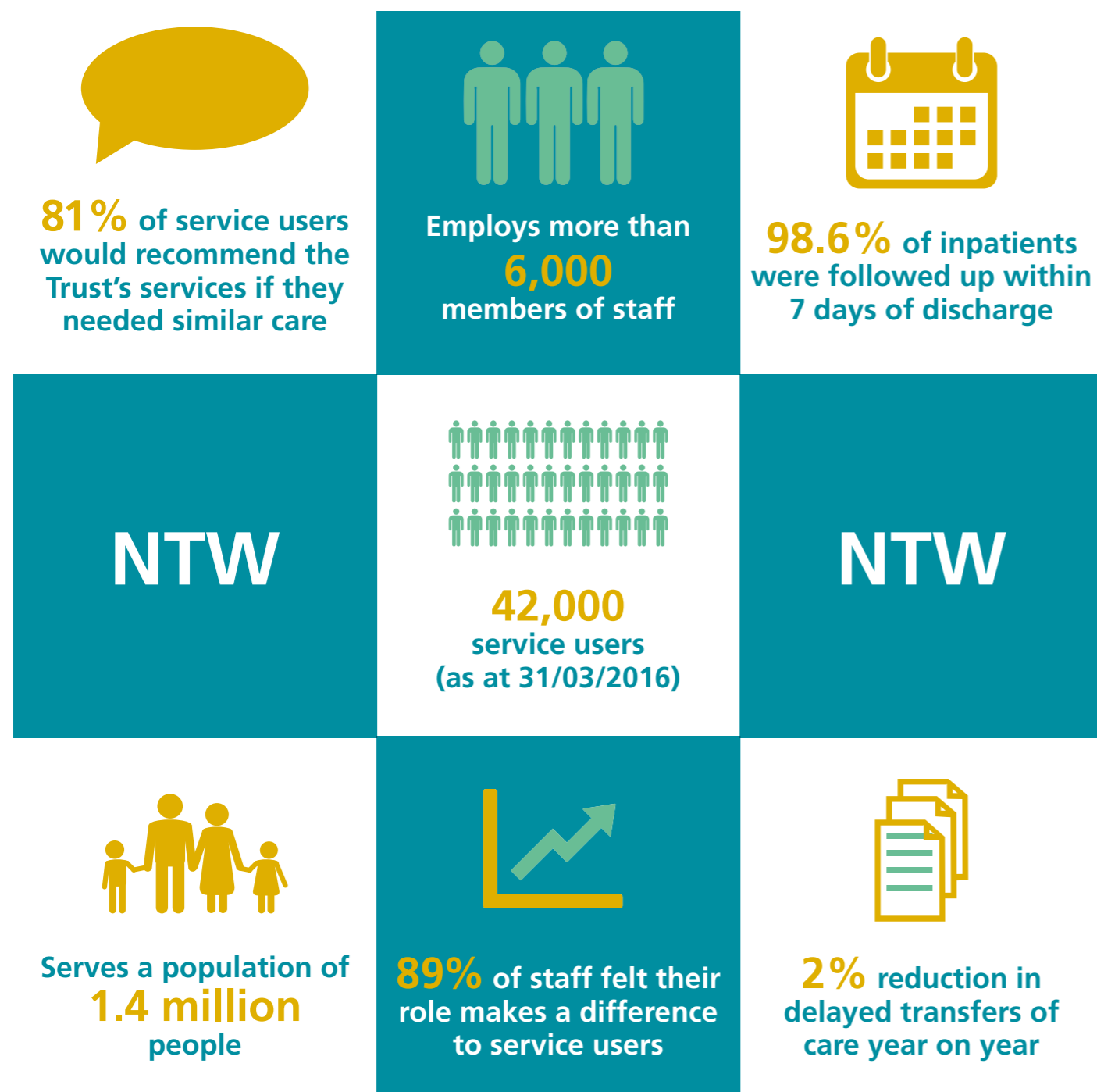


# Quality Account 2015/16

Northumberland, Tyne and  
Wear NHS Foundation Trust



# Northumberland, Tyne and Wear NHS Foundation Trust 2015-16 at a glance...



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# Part 1

## Welcome and Introduction to the Quality Account

Northumberland, Tyne and Wear NHS Foundation Trust is one of the largest mental health and disability organisations in the country with an income of more than £300 million.

### About our Trust

Northumberland, Tyne and Wear NHS Foundation Trust provides 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 employ over 6,000 staff, operate from over 60 sites and provide a range of comprehensive services including some regional and national services.

We support people in the communities of Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland working with a range of partners to deliver care and support to people in their own homes and from community and hospital based premises. Our main hospital sites are:

- Walkergate Park, Newcastle upon Tyne
- St. Nicholas Hospital, Newcastle upon Tyne
- St. George's Park, Morpeth
- Northgate Hospital, Morpeth
- Hopewood Park, Sunderland
- Monkwearmouth Hospital, Sunderland
- Ferndene, Prudhoe



# What is the Quality Account?

**All NHS healthcare providers are required to produce an annual Quality Account, to provide information on the quality of services they deliver.**

Northumberland, Tyne and Wear NHS Foundation Trust welcomes the opportunity to outline how well we have performed over the course of 2015-16, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

To help with the reading of this document we have provided explanation boxes alongside the text.

**This is an "explanation" box**

It explains or describes a term or abbreviation found in the report.

**This is a 'news' box**

It reports news stories from 2015-16

**This is a 'quote' box**

It quotes statements from staff, service users and their families.

# Statement of Quality from the Chief Executive



Thank you for taking the time to read our Quality Account. As Chief Executive, I am committed to ensuring that everything we do strives to meet the highest quality standards. We aim to provide services that have our service users and carers at the centre, and which are both easy and quick to access and also focussed on recovery.

This year we have continued to endeavour to ensure that our services meet the highest standards, and in this document we aim to tell the story of our journey to develop excellent services, led by our quality priorities which are developed in partnership with our stakeholders. During the year:

- We have gained national accreditations in many services – for example, nearly 65% of adult and older people’s mental health wards have achieved the Accreditation for Inpatient Mental Health Services (AIMS) and 100% of the children and young people’s wards in the Ferndene unit have been accredited by the Quality Network for Inpatient Children and Adolescent Mental Health Services.
- We achieved during the last quarter of the year all of the quality standards as set out by local Clinical Commissioning Groups.
- We have achieved the Monitor Risk Assessment Framework governance requirements during the year.
- 81% of those who responded to the Friends and Family Test during the year indicated that they would recommend the service they received to their friends and family.

I feel honoured to be Chief Executive of this organisation, and I am very proud of our staff, and of the services we provide. Equally, I know that we have more to do to ensure that we consistently provide services that are safe, effective, responsive, well led and that every service user and family feels that we are providing the best care.

I hope you will find the information in the document useful. To the best of my knowledge, the information in this document is accurate.

A handwritten signature in black ink that reads "John Lawlor".

John Lawlor  
Chief Executive

The Northumberland, Tyne and Wear NHS Foundation Trust is often referred to as “NTW” or “NTWFT”.

## Operations Statement from Interim Executive Medical Director and Executive Director of Nursing and Operations

This Quality Account includes information which demonstrates to our service users, carers, commissioners and the public that we provide high quality Mental Health, Learning Disability and Neuro Rehabilitation services.



We continuously strive to improve the quality of our services, and below is a list of just some of our successes and developments we have achieved in the past year:

Safety – we have:

- Developed a Positive and Safe Strategy to better support service users and reduce the incidents of violence and aggression.
- Appointed a “Freedom to Speak Up” Guardian to help staff speak up when they have concerns.
- Reflected on the NHS England independent report into the deaths of people with a learning disability or mental health problems at Southern Health NHS Foundation Trust to help us learn from what went wrong there.

Physical Health for service users with mental illness – we have:

- Embedded good practice in monitoring physical health and providing interventions where needed.
- Gone “smokefree” across all of our sites from March 2016.

Transforming Services – we have:

- Rolled out the new community services model (already in place South of Tyne) to Northumberland.
- Participated in the “Deciding Together” consultation about the future of specialist mental health inpatient services in Newcastle & Gateshead.
- Started building a new £8.3m specialist adult autism unit (the Mitford Unit).

We are also proud of our work in developing a new Trust Strategy, we have employed new staff who have demonstrated that their personal values and behaviours align with our Trust values and we have also changed the way we work so that decisions are made as close as possible to the service user.

We have set out in this Quality Account how well we have performed against local and national priorities - including how we have progressed with those areas we highlighted as our Quality Priorities for 2015-16. We have also set out our Quality Priorities for 2016-17, and look forward to reporting our progress against these in next year’s Quality Account.

Dr Rajesh Nadkarni  
Executive Medical Director

Gary O'Hare  
Executive Director of Nursing & Operations

People receiving treatment from NTW are often referred to as “patients”, “service users” or “clients”. To be consistent, we will predominantly use the term “service users” throughout this document.

**Statement of  
Quality from  
Council of  
Governors Quality  
Scrutiny Group**

The Council of Governors considers the quality of services provided by Northumberland, Tyne and Wear NHS Foundation Trust via a Quality Scrutiny Group who meet every two months. The group has a comprehensive workplan in place, ensuring that all aspects of quality are considered, including environmental issues, safety, complaints, safer staffing, service user and carer feedback and other quality indicators.



During 2015-16 the group received a number of presentations from the Trust on varied topics such as clinical audit, values based recruitment, transformation of services and serious incident reporting processes, providing Governors with a valuable opportunity to discuss quality issues with a wide range of Trust staff.

Alongside this ongoing work, Governors have also attended the Trust Quality and Performance Committee – a sub-committee of the Board, they have participated in mock CQC inspection visits to a number of clinical services and they have also contributed towards the development of the 2016-17 Trust Quality Priorities.

The Quality Scrutiny Group is planning to further develop their quality remit in 2016-17, by identifying specific areas of focus and also increasing the level of involvement in the Trust's Quality Priorities.

A handwritten signature in black ink, appearing to read 'M Adams'.

Margaret Adams  
Chair, Northumberland, Tyne and Wear NHS Foundation Trust  
Council of Governor's Quality Scrutiny Group

**Northumberland, Tyne and Wear NHS Foundation Trust aim at all times to work in accordance with our visions, mission and values.**

Figure 1: Northumberland, Tyne and Wear NHS Foundation Trust Vision, Mission and Values



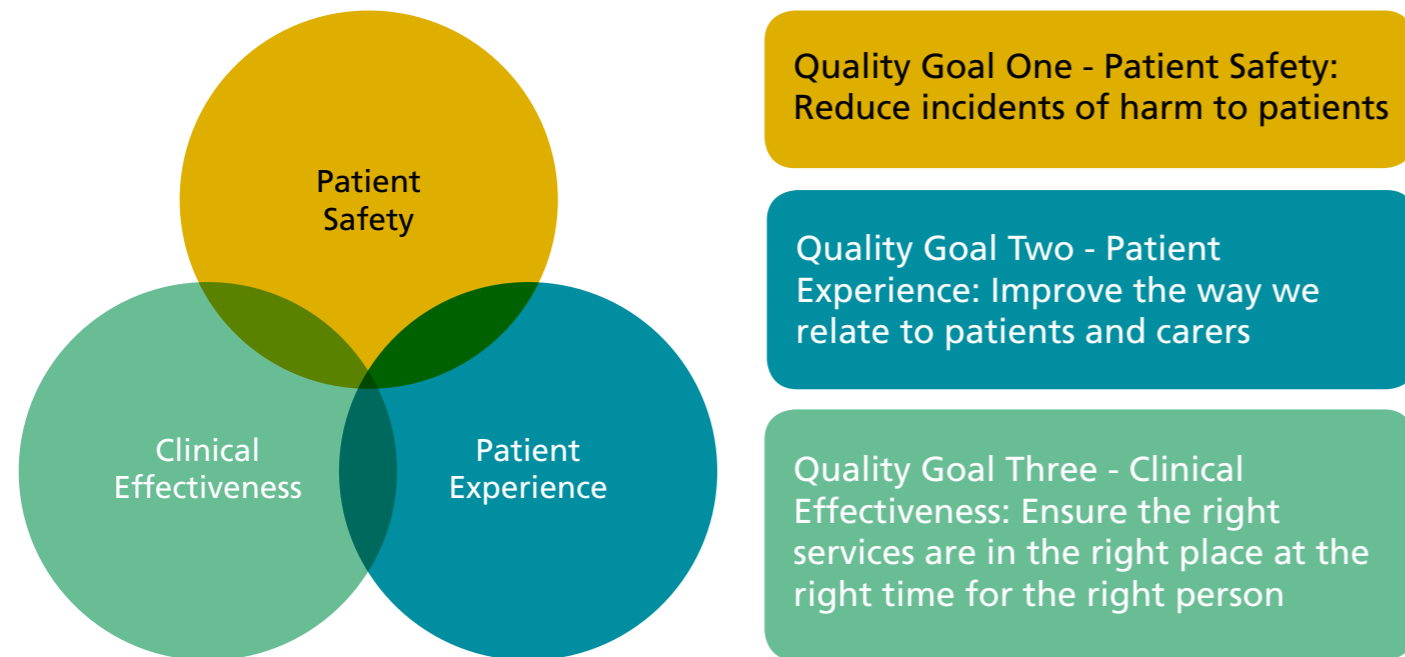


# Part 2a

## Looking Ahead – Our Quality Priorities for Improvement in 2016-17

This section of the report outlines the annual key Quality Priorities identified by the Trust to improve the quality of our services in 2016-17. We have developed our Quality Priorities in line with our long term Quality Goals (shown below), which are based on patient safety, patient experience and clinical effectiveness.

Figure 2: Quality Goals



Each year we set new Quality Priorities to help us to achieve our Quality Goals. The Trust has identified these priorities in partnership with staff, service users, carers and partners from their feedback, as well as information gained from incidents, complaints and other quality reports.

As in previous years, we remain committed to taking any Quality Priorities that are not fully achieved during 2015-16, or priorities which we feel should continue, forward to 2016-17 to ensure we meet and maintain targets that were set in these important areas.

## Quality Engagement

An engagement exercise with stakeholders (including Trust staff, service users, carers, Governors and commissioners) took place in late 2015 to gather suggestions, for new Quality Priorities to be developed for 2016-17. Over fifty people attended a series of workshops and many people contributed their ideas via an online survey.

As part of this exercise, we asked everyone the question “what does “quality” mean to you?” and the diagram below summarises the results:

Figure 3: Recurring themes about “What does quality mean to you?”

Service User  
Communication  
Feedback  
Listened  
Carers

We were delighted to receive more than 150 ideas for quality improvement, and these were summarised into a list of themes, alongside themes arising from serious incidents, complaints, Mental Health Act Review visits and service user/carers feedback received in 2015.

We then approached stakeholders once again to understand better which of the quality improvement themes identified were considered the most important. The Trust reviewed this valuable feedback and the ideas identified as most suitable were approved by the Trust Board for implementation in 2016-17 as new Quality Priorities as follows:

Figure 4: 2016-17 New Quality Priorities



Any Quality Priorities from 2015-16 that we have not fully achieved in the year will also continue to be progressed into 2016-17. Progress against our Quality Priorities will be monitored regularly by the Quality and Performance Committee.

The full list of Quality Priorities to be progressed during 2016-17, including those continuing from 2015-16 plus the new Quality Priorities identified, are:

Quality Goal One – Patient Safety Reduce incidents of harm to patients		
Quality Priority One	Embed suicide risk training for staff	Continues from 2015-16
Quality Priority Two	Improve transitions between young people's services and adulthood	New
Quality Priority Three	Improve transitions between inpatient and community mainstream services	New

Quality Goal Two – Patient Experience Improve the way we relate to patients and carers		
Quality Priority Four	Improve the referral process and the waiting times for referrals to multidisciplinary teams	Continues from 2015-16
Quality Priority Five	Implement principles of the Triangle of Care	New

Quality Goal Three – Clinical Effectiveness Ensure the right services are in the right place at the right time for the right person		
Quality Priority Six	Improve the recording and use of Outcome Measures	Continues from 2015-16
Quality Priority Seven	Develop staff and their skills to prevent and respond to violence and aggression, through implementing the Positive and Safe Strategy	New

# Part 2b

## Looking Back – Review of Quality Goals and Quality Priorities in 2015-16

In this section we will review our progress and performance against our 2015-16 Quality Goals and Quality Priorities.

Taking each Quality Goal in turn, we will look back on the last year to assess progress against the Quality Priorities we set in 2015-16, and we will reflect on how these actions have affected progress against the overarching Quality Goal.

The Trust is currently providing care for just under 42,000 people. Table 1 below shows the number of current service users as at 31st March 2016, by locality, with a comparison of the same figures from the last 3 years:

**Table 1: Service Users by locality 2013-14 to 2015-16**

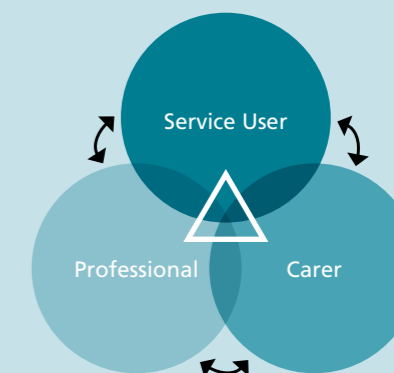
Clinical Commissioning Group (CCG)	2013-14	2014-15	2015-16
Durham Dales Easington & Sedgefield CCG	388	371	375
North Durham CCG	561	557	578
Darlington CCG	89	86	111
Hartlepool & Stockton CCG	115	131	137
Newcastle	8986	8913	8741
Gateshead	3706	3868	4138
Newcastle & Gateshead CCG (Total)	12692	12781	12879
North Tyneside CCG	3778	4031	3996
Northumberland CCG	10739	10345	10361
South Tees CCG	175	189	198
South Tyneside CCG	4599	4336	3990
Sunderland CCG	9084	8786	9020
Other areas	413	171	310
<b>Total Service Users</b>	<b>42530</b>	<b>41784</b>	<b>41955</b>

Table 1 opposite shows that the number of service users as at 31st March 2016 increased by 171 when compared with 31st March 2015.

### What is the Triangle of Care?

The Triangle of Care guide was developed by the Carers Trust and the National Mental Health Development Unit, emphasising the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health.

The Trust will also consider the suitability of the tool for use with people with learning disabilities and those with neurological conditions.



# Quality Goal 1

## Patient Safety: Reduce incidents of harm to patients

We will demonstrate success against this goal by reducing the severity of incidents and the number of serious incidents across the Trust's services

**2015-16 Quality Priority: To improve the assessment and management of risk**

**Target** In 2015-16 our aim was for 85% of qualified clinical staff to have completed the enhanced suicide risk training, develop a Risk of Harm training package and review the FACE risk assessment tool, implementing any recommended changes and training staff on those changes.



**Partially Met**

**Progress** As at the 31st March 2016, 69% of the applicable 2,600 staff had completed the enhanced suicide risk training, which represented an increase from 31% the year before. This element of the Quality Priority will continue into 2016-17 until 85% of applicable staff have completed the enhanced suicide risk training – this had been our intention in 2015-16 however there has been issues with availability of appropriately trained facilitators to deliver the training.

The risk of harm training package has been developed as planned. The FACE risk assessment tool has been evaluated, updated and the clinical risk training package has been amended to reflect the changes made.

### What is the FACE risk tool?

Functional Analysis of Care Environments (FACE) – The FACE assessment tool is nationally accredited by the Department of Health, and used to assess risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.

## How have the Quality Priorities in 2015-16 helped support this Quality Goal?

The aim of this Quality Goal is to reduce the impact and severity of patient safety incidents. Table 2 below shows the total number of patient safety incidents reported by the Trust over the past 3 years:

**Table 2: Number of reported patient safety incidents 2013-14 to 2015-16**

Patient Safety Incidents reported:	2013-14	2014-15	2015-16
Patient Safety Incidents	12,725	11,067	10,775

(Data is as at 5/4/16)

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

Throughout 2015-16 the Trust fully implemented a web based incident reporting system, allowing immediate incident reporting to managers and relevant specialists within the Trust, facilitating enhanced support for both clinical and operational teams. This has resulted in improved quality and more timely reporting of patient safety incident data into the National Reporting and Learning System.

Most serious incidents reported are unexpected deaths in mainstream community services or substance misuse services. The Trust throughout 2015-16 has continued to develop investigation and learning processes, reporting themes from serious incidents to the Board of Directors on a quarterly basis and further thematic analysis is planned for 2016-17.

The Trust's Incident Policy was also recently updated to reflect the NHS England Serious Incident Framework and the new internal incident reporting system.

Figure 5: Incident Policy Process

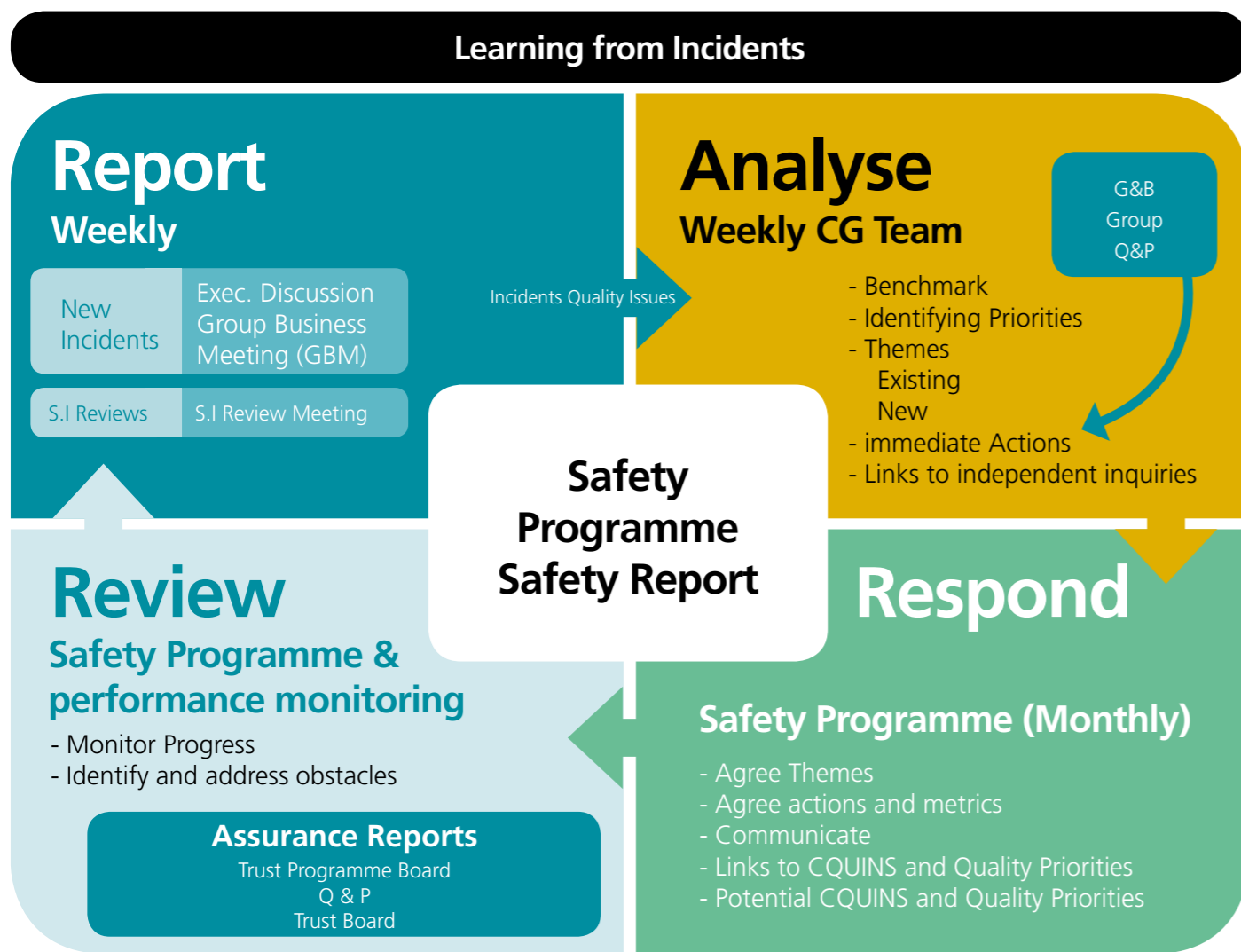


Figure 5 shows how information reported from incidents is considered analysed and responded to so that the Trust continuously learns from the process.

## Patient Safety Incidents by impact

Table 3: Number of Patient Safety Incidents by impact 2013-14 to 2015-16:

Number of Patient Safety Incidents reported, by impact:	2013-14		2014-15		2015-16	
No Harm	3401	27%	4215	38%	5129	48%
Minor Harm	8355	66%	6093	55%	4940	46%
Moderate Harm	771	6%	587	5%	603	6%
Major Harm	65	1%	55	0%	22	0%
Catastrophic, Death	133	1%	117	1%	81	1%
<b>Total patient safety incidents reported*</b>	<b>12,725</b>	<b>100%</b>	<b>11,067</b>	<b>100%</b>	<b>10,775</b>	<b>100%</b>

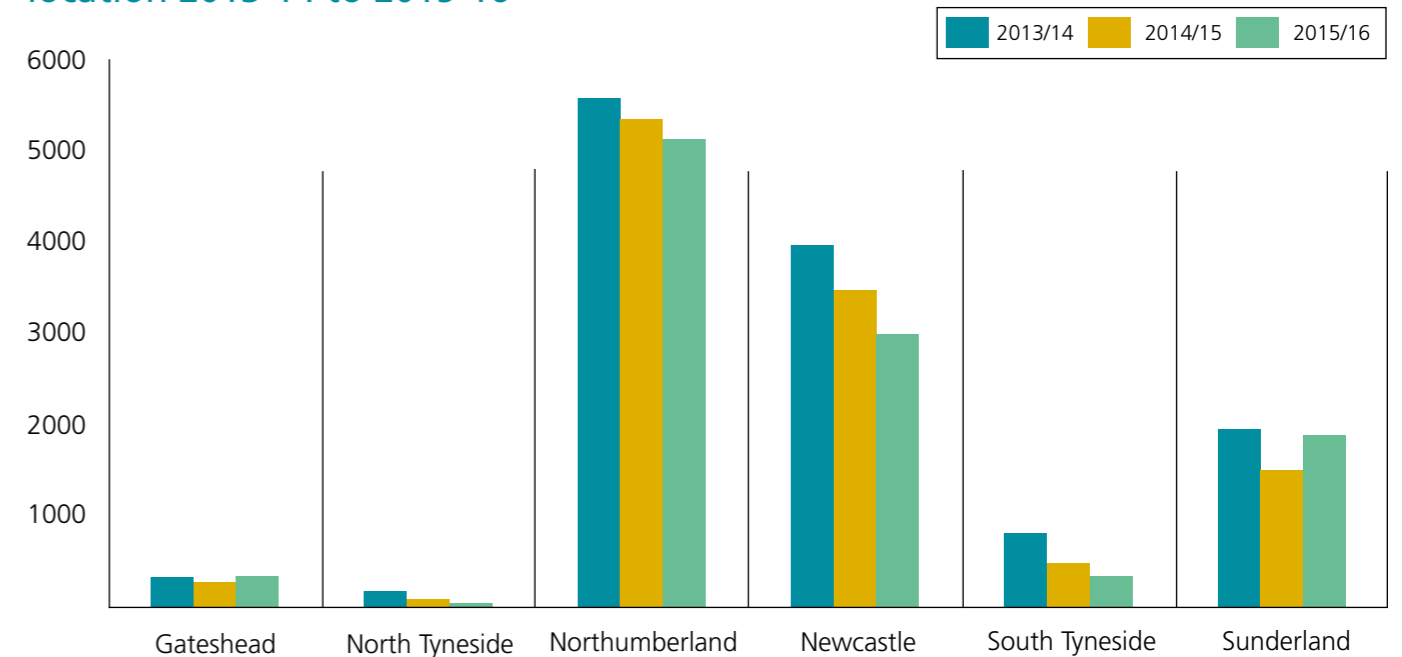
(NB Annual totals for previous years may differ from previously reported data due to on-going data quality improvement work and to reflect coroner's conclusions when known. Data is as at 5/4/16).

As demonstrated in Table 3, opposite during 2015-16, both the total numbers and the proportion of "major" and "catastrophic harm" patient safety incidents continue to reduce from previous years while the number and proportion of "no harm" incidents have increased. The work we have done in relation to the Quality Priorities, combined with enhancements in recording and categorisation of patient safety incidents have contributed to the reduction in severity of incidents reported.

## Patient Safety Incidents by locality

Figure 6 below shows patient safety incidents which have been reported over the past 2 years by location of the incident (i.e. where the incident took place):

Figure 6: Patient Incidents by location 2013-14 to 2015-16



Services based in Newcastle and Northumberland continue to report more patient safety incidents than others areas, which reflects the volume and types of inpatient services located in those areas – for example, these areas include a number of specialist inpatient services supporting service users with complex needs, often resulting in higher numbers of incidents reported. Table 4 below shows patient safety incidents by both location and the severity of harm caused. The information shows patient safety incidents which happen in community based services and those which happened in inpatient units.

Table 4: Number of Patient Safety Incidents in Community and Inpatient Services 2013-14 to 2015-16

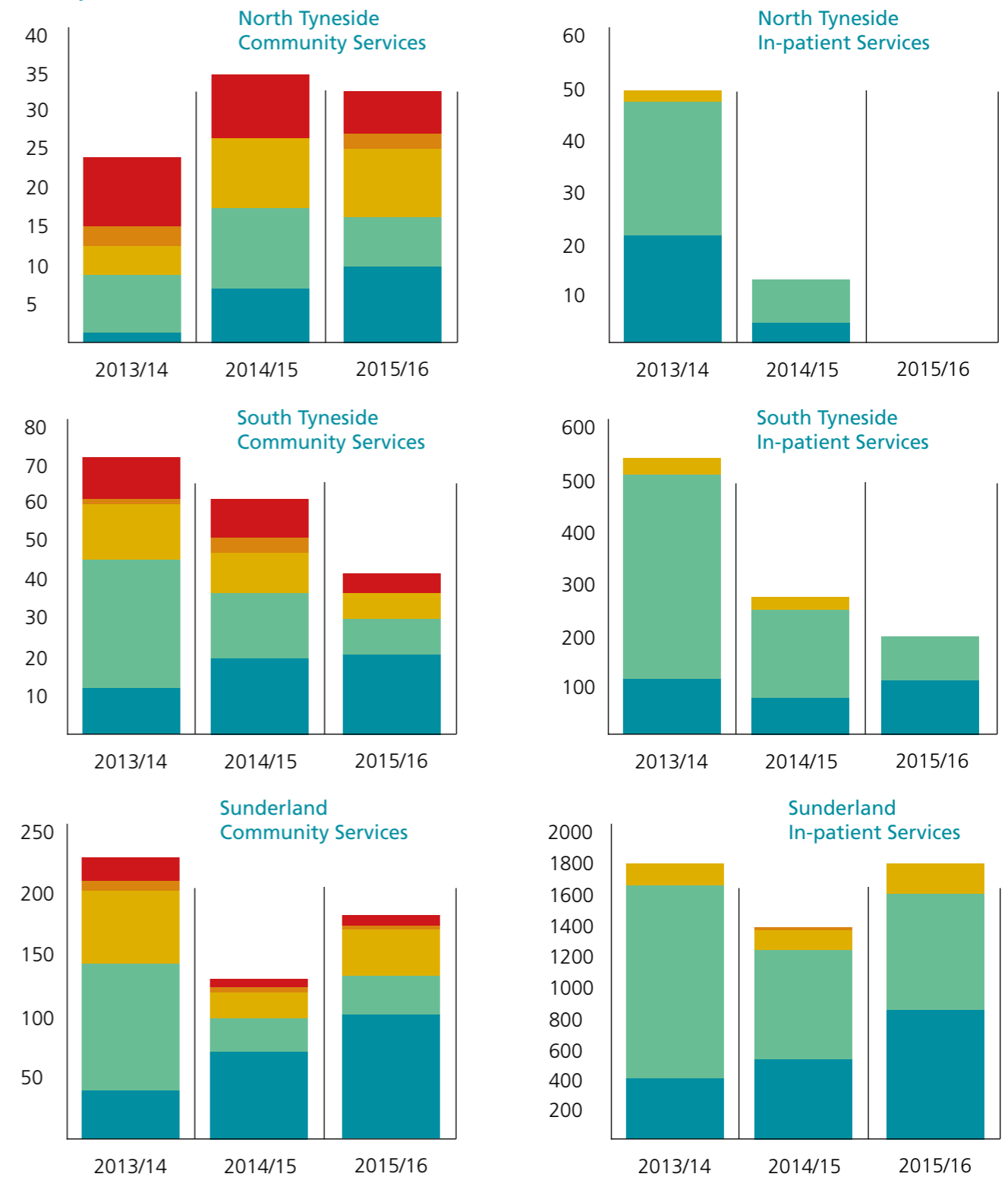
Patient Safety Incidents reported:	2013-14	2014-15	2015-16
Community Services	844	818	887
Inpatient Services	11,881	10,249	9,888
<b>Total patient safety incidents</b>	<b>12,725</b>	<b>11,067</b>	<b>10,775</b>

(Data is as at 5/4/16)

# Patient Safety Incidents by Location and Level of Harm

Figure 7 shows patient safety incidents by location and level of harm.

Figure 7: Patient Safety Incidents by Location and Level of Harm



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

NB The numbers shown relate to where the services are located. For example, Trust sites in Newcastle and Northumberland include a number of specialist inpatient services treating service users with complex needs, often resulting in higher numbers of incidents reported.

Note that the vertical scales on each graph differ to reflect variation by location.

National benchmarking information on our serious incident reporting (during 2013-14 to 2015-16) can be found on page 59 of this report.

For further updates on patient safety incident information please access the Trust Board patient safety reports – these are published quarterly and can be found at [www.ntw.nhs.uk/section.php?l=2&p=26](http://www.ntw.nhs.uk/section.php?l=2&p=26).

## News from 2015-16

NHS providers have been publically ranked on their openness and transparency under a new 'Learning from Mistakes League' launched by Monitor and the NHS Trust Development Authority in March 2016. Data for 2015-16, drawn from the 2015 NHS staff survey and from the National Reporting and Learning System, ranked Northumberland, Tyne and Wear NHS Foundation Trust as "Good". The league table scores providers on the fairness and effectiveness of procedures for reporting errors, near misses and incidents; staff confidence and security in reporting unsafe clinical practice and the percentage of staff who feel able to contribute towards improvements at their trust.

## Positive & Safe Strategy – Reduction in Restrictive Practices

Northumberland, Tyne and Wear NHS Foundation Trust are implementing a 'Positive and Safe Strategy' to reduce the use of restrictive practices in response to managing challenging behaviour, aggression and violence. Increasing our understanding of the causes of violence and aggression and training staff appropriately will help us to provide services that are safe for our service users and staff. We have a duty to minimise the use of all forms of restraint and where certain circumstances merit the need for physical restraint to be used (in order to prevent a greater harm from occurring) it is vital that staff are fully aware of the risks involved.

It should be noted that clinical environments play a significant part in reducing aggression and violence and appropriate clinical environments can reduce both restraints and seclusions. NTW have made significant investment in high quality, state of the art clinical facilities across inpatient areas, with many developments winning awards and receiving very positive feedback from service users, staff and carers. They have proven to be effective in improving service user and staff experience and have reduced levels of restraint as a result. Our overall aim is to minimise the use of all restrictive interventions and promote collaborative working to ensure our service users are cared for in environments that are safe and focus on evidence based therapeutic intervention and recovery.

## Openness and Honesty when things go wrong: the Professional Duty of Candour

All healthcare professionals have a duty of candour which is a professional responsibility to be honest with service users and their advocates, carers and families when things go wrong. The key features of this responsibility are that:

Every healthcare professional must be open and honest with service users when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

- Tell the service user (or, where appropriate, the service user's advocate, carer or family) when something has gone wrong.
- Apologise to the service user. Offer an appropriate remedy or support to put matters right (if possible).
- Explain fully to the service user the short and long term effects of what has happened.

A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of service user care. We have implemented the Duty of Candour, developed a process to allow thematic analysis of reported cases, raised awareness of the duty at all levels of the organisation and we are also reviewing how we can improve the way we learn and ensure that teams and individuals have the tools and opportunities to reflect on incidents and share learning with colleagues. Healthcare professionals must also be open and honest and take part in reviews and investigations when requested. All staff are aware that they should report incidents or raise concerns promptly, that they must support and encourage each other to be open and honest, and not stop anyone from raising concerns.

## Sign up to Safety

Northumberland, Tyne and Wear NHS Foundation Trust participates in the Sign up to Safety campaign. This is a national patient safety campaign launched in 2014 to strengthen patient safety and make it the safest healthcare system in the world, aiming to halve avoidable harm across all areas of the NHS and saving 6,000 lives as a result. The Trust aims to listen to service users, carers and staff, learn from what they say when things go wrong and take action to improve safety helping to ensure service users receive harm free care every time, everywhere.

### The five national Sign up to Safety pledges

1. **Putting safety first.** Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans.
2. **Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from service users and staff and by constantly measuring and monitoring how safe our services are.
3. **Being honest.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with service users and their families if something goes wrong.
4. **Collaborating.** Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
5. **Being supportive.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate progress.

During 2015-16, there were three components to NTW's Sign up to Safety Improvement programme:

1.	Reduction in avoidable harm from falls within in-patient wards
2.	Improvement of physical health care and outcomes.
3.	Safer Care and Violence Reduction

In 2016-17 the focus of the programme will be exclusively on Safer Carer and Violence reduction via the implementation of the Positive & Safe Strategy. Progress towards the Inpatient Falls and Physical Health Campaigns will also continue to be monitored via the Trust wide Physical Health Group.

## News from 2015-16

### Freedom to Speak Up Guardian

In June 2014, the Secretary of State for Health commissioned Sir Robert Francis QC to carry out an independent review into the culture within the NHS for employees wanting to raise concerns about safety, quality and the effectiveness of the service. A key recommendation of the resulting report, 'Freedom to Speak Up', was the appointment of a National Guardian to provide national leadership and drive the creation of an environment in which all NHS staff are able to speak up safely. The National Guardian's Office will be sponsored by Care Quality Commission, NHS England and NHS Improvement but will set its own priorities, have its own budget and speak independently. The national post is currently vacant.

The report also called for the appointment of a Freedom to Speak Up Guardian in every NHS Trust to give independent support and advice to staff who want to raise concerns and to hold the board to account if they fail to focus on patient safety. NTW was one of the earliest Trusts to embrace the role of Trust Freedom To Speak Up Guardian and appointed Neil Cockling into this role in December 2015. Neil reports directly to the Chief Executive and it is his role to help the Trust ensure the culture is such that all staff know it is part of their responsibility to speak up when things go wrong and they feel safe to do so. His job is not to investigate concerns raised, but to make sure that concerns are investigated and appropriate staff support mechanisms are in place. Neil's skills and experience make him ideal for this role - as an experienced chaplain familiar with the Trust, Neil has well-honed listening skills and experience of working with staff, service users and carers. He will not be alone in his role as Guardian as he is developing a network of trained Freedom to Speak Up Champions across the whole of NTW.

As part of our commitment to this important work we have agreed to publish information in the Quality Accounts of concerns raised. In 2015/16 three formal whistle-blowing concerns were raised and a further 10 cases which do not meet the Disclosure Act's definition of whistle-blowing were investigated as a concern. Due to the small numbers of concerns raised it is too early to do a thematic analysis on these concerns but this work will continue during 2016-17 and reports will be produced for the Workforce Group on a quarterly basis.



# Quality Goal 2

## Patient Experience: 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.

### 2015-16 Quality Priority: Greater choice, quality of food and timing of meals to inpatient areas

**Target** We aimed to roll out across our inpatient services our meal ordering system, introduce nutritionally adequate menu options, update the pictorial menus and advise Trust cafés and shops on appropriate portion sizes and nutritional information.



Met

**Progress** Whilst we have met our target the Trust will continue to aim for continuous improvement of food and nutrition issues, ensuring that feedback from service users is reviewed and acted upon. This work will be monitored through the Trust wide Food and Nutrition Group.

### 2015-16 Quality Priority: To improve the referral process and the waiting times for referrals for multi-disciplinary teams

#### Northern Region Gender Dysphoria Service

The Northern Region Gender Dysphoria Service provides a specialist assessment and treatment service for people who experience persistent confusion and / or discomfort with their gender. This includes people who want to change physical aspects of their gender as well as those who do not.

**Target** To meet waiting times targets for Children's and Young Peoples' services, reduce waiting times for the Gender Dysphoria service and ensure that 100% of service users in all other services will wait no longer than 18 weeks for their first contact with a service by March 2016.

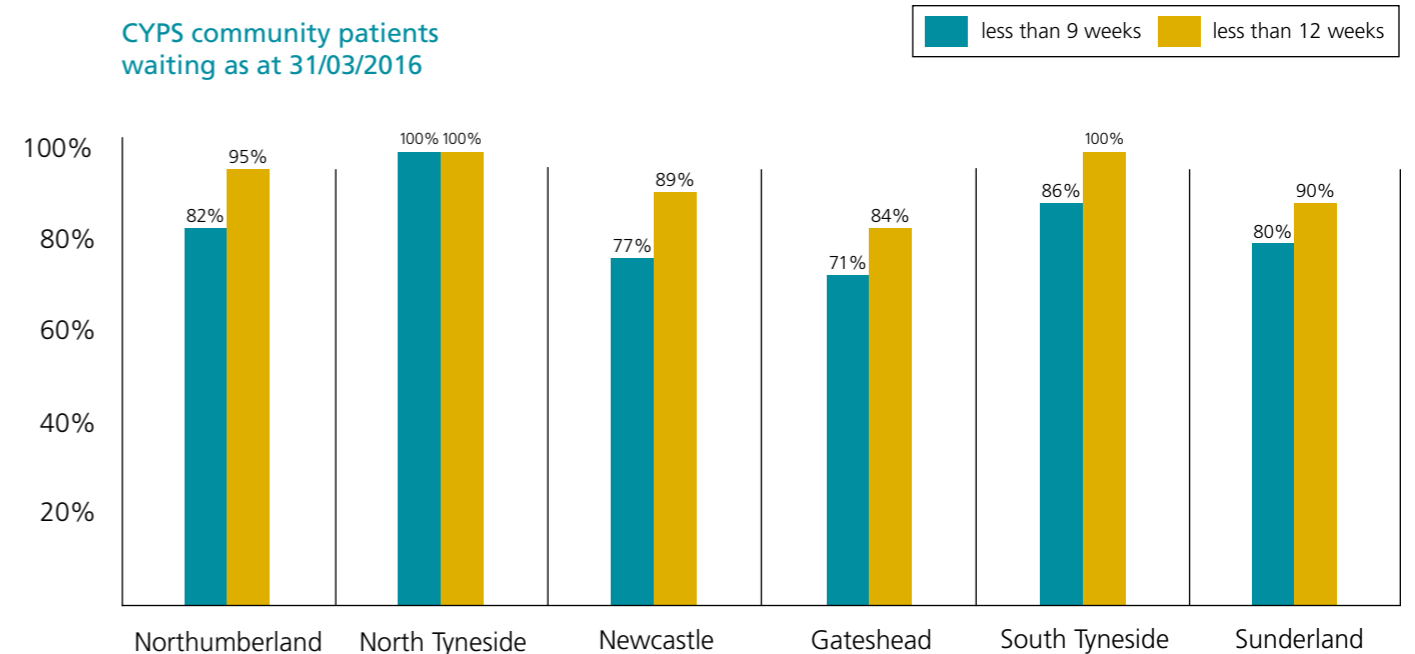


Partially Met

#### Quality Goal 2

**Progress** The Children's and Young Peoples' Community Services had locality specific CQUIN targets in relation to access to treatment. These targets were aimed at reducing overall the length of time children and young people were waiting for a service with those waiting the longest being seen first whilst continuing to provide timely access to anyone who presented with urgent needs. Continuous improvement was expected to be demonstrated each quarter and this has been achieved. Alongside this all areas also saw in treatment all of their longest waits (throughput cases) in the timeframe specified. Each Clinical Commissioning Group area achieved their nine weeks % target from referral to treatment and the % target of 12 weeks was achieved in Northumberland and South Tyneside. The table below demonstrates the % of children and young people waiting less than 9 and 12 weeks to enter treatment as on the 31/03/2016.

Figure 8: Percentage of children and young people waiting less than 9 and 12 weeks to enter treatment as on the 31/03/2016



**The Gender Dysphoria service** is subject to specific development needs in line with similar services nationally during 2016-17. Additional investment was provided by commissioners in 2014 to increase the capacity of the team, with the expectation that waiting times would reduce to less than 18 weeks by the end of Quarter 2 2016-17. A recruitment strategy and service model redesign was implemented during 2015-16, however difficulties in recruiting highly specialist staff into the service along with continuing increase in demand has resulted in continued long waits to access the service. Some improvement has been noted in the overall waiting time across the year however the total waiting has increased. It is anticipated that the waiting times will further decrease in 2016-17 as the newly recruited staff become embedded into the team and further work on streamlining the care pathway is completed.

**Adult Autism Spectrum Disorders Diagnostic Service & Adult Attention Deficit Hyperactivity Disorder Service:** In 2015-16 commissioners invested in the further development of this element of service provision moving it from a pilot to a fully commissioned service in order to support the increasing demand for assessment and for treatment for Attention Deficit Hyperactivity Disorder. The service is being developed in two phases with Phase 1 being to set up the care pathways and to recruit a staff team with the clinical knowledge to meet the demand and to reduce the waiting time to access both pathways. It is intended that this service will meet the 18 week maximum waiting time for first contact by September 2016. Once this has been achieved Phase 2 is to transition the service into mainstream adult community services to support the sustainability of this element of provision. The graphs below indicate the % of patient waiting less than 18 weeks for first contact as at 31/03/2016.

Figure 9: Percentage of patient waiting less than 18 weeks for first contact as at 31/03/2016 for Adult Autism Spectrum Diagnosis Service

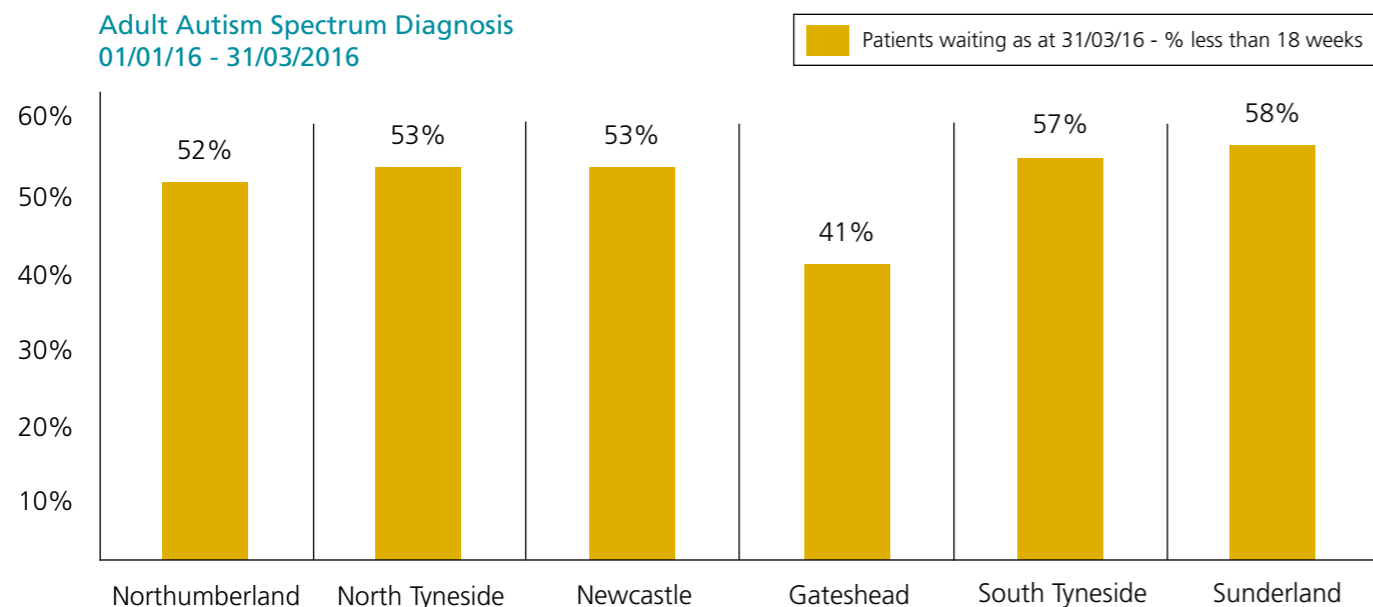
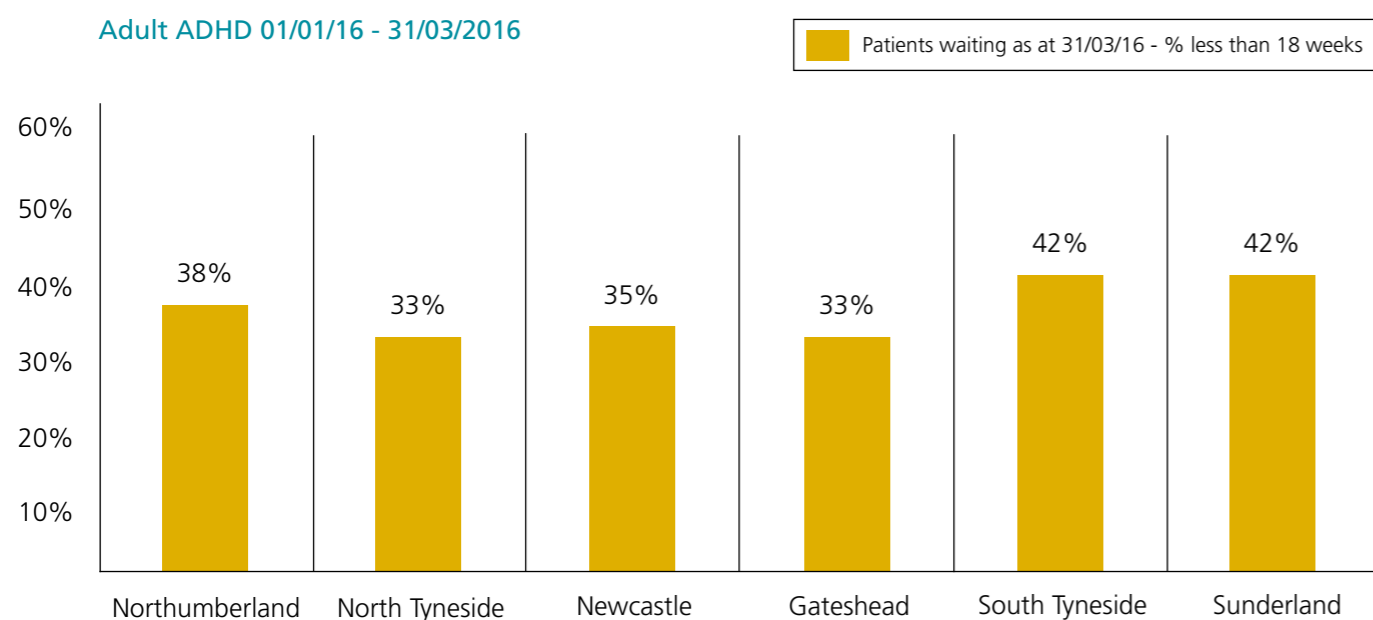


Figure 10: Percentage of patient waiting less than 18 weeks for first contact as at 31/03/2016 for Adult Attention Deficit Hyperactivity Disorder Service



**All other services:** on 31st March 2016, 99.5% of service users on a waiting list for all other multi-disciplinary teams had waited less than 18 weeks.

### What is a multi-disciplinary team?

A multi-disciplinary team is composed of staff members from different healthcare professions with specialised skills and expertise. The members collaborate together to make treatment recommendations to ensure improved patient care.

## 2015-16 Quality Priority: To improve communication to, and involvement of carers and families (focus on young carers)

**Target** To map the current provision of support for young carers, developing plans to address any gaps identified and provide guidance to Trust staff to help them identify, support and work with young carers.



**Progress** The focus on issues affecting carers will continue during 2016-17 with a Quality Priority to develop the use of the Triangle of Care across the organisation (see page 16).

**“Consistently happy with the care and the support and communication provided to my daughter and I over the last 9 months.”** (Fraser House)

**“Everything that was explained to me, that they were just a phone call away if I was experiencing some difficulty and I am very appreciative of all their help. Thank you.”** (Sunderland CRHT)

# How have the Quality Priorities in 2015-16 helped support this Quality Goal?

We aim to continue to ensure that service users and carers have a positive experience of care and treatment when accessing our services and we use national surveys to find out about people's experiences of the Trusts services. The annual CQC Community Mental Health Patient Survey was completed in 2015 by 227 community service users (27% of those asked). There are 10 sections of the Survey and the table below reports the NTW patient response score per section of the survey, along with the 2014 NTW score and a comparison with other Mental Health Trusts. (NB scores are out of 10).

**Table 5: National Mental Health Community Patient Survey Results for 2014 and 2015**

Survey Section	2015 NTW Score	2015 NTW Lowest - Highest Score	2015 Position relative to other Mental Health Trusts	2014 NTW Score
1. Health or Social Care Workers	7.6	6.8 – 8.2	About the Same	8.1
2. Organising your Care	8.7	7.9 – 9.1	About the Same	8.9
3. Planning your Care	7.3	6.1 – 7.6	Best Performing Trust	7.5
4. Reviewing your Care	7.5	6.8 – 8.2	About the Same	8.0
5. Changes in who you see	6.3	4.7 – 7.5	About the Same	7.0
6. Crisis Care	6.5	5.1 – 7.2	About the Same	6.9
7. Treatments	7.3	6.3 – 7.9	About the Same	7.4
8. Other Areas of Life	5.2	3.9 – 5.8	About the Same	5.2
9. Overall View of Care and Services	7.3	6.4 – 7.7	About the Same	7.5
10. Overall Experience	7.0			7.2

The Trust emerged as a 'best performing trust', in comparison to other providers in one section of the survey – Section 3: Planning your Care. Our services did not receive any scores where performance was judged to be lower than the majority of other providers.

## Comparison to previous year's scores:

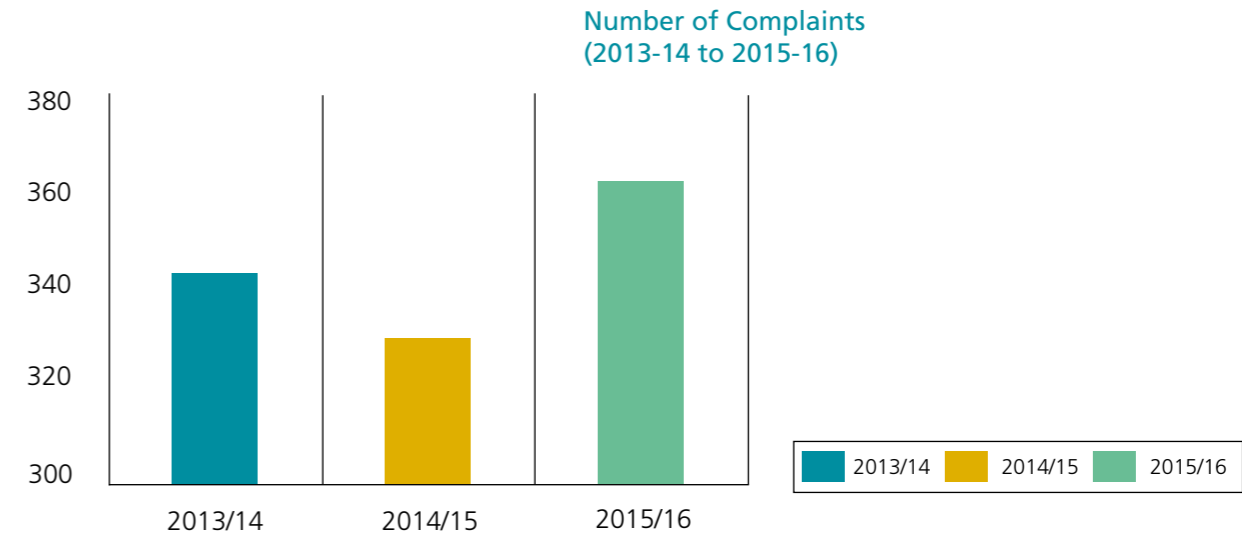
Previous surveys of community mental health services were carried out between 2004 and 2014 (with the exception of 2009). The questionnaire for the 2014 survey was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service, therefore the detailed results from the 2014 and 2015 surveys are not comparable with the results from previous national community mental health surveys. When compared with the 2014 survey, 2015 scores have deteriorated in nine out of ten sections of the survey and remained static in one section (Section 8 – Other Areas of Life). Analysis of published data shows that patient experience of community mental health service also decreased nationally between 2014 and 2015.

## Complaints

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

Complaints have increased during 2015-16 with a total of 362 received during the year. This is an increase of 32 complaints (or 10%) from 2014-15 and we are looking at the information to understand the underlying cause of this increase.

**Figure 11: Number of complaints received 2013-14 to 2015-16**



## Complaints received 2015-16 (using new nationally defined categories)

**Table 6: 2015-16 Number of complaints received by the new national categories types**

Complaint Category Type	2015-16	Trust Admin/Policies/Procedures	11
Patient Care	76	Waiting Times	10
Communications	72	Access to Treatment or Drugs	9
Values and Behaviours	58	Privacy, Dignity and Wellbeing	9
Admissions and Discharges	24	Restraint	9
Prescribing	24	Facilities	6
Appointments	22	Consent	1
Clinical Treatment	15	Integrated Care	1
Other	15	<b>Total Complaints</b>	<b>362</b>

## 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 3 year reporting period:

**Table 7: Number (%) of complaints and outcomes 2013-14 to 2015-16**

Complaint Outcome	2013-14	2014-15	2015-16
Closed – Not Upheld	90 (26%)	88 (27%)	91 (25%)
Closed – Partially Upheld	109 (32%)	99 (30%)	89 (25%)
Closed – Upheld	95 (28%)	75 (23%)	76 (21%)
Complaint withdrawn	34 (10%)	47 (14%)	29 (8%)
Decision not to investigate	2 (1%)	1 (0%)	3 (1%)
Still awaiting completion	0 (0%)	0 (0%)	51 (14%)
Unable to investigate*	15 (4%)	20 (6%)	23 (6%)
<b>Total</b>	<b>345</b>	<b>330</b>	<b>362</b>

\*category relates to complaints received which are not about our services, or the Trust was unable to contact the complainant. Data is as at 22/4/16).

## 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 10 NTW complaints referred to the PHSO during 2015-16.

The following table provides the PHSO outcome for those that were completed at the time of writing this report. The Trust has been fully compliant with the timescales for response to PHSO requests and the results demonstrate an improvement on 2014-15, with a reduction to zero of PHSO complaints upheld or partially upheld.

**Table 8: Outcome of complaints considered by the Parliamentary and Health Service Ombudsman**

Closed - Upheld	0
Closed - Partially Upheld	0
Closed - Not Upheld	6
Decision Not To Investigate	1
Still Awaiting Completion	3

NB as at 31/03/16 there were 3 cases still ongoing, including two from previous years.

## News from 2015-16 Time to Change

Staff at one of the UK's largest mental health and disability NHS Trusts have publicly pledged to end mental health stigma.

John Lawlor, Chief Executive at Northumberland, Tyne and Wear NHS Foundation Trust (NTW) signed the 'Time to Change' Employer Pledge on Wednesday 14 January 2016 and in doing so joined over 300 employers in England who are working to tackle mental health stigma and to help keep their staff well for work.

Time to Change is a national mental health campaign, launched in 2009 by mental health charities MIND and Rethink with the objective of reducing health related stigma and discrimination.

The Time to Change Employer pledge is an aspirational statement which indicates to employees, service users and the public that an organisation wants to take action to tackle the stigma and discrimination around mental health, focussing on the workplace in particular.

John Lawlor, Chief Executive said: "Here at NTW we have made a commitment to actively ending mental health stigma. Mental ill health is common with one in four of us experiencing a mental health problem at some point in our lives. The social stigma attached to mental ill health and the discrimination people experience can make life more difficult. There are small things that each of us can do every day to challenge stigma and I feel privileged to publicly sign the pledge."

The pledge was signed in front of members of staff at NTW, as well as representatives from the mental health charity, Rethink. Staff from the Trust, Time to Change and a staff member gave presentations and spoke about their own personal stories and their hopes and aspirations for the future.

The Time to Change Employer Pledge is backed by an action plan which sets out exactly how we will deliver and demonstrate our commitment to tackle mental health stigma. For more information see [www.time-to-change-org.uk](http://www.time-to-change-org.uk)

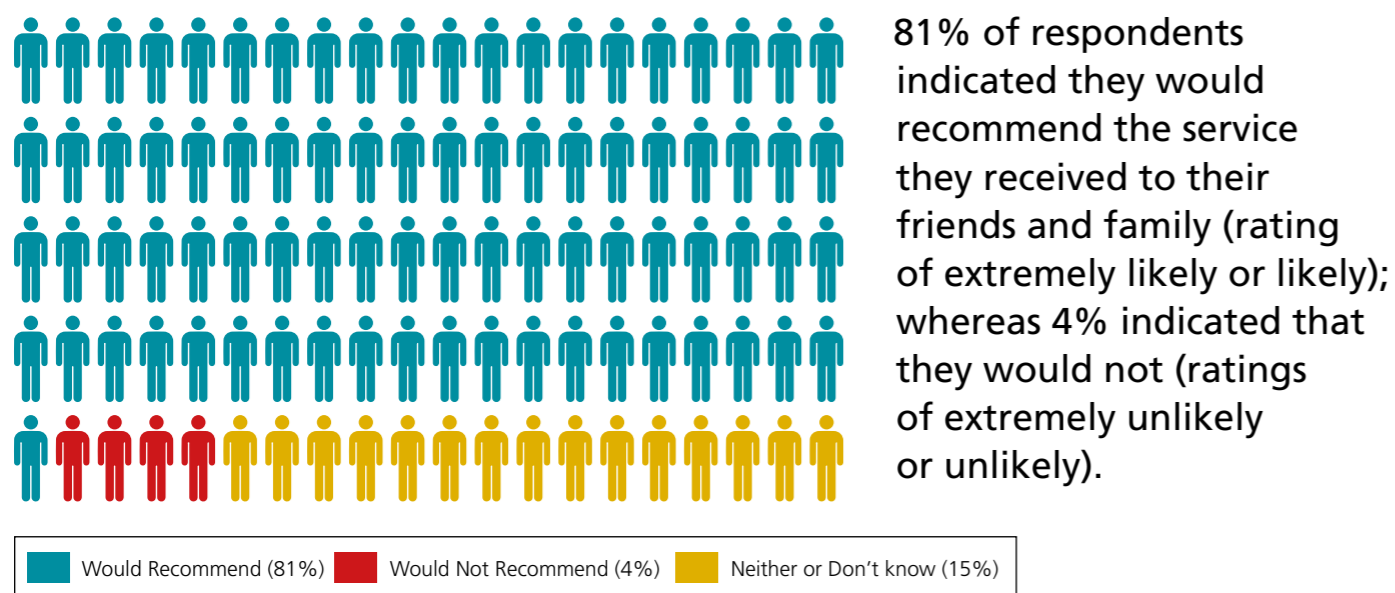
## Friends and Family Test – Service Users

The NHS Service User Friends and Family Test was implemented nationally in January 2015 and has become an important part of the Trust’s patient experience feedback programme. The Service User Friend and Family Test enables service users to have the opportunity to give feedback at any point in time. It is a single question survey that asks service users the following question:

**“How likely are you to recommend our service to friends and family if they needed similar care or treatment?”**

Scores range from extremely likely (positive response) to extremely unlikely (negative response). The Friends and Family Test has increasingly become embedded into practice. During 2015-16, 2,001 Friends and Family Test responses were received.

Figure 12: Percentage of respondents who would/not recommend the service they received to their friends and family



Many other patient feedback measures are in use across the organisation such as “Points of You”, “How’s It Going” (often used in learning disability services) and “Experience of Service Questionnaire” (ESQ - used in community Children and Young People’s Services).

The Trust regularly considers themes arising from all service user feedback mechanisms, including compliments, thank you letters and comments made on websites such as NHS Choices and Patient Opinion.

### Example comments received during 2015-16:

**“After being discharged from hospital too early, my GP referred myself to the crisis team. Within less than half an hour they were on the phone offering to come out and assess me. They were a great support to my family who were also at the end of their tether. I will always be grateful for their help.”**

**“I went into Hopewood Park at a very dark time of my life, but during my 11 day stay I was kept both safe and helped to feel that there was still hope. Overall they were great and you can’t really get a better accolade than someone saying you saved my life”.**

**“I was admitted on a voluntary basis for treatment. I have to say that without exception all the staff were very professional and helpful. The medical help I received is helping me a great deal and I now feel much more confident about my future.”**

## News from 2015-16 Recovery College launched for Northumberland

People living in Northumberland can now access more help and information following the launch of a new service by the region’s mental health and disability care provider.

Positive Pathways Northumberland is a recovery college which will deliver innovative free courses to help people experiencing mental health problems, and is being run by Northumberland, Tyne and Wear NHS Foundation Trust (NTW).

NTW Senior Occupational Therapist Lynsey Martin said: “Living with or caring for someone with a mental health condition can be extremely challenging so this new recovery college for Northumberland will give people a safe place to learn, connect with other people and develop skills.

“Everyone needs to feel supported and understood so our free courses have been developed and will be facilitated by a mix of people with lived experiences and those who are interested in recovery.

“We want all our students to feel empowered to understand and manage their condition and find a course which can help with their recovery pathway; from mental illness, substance misuse, trauma or distress.”

Positive Pathways Northumberland has been supported by voluntary groups, charities and clinical commissioning groups.

There are already two NTW Recovery Colleges across the North East, in Sunderland and one in Newcastle, which offer a safe and supportive environment for those with mental health issues and their carers.

You can download the Northumberland prospectus and find out more about the new recovery college here or email [ppn@ntw.nhs.uk](mailto:ppn@ntw.nhs.uk).

## Quality Goal 3

# Clinical Effectiveness: Ensure the right services are in the right place at the right time for the right person

Underpinned by the organisation's approach to delivering the Clinical Effectiveness Strategy, we will demonstrate success by delivering demonstrable improvements in service delivery.

2015-16 Quality Priority:  
To continue to embed the Recovery Model

### What is the Recovery Model (ImROC)?

The Implementing Recovery through Organisational Change (ImROC) programme is a new approach to helping people with mental health problems. In mental health, 'recovery' means the process through which people find ways to live meaningful lives, with or without the on-going symptoms of their condition.

**Target** To introduce Peer Support Workers into all localities, ensuring an appropriate recruitment and induction process, develop the ImROC strategy and continue to progress Recovery Colleges.



**Progress** The specific aims of the above Quality Priority have been achieved and whilst this will no longer be a Quality Priority into 2016-17, work will continue in this important work and will be overseen by the Clinical Groups.

## Quality Goal 3

2015-16 Quality Priority: To ensure comprehensive diagnosis information is available in relation to community service users

**Target** To increase recording of ICD10 diagnosis codes in community Early Intervention in Psychosis, Older People's and Memory Protection teams to 30% by Quarter four 2015-16.



**Progress** The specific aim of this Quality Priority has been met, however this important work will continue and will be monitored in 2016-17 as part of the Trust's Data Quality Improvement Plan.

2015-16 Quality Priority: To improve the recording and use of outcome measures by improving suppression rates of patient rated outcome measures (PROM)

### What is our Patient Rated Outcome Measurement (PROM)?

The Trust uses the Short Warwick and Edinburgh Mental wellbeing Scale (SWEMWBS) to provide service users with an opportunity to feedback their views on their clinical outcomes.

**Target** To increase the rates of SWEMWBS forms being sent to service users to 45% by quarter four.



**Progress** The specific aim of this Quality Priority has been met. This overall priority to improve the recording and use of outcome measures will continue during 2016-17 and will focus more broadly on embedding a culture of valuing outcome measures while also trialling different approaches in specific teams, aligning with a CQUIN indicator supported by local Clinical Commissioning Groups.

# How have the 2015-16 Quality Priorities helped support this Quality Goal?

## Service Improvement and Developments throughout 2015-16

These are some of the key service improvements and developments that the Trust has made during 2015-16:

## Community Transformation Programme

The Community Transformation Programme aims to deliver new community evidence based care pathways with improved access to services, improved quality outcomes and improved experience for service users and carers. The programme is focusing on the redesign of Psychosis; Non-psychosis; Cognitive Disorders and Learning Disability services.

The programme started in 2013-14 in Sunderland and South Tyneside, testing interventions focused on recovery and effective support for people to live and work in their own communities with the aim of reducing reliance on hospital beds. During 2014-15 the Trust commenced the roll out of the redesigned Community Pathways across Sunderland and South Tyneside and this work continued through 2015-16, while engagement on the principles and design of improved community pathways in north of Tyne resulted in the launch of the Northumberland Initial Response Team in December 2015. This 24/7 service, based at St. George's Park, provides a single point of access for urgent requests including signposting to relevant services within and outside the organisation. New Community Pathways are to be fully introduced into Northumberland, North Tyneside, Newcastle and Gateshead during 2016-17.

Last year also saw the introduction of Street Triage Teams both North and South of Tyne, with the police and mental health nurses jointly dealing with incidents involving people experiencing a mental health crisis. This ensures the best and most appropriate care at that time, resulting in a reduction in individuals detained by the police.

## Developing New Models for Inpatient Care Programme

Since 2013, the Trust, in collaboration with partners, has considered a range of options to determine the most appropriate future configuration of services and hospital sites for people with serious mental health conditions in the light of the roll out of the improved Community Pathways and the anticipated reduction in demand for inpatient services, ensuring that services remain clinically appropriate, safe and affordable.

This work led to the agreed closure of the Bede Unit in South Tyneside. In Newcastle and Gateshead, partners have together looked carefully at the services for people living in Newcastle and Gateshead. Newcastle and Gateshead CCG led a listening and engagement process from November 2014 to February 2015 called "Deciding Together" with the aim of collecting views and experiences about specialist mental health services. The feedback from this process informed the development of scenarios for change which were the subject to a formal consultation during 2015-16. The public consultation has sought views on three possible locations for adult acute assessment and treatment and rehabilitation services and two possible locations for older people's services.

A full Case for Change document is scheduled to be completed in May 2016, reflecting on the outcome of the public consultation. Alongside the CCG we will begin to plan the implementation of the agreed changes during 2016-17.

## Specialist Care Services Programme

The Specialist Care Services Programme is responsible for ensuring the Trust continues to provide sustainable specialist services.

Significant progress in this programme of work has been achieved during 2015-16, including:

- Development of the Mitford Unit at Northgate Hospital commenced and is due to be completed mid-2016. This new autism assessment and treatment facility will meet the very specific needs of service users with highly complex needs.
- Ongoing review of both Neurological Services and Secure Services long term sustainability.
- With the support of commissioners, the development of an integrated Attention Deficit Hyperactivity Disorder service providing a service across children and young people's services into adult services.

## Social and Residential Services

During 2015-16 the Trust continued to review Northumberland Mental Health Day Services in partnership with stakeholders, and agreed a redesign of services strategy. It has been agreed that the Trust will provide health focused activities, integrated into the overall model of the Community Mental Health team, enabling service users access to a wide range of recovery focused and evidenced based interventions around psycho-education, self-management and physical wellbeing services.

## Learning Disability Services

The Trust provides a wide range of services for people with learning disabilities and/or autism spectrum disorder including those with a mental illness and whose behaviour challenges services, including community services, inpatient assessment and treatment services and secure services.

### "Transforming Care for People with Learning Disabilities – Next Steps (2015)"

reaffirmed the Government's and leading organisations across health and social care commitment to transforming care for people with learning disabilities and / or autism spectrum disorder who have a mental health condition or whose behaviour challenges services. In 2015 NHS England publicly committed to a programme of closing inappropriate and outmoded inpatient facilities and establishing stronger support in the community. Six "Fast Track" areas were identified and included the North East and Cumbria, working towards reallocating resources from inpatient services into new community services and reducing usage of inpatient provision by approximately 50% over the coming three years. A highly skilled, confident and value driven community workforce delivering early intervention and effective crisis support will support the closure of some assessment and treatment beds and secure beds provided by the Trust.

## The development of integrated and "place based services"

The Trust's Strategic 5 Year Plan 2014-19 supported the development of integrated services designed around the needs of the population, replacing any remaining institutional based models of care. Overall progress across the Trust's six localities during 2015-16 has been positive with differing approaches and priorities and we are fully committed to working with partners to develop integrated models of care, designed around the needs of local populations delivering significant benefits in aligning the approach to physical and mental health long term conditions, and in aligning delivery of support and care across health and social services.

## New Services

During 2015-16 the Trust successfully tendered for a number of new services and service improvements, including:

- The implementation of evidenced based IAPT interventions in Children and Young People's services in Northumberland and North Tyneside in partnership with Northumbria Healthcare NHS Foundation Trust.
- Sunderland Integrated Substance Misuse and Harm Reduction Service in partnership with DISC and Changing Lives, to commence on the 1st July 2016.
- Inclusion on a framework to provide mental health inpatient services to Sussex Clinical Commissioning Groups (CCGs) out of area placements.
- Inclusion on a framework to provide Cognitive Behavioural Therapy for Psychosis training for Early Intervention in Psychosis.

## News from 2015-16 New mental health service

A 24hour mental health service is being launched in Northumberland.

A new 24hour urgent mental health service is being launched in Northumberland to help local people access the help they need in times of crisis.

The service is being established by the region's mental health and disability care provider, Northumberland, Tyne and Wear NHS Foundation Trust (NTW), and goes live on Friday 4 December.

The creation of a Northumberland Initial Response Team follows a successful pilot scheme in the Sunderland area which was set up two years ago and now supports more than 10,000 people every month.

NTW Northumberland Initial Response Team Clinical Lead Kate Miller said: "The aim of the service, based at St George's Park in Morpeth, is to provide a single point of access for urgent requests for help to NTW including signposting to relevant services within and outside of the organisation.

"We offer a service to anyone living in Northumberland who feels they need urgent mental health care and we support people to access the right to help to resolve their current difficulties.

"The service is made up of clinical leads, qualified mental health clinicians and experienced support staff.

"We provide practical advice, emotional support from qualified nursing staff and when appropriate, routing to the right service. The team recognise that some people need to be seen quickly and in these cases we will aim to see the person within a few hours."

The new urgent mental health care and treatment service is staffed 24 hours a day, seven days a week, and can be reached on 0303 123 1146.

## Partnerships

The Trust continues to work in partnership with NHS organisations, the community, voluntary and independent sectors and this partnership work is highly valued.

## NTW Clinical Effectiveness Strategy

The Trust's Clinical Effectiveness Strategy forms an overarching framework aligning with other relevant strategies and programmes. This collaborative approach will optimise the benefits for all service users by rapidly implementing evidence-based practice and measuring, as well as learning from, the outcomes of the care provided by the Trust. The mission for the Clinical Effectiveness Strategy is for the Trust to provide safer, better quality care that enables service users to live better for longer. The three year strategy is in the context of a ten-year aim to demonstrate a significant measurable improvement in the extent to which service users are living better for longer.

The Trust already has a wide range of policies, processes and programmes that are addressing clinical effectiveness, for example Transformation, Physical Health and Informatics programmes. In 2016-17, NTW will be refreshing the Clinical Effectiveness Strategy implementation plan to ensure delivery of the following objectives:

1. All service users (and carers where relevant) will have the outcomes that are important to them measured, reported and tracked over time;
2. There is evidence that the culture of the organisation is supporting staff in delivering clinically effective care;
3. Routine measurements demonstrate that evidence-based guidelines, including but not limited to NICE quality standards, will inform care that is given to all service users;
4. There is evidence that the infrastructure of the Trust will support staff to deliver clinically effective care;
5. Routine measurements demonstrate that the physical health care needs of our service users are consistently recognised, monitored and managed.



# Part 2c

## Mandatory Statements relating to the Quality of NHS Services Provided

### Review of Services

During 2015-16 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 181 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 181 of these relevant health services.

The income generated by the relevant health services reviewed in 2015/16 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 2015-16.

### Participation in clinical audits

During 2015-16, 8 national clinical audits and 1 national confidential enquiries 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 Foundation Trust was eligible to participate in during 2015-16 are as follows:

**Table 9: National Clinical Audits 2015-16 and National Confidential Enquiries 2015-16**

National Clinical Audits 2015-16	
1	National Audit of Schizophrenia (Royal College of Psychiatrists)
2	Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)
3	Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)
4	Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)
5	Assessment of Side Effects of Depot Anti-Psychotic Medication (POMH-UK Topic 6d)
6	Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 9c)
7	Prescribing for ADHD in Children, Adolescents and Adults (POMH-UK Topic 13b)
8	Early Intervention in Psychosis Audit
National Confidential Enquiries 2015-16	
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 2015-16, are shown in Table 10 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.

**Table 10: National Clinical Audits 2015-16 and National Confidential Enquiries 2015-16**

National Clinical Audits 2015-16	Cases submitted	Cases required	%
National Audit of Schizophrenia (Royal College of Psychiatrists)	89 cases submitted. Trust action plan was submitted in May 2015. Quarterly monitoring is on-going – latest update of action plan is February 2016.	75	100%
Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)	21 cases submitted. Trust action Plan reported as complete in July 2015.	No minimum requirement.	-
Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)	50 cases submitted. Trust action plan reported as complete in August 2015.	No minimum requirement.	-
Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)	83 cases submitted. Trust action plan reported as complete in September 2015	No minimum requirement.	-
Assessment of Side Effects of Depot Anti-Psychotic Medication (POMH-UK Topic 6d)	Postponed indefinitely at a National level	n/a	n/a
Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 9c)	90 cases submitted in 2015. Trust Action Plan reported as complete in February 2016	No minimum requirement.	-
Prescribing for ADHD (POMH-UK Topic 13b)	80 cases submitted. Report complete October 2015 and Trust action plan is due for completion October 2016	No minimum requirement.	-
Early Intervention in Psychosis Audit	48 cases submitted. Data analysis currently underway and proposed completion date is April 2016	No minimum requirement.	-
National Confidential Enquiries 2014/2015	Cases submitted	Cases required	%
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	Reported directly to NCI	n/a	99%

The reports of 6 national clinical audits were reviewed by the provider in 2015-16, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

**Table 11: Actions to be taken in response to national clinical audits**

Project	Actions
National Audit of Schizophrenia (Royal College of Psychiatrists)	A Trust action plan was developed and is monitored at the Clinical Effectiveness Committee. While the findings for NTW were generally average for the audit, the report authors commented that national performance was generally below what should be provided. Individual team action plans are in place to improve practice in physical health, psychological therapies and prescribing practices.
Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)	The Medicines Management Committee developed actions from the audit recommendations: <ul style="list-style-type: none"> <li>• Development of an evidence-based guideline and approval for use in NTW</li> <li>• Key card developed and circulated to all clinical staff to raise awareness of the guideline</li> <li>• Increase compliance with baseline bloods being taken</li> <li>• POMH-UK will request a re-audit of this topic in 2016</li> </ul>
Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)	The Medicines Management Committee developed actions from the audit recommendations: <ul style="list-style-type: none"> <li>• Share the learning from the audit widely and agree local action plans where appropriate</li> <li>• Review prescribing in community Emerging Unstable Personality Disorder patients</li> </ul>
Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)	The Medicines Management Committee developed actions from the audit recommendations: <ul style="list-style-type: none"> <li>• Ensure medication reviews are undertaken and recorded every 6 months</li> <li>• Standardise where information is recorded on the electronic record</li> <li>• Ensure side effects are assessed and recorded as part of the medication review</li> </ul>
Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 9c)	The Medicines Management Committee developed actions from the audit recommendations: <ul style="list-style-type: none"> <li>• The actions have been added as a CPA review agenda point</li> <li>• Sharing of physical health monitoring results.</li> <li>• A separate action plan from an audit of NICE NG 11 standards has been used to record indication and review of antipsychotics in line with NICE guidance</li> </ul>
Prescribing for ADHD (POMH-UK Topic 13b)	A Trust-level report was provided for this audit and appropriate actions taken from the audit recommendations: <ul style="list-style-type: none"> <li>• Discuss results with Specialist Care Safe group</li> <li>• Circulate and discuss results with CYPs managers &amp; consultants</li> <li>• Discuss results at CYPs Prescribers</li> <li>• Discuss Results with CYPs ADHD Team Leads and standardise information recording and update clinic Standard Operating procedures.</li> </ul>

The reports of 74 local clinical audits were reviewed by the provider in 2015-16 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 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was 1226.

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. The Trust was involved in 94 clinical research studies in mental health, learning disability and neuro-rehabilitation related topics during 2015-16, 45 of which were large-scale nationally-funded studies, and was ranked as the second most research active mental health trust in England by The National Institute for Health Research (NIHR).

Staff participation in research increased during 2015-16 with 60 clinical staff participating in ethics committee approved research employed by the Trust. We have continued to work closely with the NIHR Clinical Research Networks North East and North Cumbria Local Clinical Research Network to support national portfolio research and have achieved continued success with applications for large-scale research funding in collaboration with Newcastle and Northumbria Universities.

## Goals agreed with commissioners

### Use of the Commissioning for Quality & Innovation (CQUIN) 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 2015-16 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 2015-16, £6.4m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6.1m in 2014-15).

### CQUIN Indicators

At the time of writing this Quality Account the majority of CQUIN indicators were fully achieved, although there are ongoing challenges in relation to some of the physical health requirements and also waiting times for Children and Young People's in some locality areas.

A summary of the agreed CQUIN indicators for 2015-16 and the new indicators for 2016-17 is shown in Tables 12 to 14 below. The tick marks show which financial year the indicator applies to:

Table 12: CQUIN Indicators to improve Safety

CQUIN Indicators to improve Safety	2015-16	2016-17
Collaborative Risk Assessment in Secure Services	✓	
Reducing Restrictive Practices within adult low and medium secure inpatient services		✓
Reducing avoidable repeat detentions under the Mental Health Act		✓

Table 13: CQUIN Indicators to improve Patient Experience

CQUIN Indicators to improve Service User & Carer Experience	2015-16	2016-17
Reduce waiting times for Children and Young Peoples services (CYPS)	✓	
Involvement & engagement with service users and carers: - support for young carers - support for service users & carers accessing crisis services	✓	✓
Perinatal inpatient services involvement and support for partners/ significant others	✓	✓
Liaison Services North Tyneside - Improving diagnoses and re-attendance rates of service users with mental health needs at A&E	✓	
Improving inpatient CAMHS Care Pathway Journeys by enhancing the experience of the family/carer		✓

Table 14: CQUIN Indicators to improve Clinical Effectiveness

CQUIN Indicators to improve Clinical Effectiveness	2015-16	2016-17
To increase the percentage of people with mental health illness who receive appropriate physical health care.	✓	
Mental Health & Deafness recovery and outcomes	✓	✓
Development of Recovery Colleges for adult medium and low secure inpatients		✓
Embedding Clinical Outcomes: - Adult mental health community teams - People with learning disabilities - Community Children and Young Peoples' services		✓ ✓ ✓

Note that the CQUIN indicators are developed in collaboration with NHS England and local Clinical Commissioning Groups (CCG's). The range of CQUIN indicators varies by commissioner, reflecting the differing needs and priorities of different populations.

## 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 2015-16. 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 licenses Northumberland, Tyne and Wear NHS Foundation Trust as a provider of care services as long as we meet the fundamental standards of quality and safety. The CQC monitors us to make sure that we continue to meet these standards.

## CQC Intelligent Monitoring Report

The Intelligent Monitoring Report, published by the Care Quality Commission (CQC) is a useful tool to help us to continually monitor the quality of our services. It allows us to identify any areas of lower than average performance and take action to address them if necessary.

The report gathers together a range of key indicators about the Trust in relation to the CQC's five key questions - is the Trust safe, effective, caring, responsive and well-led. These indicators are used by the CQC to highlight potential risks about the quality of care provided by the Trust.

The most recent Intelligent Monitoring Report was published by the CQC in February 2016 and it identifies the Trust as having an overall risk score of 6 out of a possible maximum score of 142. The report can be found on the CQC website at [www.cqc.org.uk/sites/default/files/RX4\\_103v6\\_WV.pdf](http://www.cqc.org.uk/sites/default/files/RX4_103v6_WV.pdf).

## CQC Registration Activity 2015-16

In January 2016, the Care Quality Commission undertook a focussed inspection of Stephenson ward at Ferndene and at the time of writing this report, the findings from this inspection had not yet been published.

A comprehensive inspection of services is due to take place in June 2016.

## External Accreditations

The Trust has gained national accreditation for the quality of services provided in many wards and teams.

- Nearly 65% of adult and older people's mental health wards have achieved the Accreditation for Inpatient Mental Health Services (AIMS).
- 67% of the adult forensic medium and low secure wards have been accredited by the Quality Network for Forensic Mental Health Services.
- 100% of the children's wards in the Ferndene unit have been accredited by the Quality Network for Inpatient Children and Adolescent Mental Health Services (CAMHS).

Table 15 below provides a breakdown of current clinical accreditations as at March 2016.

**Table 15: Current clinical external accreditations (March 2016)**

External Accreditation	Ward/Department	Location
Accreditation for Inpatient Mental Health Services (AIMS)	Beckfield (PICU)	Hopewood Park
	Collingwood Court	Campus for Ageing and Vitality
	Embleton	St George's Park
	Fellside Ward	Queen Elizabeth Hospital
	Gainsborough Ward	Campus for Ageing and Vitality
	Lamesley Ward	Queen Elizabeth Hospital
	Lowry Ward	Campus for Ageing and Vitality
	Warkworth Ward	St George's Park
	Rosewood	Hopewood Park
	Longview	Hopewood Park
	Shoredrift	Hopewood Park
	Springrise	Hopewood Park
	Akenside (OP)	Centre for Ageing and Vitality
	Hauxley (OP)	St George's Park
	Castleside Ward (OP)	Campus for Ageing and Vitality
	Cresswell (OP)	St George's Park
	Mowbray Ward (OP)	Monkwearmouth Hospital
	Roker Ward (OP)	Monkwearmouth Hospital
	Bluebell Court (Rehab)	St George's Park
	Clearbrook (Rehab)	Hopewood Park
Quality Network for Forensic Mental Health Services	Bamburgh Clinic	St Nicholas Hospital
	Bede Ward	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital

External Accreditation	Ward/Department	Location
Quality Network for Inpatient CAMHS	Stephenson	Ferndene
	Fraser	Ferndene
	Riding	Ferndene
	Redburn	Ferndene
	Alnwood	St Nicholas Hospital
Quality Network for Community CAMHS	Northumberland CYPs	Villa 9, Northgate Hospital
	Newcastle & Gateshead CYPs	Benton House
	South of Tyne 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	Psychiatric Liaison Team Sunderland Royal Hospital	Sunderland
	Northumberland Liaison Psychiatry and Self Harm Team	Northumberland
	Newcastle Integrated Liaison Psychiatric Service, RVI	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
	Newcastle & North Tyneside Perinatal Community Team	Northumberland (based alongside the inpatient unit)
Home Treatment Accreditation Scheme	Crisis Assessment & Home Based Treatment Service Newcastle	Newcastle

# Data Quality

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 2016-17 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

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

**Table 16: Actions to be taken to improve data quality**

Clinical Record Keeping	We will continue to provide training in the use of the RIO clinical record system and raise awareness of the linkages to quality dashboards, measuring adherence to the Clinical Records Keeping Guidance, highlighting the impact of good practice on data quality and on quality assurance recording.  This work will link clinical record keeping, data quality and quality assurance reporting, highlighting the importance of CPA status recording and supporting the planned upgrade of the RIO clinical record system.
Business Intelligence and NTW Dashboard development	We will continue to further refine the NTW dashboards, providing greater analysis of complex metrics, developing metric definitions and implementing service line reporting.  We will implement a new business intelligence system, providing greater availability and transparency of management information to clinical services.
Data Quality Kite Marks	We will develop and implement a policy for measuring the data quality of all reported information using a recognised methodology.
Mental Health Services Dataset (MHSDS)	We will continue to implement this new national dataset, understanding data quality issues and improving the use of national benchmarking data. Improving demographic recording eg NHS number, ethnicity, gender etc.  We will continue to use the MHSDS Clinical Reference Group to improve data quality, raise awareness of data quality issues and focus on specific improvements (e.g. enhancing discharge information recording and sharing with GPs).
Consent recording	We will redesign the consent recording process in line with national guidance and increase the recorded consent status rates.
CQC Intelligent Monitoring reports	We will ensure that we have a good understanding of the data used by the CQC in their Mental Health Intelligent Monitoring Reports.
ICD10 Diagnosis Recording	Building upon the 2015-16 quality priority, we will increase the level of ICD10 diagnosis recording across community services.
Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and four factor analysis to support the implementation of outcomes contracting in mental health.
Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements.
Outcome Measures	We will enhance the current analysis of outcome measures in line with the 2016-17 CQUIN requirements, focusing on implementing a system for reporting information back to clinical teams.
Principal Community Pathways	We will further develop the availability of management information for clinicians and benefits realisation analysis.

# North East Quality Observatory (NEQOS) Benchmarking of 2014-15 Quality Account Indicators

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

During 2015 NTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2014-15 with those of 56 other NHS Mental Health organisations. A summary of the top 10 indicators found in all Quality Accounts has been provided in Table 17 below.

**Table 17: Top 10 Quality Account Indicators**

	Top 10 Quality Account Indicators	Target	Average	Peer*	NTW	Number of Trusts
1	National Clinical Audit participation (%)	100%	93.4	81.9	100.0	56
2	National Confidential Enquiry participation (%)	100%	96.4	100.0	100.0	56
3	Admissions to adult urgent care wards gatekept by CRT (%)	95%	98.2	97.9	100.0	56
4	Inpatients receiving follow up contact within 7 days of discharge (%)	95%	97.5	97.6	97.4	56
5	Incidents for severe harm/death (%)	-	1.3	1.0	1.3	56
6	Patient experience of community MH services	-	7.8	7.9	8.1	45
7	Inpatients classed as delayed transfers of care (%)	< 7.5%	3.4	2.8	2.6	45
8	CPA formal review within 12 months (%)	95%	96.6	96.5	95.6	43
9	Proportion of inpatients readmitted	-	7.9	8.8	6.2	37
10	Staff who would recommend the trust to their family/friends (%)	-	3.51	3.46	3.64	18

\*Peer includes data for (C&W, Lancashire, Norfolk, North Essex, Oxford, Southern, Sussex, TEWV)

The Trust scored equal to or higher than average on 6 of the 10 indicators.

Likewise, when compared to the peer cohort the Trust scored equally or higher on the same 6 of the 10 indicators (highlighted in green in Table 17).

# NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2015-16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

99.5% for admitted patient care; and

99% for outpatient care.”

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

99.9% for admitted patient care; and

99.9% for outpatient care.”

## Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Assessment Report overall score for 2015-16 was 74% and was graded green.

## Clinical Coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015-16 by the Audit Commission.

## Performance against mandated core indicators

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

**1. 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)

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.

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 aware of their responsibilities to complete these reviews.

Table 18: 7 day follow up data 2013-14 to 2015-16

7 day follow up	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
NTW %	95.8%	97.5%	97.6%	97.0%	98.3%	95.8%	98.2%	98.4%	99.1%	98.5%	98.7%	98.0%
National Average %	97.4%	98.8%	96.7%	97.4%	97.0%	97.3%	97.3%	97.2%	97.0%	96.8%	96.9%	97.2%
Highest national %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest national %	94.1%	90.7%	77.2%	93.3%	95.0%	91.5%	90.0%	93.1%	88.9%	83.4%	50.0%	80.0%

(higher scores are better)

**2. 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)

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 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.

Table 19: Gatekeeping data 2013-14 to 2014-15

Gate-keeping	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
NTW %	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
National Average %	97.7%	98.7%	98.6%	98.2%	98.0%	98.5%	97.8%	98.1%	96.3%	97.0%	97.4%	98.2%
Highest national %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest national %	74.5%	89.8%	85.5%	75.2%	33.3%	93.0%	73.0%	59.5%	18.3%	48.5%	61.9%	84.3%

(higher scores are better)

### 3. 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.

**Table 20: Staff recommendations data 2013 to 2015**

Staff recommendation of the organisation as a place to work or receive treatment	2013 Staff Survey	2014 Staff Survey	2015 Staff Survey
<b>NTW</b>	<b>3.61</b>	<b>3.64</b>	<b>3.71</b>
National Average	3.54	3.57	3.66

Table 20 shows that NTW scored above (better than) the national average.

### 4. '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 constantly engaging with service users and carers to ensure we are responsive to their needs and continually improve our services.

**Table 21: Patient experience of community mental health indicator scores 2013 to 2015**

Patient experience of community mental health indicator scores	2013	2014	2015
<b>NTW</b>	<b>87.4</b>	In 2014 the national survey was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. The removal of the question regarding patients' experience of contact with a health or social care worker during the reporting period prevents comparative data to be determined and reported on during 2014 and 2015.	
National Average	85.8		
Highest national	91.8		
Lowest national	80.9		

(higher scores are better)

Please see page 34 for the results from the National Community Mental Health Patient Survey for 2014 and 2015.

### 5. 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)

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).

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).

**Table 22: Patient Safety Incident (PSI) data April 2013 – September 2015. This is the most up to date data released by the NRLS.**

Indicator	Performance	2013-14 Q1-Q2	2013-14 Q3-Q4	2014-15 Q1-Q2	2014-15 Q3-Q4	2015-16 Q1-Q2
Number of PSI reported (per 1000 obd)	<b>NTW</b>	<b>33.9</b>	<b>38.5</b>	<b>39.3</b>	<b>36.3</b>	<b>38.6</b>
	National average	28.0	28.0	35.6	31.1	38.6
	Highest national	67.1	58.7	90.4	92.5	83.7
	Lowest national*	0	0	0	0	0
Severe PSI (% of incidents reported)	<b>NTW</b>	<b>0.4%</b>	<b>0.6%</b>	<b>0.5%</b>	<b>0.6%</b>	<b>0.4%</b>
	National average	0.4%	0.4%	0.3%	0.4%	0.3%
	Highest national	1.6%	2.9%	2.9%	2.1%	2.5%
	Lowest national*	0.0%	0.0%	0.0%	0.0%	0.0%
PSI Deaths (% of incidents reported)	<b>NTW</b>	<b>1.0%</b>	<b>0.9%</b>	<b>1.0%</b>	<b>1.2%</b>	<b>0.9%</b>
	National average	0.9%	0.7%	0.7%	0.7%	0.8%
	Highest national	4.7%	3.5%	3.0%	3.7%	3.2%
	Lowest national*	0.0%	0.0%	0.0%	0.0%	0.0%

(lower scores are better). obd = occupied bed days \*nb some organisations report zero patient safety incidents

## News from 2015-16

A Sunderland NHS team has won a prestigious award for helping people with learning disabilities improve their hearing.

Lynzee McShea, senior clinical scientist in audiology and Chris Corkish, senior lecturer in learning disability nursing won the Unite the Union Award at the 2015 Advancing Healthcare Awards for their work.

Chris and Lynzee created the 3As pathways, which stands for Access, Assessment and Aftercare and aims to identify and remove barriers to services, which has had a huge impact in addressing inequalities when people with a learning disability access healthcare services.

Once the new pathway was set up it was expected around 40% of patients would have some sort of hearing impairment. Astonishingly, almost all patients were found to have a significant hearing loss. Once given the right support, those who came to the clinic showed significant improvements in communicating.

Their work is very important as on average people with learning disabilities die 16 years earlier than the rest of the population. Often, routine health checks such as sight and hearing tests are missed. This can lead to issues such as an undiagnosed hearing impairment being mistaken for other conditions such as mental illness or dementia.

# Part 3

## Review of Quality Performance

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

We have included three key measures for each of the quality domains (safety, patient experience and clinical effectiveness) that we know are meaningful to our staff, our Council of Governors, commissioners and partners.

**Table 23: Patient Safety, Patient Experience and Clinical Effectiveness Quality Indicators Performance 2015-16**

Patient Safety
*7 Day Follow Up contacts
<p><b>Why did we choose this measure? –</b></p> <p>Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement. (Data source: RiO).</p> <p><b>Performance in 2015-16 (2014-15 comparison in brackets)</b></p> <ul style="list-style-type: none"> <li>During 2015-16, 1,654 service users (98.6% of those discharged from inpatient care in the year) were followed up within seven days of discharge.</li> <li>In 2014-15, 1,702 service users (97.4% of those discharged from inpatient care in the year) were followed up within seven days of discharge.</li> </ul> <p>Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows:</p> <p style="text-align: center;">Newcastle Gateshead CCG: 96.7%            North Tyneside CCG: 98.2%            Northumberland CCG: 98.3%            South Tyneside CCG: 98.1%            Sunderland CCG: 97.1%</p>
*Same Sex Accommodation Requirements
<p><b>Why did we choose this measure? –</b></p> <p>Reducing mixed sex accommodation is a national priority and Department of Health requirement. (Data source: Safeguard).</p> <p><b>Performance in 2015-16 (2014-15 comparison in brackets)</b></p> <p>There have been no breaches of same sex accommodation requirements during 2015/16(also none in 2014/15).</p>

*Patients on CPA have a formal review every 12 months																								
<p><b>Why did we choose this measure? –</b></p> <p>Monitor Compliance Framework requirement. (Data source: RiO).</p> <p><b>Performance in 2015-16 (2014-15 comparison in brackets)</b></p> <p>As at the end of March 2016, 97.2% of applicable service users had a CPA review in the last 12 months, meeting the Monitor target of 95% (95.6% March 2015).</p>																								
Patient Experience																								
Friends and Family Test (FFT) – Service User and Staff																								
<p><b>Why did we choose this measure? –</b></p> <p>The Friends and Family Test is a nationally mandated tool which allows service users and staff to give their feedback on NHS services (Data source: CQC NHS Staff Survey 2015).</p> <p><b>Performance in 2015-16 (implemented in January 2015) –</b></p> <p style="text-align: center;">i) Service User FFT</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="2">Service User recommendation to family and friends</th> </tr> <tr> <th colspan="2">“How likely are you to recommend our ward/service/team to friends and family if they needed similar care or treatment?”</th> </tr> <tr> <th>Would Recommend</th> <th>Would Not Recommend</th> </tr> </thead> <tbody> <tr> <td>81%</td> <td>4%</td> </tr> </tbody> </table> <p style="text-align: center;">The Trust has been working hard to embed the test into practice.</p> <p style="text-align: center;">ii) Staff FFT</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="4">Northumberland, Tyne &amp; Wear NHS Foundation Trust 2015 Annual Staff Survey</th> </tr> <tr> <th colspan="4">Q21d “If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation”</th> </tr> <tr> <th></th> <th>NTW 2015</th> <th>Average (median) for mental health</th> <th>NTW 2014</th> </tr> </thead> <tbody> <tr> <th>Recommendation rate</th> <td>65%</td> <td>59%</td> <td>61%</td> </tr> </tbody> </table> <p style="text-align: center;">The staff survey is available via the following link:  <a href="http://www.nhsstaffsurveys.com/Page/1053/Latest-Results/Mental-Health-Learning-Disability-Trusts/">www.nhsstaffsurveys.com/Page/1053/Latest-Results/Mental-Health-Learning-Disability-Trusts/</a></p>	Service User recommendation to family and friends		“How likely are you to recommend our ward/service/team to friends and family if they needed similar care or treatment?”		Would Recommend	Would Not Recommend	81%	4%	Northumberland, Tyne & Wear NHS Foundation Trust 2015 Annual Staff Survey				Q21d “If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation”					NTW 2015	Average (median) for mental health	NTW 2014	Recommendation rate	65%	59%	61%
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	NTW 2015	Average (median) for mental health	NTW 2014																					
Recommendation rate	65%	59%	61%																					
Patient Led Assessment of the Care Environment (PLACE)																								
<p><b>Why did we choose this measure? –</b></p> <p>Department of Health and the NHS Commissioning Board annual requirement.</p> <p><b>Performance in 2015-16 (2014-15 comparison in brackets)</b></p> <p>Between February and June 2015 a total of 71 NTW locations were visited at 13 locations and the results are summarised in the table below (NTW overall organisation score set against the national average for each of the five domains).</p>																								



	NTW Average Score	National Average Score
Cleanliness	99.15%	95.57%
Food & Hydration	88.90%	88.49%
Privacy, Dignity & Wellbeing	88.64%	86.03%
Condition & Appearance	88.57%	90.11%
Dementia	82.89%	74.51%

#### \*Delayed transfers of care

##### Why did we choose this measure? –

Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge. (Data source: RiO).

##### Performance in 2015-16 (2014-15 comparison in brackets)

During March 2016, 2.4% of total inpatient bed days were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of inpatient bed days delayed (2.6% in March 2015).

#### Clinical Effectiveness

#### Emergency re-admission rates

##### Why did we choose this measure? –

Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services. (Data source: RiO).

##### Performance in 2015-16 (2014-15 comparison in brackets)

In 2015-16, 181 mental health inpatients (7.3%) were readmitted within 28 days of discharge and 10 learning disability patients (12.3%) were readmitted within 90 days of discharge.

In 2014-15, 172 mental health inpatients (6.2%) were readmitted within 28 days of discharge and 10 learning disability patients (8.1%) were readmitted within 90 days of discharge.

During 2013-14, 236 mental health inpatients (7.9%) were readmitted within 28 days of discharge and 11 learning disability inpatients (9.7%) were readmitted within 90 days of discharge.

#### \*CRHT Gate kept Admissions

##### Why did we choose this measure? –

Both Monitor and CQC require us to demonstrate that certain inpatients have been assessed by a CHRT prior to admission. (Data source: RiO).

##### Performance in 2015-16 (2014-15 comparison in brackets)

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.

In the last two financial years, 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%.

#### \*Patient outcomes – numbers of patients: (1) in settled accommodation

##### Why did we choose this measure? –

This is an outcome measure. (Data source: RiO).

##### Performance in 2015-16 (2014-15 comparison in brackets)

(1) At the end of March 2016, the number of English service users recorded as living in settled accommodation was 73.5% (73.2% in 2014-15).

\*data for this indicator governed by a national definition

## Statutory and Mandatory Training for 2015-16

It is important that our staff receive the training they need in order to carry out their roles safely. An improvement plan is in place to increase training where it is below the standard required, to be achieved by July 2016.

Table 24: Training Position with Trend as at 31.03.2016

Training	Target	M12 Position	Trend	Forecast Position
Fire Training	90%	89.0%	●	89.0%
Health and Safety Training	90%	95.0%	●	95.0%
Moving and Handling Training	90%	95.3%	●	95.3%
Clinical Risk Training	90%	86.7%	●	86.7%
Clinical Supervision Training	90%	79.0%	●	79.0%
Safeguarding Children Training	90%	94.4%	●	94.4%
Safeguarding Adults Training	90%	93.1%	●	93.1%
Equality and Diversity Introduction	90%	93.5%	●	93.5%
Hand Hygiene Training	90%	92.4%	●	92.4%
Medicines Management Training	90%	89.5%	●	89.5%
Rapid Tranquillisation Training	90%	87.8%	●	87.8%
MCHT Clustering Training	90%	86.6%	●	86.6%
Mental Capacity Act Training	90%	88.3%	●	88.3%
Mental Health Act Training	90%	85.0%	●	85.0%
Deprivation of Liberty Training	90%	86.5%	●	86.5%
Seclusion Training (Priority Areas)	90%	95.9%	●	95.9%
Dual Diagnosis Training (80% target)	80%	85.3%	●	85.3%
PMVA Basic Training	90%	76.3%	●	76.3%
PMVA Breakaway Training	90%	77.0%	●	77.0%
Information Governance Training	90%	87.7%	●	87.7%
Records and Records Keeping Training	90%	97.6%	●	97.6%

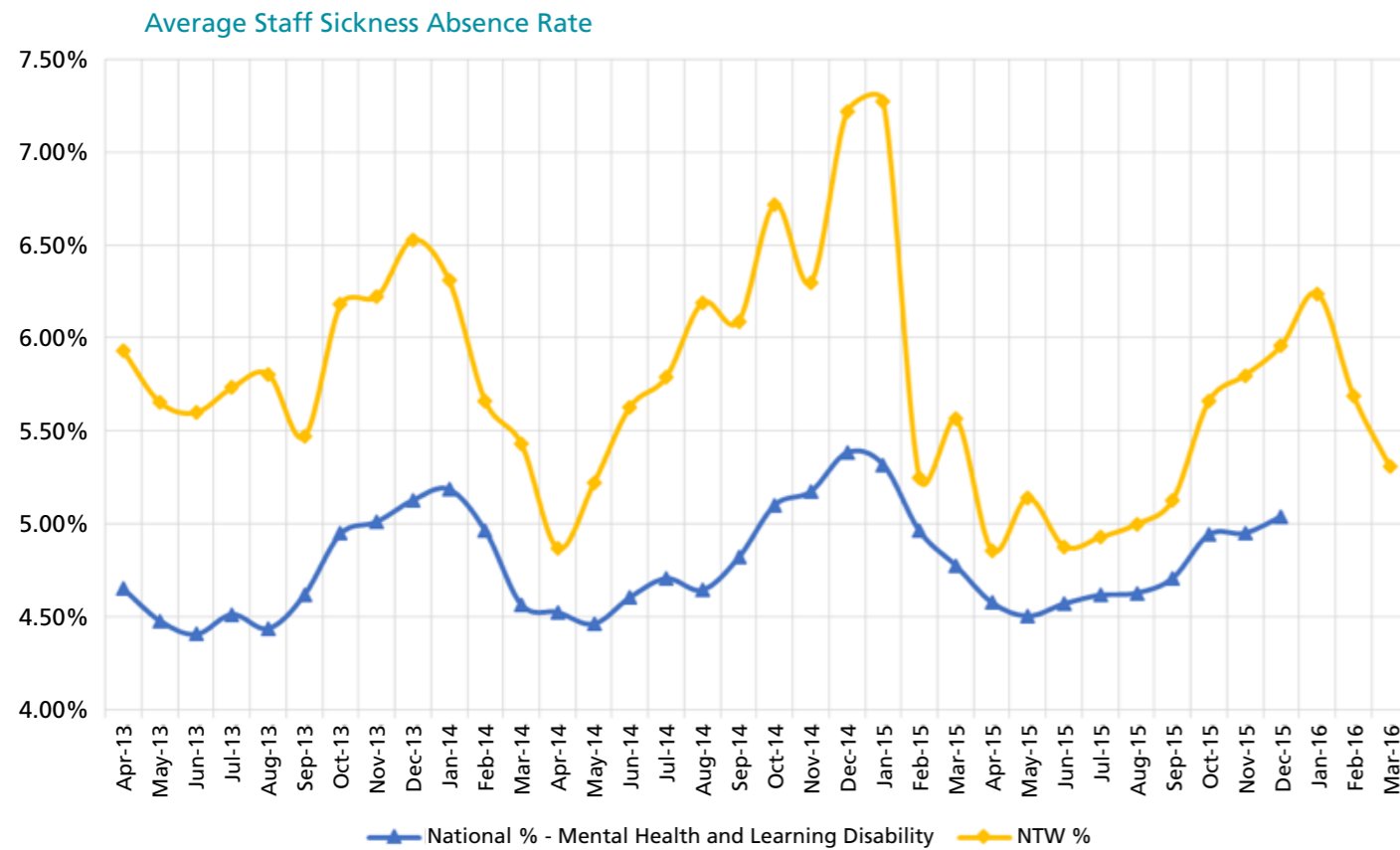
●	Performance at or above target
●	Performance within 5% of target
●	Under-performance greater than 5%

▲	Trend improving on previous month
▬	Trend the same as previous month
▼	Trend worse than previous month

# Staff Absence through Sickness Rate

High levels of staff sickness impact on patient care: therefore the Trust monitors sickness absence levels carefully. (Data source: ESR).

Figure 13: Staff Sickness Absence Rates (2013-14 to 2015-16)



There is a decreasing trend in staff sickness and this is largely attributed to the implementation of the Trusts new sickness absence policy during 2015. There is a narrowing gap between the national sickness rate for Mental Health and Learning Disability Trusts and NTW. Please note that the peaks represent increased sickness during winter months.

## Performance against contracts with local commissioners

During 2015-16 the Trust had a number of contractual targets to meet with local commissioners (CCG's). Table 25 below highlights the targets and the performance of each CCG against them for quarter four 2015-16 (1.1.16-31.3.16).

Table 25: Contract Performance Targets 2015-16 Quarter 4:

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

CCG Contract performance targets quarter 4 2015-16 (target in brackets)	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	Sunderland CCG	South Tyneside CCG
CPA Service Users reviewed in the last 12 months (95%)	96.3%	98.5%	96.7%	98.3%	98.4%
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	97.6%	98.4%	97.1%	98.8%	99.3%
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	95.3%	97.3%	95.8%	98.5%	98%
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	97.5%	98.9%	100%	97.3%	98.3%
Current delayed transfers of care -including social care (<7.5%)	2.9%	0.9%	1.6%	1.9%	2.8%
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%)	100%	100%	97.9%	100%	97.3%
Current service users aged 18 and over with a valid NHS Number (99%)	100%	99.8%	100%	100%	100%
Current service users aged 18 and over with valid Ethnicity completed (90%)	94.2%	95%	94.2%	94.6%	94.6%
The number of people who have completed IAPT treatment during the reporting period (50%)	n/a	n/a	n/a	52.3%	n/a

The Trust also has specific contractual targets for specialised services with NHS England for which the majority of quality standards were achieved in 2015-16. There were no significant areas of underachievement and the marginal issues identified are being addressed with relevant services.

## Staff Survey 2015

The NHS Staff Survey ensures that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution. The 2015 staff survey questions were structured around the following issues:

• Personal development	• Staff health
• Job roles	• Staff well-being and safety at work
• How staff feel about managers	• Background (demographic) information
• How staff feel about their organisation	

The 2015 score, for Key Finding 1(KF1) – ‘Staff recommendation of the organisation as a place to work or receive treatment’ was 3.71 out of 5 (the scoring system is a scale of 1 to 5 minimum score being 1 and the maximum score being 5). Our 2015 score was an improvement on the 2014 score 3.64, and above the average score for all mental health trusts at 3.66 out of 5.

**Top 5 Ranking Scores** - The five Key Findings for which the Trust compares most favourably with other Mental Health Trusts in England are:

KF26. 17% of staff experiencing harassment, bullying or abuse from staff in last 12 months compared to the national average of 22%.

KF17. 34% of staff suffering work related stress in last 12 months compared to the national average of 39%.

KF31. Staff scored the level of confidence and security in reporting unsafe clinical practice as 3.79 out of 5 (1 being not confident/ secure and 5 being confident and secure), compared to the national average of 3.62 out of 5.

KF14. Staff scored the level of satisfaction with resourcing and support as 3.46 out of 5 (1 being unsatisfactory resourcing/ support and 5 being highly satisfactory resourcing/ support), compared to the national average of 3.31 out of 5.

KF21. 90% of staff believed that the organisation provides equal opportunities for career progression or promotion compared to the national average of 84%.

**Bottom 5 Ranking Scores** - The five Key Findings for which the Trust compares least favourably with other Mental Health Trusts in England are:

KF27. 42% of staff / colleagues reported most recent experience of harassment, bullying or abuse compared with national average of 49%.

KF22. 24% of staff experiencing physical violence from patients, relatives or the public in last 12 months compared with the national average of 21%.

KF23. 3% of staff experiencing physical violence from staff in last 12 months compared with the national average of 3%.

KF13. Staff scored the quality of non-mandatory training, learning or development as 4.00 out of 5 (1 being low-quality training and 5 being high quality training), compared with the national average of 4.01% out of 5.

KF28. 26% of staff witnessing potentially harmful errors, near misses or incidents in last month compared with the national average of 26%.

## Staff Survey ongoing themes:

**Violence and Aggression.** This remains a high priority for the organisation and a range of measures are in place to address this issue, including the implementation of the Positive and Safe Strategy in 2016-17.

**Harassment and Bullying.** Whilst our reported levels of harassment and bullying are lower than other comparable trusts, we aim to reduce instances of harassment and bullying while also increasing staff confidence in reporting these issues. Alongside local programmes of work being developed in areas of concern in this area, the Trust is reviewing the content of all training programmes, reviewing provision of support to affected staff and continuing staff engagement and involvement activities.

## 2015 Agreed Trust Wide Actions in response to the Staff Survey

Issue	Proposed Action
Last experience of harassment/bullying/abuse not reported	Coordinated campaign of action, relaunching a number of initiatives under one banner, including induction, training and the importance of communications and review of policy
Appraisals: needs not identified	Targeted work on training needs identification and analysis
Violence and aggression	Implementation of Trust's Positive and Safe Strategy

# 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 Healthwatches will be included within this document, and any comments from other localities will be made available on our website ([www.ntw.nhs.uk](http://www.ntw.nhs.uk)).

**Corroborative statement from Northumberland, North Tyneside, Newcastle Gateshead, Sunderland and the South Tyneside Clinical Commissioning Groups:**

The CCGs welcome the opportunity to review and comment on the Trust Quality Account for 2015/16 and would like to offer the following commentary.

As commissioners, Northumberland, North Tyneside, Newcastle Gateshead, Sunderland and South Tyneside 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 patient 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 its goals relating to patient safety, patient experience and clinical effectiveness. It is hoped that the ongoing work to address the quality priorities that were not achieved in year will yield the desired results in 2016/17.

Although the Trust was not able to fully meet all of its quality priorities, the CCGs recognise that it remains committed to achieving those which have been identified as incomplete or ongoing in 2016/17. Whilst progress in training of staff in the enhanced suicide risk training did not meet the Trust goal, positive progress was made and the CCGs support the continuation of this programme although a stretched target of 95% of staff trained would have been preferable for such an important area of risk reduction. The CCGs also felt that it would have been helpful to have some detail on the reasons why the 85% target was not achieved, as well as what positive effects the training had achieved on the rates of suicide and self-harm in patients.

The CCGs note that the largest number of serious incidents reported by the Trust were unexpected deaths in community services and substance misuse services. The CCGs felt that the Trust's ongoing work to undertake a comparative analysis of these deaths deserves some recognition within their report and look forward to working with the Trust to understand this area of work and support the Trust to respond accordingly to the analysis findings.

The CCGs understand the difficulties in ensuring the continual improvement in waiting times for more specialist services such as gender dysphoria and the autistic spectrum disorder and ADHD services and approve of the Trust plans to continually monitor and improve access. The CCGs also recognise the progress that has been made in improving access to children and young people's community services across the organisation. It is hoped that access to these services for patients in South Tyneside and Northumberland will continue to improve to meet the standards of the rest of the CCG areas. The CCGs felt, however, that some detail on why the access targets for the Autism Spectrum Disorder & ADHD Services were not met in 2015/16 would be helpful in understanding how they would be achieved in 2016/17.

The CCGs are supportive of the newly developed Trust priorities for 2016/17 relating to improving transitions between young people's services and adult services and between inpatient and community mainstream services. The CCGs feel that this will contribute significantly to the safety of patients moving between services by ensuring that they get the right care in the right place.

The CCGs are also supportive of the implementation of the 'triangle of care' to improve communication and liaison with carers, which will be key to increasing positive patient and carer experience, and to the work to develop staff skills to prevent and respond to violence and aggression. Ensuring that staff are able to manage these difficult aspects of mental health care will be key to ensuring the effectiveness of the staff and the services.

The CCGs acknowledge the positive comments given by service users as part of the Friends & Family Test in 2015/16 but would like to emphasise to the Trust the importance of increasing both response rates and recommendation rates to above the England averages which will provide a more representative sample of service user experiences.

The CCGs are supportive of the Trust's 'Positive and Safe' strategy to minimise the use of restrictive practices inclusive of all forms of restraint. The Trust's significant investment in high quality inpatient facilities, training, monitoring and reporting demonstrates the organisation's commitment to managing these interventions in order to keep their service users, staff and the wider community safe.

The CCGs are pleased to note the progress being made within the Trust Transformation Programmes, particularly in the development and implementation of community pathways in Sunderland and South Tyneside, and look forward to introduction of the new community pathways across the North of Tyne in 2016/17.

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. Finally, the CCGs would like to offer congratulations to the Trust on the achievements outlined in this report which we believe accurately reflects the Trust commitment to delivering high quality, patient centred services. The CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2016/17.

**Annie Topping, Director of Quality & Patient Safety, NHS Northumberland CCG**

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

**Chris Piercy, Director of Nursing, NHS Newcastle Gateshead CCG**

**Ann Fox, Director of Nursing, Quality & Safety, NHS Sunderland CCG & NHS South Tyneside CCG**

# Healthwatch Newcastle's statement:

Healthwatch Newcastle was pleased to read the Northumberland, Tyne and Wear NHS Foundation Trust's quality account for 2015/16. It is an interesting and informative read and it is clear the Trust has endeavoured to make improvements against the priorities it set itself.

## Quality goal 1: safety

Whilst the Quality Account document reveals that this goal was only partially met, it is good to see that the goal will continue into 2016/17 with additional priorities around transition being added.

## Quality goal 2: patient experience

We are pleased to see that the quality priority around food choice and quality has been met.

It is unfortunate that the target around referral processes and waiting times has not been met, however we are pleased that this will remain as a priority next year as this is an issue which Healthwatch Newcastle occasionally receives comments about.

We are also pleased that the quality priority around the involvement of carers and families is to continue into 2016/17 as this issue was raised by carers at a recent Healthwatch Newcastle engagement event.

## Quality goal 3: clinical effectiveness

We note that all targets in this section have been achieved and congratulate the Trust. We will continue to monitor these throughout 2016/17.

The Trust's new and continuing priorities for 2016/17 are reasonable and comprehensive. We are happy to see the inclusion of Quality Priorities around Transition and the Triangle of Care and we are particularly pleased to note that Trust will continue to focus on improving the use of Patient rated outcome measurements.

We note that the Trust will receive a full inspection by the Care Quality Commission in June this year, which we hope will go well.

We wish NTW continued success and look forward to receiving updates on progress.

# Newcastle Council's statement:

[As Chair of the Health Scrutiny Committee, I welcome the opportunity to comment on your draft Quality Account for 2015/16. Members discussed this at their meeting on 12 May 2016 and this letter provides a summary of our views.](#)

## 2015/16 Priorities

The committee welcome all opportunities that the trust takes to train staff in order to make improvements that can support patient care and welfare. However, it is important that the trust links these back to improvements in services if it is to understand how successful the training has been. Committee recommend that data on this is reflected in future Quality Account documents.

We note that the trust continues to be an outlier trust in terms of incidents of harm and use of restraint. Committee understands that NTW deal with cases referred nationally or specialist cases and may therefore have higher incidents than other trusts, and that reporting between trusts may differ. However, this remains a cause of concern for us and we would welcome a presentation from the trust later in the year on your Positive and Safer Strategy.

We are pleased to see that the trust is making year on year improvements around healthy and nutritious food options. Providing the opportunity for people to make healthy food choices is very important, but needs to be underpinned by support to help them make good choices, particularly for patients who may suffer from weight gain due to medication.

We understand the important role that young carers can play in helping to support patient recovery and we will liaise with the Director of Wellbeing, Care and Learning to ensure that he is confident that appropriate support is in place.

We are concerned about waiting times for services both between referral and first contact and between contact and the start of treatment and we have requested additional data on this. We know that progress has been made over the last year, particularly to respond to referrals where there is an urgent need; however some of which may have arisen due to the long waiting times. Committee will review progress on this priority during the coming year.

We welcome the introduction and progress of Recovery Colleges, but are concerned that there is a level of anxiety among service users with long term conditions, who consider that development of the Recovery Model will have a negative impact on their care. We understand that the model will not result in discharges for people who need long term care, but the trust may need to consider how it can better manage communications around this.

We note that the Quality Account describes a deterioration in the experience of community mental health services, from the 2014 survey. Although we understand that this mirrors a national trend, it would be prudent for the trust to investigate this future and any appropriate action taken, particularly given the future focus on community based services.

In terms of data provided in the Quality Account we would welcome:

- A breakdown of service users by gender, age and ethnicity.
- Information on the locality of repeat detentions under the mental health act.

We note that the trust does a considerable amount of work to help support the physical health of its patients including smoking cessation and weight management, which is not reflected in the Quality Account document, but which plays an important part in the overall health and wellbeing of patients.

Finally, we were particularly pleased to note the approach the trust has taken to understand the views of stakeholders and to seek ideas for quality improvement, on which the Quality Account is based. And we have suggested that this is a model of best practice that other trusts may wish to consider.

# Healthwatch Northumberland's statement:

We welcome the opportunity to respond to the draft quality account of Northumberland, Tyne & Wear NHS Foundation Trust and would like to congratulate the Trust on some good results. Healthwatch Northumberland is looking forward to continued working in collaboration with the Trust.

We have identified below areas where we believe the Trust has performed well –

- Good 'Friends and Family' result with 81% of responders saying that they would recommend the service.
- Reduction in delayed transfers of care.
- The introduction of Street Triage Teams, working alongside the police to deal with incidents involving people experiencing a mental health crisis is a useful initiative, and it would be good to see this rolled out across the wider NTW area.

We have identified below areas for improvements –

- Complaints – these have increased by 10% compared to 2014/2015
- We note that whilst Patient Safety Incidents under the 'catastrophic and death' categories have improved, 'no harm' incidents have more than doubled for Northumberland Community Services. There is also a significant increase in 'moderate harm' safety incidences.
- Ongoing issues in relation to waiting times for Children's and Young People's services.
- Community Transformation Programme. This is already one year behind schedule. Compared to Sunderland. Northumberland seems to have been delayed by staff problems and rural area issues. We feel this is a serious matter and should be prioritised.
- We note that the 2015 Quality Priority score is lower than that recorded in 2014 in nine out of the ten sections. We would like to see this improve.

We have listed below comments regarding the Trust's priorities for 2016/17 -

- Plans to improve performance for 2016/17 appear positive and achievable.
- We agree with the Trust's priorities /Quality Goals for 2016/17, but would like to see higher level of priority given to the Community Transformation Programme.

We felt that the document despite being very detailed is in general, easy to read and understand. We found the glossary to be useful and the report, on the whole, to be clear and concise.

Overall we considered that the report gives a fair reflection of the service provided by the Trust, but there were a large number of figures and statistics that were missing in the draft, or that referred to the previous year, making it difficult or impossible to comment objectively.

We look forward to working with NTW in the coming year and continuing to build on the positive working relationship we have established.

# Northumberland Council's statement:

Members of the Care and Wellbeing Overview and Scrutiny Committee welcome the opportunity to examine and scrutinise the information you have provided over the course of the past year, and to submit a commentary for inclusion in the Northumberland, Tyne and Wear NHS Foundation Trust's Quality Account.

We have continued our ongoing engagement with the Trust and mental health issues featured prominently in our Work Programme for 2015/2016. NTW Reports to the Committee were:

1. Northumberland Tyne & Wear NHS Trust Transforming Services Programme - Joint Update with Adult Services.

This Report was given at our 17 November 2015 Meeting jointly with the County Council's Social Services and provided an update to your January 2015 Report introducing your 'Improving the Northumberland Dementia Pathway' plans for remodelling inpatient services, community services, the organic pathway, a rationale for change and the anticipated outcomes. The November Meeting heard about progress made in the intervening period, details of admissions and discharges, and the usage of the Cresswell and Druridge wards at St George's hospital between October 2014 and November 2015. Our Members' comments and questions included:

- How had the increasing rate of dementia had been gauged to reduce the number of beds available, and where would patients go if they remained seriously ill. The Meeting was informed that some patients went home with the right support and others might need to be referred to other placements. Under the Dementia Strategy, patients were cared for in places as near to home as possible but with the right care. A key aim was to organise support at an early stage of dementia rather than referral at a later stage in a crisis. A key aim was to support people at home or in the community as long as possible.
- The Committee had heard of dementia-friendly communities such as Dementia-Friendly Corbridge and the support offered there, but what happened when people with dementia needed to be accompanied all the time? Members were informed that some patients would be treated at the Cresswell ward with a high level of support, but could be discharged back in certain cases. Most people tended to be discharged to care homes. Hospital treatment was useful, but it was better to use it on a short term basis with a view to transferring to a home environment. This involved work between care homes and in the community, and joint working with social services was essential.
- The presentation showed that the staff-patient ratio had narrowed. How had this happened? Members were advised that it was not due to an increase in staff but a result of removing the administrative/bureaucratic requirements of staff, so they had more time to see patients. Changes had followed the Cheshire West judgement in April 2014 about thresholds for deprivation of liberty.
- Regarding the decrease in patient beds from 48 to 24, was there a back-up plan if there was a sudden spike in demand? Members were informed that greater capacity in community support increased options, and other services could be used as contingencies in the short term so that individuals received the appropriate care. Such contingencies were subject to patient repatriation to their own area as soon as possible. Scrutiny had a role in overseeing this ongoing transformational work, also tracking demographic changes and the national agenda. This would be included on the Committee's work programme.

2. Northumberland Tyne & Wear NHS Trust Future Priorities and Quality Account 2015/2016.

At our 15 March 2016 Meeting we received a presentation on your draft Quality Account for 2015/2016 and your priorities for 2016/2017. At that meeting we also received presentations from the Northumbria Healthcare and North East Ambulance Service NHS Foundation Trusts on their own quality accounts. This was an interactive session which also included contributions from the Northumberland Clinical Commissioning Group and proved useful and stimulating for our Members and, we believe, all partners involved.

Members responded favourably to the information you presented and the Committee will continue to invite you to provide updates on the Transforming Services Programme.

In addition to interactions in Committee meetings, to further improve our Committee's engagement with the Trust, the Chairman, Vice-Chairman and Scrutiny Officer attended and participated in the following NTW events:

- Visit to Northumberland, Tyne & Wear (NTW) NHS Trust, St George's Park Morpeth, on 16 September 2015
- NTW Quality Priorities Engagement Event, Gateshead, on 26 November 2015
- NTW Quality Account 2015/2016 Briefing, Walkergate Park, Newcastle, on 14 April 2016.

Your ongoing commitment to forge links with partners and the community was clear at these events. We found them informative and valuable interactions and hope that we added value to the process.

From the information you have provided, including the final draft of the Quality Account, our Members believe that the document is a fair reflection of the services provided by the Trust and reflects the priorities of the community. Members also support your planned priorities for improvement in 2016/2017.

## Healthwatch North Tyneside's statement:

Based on Healthwatch North Tyneside's (HWNT) intelligence gathered during 2015-2016 regarding local residents' experience of using the services of the Trust, we feel able to comment as follows:

### Quality Goal 1- Patient safety

HWNT recognise the work of the Trust in improving its employee base skills set in Suicide Risk Management, though more is still to be done. However, in addition to the skills of staff in this area, local people have expressed concern about how challenging it is to access support when they feel at risk and how they are supported to prevent, during, or after an attempt on their life. Furthermore, concerns raised locally about the Crisis support available indicates that whilst people have had a positive experience of street triage and the new liaison psychiatry service, they continue to find it difficult to access crisis support.

This is perhaps reflected in the relatively high percentage of Catastrophic, Major and Moderate harm PSI rating reported in community services for North Tyneside in comparison to other areas. HWNT feel that the trust would benefit from reviewing how this service performs under the relevant NICE Guidelines and discussions between Trusts to improve service pathways for people at risk.

HWNT welcome the addition of a priority to improve transitions between young people's services and adulthood. This is a particular challenge in North Tyneside where parents report to us that there have been difficulties linked to the transition being dependent on good relationships between different Trusts.

### Quality Goal 2- Patient experience

HWNT welcome the efforts of the Trust to reduce waiting times for services. In particular for the ADHD, which has been raised by HWNT with Scrutiny Committee and Gender Dysphoria service which is something HW England has been lobbying for. Local people have told us that waiting times is a real issue for them across MH services and whilst the national standards are being largely complied with, for some people 18 weeks is just too long. In some cases people report longer waits due to delays in initial referral to point of treatment and further focus on the total wait should be given.

Local people have suggested the Trust consider what interim support is in place for people during their wait to avoid further escalation of their needs.

HWNT welcome the decision to continue to focus on improving communication to and involvement of carers and families as they have told us they often feel uninformed and unsupported in their role. Family and Carers feel that greater involvement would mean that the impact of treatment would improve.

During 2015-2016, HWNT has received feedback from local people which indicates they are concerned about the performance of the Trust in relation to discharge from Community Services. Their concerns indicate that further focus is required on the process of discharge, involvement in decision making of service users and the development of robust discharge plans.

### Quality Goal 3 - Clinical effectiveness

HWNT has received large numbers of reports of positive experience of services whilst accessing them in particular in the Community Mental Health Teams in North Tyneside in assessment, diagnosis and receiving of treatment.

However, the feedback indicates that involvement in decision making and reviewing of care and treatment is an area which people would like to see improve. They also state that stronger Multi-Disciplinary working would improve their experience of using services. We acknowledge that in North Tyneside this is a shared responsibility between multiple providers.

Whilst HWNT understand that the Recovery Model is operating well and achieving good results in other parts of the region and will no longer feature as a Quality Goal, we are keen to see how a properly resourced recovery college model will be rolled out further in North Tyneside.

HWNT acknowledges the efforts to implement a major change process during this year and is under the understanding that some of the concerns raised by local people will be addressed in the coming year as the community transformation programme is rolled out in North Tyneside. We are looking forward to continuing to work with the Trust to understand how they are involving service users in monitoring the performance of the trust and the impact of these changes in 2016/17.

## Healthwatch Gateshead's statement:

Thank you for giving Healthwatch Gateshead (HWG) the opportunity to respond to Northumberland, Tyne and Wear (NTW) NHS Foundation Trust's quality account for 2015/16.

It is clear the Trust has worked hard making improvements based on progress against the priorities from 2015/16

We would like to comment on the following which relate specifically to Gateshead:

### Looking back - review of quality priorities 2015/16

#### Quality Goal 1 Improving Patient Safety

We note that the quality priority of enhanced suicide training of qualified staff has been partially met and are pleased this will continue until 85% qualified staff have completed the training.

There has been a slight increase of safety incidents overall in Gateshead. It is difficult to identify from the graphs exactly how this is broken down and any increase is a concern to HWG.

#### Quality Goal 2 Patient Experience: Improve the way we relate to patients and carers.

HWG are pleased that NTW came out as best performing trust in the section Planning Care, however the referral process and waiting times for multi disciplinary teams (Children and young people's services) has only

been partially met overall and the 12 week referral has not been met in Gateshead. We would seek continuous monitoring for improvement in 2016 - 17.

## Looking Ahead – Quality for improvements in 2016/17

HWG welcome the fact that 150 ideas support formed part of the priority setting process. We support this practice of engaging with stakeholders and HWG would welcome the opportunity to provide service user feedback in the future priority setting of the NTW Quality Accounts.

Overall our view is that the draft Quality Account demonstrates NTWs commitment to continuous improvement in, service user experience, safety and clinical effectiveness.

## Gateshead Council's statement:

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2015-16 we feel able to comment as follows:-

### Patient Safety

The OSC was very pleased to note that the number of patient safety incidents where no harm is found is continuing to increase and the numbers of incidents of moderate / major harm are continuing to decrease.

#### 2015-16 Quality Priority – To improve the assessment and management of risk

The OSC noted that during 2015-16 the Trust had still not met the target for staff to complete enhanced suicide risk training and queried whether there were any specific challenges in implementing this training. The OSC noted that the Trust has achieved 69% out of 2,600 staff which has been an increase of 31 % on the previous year. The OSC was reassured by the Trust that the approach was to fully embed the training within the organisation and this was taking slightly longer than anticipated and as such it was to remain a priority for 2016-17.

However, the OSC also highlighted an emerging issue in relation to an increase in drug related deaths in Gateshead where analysis indicates that individuals with a drug or alcohol problem have been unable to access mental health services as a result of these issues. A dual diagnosis group has been set up in Gateshead following its Review of Mental Health Services and the OSC considered that increased representation from the Trust at a strategic clinical level would be very helpful in addressing this issue.

### Patient Experience

The OSC had previously raised the fact that the 2014-15 Quality Account had not included information from the Friends and Family Test although the Trust had implemented the test. The OSC was very pleased to note that the Trust has taken on board the OSC's comments and the 2015-16 Account includes this important information.

### Waiting Times

Previously the OSC raised concerns around performance in relation to achieving waiting times of less than 18 weeks. The OSC acknowledges that there are no national standards for waiting times for mental health services, and applauds the fact that the Trust has prioritised this area and is committed to reducing waiting times. The OSC was pleased to note that this Account indicates that all of the nine week targets for children's services have been achieved and work is ongoing in relation to achieving the twelve week targets for this locality. However, the OSC also considered that it might be helpful to review the wording used in relation to the targets as currently it appears to suggest that children have to wait twelve weeks to be seen when in actual fact this target does not relate to first contact but to the time when treatment commences.

### Transition from Children to Adult Services

The OSC noted that the Trust services which bridge children and adult services has been identified by the Trust as a priority area of focus for 2016/17 and supported a flexible approach being taken to best meet people's needs and their particular circumstances.

The OSC is supportive of the Quality Account overall and is pleased to note that CQC has no compliance issues in regard to the Trust.

## Sunderland City Council's statement:

We are pleased to be able to comment on your 2015/16 Quality Account, which once again provides an accurate account of services and the performance of the trust during the year. Scrutiny Councillors have been reviewing the Children and Young People's Community Services this year and are pleased to note many improvements to the service whilst also acknowledging the scope for further improvements. It is in light of this that Scrutiny in Sunderland will continue to look at, and provide a robust challenge in this particular area of service delivery over the coming year.

Sunderland City Council's Overview and Scrutiny Function are therefore happy to endorse the draft quality account for 2015/16 and look forward to a continued dialogue with Northumberland, Tyne and Wear NHS Foundation Trust in the future.

## South Tyneside Council's statement:

Thank you for giving us the opportunity to comment on your Accounts for 2015-16.

Our OSC and Select Committees have dealt far less with mental health issues in this municipal year than in previous years. This is certainly not a reflection of the priority that we give mental health services, but more the fact that mental health issues have featured quite prominently over the previous two years and the committees felt they needed to focus on other priority areas.

However, following your participation in our Commission on the Mental Health and Emotional Wellbeing of Children, we were delighted to have feedback on progress on the subsequent action plan coordinated through the Children and Young People & Emotional Wellbeing Strategy Group at the People Select Committee in March.

We are particularly pleased that the tier 2 service is now firmly embedded and that significant progress has been made in reducing waiting times for CYPS.

The Committee was also most impressed with the work that has been carried out to enable the Trust to become Smoke Free in March, presented to our Smoking Commission in February.

I was encouraged to see that transition issues feature in your priorities for 16-17. We look forward to some feedback on progress on this theme in the next municipal year.

We have always found the Trust most cooperative and helpful with an understanding and respect for the scrutiny process.

We look forward to working with you further next year.



## Appendix 1

# Monitor Risk Assessment Framework

NB from 1st April 2016 Monitor is known as “NHS Improvement”.

All NHS foundation trusts require a licence from Monitor to operate, with compliance against these requirements assessed using a risk assessment framework. NHS foundation trusts are assigned a **financial sustainability risk rating** and a **governance rating**. The ratings indicate when there is a cause for concern at a provider.

The financial sustainability risk rating determines the level of financial risk a foundation trust faces to the ongoing delivery of key NHS services and its overall financial efficiency. The rating ranges from 1, the most serious risk, to 4, the lowest risk. **During 2015-16 NTW’s financial sustainability risk rating was 4 – the lowest risk.**

NHS foundation trusts should be well governed; this includes how care is overseen for patients, delivery of national standards and remaining economic, efficient and effective. A range of methods are used to gain assurance that required governance standards are met, including a specified set of national metrics as proxies for overall standards of governance, including waiting times and rates of C. difficile infection.

The governance rating has three categories:

- green: no evident grounds for concern
- under review: a concern has been identified at a trust but not yet taken action
- red: enforcement action.

**During 2015-16 NTW’s governance risk rating was green – no evident grounds for concern.**

Performance against the risk assessment framework for each month during 2015-16 is shown overleaf. New waiting times standards for Improving Access to Psychological Therapies (IAPT) and early Intervention in Psychosis (EIP) services were introduced during the year and there was one instance of C-Difficile reported at Walkergate Park in October 2016.

Key Indicators:	Standard	Q1 2015-16					Q2 2015-16				Q3 2015-16			Q4 2015-16		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Governance Risk Rating		4	4	4	4	4	4	4	4	4	4	4	4			
Financial Sustainability Risk Rating		98.6%	99.3%	99.4%	99.3%	98.1%	98.2%	98.4%	98.6%	97.9%	98.5%	98.2%	97.7%			
7 day follow up	95%															
Service users on CPA 12 month review	95%	95.4%	95.4%	96.7%	96.5%	96.5%	96.9%	96.3%	97.0%	97.2%	96.0%	97.0%	97.2%			
Gatekeeping admissions by CRHT teams	95%	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
EIP 2 week wait	50%										35.3%*	76.1%	74.7%			
IAPT 6 week wait	75%							98.8%	98.8%	99.6%	98.4%	99.1%	98.8%			
IAPT 18 week wait	95%							100.0%	99.6%	100.0%	100.0%	99.6%	100.0%			
RTT waiting times (incomplete)	92%	99.5%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
Clostridium Difficile objective								1								
Delayed Transfers of care	7.5%	3.9%	3.4%	2.5%	3.2%	2.6%	2.5%	2.2%	2.0%	2.2%	2.7%	2.7%	2.0%			
Data Quality : Outcomes	50%	91.5%	91.4%	92.4%	92.4%	92.3%	92.6%	92.4%	92.8%	93.0%	92.4%	92.8%	93.5%			
Data Quality: completeness	97%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%			
LD access requirements																
Risk/failure to deliver Commissioner Requested Services		None	None	None	None	None	None	None	None	None	None	None	None			
CQC Compliance action outstanding		None	None	None	None	None	None	None	None	None	None	None	None			
CQC enforcement action in the last 12 months		None	None	None	None	None	None	None	None	None	None	None	None			
CQC enforcement action in effect		None	None	None	None	None	None	None	None	None	None	None	None			
Moderate CQC concerns		None	None	None	None	None	None	None	None	None	None	None	None			
Major CQC concerns		None	None	None	None	None	None	None	None	None	None	None	None			
Non compliance with CQC registration		None	None	None	None	None	None	None	None	None	None	None	None			

\*Note that performance is measured on quarterly basis and the EIP target was achieved overall in 2015-16 quarter 4.

# Appendix 2

## CQC Registered locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2016.

Locations	Regulated Activities			Service Types							
	Treatment of Disease, Disorder or Injury	Diagnostic and Screening Procedures	Assessment or medical treatment for persons detained under the Mental Health Act 1983	GHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	•	•	•							•	
Craigavon Short Break Respite Unit	•	•	•					•			
Elm House	•	•	•					•			
Ferndene	•	•	•			•		•		•	
Heppell House	•	•	•			•				•	
Hopewood Park	•	•	•			•		•		•	
Monkwearmouth Hospital	•	•	•			•		•		•	
Campus for Ageing and Vitality	•	•	•					•		•	
Northgate Hospital	•	•	•			•		•		•	
Queen Elizabeth Hospital	•	•	•					•			
Rose Lodge	•	•	•					•			
Royal Victoria Infirmary	•	•	•					•			
St George's Park	•	•	•			•		•		•	
St Nicholas Hospital	•	•	•	•	•	•	•	•	•	•	•
Walkergate Park	•	•	•					•		•	

- Key
- GHC – 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

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

# Appendix 3

## Local Clinical Audits

Project (Local Clinical Audits)	
Board Assurance Framework	
CA-15-0020	Care Co-ordination Audit – IAPT
CA-15-0021	Care Co-ordination Audit – Specialist Care
Trust Programme	
CA-15-0045	Audit of Transition Between Inpatient & Community Services
Inpatient Care Group (Urgent Care) Programme	
CA-15-0011	Audit of Mental State Examination Recording in Admission Documentation (Core Assessment Document)
CA-15-0013	Quality Improvement Audit: Prescribing Practice in Old Age Psychiatry
CA-15-0014	Improving psychotropic medication side effect information given to patients admitted to Rosewood, Hopewood Park.
CA-15-0028	An analysis of current rapid tranquilisation monitoring in relation to policy requirements
CA-15-0060	Cardio-Metabolic Monitoring of Inpatients at Rose Lodge
Medicines Management Programme	
CA-15-0026	Medical Gas Storage
Community Services Group Programme	
CA-15-0005	Audit of anti-psychotic monitoring in a Crisis Team setting
CA-15-0035	Physical monitoring of patients prescribed anti-psychotics
CA-15-0047	Advance Statements / Advance Directives Record Keeping
CA-15-0056	Physical health monitoring of anti-psychotic medication according to Trust Guidelines
CA-15-0066	Audit of dementia diagnosis recording across secondary and primary care
CA-15-0101	Use of CRHT prescription chart within the Sunderland Crisis Team – does it comply with Trust Policies?
Specialist Care Group Programme	
CA-15-0086	Urine drug screening for newly admitted patients to Redburn Ward (Re-audit)
CA-15-0006	Audit of departmental Clinical Professional Development (CPD) Activities 2015
CA-15-0008	Clinical audit on prescription of psychotropic medications for referred patients for admission to Learning Disability Child & Adolescent Services at Ferndene, comparing practice against standards like NICE Guidelines

CA-15-0009	Record Keeping Audit
CA-15-0010	Assessing the quality of smoking cessation provision and documentation in a Forensic Inpatient Unit
CA-15-0016	5-A-Day – Are young people with a learning disability supported to meet this target?
CA-15-0039	Audit determining compliance with the legislation relating to Capacity & Consent, Codes of Practice relating to the legislation and the Trust's Electronic Record (RiO) Systems with regards to CT012 Forms
CA-15-0074	Re-audit of referrals process for Bamburgh Clinic
CA-15-0082	Audit of letter quality at the Regional Affective Disorder Service
CA-15-0083	Audit on physical health monitoring for patients accepted by Adolescent Bipolar Services (ABS)
CA-15-0085	Timeliness of medical assessment when admitted to NTW Mother & Baby Unit, St George's Park Hospital
CA-15-0111	Benzodiazepine prescribing: assessment of reduction plan implementation for patients above the BNF guided dose of Benzodiazepines and z-drugs?

## Appendix 4

# Statement of Directors' Responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 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 2015-16;
- 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 2015 to May 2016
  - papers relating to Quality reported to the Board over the period April 2015 to May 2016
  - feedback from Commissioners dated May 2016
  - feedback from governors dated May 2016
  - feedback from Local Healthwatch organisations dated May 2016
  - feedback from Overview and Scrutiny Committee dated May 2016
  - 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, dated May 2016
  - the 2015 national patient survey
  - the 2015 national staff survey
  - the Head of Internal Audit's annual opinion over the trust's control environment dated May 2016
  - CQC Intelligent Monitoring Report dated February 2016
- the Quality Report presents a balanced picture of the NHS foundation trust's 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 published at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)).

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

By order of the Board



Hugh Morgan-Williams  
Chairman  
25th May 2016



John Lawlor  
Chief Executive  
25th May 2016

## 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 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 2016 (the "Quality Report") and certain performance indicators contained therein.

### Scope and subject matter

The indicators for the year ended 31 March 2016 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 the 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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Reports 2015/16; 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 respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance 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 for the period April 2015 to April 2016;
- Papers relating to quality reported to the Board over the period April 2015 to April 2016;
- Feedback from Commissioners, Northumberland, North Tyneside, Newcastle Gateshead, Sunderland and the South Tyneside Clinical Commissioning Groups;
- Feedback from governors;
- Feedback from local Healthwatch organisations, Healthwatch Newcastle, Healthwatch Northumberland, Healthwatch North Tyneside and Healthwatch Gateshead;
- Feedback from Overview and scrutiny committee, Newcastle Council, Northumberland Council, Gateshead Council, Sunderland City Council, and South Tyneside Council;
- The trust's complaints information that has not yet been published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, covering the period April 2015 to March 2016;
- The 2015 national patient survey;
- The 2015 national NHS staff survey;
- Care Quality Commission Intelligent Monitoring Reports, dated June 2015 and February 2016;
- The Head of Internal Audit's annual opinion over the trust's control environment for the period April 2015 to March 2016; and
- Any other information included in our review.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the Council of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, 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, except 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 of these criteria, 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 2016:

- 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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Reports 2015/16; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance.



Signed:  
Date: 25 May 2016

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



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





**For other versions telephone  
0191 246 6977 or email us at  
qualityassurance@ntw.nhs.uk.**

Copies of this Quality Account can be obtained from our website ([www.ntw.nhs.uk](http://www.ntw.nhs.uk)) and the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)). If you have any feedback or suggestions do let us know by emailing [qualityassurance@ntw.nhs.uk](mailto:qualityassurance@ntw.nhs.uk) or calling 0191 246 6977.

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