Northumberland, Tyne and Wear

NHS

NHS Foundation Trust

Quality Account
2012/2013

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Quality Report 2012 / 2013

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 2013 - celebrating excellence in service delivery.

Chief Executive's statement

Our Board of Directors are committed to developing services of the highest quality, which enable and empower our patients to reach their potential and live fulfilling lives.

We aim to provide services that are patient centred, are accessible and focused on recovery. We also aim to support our patients as close to their home as possible. We work closely with our patients, their carers and our partners in other agencies to deliver integrated care in the best place and at the best time.

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

Our Quality Account has been developed in partnership with our service users, carers, clinicians, managers, commissioners, and local authority health overview and scrutiny committees (OSCs).

Our commitment to quality

Providing high quality services is of paramount importance to us. We primarily measure this through the experiences of our patients and their carers and by the outcomes of our clinical interventions.

We gather data from a variety of sources to ensure that we truly understand these experiences and do our best to respond quickly and appropriately with all necessary improvements. This report focuses on providing meaningful information and data that we use to continually monitor and plan improvements to the quality of our services.

Our Quality Account for 2012/13 reports on the progress made against our three quality goals which are:

Patient Safety - Reduce incidents of harm to patients
Patient Experience - Improve the way we relate to patients and carers
Clinical Effectiveness - Ensure the right services are in the right place at the right time for the right person

The quality priorities reported have been measured using our internal assurance structures such as patient records, clinical audits and internal/external inspections. We have used information from participation in national NHS surveys and conversations with patients and carers to help us in writing our Quality Account for 2012/13.

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

Best wishes
Dr Gillian Fairfield
Chief Executive

Medical Director and Director of Nursing and Operations statement

This Quality Account includes information which demonstrates to our service users, carers, commissioners and the public that we provide Mental Health, Learning Disability and Neurological services that are among the best.

We constantly strive to improve our services. In the past year we have developed and launched a range of new services which have strengthened and improved quality. We have improved access to our urgent care services, implemented new memory protection and Children's and Young People's community services and we also continue to invest heavily in new inpatient environments. These efforts will roll into 2013/14 as we continue our on-going transformation programme.

We have set out in this Quality Account how well we have performed against local and national priorities including how well we progressed with those areas we highlighted as our improvement priorities for 2012/13.

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

Priorities for 2013/14

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

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

Best wishes

Dr Suresh Joseph
Medical Director

Gary O'Hare
Director of Nursing
& Operations

Quality Priorities

Introduction to our quality goals and priorities

In this section we will report our progress against our quality goals and 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 2012/2013, 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 2013/2014.

As in previous years, we remain committed to taking any Quality Priorities that are not fully achieved during 2012/13 forward to 2013/14 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;

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 incidents across the Trust.

Patient Experience

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

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

Clinical Effectiveness

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

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

The Trust is currently providing care for just over 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 2013, split by locality, with a comparison of the same figures from 2010/11 & 2011/12:

NTW Service Users by locality 2010/11, 2011/12 & 2012/13:
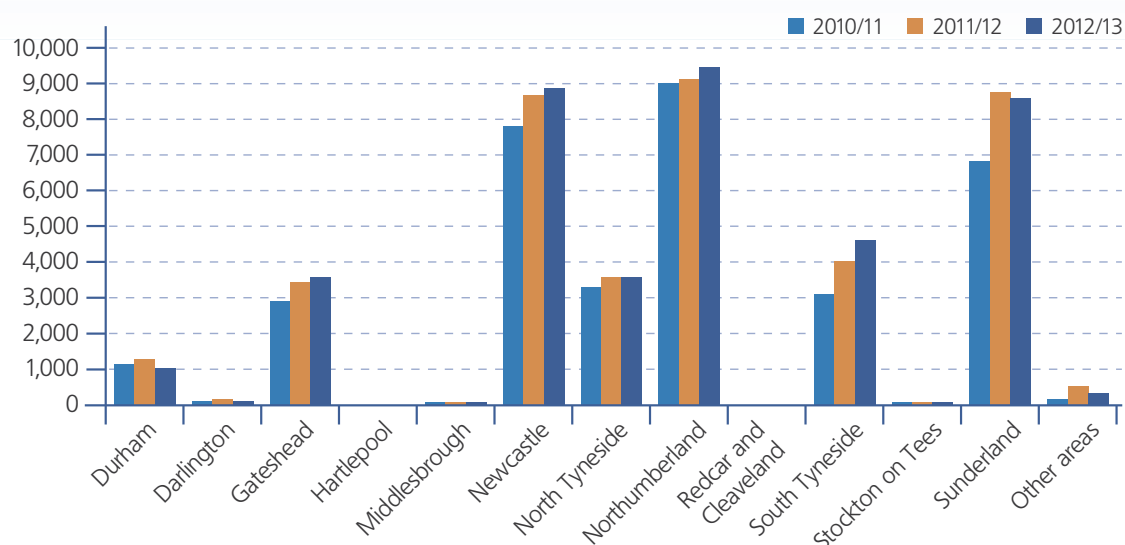
The chart shows that our Service User numbers have increased by 835 during 2012/13. Most locality areas have seen an increase in numbers of Service Users with the biggest increases being in South Tyneside, Newcastle and Northumberland.

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 2012/2013:

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
1	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.	The target for this priority area was to develop a bespoke Leave Management training module for our staff and plan to roll it out across the organisation.	The target for this priority has been achieved. We will continue to monitor the training roll-out throughout 2013/14 to ensure all relevant staff are included. **ACHIEVED**
2	Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months	Evidence through clinical audit and incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk.	95%	The target for this priority was not achieved although improvement was made throughout the year. CPA risk assessment = 78.2% CPA review = 68.5% Due to the development of care packages and pathways moving forward it will be more appropriate to monitor expected cluster review periods. This information will form part of a CQUIN for 2013/14 rather than a Quality Priority. **ONGOING**
3	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%	We were not able to demonstrate achievement of these targets during 2012/13 as there was not a consistent approach to the recording of this information. However this has now been rectified within our electronic patient information system (RiO) and these priorities will continue and extend to enable the sending of all documentation to GP's electronically during 2013. **ONGOING**
4	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%	

Quality Goal One: Reduce incidents of harm to patients

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
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 establish groups to look at specific points in the patient pathway: - Alignment – to look at how community teams are aligned to inpatient wards. - Effective MDT and flow management – to develop minimum standards around documentation on admission and handover. - Discharge – to develop standards around discharge meetings and care coordination arrangements. Guidelines for community and inpatient transitions of care to be developed. Pathway workshops to be held between inpatient and community team staff.	All milestones have been achieved for this priority for 2012/13 and this important piece of work will move forward to 2013/14 with new objectives to be achieved. **ACHIEVED**

Quality Goal One: Reduce incidents of harm to patients

How have the quality priorities in 2012/2013 helped progress towards this goal?

Over the four years reported in our Quality Accounts there has been an overall reduction in the number of Patient Safety Incidents which are categorised as 'Catastrophic' however the Patient Safety Incidents classed as 'Moderate' and 'Major' have increased and this area is being very closely monitored by the Trust.

The Trust is proud of its open reporting culture and encourages its staff to report all incidents through its internal reporting systems.

A total of 28,677* incidents were recorded and reported during 2012 /13, which is an increase from the previous year of 2,343 incidents. Those incidents are then split into two categories - Patient Safety Incidents and Non-Patient Safety Incidents:

*(figure as at 26th April 2013 - may be subject to change as additional data is reported/recorded)

Types of incidents reported:	2009/10	2010/11	2011/12	2012/13
Patient Safety Incidents	9,924	11,745	12,642	13,582
Non Patient Safety Incidents	11,426	12,347	13,692	15,095
Total incidents reported	21,350	24,092	26,334	28,677

The following graph shows all of the incidents which have been reported (patient safety incidents and non-patient safety incidents) split by locality:

Total Incident Activity by Locality:
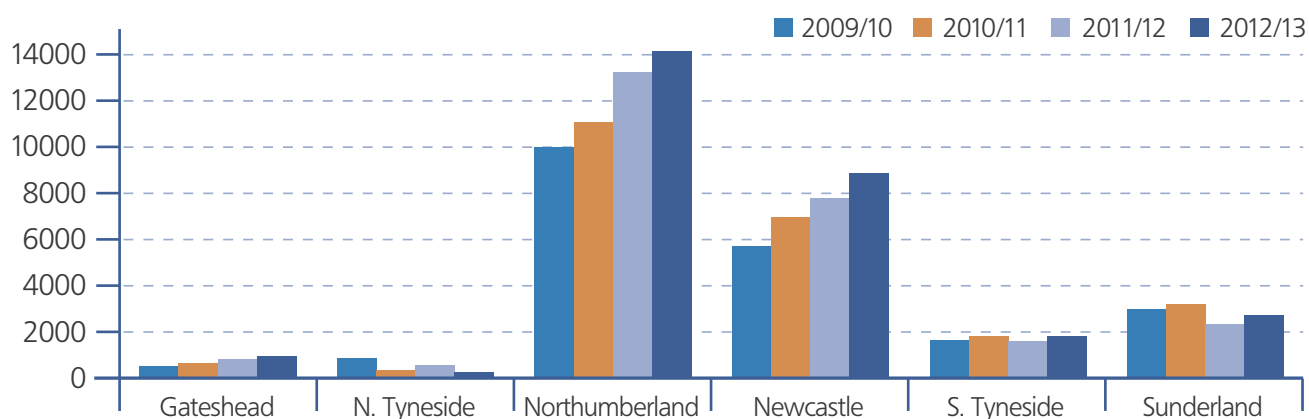
Quality Goal One: Reduce incidents of harm to patients

Non-Patient Safety Incidents

The following table describes the types of incidents which are classed as non-patient safety incidents. These incidents are recorded in our internal systems but not formally reported through the National Reporting and Learning Service as Patient Safety Incidents are.

Number of non- patient safety incidents reported, by type:	2009/10	2010/11	2011/12	2012/13
Violence and Aggression (on staff)	6,875	6,785	8,086	9,748
Security	991	1,199	1,094	1,228
Staff Accident	715	658	775	685
Patient Ill Health (as part of clinical condition)	892	1,279	1,483	1,052
Information Governance	136	123	175	192
Inappropriate Patient Behaviour	216	708	540	574
Medication (Pharmacy related)	923	721	517	348
Fire	193	205	190	149
Other	485	669	832	1,119
Total incidents reported	**11,426**	**12,347**	**13,692**	**15,095**

We recognise we have had a significant increase in the number of incidents of violence and aggression towards staff in 2012/13. The highest level of increase was within Specialist Care Services particularly within the Children and Young People's in-patient services. Each incident is assessed, and consideration is given to Police involvement if the patient has capacity. There have been 14 individual patients who have accounted for a significant number of these incidents in the annual total.

Patient Safety Incidents

As previously mentioned the Trust is required to report all Patient Safety Incidents into the National Reporting and Learning Service.

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

The category 'Catastrophic, Death' includes all unexpected deaths at the point of reporting and is closely aligned to the serious incident related death activity. This number is likely to be reduced as verdicts are received and the figures from previous years have been amended to reflect this.

Number of Patient Safety Incidents reported, by impact:	2009/10	2010/11	2011/12	2012/13
No harm	3,123	3,014	3,770	3,256
Minor, Non-permanent harm	6,009	7,839	7,912	8,074
Moderate, Semi Permanent harm	602	756	804	1,994
Major, Major Permanent harm	73	49	59	169
Catastrophic, Death	117	87	97	89
Total patient safety incidents reported	**9,924**	**11,745**	**12,642**	**13,582**

Quality Goal One: Reduce incidents of harm to patients

Serious Incidents information:

The Trust currently reports serious incidents in line with our 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 and from March 2011 fractured neck of femurs which are acquired whilst a patient is in our care were also classified as serious incidents.

Number of Serious Incidents reported:	2009/10	2010/11	2011/12	2012/13
Unexpected Deaths	84	56	75	78
Homicides	0	3	3	1
Physical Assaults	4	3	5	8
Self Harm	5	10	9	9
Under 18 Admissions	4	10	6	4
Fractured Neck of Femur / Fractures	0	2	17	22
Information Governance	5	1	1	1
Other	16	6	5	7
Total number of serious incidents reported	**118**	**91**	**121**	**130**

From the information below shown the unexpected death rate has increased by 3 from 2011/ 12 to 2012/13 however there are still 59 coroner inquests to be held and as such there is an expectation that this figure will be reduced over time as from previous experience a number of verdicts are returned as natural causes.

Number of Serious Incidents reported:	2009/10	2010/11	2011/12	2012/13
Unexpected Deaths	84	56	75	78
Verdicts Pending	0	0	7	52

In response to the rise in the number of serious incidents relating to fractured neck of femurs the Trust has a new Quality Priority for 2013/14 to ensure all relevant staff have received appropriate falls risk assessment training. We hope that this will lead to a reduction of both falls and serious incidents relating to falls and will be monitoring this closely.

Serious Incidents by locality:
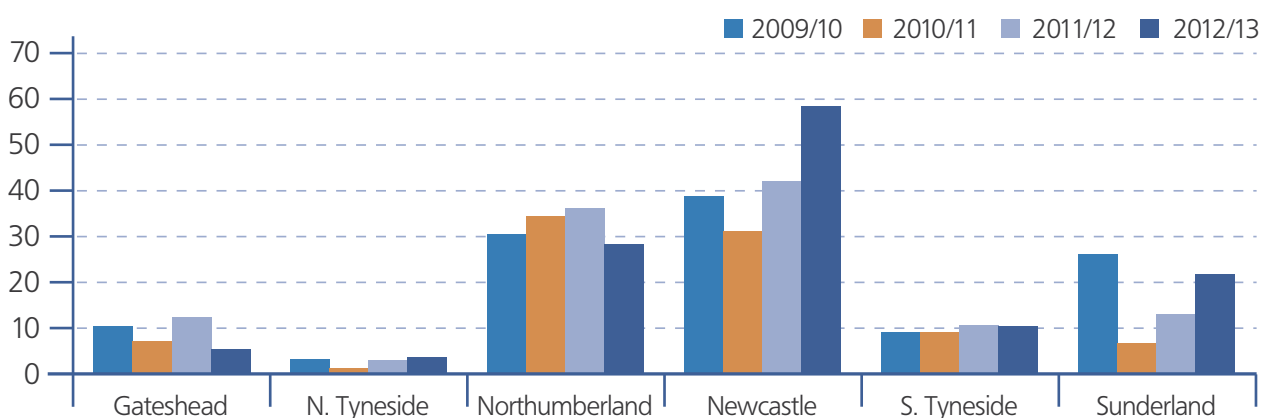
Quality Goal One: Reduce incidents of harm to patients

Looking Forward: What are our quality priorities in 2013/2014 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	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.	To achieve a target of 85% of applicable staff trained in this area by March 31 2014.
2	To ensure GPs receive care plan information within 7 days of a review. This quality priority is being continued from 2012-13	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working	To carry out baseline audits of numbers of forms that are electronically generated and set improvement trajectories for the year.
3	To ensure GPs receive discharge summaries within 24hours of discharge. This quality priority is being continued from 2012-13 and aligned to a CQUIN target	It is a Trust priority to reduce risk by improved communication during periods of transition	
4	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. This quality priority achieved the milestones set for 2012/13 but will continue through 2013/14 as an important part of our on-going transformation programme.	Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.	To assess current transition arrangements between adult community teams and adult assessment and treatment teams. To conduct an audit of the impact of transition arrangements and create an action plan for improvement based upon the findings.
5	To ensure all relevant staff undertake falls risk assessment training	To improve and standardise knowledge and practice in relation to risks associated with, and prevention of, falls in older people.	To review and revise the current training materials and set trajectories for numbers of applicable staff to be trained. To report each quarter on numbers of patient falls.
6	To improve the management of service users who do not attend appointments (DNA's)	To better understand the issues around service users who do not attend appointments and develop a plan to reduce non-attendance	To establish a baseline and set trajectories for improvement in this area in agreement with our Commissioners

Quality Goal One: Reduce incidents of harm to patients

Partnership Case Study
Personality Disorders

For some time the Gateshead Personality Disorders Team and Lamesley Ward at the Tranwell Unit have been working exceptionally well together in order to provide safe, efficient, evidence based care for clients with personality disorders, usually of the emotionally unstable type.

There is a small group of patients who present frequently and in crisis to services. In the past these patients often had long and unhelpful stays in inpatient wards. Ward staff felt stressed and found it difficult to manage the demands and threats of these patients. Alternatively if the patients were not admitted they felt abandoned, not listened to and often escalated risky behaviour until they were eventually admitted, often in a more distressed state.

However, through working closely and supportively together, it has been possible to develop robust care plans for these patients. Through the teams working together, and particularly the support provided to the inpatient team from the personality disorders team, ward staff have developed their skills and have improved confidence in their ability to appropriately support this group of patients and safely manage the potentially high clinical risk they pose.

The patients themselves are aware that they have clear care-plans and that all staff involved in their care from all parts of the service are aware of the care-plans and will stick to them. This provides an improved sense of security for the patient, which in turn can reduce their 'acting out' behaviour, which otherwise can be dangerous for the patient themselves and stressful for staff trying to support the patients. Ward staff are confident that the PD team nurse will attend the ward quickly when patients are admitted in order to plan for the admission and ensure clear, supportive safe plans remain in place for the patient's timely discharge. In summary, the excellent partnership working between the Gateshead Personality Disorders Team and Lamesley Ward at the Tranwell Unit has vastly improved the delivery of safe, efficient; evidence based care for clients with personality disorders in Gateshead and improved the satisfaction of staff working with this group of clients.

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

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
1	Greater availability or variety of activities within inpatient services	This is a key area of improvement demonstrated through patient feedback.	To deliver 5 activity sessions per day (with 20 per week to be offered out of hours)	The target for this priority was achieved and a system has been developed to capture this information. This is an important area for our service users and so we will take forward this priority into 2013/14 and continue to improve the availability and variety of activities. **ACHIEVED**
2	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.	To roll out 'Points of You' or similar feedback process to 100% of in-patient wards.	This quality priority has been achieved and there is a patient feedback process in place in 100% of our in-patient wards. The work undertaken within this priority area will be continued through 2013/14 as part of a CQUIN. **ACHIEVED**
3	Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	Devise catering booklets to provide improved information to service users. Introduce revised menus. Establish a Catering Review Group. Enhance the electronic ordering system and ensure meals are nutritionally analysed.	This priority has been achieved this year with the exception of the enhancement of the electronic ordering system which will now take place in July 2013. We know from our feedback processes that this area is particularly important to or service users and so this will continue to be a priority for 2013/14. **ACHIEVED**
4	To improve waiting times for referrals to multidisciplinary teams	To ensure Trust services are responsive and accessible.	100% seen within 18 weeks	At the end of March 2013, 96.0% of our service users who were referred to a multidisciplinary team were seen within 18 weeks. For 2013/14 we will continue to strive towards the 100% target and this will also be monitored through a CQUIN target with our commissioners. **ONGOING**
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)	A reduction from the 2011/12 proportion of overall complaints that were attributable to staff attitude (26%)	The percentage of complaints that were attributable to staff attitude during 2012/13 was 22.6% which is a reduction from the previous year. This important area will continue to be monitored throughout 2013/14 as part of a CQUIN. **ACHIEVED**

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

Multi-disciplinary waiting times by locality:
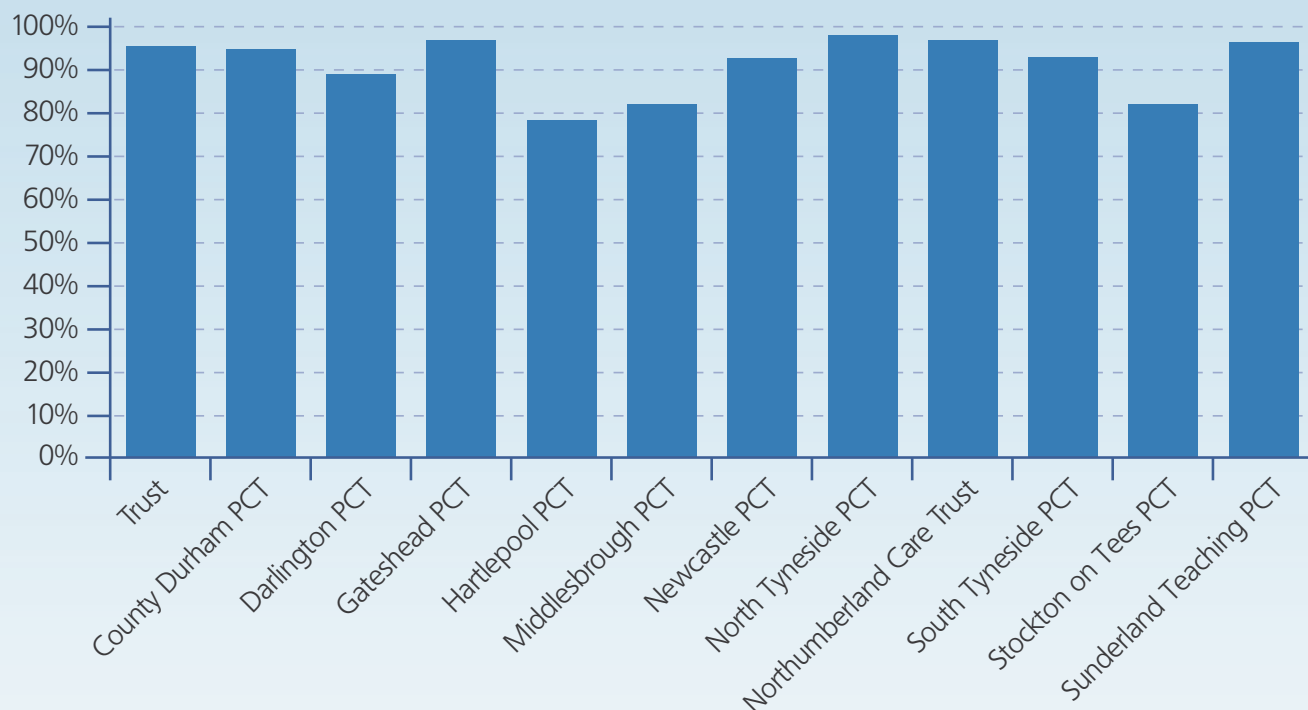
	% of service users waiting less than 18 weeks for contact with a team during 2012/13	% of service users waiting less than 18 weeks at 31/03/2013	Number of service users waiting more than 18 weeks at 31/03/2013
Trust	96.0%	80.4%	1293*
County Durham PCT	95.2%	78.0%	33
Darlington PCT	89.5%	85.7%	2
Gateshead PCT	96.1%	81.1%	96
Hartlepool PCT	77.8%	60.0%	2
Middlesbrough PCT	83.2%	80.0%	3
Newcastle PCT	94.2%	82.5%	250
North Tyneside PCT	97.3%	85.6	70
Northumberland Care Trust	97.1%	80.3%	317
Redcar and Cleveland PCT	91.5%	100.0%	0
South Tyneside PCT	93.8%	76.0%	169
Stockton on Tees PCT	81.6%	71.4%	2
Sunderland Teaching PCT	96.9%	78.8%	331
* includes 18 Out of Area service users			

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

How have the quality priorities in 2012/2013 helped progress towards this goal?

We have made progress against our overall goal of improving patient experience and this is reflected in our 2012 Community Patient Survey scores where we have showed an overall improvement in 6 of the 9 scores.

The Care Quality Commission uses national surveys to find out about the experiences of service users when receiving care and treatment. The most recent survey, completed in 2012 by 225 community 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	9.0 out of 10	One of the best performing trusts
For questions about medications	7.2 out of 10	About the same
For questions about Talking Therapies	7.4 out of 10	About the same
For questions about Care Coordinator	8.6 out of 10	About the same
For questions about Care Plan	7.1 out of 10	About the same
For questions about Care Review	7.5 out of 10	About the same
For questions about Crisis Care	6.5 out of 10	About the same
For questions about Day to Day living	5.7 out of 10	About the same
Overall questions	7.3 out of 10	About the same

Comparison to previous years scores:

Section	2010	2011	2012
Health & Social Care Workers	8.6	8.5	9.0
Medications	7.4	7.0	7.2
Talking Therapies	6.9	7.3	7.4
Care Co-ordinator	8.5	8.4	8.6
Care Plan	6.3	6.8	7.1
Care Review	7.4	7.6	7.5
Crisis Care	-	6.8	6.5
Day to Day Living	5.8	6.0	5.7

The results show that people are very positive about the health and social care workers they had come into contact with, with the trust being classed as one of the best performing trusts in the country in this area.

More details on the 2012 survey results for this Trust can be found at the below link:
http://www.cqc.org.uk/PatientSurveyMentalHealth2012

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

Complaints

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

As part of improvements made following organisational change both the policy and process of complaints have been enhanced, including sharing complaints leaflets through Coroners Offices, as a supportive mechanism for families and carers and improved working between PALS services and Complaints Team. We have also seen a natural increase in the number of complaints as our services have expanded.

Complaints have increased during 2012/13 with a total of 362 received during the year (284 in 2011/12, 253 in 2010/11 and 283 in 2009/10):

Number of complaints reveived, by quarter, 2009-13
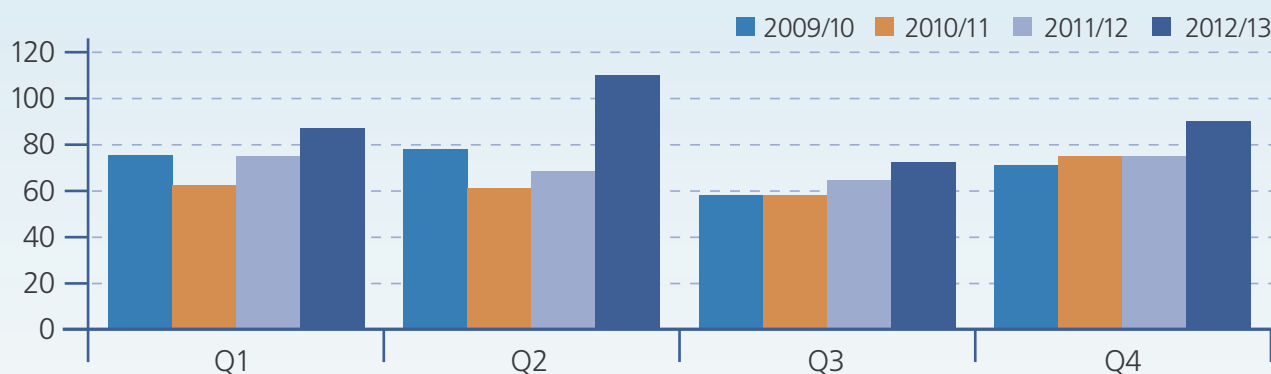
In 2012 / 13 complaints relating to appointments and delays for appointments have increased from 20 to 47. There has been also been increases in complaints relating to discharge planning / discharges and communication / information to patients. These are all evenly spread across the services within the Trust.

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 following chart shows how our complaints were categorised from 2009/10 to March 2013:

Definitions of complaint categories:

Cat 1	Low impact on the provision of care
Cat 2	Minimal/potential risk to provision of care
Cat 3	High impact on provision of care
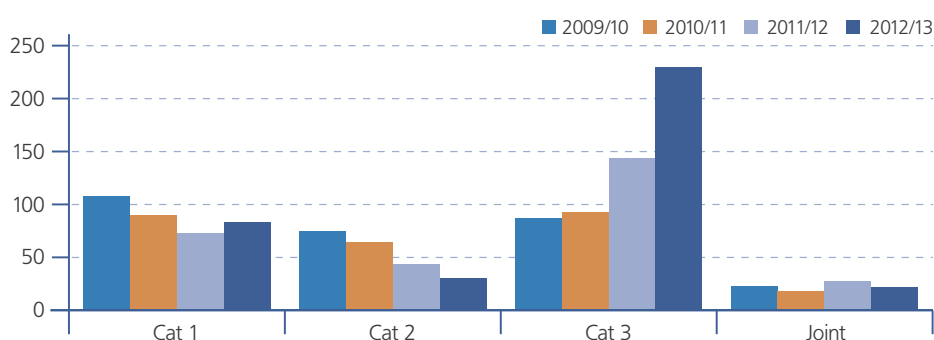
Quality Goal Two: Improve the way we relate to patients and carers

When reviewing complaints and looking at individual complainant activity it would appear that complainants are fully understanding their rights to complain and are suitably supported by advocacy services to complain more formally.

During 2012 /13 there were 29 people who complained more than once about their care and treatment, 3 people who complained more than 5 times about their care and treatment and 1 person who complained 15 times about their care and treatment. These are each classified as individual complaints and therefore they account for much of the increase shown.

The Trust has recently issued a new complaints policy, and whilst there has been an increase in complaints in total over the last year, the biggest increase over the last year has been in category 3 complaints which are independently investigated and where local resolution has been attempted without a satisfactory outcome for the complainant. As part of the new policy implementation the categorisation of complaints that are being recorded and reported on will be reviewed to clarify in detail the correct classification of complaints at the point that the investigation is completed and the correct categorisation applied, based upon the complaint outcome.

Partnership Case Study

North Tyneside Carers Centre

In North Tyneside Planned Care, we have joint partnership working with the local Carer's Centre. The Carer's Centre has created a specific post focussing on carers for people with serious mental health problems. The worker is based within the Longbenton CMHT and takes referrals from other local CMHT's in the North Tyneside area. The Trust recognises the important role that carers bring in supporting people within their mental health recovery and is greatly valued by the CMHT's and makes an active contribution in completing both the carer's assessments and actively supporting carers in sometimes challenging circumstances.

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

Looking Forward: What are our quality priorities in 2013/2014 to support this goal?

	Aim / objective	Rationale	Target & Trajectory
1	Greater availability or variety of activities within inpatient services	This is a key area of improvement demonstrated through patient feedback.	To achieve timely and appropriate activities with 85% being offered out of hours by 31/03/14.
2	Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	To complete nutritional analysis of patient meals. To conduct a trial of electronic meal ordering and evaluate before rolling out across inpatient areas.
3	To improve waiting times for referrals to multidisciplinary teams	To ensure Trust services are responsive and accessible	100% of all patients (excluding CYPS) to wait less than 18 weeks by 31/03/14 CYPS North and South to achieve 95% wait less than 12 weeks by 31/03/14.
4	To roll out the 'Family and Friends' test in line with national guidance.	To establish a robust method of recording and reporting this information.	To determine the best method and time to capture this information and begin to report on findings from October 2013.
5	To implement the 6C's initiative (based upon the national guidance -'Developing the culture of compassionate care: Creating a new vision and strategy for Nurses, Midwives and Care-Givers')	To continue to improve the services we deliver to our service users and carers in line with this national guidance.	60% of all staff to have undertaken Values and Attitudes training by March 2014

Partnership Case Study

Speech and Language Therapy (SALT) Team

The Speech and Language Therapy (SALT) Team are part of the LD Community Treatment Team in Sunderland. They support adults with learning disabilities who have communication difficulties as part of a Multi-Disciplinary Team. They focus on supporting functional communication, and supporting service users to be involved and engaged in things that matter to them.

City of Sunderland College (CSC) offer a range of courses for students with additional needs, including learning disabilities. Students undertake a variety of courses including preparation for work, functional skills, and communication courses.

Many of the students who access courses as CSC have communication difficulties. These can range from specific difficulties in understanding complex information or concepts, difficulties with social skills and interaction, or difficulties in being understood and expressing wants and needs. Some students use Makaton, symbols or pictures to support their communication. CSC staff felt that extra support from the SALT team would be invaluable in helping students achieve their educational targets, whilst also providing a link with the community team. They approached the SALT team in 2010 to explore how closer links could be made.

Following an extensive pilot and ongoing project work to explore the potential role for SALT within college, a Service Level Agreement was arranged and commenced in September 2012. This SLA has generated enough income for NTW to recruit a new full time SALT to backfill time spent in college. This has enabled the SALT team to work systematically and regularly into the college environment to support students with learning disabilities and communication needs.

This Service Level Agreement has enabled us to recruit another SALT to backfill the time spent within college. We are now able to work directly with students and with our colleagues at CSC to support student's educational targets, and support the staff at CSC to create a 'Total Communication Environment', in which all ways of communicating are acknowledged and valued, to create an inclusive and supportive environment for students with communication difficulties.

Quality Goal Three: Ensuring 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 2012/2013:

	Quality Priority 2012/2013	Rationale	Target by 31st March 2013	Progress
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 or more responsive community teams and access model.	Undertake consultation exercises on various service improvements and consider responses before drafting service plans for approval by the Trust Board and our Commissioners.	All milestones have been achieved for this priority for 2012/13 but this important piece of work will move forward to 2013/14 with new milestones. **ACHIEVED**

How have the quality priorities in 2012/2013 helped progress towards this goal?

This goal is centred around the transformation of our services to ensure we can continue to deliver and improve our services to best suit the needs of our service users and carers.

Service Improvement and Developments throughout 2012/13

These are some of the key service developments that the Trust has made during 2012/13:

- Improving the Psychiatric Intensive Care Provision South of Tyne and Wear
- Pathway redesign for Community Children and Young People's Services, Northumberland and Newcastle
- Redesign of the Northumberland Stepped Care Services
- Redesign of the Gateshead Stepped Care Services
- Refurbishment of the Medium Secure Young Peoples Unit
- Redesign of the Newcastle Secondary Care pathway
- Redesign and new build for patients with a learning disability presenting with long term continuing care, treatment and rehabilitation needs
- Improving the pathway for older people's community services in Sunderland by extending hours
- Access Pilot in Sunderland rolled out across all of South of Tyne and Wear area

There is more detail about our transformation programme in our Annual Report 2012/13.

Quality Goal Three: Ensuring 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.

During this year we have undertaken the following:

Equality and Diversity Audits on a range of inpatient settings in line with guidance issued by the Equality and Human Rights Commission:

- Have established a single access point for interpretation services across the Trust.

- Have reviewed the membership of the Trust's Equality and Diversity Steering Group to ensure wider representation.

- Have rewritten the Trust's Managing Diversity Policy and revised our approach to Equality Impact Assessments.

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

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

Looking Forward: What are our quality priorities in 2013/2014 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 or more responsive community teams and access model.	To ensure ongoing development, each of the three discreet clinical Groups have identified priorities for development throughout 2013/14.
2	To develop an approach to Outcome measurement using HoNOS 4 factor model and SWEMWEBS.	As the trust transforms it clinical services it is essential to understand the impact of the care delivered (both before, during and after any changes) in order to understand whether the changes have delivered the anticipated benefits.	To produce a viable implementation plan in line with national guidance. From July 2013 report on HoNOS 4 factor model and from October 2013 also report on SWEMWEBS.
3	To develop a programme of work to define the competencies to deliver NICE compliant psychological therapies.	To ensure our workforce is suitably trained to deliver the highest quality patient care.	Report against skills acquisition plan developed during 2012/13 Implement the skills acquisition plan. Assessment of gaps in meeting NICE psychological therapy competencies where these are not covered by the skills acquisition plan developed in 12/13. Develop a training plan, to include targets for numbers of staff to be trained with timescales and any additional resources required.

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

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

The National Institute for Health and Care Excellence (NICE) is responsible for developing evidence based guidance, standards and information to support high quality health and social care. NICE publish best practice guidelines for health professionals and the public recommending NHS medical treatment including drug treatments.

The Transforming Services programme incorporates all relevant NICE guidance and our electronic patient record (RiO) system ensures that care packages and pathways for Service Users reflect current guidance.

During 2012/13 the Trust commenced an internal review of how we are doing against all NICE guidance that is applicable to our services. Work on this has progressed with comprehensive reports being completed in the areas of Schizophrenia, Autism in Children and the Management of Violence. Baseline reviews have commenced in a number of areas where NICE has made recommendations including Dementia, the Management of Depression, Bipolar Disorder and Service User Experience.

We now have a robust process in place to assess current Trust practice against all new relevant guidance released from NICE. This ensures that we can regularly evaluate our approach whenever new guidance relevant to our services is released and determine the best way of modifying our services to incorporate appropriate evidence-based changes to practice.

Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2012/2013 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 274 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 274 of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents 100% of the total income generated from the provision of relevant health services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2012/13.

Participation in clinical audits

During 2012/13, 5 national clinical audits and 1 national confidential enquiry covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

During 2012/13 Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust was eligible to participate in during 2012/2013 are as follows:

National Clinical Audits 2012/2013
1. National audit of Psychological Therapies for Anxiety and Depression
2. Prescribing Anti-Psychotics for people with Dementia
3. Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)
4. Prescribing for ADHD (POMH-UK Topic 13a)
National Confidential Enquiries 2012/2013
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 2012/2013, 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 2012/2013	Cases Submitted	Cases Required	%
National audit of Psychological Therapies for Anxiety and Depression	Audit on going at time of report	-	-
Prescribing Anti-Psychotics for people with Dementia	83	No minimum requested	-
Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)	82	No minimum requested	-
Prescribing for ADHD (POMH-UK Topic 13a)	50	50	100%
National Confidential Enquiries 2012/2013			
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	Publication date June 2013	-	-

The reports of 3 national clinical audits were reviewed by the provider in 2012/2013, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Prescribing Anti-Psychotics for people with Dementia	Reports were reviewed by the Trust's Medicines Management Committee and appropriate actions taken from the audit recommendations.
Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)	
Prescribing for ADHD (POMH-UK Topic 13a)	

Mandatory statements relating to the quality of NHS services provided

The reports of 7 local clinical audits were reviewed by the provider in 2012/2013 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	Quality Monitoring Tool (926)	Trust wide	Actions identified and implementation reviewed through Group Q&P meetings
2	Audit of the Quality of Tribunal Reports against agreed good practice standards (990)	Trust wide	Actions identified and implementation reviewed through Group meetings
3	Incidents/SUIs Learning From Incidents Key Message Cards (967)	Planned Care/Safety and Safeguarding	Actions Identified and re-audit planned
4	Food & Nutrition Policy Compliance (988)	Trust wide	Actions identified and implementation reviewed through Trust Food & Nutrition Group
5	Sharing Letters with Patients – Planned Care Community Services (962)	Planned Care	Actions identified and implementation reviewed through Planned Care DMG
6	GP Communication (964)	Trust wide	Actions identified and implementation reviewed through Planned Care DMG
7	To measure compliance against NTW Seclusion Policy NTW(C) 10. (846)	Trust wide	Actions identified and implementation reviewed through Safety and Safeguarding meeting

Research

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2012/2013 that were recruited during that period to participate in research approved by a research ethics committee was 657.

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 69 clinical research studies in mental health related topics during 2012/2013, 31 of which were large-scale nationally funded NIHR Portfolio studies.

Staff participation in research increased during 2012/2013 and there were 58 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 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 2012/2013 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 2012/13, £6m 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 the majority of indicators were fully achieved with the exception of Waiting times (North of Tyne) and Reduction of Inappropriate Anti-psychotic Prescribing which did not meet minimal aspects of the end of year milestones.

Further details of the agreed goals for 2012/2013 and for the following 12 month period are available electronically
http://www.institute.nhs.uk/commissioning/pct_portal/2012_and_2013_cquin_schemes_for_the_north_of_england/

CQUIN Indicators

A summary of the agreed CQUIN indicators for 2012/2013 and 2013/14 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to Improve Safety	2012/13	2013/14
Reduction of inappropriate anti-psychotic prescribing	✔	✔
NHS Safety Thermometer	✔	✔
Enhancing the quality of communication between NTW and the service users' GP	✔	✔
Management of patients failing to attend appointments		✔
To implement the use of a specialised services clinical dashboard	✔	✔
Improving CPA process for specialised services		✔

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators to Improve Patient Experience	2012/13	2013/14
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 survey	✔	✔
To introduce and implement a recovery and outcomes based approach to the care pathway	✔	
Service user involvement and experience	✔	✔
Implement the 6C's initiative focussing on 'Compassionate Care'		✔
Access to mental health services – first time, right place		✔
To improve access to specialised mental health services	✔	
Literacy, IT, numeracy and vocational support for secure services		✔

CQUIN Indicators to Improve Clinical Effectiveness	2012/13	2013/14
To improve access to services and improve the responsiveness for adults in crisis	✔	✔
Innovative access for secure services		✔
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	✔	
To increase the percentage of people with mental health illness who receive appropriate physical health care.	✔	✔
Care Pathways and Packages Project (CPPP)	✔	✔
Children and Young Peoples 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 metal health services	✔	✔
Highly specialised services clinical audit outcome workshop		✔

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 2012/2013. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC registers, and therefore licenses Northumberland, Tyne and Wear NHS Foundation Trust as a provider of care services as long as we meet 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

Partnership Case Study

Newcastle Talking Therapies

The Newcastle Talking Therapies service is delivered in partnership between NTW and an Independent Provider, Mental Health Concern and Oakdale. The service is delivered by staff employed by both separate organisations but who deliver the service on behalf of the partnership. The team are based at Silverdale in Newcastle West End but cover the whole of the City.

The team is made up of a range of mental health professionals including Psychological Wellbeing Practitioners, High Intensity CBT Therapists and counsellors. The service is managed by a senior team which consists of Operational Managers and Clinical Leads.

The service provides fast access to a triage to determine need and a menu of treatments from low intensity (including access to psycho-education classes and guided self-help to high intensity treatments incorporating a range of clinical approaches but primarily Cognitive Behavioural Therapy focused. There are a number of quality measures in place. Patients provide self-reporting outcomes at each session and are requested to complete patient experience questionnaires. All of the clinical staff receive clinical and case management supervision in line with NICE guidance.

Partnership Case Study

All About Me Books

The Children and Young People's Service Learning Disability Specialism have worked over a period of 12 years developing the use of 'All About Me Books' within Northumberland.

'My Books' were introduced and developed by the psychology service staff. These Books have evolved in Northumberland to the stage that other professionals and parents are now empowered and able to develop their own books across a range of services.

'My Books' are collaborative summary reports, alternatives to traditional psychological reports. They are collated from the input of caregivers usually parents, teachers and where possible from the young person themselves to provide a report or Book which summarises information about the young person in a readily accessible format. The Learning Disability specialist team provides mental health services to young people with mild, moderate and severe learning disabilities, including those within the Autistic Spectrum and with other developmental disorders and other complex co-morbid difficulties.

The books are developed from a systemic approach to problem solving known as Solution Focused Brief Therapy. A book is written in the voice of the child.

A key aspect to the process is to reach a consensus view on the strengths and difficulties of the child. By identifying their strengths provides a positive view of the person or problem and provides motivation to tackle the problems. This is an area often overlooked in day to day work where the problems exist and how to support them in being the best they can be. Psycho educational information is included and the opportunities for caregivers to share their knowledge and understanding and arrive at an agreement about how best to manage a child. This also provides the opportunity to consider and sometimes change their attributions about a child's behaviour.

The key role of the professional involved in coordinating the development of the Book is working with the people involved to allow them to realise the role that they play in dealing with the problem. The focus is on the process rather than the outcome with books being developed in book meetings with all the people present.

These are some of the main guiding principles in a mental health pathway. Most of all it is a voice for the young person and is a shared open document which has been found to be very much valued by families and professionals alike.

Mandatory statements relating to the quality of NHS services provided

CQC Registration Activity 2012/13

During 2021/13, the Care Quality Commission visited the following locations as part of their review of compliance with Essential Standards of Quality and Safety:

Project	Location	Location Type
April - June	No visits received	-
July 2012	Newgate Street	Social and Residential Home
July 2012	South Tyneside District Hospital (Bede 1&2)	Heathcare
July 2012	Hirst Villas	Social and Residential Home
September 2012	Community Treatment Order visit (South Tyneside)	Heathcare
October 2012	Campus for Ageing and Vitality	Heathcare
November 2012	Stonecroft	Social and Residential Home
November 2012	Grange Park Avenue	Social and Residential Home
November 2012	Easterfield Court	Residential Care Home
November 2012	St George's Park	Healthcare
December 2012	Springdale	Social and Residential Home
December 2012	Prudhoe House	Social and Residential Home
December 2012	Assessment and Application for Detention (Newcastle and North Tyneside)	Healthcare
December 2012	Avonridge	Social and Residential Home
December 2012	Rose Lodge	Healthcare
January 2013	Woodlands Cottage	Social and Residential Home
January 2013	Denewell	Social and Residential Home
January 2013	Roslin	Social and Residential Home
January 2013	Acacia House	Residential Care Home
January 2013	Flax Cottages	Social and Residential Home
January 2013	The Willows	Residential Care Home
January 2013	Sixth Avenue	Social and Residential Home
January 2013	Burnaby	Social and Residential Home
January 2013	Elsdon Mews	Social and Residential Home
January 2013	Lyndhurst Grove	Social and Residential Home
February 2013	Woolsington Court	Social and Residential Home
March 2013	No visits received	-

We received 23 CQC compliance visits during 2012/13 and were fully compliant in 21 of those visits. At the time of writing this report there was an agreed action plan in place for the concerns raised at St Georges Park (Nov 2012) which will deliver compliance in 2013/14. For the minor concern raised at Woolsington Court (Feb 2013) a revisit has taken place and we are now compliant.

Reports from all of the planned reviews of compliance are available via the Care Quality Commission website at **http://www.cqc.org.uk**.

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)	13 (8 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - Older Peoples	3 (2 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - PICU	3 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - Rehabilitation	4 (3 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - Eating Disorder Service	1 (1 with excellence
ECT Accreditation Service	2 (2 with excellence)
Psychiatric Liaison Accreditation Service	2 (1 further unit awaiting outcome of assessment)
Memory Service National Accreditation Programme	Awaiting outcome of assessment
Quality Network for Perinatal Mental Health Services	1 (1 with excellence)

Data Quality

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

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

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 2013/14 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 2011/12 Quality Account

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

During 2012 NTW once again commissioned NEQOS to undertake a benchmarking exercise. It compares NTW's Quality Account 2011/12 with those of 54 other NHS Mental Health organisations.

A summary of the top 10 indicators found in all Quality Accounts (including the 3 mandatory indicators for all Foundation Trusts) has been provided in the following table:

	Top 10 Quality Account Indicators	Target	Average	Peer	NTW	# Trusts
1	National Clinical Audit participation	100%	93.6%	80.0%	100.0%	54
2	National Confidential Enquiry participation	100%	97.4%	100.0%	100.0%	52
3	% admissions to adult urgent care wards gatekept by CRHT (mandatory)	90%	97.6%	98.7%	99.6%	46
4	% in-patients receiving follow up contact within 7 days of discharge (mandatory)	95%	97.4%	97.6%	97.3%	49
5	% inpatients classed as delayed transfers of care (mandatory)	< 7.5%	2.8%	2.5%	3.4%	49
6	CPA formal review within 12 months	95%	95.9%	96.4%	99.2%	38
7	MHMDS data completeness: identifiers	99%	99.5%	99.4%	99.6%	37
8	Serving new psychosis cases by early intervention teams	95%	116.4%	116.0%	124.0%	28
9	MHMDS data completeness: outcomes	50%	81.3%	80.7%	64.6%	27
10	Proportion of patients on CPA who have HoNOS assessment within 12 months (non foundation trusts only)	90%	87.2%	90.0%	83.1%	17

The benchmarking data provides the trust with a good level of positive assurance as it demonstrated that NTW was at or above target in 8 of the 9 applicable indicators and higher than average in 7 of the 9 applicable indicators.

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 2012/2013 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- **99.5%** for admitted patient care;
- **99.8%** 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 Assessment Report overall score for 2012/2013 was 74% and was graded green.

Clinical Coding error rate

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

Mandatory statements relating to the quality of NHS services provided

Performance against mandated core indicators

The National Quality Board, which has steered the policy underpinning Quality Accounts since their introduction considered how to foster readers' understanding of comparative performance whilst maintaining local ownership. During 2012 they 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 introduced this new requirement by amending the Quality Accounts regulations for the 2012/13 reporting period. **The mandated indicators applicable to Northumberland, Tyne and Wear NHS Foundation Trust are as follows:**

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

  The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reason - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement. The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by ensuring clinicians are reminded of the requirement by sending automated reminders.

7 day follow up	Q1 12/13	Q2 12/13	Q3 12/13
NTW %	97.4%	98.1%	97.3%
National Average %	97.5%	97.2%	97.6%
Highest national %	100.0%	100.0%	100.0%
Lowest national %	94.9%	89.8%	92.5%

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

  The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement. The Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by closely monitoring this requirement and alerting professionals to any deterioration in performance.

Gatekeeping	Q1 12/13	Q2 12/13	Q3 12/13
NTW %	100.0%	99.7%	100.0%
National Average %	98.0%	98.1%	98.4%
Highest national %	100.0%	100.0%	100.0%
Lowest national %	83.8%	84.4%	90.7%

Mandatory statements relating to the quality of NHS services provided

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

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

  The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services by undertaking specific staff engagement sessions regarding the results of the staff survey and identifying actions for improvement such as the staff-led creation of new organisational values.

Family & Friends recommendation	2011 Staff Survey	2012 Staff Survey
NTW	3.46	3.52
National Average	3.42	3.54
Highest national	3.94	4.06
Lowest national	3.07	3.06

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

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

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

Patient experience of community mental health indicator scores	2010	2011	2012
NTW	86.5	85.8	90.9
National Average	87.3	86.8	86.6
Highest national	91	91.4	91.8
Lowest national	81.8	81.9	82.6

Mandatory statements relating to the quality of NHS services provided

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

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

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

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

Oct 11 - Mar 12	NTW	National Average	Highest National	Lowest National
Number of PSI reported (per 1000 obd)	22.8	19.2	86.9	0
Number of 'Severe' PSI (% of incidents reported)	0.7%	0.5%	2.8%	0
Number of 'Death' PSI (% of incidents reported)	0.9%	0.8%	5.2%	0
Apr 12 - Sept 12				
Number of PSI reported (per 1000 obd)	31	23.8	72	0
Number of 'Severe' PSI (% of incidents reported)	0.8%	0.8%	8.9%	0
Number of 'Death' PSI (% of incidents reported)	0.6%	0.8%	4.3%	0

Review of Quality Performance

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

We will report separately on each of the quality domains (safety, patient experience and clinical effectiveness). Some of the indicators from our 2011/12 report are no longer included and we have added some new indicators this year as we feel this gives a more appropriate balance of our performance measures. For indicators which relate to our CQUIN goals no comparator information is included as the milestones change from year to year.

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

Review of Quality Performance - Patient Safety

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
*Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority and Department of Heath requirement Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2012/13 (also none in 2011/12)
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2013, 96.2% of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95% (99.3% March 2012)
2012 Staff Survey - The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution Data source: CQC NHS Staff Survey 2011	The 2012 staff survey showed that our staff scored the question regarding recommending the trust as a place to work or receive treatment as 3.52 out of 5 (2011 3.50 out of 5). The average score for mental health trusts for this question is 3.54. The survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts
Safeguarding Awareness Training	The Safeguarding Adults and Safeguarding Children courses are essential training for all staff and must be completed every three years Data source: ESR	By the end of March 2013: The number of staff trained in Safeguarding Adults – 92.6% The number of staff trained in Safeguarding Children – 94.3% (2011/12 – Safeguarding Adults 94.2% and Safeguarding Children 96%)

*data for this indicator governed by a national definition

Review of Quality Performance

Review of Quality Performance - Patient Experience

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
*Delayed transfers of care	Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge Data source: RiO	At 31st March 2013, 5.4% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed (3.4% in 2011/12).
The development and implementation of a new carers satisfaction survey	Locally agreed CQUIN indicator in 2012/13 to capture carers' views and measure satisfaction so that we can improve carers' experiences and ensure that the standards within the carers' charter are being met. Data source: manual	Carers Champions have been established within in-patient areas and Carers forums have been established. We have developed a carer specific 'Getting to know You' process which involves ensuring that Carers receive appropriate support and advice.
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.	Locally agreed CQUIN indicator in 2012/13 to reduce waiting times Data source: RiO	March 2013: Primary care: 90% of patients were seen within 18 weeks of referral. Secondary care 90% of patients were seen within 18 weeks of referral. (March 2012: Primary care 88%, Secondary care 100%) Further analysis by locality is as follows: **Gateshead PCT: 96.5%** **Newcastle PCT: 91.9%** **North Tyneside PCT: 90.6%** **South Tyneside PCT: 97.0%** **Sunderland PCT (primary care): 96.7%** **Sunderland PCT (secondary care): 95.3%** **Northumberland Care Trust (primary care): 91.2%** **Northumberland Care Trust (secondary care): 91.5%**
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.	"Thank you for your kindness and sensitivity in dealing with my father. You dealt and delivered a difficult diagnosis with gentleness, humour and positivity. My father keeps saying how lovely you were to all he talks to these days and how relieved he is now. Thanks again". "For some months my son has been in your care. He came to you at a dark time and apparent lack of any will to live. The fact that a couple of weeks ago he moved on to rehabilitation is testimony to your help. You gave him an interlude of stability professional care with kindness and now and then a dash of reality. Can I offer my grateful thanks for your sustained efforts during his stay"

*data for this indicator governed by a national definition

Review of Quality Performance

Partnership Case Study
Guide to good practice

NTW in partnership with Northumbria University and local service user and carer organisations are conducting a study in to mental health recovery and Care Co-ordination. The plan is to produce a guide to good practice so that services both locally and nationally can be improved. The project won the 2010 gold award for its service user involvement plan from the Mental Health Research Network within the National Institute for Health Research.

The research project involves mental health service users and carers interviewing other service users and carers about their experiences and opinions of Care Co-ordination and recovery.

In order to fully prepare the interviewers for this and to expand their skills and increase their confidence a 10 week Research Course was developed at Northumbria University specifically for service users and carers. The course was a pilot but because of its success the desire would be to have it established as part of a programme. The aim is to develop a user and carer research network and increase the pool of people trained. Those who attended could either get a certificate of attendance or do a written assignment about their reflective learning and gain educational credits (equivalent to a single module at a first year undergraduate level).

The course included research theory, informed consent, capacity, ethics, safeguarding, interview skills, Care Co-ordination, service user research and recovery.

A number of students who took part in the course have now signed up to other University courses after gaining confidence and having made links with other tutors through this training. The project itself has a lot of national and local interest. Employees within NTW and the University are keen to continue working with those user and carer trained researchers on other up and coming projects. This training course is a clear example of positive partnership working and knowledge exchange between Higher Education, the Trust and service user/carer organisations locally.

Nicola Armstrong (from the patient/carer engagement team from NTW) who is the co-applicant on the project and helped to support the course as well as take part has been awarded an honorary research associate/lecturer position within Northumbria Universities School of Health, Community and Education Studies.

Review of Quality Performance

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
*CRHT Gate kept Admissions	Both Monitor and CQC require us to demonstrate that certain in-patients have been assessed by a CHRT prior to admission Data source: RiO	A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions. As at March 2013, 99.8% of the North East PCT admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 95%. In 2011/12 the performance was 99.6%
*7 Day Follow Up contacts	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement Data source: RiO	During 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. In 2012/13, 2,020 service users (96.7% of those discharged from inpatient care in the year) were followed up within seven days of discharge. Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows: **Gateshead PCT: 97.6%** **Newcastle PCT: 97.1%** **North Tyneside PCT: 98.2%** **Northumberland Care Trust: 97.1%** **South Tyneside PCT: 97.7%** **Sunderland PCT: 95.0%**
7 Day Follow Up contacts conducted face to face	'Face to face' follow ups give a better quality of service and improved outcomes for service users Data source: RiO	By the end of March 2013 95.5% of seven day contacts were conducted face to face. During 2011/12 this figure was also 95.5%.
Emergency re-admission rates	Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services Data source: RiO	During 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. In 2012/13, 270 (8.4%) of mental health inpatients were readmitted within 28 days and 530 (16.5%) of learning disability patients were readmitted within 90 days of discharge.
*Patient outcomes – numbers of patients in settled accommodation	CQC and Monitor require us to calculate how many of our service users are in settled accommodation Data source: RiO	At the end of March 2013, the number of service users recorded as living in settled accommodation was 77.1% (80.1% in 2011/12).

Review of Quality Performance

Review of Quality Performance - Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
Improving Physical Healthcare for mental health patients	This 2012/13 CQUIN concentrates on identifying if current community service users on CPA have had a blood pressure check in 12months . Data source: RiO and manual collection	Blood pressure check was used as a measure to determine if service users had seen their GP for a physical health check within 12 months. By the end of March 2013, the number of service users who had responded to say they had a check within 12 months was as follows: **North Tyneside – 96.7%** **Newcastle – 97.2%** **Northumberland – 95.4%** **Gateshead – 97.2%** **South Tyneside – 96.6%** **Sunderland – 96.4%**
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 2012/13 the rollout of the Recovery Star has continued with focus on improved recording and enhanced service user involvement. Research projects have been underway to review the effectiveness and reliability of the tool in conjunction with other methods of service user involvement.
Staff Survey results 2012	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 2012	The 2012 staff survey showed that 89% of staff who responded agreed that their role makes a difference to patients (88% in 2011). 77% of staff who responded felt satisfied with the quality of work and patient care they are able to deliver (72% in 2011). Work continues during 2012/13 to identify ways to improve staff satisfaction. The survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts
Staff absence through sickness	High levels of staff sickness impact on patient care: therefore the Trust monitors sickness absence levels carefully Data source: ESR	The 12 month rolling average staff sickness absence figures have increased when compared to the previous 3 years. The Board of Directors agreed an action plan to address this issue at its meeting in April 2013. See table below

The 12 month rolling average staff sickness absence:

	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%
31st March 2013	1.81%	4.42%	6.23%

*data for this indicator governed by a national definition

Review of Quality Performance

Staff Survey 2012

Following the publication of the 2012 staff survey there has been a number of actions that the Trust has specifically focussed on and these include;

- A Chief Executive's 150 event focusing on Trust values was held on 15 March 2013 with further events planned. The main themes for these events are discussion on values and engagement and also focusing on wider aspects of the staff survey.

- A Staff Governor Engagement Group is being established.

- Director and senior manager visits to wards departments have been in place for some time now and these will continue.

- Senior Management Team members have recently commenced 8 hour observational shifts and positive feedback is being received in relation to this from front line staff.

- The Workforce Directorate will continue to lead work on health and wellbeing, management of absence and quality of appraisal.

Further information on the annual staff survey can be found in our Annual Report 2012/13 (Section: Working with staff).

Review of Quality Performance

Partnership Case Study
Dual Diagnosis Therapists

The dual diagnosis therapists in South of Tyne have demonstrated success in working in partnership with a wide range of partnership services including a broad range of service user and carer groups across Sunderland, South Tyneside and Gateshead.

The 7 dual diagnosis therapists are embedded into planned care services in South of Tyne although they commonly work across organisational boundaries to fulfil their challenging clinical roles. As well as offering direct 1 to1 clinical support they also host regular training sessions and conduct group work aimed at achieving excellence in evidence based treatment delivery.

At the heart of their work is the promotion of recovery for service users with co-occurring substance misuse and mental health needs: who on occasion can feel particularly marginalised and often initially view themselves as been on the fringes of mainstream society.

The dual diagnosis therapist's partnership working is also illustrated by their cross team clinical practices within the Trust, with a particular focus upon assisting service users to maintain appropriate contact with not only their carers and families but also with Mental Health and Substance Misuse services.

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

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

- Gateshead Overview and Scrutiny Group
- Sunderland City Council Scrutiny Committee

Comments made last year:

Our partners made some useful comments last year and we have tried, wherever possible, to incorporate these suggestions into the 2012/13 Quality Account:

- Continue to include more locality based information.

- Provide more detail regarding complaints - the numbers, how we learn from them and any trends.

- Ensure information (such as incident reporting) is presented in an easy to understand format with simple explanations.

- Partners liked the case studies used in the Quality Account last year which helped them understand what the range of services the Trust provides.

Comments made this year:

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

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

Joint statement from North Clinical Commissioning Groups

Thank you for the opportunity to comment upon your 2012/13 Quality Account, which provides a fair account of the healthcare services provided and the performance achieved during 2011/12. This is a good report, which is easy and clear to follow. Solid progress has been made in the implementation of the CQUIN schemes, with all having been achieved in the year. Continued progress has been made towards increasing the reporting of patient safety incidents, and the open invite for commissioners to join the panel review of serious incidents demonstrates an open and honest approach to reporting and learning from the process. We have discussed the increase in category 3 complaints and you have agreed to include further information, including the proportion upheld.

Moving forward into 2013/14, the three goals are supported; the first two being underpinned and supported effectively through the CQUIN initiative i.e. reducing harm to patients and improving the relationship with patients and carers. It would be helpful to have more information regarding the transformational programme planned in relation to the third goal around clinical effectiveness and ensuring 'services are in the right place at the right time for the right person'. Supporting individual case studies which demonstrate the patient impact of service improvements would add further depth.

As part of this service transformation, the commissioners would like to see greater integration and coordination across sectors and with different providers, to ensure that patients move seamlessly and safely between, for example, community mental health teams, psychology services, primary care, and drug and alcohol services. Working with partners is key and perhaps should be given increased prominence in your report.

We note that you are working to address the high sickness levels and management of vacancies and wish to increase the ratio of qualified to unqualified staff as part of the overall quality improvement programme. We would welcome further correlation of the wider workforce data against quality and safety performance in future reports.

We recognise your significant involvement locally and nationally in developing and driving forward the Care Pathways and Packages Project. The Trust has been proactive in bringing partners together across Tyne and Wear in the planning of this new national approach to planning and delivering patient care. Overall, we would like to thank you for presenting your report to the commissioners and look forward to a further year of quality and safety improvements.

Martin Wright
Medical Director

Lesley Young-Murphy
Executive Director of Nursing
And Transformation

(on behalf of North Tyneside CCG, Northumberland CCG and the Newcastle Gateshead Alliance)

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

Statement from Sunderland Clinical Commissioning Group:

Sunderland Clinical Commissioning Group aims to commission safe, effective and efficient services that provide a positive experience for patients/ carers and staff. Commissioners of health services have a duty to ensure that the services commissioned are of good quality. Sunderland Clinical Commissioning Group takes this responsibility very seriously and considers this to be an essential component of the commissioning function.

Throughout 2012 up to March 2013, NHS South of Tyne and Wear were the responsible commissioning authority. They held monthly quality and contract review meetings with Northumberland, Tyne and Wear NHS Foundation Trust. These meeting continue under the responsibility of Sunderland Clinical Commissioning Group.

The purpose of these monthly meetings is to:

- monitor a broad range of quality indicators linked to patient safety, clinical effectiveness and patient experience,
- review and discuss relevant trust reports e.g. Incident and Complaints reports,
- review and discuss relevant external reports e.g. Care Quality Commission patient surveys,
- monitor action plans arising from the above reports,
- monitor performance against national targets.

Most of the information contained within this Quality Account is used as part of the quality monitoring process described above e.g. performance against locally agreed quality measures achievement against CQUIN indicators.

As required by the NHS Quality Accounts regulations Sunderland Clinical Commissioning Group (CCG) has taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct.

We would like to make note that within quality goal one: reduce harm to patients NTW did not achieve two of their five identified priorities however note that actions against these have been taken forward.

The CCG is pleased to note that this account highlights that the Trust is to undertake a review of all complaints for the past three years to look for any themes and or trends to help inform and improve the service for all patients, carers and their staff.

We believe that the information contained within the quality account would be more meaningful if it were presented at a local level however this is received by the CCG on a monthly basis as part of our contract monitoring meeting.

The CCG is supportive of the overall account and it is positive to note that the priorities for improvement in 2013/14 identified within the report have been developed collaboratively with commissioners, carers and the persons who use services in particular the continued innovative development of CQUIN measures to improve service quality and meaningful outcomes for service users and carers through the added 'Friends and Family' test and implementing the 6C's initiative.

Dr Geoff Stephenson
Medical Director
Sunderland CCG

Ann Fox
Director of Nursing, Quality & Safety
Sunderland & STyneside CCG's

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

Statement from local Healthwatch

Healthwatch Newcastle is aware that it can make a detailed response to the Northumberland, Tyne and Wear NHS Foundation Trust (NTW) Quality Account similar to those given by Newcastle LINk in previous years. However, considering the fact that Healthwatch Newcastle was established on 1 April 2013 and is currently developing its activities - including the recruitment of a Chair and Board members - the response of Healthwatch Newcastle will be limited this year to this letter. As a first comment the Contents page on page 2 needs to reflect the change from Local Involvement Networks (LINks) to local Healthwatch.

Having viewed Newcastle LINk's response to last year's NTW Quality Account the main item to welcome is the introduction of appropriate case-studies into the document which highlights what is being done practically.

Newcastle LINk wrote a number of reports last year around patient experience. **Each report has recommendations which may help NTW and they are below:**

- An examination of the Choose and Book system

- Looking at walk in centres and minor injuries units in Newcastle

- Carers Perspectives on getting a break

Healthwatch Newcastle may be able to support NTW with its work, particularly around the engagement with service users and carers, when it recruits the volunteer Healthwatch Champions in the near future.

In terms of the priorities, Healthwatch Newcastle welcomes the descriptions and proposed targets for 2013/2014.

Healthwatch Newcastle will be fully operational next year and will look to provide a fuller and detailed response. However, this will be a decision by the Healthwatch Newcastle Chair and Board at the appropriate time.

Craig Duerden
Programme Manager
Healthwatch Newcastle

Appendix 1: Monitor Compliance Framework

Monitor Compliance Framework/Risk Ratings 2012-2013			Q1	Q2	Q3	Q4
			Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
Finance			**5**	**5**	**5**	**4**
Governance			Green	Green	Green	Green
Targets - National requirements	**Threshold**	**Weighting**				
Referral to treatment waiting times – non-admitted (percentage)	95%	1	98.4%	99.2%	99.7%	97.1%
Referral to treatment waiting times - incomplete pathway (percentage)	92%	1				99.6%

Monitor Compliance Framework/Risk Ratings 2012-13			Q1	Q2	Q3	Q4
Mental health indicators	**Threshold**	**Weighting**	Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
Care Programme Approach (CPA) patients comprising either: - receiving follow up contact within 7 days of discharge	95%	1.0	97.0%	98.0%	97.4%	96.0%
- having a formal review within 12 months			97.8%	97.7%	97.6%	96.2%
Minimising mental health delayed transfers of care	<=7.5%	1.0	4.5%	4.7%	4.2%	5.4%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	1.0	100.0%	99.5%	100.0%	99.6%
Meeting commitment to serve new psychosis cases by early intervention teams	95%	0.5	90.5%	113.6%	156.3%	117.9%
Data completeness: identifiers (6 Indicators)	99%	0.5	99.8%	99.7%	99.7%	99.7%
Data completeness: outcomes for patients on CPA (3 Indicators)	50%	0.5	85.9%	87.2%	86.8%	86.3%
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 2012-13			Q1	Q2	Q3	Q4
Other	Threshold	Weighting	Apr - Jun	July - Sep	Oct - Dec	Jan - Mar
CQC Compliance action outstanding	N/A	Special	No	No	Yes	Yes
CQC Enforcement Action withing last 12 months	N/A	Special	No	No	No	No
CQC Enforcement Action currently in place	N/A	4.0	No	No	No	No
Minor CQC concerns or impacts regarding the safety of healthcare provision	N/A	Special	No	No	Yes	Yes
Moderate CQC concerns or impacts regarding the safety of healthcare provision	N/A	Special	No	No	Yes	Yes
Major CQC concerns or impacts regarding the safety of healthcare provision	N/A	2	No	No	No	No
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A	Special	No	No	Yes	Yes
Has the Trust been inspected by the CQC - if so was the Trust non-compliant with 1 or more essential standard?	N/A	Special	No	No	Yes	Yes
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)

Performance Indicator	Data Source	Data Frequency	Performing	Under Performing	Apr - Jun 2012	Jul - Sep 2012	Oct - Dec 2012	Jan - Mar 2013
1. Proportion of adults on CPA receiving secondary mental health services in settled accommodation	MHMDS	Quarterly	60%	40%	79.7%	79.8%	78.8%	78.0%
2. Proportion of adults on CPA receiving secondary mental health services in employment	MHMDS	Quarterly	10%	5%	8.3%	8.9%	8.4%	8.5%
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%	97.0%	98.0%	97.4%	96.0%
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%	84.7%	86.6%	86.1%	85.4%
5. The proportion of users on CPA who have had a review in the last 12 months	MHMDS	Quarterly	95%	90%	97.8%	97.7%	97.6%	96.2%
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		223	293	234	244
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		99	134	79	80
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%	90.5%	113.6%	156.3%	117.9%
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%	100.0%	99.5%	100.0%	99.6%
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	7.50%	10%	4.5%	4.7%	4.2%	5.4%
12. Data Quality on Ethnic Group	MHMDS	Quarterly	85.0%	75%	88.6%	88.5%	87.7%	87.4%
13. Data completeness - Identifiers:	MHMDS	Quarterly	97%	95%	99.8%	99.7%	99.7%	99.7%

Key to colours

Performing or exeeding target	
Above threshold but below expected performance	
Less than expected performance range	
No target provided - numbers only	

CAPTION??

Appendix 3: CQC Registered locations and services

The following table outlines the Trust's primary locations
for healthcare services as at 31st March 2013:

Location	Regulated Activities			Service Types							
	Treatment of Disease, Disorder of Injury	Diagnostic and Screening Procedures	Assessment or medical treatment for persons detained under the Mental Health Act 1983	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	●	●	●							●	
Cherry Knowle Hospital	●	●	●			●		●		●	
Craigavon Short Break Respite Unit	●	●	●					●			
Elm House	●	●	●					●			
Ferndene	●	●	●			●		●		●	
Hepple House	●	●	●			●		●		●	
Monkwearmouth Hospital	●	●	●			●		●		●	
Campus for Ageing and Vitality	●	●	●					●			
Northgate 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	Personal care	Care home service without nursing	Domiciliary care service	Supported living service
Avonridge	●		●		
Acacia House	●		●		
Denewell Avenue	●		●		
Easterfield Court	●		●		
Elsdon Mews	●		●		
Flax Cottages	●		●		
Grange Park Avenue	●		●		
Hirst Villas	●		●		
Lyndhurst Grove	●		●		
Newgate Street	●		●		
Northgate Hospital		●		●	●
Prudhoe House	●		●		
Roslin	●		●		
Springdale	●		●		
Sixth Avenue	●		●		
Stonecroft	●		●		
Woodlands Cottage	●		●		
The Willows	●		●		
Woolsington 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 2012/13;

- 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 2012 to April 2013
    - Papers relating to Quality reported to the Board over the period April 2012 to April 2013
    - Feedback from the Commissioners dated May 2013
    - Feedback from the Local Healthwatch organisations dated May 2013

The Trusts complaints information presented to the Board that has not yet been published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, covering the period April 2012 to March 2013;

    - The 2012 national patient survey
    - The 2012 national staff survey
    - The Head of Internal Audit's annual opinion over the Trust's control
      environment dated May 2013

CQC quality and risk profiles dated 31 March 2013

- 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.monitornhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275

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

24th May 2013   Acting Chairman

24th May 2013   Chief Executive

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

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

We have been engaged by the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital; and

- Admissions to inpatient services had access to crisis resolution home treatment teams.

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

Respective responsibilities of the Directors and auditors

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

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

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;

- the Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's 2012/13 Detailed Guidance for External Assurance on Quality Reports; 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.

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

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

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

- Board Minutes and papers for the period April 2012 to April 2013;

- Papers relating to quality reported to the Board over the period April 2012 to April 2013;

- Feedback from the Lead commissioner, received from North Clinical Commissioning Groups in May 2013

- Feedback from local Healthwatch organisations received in May 2013

- The Trusts complaints information presented to the Board that has not yet been published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, covering the period April 2012 to March 2013;

- The 2012 national patient survey;

- The 2012 national staff survey;

- Care Quality Commission quality and risk profiles dated 31 March 2013;

- The Head of Internal Audit's annual opinion over the Trust's control environment for the period April 2012 to March 2013; and

- Any other information included in our review

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the Council of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Northumberland, Tyne and Wear NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

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

Assurance work performed

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

Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- Making enquiries of management;

- Testing key management controls;

- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and

- Reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision 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 scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Northumberland, Tyne and Wear NHS Foundation Trust.

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- 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 2012/13 Detailed Guidance for External Assurance on Quality Reports; and

- The indicators in the Quality Report subject of limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

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

23 May 2013

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.
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.
HoNOS/HoNOS 4 factor model	Health of the Nation Outcome Scales. A clinical outcome measuring tool.

Appendix 6: Glossary of Terms

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

Appendix 6: Glossary of Terms

NPSA	National Patient Safety Agency.
NTW	Northumberland, Tyne and Wear NHS Foundation Trust.
Out of area placements	Service users who are cared for out of the North East area or service users from outside of the North East area being cared for in the North East.
Pathways of care	Service user journey through the Trust – may come into contact with many different services.
PCT	Primary Care Trust – a type of NHS Trust that commissions primary, community and secondary care from providers.
Points of You/How's it Going	NTW service user/carer feedback processes allowing us to evaluate the quality of services provided.
Productive Ward	The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.
QRP	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
RIO	Electronic patient record.
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.
SMART	Specific, Measurable, Achievable, Realistic, Timely – a way of setting objectives to make sure they are achievable.
Serious Incident	Serious incident - an incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.
SWEMWEBS	Warwick-Edinburgh Mental Wellbeing Scale – a clinical outcome measuring tool.
Transition	When a service user moves from one service to another i.e from an inpatient unit to being cared for by a community team at home.

Partnership Case Study
Devising Psychosis

Devising Psychosis was part of Self-made: a series of independent events exploring the relationship between art, society, and wellbeing. The project was funded by NTW Service User & Carer Network, Launchpad and Newcastle & Gateshead Arts Development.

Devising Psychosis was a free afternoon of talks, performance, visual art installations and conversation on the arts in wellbeing that took place in April 2012 at the Jubilee Theatre in St Nicholas Hospital. This included contributions from EIP service users, creative practitioners, academics, and NTW staff members.

Central to this was a Devising Theatre Project. Devising Theatre is a form of theatre where the script originates not from a writer or writers, but from collaborative, improvisatory methods by a group of people. The members of this project included service users and staff from the Newcastle and North Tyneside Early Interventions in Psychosis Service, Tender Buttons Theatre Company, North Tyneside & Newcastle Arts Studios.

They were interested in how artistic expression may give voice to the lived experience of psychosis, its influence on the recovery process and its relationship to mental health practice. As the project developed, this interest widened to consider the effect of relationships that were open to the creative potential of collaborative working in fostering personal and relational wellbeing.

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.

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