest QRP identifies the Trust as being a low risk of non-compliance 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

Statements from the Care Quality Commission (CQC)

During 2011/12, the Care Quality Commission visited the following locations as part of their review of compliance with Essential Standards of Quality and Safety:

- Monkwearmouth Hospital
- Northgate Hospital
- Grange Park Social and Residential Home
- Ferndene
- Cherry Knowle Hospital
- South Tyneside District General Hospital
- Rose Lodge
- St Nicholas Hospital

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

Mandatory statements relating to the quality of NHS services provided

External Accreditations

The Trust has gained national accreditation for the quality of service it provides in many wards and teams. The table below provides a summary of our clinical accreditations.

External Accreditation	No. of Wards/Services Accredited
Accreditation for Inpatient Mental Health Services (AIMS)	12 (7 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) – Older Peoples	3 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - PICU	4 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) – Rehabilitation	2 (1 with excellence)
ECT Accreditation Service	2 (2 with excellence)
Psychiatric Liaison Accreditation Service	1
Memory Service National Accreditation Programme	1 (1 with excellence)
Quality Network for Perinatal Mental Health Services	1

Data Quality

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

Planned actions:	
Dashboard Information	We will further embed the use of the Dashboard reporting system and implement a systematic training programme relating to data quality and performance management across the organisation.
RIO documentation	We will consolidate the way that information is recorded on RIO to be a more streamlined process.
Awareness of data quality	We will continue to implement the Audit Commission's Standards for Data Quality to increase awareness of the importance of data quality.
Clinical Standards for Record Keeping	We will continue to implement the Clinical Standards for record keeping, measuring staff adherence to the requirements.

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2012/13 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

Mandatory statements relating to the quality of NHS services provided

Case Study: North East Quality Observatory (NEQOS) Benchmarking of 2010/11 Quality Account

During 2011 NTW commissioned NEQOS to undertake a benchmarking exercise against other NHS Mental Health Trusts Quality Accounts. It compared NTW's Quality Account 2010/11 with those of 58 other Mental Health organisations looking at all 77 indicators in the NTW account.

A summary of the top 12 indicators (including the 3 mandatory indicators for all Foundation Trusts) has been provided in the following table:

	Top 12 Indicators reported in 2010/11 Quality Account Benchmarking Exercise	Target	Average	NTW
1	National Clinical Audit participation	100%	88%	100%
2	National Confidential Enquiry participation	100%	99%	100%
3	% admissions to adult urgent care wards gatekept by CRHT (mandatory)	90%	96.06%	96.40%
4	% inpatients receiving follow up contact within 7 days of discharge (mandatory)	95%	97.10%	96.60%
5	% inpatients classed as delayed transfers of care (mandatory)	<75%	3.76%	4.60%
6	MHMDS data completeness (1)	99%	98.50%	99.50%
7	CPA formal review within 12 months	95%	93.90%	95%
8	Serving new psychosis cases by early intervention teams	95% (against plan)	126.20%	133.20%
9	MHMDS data completeness (2)	50%	72.90%	76.30%
10	Access to healthcare for people with a learning disability	24%	23.50%	24.00%
11	Proportion of patients on CPA who have had a HoNOS assessment within the last 12 months	50%	78.70%	81.80%
12	Proportion of LD service users with care plan in place	n/a	92%	100%

The benchmarking data provides a good level of positive assurance as it demonstrated that NTW was at or above target in all 12 indicators and higher than the cohort average in 10 of the 12 indicators. The report highlighted that NTW included 77 indicators in its overall Quality Account which was the highest number within the set compared.

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 2011/2012 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;
- 99.8% for outpatient care.

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

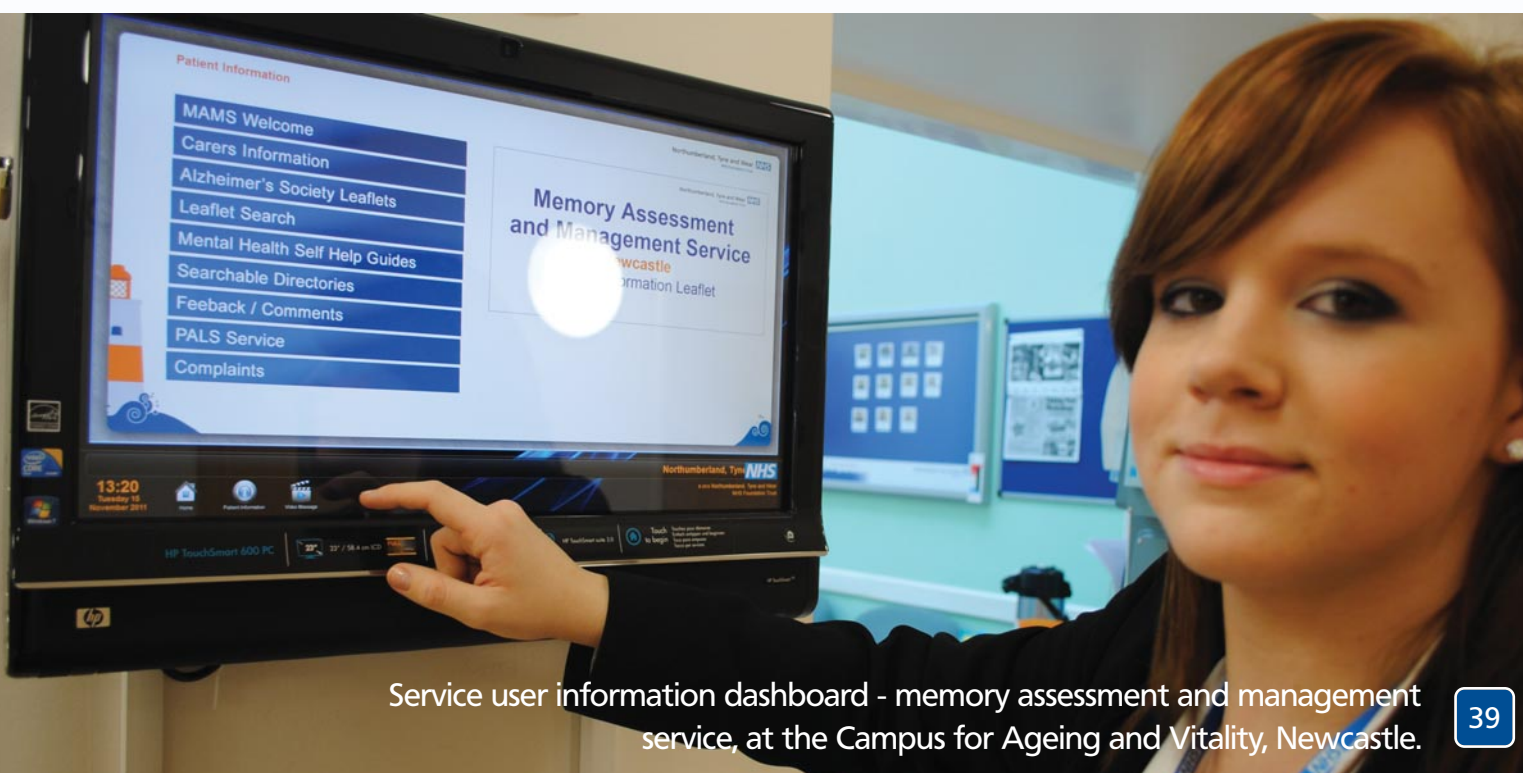
- 100% for admitted patient care;
- 100% for outpatient care.

Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Report overall score for 2011/2012 was 69% and was graded red (not satisfactory). NTW was level 2 compliant on 44 out of 45 controls. At the 31st May 2012 the Trust was fully compliant with all 45 controls and therefore green and satisfactory rating is expected for next published assessment.

Clinical Coding error rate

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



Service user information dashboard - memory assessment and management service, at the Campus for Ageing and Vitality, Newcastle.

Review of Quality Performance - Patient Safety

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

We will report separately on each of the quality domains (safety, patient experience and clinical effectiveness). Some of the indicators from our 2010/11 report are no longer included and we have added one new indicator in the clinical effectiveness section as we feel this gives a more appropriate balance of our performance measures.

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

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Infection prevention & control – number of MRSA bacteraemia	Reducing healthcare infections is a key national priority. Data source: manual	0 infections (also 0 in 2010/11)
Infection prevention & control – number of Clostridium Difficile cases	Reducing healthcare infections is a key national priority. Data source: manual	0 infections (2 in 2010/11)
Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority. Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2011/12 (also none in 2010/11).
Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement. Data source: RiO	As at the end of March 2012, 99.3% of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95%.
2011 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 2011	The 2011 staff survey showed that: <ul style="list-style-type: none"> • 19% of staff had experienced physical violence from patients, service users or the public in the last 12 months – this score is higher than average for other similar Trusts (19% in 2010). • 20% of staff had experienced harassment, bullying or abuse from patients, service users or the public in the last 12 months (18% in 2010). • Staff were asked if they felt the Trust takes effective action if they are attacked, bullied or harassed – the score for this question was higher than the average for other similar Trusts. (the survey is available via the following link http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts)

Review of Quality Performance - Patient Experience

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Use of HCR20 (Violence Risk Assessment Scheme) by adult medium and low secure inpatient services	<p>Locally agreed CQUIN indicator in 2011/12 – the use of this tool leads to better assessment of risk, leading to safer clinical environments and safer rehabilitation and discharge processes.</p> <p>Data source: manual</p>	<p>At the end of March 2012, 100% of locally commissioned forensic inpatients had an HCR20 risk assessment within 6 months.</p> <p>(100% also achieved by the end of March 2010/11)</p>
Safeguarding Awareness Training	<p>The Safeguarding Adults and Safeguarding Children courses are essential training for all staff and must be completed every three years.</p> <p>Data source: ESR</p>	<p>By the end of March 2012:</p> <p>The number of staff trained in Safeguarding Adults – 94.2%</p> <p>The number of staff trained in Safeguarding Children – 96%</p> <p>(2010/11 – Safeguarding Adults 94% and Safeguarding Children 98%)</p>
Delayed transfers of care	<p>Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge.</p> <p>Data source: RiO</p>	<p>At 31st March 2012, 3.4% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed (4.6% in 2010/11).</p>
The development and implementation of a new carers satisfaction survey	<p>Locally agreed CQUIN indicator in 2011/12 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.</p> <p>Data source: manual</p>	<p>During 2011/12 an action plan was developed from points raised from the Carers' survey and the plan has been carried out throughout the year.</p>
Commissioner visits to services	<p>Locally agreed CQUIN indicator in 2011/12 to measure patient experience with visits to services providing an opportunity to discuss with service users the care that they are receiving.</p>	<p>During 2011/12 commissioners' have visited 10 different locations across the Trust</p>
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.	<p>Locally agreed CQUIN indicator in 2011/12 to reduce waiting times</p> <p>Data source: RiO</p>	<p>March 2011: Primary care 66% Secondary care 83%</p> <p>March 2012: Primary care 88% Secondary care 100%</p>

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Comments left via the Trust or other websites	Reviewing comments left on websites about the quality of our services by patients and the public is valuable feedback.	<p>'I would like to thank all of the staff at Bede 1 and Bede 3 for all their care and attention that my son has had since his admission many months ago. He was quite poorly when he came in and I was concerned because his illness seemed to last a long time but with the staff's care and expertise you have all made him much better.'</p> <p>'The Crisis Team were excellent and did everything they could. I just want to say thank you. You've really been an excellent service and helped me on my road to recovery. Keep up the good work!'</p>

Case Study – The Model Teams Project

In September 2010 the Model Teams project was introduced, using tools and techniques from both Productive Mental Health Ward and lean thinking. The aim of the project was to use Rapid Process Improvement Workshops to work with teams to develop model processes which could then be shared with other teams. One of the wards that has been involved in this project is Collingwood Court which is an adult urgent care ward based at St Nicholas Hospital. The ward has been working on several processes over the past 18 months and below is a summary of some of the changes introduced:

Daily reviews - instead of having weekly ward rounds, every patients care is reviewed daily by a multi-disciplinary team which means that decisions can be made quickly, responding to patients' changing needs. These reviews are now in place in all adult urgent care wards and are also starting to be implemented in other services such as Learning Disabilities and Older Peoples services.

Qualified Nurse 1:1 sessions - we have devised a process to ensure that these sessions are structured, recovery focused and recorded accurately. We have developed packs for patients which includes leaflets to help them understand what to expect from a 1:1 session. We used visual means of recording the sessions to allow staff to see at a glance whether they were achieving the target of a minimum of 2 sessions per week per patient.. The staff are now achieving 2 sessions per week in 71% of cases compared to 28% before the new system was introduced.

Patient status at a glance board - the team have been working on these boards which display information 'at a glance' and reduce the time spent looking for information. These have proved to be really successful and we are currently ordering the boards for all adult urgent care wards however many other areas are also interested in using them.

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)												
CRHT Gate kept Admissions	<p>Both Monitor and CQC require us to demonstrate that certain in-patients have been assessed by a CHRT prior to admission.</p> <p>Data source: RiO</p>	<p>A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions.</p> <p>During 2011/12, 99.6% of the North East PCT admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 90%.</p> <p>In 2010/11 the performance was 96.4%.</p>												
7 Day Follow Up contacts	<p>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.</p> <p>Data source: RiO</p>	<p>During 2010/11, 1,702 service users (96.6%) were followed up within seven days of discharge.</p> <p>In 2011/12, 1,941 service users (97.3% of those discharged from inpatient care in the year) were followed up within seven days of discharge.</p> <p>Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows:</p> <table border="0"> <tr> <td>Gateshead PCT:</td> <td>100%</td> </tr> <tr> <td>Newcastle PCT:</td> <td>99.4%</td> </tr> <tr> <td>North Tyneside PCT:</td> <td>100%</td> </tr> <tr> <td>Northumberland Care Trust:</td> <td>99.3%</td> </tr> <tr> <td>South Tyneside PCT:</td> <td>99.2%</td> </tr> <tr> <td>Sunderland PCT:</td> <td>100%</td> </tr> </table>	Gateshead PCT:	100%	Newcastle PCT:	99.4%	North Tyneside PCT:	100%	Northumberland Care Trust:	99.3%	South Tyneside PCT:	99.2%	Sunderland PCT:	100%
Gateshead PCT:	100%													
Newcastle PCT:	99.4%													
North Tyneside PCT:	100%													
Northumberland Care Trust:	99.3%													
South Tyneside PCT:	99.2%													
Sunderland PCT:	100%													
7 Day Follow Up contacts conducted face to face	<p>'Face to face' follow ups give a better quality of service and improved outcomes for service users.</p> <p>Data source: RiO</p>	<p>By the end of March 2012 95.5% of seven day contacts were conducted face to face.</p> <p>During 2010/11 this figure was 98.7%.</p>												
Emergency re-admission rates	<p>Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services.</p> <p>Data source: RiO</p>	<p>During 2010/11 226 (7.5% of mental health inpatients) were readmitted within 28 days of discharge and 407 (13.6%) of learning disability patients were readmitted within 90 days of discharge.</p> <p>In 2011/12, 239 (7.7%) of mental health inpatients were readmitted within 28 days and 451 (14.5%) of learning disability patients were readmitted within 90 days of discharge.</p>												

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)
Patient outcomes – numbers of patients in settled accommodation	CQC and Monitor require us to calculate how many of our service users are in settled accommodation. Data source: RiO	Last year, at the end of March 2011, 72% of adult service users were recorded as living in settled accommodation. By the end of March 2012, the number of service users recorded as living in settled accommodation had increased to 80.1%.
Increase percentage of people with Learning Disabilities for inpatient service who have an active, up to date physical health care plan in place	This CQUIN expands the 2010/11 CQUIN to ensure the physical health needs of LD patients are met which focused on LD inpatients and did not include LD adult community patients. Data source: RiO and manual collection	By the end of March 2011, the number of service users with Learning Disability recorded as having a physical healthcare plan reviewed within 6 months was 100%. By the end of March 2012 - 93.1% of relevant service users in Newcastle (CQUIN target 90%) and 87.1% in Sunderland (CQUIN target 85%).
End of Life Integrated Care Pathway be implemented	CQUIN target - To support system-wide implementation of the integrated end of life pathway, to improve the quality of end-of-life care. Data source: manual	During 2011/12 a project group was formed and they agreed an action plan for development of advanced care plan practice including recording and reporting of % advanced care plans in place at per team level. The milestones in the action plan have been rolled out as agreed.
The implementation of the Recovery Star (a recovery focussed outcome tool)	CQUIN target – To increase the number of service users with a recovery focussed outcome plan. Data source: manual	During 2011/12 the rollout of the Recovery Star has been successful. Reports have been completed for the three agreed areas (Stepped Care, Urgent Care Inpatients and some specific areas of community Planned Care).

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2011/2012 (2010/11)																
<p>To ensure all clinical staff receive training in relation to Autistic Spectrum Conditions</p>	<p>Locally agreed CQUIN indicator for 2011/12 to ensure that people with Autistic Spectrum Conditions are able to access a wider range of clinical services. Data source: ESR</p>	<p>The Target of training 1500 clinical staff, using a recognised e-learning tool, by the end of 2011/12 was exceeded.</p>																
<p>Staff Survey results 2011</p>	<p>The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution. Data source: NHS Staff Survey 2011</p>	<p>The 2011 staff survey showed that 88% of staff agreed that their role makes a difference to patients (91% in 2010/11). 71% of staff felt satisfied with the quality of work and patient care they are able to deliver (77% in 2010/11).</p> <p>Targeted work is in progress during 2012/13 to identify ways to improve staff satisfaction which will hopefully be reflected within the 2012 survey. (the survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts)</p>																
<p>Staff absence through sickness</p>	<p>High levels of staff sickness impact in patient care: therefore the Trust monitors sickness absence levels carefully. Data source: ESR</p>	<p>The 12 month rolling average staff sickness absence figures have increased when compared to 2011 but remain lower than 2010 figures:</p> <table border="1" data-bbox="762 1534 1426 1796"> <thead> <tr> <th></th> <th>Short term sickness</th> <th>Long term sickness</th> <th>Total average sickness</th> </tr> </thead> <tbody> <tr> <td>31st March 2010</td> <td>2.23%</td> <td>4.01%</td> <td>6.24%</td> </tr> <tr> <td>31st March 2011</td> <td>1.76%</td> <td>3.75%</td> <td>5.51%</td> </tr> <tr> <td>31st March 2012</td> <td>1.57%</td> <td>4.19%</td> <td>5.76%</td> </tr> </tbody> </table> <p>The Trust continually monitors these levels and aims to reduce sickness absence through the application of the Managing Sickness Absence Policy.</p>		Short term sickness	Long term sickness	Total average sickness	31st March 2010	2.23%	4.01%	6.24%	31st March 2011	1.76%	3.75%	5.51%	31st March 2012	1.57%	4.19%	5.76%
	Short term sickness	Long term sickness	Total average sickness															
31st March 2010	2.23%	4.01%	6.24%															
31st March 2011	1.76%	3.75%	5.51%															
31st March 2012	1.57%	4.19%	5.76%															

Review of Quality Performance

Proposed new mandatory indicators (pilot year)

The National Quality Board, which has steered the policy underpinning Quality Accounts since their introduction, has recently considered how to foster readers' understanding of comparative performance whilst maintaining local ownership. They have subsequently recommended the introduction of mandatory reporting against a small, core set of quality indicators based upon the NHS Outcomes Framework. Ministers have accepted this advice and are likely to introduce this new requirement by amending the Quality Accounts regulations for the 2012/13 reporting period.

More information on the NHS Outcomes Framework can be found at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf

NTW has decided to be proactive and to report against the proposed core set of quality indicators for 2011/12. Below are the three indicators which relate to Mental Health and Disability organisations and our performance:

NHS Outcomes Framework Domain	Indicator	2011/12 performance
Domain 3: Helping people to recover from episodes of ill health or following injury.	Emergency readmissions to hospital within 28 days of discharge.	7.7% patients were readmitted within 28 days of discharge during 2011/12.
Domain 4: Ensuring that people have a positive experience of care.	Percentage of staff who would recommend the provider to friends or family needing care (NHS Staff Survey).	NTW 2011 score 3.46 out of 5. National average 2011 score 3.42 out of 5.
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.	Rate of patient safety incidents and percentage resulting in severe harm or death (NPSA data).	Rate of patient safety incidents per 1000 bed days = 23.93. The proportion of patient safety incidents that resulted in severe harm or death = 0.13.

In the Quality Accounts for 2012/13 these indicators will be accompanied by a supporting commentary and a comparison against the national average for each metric. The commentary will aim to explain variation from the national average and any steps taken or planned to improve quality.

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

We have invited our partners from all localities covered by Trust Services to comment on our Quality Account. It has been agreed that responses from partners in Newcastle 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 comments last year and we have tried, wherever possible, to incorporate these suggestions into the 2011/12 Quality Account.

More information split by locality was requested so that partners could understand performance in their own areas. We have tried to split our information by area wherever possible in response to this suggestion.

We are continuing to work on our Quality Priorities relating to patient meals and patient activities which were highlighted as important areas by our partners. We have also included a case study regarding our social activity volunteers to demonstrate the work undertaken so far in improving this area.

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

The Glossary of terms, which was welcomed by partners in our 2010 /11 Quality Account, has been expanded to include more definitions.

In response to concerns about font sizes we have ensured that no small font sizes are used where possible.

An Easy Read version of the Quality Account has been produced and will be published at the same time as the main Quality Account document.

Comments made this year:

The Trust has also acted upon the comments made this year in it's final published account.

Statement from NHS North of Tyne

The report provides a fair account of the healthcare services provided and the performance achieved during 2011/12.

Key achievements are highlighted in the report, including:

- Reduction of incidents of harm to patients.
- Delivery of Cquin targets, including:
 - improving the physical health of people with Learning Disability;
 - improving support for carers;
 - enhancing autism awareness across the Trust;
- Progressing the Trust Transformation Agenda to:
 - improve the way the Trust relates to patients and carers, and
 - ensure the right services are in the right place at the right time for the right person.

NTW have been a very effective local and national catalyst to developing and driving forward the Care Pathways and Packages Project. The Trust has helped to bring partners together across Tyne and Wear to implement a new, national approach to planning and delivering patient care.

Commissioners look forward to continuing to working with NTW during 2012/13 to deliver their quality goals, including safety, improved patient experience and clinical effectiveness. Other core work will include the continued development and implementation of clinical pathways and tariff through the Care Packages and Pathways Project, and delivery of Cquin targets, which include:

- improving the physical health of people with LD and Mental health conditions,
- communication with GP's across a range of indicators,
- reduction in waiting times

Phil Clow

Associate Director Commissioning, NHS North of Tyne

Statement from Newcastle Local Improvement Network (LINK)

Newcastle LINK considered NTW's Quality Account bearing in mind:

- Newcastle LINK's response to NTW's 2010/2011 Quality Account
- NTW's progress on last year's priorities
- NTW's priorities for 2012/2013
- Newcastle LINK's reports from 2011/2012

General Comments

Accessibility of draft Quality Accounts

Last year Newcastle LINK suggested that NTW consider what draft formats were released during the consultation period to ensure the draft Quality Account was accessible. This year Newcastle LINK received colour copies in both standard and large print. This was welcomed.

NHS changes

Last year Newcastle LINK suggested that NTW make reference to changes in health and social care and how this could affect quality of services. Newcastle LINK welcomes the incorporation of case studies around the Transformation Agenda and hopes that these will be informative. Newcastle LINK recommends that the first case study explains what it being done practically to implement their principles into new services.

NTW's progress on last year's priorities

Patient safety (Quality Goal One)

It is a shame to see that despite achieving priorities one and four, there has been an increase in the number of incidents reported. The way the data is presented on this table needs to be improved as, at the moment, it is not obviously clear if there has been an improvement or not.

Patient Experience (Quality Goal Two)

Newcastle LINK would welcome more information about Quality Priority two to help show that it has been achieved. If there is greater service user collaboration in assessment and care planning there should be some evidence from users which shows this happening.

Clinical Effectiveness (Quality Goal Three)

Newcastle LINK would question whether priority one has been achieved. An evaluation of the pilot is needed to see if there has been improvement in access to services for Adults in Crisis.

Newcastle LINK is pleased to see that NTW has continued its work on Equality and Diversity. 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.

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. Newcastle LINK would welcome more details on how the equality principles will be implemented in practice.

Statement from Newcastle Local Improvement Network (LINK)

NTW's priorities for 2012/2013

Newcastle LINK makes the following comments about the 2012/13 priorities.

Patient safety (Quality Goal One)

Newcastle LINK is pleased to see that priorities two to five have been carried over from last year as these may help reduce the number of incidents this year. Newcastle LINK also welcomes priorities four to six as issues around communication and transition between services were highlighted in the Newcastle LINK's report 'People's experiences of mental health services.'

Patient experience (Quality Goal Two)

Newcastle LINK is pleased to see that NTW is carrying forward priority one as Newcastle LINK's report, 'People's experiences of mental health services' found that service users felt there was a lack of activities in in-patient services.

Newcastle LINK supports reducing the number of complaints about the attitude of staff. NTW notes that some of their complaints are about transfers between services. Newcastle LINK suggests that priority five includes reducing complaints around transfers between services as Newcastle LINK's report, 'People's experiences of mental health services' noted this as an issue.

Finally, the table containing NTW's data from the National CQC Patient Experience survey appears to show that there has been no improvement. If this is not the case NTW should reconsider how to display that data.

Clinical Effectiveness (Quality Goal Three)

Newcastle LINK supports NTW's suggestion to enhance quality of care in inpatient units and developing fit for purpose community teams. Last year Newcastle LINK suggested that some people may not have equality of access to specialist services. This should be considered.

Statement from Newcastle Overview and Scrutiny Committee

Newcastle Overview and Scrutiny Committee have confirmed that they do not wish to comment on providers Quality Accounts in 2011/12.



Richardson Eating Disorder Service, Newcastle.



NTW Exercise Therapy Team, Gateshead.

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2011-12			Q1	Q2	Q3	Q4
			Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
Finance			5	5	5	4
Governance			Amber/	Amber/	Green	Green
			Red	Red		
Targets - National requirements	Threshold	Weighting				
Referral to treatment waiting times – non-admitted (95th percentile)	18.3 weeks	1	170	16.4	16.4	14.1
Monitor Compliance Framework/Risk Ratings 2011-12						
Mental health indicators	Threshold	Weighting				
Care Programme Approach (CPA) patients comprising either:						
- receiving follow up contact within 7 days of discharge	95%	1.0	97.7%	96.9%	95.9%	98.2%
- having a formal review within 12 months			99.3%	99.4%	99.1%	99.0%
Minimising mental health delayed transfers of care	≤75%	1.0	3.1%	4.2%	2.9%	3.4%
Admissions to inpatient services had access to crisis resolution home treatment teams	90%	1.0	99.8%	100.0%	100.0%	100.0%
Meeting commitment to serve new psychosis cases by early intervention teams	95%	0.5	112.0%	149.6%	120.0%	113.5%
Data completeness: identifiers (6 Indicators)	99.0%	0.5	99.4%	99.6%	99.6%	99.7%
Data completeness: outcomes for patients on CPA (3 Indicators)	50%	0.5	66.4%	64.5%	52.0%	75.6%
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5				

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2011-12			Q1	Q2	Q3	Q4
Other	Threshold	Weighting				
Moderate CQC concerns regarding the safety of healthcare provision	N/A	2.0 (Compliance Action)	Yes	Yes	No	No
Major CQC concerns regarding the safety of healthcare provision	N/A	2.0	No	No	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	No	No	No	No
Registration conditions imposed by Care Quality Commission			No Conditions	No Conditions	No Conditions	No Conditions
Restrictive registration conditions imposed by Care Quality Commission			No Conditions	No Conditions	No Conditions	No Conditions



Appendix 2: NHS Performance Framework

NHS Performance Framework (Application to Mental Health Trusts)					Q1	Q2	Q3	Q4
Performance Indicator	Data Source	Data Frequency	Performing	Under Performing	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
1. Proportion of adults on CPA receiving secondary mental health services in settled accommodation	MHMDS	Quarterly	60%	40%	71.4%	71.4%	76%	80.1%
2. Proportion of adults on CPA receiving secondary mental health services in employment	MHMDS	Quarterly	10%	5%	71%	72%	71%	72%
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%	90%	97.7%	96.9%	95.9%	98.4%
4. The proportion of patients on CPA who have had an HONOS assessment in the last 12 months	MH Comm. Team Activity Return	Quarterly	90%	75%	72.6%	73.2%	81.8%	83.1%
5. The proportion of users on CPA who have had a review in the last 12 months	MHMDS	Quarterly	95%	90%	99.3%	99.4%	99.1%	99%
6. Proportion of patients who recorded incidents of physical assault to them (1)	Count me in census	Will be Quarterly from MHMDS	Actual number recorded, not scored		291	256	254	193
7. The number of episodes of absence without leave (AWOL) for the number of patients detained under the Mental Health Act 1983 (1)	MHMDS	Quarterly	Actual number recorded, not scored		38	100	109	99
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%	90%	112%	149.6%	120%	113.5%
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	95%	85%	99.8%	100%	100%	100%
10. The number of admissions to adult facilities of patients who are < 16 years of age	MHMDS from 11/12	Quarterly	0	1	0	0	0	0
11. Delayed transfers of care to be maintained at a minimal level	SITREPS KHO3	Quarterly	75%	10%	3.1%	4.2%	2.9%	3.4%
12. Data Quality on Ethnic Group	MHMDS	Quarterly	85%	75%	97.8%	96.2%	92.6%	90.9%
13. Data completeness - Identifiers:	MHMDS	Quarterly	97%	95%	99.4%	99.6%	99.6%	99.7%

Key to colours

Performing or exceeding target

Above threshold but below expected performance

Less than expected performance range

No target provided - numbers only



Appendix 3: CQC Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as of 31ST March 2012:

Service Types Provided at Each Location Note: each location is regulated to carry out the Treatment of Disease, Disorder or Injury, Assessment or Medical Treatment for persons detained under the Mental Health Act 1983 and Diagnostic and Screening Procedures	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)					●			
Northgate Hospital					●		●	
Palmer Community 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: CQC Registered locations and services

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

Registered Home / Service	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	●				●			
Basra	●				●			
Burnaby House	●				●			
Denewell Avenue	●				●			
Easterfield Court	●				●			
Elsdon Mews	●				●			
Flax Cottages	●				●			
Grange Park Avenue	●				●			
Hirst Villas	●				●			
Haig Road	●				●			
Harwood House	●				●			
Lyndhurst Grove	●				●			
McNulty Court	●				●			
Newgate Street	●				●			
Northgate Hospital				●			●	●
Prudhoe House	●				●			
Roseate House	●				●			
Roslin	●				●			
Shian	●				●			
Springdale	●				●			
Sixth Avenue	●				●			
St Albans Place	●				●			
Stonecroft	●				●			
Woodlands Cottage	●				●			
The Willows	●				●			
Woolington Court	●	●	●		●			

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

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 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 2011 to May 2012
 - Papers relating to Quality reported to the Board over the period April 2011 to May 2012
 - Feedback from the commissioners dated May 2012
 - Feedback from governors dated May 2012
 - Feedback from the LINKs dated May 2012
 - The Trusts complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, dated
 - The national patient survey 2011
 - The national staff survey 2011
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 23/05/12
 - CQC quality and risk profiles dated April 2012
- The Quality Report presents a balanced picture of the NHS Foundation Trusts performance over the period covered
- The performance information included 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](http://www.monitor-nhsft.gov.uk/annualreportingmanual)).

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

By order of the Board

30th May 2012

30th May 2012



Chairman

Chief Executive

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

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

I have been engaged by the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2012 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital (described in the Quality Report as '7 day follow-up contacts'); and
- Minimising delayed transfers of care (described in the Quality Report as 'Delayed transfers of care').

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

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 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 caused me to believe that:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- The Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's Detailed Guidance for External Assurance on Quality Reports 2011-12; and
- The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material aspects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

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

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

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

- Board minutes for the period April 2011 to April 2012;
- Papers relating to quality reported to the Board over the period April 2011 to April 2012;
- Feedback from the Lead Commissioner, NHS North of Tyne;
- Feedback from LINKs
- The Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, covering the period April 2011 to March 2012;
- The 2011 national patient survey
- The 2011 national staff survey
- Care Quality Commission quality and risk profiles dated April 2012;
- The Head of Internal Audit's annual opinion over the trust's control environment for the period April 2011 to March 2012; and
- Any other information included in our review

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

I am in compliance with the applicable independence and competency requirements of the Chartered Institute of Public Finance and Accountancy (CIPFA) Standard of Professional Practice and Ethics. My team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the board 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 2012, to enable the Board of Governors to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Board 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').

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

My limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents listed above under the respective responsibilities of the Directors and auditors. 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

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

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

The nature form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

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

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

Conclusion

Based on the results of my procedures, nothing has come to my attention that caused me to believe that, for the year ended 31 March 2012:

- The Quality Report is not prepared in all material respects in line with criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- The Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's Detailed Guidance for External Assurance on Quality Reports 2011-12; and
- The indicators in the Quality Report subject of limited assurance have not been reasonably stated in all material aspects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

Cameron Waddell

Officer of the Audit Commission
Nickalls House
Gateshead
NE11 9NH

30 May 2012



Appendix 6: Glossary of Terms

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


Appendix 6: Glossary of Terms

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

Appendix 6: Glossary of Terms

NICE	National Institute for Health and Clinical Excellence – a group who produce best practice guidance for clinicians.
NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research.
NPSA	National Patient Safety Agency.
NTW	Northumberland, Tyne and Wear NHS Foundation Trust.
Out of area placements	Service users who are cared for out of the North East area or service users from outside of the North East area being cared for in the North East.
Pathways of care	Service user journey through the Trust – may come into contact with many different services.
PCT	Primary Care Trust – a type of NHS Trust that commissions primary, community and secondary care from providers.
Points of You/How's it Going	NTW service user/carer feedback processes allowing us to evaluate the quality of services provided.
Productive Ward	The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.
QRP	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
RIO	Electronic patient record.
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.
SMART	Specific, Measurable, Achievable, Realistic, Timely – a way of setting objectives to make sure they are achievable.
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.
Transition	When a service user moves from one service to another i.e from an inpatient unit to being cared for by a community team at home





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

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

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

Printed copies can be obtained by contacting:

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