

Northumberland, Tyne and Wear



NHS Foundation Trust

Quality Account 2013/14

Shining a light on the future



Introduction to the Quality Account

About Northumberland, Tyne and Wear NHS Foundation Trust

Working from over 60 sites and covering more than 2,200 square miles, our 6,000 staff providing 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 wellbeing 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.

Acting 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, local healthwatch 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 2013/14 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 2013/14.

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

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

James Duncan
Acting Chief Executive
28th May 2014

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 continue to roll into 2014/15 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 2013/14.

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.

We recognise some of the quality priorities we set ourselves are challenging but we are committed to always delivering any unmet standards from 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.



Douglas Gee
Medical Director
28th May 2014



Gary O'Hare
Director of Nursing & Operations
28th May 2014

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 2013/2014, 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 2014/2015.

As in previous years, we remain committed to taking any Quality Priorities that are not fully achieved during 2013/14 forward to 2014/15 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 across all directorates in line with local and national strategies and the needs of individuals and communities; providing first class care in first class environments;
2. Be a sustainable and consistently high performing organisation;
3. Be a Model Employer, an Employer of Choice and an Employer that makes the best use of the talents of the entire workforce;
4. Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work;
5. Provide high quality evidence based and safe services, supported by effective integrated governance arrangements;
6. Improve clinical and management decision making through the provision and development of effective information;
7. Be an influential organisation which supports and enables social inclusion.

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 42,500 people. Working from over 60 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. Table 1 below shows the number of current service users as at 31st March 2014, split by locality, with a comparison of the same figures from 2010/11, 2011/12, 2012/13 & 2013,14:

NTW Service Users by locality 2010/11, 2011/12, 2012/13 & 2013/14:

CCG/PCT	2010/11	2011/12	2012/13	2013/14
Durham Dales Easington & Sedgefield CCG	*	*	*	388
North Durham CCG	*	*	*	561
Durham (old PCT)	1110	1208	1049	*
Darlington CCG	112	128	115	89
Gateshead CCG	2900	3422	3620	3706
Hartlepool & Stockton CCG	38	38	40	115
Middlesbrough CCG	84	95	113	175
Newcastle (old PCT)	7839	8582	8907	*
Newcastle North & East CCG	*	*	*	4499
Newcastle West CCG	*	*	*	4487
North Tyneside CCG	3361	3520	3526	3778
Northumberland CCG	9060	9201	9425	10739
Redcar and Cleveland (old PCT)	60	65	58	*
South Tyneside CCG	3038	4017	4561	4599
Stockton (old PCT)	79	84	81	*
Sunderland CCG	6843	8725	8575	9084
other areas	208	545	395	413
Total	34732	39630	40465	42530
% Increase in service user numbers		14.1% (4898)	2.1% (835)	5.1% (2065)
% Increase in service user numbers since 2010		14.1% (4898)	16.2% (5733)	21.3% (7798)

Table 1

The table shows that our Service User numbers have increased by 2,065 during 2013/14.

Most locality areas have seen an increase in numbers of Service Users with the biggest increases being in Northumberland, North Tyneside and Sunderland.

During the four year period of the data presented service user numbers have increased in total by 21.3% or 7,798 service users.

*Due to changes to the commissioning structure in 2013/14 when Primary Care Trusts (PCT's) were dissolved and Clinical Commissioning Groups (CCG's) were established there is no longer a direct comparison available for all of our locality areas.

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 2013/2014.

Quality Priority 2013/2014	Rationale	Target by 31 March 2014	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.	To achieve a target of 85% of applicable staff trained in this area by 31 March 2014.	ACHIEVED – at the 31 March 2014 87.3% of applicable staff had received training in leave management.
2. To ensure GPs receive care plan information within seven 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.	ONGOING – at 31 March 2014 we could demonstrate that 34.2% of care plans were sent to GPs within seven days. This will no longer be a Quality Priority for 2014/15 as it will become part of a nationally mandated CQUIN.
3. To ensure GPs receive discharge summaries with 24 hours 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.	To carry out baseline audits of numbers of forms that are electronically generated and set improvement trajectories for the year.	ONGOING – at 31 March 2014 we could demonstrate that 47.1% of discharge summaries were sent to GPs within 24hours. This will no longer be a Quality Priority for 2014/15 as it will become part of a nationally mandated CQUIN.

Quality Priority 2013/2014	Rationale	Target by 31 March 2014	Progress
<p>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 ongoing transformation programme.</p>	<p>Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.</p>	<p>To assess current transition arrangements between adult community teams and adult assessment and treatment teams.</p> <p>To conduct an audit of the impact of transition arrangements and create an action plan for improvement based upon the findings.</p>	<p>ACHIEVED – during 2013/14 we undertook an assessment of the current arrangements in place to manage transitions and an audit of any impact caused. A plan for improvement is now in place and being monitored as part of our ongoing programme of transformation.</p>
<p>5. To ensure all relevant staff undertake falls risk assessment training.</p>	<p>To improve and standardise knowledge and practice in relation to risks associated with, and prevention of, falls in older people.</p>	<p>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.</p>	<p>ACHIEVED – the key milestones for this priority were achieved during 2013/14 as an additional part of our nationally mandated Safety Thermometer CQUIN. This work will continue, as part of that CQUIN, in 2014/15</p>

Quality Priority 2013/2014	Rationale	Target by 31 March 2014	Progress
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.	ACHIEVED – at 31 March 2014 the trajectories for improvements in DNA rates were met. Work will continue in this area as part of our ongoing programme of transformation.

How have the quality priorities in 2013/2014 helped progress towards this goal?

The aim of this goal is to reduce the number and severity of patient safety incidents. Table 2 shows the number of patient safety incidents reported by the Trust over the past 5 years:

Patient Safety Incidents reported:	2009/10	2010/11	2011/12	2012/13	2013/14
Patient Safety Incidents	9,887	11,722	12,621	13,709	12,676

Table 2

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 included near misses.'

Patient Safety Incidents by impact

Number of Patient Safety Incidents reported, by impact:	2009/10	2010/11	2011/12	2012/13	2013/14
No harm	3,123	3,014	3,769	3,333	3,388
Minor, Non-permanent harm	6,009	7,839	7,912	8,144	8,344
Moderate, Semi Permanent harm	602	756	804	1,990	766
Major, Major Permanent harm	73	49	59	169	70
Catastrophic, Death	80	64	77	73	108
Total patient safety incidents reported	9,887	11,722	12,621	13,709	12,676

Table 3 *some numbers differ from previous reports due to on-going data quality improvement work and the results of coroners verdicts

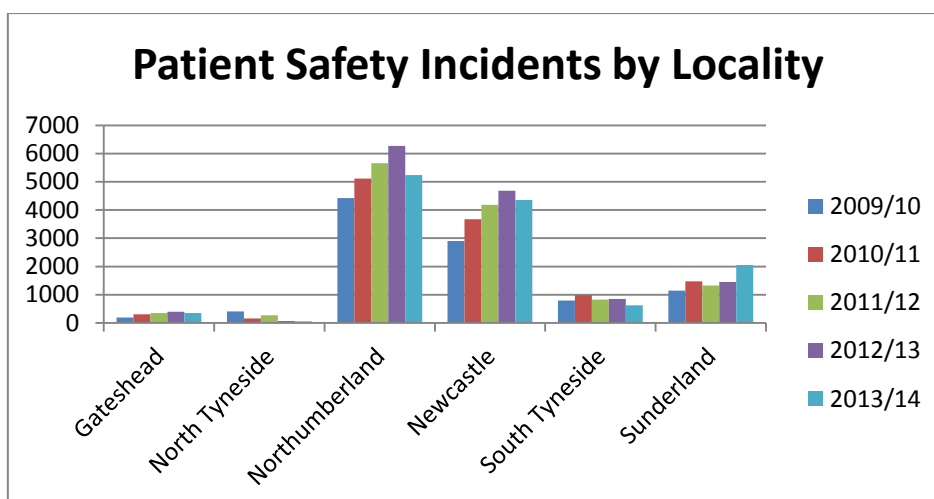
As demonstrated in Table 3 above during 2013/14 the numbers of Moderate and Major harm incidents have reduced from previous years while the No harm and Minor have increased. This is partly due to improved recording and categorising processes of our patient safety incidents and the Trust will be using the 2013/14 data as a solid baseline to identify trends in future years.

It is important to note that the figure presented for 2013/14 Catastrophic/Death related patient safety incidents will be revised in-year as more coroner conclusions are received. This will change some incidents and mean they no longer meet the patient safety definition for example the verdict may be that of natural causes.

Quality Goal One: Reduce incidents of harm to patients

Patient Safety Incidents by locality

Graph one shows all of the patient safety incidents which have been reported over the past five years split by locality:



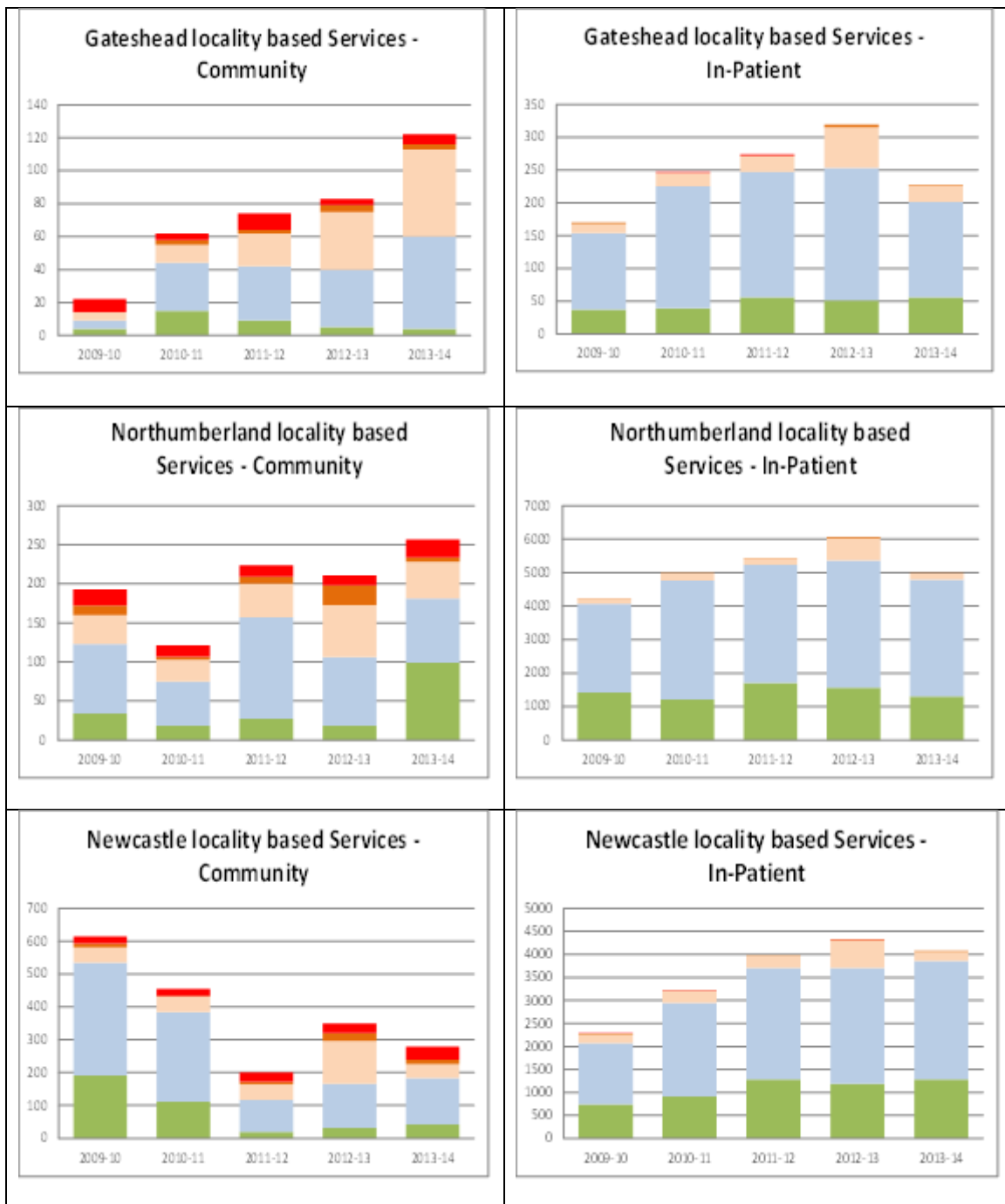
The localities of Newcastle and Northumberland have more reported patient safety incidents due to the number of specialised services located in those areas. This means the numbers are not purely population specific but rather where the services are located.

In the following section we have shown patient safety incidents, by locality, and the severity of harm caused, using the 5 categories reported in Table 3. The information has been divided into patient safety incidents which happen in the community and those that happen when our service users are inpatients

	2009-10	2010-11	2011-12	2012-13	2013-14
Community	913	749	653	979	1040
Inpatient	8974	10973	11968	12730	11636
Total patient safety incidents	9887	11722	12621	13709	12676

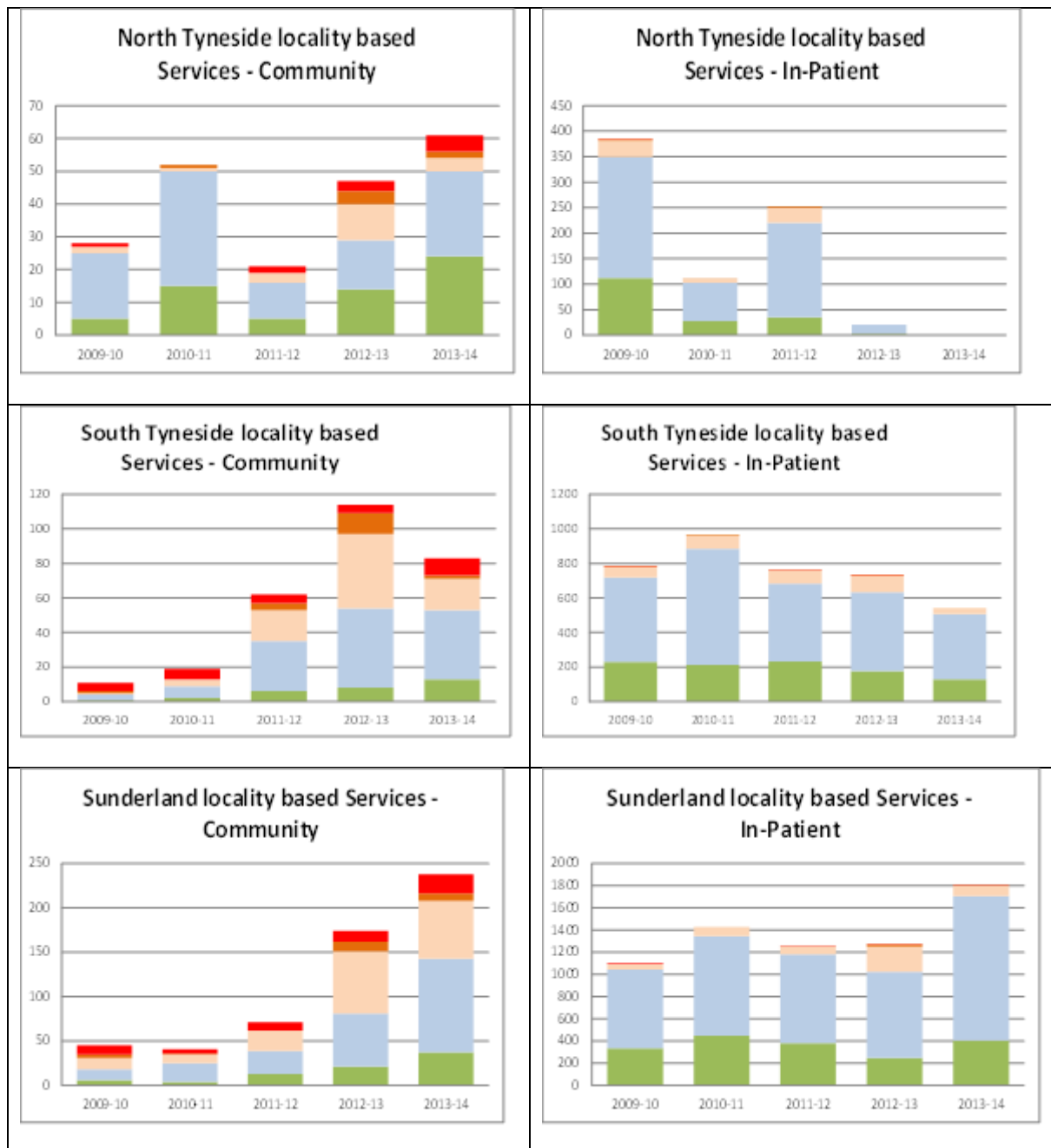
Table 4 shows the numbers of incidents reported in the community and in our inpatient services over the five year period.

Patient Safety Incidents by Locality and Level of Harm



Patient Safety Incident Category	
	Catastrophic, Death
	Major, permanent harm
	Moderate, semi-permanent harm
	Minor, non-permanent harm
	No harm

Quality Goal One: Reduce incidents of harm to patients



These graphs show each the patient safety incidents in our inpatient and community services, for each locality over a 5 year period.

National benchmarking information on our serious incident reporting can be found on page 46 of this report.

For any further updates on our patient safety incident information please access our publically available Trust Board patient safety reports which are published quarterly and can be found at <http://www.ntw.nhs.uk/section.php?l=2&p=26>

Looking forward: What are our quality priorities in 2014/15 to support this goal?

Priority	Aim/Objective	Rationale	Target & Trajectory
1	To improve the assessment and management of risk.	Evidence from serious incident reviews has highlighted that if we can undertake more effective risk assessment it can reduce clinical risk and increase patient safety.	A programme of work to support this priority will be developed during Q1 2014/15 which will include enhanced staff training and improving the quality of risk assessment.

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

This quality goal will improve patient experience.

Looking back: progress against our quality priorities to support this goal in 2013/2014:

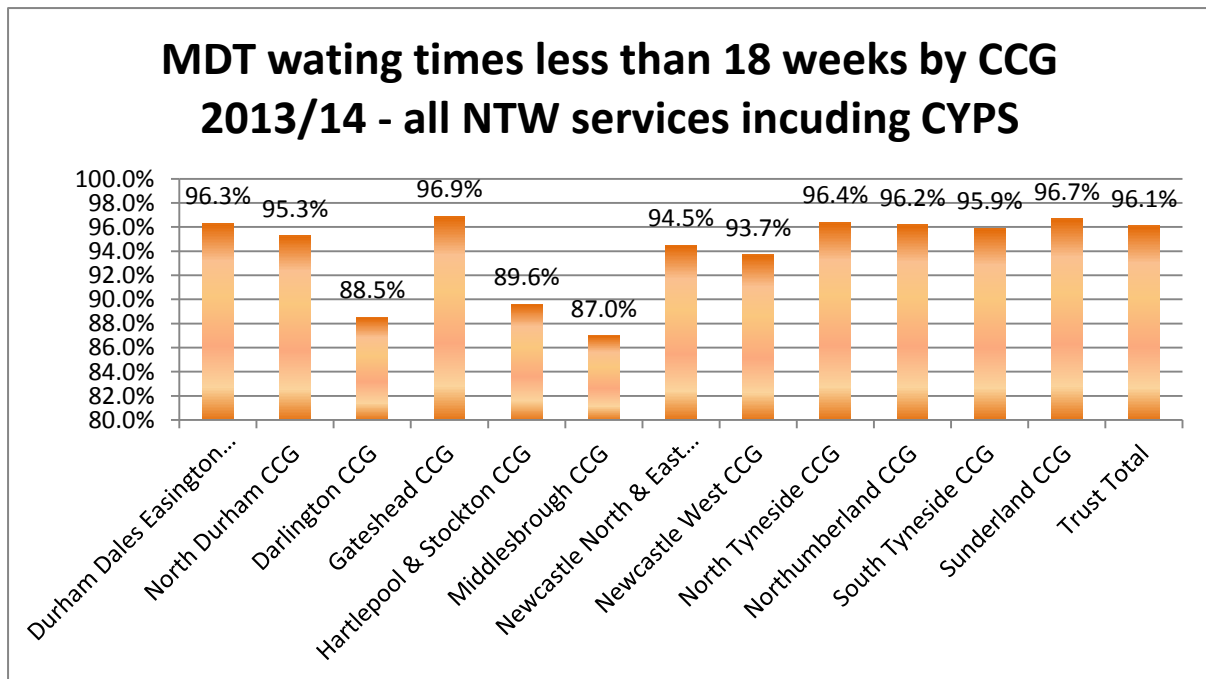
Quality Priority 2013/2014	Rationale	Target by 31 March 2014	Progress
1. Greater availability or variety of activities within inpatient services.	This is a key area of improvement demonstrated through patient feedback.	To achieve timely and appropriate activities with 85% being offered out of hours by 31/03/14.	<p>ACHIEVED – March 2014 position for activities being delivered Monday-Friday between 9-5pm we continue to deliver 100% compliance.</p> <p>For activities being delivered/offered Out of Hours/After 5pm and at weekends – we have achieved 86% compliance rate.</p> <p>The types of activities available are:</p> <p>Art sessions</p>

			<p>Pamper sessions Drama sessions Local walks Shopping trips</p>
<p>2. Greater Choice, quality of food and timings of meals to inpatient areas.</p>	<p>This is a key area of improvement demonstrated through patient feedback.</p>	<p>To complete nutritional analysis of patient meals. To conduct a trial of electronic meal ordering and evaluate before rolling out across inpatient areas.</p>	<p>ONGOING – There have been technical problems with the new electronic meal ordering system which has delayed its implementation. The expectation is these will be resolved very soon and the system will be rolled out during summer 2014.</p> <p>Due to other priorities placed on the dietetics staff the patient menu analysis is not yet complete. Additional resources have been put into the process and the expectation is that this work will be completed by the end of May 2014.</p>
<p>3. To improve waiting time for referrals to multidisciplinary teams.</p>	<p>To ensure Trust services are responsive and accessible.</p>	<p>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.</p>	<p>ONGOING – as at 31 March 2014 98% of all patients (excluding CYPS) waited less than 18 weeks. CYPS North achieved 72.9% and CYPS South achieved 81.1% waiting less than 12 weeks.</p>
<p>4. To roll out the 'Family and Friends' test in line with national</p>	<p>To establish a robust method of recording and reporting this</p>	<p>To determine the best method and time to capture this information and</p>	<p>ACHIEVED – the process is now in place to capture the 'Friends and</p>

guidance.	information.	begin to report on findings from October 2013.	Family' questions and reporting has commenced.
5. To implement the 6Cs initiative (based on 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.	ACHIEVED – at the 31 March 2014 60.2% of staff had undertaken the Values and Attitudes training which equates to 3,857 of our staff.

Multi-disciplinary waiting times by locality (Including CYPS)

Graph 4 shows the percentage of service users in each locality (including our Children and Young Peoples Services) who have waited less than 18 weeks for their first appointment with a multidisciplinary team during 2013/14.



Graph 4

How have the quality priorities in 2013/2014 helped progress towards this goal?

We have made progress against our overall goal of improving patient experience and this is reflected in our 2013 Community Patient Survey 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 2013 by 224 community service users, showed the following results:

Summary scores for patient survey question	Score out of 10: (a higher score is better)	How this score compares with other Trusts
For questions about Health and Social Care Workers	8.7	About the same
For questions about Medications	7.4	About the same
For questions about Talking Therapies	7.2	About the same
For questions about Care co-ordinator	8.0	About the same
For questions about Care Plan	6.8	About the same
For questions about Care Review	7.5	About the same
For questions about Crisis Care	6.7	About the same
For questions about Day to Day Living	5.5	About the same
Overall questions	7.0	About the same

Table 4

Comparison to previous year's scores:

Section	2010	2011	2012	2013
Health & Social Care Workers	8.6	8.5	9.0	8.7
Medications	7.4	7.0	7.2	7.4
Talking Therapies	6.9	7.3	7.4	7.2
Care Co-ordinator	8.5	8.4	8.6	8.0
Care Plan	6.3	6.8	7.1	6.8
Care Review	7.4	7.6	7.5	7.5
Crisis Care	-	6.8	6.5	6.7
Day to Day Living	5.8	6.0	5.7	5.5
Overall	6.9	6.5	7.3	7.0

Table 5

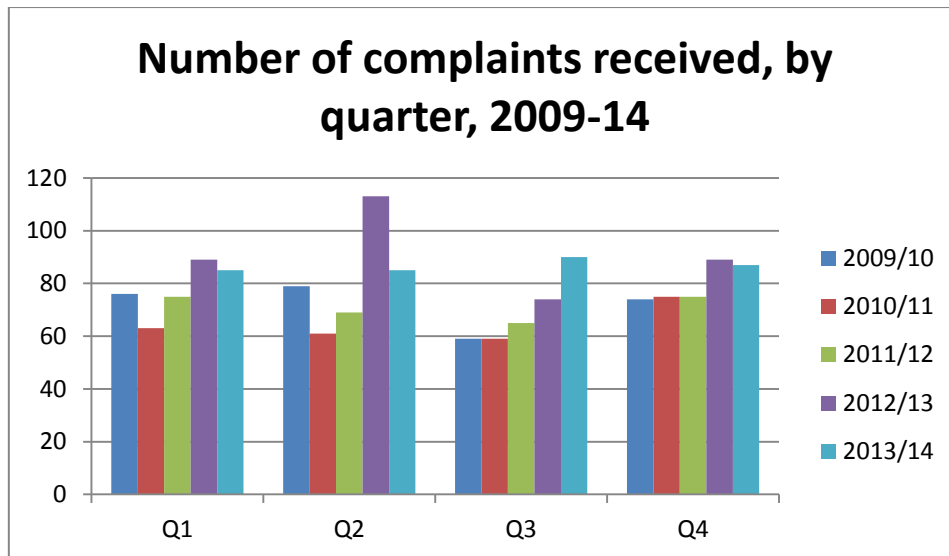
More details on the 2013 survey results for this Trust can be found at the following link: <http://www.cqc.org.uk/survey/mentalhealth/RX4>

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.

Complaints that are received in the Trust are reported on a weekly basis to Directors of our Clinical Services, to consider immediate improvements and learning and also to consider who are the most appropriate members of staff to support the complainant and investigate the complaint. Complaints activity and the learning from each one are considered within each clinical group's quality and performance structures, as well as Northumberland Tyne and Wear NHS Foundation Trust's Board Sub Committee which reviews complaints and has Non-Executive Director Membership and independent scrutiny. Each complaint response is considered by the Executive Medical Director and Executive Director of Nursing and Operations before being formally signed off by the Chief Executive.

Complaints have decreased during 2013/14 with a total of 345 received during the year from our 42,500 service users. This is a decrease of 19 complaints from 2012/13 (there were 365 in 2012/13 and 284 in 2011/12).



Graph 5

Complaints by Category Type

In line with national reporting of category types of complaints that are reported to the Health & Social Care Information Centre Table 6 shows the numbers of complaints and the category types for the year 2013 / 14 compared to previous years.

During 2013/14 we are pleased to report that complaints relating to attitude of staff have decreased from 78 to 58. This is in line with our work undertaken with all Trust staff to attend Values and Attitudes training (60.2% of staff had completed the course by 31st March 2014 which equates to 3,857 staff). Due to the complaints team realigning activity to more accurately reflect national reporting requirements an increase in the categories of 'all aspects of clinical treatment,' 'admission, transfer and discharge arrangements' and 'communication and information to patients' was noted in the year. This activity can now be compared to nationally available information.

Category Type	2009-10	2010-11	2011-12	2012-13	2013-14
Admission, Discharge & Transfer Arrangements	12	11	9	14	17
Aids and Appliances, Equipment, Premises	1	4	4	0	1
All Aspects of Clinical Treatment	91	83	105	130	151
Appointments, Delay, Cancellations- Inpatients	2	2	2	1	3
Appointments, Delay, Cancellations - Out-Patients	15	24	20	47	23
Attitude of Staff	75	63	75	78	58
Communication/Information to patients	24	17	31	34	40
Complaints Handling	0	0	2	1	0
Consent to Treatment	0	0	1	0	0
Failure to Follow Agreed Processes	3	6	6	4	4
Hotel Services	18	5	4	13	6
Others	18	9	0	0	0
Patient Privacy & Dignity	9	18	7	6	8
Patient Property and Expenses	6	3	5	7	6
Patient Status / Discrimination	5	1	9	18	14
Personal Records	6	9	3	10	14
Policy and Commercial Decision	3	3	1	2	0
Totals	288	258	284	365	345

Table 6

Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. Table 7 indicates the numbers of complaints and the associated outcomes for the 5 year reporting period

Outcome	2009-10	2010-11	2011-12	2012-13	2013-14
Closed – Not Upheld	103	90	109	123	82
Closed – Partially Upheld	70	80	91	109	99
Closed - Upheld	68	47	36	62	85
Complaint withdrawn	44	29	23	40	34
Decision not to investigate	0	0	0	0	1
Still awaiting completion	0	0	0	2	30
Unable to investigate*	3	12	26	29	14
Total	288	258	284	365	345

Table 7 * category relates to complaints received which are not about our services.

Complaints referred to the Parliamentary and Health Service Ombudsman

If a complainant is dissatisfied with the outcome of a complaint investigation they are given the option to contact the Trust again to explore issues further. However if they choose not to do so, or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England. There were 14 NTW complaints referred to the PHSP during 2013/14 and the following table provides both the Trust complaint outcome and the PHSO outcome for those that were completed at the time of writing this report.

	Trust Outcome	PHSO Outcome
1.	Closed - Partially Upheld	Closed - Not Upheld
2.	Closed - Partially Upheld	Closed - Not Upheld
3.	Closed - Partially Upheld	Closed - Not Upheld
4.	Closed - Partially Upheld	Closed - Not Upheld
5.	Closed - Partially Upheld	Still Awaiting Completion
6.	Closed - Partially Upheld	Decision by PHSO Not To Investigate
7.	Closed - Not Upheld	Decision by PHSO Not To Investigate
8.	Closed - Partially Upheld	Still Awaiting Completion
9.	Unable To Investigate	Decision by PHSO Not To Investigate
10.	Closed - Partially Upheld	Closed - Not Upheld
11.	Closed - Not Upheld	Still Awaiting Completion
12.	Closed - Partially Upheld	Still Awaiting Completion
13.	Closed - Upheld	Still Awaiting Completion
14.	Closed - Partially Upheld	Still Awaiting Completion

Table 8

Looking Forward: What are our quality priorities in 2014/2015 to support this goal?

Priority	Aim/Objective	Rationale	Target & Trajectory
1	Greater choice, quality of food and timing of meals to inpatient areas.	This is a key area of improvement demonstrated through patient feedback.	To roll out the electronic food ordering system to all inpatient wards and complete nutritional analysis of all menus by 31/03/2015.
2	To improve the referral process and the waiting times for referrals for multi-disciplinary teams.	To ensure Trust services are responsive and accessible.	100% of all patients to wait less than 18 weeks by 31/03/15. Implement an improved access/referral process across NTW services.

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 priority to support this goal in 2013/2014:

Quality Priority 2013/2014	Rationale	Target by 31 March 2014	Progress
Enhancing the Quality of care in inpatient units and developing fit for purpose community teams.	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development of more responsive community teams and access model.	To ensure on-going development, each of the three discreet clinical groups have identified priorities for development throughout 2013/14.	ACHIEVED – at the end of March 2014 this priority has achieved its objectives for 2013/14 but will be carried forward to 2014/15 as our transformation programme continues.
To develop an approach to outcome measurement using HoNOS 4 factor model and	As the Trust transforms its clinical services it is essential to understand the impact of the care	To produce a viable implementation plan in line with national guidance. From July 2013	ACHIEVED – a process is now in place within the Trust to capture this information and reporting

SWEMWEBS	delivered (both before, during and after any changes) in order to understand whether the changes have delivered the anticipated benefits.	report on HoNOS 4 factor model and from October 2013 also report on SWEMWEBS.	commenced in July 2013 on HoNOS 4 factor model and from October 2013 on SWEMWEBS
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.	ACHIEVED – a skills gap analysis was undertaken which led to the development of a training plan with agreed trajectories for staff training. At the end of March 2014 these trajectories were all met. The courses the staff were trained in for this priority were: Cognitive Behavioural Therapy Dialectical Behavioural Therapy Family Therapy WRAP (Wellness Recovery Action Plan) Training

How have the quality priorities in 2013/2014 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 2013/14

These are some of the key service developments that the Trust has made during 2013/14:

Principal Community Pathways Programme

The Programme commenced in 2013/14 the design, testing and implementation of effective, evidence based interventions focussed on recovery and effective support for people to live and work in their own communities with the aim of reducing reliance on hospital beds in Sunderland and South Tyneside.

This work will be rolled out across Newcastle, Northumberland, Gateshead and North Tyneside over the period of this Plan. The Programme will redesign services to meet the following needs in adults: Psychosis; Non-psychosis; Cognitive Disorders and Learning Disability.

The PRiDE Development (including the reprovision of Cherry Knowle Hospital)

The Specialist Care Dementia Centre at Monkwearmouth Hospital opened in November, 2013 and Hopewood Park is due for completion in August, 2014.

Augmentation Programme

The Trust has already made significant progress in this programme of work achieving the following during 2013/14:

- The review of the dementia care pathway in Newcastle, particularly long term care provision, with the aim of the Trust focusing its service and resources on the provision of care to those at an earlier stage of the illness who may exhibit challenging behaviour;
- The review of long term complex care services North of Tyne as a part of the move towards an improved stepped care pathway;
- Expansion of hospital liaison services in Sunderland in line with the recognised Rapid Assessment, Interface and Discharge (RAID) model;
- Realignment of female adult mental health assessment and treatment services in North of Tyne, in line with demand.

Specialist Care Services Programme

During 2013/14 the Trust achieved the following:

- Progressed the review of Neurological Services with the aim of optimising the use of inpatient facilities, improving operational procedures and practices in the outpatient department and reviewed the community teams;
- Remodelled the services provided from Alwood and increased the bed occupancy following the completion of the refurbishment of the unit. Alwood provides medium secure inpatient assessment and treatment for young

people up to 18 years old who have complex mental health needs, including those with a learning disability;

- Commenced the review of Forensic Services including the changing commissioner environment, the estate requirements for these services and patient pathway so that patients can be moved on safely;
- Evaluated the Big Diversion Project, in preparation for the next stage of development;

Secured Full Business Case approval for the development of a purpose built unit for people with autism on the Northgate Hospital site to support the new model of care and replace the existing buildings.

Social and Residential Services

In terms of the Trust's Social and Residential Services, during 2013/14 the Trust achieved the following:

- Concluded the lengthy programme aimed at transferring responsibility for the provision of social care for people with learning disabilities to alternative providers;
- Agreed with Commissioners a new model of care for one mental health residential long stay home, which the Trust had historically provided, and transferred the service to alternative providers.

New Services

During 2013/14 the Trust was awarded the following services following a competitive tender process:

- Regional Veterans Awareness Training in the North East;
- Northumberland Integrated Drug and Alcohol Recovery Service;
- CYPY IAPT Training (part of national programme). This bid was submitted as a part of the Newcastle CAMHS Partnership;
- Liaison and Diversion Pilot Services (part of national programme);
- North Tyneside Integrated Drug and Alcohol Recovery Service.

Partnerships

The Trust has developed partnerships with NHS organisations, the community voluntary and independent sectors which we highly value. These include:

- Care UK who were successful in winning the North East Offender Health Tender, but invited the Trust and Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) to work in partnership to provide mental health input to the North East prisons;
- Our partnership with Insight (formerly Mental Health Concern Oakdale Ltd) who we work with in the provision of Newcastle Talking Therapies;
- The partnership with TEWVFT and Revolving Doors in the implementation of the Big Diversion Project;

- The provision of a new model for Tier 3 Children and Young People's Services South of Tyne in partnership with Barnado's, Action for Children and Investing in Children;
- A partnership with TEWVFT, Combat Stress and The Royal British Legion to deliver Veterans Wellbeing Assessment and Liaison Service in the North East;
- A partnership with TEWVFT to deliver Veterans Awareness Training in the North East;
- A partnership with Changing Lives (formerly the Cyrenians) and Turning Point to provide the Northumberland Integrated Drug and Alcohol Recovery Service and the North Tyneside Integrated Drug and Alcohol Recovery Service ;
- Partnership working with Northumbria and Cumbria Probation Trusts to develop Community Personality Disorder services within the respective Probation Trust areas;
- Hosting of the North East Quality Observatory System (NEQOS) in partnership with South Tees Hospitals NHS Foundation Trust;
- Working in partnership with TEWV, Her Majesty's Courts and Tribunal Service and Youth Offending Teams from Northumbria, Durham and Cleveland in the provision of Liaison and Diversion Pilot Services;
- Our partnership with Byker Bridge Housing Association in the provision of Westbridge, a 24 hour staffed step down accommodation for individuals moving out of Adult Forensic Services;
- The provision of Sunderland Psychological Wellbeing Services in partnership with Sunderland Counselling Services and Washington MIND;
- The provision of a Macmillan Clinical Nurse Specialist in Palliative Care for people with learning disabilities in partnership with Macmillan Cancer Care;
- Our partnership with Northumbria Probation Service and Barnardos in the provision of assessment and treatment for individuals at risk of sex offending who are outside of the criminal justice system.

There is more detail about our transformation programme in our Annual Report 2013/14.

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:

- Monitored the implementation of the Single Access Point for interpretation and advised the supplier of areas where further language support was required
- Introduced a telephone interpreting service
- Reported on the findings of equality and diversity inspections to three inpatient areas
- Undertaken an inspection of Community-Based Services
- Provided access advice to the design of new services
- Drafted guidance on the provision of reasonable adjustments
- Amalgamated and redesigned Equality and Diversity Training

In the coming year the Trust will undertake an evaluation of its Equality and Diversity provision using the revised Equality Delivery System 2 from NHS England. This will enable us to refresh and renew following consultation our Equality Objectives to meet the requirements of the Public Sector Equality Duty.

Our Equality and Diversity Work is aligned to the work that we undertake as a result of the findings of our Staff Survey, as a result we will be introducing:

- Intranet Forums for staff with protected characteristics under the Equality Act 2010
- Equality and Diversity Open Forums
- Whistleblowing Campaign
- Campaign and Event to coincide with International Day of Disabled People

Looking forward: What are our quality priorities in 2014/15 to support this goal

Priority	Aim/Objective	Rationale	Target and Trajectory
1	Enhancing the Quality of care in inpatient units and developing fit for purpose community teams.	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development of more responsive community teams and access model.	To ensure ongoing development, each of the three discreet clinical groups will identify priorities for development throughout 2014/15 by the end of Q1.

2	To widen the roll out across the Trust of the Wellness Recovery Action Plan (WRAP) tool.	WRAP planning is service user led and helps to promote recovery and long term stability.	Identify current use of WRAP and set improvement trajectory. Revise policies to incorporate WRAP. Assess training requirements and set trajectory.
3	To improve service user recovery-using the Improving Recovery Through Organisation Change (ImROC) 10 Key Challenges to Support Service User Recovery Tool.	Implementing Recovery through Organisational Change initiative, known as ImROC, is the leading source of support for mental health service provider organisations who wish to progress towards more recovery-orientated services. Embedding on principals of co-production where professionals and people with lived experience work together to design and produce better services, and implementing the 10 Key Challenges to support recovery will significantly improve the quality and effectiveness of community services delivered through Community Principal Pathway.	

How NTW uses NICE guidance to promote clinical effectiveness

The Trust is committed to ensuring that the interventions and treatments that we provide are evidence based, effective and based on the principles of good practice. We do this by the implementation of best practice including National Institute for Health and Care Excellence (NICE) guidance and quality standards. Design and reconfiguration of Trust services through the Transforming Services Programme

ensures all relevant NICE guidance is incorporated and our electronic patient record (RiO) system ensures that care packages and pathways for Service Users reflect current guidance.

NICE provide guidance, based on best available evidence, for high quality care and preventing ill health. The Trust reviews all guidance, technology appraisals and quality standards issued by NICE to ascertain their applicability to services provided by the Trust. Where applicable a thorough assessment of Trust compliance is completed and action plans put in place as necessary to implement recommendations.

In 2013/14 we have continued to work through baseline assessments in Schizophrenia, Autism in Children and the Management of Violence. Baseline reports are well in progress in a number of areas where NICE has made recommendations including Dementia, the Management of Depression, Bipolar Disorder and Service User Experience.

Early 2014 saw the approval of the NTW Clinical Effectiveness Strategy, this promotes the adoption and dissemination of NICE guidance within and across the organisation and also ensures gathering of outcomes data and other internal measurement to provide evidence of how clinically effective our services are. We 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 2013/2014 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 257 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all the data available to them on the quality of care in all 257 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 100 per cent of the total income generated from the provision of relevant health services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2013/14.

Participation in Clinical Audits

During 2013/14, 6 national clinical audits and 1 national confidential enquiry covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

During that period 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 Trust was eligible to participate in during 2013/2014 are as follows:

National Clinical Audits 2013/2014
1. National audit of Psychological Therapies for Anxiety and Depression
2. Prescribing for ADHD (POMH-UK Topic 13a)
3. Monitoring of Patients Prescribed Lithium (POMH-UK Topic 7d)
4. National Audit of Schizophrenia (Royal College of Psychiatrists)
5. Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)
6. Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)
National Confidential Enquiries 2013/2014
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 2013/2014, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2013/2014	Cases submitted	Cases required	%
National audit of Psychological Therapies for Anxiety and Depression	Completed & Action Plan due 2014	-	-
Prescribing for ADHD (POMH-UK Topic 13a)	50	50	100%
Monitoring of Patients Prescribed Lithium (POMH-UK Topic 7d)	139	No minimum requested	-
National Audit of Schizophrenia (Royal College of Psychiatrists)	89	75	-
Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)	Audit on going at time of report	-	-
Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)	Audit on going at time of report	-	-
National Confidential Enquiries 2013/2014			
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	Summary published Dec 2013	-	-

The reports of 2 national clinical audits were reviewed by the provider in 2013/2014, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions
Prescribing for ADHD (POMH-UK Topic 13a)	<p>Reports were reviewed by the Trust's Medicines Management Committee and appropriate actions taken from the audit recommendations.</p> <ul style="list-style-type: none"> - Identify information that must be provided to patients and their carers before treatment starts and to record that this has been done in the electronic notes. - Develop a standardised approach for recording physical health monitoring and cardiovascular risk assessments for ADHD patients in the electronic medical record. - Develop guidance for service clinicians in the assessment and documentation of the risk of

	<p>substance diversion</p> <p>Agree the use of appropriate standardised rating scales as part of on-going reviews for children and young people with ADHD.</p>
<p>Monitoring of Patients Prescribed Lithium (POMH-UK Topic 7d)</p>	<p>Reports were reviewed by the Trust's Medicines Management Committee and appropriate actions taken from the audit recommendations.</p> <ul style="list-style-type: none"> - Develop a list of patients prescribed lithium within RiO - Incorporate lithium monitoring into the integrated physical health & medicines management clinics which are being developed across the Trust - Rebuild the RiO lithium documentation so that there is a one page document which is suitable for both clinic use and for the individual clinician <p>Weight/BMI/waist circumference not being monitored and recorded on RiO – address this issue via the Physical Health and Wellbeing Group</p>

The reports of 61 local clinical audits were reviewed by the provider in 2013/2 and the details can be found at Appendix 3 of this report.

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 2013/2014 that were recruited during that period to participate in research approved by a research ethics committee was 1290.

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 75 clinical research studies in mental health related topics during 2013/2014, 41 of which were large-scale nationally funded NIHR Portfolio studies.

Staff participation in research increased during 2013/2014 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 up to 31st March 2014 for the two north east based NIHR Clinical Research Networks (Mental Health Research Network and Dementias and Neurodegenerative Diseases Research Network). Although the Research Network transition has meant we no longer host these networks in future we expect to have a similarly collaborative relationship with the new Clinical Research Network North East and North Cumbria. Excellent research partnerships with both Newcastle and Northumbria Universities continue to lead to successes in obtaining research grant funding.

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 2013/2014 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For 2013/14, £6m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6m in 2012/13).

At the time of writing this Quality Report the majority of indicators were fully achieved with the exception of Children and Young Peoples Waiting times (North and South).

Further details of the agreed goals for 2013/2014 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 2013/2014 and 2014/15 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2013/14	2014/15
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	✓	✓
Collaborative Risk Assessment		✓
Improving CPA process for specialised services	✓	✓

CQUIN Indicators to improve Patient Experience	2013/14	2014/15
Reduce waiting times from referral to actual treatment for service users accessing Primary and Secondary mental health services treatment	✓	✓
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	✓	
Diversity – improving links to community groups		✓
Enhancing family support		✓
Improve the use of communication technology	✓	
Improving patient experience of gender identity clinics		✓
Literacy, IT, numeracy and vocational support for secure services	✓	

CQUIN Indicators to improve Clinical Effectiveness	2013/14	2014/15
Transformation programme – South CCG's	✓	✓
Transformation programme – North CCG's	✓	✓
To increase the percentage of people with mental health illness who receive appropriate physical health care.	✓	✓
Deaf recovery package		✓
Care Pathways and Packages Project (CPPP)	✓	
Children and Young Peoples services	✓	✓
Optimising pathways in specialised services	✓	
To implement the Essen Ward Climate scale	✓	
Assuring appropriateness of unplanned admissions		✓
Training and supervision of clinical staff to deliver interventions to improve mother/infant relationships		✓
Highly specialised services clinical audit outcome workshop	✓	

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 2013/2014. 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 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

CQC Registration Activity 2013/14

During 2013/14, the Care Quality Commission visited the following Trust locations as part of their review of compliance with Essential Standards of Quality and Safety:

	Location Visited	Location Type
April 2013	No visits received	-
May 2013	St Georges Park	Healthcare
June 2013	No visits received	-
July 2013	Campus for Aging and Vitality	Healthcare
July 2013	St Nicholas Hospital	Healthcare
July 2013	Walkergate Park	Healthcare
July 2013	Cherry Knowle Hospital	Healthcare
July 2013	Ferndene	Healthcare
July 2013	Royal Victoria Infirmary	Healthcare
July 2013	Heppell House	Healthcare
July 2013	Brooke House	Healthcare
July 2013	Craigavon	Healthcare
July 2013	Elm House	Healthcare
July 2013	Monkwearmouth Hospital	Healthcare
July 2013	Queen Elizabeth Hospital	Healthcare
July 2013	The Grange	Healthcare
August 2013	No visits received	-
September 2013	Rose Lodge	Healthcare
October 2013	No visits received	-
November 2013	Easterfield Court	Residential Care Home
December 2103	The Willows	Residential Care Home
January 2014	No visits received	-
February 2014	No visits received	-
March 2014	No visits received	-

We received 17 CQC compliance visits during 2013/14 and were fully compliant in all outcomes that were inspected in all of those visits.

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

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 current clinical accreditations.

External Accreditation	Ward/Department	Location
Accreditation for Inpatient Mental Health Services (AIMS)	Bede 1	South Tyneside District Hospital
	Bede 2	South Tyneside District Hospital
	Collingwood Court	St Nicholas Hospital
	East Willows	Cherry Knowle Hospital
	Embleton	St George's Park
	Fellside Ward	Queen Elizabeth Hospital
	Gainsborough Ward	St Nicholas Hospital
	Lamesley Ward	Queen Elizabeth Hospital
	Lowry Ward	St Nicholas Hospital
	Warkworth Ward	St George's Park
	West Willows	Cherry Knowle Hospital
	Rosewood	Cherry Knowle Hospital
	Akenside (OP)	Centre for Ageing and Vitality
	Hauxley (OP)	St George's Park
	Hawthorn (OP)	Cherry Knowle
	Castleside Ward (OP)	Campus for Ageing and Vitality
	Sycamore (OP)	Cherry Knowle Hospital
	Cresswell (OP)	St George's Park
	Dene Ward (PICU)	Cherry Knowle Hospital
	Greentrees (PICU)	St Nicholas Hospital
	Bluebell Court (Rehab)	St George's Park
	The Grange (Rehab)	North Tyneside
	Lower Willows (Rehab)	Cherry Knowle
Meadow View (Rehab)	Cherry Knowle	
Ward 31a Eating Disorders Service (QED)	Royal Victoria Infirmary	
Quality Network for Forensic Mental Health Services	Bamburgh Clinic	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Quality Network for Inpatient CAMHS	Alnwood	St Nicholas Hospital
	Riding	Ferndene
	Redburn	Ferndene
	Stephenson	Ferndene

External Accreditation	Ward/Department	Location
	Fraser	Ferndene
Quality Network for Community CAMH	Northumberland CYPS	Villa 9, Northgate Hospital
	Newcastle CYPS	Benton House
	South of Tyne and Wearside Community CYPS	Sunderland and South Tyneside
ECT Accreditation Service	Hadrian Clinic	Campus for Ageing and Vitality
	Treatment Centre	St George's Park
Psychiatric Liaison Accreditation Network	Older People's Liaison Psychiatry services	Newcastle
	Liaison Psychiatry Team	Northumberland
	Liaison Psychiatry Team,	Newcastle
Memory Service National Accreditation Programme	Newcastle Memory Assessment and Management Service	Newcastle
	Monkwearmouth Memory Protection Services	South Tyneside
Quality Network for Perinatal Mental Health Services	Beadnell Mother and Baby Unit	St George's Park
Home Treatment Accreditation Scheme (Pilot starting in April 2012)	Newcastle CRHT	Newcastle
Forum of Mobility Centres	North East Drive Mobility	Walkergate Park

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 continue to 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.
Complaint reporting process	As per the incident reporting process above the Trust is committed to continually refining our internal processes to ensure complaints are recorded and graded appropriately.

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 2014/15 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

North East Quality Observatory (NEQOS) Benchmarking of 2012/13 Quality Account

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

During 2013 NTW once again commissioned NEQOS to undertake a benchmarking exercise. It compares NTW's Quality Account 2012/13 with those of 56 other NHS Mental Health organisations.

A summary of the top 11 indicators found in all Quality Accounts has been provided in the following table:

	Top 11 Quality Account Indicators	Target	Average	Peer	NTW	# Trusts
1	National Clinical Audit participation (%)	100%	90.8	83.6	100.0	56
2	National Confidential Enquiry participation (%)	100%	99.8	100.0	100.0	56
3	MHMDS data completeness: NHS number (%)	99%	99.4	99.5	99.5	56
4	Admissions to adult urgent care wards gate kept by CRT (%)	95%	98.4	97.6	99.8	54
5	% inpatients receiving follow up contact within 7 days of discharge	95%	97.5	96.9	96.7	55
6	Inpatients classed as delayed transfers of care (%)	<= 7.5%	3.6	3.5	5.4	44
7	CPA formal review within 12 months (%)	-	96.0	96.9	96.2	30
8	Serving new psychosis cases by early intervention teams (%)	95%	116.2	128.3	119.6	30
9	Proportion of all incidents for severe harm/death	-	1.6	1.1	1.5	53
10	Staff who would recommend the trust to their family/friends	-	3.48	3.54	3.52	29
11	Proportion of inpatients readmitted	-	6.1	6.2	8.4	34

NTW has a higher than average score in 9 of the top 11 Quality Account indicators that were included in the benchmarking exercise. Delayed transfers of care and inpatient readmissions are areas that the Trust has worked on improving throughout 2013/14 and it is anticipated the scores in these areas will improve during 2014/15.

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2013/2014 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:

99.6% for admitted patient care;
99.2% 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 Tool kit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Assessment Report overall score for 2013/2014 was 75% 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 2013/2014 by the Audit Commission.

Performance against mandated core indicators

The mandated indicators applicable to Northumberland, Tyne and Wear NHS Foundation Trust are as follows:

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

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

7 day follow up	Q1 13/14	Q2 13/14	Q3 13/14
NTW %	95.8%	97.5%	97.6%
National Average %	97.4%	98.8%	96.7%
Highest national %	100.0%	100.0%	100.0%
Lowest national %	94.1%	90.7%	77.2%

(Higher scores are better)

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

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement.

The Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by closely monitoring this requirement and quickly alerting professionals to any deterioration in performance.

Gatekeeping	Q1 13/14	Q2 13/14	Q3 13/14
NTW %	99.6%	99.6%	100.0%
National Average %	97.7%	98.7%	98.6%
Highest national %	100.0%	100.0%	100.0%
Lowest national %	74.5%	89.8%	85.5%

(Higher scores are better)

- **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 continuing to hold multidisciplinary staff engagement sessions regarding the results of the staff survey and identifying actions for improvement.

Family & Friends recommendation	2011 Staff Survey	2012 Staff Survey	2013 Staff Survey
NTW	3.46	3.52	3.61
National Average	3.42	3.54	3.54
Highest national	3.94	4.06	n/a
Lowest national	3.07	3.06	n/a

(5 is the highest score)

- **‘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	2013
NTW	86.5	85.8	90.9	87.4
National Average	87.1	86.7	86.5	85.8
Highest national	91	91.4	91.8	91.8
Lowest national	81.8	81.9	82.6	80.9

(Higher scores are better)

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

The Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons – this is data we have uploaded to the National 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
Oct 12 - Mar 13				
Number of PSI reported (per 1000 obd)	30.2	26.8	99.8	0
Number of 'Severe' PSI(% of incidents reported)	1.8%	0.5%	1.8%	0
Number of 'Death' PSI(% of incidents reported)	0.7%	0.8%	4.5%	0
Apr 13 - Sept 13				
Number of PSI reported (per 1000 obd)	33.9	28.0	67.1	0
Number of 'Severe' PSI(% of incidents reported)	0.4%	0.4%	1.6%	0
Number of 'Death' PSI(% of incidents reported)	1.0%	0.9%	4.7%	0

(Lower scores are better)

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 2012/13 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 2013/2014 (2012/13)
*Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority and Department of Health requirement Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2013/14(also none in 2012/13)
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2014, 97.2% of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95% (96.2% March 2013)
2013 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 2013 staff survey showed that our staff scored the question regarding recommending the trust as a place to work or receive treatment as 3.61 out of 5 (2012 3.52 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 2014: The number of staff trained in Safeguarding Adults – 95.1% The number of staff trained in Safeguarding Children – 96.7% (2012/13 – Safeguarding Adults 92.6% and Safeguarding Children 94.3%)

*data for this indicator governed by a national definition

Review of Quality Performance – Patient Experience

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
*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 31 st March 2014, 4.2% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed (5.4% in 2012/13).
Embedding the 'Getting to Know You' process for Carers in inpatient wards and rolling out the process to community teams	Locally agreed CQUIN indicator in 2013/14 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	During 2013/14, 61.5% of inpatients had a completed Getting to Know You form. At the end of March 2014 82.5% of community team staff have received training in the Getting to Know You process and it is expected that completion rates of the forms will continue to improve during 2014/15.
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 2013/14 to reduce waiting times Data source: RiO	March 2014: Primary care: 100% of patients were seen within 18 weeks of referral. Secondary care 97.9% of patients were seen within 18 weeks of referral. (March 2013: Primary care 90%, Secondary care 190%)

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
Comments left via the Trust or other websites	<p>Reviewing comments left on websites about the quality of our services by patients and the public is valuable feedback.</p> <p>Data source: Patient Opinion website</p>	<p>My daughter was a patient at Ferndene for 7 months in 2013, I cannot recommend this hospital enough, without the care and intervention I dread to think were we would be a special thank you goes to the Consultant and the team on Redburn for giving me my daughter back!</p> <p>Me and my daughter stayed at the Mother and Baby unit for around 5 wks. The staff were extremely caring and reassuring as I was so scared. The nurses are just amazing, very friendly and I was able to trust them very quickly with their support with my baby. They were so accommodating to my husband and let him sleep over regularly with me as we live 35 miles away. My care co-coordinator was great and my Consultant was lovely. The unit itself has been made to look and feel very homely and is cosy with 6 rooms so it's never over crowded. Most importantly, you keep your independence, you can cook, and nurses even can take you to the local shops when you're feeling lots better. I'm so glad I agreed to this unit as it helped speed up my recovery and helped me with my baby.</p>

*data for this indicator governed by a national definition

Review of Quality Performance – Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
*CRHT Gate kept Admissions	Both Monitor and CQC require us to demonstrate that certain inpatients 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 2014, 100% of the North East CCG admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 95%. In 2012/13 the performance was 99.8%
*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 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. In 2013/14, 1,967 service users (97.1% 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 CCG: 95.9% Newcastle West CCG: 95.9% Newcastle North & East CCG: 99.0% North Tyneside CCG: 97.8% Northumberland CCG: 98.3% South Tyneside CCG: 97.3% Sunderland CCG: 96.4%
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 2014 93.8% of seven day contacts were conducted face to face. During 2012/13 this figure was 95.5%.

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
Emergency re-admission rates	Emergency re-admission rates are an important tool in the planning of mental health services and the reviewing of quality of those services Data source: RiO	During 2012/13, 270 (8.4%) of mental health inpatients were readmitted within 28 days and 22 (16.1%) of learning disability patients were readmitted within 90 days of discharge. In 2013/14, 236 (7.9%) of mental health inpatients were readmitted within 28 days and 11 (9.7%) 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 2014, the number of service users recorded as living in settled accommodation was 75.1% (77.1% in 2012/13).
Improving Physical Healthcare for mental health patients	2013/14 Locally agreed CQUIN. Data source: manual	During 2013/14 Health Champions were identified within certain teams and a Trust-wide group was established to share best practice and raise key issues in relation to community physical healthcare. Members of the group have attended a programme of awareness sessions on key health promotion issues including smoking cessation, healthy eating, exercise therapy and lifestyle advice.
Staff Survey results 2013	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 2013 staff survey showed that 90% of staff who responded agreed that their role makes a difference to patients (89% in 2012). 75% of staff who responded felt satisfied with the quality of work and patient care they are able to deliver (77% in 2012). (The survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts)

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)			
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 decreased when compared to 2013. The Board of Directors continue to monitor this important target.			
			Short term sickness	Long term sickness	Total average sickness
		31 st March 2010	2.23%	4.01%	6.24%
		31 st March 2011	1.76%	3.75%	5.51%
		31 st March 2012	1.57%	4.19%	5.76%
		31 st March 2013	1.81%	4.42%	6.23%
		31 st March 2014	1.53%	4.33%	5.86%

*data for this indicator governed by a national definition

Performance against contracts with local commissioners

During 2013/14 the Trust had several contractual targets to meet with local commissioners (CCG's). The below table highlights the targets and the performance of each CCG against them, as at 31st March 2014.

Contract performance targets as at 31/3/2014	Gateshead CCG	Newcastle North & East CCG	Newcastle West CCG	N'land CCG	North Tyneside CCG	Cumbria CCG	Sunderland CCG	South Tyneside CCG
Number of long term inpatients that have received and Annual Health Check (95%)	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%
Current admissions to adult wards that are gatekept by crisis home resolution teams (95%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	99.2%	97.8%	96.8%	96.8%	99.5%	100.0%	99.4%	99.3%
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	100.0%	97.0%	95.0%	97.0%	98.6%	95.1%	98.4%	98.1%
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	97.4%	98.1%	96.9%	97.6%	97.4%	96.7%	96.0%	97.3%
Safeguarding Adults Training (90%)	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%
Safeguarding Children Training (90%)	96.7%	96.7%	96.7%	96.7%	96.7%	96.7%	96.7%	96.7%
Current delayed transfers of care -including social care (<7.5%)	2.5%	10.8%	4.3%	5.9%	7.1%	0.0%	0.0%	2.2%
The number of people who have entered psychological therapies during the reporting period (IAPT)	N/A	N/A	N/A	N/A	N/A	N/A	4750	N/A
The number of people who have completed IAPT treatment during the reporting period (50%)	N/A	N/A	N/A	42.2%	N/A	N/A	46.3%	N/A

*N/A = those services are not commissioned in the CCG areas

The Trust also has specific contractual targets for specialised services with NHS England and 100% of the targets were achieved by 31.3.2014.

Staff Survey

Looking at the results of the all staff surveys and comparing results with other mental health trusts that use Picker as their survey contractor, the Trust has scored significantly better than average on 40 questions, significantly worse than average on 2 questions and average on 49 questions.

For the national sample, the overall response rate was 49%, an increased response rate from last year's rate of 44%.with the biggest improvements since last year being:

- Staff motivation
- Communication and involvement
- Staff reporting incidents
- The number of staff attending training courses.

Whilst the Trust has seen improvements in these areas there needs to be ongoing programmes of work relating to these areas given their importance.

- The results have already been considered by the Senior Management Team and have been shared with the wider leadership team at the February 2014 Trust Board confirm and challenge event
- Groups are analysing their local reports and acting on findings with support from the Staff Survey Working Group
- The Director of Nursing and Operations will be leading a new Violence Reduction Strategy
- The Staff Survey Working Group are preparing a year-long programme relating to raising concerns and whistleblowing awareness.

The staff survey group meet on a monthly basis and will conduct further detailed analysis of the results – particularly a qualitative analysis of the free text data. The group have also recently commenced a programme of visits to wards and departments to talk to staff about the staff survey and the issues which matter to them most.

In addition, early work is underway relating to the friends and family test for staff as this commences this year to run alongside the annual staff survey

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, Northumberland, 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).

Joint statement from North Clinical Commissioning Group

Northumberland, North Tyneside, Newcastle North & East, Newcastle West and Gateshead Clinical Commissioning Groups for Northumberland Tyne & Wear NHS Foundation Trust Quality Accounts 2013/2014

The CCGs welcome the opportunity to review and comment on the Quality Account for 2013/14 and would like to offer the following commentary.

As commissioners, Northumberland, North Tyneside, Newcastle North and East, Newcastle West and Gateshead Clinical Commissioning Groups (CCGs) are committed to commissioning high quality services from Northumberland Tyne and Wear NHS Foundation Trust (NTWFT) and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

The CCGs would like to commend the Trust for the improvements that are demonstrated in the report, particularly the achievement of most of its goals relating to patient safety, patient experience and clinical effectiveness and the ongoing work to address gaps.

The CCGs are supportive of the Trust priorities for 2014/15 relating to the reduction of harm through assessment and management of risk including improving referral processes and waiting times.

The CCGs acknowledge that the Trust has a challenging Transformation Programme ahead which should reflect the CCGs Commissioning Intentions. We would also encourage working together on the programme to avoid any unintended consequences.

The CCGs are pleased to note the efforts being made to discuss and improve the patient's experience recognising the reduction in overall score in 2013 CQC survey of patient experience compared to the previous year. The CCGs recognise the good work that is underway and actions that are being taken to address some of the specific issues in the report such as the technical problems with the proposed electronic meal ordering system.

The Trust has reported improvements in the national staff survey with an overall response rate of 49%, an increased response rate from last year's rate of 44%. The CCG welcome the Trusts actions to address staff issues on an ongoing basis.

In so far as we have been able to check the factual details, the CCG's view is that the report is materially accurate. It is clearly presented in the format required by NHS

England and the information it contains accurately represents the Trust's quality profile.

Yours sincerely

A handwritten signature in black ink, reading "Lesley Young-Murphy". The signature is written in a cursive style with a large initial 'L' and 'M'.

Lesley Young-Murphy
Executive Director of Nursing & Transformation
NHS North Tyneside CCG

Joint statement from Sunderland and South Tyneside Clinical Commissioning Groups.

NHS Sunderland and South Tyneside Clinical Commissioning Groups (CCG) 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. The CCG's have taken this responsibility very seriously and considers this to be an essential component of the commissioning function.

Throughout 2013 up to March 2014, the CCG's held monthly quality and contract review meetings with Northumberland Tyne and Wear NHS Foundation Trust. These meetings were reviewed in line with the CCG's quality agenda and agreement has been sought to split the contract review meeting into two separate parts. The first will focus on the quality agenda with clinical involvement from the CCG's and NTW. The second part will focus on the transactional contract requirements.

The purpose of the quality review 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
- Monitor the quality impact of PCP implementations.

The information contained within the Quality Account will be 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 Reports regulations, the CCG's have taken reasonable steps to check the accuracy of this information and can confirm that it is believed to be correct.

NTW set 13 priorities under the headings of:

- **Patient Safety** - Reducing harm to patients, this section included 5 key priorities. We would like to make note, significant progress has been made in the development of NTW electronic systems to improved timely communication to GP's. Improved transitions arrangements have been put in place for patients moving from hospital to community. This important priority

will continue in 2014/15 as an integral part of NTW transformation programme.

- **Patient Experience** - Improving the way NTW relates to patients, this section included 5 key priorities. We would like to make note the implementation of the 6C's (attitudes & values) has led to 3,857 staff have undertaken this training. Waiting times have been reduced with 98% of services users seen within 18 weeks. Commissioners are now receiving information from Friends and Family Test.
- **Clinical effectiveness** - Ensuring the right service in the right place at the right time for the right person this section included 3 key priorities. We would like to make note that a skills gap analysis was undertaken which led to the development of a training plan with agreed trajectory with commissioners for staff training in line with NICE guidance, which has been met. To understand the improvements in patient outcomes, commissioners are now receiving the following outcome measures, Health of Nation Outcome Score (HoNOS) 4 factor model and Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

NTW have achieved 10 of the 13 priorities, with two being rolled over and one forming part of the 14/15 national mandated CQUIN. The CCG is pleased to note that during 14/15 account NTW will focus on improving the assessment and management of risk, improving waiting times and have a greater focus on recovery.

The CCG is supportive of the overall account and it is positive to note that the priorities for improvement in 2014/15 identified within the report have been developed collaboratively with commissioners, carers and the people 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 recovery agenda initiatives.

Yours sincerely



Dr Geoff Stephenson
Medical Director
NHS Sunderland CCG



Ann Fox
Director of Nursing, Quality
and Safety, NHS Sunderland
and South Tyneside CCG's

Statement from local Healthwatch

Healthwatch Newcastle's statement for Northumberland, Tyne and Wear NHS Foundation Trust's Quality Account 2013/2014

Healthwatch Newcastle was pleased to read Northumberland, Tyne and Wear NHS Foundation Trust's Quality Account 2013/2014 and to learn more about some of its successes this year. We were particularly pleased to see that the Trust has achieved its targets with regards to training. It achieved its goals in training staff on:

- Leave management
- Falls risk assessment
- 6Cs initiative on values and attitudes
- NICE psychological therapies competencies so staff are compliant

There were also apparent improvements in the quality of provision of out-of-hours activities and in the quality of care across inpatient and community boundaries.

In terms of the Quality Priorities selected for 2014/2015, we are pleased to see that some of these focus on recovery tools and action plans, with a continuing emphasis on transitions. We are also pleased that the Trust has carried forward the Quality Priorities for quality and choice of food and the timing of meals as well as waiting times to access services. We are keen to see improvements in both these areas, particularly the waiting times for children and young people.

We noticed that the Trust has chosen not to continue the Quality Priorities that focus on ensuring GPs get discharge summaries within 24 hours and care plans within 7 days of discharge. This is a shame as the percentage of cases in which this was occurring is quite low. However, we do notice that these will continue to be monitored through national Commissioning for Quality and Innovation targets. We think it is important for improvements to occur in this area and we hope to see improvements in 2014/2015.

In 2014/2015, we would also like to see:

- An increase in the Care Quality Commission Community Patient Survey Scores
- A decrease in the number of non-patient and patient safety incidents
- A decrease in the number of complaints

We wish the Trust success in 2014/2015 and look forward to receiving updates about their progress.

Appendix 1: Monitor Compliance Framework

MONITOR PERFORMANCE 2013-14 (by quarter)

Risk Assessment Framework	Target	Q1 2013/ 14	Q2 2013/ 14	Q3 2013/14	Q4 2013/ 14	
Overall Governance Risk Rating	Green	Green	Green	Green	Green	●
Overall Finance Risk Rating	3	3	3	3	3	●
Referral to treatment waiting times - non-admitted	95%	99.1%	99.1%	99.4%	99.6%	●
Referral to treatment waiting times - incomplete	92%	99.6%	99.6%	100.0%	100.0%	●
CPA 7 day follow up	95%	95.8%	98.9%	97.6%	96.8%	●
CPA review within 12 months	95%	96.8%	97.0%	96.4%	97.2%	●
Minimising mental health delayed transfers of care (including social care)	≤7.5%	3.4%	3.4%	3.0%	4.2%	●
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	99.6%	99.6%	100.0%	100.0%	●
Data Completeness: 6 indicators	97%	99.7%	99.7%	99.8%	99.8%	●
Data Completeness: outcomes for patients on CPA 3 indicators	50%	86.7%	89.2%	90.9%	91.9%	●
Self certification against LD access requirements	Green	Green	Green	Green	Green	●
Clostridium Difficile - meeting the C Diff objective	0	0	0	0	0	●
MRSA - meeting the MRSA objective	0	0	0	0	0	●
Risk of, or actual, failure to deliver Commissioner Requested Services	No	No	No	No	No	●
CQC compliance action outstanding	No	No	No	No	No	●
CQC enforcement action within the last 12 months	No	No	No	No	No	●
CQC enforcement action currently in effect	No	No	No	No	No	●
Moderate CQC concerns or impacts regarding the safety of healthca	No	No	No	No	No	●
Major CQC concerns or impacts regarding the safety of healthca	No	No	No	No	No	●
Trust unable to declare ongoing compliance with minimum stan	No	No	No	No	No	●

●	Achieving Monitor target
●	Breaching Monitor target

Appendix 2: CQC Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as at 31 March 2014:

Locations	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	●	●	●			●		●		●	
Heppell 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

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

	Regulated Activity	Service Type
Registered Home / Service	Accommodation for persons who require nursing or personal care	Care home service without nursing
Easterfield Court	•	•
The Willows	•	•

Appendix 3: Local Clinical Audits

Clinical Audit
1. Quality Monitoring Tool (CA-13-0117)
2. Food & Nutrition Policy Compliance (988)
3. Sharing Letters with Patients – Planned Care Community Services (962)
4. Serious Untoward Incidents: Review of identified actions following 3 SUIs within Specialist Care (982)
5. Audit of Discharge Packs (986)
6. Mental Capacity Act (2005) and deprivation of liberty safeguarding audit. (997)
7. Audit of prescribing combined antipsychotic medication (1012)
8. Driving Audit (1015)
9. Audit of Discharge Checklist (1016)
10. Enhanced coordination in LD CAMHS patients (1018)
11. LD CAMHS patients on Risperidone (1023)
12. GP Letter Audit (1027)
13. Audit of the Clinical Supervision policy within the South of Tyne Children & Young Peoples Service (1030)
14. Mental Health Act Documentation Audit (1038)
15. The use of Psychological treatments in patients with a diagnosis of Schizophrenia in the Northeast CMHT (1042)
16. Physical examination on admission at Ferndene (1049)
17. NTW CRHT Risk Formulation(CA-13-0002)
18. Audit of Documentation of diagnostic classification on RIO in the MAM Service (CA-13-0003)
19. The use of unlicensed medications in children and adolescent services and learning difficulties Services who attend Benton House (CA-13-0007)
20. Closing the Trust Audit Cycle (CA-13-0008)
21. Physical Health Monitoring for Patients on Risperidone in a tier 3 community service for children and young people (CA-13-0012)
22. Audit of Drug and Alcohol Testing within Medium Secure Forensic Rehabilitation Services (CA-13-0014)
23. Audit HDAT in Community Patients (00-13-0016)
24. Record Keeping and Information Governance (CA-13-0017)
25. Are patients prescribed high dose anti-psychotics receiving ECG checks as per the Trust Guidelines?(CA-13-0020)
26. Clinical Audit on the Quality and Accuracy of Information in FACE Risk Documents(CA-13-0024)
27. Clozapine Titration - Inpatient and Outpatient (CA-13-0030)
28. Prescription policy for PRN medication (CA-13-0034)
29. Nutrition Screening in adults over 18 years old within Inpatient units (CA-13-0037)
30.. Improving CPA Process(CA-13-0066)

Clinical Audit
31. Anti-psychotic medication for first episode psychosis: an audit of NICE clinical guideline recommendations for Psychosis and schizophrenia in children and young people (CG 155) (CA-13-0068)
32. Physical Investigations done on Inpatient Admissions to Gainsborough Ward May 2013 (CA-13-0069)
33. Adherence to NICE guidelines standards for ADHD(physical monitoring) RE Audit (CA-13-0070)
34. Audit to identify if local and national Memantine prescribing guidelines are being met by NTW (CA-13-0072)
35. Audit of Prescribing Practice in Old Age Psychiatry Ward at CKH (CA-13-0074)
36. An audit into the management of depression in children and young people in the South of Tyne CAMHS - are we following NICE guidelines?(CA-13-0078)
37. Is the AUDIT (alcohol use disorders identification test) tool being used to assess the nature and severity of alcohol misuse (CA-13-0080)
38. Do Gateshead WAA Inpatient and CRHT Services satisfy minimum criteria for the physical health monitoring of patients prescribed antipsychotic medications (CA-13-0084)
39. Monitoring of Patients on Lithium Treatment (CA-13-0085)
40.. Transition of care (CA-13-0086)
41. Physical Health Monitoring in Patients with High Dose Anti-Psychotics at RTS (Wellfield Unit) (CA-13-0087)
42. Complex Neurodevelopmental Disorders Service (CNDS) Satisfaction Questionnaire Audit (CA-13-0088)
43. Audit on Physical Health Baseline Checks for patients Admitted to Redburn between 15th August and 31st December 2013 (CA-13-0089)
44. Audit on Physical Health Baseline Checks for patients Admitted to the Learning Disability Wards at Ferndene between 10th November 2012 and 31st December 2013 (CA-13-0090)
45. Attention Deficit Hyperactivity Disorder (NICE Guideline 72) (CA-13-0092)
46. Audit on Physical Health Monitoring Baseline Checks for Patients accepted by ABS between 1st January 2012 and 31st December 2013 (CA-13-0093)
47. Prevalence of Benzodiazepines Prescriptions in Patients who are also on Opiate Substitute Treatment in Northumberland Recovery Partnership (CA-13-0094)
48. Urine Drug Screen for the newly admitted patient to Redburn Ward, Ferndene Hospital (CA-13-0096)
49. Clinical Audit of Case Support (CA-13-0097)
50. Survey of Police Officers attending 136 Suite. (CA-13-0099)
51. Pharmacological interventions in Emotionally Unstable Personality Disorder (CA-13-0102)
52. Audit of Current Medical Standards of Fitness to Drive as Assessed by Psychiatrists (CA-13-0103)
53. Documented consent to treat Looked After Children at Aspire in Child and Adolescent Mental Health Service (CA-13-0110)
54. Re-Audit of the Risk Assessment incorporated into FCMHT reports standardised recognised tools (CA-13-0111)

Clinical Audit

55. Time taken to change community medications post advice from Castleside Day Unit (CA-13-0114)

56. Audit of Physical Health Monitoring in Patients on Antipsychotic Medication (Excluding Clozapine) Referred to the Physical Health and Medicines Management (PHMM) Team (CA-13-0118)

57. Re-Audit of the Management of Osteopenia / Osteoporosis in Patients with Eating Disorders (CA-13-0119)

58. Audit of Pulse Rate Monitoring on Cholinesterase Inhibitors in Memory Assessment and Management Services (MAMS) (CA-13-0121)

59. Measurement of cognitive function before, during and after electroconvulsive therapy (CA-13-0124)

60. Do all patients attending hospital following an episode of self-harm receive a comprehensive psychosocial assessment as defined in NICE CG16? (CA-13-0125)

61. An Audit of Side Effect Monitoring of Patients in Longbenton & Whitely Bay patches of North Tyneside who are Receiving Antipsychotic Depot Injections (CA-13-0126)

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 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 2013/14;
- 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 2013 to May 2014
 - Papers relating to Quality reported to the Board over the period April 2013 to May 2014
 - Feedback from the Commissioners dated May 2014
 - Feedback from the Local healthwatch organisations dated May 2014
 - 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, date;
 - The 2013 national patient survey
 - The 2013 national staff survey
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2014
 - CQC quality and risk profiles dated 31 March 2014
- The Quality Report presents a balanced picture of the NHS Foundation Trusts performance over the period covered;
- The performance information 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) as

well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board



Hugh Morgan Williams
Chairman
28th May 2014



James Duncan
Acting Chief Executive
28th May 2014

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 2014 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 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
- Minimising delayed transfers of care

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 2013/14 *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.

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 2013 to April 2014;
- Papers relating to quality reported to the Board over the period April 2013 to April 2014;
- Feedback from the Commissioners, Northumberland, North Tyneside, Newcastle North & East, Newcastle West and Gateshead Clinical Commissioning Groups received on 22 May 2014; and Sunderland and South Tyneside Clinical Commissioning Groups received on 28 May 2014;
- Feedback from local Healthwatch organisations received on 14 May 2014;
- 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 2013 to March 2014;
- The 2013 national patient survey;
- The 2013 national NHS staff survey;
- Care Quality Commission quality and risk profiles dated 31 March 2014;
- The Head of Internal Audit's annual opinion over the Trust's control environment for the period April 2013 to March 2014; and
- Any other information included in our review.

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 2014, 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.

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.

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 2014:

- 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 2013/14 *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

28 May 2014

Appendix 6: Glossary of Terms

AIMS	Accreditation for inpatient mental health services
Care Co-ordinator	A named person to co-ordinate the services a patient receives where their needs are numerous or complex, or where someone needs a range of different services
Care Packages and Pathways	A project to redesign care pathways that truly focus on value and quality for the patient
Commissioners	Members of Primary Care Trusts (PCT's), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependant upon improving quality
CMHT	Community Mental Health Team
CRHT	Crisis Resolution Home Treatment – a service provided to patients in crisis.
Clinician	A clinician is a health professional. Clinicians come from a number of different healthcare professions such as psychiatrists, psychologists, nurses, occupational therapists etc
Clusters	Clusters are used to describe groups of patients with similar types of characteristics
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards

CPA	Care Programme Approach. CPA is a term for describing the process of how mental health services patients' needs, plan ways to meet them and check that they are being met
CYPS	Children and Young Peoples Services – also known as CAMHS
Dashboard	An electronic system that presents relevant information to staff, service users and the public
Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so
HoNOS/HoNOS 4 factor model	Health of the Nation Outcome Scales. A clinical outcome measuring tool
IAPT	Improving Access to Psychological Therapies – a national programme to implement <u>National Institute for Health and Clinical Excellence (NICE)</u> 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
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

**This report is available on request in other formats;
we will do our best to provide a version of this report in a
format that meets your needs.**

**For other versions telephone 0191 213 0151
or email communications@ntw.nhs.uk**

**Copies of the 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 213 0151**

Copies can be obtained by contacting:

Communications Department

St. Nicholas Hospital

Jubilee Road, Gosforth

Newcastle upon Tyne

NE3 3XT

Tel: 0191 213 0151

