NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 24 June 2015

Title and Author of Paper:
Equality Delivery System and Workforce Race Equality Standard

Paper for Debate, Decision or Information: Information/Decision

Key Points to Note:
This is a follow on paper from that submitted to March Trust Board

EDS2 There are proposed actions to address

- Goal: Better health outcomes Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities
- Goal: Improved patient access and experience Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
- Goal: A representative and supported workforce Outcome: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
- Goal: A representative and supported workforce Outcome: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
- Goal: A representative and supported workforce Outcome: Training and development opportunities are taken up and positively evaluated by all staff.
- Goal: A representative and supported workforce Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source.
- Goal: Inclusive leadership Outcome: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Findings from the Workforce Race Equality Standard have associated actions identified in the Equality Delivery System

Outcome required:
To approve the ratings in the EDS2 and Workforce Race Equality Standard and their associated action plans. To stand down the existing 2012-16 Equality Strategy to be replaced by yearly reporting to Board on EDS and Workforce Equality Standards. To support the taking of a detailed action plan to CDT in July 2015.

Background

The NHS Equality and Diversity Council (EDC) has succeeded in implementing two measures to improve equality across the NHS into the Standard Contract, which will start in April 2015.

- A workforce race equality standard that will require the Trust to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.
- Equality Delivery System (EDS2)

Race Equality Standard

There are nine metrics. Four of the metrics are specifically on workforce data and four of the metrics are based on data derived from the national NHS Staff Survey indicators. The latter will highlight any differences between the experience and treatment of White staff and BME staff in the NHS, with a view to closing the gaps highlighted by those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve. The metrics for 2013-14 (where available) and 2014-15 are appended using the format that NHS England has requested. For the NHS Staff Survey indicators we have had to use our Census data rather than the survey. The low response rate to this year's survey led to this year's results not being able to be broken down by ethnicity for fear of breaching confidentiality.

Staff List as at 1st April 2015

	NTW at 1/4/14		NTW at 1/4/15		2011 census
BME staff	175	2.7%	195	3.0%	5.4%
White staff	5423	84.4%	5439	83.6%	94.6%
Chose not to state ethnicity	757	11.8%	787	12.1%	n/a
No information provided	68	1.1%	84	1.3%	n/a
Total staff at 1st April	**6423**	**100%**	**6505**	**100%**	**100%**

Twenty more BME staff are in post as at April 2015, compared to 2014, however non-disclosure of ethnicity is a clear issue that we need to address alongside that of other protected characteristics under the Equality Act 2010.

INDICATOR 1: Percentage of BME staff in Bands 8+9 and VSM

Staff list @ 1 April: Primary assignments

	01/04/2014	01/04/2015
BME B8-9 and VSM	59	58
Total staff in B8-9 and VSM	922	948
%BME staff B8/9 or VSM	**6.4%**	**6.1%**
BME staff in whole workforce	175	195
Total staff in whole workforce	6423	6505
% BME staff in whole workforce	**2.7%**	**3.0%**
% difference	3.7%	3.1%

The figures show an over-representation of BME staff in Bands 8-9 and VSM than would be expected given the 2011 Census data, nearly 30% of staff declaring their ethnicity as BME are employed at Band 8 and above.

INDICATOR 2: Likelihood of appointment from shortlisting

Shortlisting: report from NHS jobs via ESR team (this can't be run for more than the last 12 calendar months)

Appointment: Run change event log with change 1 = applicant, employee.applicant or applicant.ex-employee to Employee (may not be picking up everyone from VBR)

	2013-14		2014-15		
	White	BME	White	BME	
Shortlisted applicants*	n/a	n/a	3798	347	
Appointed*	n/a	n/a	686	47	(Plus 68 not stated + 11 no info)
Likelihood of appointment from shortlisting	n/a	n/a	0.18	0.14	
Relative likelihood (white/BME)		n/a		1.33	

** includes both internal and external applicants*

Likelihood of appointment from shortlisting was marginally higher for white applicants compared to BME applicants. However we would need to see a trend to take action. We will use April 2015 as a baseline and keep a watching brief on this situation. It will also be useful to conduct an impact assessment on the recruitment process to ensure that there are no unwitting cultural barriers to entry.

INDICATOR 3: Likelihood of entering a formal disciplinary process

(2 year rolling average)

Capsticks year end report (2013-14 not available)

	2013-14		2014-15	
	White	BME	White	BME
Staff entering formal process	n/a	n/a	107	6
Staff in workforce	n/a	n/a	5439	195
Likelihood	n/a	n/a	0.02	0.03
Relative likelihood (white/BME)		n/a		1.56
Two year rolling average		n/a		n/a

Capsticks unfortunately have only captured the required data for the past year. As for indicator 2 we will use 2015 as a baseline for comparison. Likelihood for entering a formal disciplinary process appears to be similar but we will need a trend to be able to comment.

INDICATOR 4: Relative likelihood of accessing non-mandatory training and CPD

Training by Course: study leave (external) + study leave training (status = attended, completed or completed in another trust)

Primary assignment, remove duplicate employees, lookup v staff list (#N/A indicates people who've left)

	2013-14		2014-15		
	White	**BME**	**White**	**BME**	
Staff who have accessed non-mand training/CPD*	72	15	28	4	** One or more times*
Staff in workforce	5423	175	5439	195	
Likelihood	0.013	0.086	0.005	0.021	
Relative likelihood (white/BME)		6.46		3.98	

The figures suggest that proportionally BME staff access more non-mandatory training and CPD than white staff. Recording of this information appears to be sporadic and it is recommended that the recording of this information is improved during the 2015-16 reporting period.

INDICATOR 5: KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Year	White	BME
2014	29	30
2013	30	33

In percentage terms the incidence is slightly higher for BME staff experiencing harassment, bullying or abuse from patients relatives or the public in the last twelve months. It should be noted that the gap between white and black members of staff has narrowed between 2013-2014. These are the type of issue that we propose be addressed through staff networks proposed by the Equality Delivery System.

INDICATOR 6: KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Year	White	BME
2014	15	16
2013	20	26

Again we have seen a narrowing of the gap between 2013 and 2014. Ongoing work with the Staff Survey Corporate and Group actions and the Staff Network initiative proposed by the Equality Delivery System continue to address this issue.

INDICATOR 7: KF 27. Percentage believing that Trust does not act fairly on career progression.

Year	White	BME
2014	7	14
2013	6	11

Two actions need to take place as a result of these figures, clearly there is a disparity in perception regarding career progression for White and BME staff we need to understand the reasoning behind those perceptions using the proposed Staff Networks under the Equality Delivery System. Secondly we need to conduct a thorough analysis of progression data to establish whether perception is based on reality, with actions drawn up to address any issue.

INDICATOR 8: Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Year	White	BME
2014	6	7
2013	6	16

The gap has narrowed between 2013 and 2014 but we need to keep a watching brief on this . It is proposed that the issue is addressed through the proposed Staff Network. We need to improve cultural competency within management, the proposed intranet based equality and diversity resource guide to cover all protected characteristics and both employment and service provision is developed.

INDICATOR 9: Board structure

	2013-14		2014-15		
	Board	Trust	Board	Trust	Census
BME	0.0%	2.7%	0.0%	3.0%	5.4%
WHITE	54.5%	84.4%	50.0%	83.6%	94.6%
Chose not to state	36.4%	11.8%	42.9%	12.1%	
No info recorded	9.1%	1.1%	7.1%	1.3%	

We have seen small improvement in representativeness between 2013-14 and 2014-15, however the key issue to address is to reduce the levels of choosing not to state or the information not being recorded. It is suggested that this is a Trust-wide concern, not just focused at Board Level and that a key action will be to promote why the recording of these data are necessary to move on the equality and diversity agenda.

Equality Delivery System 2

The Equality Delivery System (EDS) for the NHS was made available to the NHS in 2011 – (the Trust engaged in the first round of EDS in the preparation of the Equality Strategy for 2012-2016). Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of NHS organisations, a refreshed EDS is now available. It is known as EDS2.

At the heart of EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Essentially, there is just one factor for NHS organisations to focus on within the grading process. For most outcomes the key question is: how well do people from protected groups fare compared with people overall? There are four grades – undeveloped, developing, achieving and excelling.

- Undeveloped if there is no evidence one way or another for any protected group of how people fare or ...
- Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

The assessment of performance with full reasoning for the rating across the 4 goals and 18 outcomes for the Trust is appended in the document EDS2 Assessment June 2015. The appendix EDS2 Summary gives at a glance summary information of the Trust's rating and it is this that NHS England requires for publication, though best practice dictates that we should make available all of our work towards EDS2 on the Internet. The rest of EDS2 section of this Board Paper will concentrate on the areas where we have assessed as being developing or undeveloped, since these will be the areas in which we will concentrate our actions during the coming year.

Goal: Better health outcomes Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities

We are rated as developing in this area. We know from the Five Year Forward View that Mental illness is the single largest cause of disability in the UK and each year about one

in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. However only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments when mental illness accounts for almost a quarter of the total burden of disease. To address these inequalities the NHS must take decisive steps to break down the barriers in how care is provided between physical and mental health. Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.

To this end it is proposed that we work closer with our colleagues in primary and acute care provision to address these inequalities.

Goal: Improved patient access and experience Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

Whilst we are rated as achieving in this area, with ongoing discussions regarding the bed model it is recommended that a full assessment of the potential impact this may have across all protected characteristics is conducted.

Goal: A representative and supported workforce Outcome: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

We are rated as developing in this area. Key actions to address this area are outlined in the Draft Workforce Strategy. The key areas of work over the next five years will be to

- Collect the key data and have a robust reporting system in place to track progress.
- Make it core business: our equality and diversity objectives should support our Trust's objectives to tap into the key agendas for our management and board.
- Get senior buy-in: Maintenance of and growth of board-level support is crucial to mainstreaming equality and diversity in our organisation and signals its importance to staff and service users.
- Engage staff: give staff clear and consistent messages about recognising and valuing diversity in our organisation. It's an important recruitment and retention tool.
- Recruit champions: a network of champions – linked to the Positive Fair Diverse Campaign, will help to maintain the focus and get others on board.
- Involve everyone: all our key internal groups should be involved to help reinforce the philosophy that Equality and Diversity is everybody's business. Establish staff networks, utilise the trade unions and different professional groups. We will need them to secure a broad base of support across the Trust.

- Celebrate successes: marking our milestones and successes, and communicate them to keep all staff on board.
- Link to service delivery: make the links from our equality and diversity activity to service delivery. This will ensure a more coherent approach to achieving our Trust's equality and diversity (and business) objectives and will give our work in this field more impact.
- Increase diversity in senior management and Board level, to reflect that of the wider workforce and that of our service users.
- Maximise the opportunities which are presented to us through being an NHS Employers equality and diversity partner.

For the coming year it is proposed that we do the following

- Ensure we have robust reporting of equality and diversity information
- Maximise the opportunities presented to us through being an NHS Employers equality and diversity partner
- Explore the establishment of staff networks grouped by protected characteristic with an initial remit to address diversity specific issues raised as part of the NHS Staff Survey.

Goal: A representative and supported workforce Outcome: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.

We are rated as undeveloped, for the reason that we have not yet undertaken an equal pay audit. For 2015-16 it is recommended that this is conducted using NHS Employers' Guidance.

Goal: A representative and supported workforce Outcome: Training and development opportunities are taken up and positively evaluated by all staff.

We are rated as developing. We know that evidence from completing the Workforce Race Equality Standard that information outside of statutory and mandatory training is not as complete is it might be. The work around the collection of key data to ensure a robust reporting system will address this issue.

Goal: A representative and supported workforce Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source.

We are rated as developing. We know looking at the results of the 2014 Staff Survey that it is indicated that gay members of staff report a higher level of harassment from patients/service users, their relatives or members of the public as is the case for those who indicate that their faith is Buddhist or Hindu, this is also the case for disabled members of staff. For 2015-16 it is recommended that work be progressed on setting up Staff Network Groups. These groups along with the wider work on engagement including general staff survey developments and the work of Speak Easy and Friends and Family

Test should also improve the following outcome: staff report positive experiences of their membership of the workforce.- rated as developing.

Goal: Inclusive leadership Outcome: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

Analysis of Staff Survey results across protected characteristics and regular equality and diversity enquiries suggest that equality and diversity training only provides basic support. Managers need more information to support their staff to work in culturally competent ways. It is proposed for 2015-16 that an intranet based equality and diversity resource guide to cover all protected characteristics and both employment and service provision is developed.

Recommendations

It is recommended that the Board approve for publication the findings of the Workforce Race Equality Standard and the ratings of Equality Delivery System 2. This paper also seeks approval for the proposed actions to address the findings of both the Workforce Race Equality Standard and the Equality Delivery System 2. The reporting of the Equality Delivery System 2 and the Workforce Race Equality Standard will be undertaken annually and it is likely that the requirements will be added to with further standards to over the remaining protected characteristics in the workforce. EDS2 and Workforce Standard annual reporting allow for a framework that is more dynamic than setting a 4-5 year Equality Strategy. For that reason it is recommended our EDS2 actions become our Equality Objectives, reviewed and added to in light of evidence each year. The final recommendation is that the Trust's 2012-16 Equality Strategy is now redundant and should be replaced by a yearly report to Board on the Equality Delivery System, the Race Equality and any future Workforce Equality Standards. Finally it is recommended that a detailed action plan is taken to CDT in July.

Christopher Rowlands
June 2015

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

EQUALITY DELIVERY SYSTEM ASSESSMENT
V1

The main purpose of the Equality Delivery System (EDS) for the NHS is to help NHS organisations, in discussion with local partners including local people ,review and improve their performance for people with characteristics protected by the Equality Act 2010.By using ESDS,NHS organisations can also be helped to deliver on the public sector Equality Duty.

Goal: Better health outcomes			**Reference Number 1.1**	
Outcome: Services are commissioned, procured, designed and delivered to meet the health needs of local communities.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Corporate Strategies; QIPP Business Cases; Contracts, Joint Strategic Needs Assessment, NHS Patient Surveys, GP Patient Surveys; Quality Accounts; Healthwatch and PALS; Friends and Family Test**			
Trust Assessment of Grading			**Achieving**	
Evidence to support grading				
The Trust provides a wide range of mental health, learning disability and neuro–rehabilitation services to 1.4 million people in the North East of England across the six geographical areas of Northumberland, Newcastle, North Tyneside, South Tyneside, Gateshead and Sunderland. We are one of the largest mental health and disability organisations in the country with an income of circa £300 million and over 6,000 staff. We operate from over 100 sites and provide a range of mental health and disability services.				

The main Commissioners for the Trust in 2014/15 are as follows:

- Seven Clinical Commissioning Groups across Northumberland, Tyne and Wear;
- Cumbria, Northumberland, Tyne and Wear Area Team which is the local area Team of the National Commissioning Group;
- CCGs out of area plus Scottish, Welsh and Irish health bodies who commission on an individual named patient contract basis and;
- Local Authorities.

The Commissioners are responsible for:

- Planning services, based on assessing the needs of their local population (or patient group if commissioning specialist services);
- Securing services that meet those needs; and
- Monitoring the quality of care provided;
- Meeting the cost of those services.

Local Authorities are responsible for taking the lead for improving health and co-ordinating local efforts to protect the public's health and wellbeing.

Notwithstanding the above the Trust seeks to work with Commissioners and partners to input into their strategic planning and decision making. The Trust is an active participant in a range of strategic groups which include representatives from strategic partners these include Overview and Scrutiny Committees, Health and Wellbeing Boards, Mental Health Programme Boards and Healthwatch.

1:1 meetings are also held with key strategic partners including the Chairs and Chief Executives of Clinical Commissioning Groups, national commissioners, Leaders and Chief Executives of local Councils, Local Authority Cabinets, Chairs and Chief Executives of neighbouring Trusts, Chairs and Chief Executives of Partner organisations.

The Trust's 3 Year Operational Plan 2014-2017 and 5 Year Strategic Plan 2014-2019 are informed by a forecast of health, demographic demand changes, disorder prevalence, national and local planning and policy guidance/direction and national and local Commissioning Priorities and therefore seeks to ensure that the Trust's services are designed and delivered to meet the needs of the local communities served.

The Trust's Council of Governors are involved in the development of the Trust's 3 Year Operational Plan and 5 Year Strategic Plan through the Annual Plan Working Group. The Trust has sought to ensure that major interests are represented through the Council of Governors, the rationale in developing the constituencies being to involve and seek the contribution of all key parties. The Council of Governors include both elected and appointed governors and regular engagement with them individually and collectively includes: individual meetings with the Chair, Council of Governors' engagement sessions on specific/pertinent issues, joint engagement sessions with the Board, presentations and facilitated discussions at the Council of Governor meetings on specific subjects including the Annual Plan and Transformation of Services and involvement in Council of Governor Committees and Working Groups.

The Trust also engages with strategic partners in the development of its strategy and specific initiatives including the Service Model Review, the Access Project, Principal Community Pathways and Transformation of Services.

Patients, carers and other stakeholders are actively engaged in seeking their views on what they require of the Trust's services, how services should be designed and provided to meet their needs and how the Trust's services should transform and develop. This engagement includes regular surveys, patient carer and feedback work and specific engagement/involvement in specific initiatives together with formal consultation on the Trusts plans, including formal public consultation on specific proposals. (See 2.3)

Goal: Better health outcomes			Reference Number 1.2	
Outcome: Individual people's health needs are assessed and met in appropriate and different ways.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; Quality Accounts; Healthwatch and PALS; Friends and Family Test**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The Trust's Policy: Care Coordination (incorporating Care Programme Approach (CPA)) Policy NTW (C) 20 sets out the principles and framework for assessment and care planning for adults receiving mental health or learning disability services within the Trust and its partner agencies where there is shared care or section 75 partnership agreements. The Policy's Statement of Values and Principles includes the following values and principles: "Assessment and Care planning views a person "in the round " seeing and supporting them in their individual diverse roles and the needs they have with the aim of optimising mental and physical health and well-being".

The Policy makes it clear that assessment and planning should aim to meet the service user's needs and choices and not just focus on what professionals and services can offer. The Policy requires assessment and planning to address a person's aspirations and strengths as well as their needs and difficulties.

Everyone referred to the Trust's mental health services must receive an assessment of their needs, with the assessment of mental health and risk being an integral component. The assessment framework used enables an initial assessment of health and social care needs and risk to identify the individual's needs and where they may be met. The assessment framework also enables consideration, as appropriate to the individual, of psychiatric, psychological and social functioning, including:

- Impact of medication;
- Risk to the individual and others;
- Needs arising from co-morbidity
- Personal circumstances including family and carers
- Housing needs;
- Financial circumstances and capability;
- Employment, education and training needs;

- Physical health needs (see 1.5);
- Equality and diversity including faith and culture;
- Social inclusion.

To support an effective and consistent approach to the assessment of individuals and identification of need a series of Practice Guidance Notes include Core Assessment requirements/documentation specifically designed for use with Adults, Older People, People with a Learning Disability and those referred to Neurorehabilitation services.
The requirements for assessment outlined in the Practice Guidance Notes provide the framework to support professional assessment practice and recording within the standards required by the Care Programme Approach (CPA), National Service Frameworks and professional bodies.
The initial assessment supports the identification as to how the service users needs will be best met (including in which service/setting/what scaffolding services are required and an initial care plan is agreed, including the requisite MDT input to meet the individuals specific needs.

Consent to seek and share information and whether the service user would like to receive copies of letters is an integral part of the initial assessment process and where appropriate the assessment process includes assessment of an individual's capacity.

Assessment of an individual's needs is an ongoing process and all service users Care Plans are the subject of ongoing monitoring and review and are reviewed formally in line with the individual's risk management plan and planned review dates. It is the individual's Care Coordinators responsibility to ensure that a comprehensive, formal written care plan including risk and crisis plan is developed and agreed and that responses to crisis situations during working hours and outside of working hours are included. It is also the individual's Care Coordinators responsibility to ensure that the agreed Care Plan is monitored, progress recorded and subject to the appropriate review. Where the service user plans to move area the Care Coordinator must liaise with the appropriate professionals in the receiving care team to ensure that the service users care is transferred effectively. The individual's Care Coordinators responsibility is to also ensure that carers are supported and offered an assessment of their needs.

The Trust's performance in terms of CPA is monitored through a number of indicators and those reported in the Quality Account 2013/14 included the following:

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.

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

(higher scores are better)

Review of Quality Performance – Patient Safety

Quality Indicator	**Why did we choose this measure?**	**Performance in 2013/2014 (2012/13)**
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2014, **97.2%** of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95% (96.2% March 2013)

Review of Quality Performance – Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
*7 Day Follow Up contacts	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement Data source: RiO	During 2012/13, 2,020 service users (96.7% of those discharged from inpatient care in the year) were followed up within seven days of discharge. In 2013/14, 1,967 service users (**97.1%** of those discharged from inpatient care in the year) were followed up within seven days of discharge. Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows: Gateshead CCG: 95.9% Newcastle West CCG: 95.9% Newcastle North & East CCG: 99.0% North Tyneside CCG: 97.8% Northumberland CCG: 98.3% South Tyneside CCG: 97.3% Sunderland CCG: 96.4%
7 Day Follow Up contacts conducted face to face	'Face to face' follow ups give a better quality of service and improved outcomes for service users Data source: RiO	By the end of March 2014 **93.8%** of seven day contacts were conducted face to face. During 2012/13 this figure was 95.5%.

Performance against contracts with local commissioners

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

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

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

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

MONITOR PERFORMANCE 2013-14 (by quarter)

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

	Achieving Monitor target
	Breaching Monitor target

Care Quality Commission (CQC) Registration and Quality and Risk Profile

The Trust is registered with the CQC and has maintained full registration, with no non-routine conditions, from the 1st April 2010.

The Quality and Risk Profile (QRP),published by the CQC gathers together key information about the Trust to help the CQC monitor the Trusts compliance with the essential standards of quality and safety required for registration. The QRP is a useful tool to help the Trust continually monitor the quality of our services. The latest QRP (as reported in the 2013/14 Quality Account) identifies the Trust as being a low risk of non-compliance against each of the following areas:

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

In terms of the indicators of satisfaction with the Trusts services these are shown in 2.3.

Goal: Better health outcomes			Reference Number 1.3	
Outcome: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; Quality Accounts; Healthwatch and PALS; Friends and Family Test; Serious Incident Reports**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The Trust's Quality Goals underpin the provision of all of the Trust's services and achievement of the Quality Goals throughout the period of service transformation is a priority.

Using feedback from complaints, compliments and serious untoward incidents the views of the Council of Governors, our patients, service users, staff and partners we identified three Trust wide Quality Goals covering the period 2009-2014 based on safety, patient experience and clinical effectiveness.

- **Quality Goal One: Reduce incidents of harm to patients;**
- **Quality Goal Two: Improve the way we relate to patients and carers;**
- **Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person.**

With effect from 2012/13 the Trust's Quality Priorities supporting Goal One has included:

To improve the quality of transitions of care from inpatient units to community services, improving the links with community teams throughout the admission and ensuring joint involvement in discharge planning.

The Trust set itself internal targets relating to these Quality Priorities in 2012/13 and 2013/14 and progress against these targets, as reported in the Quality Account 2012/13 and 2013/14 is as follows:

Target by 31st March 2013	Progress as at 31st March 2013
To establish groups to look at specific points in the patient pathway: -Alignment-to look at how community teams are aligned to inpatient wards. -Effective MDT and flow management-to develop minimum standards around documentation on admission and handover. -Discharge-to develop standards around discharge meetings and care coordination arrangements. Guidelines for community and inpatient transitions of care to be developed. Pathway workshops to be held between inpatient and community team staff.	**ACHIEVED** All milestones achieved and this important piece of work was carried forward to 2013/14 with new objectives to be achieved.
Target by 31st March 2014	**Progress as at 31st March 2014**
To assess current transition arrangements between adult community teams and adult assessment and treatment teams. To conduct an audit of the impact of transition arrangements and create an action plan for improvement based on the findings.	**ACHIEVED** During 2013/14 the Trust undertook an assessment of the current arrangements in place to manage transitions and an audit of any impact caused. A plan for improvement is now in place and being monitored as part of the Trusts ongoing programme of transformation.

To support the improvement of practice relating to transitions from one service to another the Trust's Policy for Transitions between services (NTW (C) 14) was updated in 2013 to include transitions relating to children and young people's Community and Inpatient Services.

The Trust's performance against a number of indicators/targets which relate directly and indirectly to the Trust's practice relating to transitions from one service to another are reported in the Trust's Quality Account 2013/14 these include the following:

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.

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

(higher scores are better)

The percentage of 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

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

(5 is the highest score)

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

Patient experience of community mental health indicator scores	2010	2011	2012	2013
NTW	86.5	85.8	90.9	87.4
National Average	87.1	86.7	86.5	85.8
Highest national	91	91.4	91.8	91.8
Lowest national	81.8	81.9	82.6	80.9

(higher scores are better)

Review of Quality Performance – Patient Safety

Quality Indicator	**Why did we choose this measure?**	**Performance in 2013/2014 (2012/13)**
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2014, **97.2%** of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95% (96.2% March 2013)

Review of Quality Performance – Patient Experience

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
*Delayed transfers of care	Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge Data source: RiO	At 31st March 2014, **4.2%** of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed (5.4% in 2012/13).

Review of Quality Performance – Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
*7 Day Follow Up contacts	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement Data source: RiO	During 2012/13, 2,020 service users (96.7% of those discharged from inpatient care in the year) were followed up within seven days of discharge. In 2013/14, 1,967 service users (**97.1%** of those discharged from inpatient care in the year) were followed up within seven days of discharge. Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows: Gateshead CCG: 95.9% Newcastle West CCG: 95.9% Newcastle North & East CCG: 99.0% North Tyneside CCG: 97.8% Northumberland CCG: 98.3% South Tyneside CCG: 97.3% Sunderland CCG: 96.4%
7 Day Follow Up contacts conducted face to face	'Face to face' follow ups give a better quality of service and improved outcomes for service users Data source: RiO	By the end of March 2014 **93.8%** of seven day contacts were conducted face to face. During 2012/13 this figure was 95.5%.

Performance against contracts with local commissioners

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

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

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

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

MONITOR PERFORMANCE 2013-14 (by quarter)

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

	Achieving Monitor target
	Breaching Monitor target

Communications with GPs

In terms of everyone being well informed, with effect from 2012/13 the Trust's Quality Priorities supporting Goal One has included:
To ensure GPs receive care plan information within seven days of a review; and
To ensure GPs receive discharge summaries within 24 hours of discharge.
The Trust set itself internal targets relating to these Quality Priorities focusing in 2012/13 on carrying out a baseline audit of the number of forms that are electronically generated and setting improvement trajectories for the year. In the 2013/14 Quality Account the following progress was reported:

To ensure GPs receive care plan information within seven days of a review-
As at the 31st March 2014 the Trust could demonstrate that 34.2% of care plans were sent to GPs within seven days.

To ensure GPs receive discharge summaries within 24 hours of discharge-
As at the 31st March 2014 the Trust could demonstrate that 47.1% of discharge summaries were sent to GPs within 24 hours.

These two priorities are now part of a nationally mandated CQIN and work continues on improving the Trust's performance.

Care Quality Commission (CQC) Registration and Quality and Risk Profile
The Trust is registered with the CQC and has maintained full registration, with no non-routine conditions, from the 1st April 2010.
The Quality and Risk Profile (QRP),published by the CQC gathers together key information about the Trust to help the CQC monitor the Trusts compliance with the essential standards of quality and safety required for registration. The QRP is a useful tool to help the Trust continually monitor the quality of our services. The latest QRP (as reported in the 2013/14 Quality Account) identifies the Trust as being a low risk of non-compliance against each of the following areas:
1.Involvement and Information;
2.Personalised Care, Treatment and Support;
3.Safeguarding and Safety;
4.Suitability of Staffing;
5.Quality and Management.

Goal: Better health outcomes			Reference Number 1.4	
Outcome: When people use NHS services their safety is prioritised and they are free from mistakes,mistreatment and abuse.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; Quality Accounts; Healthwatch and PALS; Friends and Family Test; Serious Incident Reports; CQC Quality and Risk Profiles**			
Trust Assessment of Grading			**Achieved**	

Evidence to support grading

One of the Trust's seven strategic objectives is to :"Provide high quality evidence based and safe services supported by effective integrated governance arrangements" . Patient Safety is therefore a priority.

Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

Northumberland, Tyne and Wear NHS Foundation Trust Values

We are about Quality and Safety

We strive to provide the BEST CARE, delivered by the BEST PEOPLE, to achieve the BEST OUTCOMES

Caring & Compassionate

- Put ourselves in other people's shoes
- Listen and offer hope
- Focus on recovery
- Be approachable
- Be sensitive and considerate

Respectful

- Value the skill and contribution of others
- Give respect to all people
- Respect and embrace difference
- Work together and value our partners

Honest & Transparent

- Have no secrets
- Be open and truthful
- Accept what is wrong and strive to put it right
- Share information
- Be accountable for our

The Trust's governance arrangements take into account the Integrated Governance Handbook (DOH 2006).A high level review of governance arrangements was undertaken by the Board of Directors in November 2011.Interim iterative improvements were made and

they were subject to final amendments and ratification in May 2012.The Trust's Clinical Governance arrangements were also reviewed and strengthened in January 2013 to ensure their robustness in the context of the Trust's overarching integrated governance arrangements. The Board of Directors approved changes to the Terms of Reference for the Board, its Committees and the Senior Management Team at its meeting in April 2014.
The Quality and Performance Committee, a standing committee of the Board of Directors, is chaired by a Non-Executive Director and brings together clinical governance and performance in an integrated process. The committee provides oversight to the performance and assurance framework, Trust risk management arrangements for both clinical and non-clinical risk, and has full responsibility for assuring the Trust's performance against essential internal and external standards of care and performance. Each clinical Group has a Quality and Performance Group which monitors and reports of performance relating to clinical, quality and patient issues including patient safety.
The Board of Directors receives and reviews the Trust's Performance and Assurance Report together with specific reports and updates relating to , strategy and partnerships, staff issues and regulatory issues. These include a quarterly Safety Report and regular reports in relation to SUIs, Complaints and Safeguarding. The Board of Directors also receives and reviews minutes and papers from the Board standing Committees (including the Quality and Performance Committee) , the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. This enables the Board of Directors to assess, understand and identify lessons learnt, addressing any current or future risks to quality including patient safety.

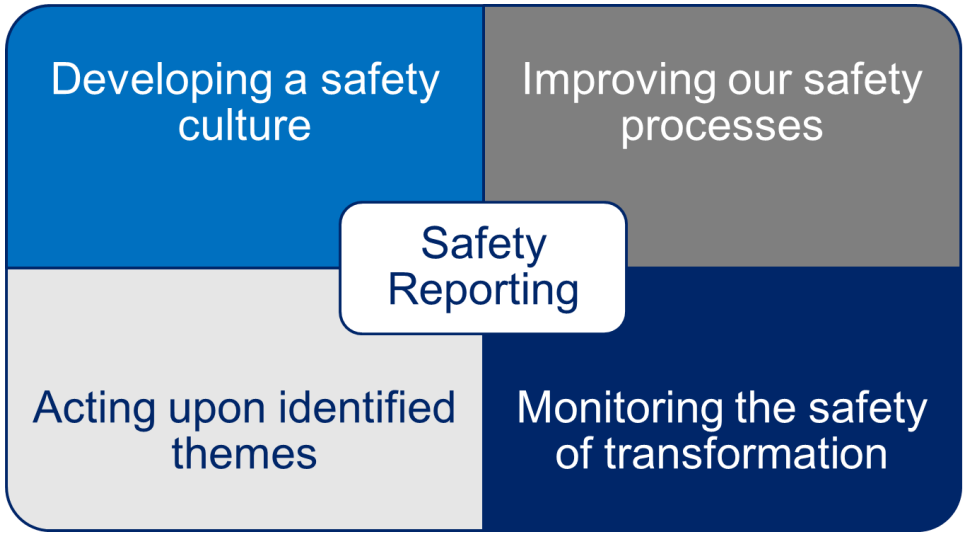
A Trust wide CQC Essential Standards Management Group was established in August 2011 with a broad membership from clinical and corporate Groups and Directorates with responsibility for the ongoing preparation, monitoring and review of actions linked to Essential Standards. This Group keeps the Senior Management Team informed of performance against agreed action plans formulated following each CQC inspection of services.

The Trust's Policies, Procedures and Practice Guidance Notes communicate standard organisational ways of working and the provision of safe and effective services. They are developed to advise staff, service users and visitors on procedures that are compliant with statute and the functions and responsibilities of the organisation. They help clarify strategic and operational ways of working and bring consistency to clinical, operational and day to day practice. The presentation of Policies, Procedures and Practice Guidance Notes in a common format helps to ensure that procedural documents in use are current and reflect an organisational approach.A suite of Policies, Procedures and Practice Guidance Notes support the reporting, investigation of patient safety issues (including near misses, mistakes, mistreatment and abuse)and learning lessons/improving practice. These include:

- Incident Policy NTW(0)5;
- Comments, Complements, Complaints Policy NTW (0)07;
- Handling Concerns about Doctors NTW (HR)02;
- Whistleblowing Policy NTW (HR)06;
- Safeguarding Children Policy NTW (C)04;
- Safeguarding Adults at Risk NTW (C) 24.

The Board of Directors approved the Annual Governance Statement 2013/14 in May 2014 (a mandatory requirement) which provides assurance that the Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives, and provides details of any significant internal control issues.

The Trust has adopted a Programme approach to the delivery of its strategic objectives and established the Safety Programme (one of two key programmes) with the following objectives:
1.Examine in detail the safety implications of the transforming services agenda, assessing the risk and suggest monitoring arrangements;
2.Identify emerging themes and develop programmes of themed work through the review of Serious Untoward Incidents, complaints, incidents, disciplinaries and other quality indicators.
The Safety Programme has four key dimensions as shown below:



The Safety Report is the mechanism for providing reporting, analysis and progress with actions, for the purpose of assurance to the Board and key committees. It is available to all staff via the Trust intranet. The “four quadrant” approach is now familiar. These four quadrants are: Incident Activity & Analysis, Identification of Themes, Action Planning & Impact of Actions and Safety of Transformation (formerly Assessment of Impact).The Trust uses the Safeguard System to support the reporting and analysis of all incidents.

The Trust has consistently adopted an open and active reporting culture encouraging the reporting of all incidents ,including patient safety incidents, in line with agreed Policies and Procedures.This high reporting culture in the Trust is evidenced by the findings from

the national Staff Survey.The 2013 national NHS staff survey confirmed:

- 97% of those who saw an error/near miss that could hurt patients/service users reported it (mental health trust average score 96%)
- 95% confirmed that they would know how to report fraud, malpractice or wrong doing
- 97% confirmed that the Trust encouraged the reporting of errors
- 95% confirmed that the Trust takes action to ensure errors are not repeated

In May 2014 the Trust signed up to “Speak Out Safely”, a national campaign led by the Nursing Times,to help encourage any staff member who has a genuine patient safety concern to raise this within the organisation at the earliest opportunity.
The Trust has also recently launched a new campaign about the importance of raising concerns-Don’t be a spectator. The campaign is being promoted via a screen saver and posters across the Trust, whistleblowing training is being promoted again to support managers in dealing with such matters and a dedicated equality and diversity mail box has been established where any concerns can be posted and this will be checked daily.
The importance of Patient Safety is also reflected in the Trust’s Quality Goals which underpin the provision of all of the Trust’s services and achievement of the Quality Goals throughout the period of service transformation is a priority.
Using feedback from complaints, compliments and serious untoward incidents the views of the Council of Governors, our patients, service users, staff and partners we identified three Trust wide Quality Goals covering the period 2009-2014 based on safety, patient experience and clinical effectiveness.

- **Quality Goal One: Reduce incidents of harm to patients;**
- **Quality Goal Two: Improve the way we relate to patients and carers;**
- **Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person.**
-

In terms of Quality Goal One the Trust aims to demonstrate success against this goal by reducing the severity of incidents and the number of serious incidents across the Trust.

The Trust set itself internal targets relating to these Quality Goal One in 2013/14 and progress against these targets, as reported in the Quality Account 2013/14 is as follows:

Quality Priority 2013/14	Rationale	Target by 31st March 20014	Progress
1. Ensure relevant staff are trained in leave management	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	To achieve a target of 85% of applicable staff trained in this area by March 31 2014	**ACHIEVED** – at the 31st March 2014 87.3% of applicable staff had received training in leave management.
2. To ensure GPs receive care plan information within 7 days of a review. This quality priority is being continued from 2012-13	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working	To carry out baseline audits of numbers of forms that are electronically generated and set improvement trajectories for the year.	**ONGOING** – at 31st MARCH 2014 we could demonstrate that 34.2% of care plans were sent to GP's within 7 days. This will no longer be a Quality Priority for 2014/15 as it will become part of a nationally mandated CQIN.
To ensure GPs receive discharge summaries within 24hours of discharge. This quality priority is being continued from 2012-13 and aligned to a CQUIN target	It is a Trust priority to reduce risk by improved communication during periods of transition	To carry out baseline audits of numbers of forms that are electronically generated and set improvement trajectories for the year.	**ONGOING**– at 31st MARCH 2014 we could demonstrate that 47.1% of discharge summaries were sent to GP's within 24hrs. This will no longer be a Quality Priority for 2014/15 as it will become part of a nationally mandated CQUIN.
4. To improve the quality of transitions of care from inpatient units to community services, improving the links with community teams throughout the admission and ensuring joint involvement in discharge planning. This quality priority achieved the milestones set for 2012/13 but will continue through 2013/14 as an	Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.	To assess current transition arrangements between adult community teams and adult assessment and treatment teams. To conduct an audit of the impact of transition arrangements and create an action plan for improvement based upon the findings.	**ACHIEVED** – during 2013/14 we undertook an assessment of the current arrangements in place to manage transitions and an audit of any impact caused. A plan for improvement is now in place and being monitored as part of our ongoing programme of transformation.

important part of our on-going transformation programme.			
5. To ensure all relevant staff undertake falls risk assessment training	To improve and standardise knowledge and practice in relation to risks associated with, and prevention of, falls in older people.	To review and revise the current training materials and set trajectories for numbers of applicable staff to be trained. To report each quarter on numbers of patient falls.	**ACHIEVED** - the key milestones for this priority were achieved during 2013/14 as an additional part of our nationally mandated Safety Thermometer CQUIN. This work will continue, as part of that CQUIN, in 2014/15.
6. To improve the management of service users who do not attend appointments (DNA's)	To better understand the issues around service users who do not attend appointments and develop a plan to reduce non-attendance.	To establish a baseline and set trajectories for improvement in this area in agreement with our Commissioners	**ACHIEVED** – at 31st March 2014 the trajectories for improvements in DNA rates were met. Work will continue in this area as part of our ongoing programme of transformation.

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

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

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

As demonstrated in the Table below during 2013/14 the numbers of Moderate and Major harm incidents have reduced from previous years while the No harm and Minor have increased. This is partly due to improved recording and categorising processes of our patient safety incidents and the Trust will be using the 2013/14 data as a solid baseline to identify trends in future years.
It is important to note that the figure presented for 2013/14 Catastrophic/Death related patient safety incidents will be revised in-year as more coroner conclusions are received. This will change some incidents and mean they no longer meet the patient safety definition for example the verdict may be that of natural causes.

Patient Safety Incidents by impact

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

Looking forward to 2014/15, to support the achievement of Goal One the Trust has set the objective of improving the assessment and management of risk, including through enhanced staff training and improving the quality of risk assessments.

The Trust's performance against a number of indicators/targets which relate directly and indirectly to the Trust's practice relating to patient safety are reported in the Trust's Quality Account 2013/14 these include the following:

Review of Quality Performance – Patient Safety

Quality Indicator	**Why did we choose this measure?**	**Performance in 2013/2014 (2012/13)**
*Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority and Department of Heath requirement Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2013/14(also none in 2012/13)
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2014, **97.2%** of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95%

		(96.2% March 2013)
2013 Staff Survey - The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution Data source: CQC NHS Staff Survey 2011	The 2013 staff survey showed that our staff scored the question regarding recommending the trust as a place to work or receive treatment as 3.61 out of 5 (2012 3.52 out of 5). The average score for mental health trusts for this question is 3.54.
Safeguarding Awareness Training	The Safeguarding Adults and Safeguarding Children courses are essential training for all staff	By the end of March 2014: The number of staff trained in Safeguarding Adults – **95.1%** The number of staff trained in Safeguarding Children – **96.7%**

Mandatory statements relating to the quality of NHS services provided

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

The Trust considers that this data is as described for the following reasons – this is data we have uploaded to the National Learning and Reporting System (NRLS).

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

Oct 11 - Mar 12	**NTW**	**National average**	**Highest national**	**Lowest national**
Number of PSI reported (per 1000 obd)	22.8	19.2	86.9	0
Number of 'Severe' PSI(% of incidents reported)	0.7%	0.5%	2.8%	0
Number of 'Death' PSI(% of incidents reported)	0.9%	0.8%	5.2%	0
Apr 12 - Sept 12				
Number of PSI reported (per 1000 obd)	31	23.8	72	0
Number of 'Severe' PSI(% of incidents reported)	0.8%	0.8%	8.9%	0
Number of 'Death' PSI(% of incidents reported)	0.6%	0.8%	4.3%	0
Oct 12 - Mar 13				
Number of PSI reported (per 1000 obd)	30.2	26.8	99.8	0
Number of 'Severe' PSI(% of incidents reported)	1.8%	0.5%	1.8%	0

	Number of 'Death' PSI(% of incidents reported)	0.7%	0.8%	4.5%	0
	Apr 13 - Sept 13				
	Number of PSI reported (per 1000 obd)	33.9	28.0	67.1	0
	Number of 'Severe' PSI(% of incidents reported)	0.4%	0.4%	1.6%	0
	Number of 'Death' PSI(% of incidents reported)	1.0%	0.9%	4.7%	0

(lower scores are better)

Goals agreed with Commissioners-CQUIN Indicators

A summary of the agreed CQUIN indicators for 2013/2014 and 2014/15 relating to improving safety is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2013/14	2014/15
Reduction of inappropriate anti-psychotic prescribing	✓	
NHS Safety Thermometer	✓	✓
Enhancing the quality of communication between NTW and the service users' GP	✓	
Management of patients failing to attend appointments	✓	
To implement the use of a specialised services clinical dashboard	✓	✓
Collaborative Risk Assessment		✓
Improving CPA process for specialised services	✓	✓

The Quality Account 2013/14 confirmed that these were achieved.

Performance against contracts with local commissioners

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

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

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

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

Care Quality Commission (CQC) Registration and Quality and Risk Profile

The Trust is registered with the CQC and has maintained full registration, with no non-routine conditions, from the 1st April 2010.
The Quality and Risk Profile (QRP),published by the CQC gathers together key information about the Trust to help the CQC monitor the Trusts compliance with the essential standards of quality and safety required for registration. The QRP is a useful tool to help the Trust continually monitor the quality of our services. The latest QRP (as reported in the 2013/14 Quality Account) identifies the Trust as being a low risk of non-compliance against each of the following areas:
1.Involvement and Information;
2.Personalised Care, Treatment and Support;
3.Safeguarding and Safety;
4.Suitability of Staffing;
5.Quality and Management.

MONITOR PERFORMANCE 2013-14 (by quarter)

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

	Achieving Monitor target
	Breaching Monitor target

Goal: Better health outcomes			Reference Number 1.5	
Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; Heath and Social Care Information Centre Health Promotion and Health Protection publications**			
Trust Assessment of Grading		**Developing**		

Evidence to support grading

It is recognised nationally that people with a learning disability or mental health problems are more likely than other citizens to have significant health risks and develop major physical health problems. Once they have developed a physical illness both groups are likely to die younger.(Disability Rights Commission-Equal Treatment : Closing the Gap 2006),Improving Health and Lives (Department of Health),Health Inequalities and People with a Learning Disability in the UK (2010).

As the provider of mental health, learning disability and neuro rehabilitation services the Trust has had a longstanding commitment to ensure that service users physical health needs are reviewed and, where it is the Trust's responsibility, they have access to the appropriate physical health care.

This commitment has been strengthened in response to publication by NHS England of guidance in December 2013 on the Commissioning for Quality and Innovation schemes for 2014/15 which includes a new national indicator on improving outcomes for people with serious mental illness by promoting better communication between primary and secondary care, ensuring patients' safety and addressing physical healthcare to reduce premature mortality. The indicator was divided into two parts, the first of which was to reward providers for demonstrating, through a national data collection process, full implementation of appropriate processes for assessing documenting and acting on cardio-metabolic risk factors in patients with psychoses, including schizophrenia.

The second part of the indicator relates to better communication with a patients GP, to be demonstrated by a programme of local audit.

The Trust has had a Policy relating to the Assessment and Management of Physical Health in place since 2011 which has been the subject of regular review most recently in April 2014, Trust Standard for the Assessment and Management of Physical Health NTW (C

)29.The Policy is supported by a series of Practice Guidance Notes.
The scope of the policy and objectives is to ensure that all service users admitted to any of the Trust's Inpatient Services (including those for older people, people with learning disability and forensic service users) must have a physical examination, ideally within 6 hours of admission, otherwise within 24 hours of admission, unless the service user refuses, in which case the reason must be clearly documented in the notes, with a management plan and review date. The Policy provides that the physical examination of children admitted to the Trust or to Children and Young People Specialist Services will be determined by their assessed needs and the location of admission.
Physical examinations and any clinical interventions will be offered in line with the Trust's Policy Consent to Examination and Treatment NTW (C)34,Mental Capacity Act Policy. There are areas of the Trust that undertake a variety of clinical interventions, these are supported by Practice Guidance Notes attached to the Policy. The Trust's Policy; Trust Standard for the Assessment and Management of Physical Health NTW (C)29 is used in conjunction with the Trust's Policy NTW (C)20,Care Coordination and Care Programme Approach Process.
The Policy provides that service users who are an inpatient for over one year should have a documented review of their physical health every six months and a full physical examination every year (more frequently if clinically indicated). Chronic disease monitoring should also be reviewed and actions taken as required. Service users should have access to smoking cessation and alcohol/substance misuse advice and support, dental care, chiropody, dietician, physiotherapy, sexual healthcare and an optician. Service users prescribed specific medications are reviewed in line with Trust guidelines.
The Trust has arrangements in place with local GP practices for the provision of primary care services to inpatients.

The physical health care of service users treated in the community will usually be provided by primary care. The Policy provides that the physical health of the service user receiving care in the community will be considered as part of the initial assessment and then regularly reviewed. Community Teams will collaborate with primary and secondary care to meet the physical health needs of service users with the multi disciplinary team supporting the service user in accessing appropriate primary healthcare services including routine screening programmes, monitoring and health promotion as required. A care plan for every patient will be developed by the care coordinator/lead professional through the Care Co-ordination process, which will outline and document responsibilities.

A revised Physical Health Monitoring Form went live on RiO ,the Trust's electronic patient record system, on the 1st April 2014 with the aim of ensuring that the Trust are capturing the right information from physical health assessments of all patients within our care and also to enable data extraction for CQIN measurement. Physical Health Link Nurse roles have been established and Health Champions, both roles supporting the development of their team in relation to health promotion, best practice and reducing health inequalities.
On the 30th July 2014 the Trust hosted a Conference: Improving Physical Health and Wellbeing: Everybody's Business with national and local key note speakers highlighting the importance of good quality physical healthcare.The event was attended by 150 clinicians.
Dietetics and exercise therapy/fitness staff are also engaged in supporting assessment of lifestyle risks in clinical teams.
The Trust's Training Team are currently working towards developing a new competency based training programme relating to physical health care to upskill the clinical workforce and this programme is to commence in September 2014.

The Trust's Quality Goals underpin the provision of all of the Trust's services and achievement of the Quality Goals throughout the period of service transformation is a priority.

Using feedback from complaints, compliments and serious untoward incidents the views of the Council of Governors, our patients, service users, staff and partners we identified three Trust wide Quality Goals covering the period 2009-2014 based on safety, patient experience and clinical effectiveness.

- **Quality Goal One: Reduce incidents of harm to patients;**
- **Quality Goal Two: Improve the way we relate to patients and carers;**
- **Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person.**

The Trust's internal targets relating to these Quality Goals in 2013/14 which contribute to ensuring the physical health of service users and progress against these targets, as reported in the Quality Account 2013/14 included the following:

Quality Goal One: Reduce Incidents of harm to patients			
Quality Priority 2013/14	**Rationale**	**Target by 31st March 2013**	**Progress**
To ensure GPs receive care plan information within 7 days of a review. This quality priority is being continued from 2012-13	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working	To carry out baseline audits of numbers of forms that are electronically generated and set improvement trajectories for the year.	ONGOING – at 31st MARCH 2014 we could demonstrate that 34.2% of care plans were sent to GP's within 7 days. This will no longer be a Quality Priority for 2014/15 as it will become part of a nationally mandated CQUIN.
To ensure GPs receive discharge summaries within 24hours of discharge. This quality priority is being continued from 2012-13 and aligned to a CQUIN target	It is a Trust priority to reduce risk by improved communication during periods of transition	To carry out baseline audits of numbers of forms that are electronically generated and set improvement trajectories for the year.	ONGOING– at 31st MARCH 2014 we could demonstrate that 47.1% of discharge summaries were sent to GP's within 24hrs. This will no longer be a Quality Priority for 2014/15 as it will become part of a nationally mandated CQUIN.
To improve the quality of transitions of care from inpatient units to community	Significant risks occur if transitions are not properly managed.	To assess current transition arrangements between adult community teams and adult	ACHIEVED – during 2013/14 we undertook an assessment of the current arrangements in

	Delayed discharges are a key factor on lengths of stay within inpatient units.	assessment and treatment teams. To conduct an audit of the impact of transition arrangements and create an action plan for improvement based upon the findings	place to manage transitions and an audit of any impact caused. A plan for improvement is now in place and being monitored as part of our ongoing programme of transformation.
To ensure all relevant staff undertake falls risk assessment training	To improve and standardise knowledge and practice in relation to risks associated with, and prevention of, falls in older people.	To review and revise the current training materials and set trajectories for numbers of applicable staff to be trained. To report each quarter on numbers of patient falls	**ACHIEVED** - the key milestones for this priority were achieved during 2013/14 as an additional part of our nationally mandated Safety Thermometer CQUIN. This work will continue, as part of that CQUIN, in 2014/15.
Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person			
Quality Priority 2013/14	**Rationale**	**Target by 31st March 2013**	**Progress**
Enhancing the quality of care in inpatient units and developing fit for purpose community teams	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development or more responsive community teams and access model	To ensure ongoing development, each of the three discreet clinical Groups have identified priorities for development throughout 2013/ 14	**ACHIEVED** – at the end of March 2014 this priority has achieved its objectives for 2013/14 but will be carried forward to 2014/15 as our transformation programme continues.

The Trust's performance against a number of indicators/targets which relate directly and indirectly to the Trust's practice relating to patient safety are reported in the Trust's Quality Account 2013/14 these include the following:

Review of Quality Performance – Patient Safety

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2014, **97.2%** of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95% (96.2% March 2013)

Review of Quality Performance – Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2013/2014 (2012/13)
Improving Physical Healthcare for mental health patients	2013/14 Locally agreed CQUIN. Data source: manual	During 2013/14 Health Champions were identified within certain teams and a trust-wide group was established to share best practice and raise key issues in relation to community physical healthcare. Members of the group have attended a programme of awareness sessions on key health promotion issues including smoking cessation, healthy eating, exercise therapy and lifestyle advice.

Performance against contracts with local commissioners

During 2013/14 the Trust had several contractual targets to meet with local commissioners (CCG's). The below table highlights the targets and the performance of each CCG against them, as at 31st March 2014 these include a performance target relating to the number of long term inpatients that have received an Annual Health Check (target 95%) with 100% being achieved.

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

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

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

CQUIN Indicators

A summary of the agreed CQUIN indicators for 2013/2014 and 2014/15 which support the Trust's objective of promoting service users physical health is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2013/14	2014/15
Enhancing the quality of communication between NTW and the service users' GP	✓	
Improving CPA process for specialised services	✓	✓

CQUIN Indicators to improve Clinical Effectiveness	2013/14	2014/15
To increase the percentage of people with mental health illness who receive appropriate physical health care.	✓	✓

Communications with GPs

In terms of everyone being well informed with regard to an individual's physical health needs, with effect from 2012/13 the Trust's Quality Priorities supporting Goal One has included:
To ensure GPs receive care plan information within seven days of a review; and
To ensure GPs receive discharge summaries within 24 hours of discharge.
The Trust set itself internal targets relating to these Quality Priorities focusing in 2012/13 on carrying out a baseline audit of the number of forms that are electronically generated and setting improvement trajectories for the year. In the 2013/14 Quality Account the following progress was reported:

To ensure GPs receive care plan information within seven days of a review-
As at the 31st March 2014 the Trust could demonstrate that 34.2% of care plans were sent to GPs within seven days.

To ensure GPs receive discharge summaries within 24 hours of discharge-
As at the 31st March 2014 the Trust could demonstrate that 47.1% of discharge summaries were sent to GPs within 24 hours.

These two priorities are now part of a nationally mandated CQIN and work continues on improving the Trust's performance.

Care Quality Commission (CQC) Registration and Quality and Risk Profile

The Trust is registered with the CQC and has maintained full registration, with no non-routine conditions, from the 1st April 2010.
The Quality and Risk Profile (QRP),published by the CQC gathers together key information about the Trust to help the CQC monitor the Trusts compliance with the essential standards of quality and safety required for registration.

The QRP is a useful tool to help the Trust continually monitor the quality of our services. The latest QRP (as reported in the 2013/14 Quality Account) identifies the Trust as being a low risk of non-compliance against each of the following areas:
1.Involvement and Information;
2.Personalised Care, Treatment and Support;
3.Safeguarding and Safety;
4.Suitability of Staffing;
5.Quality and Management.

Seasonal Flu Campaign
The Trust participates in the national Seasonal Flu Campaign. Patients in the Clinical Risk Group include patients over the age of 65 years and those with underlying medical conditions who are inpatients are offered vaccination whilst in our care.

All inpatient areas receive information to assist with identifying clinical risk groups for both seasonal influenza and pneumococcal vaccine in September with reminders in the CE bulletin regularly throughout the winter months. This is recorded on RIO which is included in the electronic physical health assessment form. Peer vaccinators play a crucial role in reminding all staff of the importance of ensuring patients are offered vaccination.

Community teams are reminded to encourage their patients in risk groups to attend the GP surgery for vaccination. Plummer Court (Drug and Alcohol Services) offer seasonal flu vaccination to their patient group.

MONITOR PERFORMANCE 2013-14 (by quarter)

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

	Achieving Monitor target
	Breaching Monitor target

Goal: Improved patient access and experience			Reference Number 2.1	
Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; NHS patient surveys; GP patient surveys; A and E and other waiting times surveys; Quality Accounts; Healthwatch and PALS**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The NHS Constitution (2013) confirms that individuals have the right to access NHS services and not to be refused access on unreasonable grounds. The NHS commits to provide convenient, easy access to services within the agreed national waiting times standards.
The Trust's Managing Diversity Policy NTW (0)42 confirms that the Trust aims to provide appropriate, accessible and effective services to all sections of its communities without discrimination or prejudice.

The Trust's Strategy was informed by the work of a group of clinicians from across the organisation, who at the request of the Executive Directors, formed a Clinical Project Group to draw together all of the evidence and best practice relating to service provision, to seek feedback from a range of interested parties in mental health and disability services, to produce a vision for future services that truly does what is right for service users and carers. The result (the Service Model Review) is a high level model, which is underpinned by a single set of values and principles key to its quality and success.

Our service redesign is underpinned by information derived from the Care Pathways and Packages approach which is mandated by the Department of Health and endorsed by the Trust. It ensures that service users consistently receive the right service, at the right time and in the right place: depending on the nature of the problem, the level of complexity, the urgency and the risk. The fundamental aspects of the model include:

- Improved access to services;
- Stepping up and stepping down the intensity of care according to need;
- Scaffolding the clinical workforce

The success of this model depends on the Trust's ability to implement all aspects of it. The key recommendations from the Clinical Project Group form the basis of the Trust's Clinical and Quality Strategy which is as follows:

- Reconfigure Services
- Develop and improve clinical systems and processes
- Increase the capacity and capability of the clinical workforce

The Trust's Transformation of Services Programme is the vehicle for implementing the new service model, improving community pathways and reducing the reliance on inpatient beds and providing sustainable specialist services.

The Programme is configured as a set of delivery projects these include the Principal Community Pathways Programme which is responsible for implementing the changes required across all community services in order to deliver new community-based care pathways. This includes improving access to services. As a part of this programme of work during 2012 the Trust piloted the Access Project in Sunderland with the aim of improving access to the Trust's Urgent Care services. The pilot included the introduction of a single point of access to a telephone clinical triage system from which callers received one of the following outcomes; face to face triage by Rapid Response Nurses, the routing to the most appropriate service (both internally and externally),the provision of advice and help to inform care and treatment and direct referral to the Universal Crisis Team for crisis assessment. The results of the pilot were extremely positive and the arrangements have now been embedded.
The Programme also commenced in 2013/14 the design, testing and implementation of effective, evidence based interventions focussed on recovery and effective support for people to live and work in their own communities with the aim of reducing reliance on hospital beds in Sunderland and South Tyneside.

This work is be rolled out across Newcastle, Northumberland, Gateshead and North Tyneside over the period of the Trusts Operational Plan 2014-2017. The Programme will redesign services to meet the following needs in adults: Psychosis; Non-psychosis; Cognitive Disorders and Learning Disability.
The Augmentation Programme includes leading on the design and implementation of the future configuration of inpatient services based on patient need. This forms the cornerstone of augmenting services as articulated in the Service Model Review. The Trust has already made significant progress in this programme of work including the review and improvement of the dementia care, stepped care , female adult mental health assessment and treatment pathways together with further expansion of Hospital Based Liaison Services.
The Trust monitors and reports upon access to its services including waiting times.
As a part of the Trust's Quality Goal Two: Improve the way we relate to patients and carers the Trust set its self the target of improving waiting times for referrals to multi disciplinary teams with the aim of ensuring services were responsive and accessible. An internal

target of 100% of all patients (excluding CYPS) to wait less than 18 weeks by the 31st March 2014 with CYPS North and South of Tyne to achieve 95% wait less than 12 weeks by 31st March 2014.The Quality Account 2013/14 confirmed that as at the 31st March 2014 98% of all patients (excluding CYPS) waited less than 18 weeks. CYPS North achieved 72.9% and CYPS South achieved 81.1% waiting less than 12 weeks.

The waiting times from referral to actual treatment for adult primary care, mental health, psychological therapies and IAPT services and secondary care psychological therapy in Northumberland was also the subject of locally agreed CQIN indicator in 2013/14 to reduce waiting times. The Quality Account 2013/14 confirmed that as at the 31st March 2014 in Primary Care 100% of patients were seen within 18 weeks of referral and in secondary care 97.9% of patients were seen within 18 weeks of referral.

The Monitor compliance Framework also includes the Trusts performance in terms of waiting times relating to referral to treatment.

MONITOR PERFORMANCE 2013-14 (by quarter)

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

	Achieving Monitor target
	Breaching Monitor target

In terms of the indicators of satisfaction with the Trusts services these are shown in 2.3.
Of particular note:
The Trust received 3 complaints in 2013/14 relating to appointments, delays and cancellations relating to inpatients and 23 relating to appointments, delays and cancellations relating to outpatients. This was out of a total of 345 complaints.

In the GP Survey 2013 the overall responses were very positive the main areas identified for improvement were access and waiting times for Older People's Services.

Goal: Improved patient access and experience			Reference Number 2.2	
Outcome: People are informed and supported to be as involved as they wish to be in decisions about their care.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; NHS patient surveys; GP patient surveys; Quality Accounts; Healthwatch and PALS**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The NHS Constitution (2013) confirms that seven key principles guide the NHS in all it does, the principles include :"That the NHS aspires to put patients at the heart of everything it does" this includes all patients having a right to be involved in discussions and decisions about their healthcare, to be given information to enable them to do this and to offer the patient a written record of what is agreed if they want one.

The Trust's values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

Northumberland, Tyne and Wear NHS Foundation Trust Values

We are about Quality and Safety

We strive to provide the BEST CARE, delivered by the BEST PEOPLE, to achieve the BEST OUTCOMES

Caring & Compassionate

- Put ourselves in other people's shoes
- Listen and offer hope
- Focus on recovery
- Be approachable
- Be sensitive and considerate

Respectful

- Value the skill and contribution of others
- Give respect to all people
- Respect and embrace difference
- Work together and value our partners

Honest & Transparent

- Have no secrets
- Be open and truthful
- Accept what is wrong and strive to put it right
- Share information
- Be accountable for our

The Trust's Quality Goals underpin the provision of all of the Trust's services and achievement of the Quality Goals throughout the period of service transformation is a priority.

Using feedback from complaints, compliments and serious untoward incidents the views of the Council of Governors, our patients, service users, staff and partners we identified three Trust wide Quality Goals covering the period 2009-2014 based on safety, patient experience and clinical effectiveness.

- **Quality Goal One: Reduce incidents of harm to patients;**
- **Quality Goal Two: Improve the way we relate to patients and carers;**
- **Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person.**

In terms of Quality Goal Two: Improve the way we relate to patients and carers the Trust's Quality Priorities in 2011/12 included achieving greater user collaboration in assessment and care planning. The Quality Account 2011/12 confirmed that core documentation to measure service user involvement in care planning was now in use, carer champions had been appointed across inpatient wards and as at the 31st March 2012 the Trust had seen an overall improvement in service user involvement in their care plan which had increased to 76.2%.The Trust made a commitment to continue to monitor this with the aim of achieving 95%.

An important indicator relating to the involvement of individuals in their care is the extent to which they are involved in their care planning through the Care Coordination process. The Trust's Policy: Care Coordination (incorporating Care Programme Approach (CPA)) Policy NTW (C) 20 sets out the principles and framework for assessment and care planning for adults receiving mental health or learning disability services within the Trust and its partner agencies where there is shared care or section 75 partnership agreements. The Policy's Statement of Values and Principles includes the following values and principles: "Services should be organised and delivered in ways that promote and co-ordinate helpful and purposeful mental health practice based on fulfilling therapeutic relationships and partnerships between the people involved. These relationships involve shared listening, communicating, understanding, clarification, and organisation of diverse opinions to deliver valued, appropriate, equitable and co-ordinated care.
For those service uses with enhanced needs then enhanced Care Coordination incorporating the requirements of CPA is the framework used to deliver continuous care for vulnerable people who may require intensive intervention or long term support.
The Quality Account 2013/14 confirmed that as at the end of March 2014,97.2% of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95% (96.2% as at March 2013).

Patient and carer feedback provides an indicator to the extent they feel informed and supported.
The Trust receives feedback from people on their experience of the NHS/services provided in a number of ways including the following:

- Points of You-a patient and carer feedback system developed by the Trust and widely used;
- The annual Mental Health Community Survey (part of a series of annual surveys relating to NHS services required by the Care Quality Commission);
- Through Comments, Complements and Complaints (including those received via PALS);
- Local GP Surveys;
- Carers Surveys;
- The Friends and Family Test.

The Trust reviews the feedback received from Points of View on an ongoing basis with quarterly reports being prepared for the Senior Management Team,Quality and Performance Committee, the Board of Directors and the Governors Quality Scrutiny Group. Detailed reports are prepared for each Clinical Group.The quarterly reports include a summary of the number of responses received from both patients and carers analysed by Clinical Group, an overview of the overall feedback analysed by Clinical Group, themes arising from the feedback and actions taken to improve service user and carer experience. In the quarterly report for Quarter 1 2014/15 additional information was included on other feedback mechanisms such as How's It Going, DREEM,ESQ,NHS Choices and Patient Opinion web site comments together with Friends and Family test results.
In terms of the feedback received the for Quarter 1 2014/15 report confirmed:
Points of You Responses- Quarter 1 2014/15

- Adult In-Patient -feedback shows that nine out of the eleven questions asked have received 85% or above positive comments. The two questions receiving less that 85% positive comments were:-
  Do you know and understand what is in your care plan?
  Are you as involved as you want to be in decisions made about your care and treatment?
- Stepped Care - there were no negative comments received in relation to Stepped Care Services.
- Crisis Team - overall feedback was very positive, there were no areas of concern to highlight
- Forensic Learning Disability Services - the overall feedback was very positive across the range of questions asked but there was some negative feedback in relation to feeling safe on the ward and staff listening and understanding.
- Children and Young Peoples Services - the responses from this area were all very positive.
- Neuro-Disabilty Services - all responses from this area were all very positive.
- Addictions Services – this feedback continues to have the largest proportion of negative responses. The three areas with the most negative returns were about feeling involved in decision making, having enough information to support recovery and staff understanding what it is like to be a service user.
- Carers - overall feedback was very positive, however again the issues of awareness of the carers charter and whether they felt these standards were being met appear to be an area of concern

In reviewing the overall Quarter 1 2014/15 Points of You feedback the results therefore remain very positive.

How's it Going/How's it Going Now Responses- Quarter 1 2014/15
For the 8 'How's it Going' responses all of the answers were positive except for 3 people who answered no to the question about being able to get a drink or snack when they wished. For the 5 How's it Going Now returns 4 were all positive and one person answered no to all of the questions.
DREEM Responses- Quarter 1 2014/15
The DREEM survey consists of a patient and staff survey.

From the patient responses received the most positive areas were in relation to being treated as an individual rather than a diagnosis and staff believing in patient's recovery. The negative patient areas were around having physical health needs addressed and having control about decisions which are important to them. The staff responses were very similar for both positive and negative areas.

Experience of Services (ESQ) Responses Q1 2014/15

These questionnaires focus on how our young service users and their parents feel about their experience of our care. The responses to the scored questions are overwhelmingly positive.

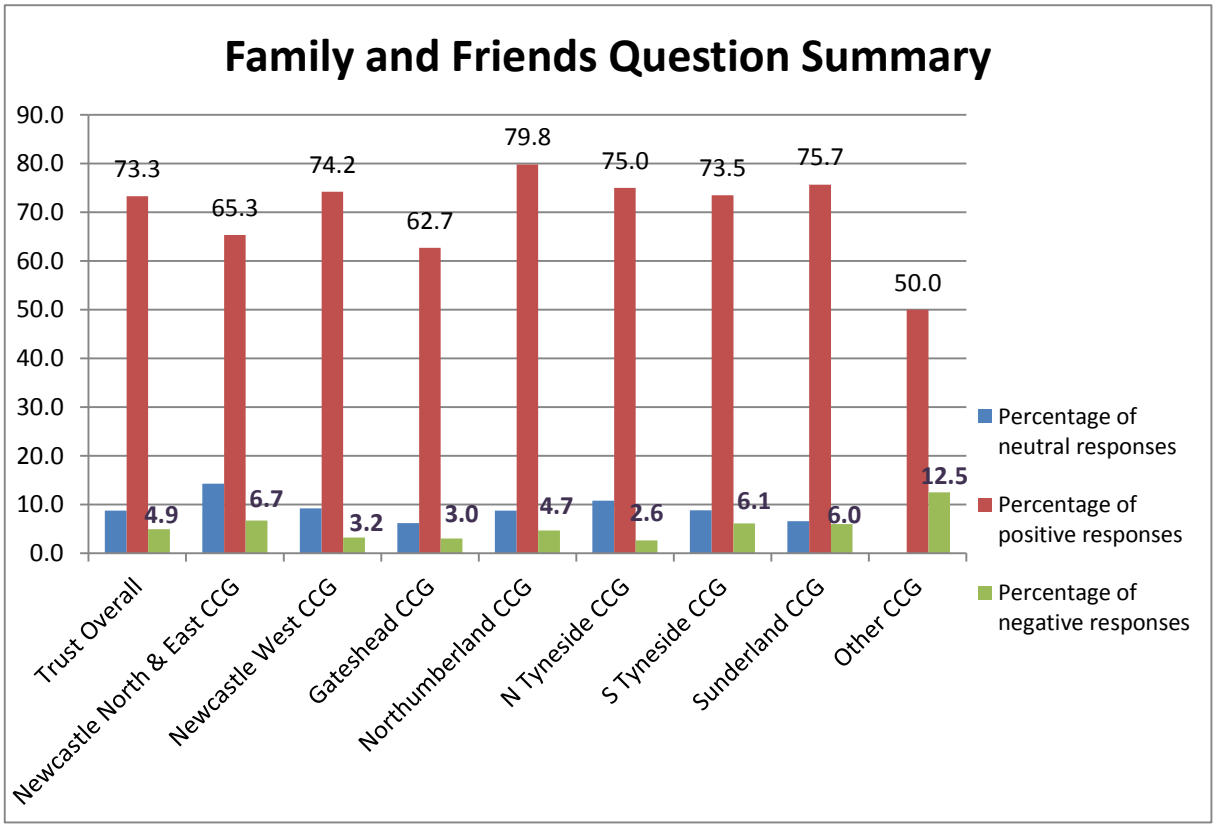
NHS CHOICES & PATIENT OPINION comments Q1 2014/15

The two main websites for services users to leave feedback are NHS Choices and Patient Opinion. During Q1 of 2014/15 the Trust received 6 comments through these sites all related to a service user or carer being unhappy with an aspect of their experience.

Friends and Family Test Responses Q1 2014/15

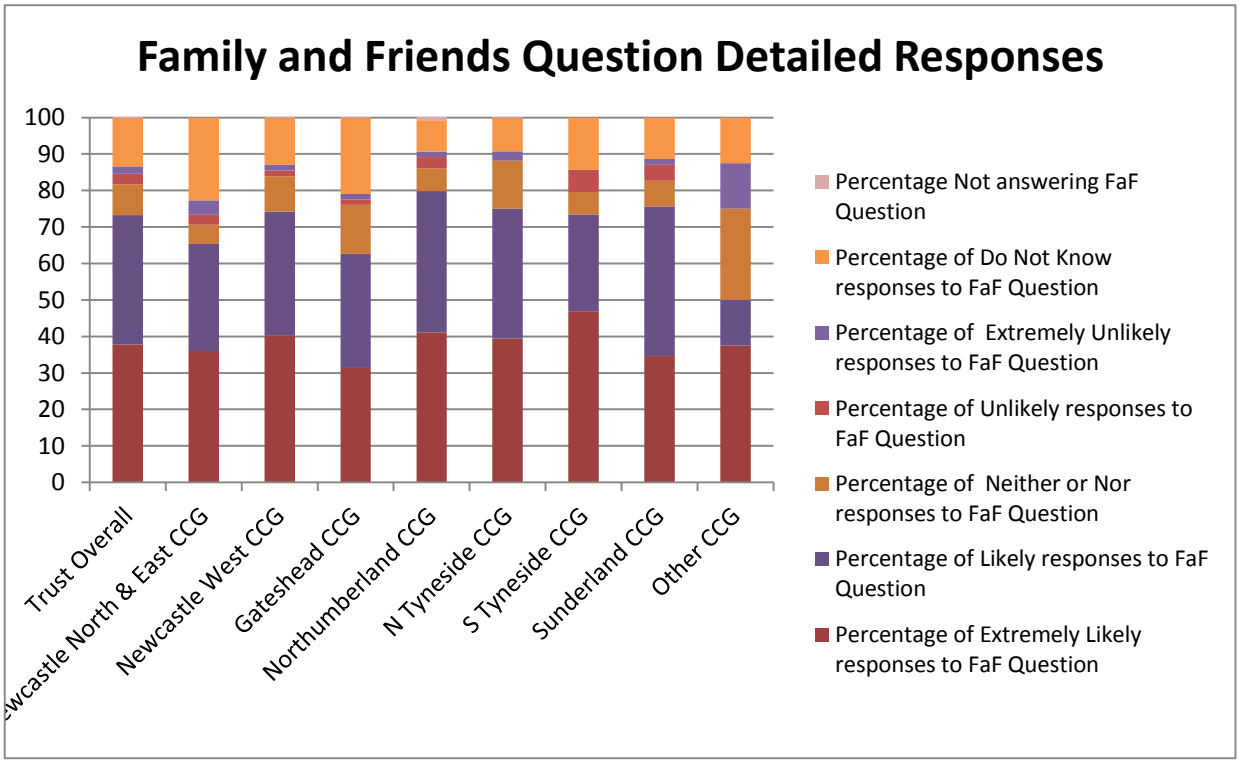
The Friends and Family question is sent out at the same time as the SWEMWBS questionnaire and therefore the response rates(29%) and suppression rates (70%) are identical to those reported separately in the PROM report.

The responses can range from 'extremely likely' (a positive response) to 'extremely unlikely' (a negative response). The proportions of positive, negative and neutral responses are shown by CCG in the following graphs:



The Q1 information above shows that the Trust overall position for percentage of positive responses has dropped marginally from 74% to 73.3% however the percentage of negative responses has also reduced from 5.8% to 4.9%.

A more detailed breakdown of CCG responses is shown in the following graph for further information:



The Quarter 1 2014/15 report confirmed that the following themes had emerged from the information:

- Engaging with the Service Users friends and family;
- Agreeing times to visit/arrange appointments;
- Referral processes and access to services;
- Engaging with Service Users about their care plan;
- Accessing information;
- Promoting the Carers Charter;
- Having enough time to talk to staff and being listened to.

The annual Mental Health Community Survey 2013

The Care Quality Commission uses national surveys to find out about the experiences of service users when receiving care and treatment. The most recent survey, completed in 2013 by 229 community Service Users, showed the following results:

Summary scores for patient survey question	Score out of 10: (a higher score is better)	How this score compares with other Trusts
For questions about health and social care workers	8.7	About the same
For questions about medications	7.4	About the same
For questions about Talking Therapies	7.2	About the same
For questions about Care Coordinator	8.0	About the same
For questions about Care Plan	6.8	About the same
For questions about Care Review	7.5	About the same
For questions about Crisis Care	6.7	About the same
For questions about Day to Day living	5.5	About the same
Overall questions	7.0	About the same

Comparison to previous year's scores:

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

The annual Mental Health Community Survey 2013 asked specific questions relating to being informed and supported to be involved as they wish to be in decisions these included the following:

Health or social care worker
Question-Did not always listen carefully
Trust 20% Average for all trusts 21%
Question-Did not always take views into account
Trust 26% Average for all trusts 27%
Question-Did not always take views into account
Trust 27% Average for all trusts 28%
Question-Did not always treat with dignity and respect
Trust 12% Average for all trusts 13%
Question-Not always enough time to discuss condition and treatment
Trust 23% Average for all trusts 28%

Medications
Question-Views not fully taken into account
Trust 40% Average for all trusts 44%
Question-Not fully told purpose of new medication
Trust 20% Average for all trusts 32%

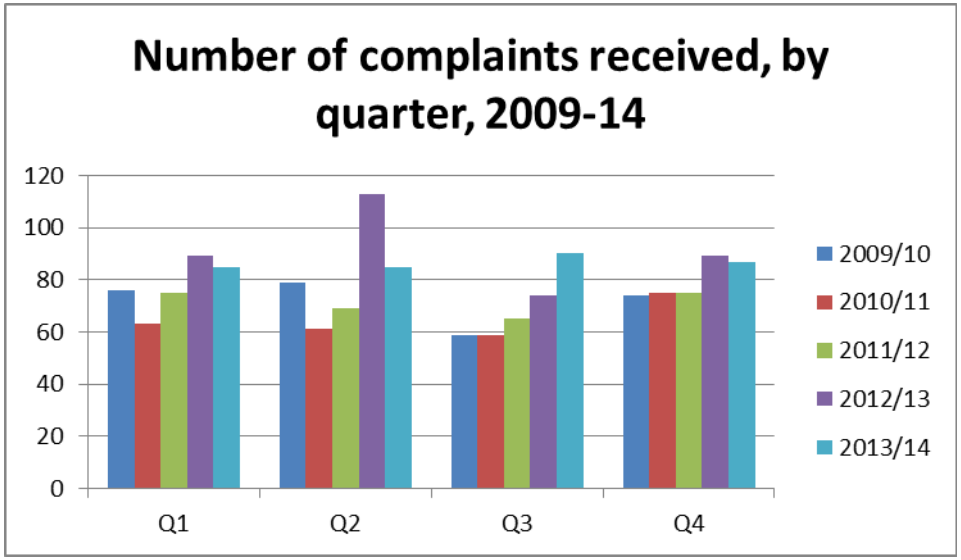
Question-Not fully told possible side effects of new medication
Trust 59% Average for all trusts 58%
Question-Information about new medication not always easy to understand
Trust 50% Average for all trusts 48%

Your Care Co-ordinator
Question-Do not know who they are
Trust 21% Average for all trusts 22%
Question-Cannot always contact if have a problem
Trust 29% Average for all trusts 26%
Question-Does not organise care and services well
Trust 9% Average for all trusts 8%
Your Care Plan
Question-Views not completely taken into account
Trust 44% Average for all trusts 46%
Your Care Review
Question-Not given full chance to express views
Trust 32% Average for all trusts 30%
Overall
Question-Rated experience as less than 7/10
Trust 27% Average for all trusts -%
Question-Family or friends not involved enough
Trust 48% Average for all trusts 50%

Overall feedback from the Mental Health Community Survey 2013 indicates that the Trust has made progress against our overall goal of improving the patient experience.

Comments, Complements and Complaints (including those received via PALS)

The Trust's Quality Account 2013/14 confirmed that complaints had decreased during 2013/14 with a total of 345 received during the year from our 42,500 service users. This is a decrease of 19 complaints from 2012/13 (there were 365 in 2012/13 and 284 in 2011/12).



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

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

Goal: Improved patient access and experience			Reference Number 2.3	
Outcome: People report positive experiences of the NHS.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; NHS patient surveys; GP patient surveys; A and E and other waiting times surveys; Quality Accounts; Healthwatch and PALS; Friends and Family Test**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The NHS Constitution (2013) confirms that seven key principles guide the NHS in all it does, the principles include :"That the NHS aspires to put patients at the heart of everything it does" this includes the NHS actively encouraging feedback from the public, patients and staff, welcome it and use it to improve its services.
The Trust receives feedback from people on their experience of the NHS/services provided in a number of ways including the following:

- Points of You-a patient and carer feedback system developed by the Trust and widely used;
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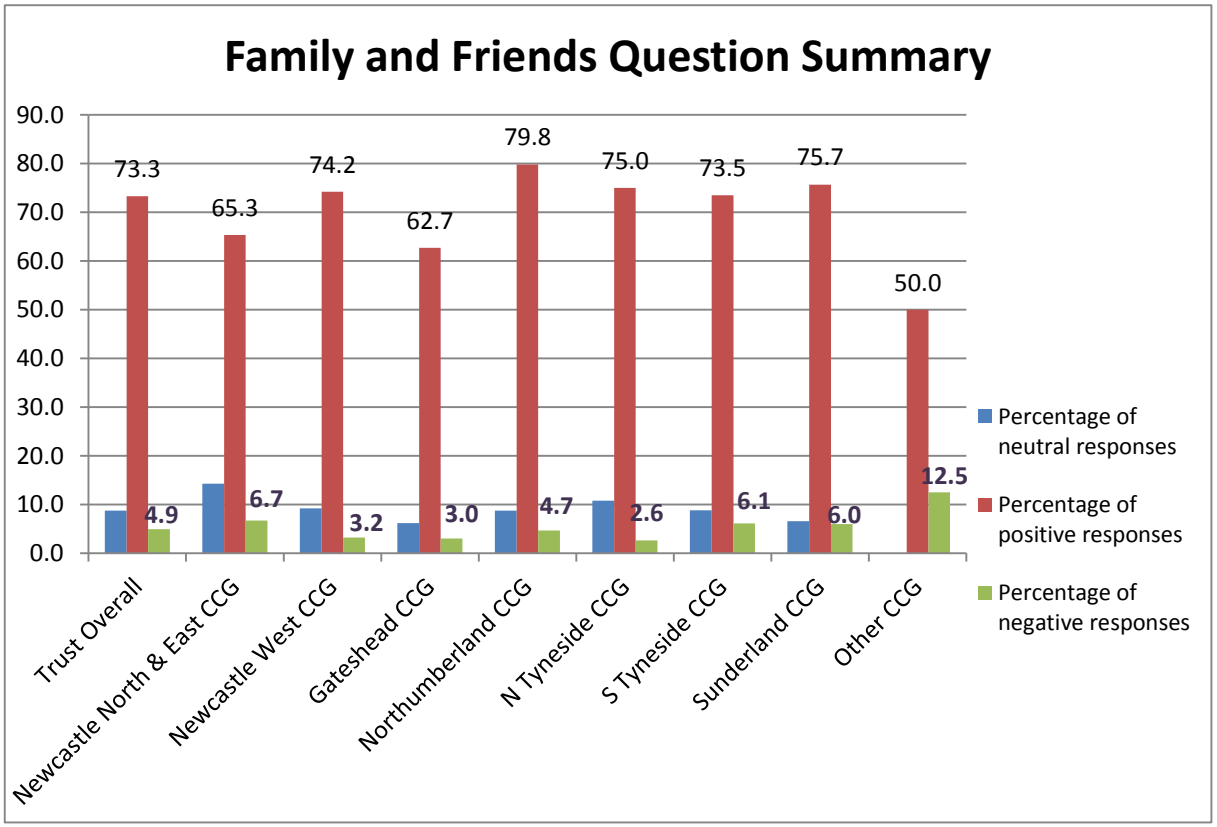

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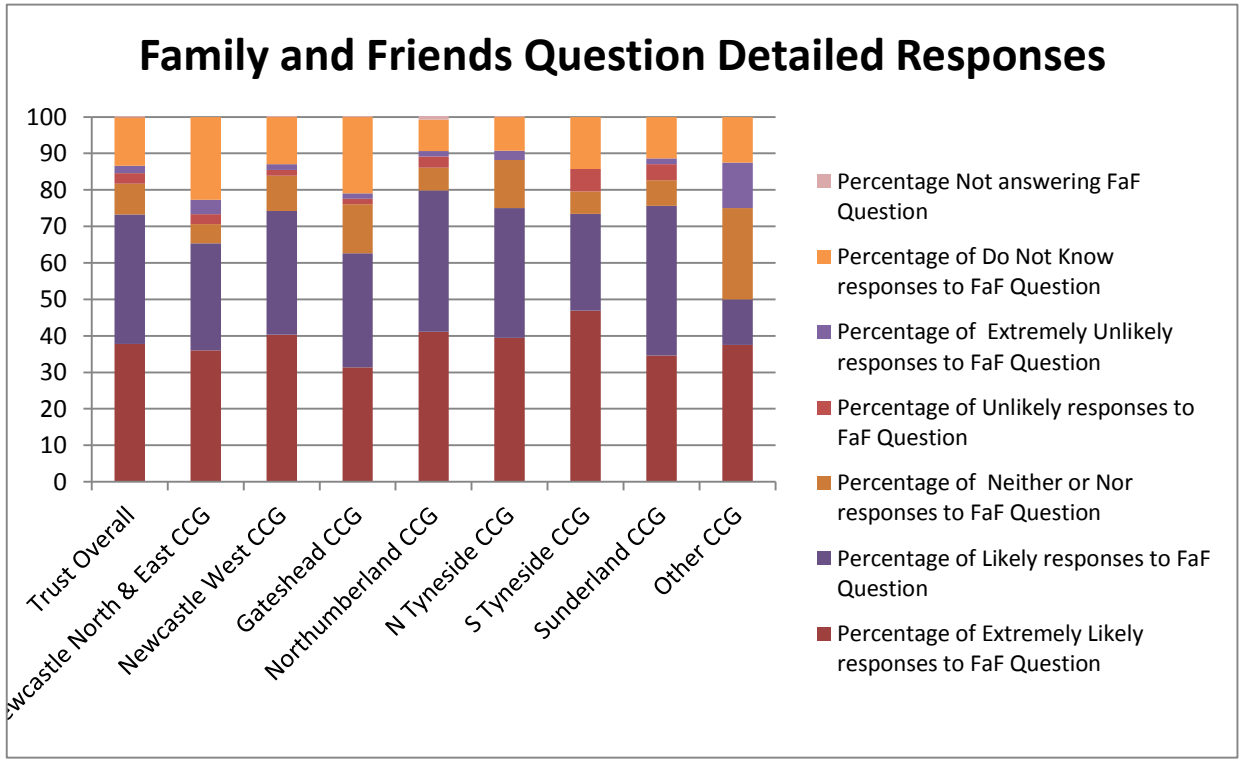

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For questions about Care Review	7.5	About the same
For questions about Crisis Care	6.7	About the same
For questions about Day to Day living	5.5	About the same
Overall questions	7.0	About the same

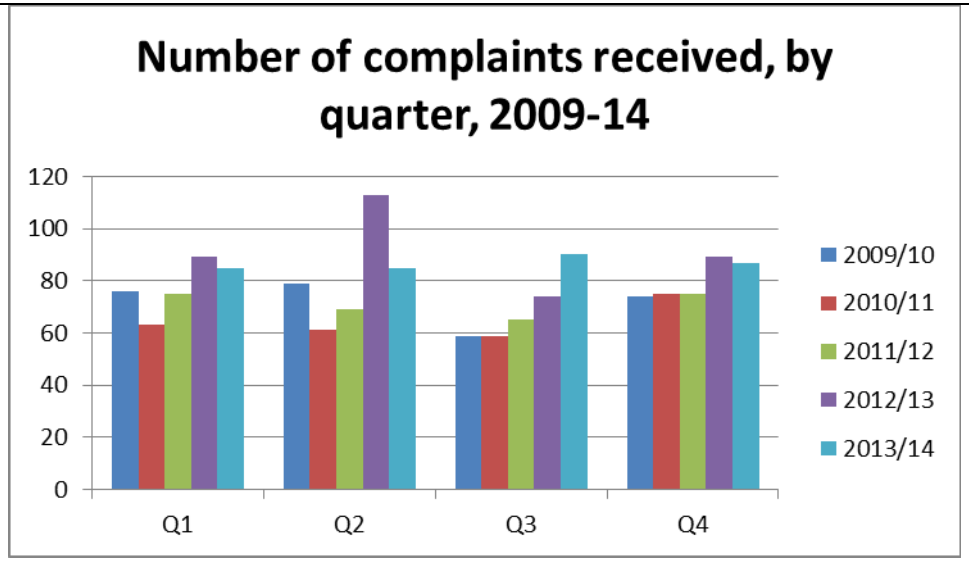
Comparison to previous year's scores:

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

The feedback indicates that the Trust has made progress against our overall goal of improving the patient experience.

Comments, Complements and Complaints (including those received via PALS)

The Trust's Quality Account 2013/14 confirmed that complaints had decreased during 2013/14 with a total of 345 received during the year from our 42,500 service users. This is a decrease of 19 complaints from 2012/13 (there were 365 in 2012/13 and 284 in 2011/12).



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

GP Survey 2013

This was the first survey of GPs the Trust has conducted. The survey was circulated to all GP practices and they were asked about the full range of services the Trust provides.
The feedback received to the questions asked was as follows:
Q.! How would you rate access to our services?
Over 71% of GPs thoughts access to the Trust's services was either satisfactory or above.
The main area identified from the survey for improvement was in relation to access in Older People's Services.
Q.2 How would you rate waiting times for our services?
83% of GPs thought waiting times were either satisfactory or above.
The main area identified from the survey for improvement was in relation to waiting times in Older People's Services.
Q.3 How would you rate communications from our services?

68% of GPs thought communications from the Trust services was either satisfactory or above. The main area identified from the survey for improvement was in relation to communications in Older People's Services.
Q.4 How would you rate our ability to respond to patients in crisis?
78% of GPs thought the Trust's ability to respond to patients in a crisis was either satisfactory or above. The main area identified from the survey for improvement was crisis support in Older People's Services.
Q.5 How would you rate each service overall?
Over 69% of GPs thought the Trusts services were either satisfactory or above. The main area identified from the survey for improvement was Older People's Services.

Goal: Improved patient access and experience			Reference Number 2.4	
Outcome: People's complaints about services are handled respectfully and efficiently.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Joint Strategic Needs Assessment; NHS patient surveys; GP patient surveys; Quality Accounts; Healthwatch and PALS**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The Trust encourages all service users to give feedback on their experience and comments, compliments and complaints are considered to be valuable learning tools and provide information that enables services to develop The Trust also encourage the recording of protected characteristic as part of the complaints procedure. Analysis of this has shown no pattern to complaint with regard to any protected characteristic that the person may have disclosed. The NHS Constitution makes clear what people should expect when they complain and the Care Quality Commission require registered providers of services to investigate complaints effectively and learn lessons from them. From April 2009 a single approach was introduced for dealing with complaints about NHS and adult social care services. Organisations are encouraged to ask people what they think of their care, to sort out problems more effectively and to use the opportunities to learn. The new approach is designed to bring real benefits for health and care organisations and for staff working in them and ensure that the Trust continues to comply with Care Quality Commission Essential Standards for Quality and Safety Outcome 17.

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Northumberland, Tyne and Wear NHS Foundation Trust Values

We are about Quality and Safety

We strive to provide the BEST CARE, delivered by the BEST PEOPLE, to achieve the BEST OUTCOMES

Caring & Compassionate

- Put ourselves in other people's shoes
- Listen and offer hope
- Focus on recovery
- Be approachable
- Be sensitive and considerate

Respectful

- Value the skill and contribution of others
- Give respect to all people
- Respect and embrace difference
- Work together and value our partners

Honest & Transparent

- Have no secrets
- Be open and truthful
- Accept what is wrong and strive to put it right
- Share information
- Be accountable for our

The Trust's Policy; Comments, Compliments and Complaints Policy NTW (0)07 and accompanying Practice Guidance Notes provides the framework in which comments, complements and complaints are dealt with effectively in accordance with the Local Authority Social Services and National Health Service Complaints (England)Regulations 2009 (2009 Complaints Regulations) and the Ombudsman's principles of:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right;
- Seeking continuous improvement.

Key features of the Trust's processes relating to complaints which support the handling of complaints respectfully and efficiently and promote collaborative working with the complainant to achieve a satisfactory outcome and to make good use of the information gained, to learn and avoid similar situations occurring in the future include the following:

- The Patient Advice and Liaison Service (PALS):

The Trust has PALS Officers based in most hospital sites. The role of the PALS Officer is to listen to concerns, suggestions or queries, advise and support patients, their families and carers, provide information about NHS and social care services, help sort out problems quickly, be visible, approachable and accessible and act as an early warning system for the Trust. PALS are available to sort out problems and complement the complaints system. People may choose to speak to PALS first, especially if the difficulty can be resolved quickly. Effective intervention by PALS may prevent issues needing to become complaints.

- Independent Complaints Advocacy Service (ICAS):

Some people need help making their complaint and ongoing support while it is resolved. Independent advocacy support is provided by ICAS who ensure that patients, their carers and families have access to independent help and support if they think they may have a complaint about their NHS treatment and care and help service users to identify the course of action open to them (including the complaints procedure) and any other options for addressing problems.

- Response Times:

All complaints received are acknowledged not later than 3 working days after the date of receipt. As outlined in the Trust's Policy the Trust has specified timescales for responding to complaints (Category 1-20 working days, Category 2-25 working days, Category 3-35 working days, Joint Complaint (cross organisational issues)-35 working days. Where it is not possible to respond to the complaint within these timescales any request for an extension of time is negotiated with the complainant.

- Central Data Base:

All comments, compliments and complaints are logged on the Trust's central data base and tracked.

- Complaints Investigators:

The Trust has a group of suitably skilled/trained individuals in the services to investigate complaints (Complaints Investigators), supported by the Trust's complaints team. Where there are specific complex issues relating to specialist areas of service provision or expertise, a lead clinician or specialist is identified to support the Complaints Investigator.

- Responses to the Complainant;

The Complaints Investigator is responsible for giving preliminary feedback to the complainant in advance of the agreed final response date and is also responsible for drafting a formal response letter to the complainant All draft responses to complainants are the subject of quality checks. Each complaint response is considered by the Executive Medical Director and Executive Director of Nursing and Operations before sign off by the Chief Executive or nominated deputy.(cover letter and Resolution summary with feedback questionnaire).The complainant is advised as to their right to refer the complaint to the Ombudsman.

- Feedback from complainant:

At the conclusion of a complaint, the complainant is given the opportunity to comment on their experience of the complaints process by way of the feedback form and this includes the opportunity to say whether or not they felt they were treated differently as a result of raising a concern.

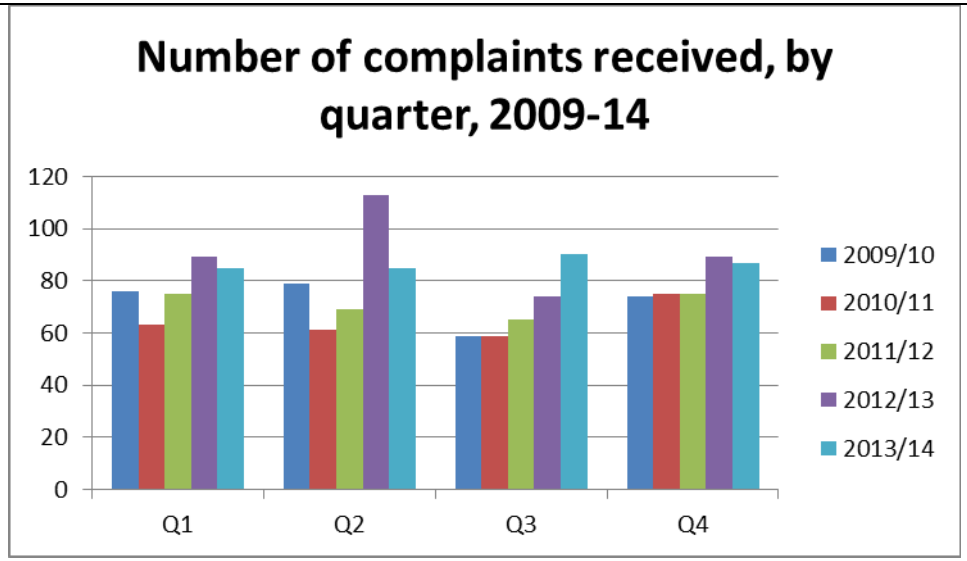
- Learning and improving:

If the Complaints Investigator considers that action is required this is confirmed in the response letter to the complainant and an action plan identified. A “Lead Manager” is identified who will be responsible for co-ordinating the action plan and ensuring that action has been implemented in the service area. The Service Manager forwards completed action plans to the Complaints team who formally sign off and close the action plans. The Complaints team monitor action plans on an individual basis consistent with the prescribed timeframes.
All complaints, including action plans, are reported to/monitored by the Group Quality and Performance groups and to the Trust’s Quality and Performance Committee, a standing Committee of the Trust Board. An Annual Report is also prepared which demonstrates the level of compliance towards Care Quality Commission Standards of Quality and Safety Outcome 17.An annual submission is also made to the NHS Information Centre for Complaints Activity.
All of the Trust’s incident, complaints and claims information is collated using the Safeguard System, this system is utilised to produce a series of reports to support their management and the identification of themes/lessons learnt. The Safeguard System links externally to both the National Reporting and Learning Service and the Security Incident Reporting System, it also links internally to the Trust’s Electronic Staff Record System as well as RiO, the Trust’s Electronic Patient Record, this ensures quality of information.

- Quality Account:

The Trust’s annual Quality Account, which is published, includes information relating to the complaints received over the twelve month reporting period.
The Quality Account 2013/14 confirmed:

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



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

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

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

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

There were 14 NTW complaints referred to the Parliamentary and Health Service Ombudsman (PHSO) during 2013/14 and the following table provides both the Trust complaint outcome and the PHSO outcome for those that were completed at the time of completing the Quality Account.

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

During 2013/14 the Trust received no complaints relating to complaints handling.

Goal: A representative and supported workforce		Reference Number 3.1		
Outcome: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Health and Social Care Information Centre Workforce Statistics; NHS Staff Survey; local NHS workforce data and surveys; local demographic data of the working age population**			
Trust Assessment of Grading		**Developing**		

Evidence to support grading

The Trust is committed to providing the highest possible quality of care and treatment to patients and service users and therefore endeavours to recruit only those staff with the required knowledge, skills and experience to provide the Trust's services and functions.

The Trust's values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

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As an Equal Opportunities employer the Trust's recruitment and selection Policy: Recruitment and Selection Policy NTW (HR)15 aims to ensure that recruitment and selection of staff is undertaken in an open and transparent manner and without unfair discrimination. The Policy is the overarching policy of statutory requirements, NHS Employers Check Standards and Trust procedure pertaining to recruitment and selection of staff and is supported by the following policies/standards:

- NTW (HR)03-Professional Registration with Regulatory Body Policy;
- NHS Employers Employment Check Standards (July 2010);
- CRB Guidance;
- Rehabilitation of Offenders Act 1974;
- NTW(HR)01 Induction Policy

Ongoing monitoring compliance of adherence to the Policy is achieved through the following mechanisms:

- Regular communication between the Directorate Support Team, Appointing Managers and Applicants through the appointment process;
- Documentation checks following successful Applicant appointment;
- Personal file checklist completed by Employee Services;
- Audit of personal files by Directorate Support Officers;
- Regular Modernisation, Organisational Development and Programme Committee Reports;
- Audit/Monitoring tool;
- Workforce/Audit Questionnaires for managers and new starters

As at 31 March 2014, the Board of Directors consisted of six Executive Directors (three female and three male) and six Non-Executive Directors (one female and five male). The Trust has determined that Senior Managers are the Executive Directors.
As at 31 March 2014, excluding Executive Directors, the Trust had 5,934 employees (4,171 female and 1,763 male). Many of the Trust's employees are part time, and when the total numbers of employees is converted to full time equivalents, this shows a total full time equivalent of 5,349 (3,744 female and 1,705 male). In addition, the Trust has 508 bank staff (355 female and 153 male).
Add -Staff demographic info

Goal: A representative and supported workforce	Reference Number 3.2			
Outcome: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Equal Pay Audits; Agenda for Change Evidence**			
Trust Assessment of Grading	**Undeveloped – yet to undertake EPA**			

Evidence to support grading

Agenda for Change is the single pay system in operation in the NHS which applies to directly employed NHS staff with the exception of doctors, dentists and some very senior managers.
The Agenda for Change system allocates posts to set pay bands using the Job Evaluation Scheme. The pay system is designed to:

- Deliver fair pay for non medical staff based on the principle of “equal pay for work of equal value”;
- Provide better links between pay and career progression using the Knowledge Skills Framework;
- Harmonise Terms and Conditions of service such as annual leave, hours and sick pay, and work done in “unsocial hours.

Staff are placed in one of nine pay bands on the basis of their knowledge, responsibility, skills and effort needed for the job. The assessment of each post, using the Job Evaluation Scheme determines the correct pay band for each post and as a result the correct basic pay. As staff successfully develop their skills and knowledge, they progress in annual increments up to the maximum of their pay band. Progression through all incremental pay points in all pay bands are conditional on individuals demonstrating that they meet locally agreed performance requirements. For staff in bands 8C, 8d and 9 pay progression into the last two points in a pay band will become annually earned, and only retained where the appropriate local level of performance is reached in a given year.

Benefits of Agenda for Change :
The pay system provides benefits for both staff and employers. For employers the system provides greater flexibility to enable them to:

- Devise new ways of working that best deliver the range and quality of services required, to best meet the needs of patients;
- Design jobs around the needs of patients rather than around grading definitions;
- Define the core skills and knowledge they want staff to develop in each job;
- Pay extra to address local recruitment and retention difficulties.

For staff the key benefits include:

- A system that is fair and transparent;
- Recognition and reward for the skills and competencies staff acquire throughout their career;
- Harmonised conditions of service.

The equality features of the NHS Job Evaluation Scheme design include:

- A sufficiently large number of factors t ensure that all significant job features can be measured fairly;
- Inclusion of specific factors to ensure that features of predominantly female jobs are fairly measured;
- Avoidance of references in the factors to features which might operate in an indirectly discriminatory way.
- Scoring and weighting were designed in accordance with a set of gender neutral principles, rather than with the aim of achieving a particular outcome.

The Trust has invested in the establishment of a team of trained staff, including staff side representatives, who participate in Job Evaluation/Matching Panels who are responsible for reviewing each job description (using national benchmarking profiles and Job Analysis Questionnaires) on the basis of the knowledge, responsibility, skills and effort needed for the job and making recommendations as to the correct pay band for each post and as a result the correct basic pay. This “independent” and trained team of job evaluators/panels seeks to provide a fair and non-discriminatory system which supports the Trust in ensuring the provision of “equal pay for work of equal value”.

As at August 2014 the Trust’s Joint Development Review process (NTW (HR) 09) is the staff development system and the process which ensures that each member of staff understands where their role and contribution fit into the overall success of the Trust, assesses the extent to which they have met the objectives/performance requirements agreed and their progression in annual increments up to the maximum of their pay band.(a new process is to be introduced in September 2014).

The Trust does not currently carry out equal pay audits.

Goal: A representative and supported workforce		Reference Number 3.3		
Outcome: Training and development opportunities are taken up and positively evaluated by all staff.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**NHS Staff Survey; local NHS workforce data and surveys; information on the take up and evaluation of local training and development opportunities**			
Trust Assessment of Grading		**Developing**		

Evidence to support grading

The Trust acknowledges that training and development plays a key role in the achievement of strategic goals and targets of the Trust. A major factor in the organisation's effectiveness is the need to transform services and the successful management of change will be key.
The staff working in the Trust therefore need to be able to work effectively within and promote an environment of rapid and constant change. Central to this is the concept of developing the Trust as a learning organisation with the promotion and delivery of organisational, team and individual lifelong learning opportunities which support the Service Development Strategy and the Trust's objectives.

The Trust achieved re-accreditation with Investors in People status in January 2014 which helps organisations transform their business performance.

The Trust's Training and Development Strategy was reviewed at the end of 2010 and aims to ensure quality, safety and clinical expertise and ensure all staff:

- Are appropriately trained to undertake the work they are required to do;

- Undertake and maintain all the statutory, clinical and essential training requirements defined for their role;

- Demonstrate the attitudes and behaviours set out in the Trust values and the Staff Charter;
- Have the competences to meet the requirements of their job, including the research and evaluation components;
- Have clear objectives linked to organisational goals and understand what is expected of them;
- Receive clear and objective feedback on how they are performing and any areas for improvement;
- Understand how their role and contribution fits to the into the overall success of the Trust;
- Have Personal Development Plans and, within resources available access to appropriate training and development opportunities that support their career.

The Strategy also aims to ensure value for money and demonstrated return of investment in achieving organisational objectives.

The Trust has introduced e-learning as a mechanism for staff to complete some of their mandatory training requirements and plans to make full utilisation of the information functionality of the Oracle Learning Management System.

The Strategy highlights two categories of training. All staff are required to undertake the required Category One training for their job within the designated timescales. This includes statutory and mandatory training, NVQs, where these are essential to the post and CPD for professional staff. Category 2 training includes personal development/Higher Education which builds on professional competencies and improves performance at work.
The Trust's Workforce Strategy defines what we expect from our leaders in terms of personal qualities, service excellence and future focus. The Trust is committed to developing leaders at all levels who are innovators and entrepreneurs - able to introduce and implement change to meet service need. The Trust is keen to ensure that our leaders can help us to create a vision for how the Trust's services should be delivered in the future and to help us to implement the changes that will be needed.

It is also acknowledged that there is a need to ensure that frontline clinicians and the wider workforce have the required leadership knowledge, skills and behaviours to drive radical service redesign, transformation and improvement. We need to make the most of the skills that our leaders have; we need to develop the skills of our leaders; we need to nurture and to develop our leaders of the future. With this in mind the Trust also supports a comprehensive leadership programme.

As at August 2014 the Trust's Joint Development Review process (NTW (HR) 09) is the staff development system (excluding medical staff) and the process which ensures that each member of staff understands where their role and contribution fit into the overall success of the Trust (a new process is to be introduced in October 2014). Through the Joint Development Review each individual understands what is expected of them; has clear and objective feedback on their work and gains access to relevant learning,

development and support, which is clearly linked to the Knowledge Skills Framework outline for their particular role.
All managers and/or supervisors are required to carry out a Joint Development Review on an annual basis to ensure that all staff have the opportunity to benefit from the process and appropriate access to learning and development.
A key aspect of the Joint Development Review is agreeing an individual's Personal Development Plan (PDP).The PDP must relate to the support that an individual may need to perform well in their current job and may also extend to future career aspirations. An individual's personal development needs may arise from a number of sources, and are likely to be a combination of these:

- Development needed to help the individual achieve their work objectives;
- Mandatory requirements (corporate and local);
- Development for professional updating;
- An additional development needed to meet the individual's KSF post outline.

With regard to Medical Staff ,the Trust's Medical Job Plan Policy NTW (C) 56 sets out the arrangements for Annual Job Planning which is a contractual obligation for all Consultant and Specialty Doctor Medical Staff which is fundamental to the delivery of clinical services, service development, training and research. A Job Plan is a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the doctor and the support resources provided by the employer for the coming year. Job Planning is undertaken on an annual basis and as well as identifying objectives also includes continuing professional development, personal development, training and study leave requirements.
An individual's PDP should ideally feature a range of learning experiences and the PDP must clearly state who will take lead responsibility for actioning each development activity and the planned date for completion. Both reviewer and reviewee should hold copies of the completed PDP.
The Trust has introduced e learning as a mechanism for staff to complete some of their essential training requirements and all staff now have access to their own personal training dashboard which records training and development programmes attended and flags up when they need to update their training.
Internal performance targets are set by the Trust in respect of attendance at training designated by the Trust as "essential/mandatory" and attendance levels are monitored and reported upon as a part of the Trust's Integrated Performance Report where targets are not being met action plans are put in place to improve the take up of training.
All training courses are the subject of an evaluation by attendees.

The national NHS Staff Survey includes a series of questions relating to training and development and the responses to the 2013 Survey indicated as follows:
Question-In the last 12 months, have you had an appraisal, annual review, development review or Knowledge Skills Framework (KSF) development review?
89.4% of staff responded Yes, compared to 85.7% in all trusts.
Question-Were any training and development needs identified (in the KSF)?
79.6% of staff responded Yes, compared to 80% in all trusts.
Question-Did your manager support you to receive this training, learning or development?
89.7% of staff responded Yes, compared to 89.6% in all trusts.
Question-Have you had any training, learning or development (paid for or provided by your organisation) in the following areas?Health

and Safety Training
98.5% of staff responded Yes, compared to 94.9% in all trusts.
Question- Have you had any training, learning or development (paid for or provided by your organisation) in the following areas? Equality and Diversity Training
98.1% of staff responded Yes, compared to 95.4% in all other trusts.
Question- Have you had any training, learning or development (paid for or provided by your organisation) in the following areas? How to prevent or handle violence and aggression to staff, patients/service users.
74.9% of staff responded Yes, compared to 76.6% in all trusts.
Question- Have you had any training, learning or development (paid for or provided by your organisation) in the following areas? Infection Control.
93.5% of staff responded Yes, compared to 89.5% in all trusts.
Question- Have you had any training, learning or development (paid for or provided by your organisation) in the following areas? How to handle confidential information about patients/service users.
96.5% of staff responded Yes, compared to 94.6% in all trusts.
Question- Have you had any training, learning or development (paid for or provided by your organisation) in the following areas? How to deliver a god patient/service user experience.
67.6% of staff responded Yes, compared to 65.5% in all trusts.
Question- Have you had any other job-relevant training, learning or development
94.3% of staff responded Yes, compared to 91% in all trusts.
Question-My training, learning and development has helped me to do my job more effectively.
10.6% of staff disagreed, compared to 11.3% in all trusts.
Question- My training, learning and development has helped me to stay up to date with professional requirements
9.4% of staff disagreed, compared to 10.8% in all trusts.
Question- My training, learning and development has helped me to deliver a better patient/service user experience.
10.9% of staff disagreed, compared to 12.4% in all trusts.

Goal: A representative and supported workforce			Reference Number 3.4	
Outcome: When at work, staff are free from abuse, harassment, bullying and violence from any source.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**NHS Staff Survey; local NHS workforce data and surveys; monitoring of local grievance and disciplinary procedures**			
Trust Assessment of Grading		**Developing**		

Evidence to support grading

The Trust is committed to being a model employer of which being an equal opportunities employer is an integral part. The Trust is committed, along with its staff side partners, to providing an environment where staff are treated with dignity and respect in all areas of their work.

The Trust's values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

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The Trust views any discrimination, harassment, bullying or victimisation as serious contravention of its commitment to equal opportunities and all associated policies and is fully committed to their elimination. Any perpetrator of such action may be subject to disciplinary action up to and including dismissal, as per the Trust's Policy, NTW (HR)04-Disciplinary.The Trust's Policy; Dignity and Respect at Work Policy NTW (HR)08 aims to help to promote fair treatment and good working relations within the Trust and therefore promote the provision of good health care through improved team working and staff morale. The Policy and the procedures outlined in the policy provides proper redress for individuals facing discrimination, harassment, bullying or victimisation and to assist in identifying and dealing with these issues in line with the correct Trust policies and processes. Bullying or harassment of staff or visitors to the Trust will not be tolerated. Where staff are adversely affected by harassment from service users or relatives they are required to raise their concern with their Manager.

All staff are made aware of the Policy, including the impact of their own behaviours and how to raise concerns regarding bullying and harassment, through attendance at the Corporate Induction Programme (new starters) and through the Equality and Diversity Awareness Training and Trust Values and Attitudes Training all of which are mandatory. Training is also provided for Line Managers through the Workforce Policy Training Programme.

There is ongoing monitoring of the Policy to ensure compliance via the reporting of the number of grievances by reason and attendance at relevant training via the Integrated Performance Report.

The national NHS Staff Survey includes a series of questions relating to violence and harassment and the responses to the 2013 Survey indicated as follows:

Question-In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives or other members of the public -75% of respondents reported never, 25% of respondents reported they had (compared to 20.7% in all trusts);

Question- In the last 12 months how many times have you personally experienced physical violence at work from Managers/team leader or other colleagues-95.4% of respondents reported never,4.6% of respondents reported they had (compared to 4.1% in all trusts);

Question-The last time you experienced physical violence at work, did you or a colleague report it -3.5% of staff who experienced physical violence at work reported that they had not (compared to 6.3% in all trusts);

Question-In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public-29.6% of respondents reported they had (compared to 31.4% in all trusts) 70.4% respondents reported they had never (compared to 68.6% in all trusts;

Question-In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Managers/team leaders or other colleagues-20.2% of respondents reported they had (compared to 21.9% in all trusts) 79.8% of respondents reported they had never (compared to 78.1% in all trusts;

Question-The last time you experienced harassment, bullying or abuse at work did you report it-33.4% of staff who reported as experiencing harassment, bullying or abuse at work reported that they had not (compared to 39.7% in all trusts);

Question-In the last 12 months have you personally experienced discrimination at work from patients/service users their relatives or other members of the public-5% of respondents reported they had (compared to 7.8% in all trusts) and 95% reported they had not (compared to 92.2% in all trusts);

Question-In the last 12 months have you personally experienced discrimination at work from Manager, team leader or other

colleagues-6.8% of respondents reported they had (compared to 8 % in all trusts) and 93.2% reported they had not(compared to 92 % in all trusts).

In response to the above the Trust has sought to analyse the findings with a view to identifying if any particular groups of staff experience higher levels of violence and harassment than others and which particular groups of staff experience lower levels of violence and harassment than others and why. A report to the Trust Senior Management Team (19th May 2014) analysed the findings from the 2013 Annual Staff Survey by occupational groups, Operational Groups, location and demographic groups together with benchmarking from other mental health and learning disability trusts. The findings from the 2013 Annual Staff Survey was also triangulated with information from grievance and disciplinary cases which were of a bullying and harassment nature. The report concluded that the evidence available does not suggest an overall culture of bullying and harassment ,however a number of actions were agreed:

- The Trust would benefit from looking at the practices of occupational groups of physiotherapy and other scientific and technical groups to establish whether particular aspects of their working practices contribute to their lower levels of bullying and harassment;
- Practices in Urgent Care and Specialist Care would benefit from a further examination of practices;
- Customs and practices at Ferndene at Prudhoe to be explored as the incidence is significantly lower and there may be examples of good practice which could be applied in other settings;
- The Trust to explore how other trusts have approached the issues and organisations like Lloyds Bank who have done some good work in this area-particularly on disability;

The Equality and Diversity Advisor is to co-ordinate this work going forward during 2014/15.

In addition to the above work the Trust has:

- Established a Violence Reduction Strategy Group led by the Executive Director of Nursing and Operations;
- Launched a new campaign about the importance of raising concerns-Don't be a spectator. The campaign is being promoted via a screen saver and posters across the Trust;
- Recognising the importance of being able to raise concerns, whistleblowing training is being promoted again to support managers in dealing with such matters;
- A dedicated equality and diversity mail box has been established where any concerns can be posted and this will be checked daily.

Goal: A representative and supported workforce	Reference Number 3.5			
Outcome: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**NHS Staff Survey; local NHS workforce data and surveys**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The Trust is committed to providing opportunities for flexible working for all its employees. The Trust's Policy: Flexible Working Policy NTW (HR)11 goes further than the statutory requirements, in allowing employees to apply for some form of flexible working as it wishes to be an employer of choice and recognises that providing flexible working and supporting a proper work/life balance is an important factor in the successful recruitment and retention of staff, subject to the needs of the organisation.

All posts within the Trust will be considered for flexible working however patient and service needs will always take priority to ensure the Trust has the staff to deliver a 24 hour,7 day service. As far as possible the Trust will always try to accommodate requests for flexible working. All employees with flexible working arrangements will have access to standard terms and conditions of employment on an equal or pro rata basis.

The Trust's Policy ensures that all part time employees receive no less favourable treatment than comparable full time employees in all terms and conditions of employment. A range of flexible working options are available to staff and they include:

- Annualised Hours;
- Career/Employment Break scheme;
- Compressed Hours;
- Flexi Time;
- Flexible Shifts;
- Home Working;
- Job Sharing;

- Part Time working;
- Temporary Reduction in working hours;
- Term Time working.

In the NHS Staff Survey 2013 12.5% of those that responded confirmed that they worked up to 29 hours and 87.5% confirmed that they worked 30 or more hours.

Goal: A representative and supported workforce	Reference Number 3.6			
Outcome: Staff report positive experiences of their membership of the workforce.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**NHS Staff Survey; local NHS workforce data and surveys**			
Trust Assessment of Grading		**Developing**		

Evidence to support grading

The NHS Staff Survey asks a series of questions which are indicators of staff's experience of their membership of the workforce. The responses to the 2013 Survey included the following:
Question-I look forward to going to work.
12.9% of staff responded always,38.1% often,34.3% sometimes,10.7% rarely and 3.9% never.
This compared with all trusts as follows: 15.4% of staff responded always,37.7% often,32.3% sometimes,11.2% rarely and 3.5% never.
Question-I am enthusiastic about my job.
29.5% of staff responded always,38.9% often,23.7% sometimes,6.3% rarely and 1.5% never.
This compared with all trusts as follows: 30.4% of staff responded always,37.9% often,24.3% sometimes,6.0% rarely and 1.4% never.
Question-Time passes quickly when I an working.
36.6% of staff responded always,35.3% often,21,.5% sometimes,4.4% rarely and 2.2% never
This compared with all trusts as follows: 39.7% of staff responded always,34.6% often,20.1% sometimes,4.1% rarely and 1.6% never.
Question-I have clear, planned objectives for my job
18.7% of staff responded strongly agreed,55% agreed,16.4% neither agreed or disagreed,7.7% disagreed and 2.2% strongly disagreed.
This compared with all trusts as follows: 19.1%of staff responded strongly agreed,54% agreed,15.8% neither agreed or disagreed,8.5% disagreed and 2.7% strongly disagreed.

Question-I always know what my work responsibilities are.

26.4%of staff responded strongly agreed,54.9% agreed,9 % neither agreed or disagreed,7.7% disagreed and 2 % strongly disagreed.
This compared with all trusts as follows: 27.2% of staff responded strongly agreed,53.6% agreed,9.4% neither agreed or disagreed,7.8% disagreed and 2.1% strongly disagreed.
Question-I am trusted to do my job.
37.5%of staff responded strongly agreed,51.5% agreed,6.4 % neither agreed or disagreed,3.1% disagreed and 1.4 % strongly disagreed.
This compared with all trusts as follows: 39.7% of staff responded strongly agreed,49.2% agreed,6.4% neither agreed or disagreed,3% disagreed and 1.7% strongly disagreed.
Question-I am able to do my job to a standard I am personally pleased with.
29%of staff responded strongly agreed,50.3% agreed,8.9 % neither agreed or disagreed,9.2% disagreed and 2.7 % strongly disagreed.
This compared with all trusts as follows: 30.4% of staff responded strongly agreed,47% agreed,9.9% neither agreed or disagreed,9.5% disagreed and 3.2% strongly disagreed.
Question-There are frequent opportunities for me to show initiative in my role.
20.6%of staff responded strongly agreed,50.9% agreed,16.9 % neither agreed or disagreed,9.9% disagreed and 2.5 % strongly disagreed.
This compared with all trusts as follows: 21.2% of staff responded strongly agreed,50.4% agreed,16.1% neither agreed or disagreed,9.3% disagreed and 3% strongly disagreed.
Question-I am able to make suggestions to improve the work of my team/department.
21.9%of staff responded strongly agreed,54% agreed,14.7 % neither agreed or disagreed,7.3% disagreed and 2.1 % strongly disagreed.
This compared with all trusts as follows: 22.8% of staff responded strongly agreed,53.4% agreed,13.8% neither agreed or disagreed,7.4% disagreed and 2.6% strongly disagreed.
Question-I am unable to meet all the conflicting demands on my time at work.
12.4%of staff responded strongly agreed,30.5% agreed,27.1 % neither agreed or disagreed,25.6% disagreed and 4.4 % strongly disagreed.
This compared with all trusts as follows: 14% of staff responded strongly agreed,30.8% agreed,26.1% neither agreed or disagreed,24.3% disagreed and 4.8% strongly disagreed.
Question-I have adequate materials, supplies and equipment to do my work.
10.5%of staff responded strongly agreed,50.9% agreed,17.3 % neither agreed or disagreed,16.4% disagreed and 4.9 % strongly disagreed.
This compared with all trusts as follows: 10.3% of staff responded strongly agreed,47.4% agreed,19.3% neither agreed or disagreed,17.2% disagreed and 5.8% strongly disagreed.

Question-There are enough staff at this organisation for me to do my job properly.
6%of staff responded strongly agree,30% agreed,21.6 % neither agreed or disagreed,28.1% disagreed and 14.2 % strongly disagreed.
This compared with all trusts as follows: 5.9% of staff responded strongly agreed,26.1% agreed,22.1% neither agreed or

disagreed,28.6% disagreed and 17.3% strongly disagreed.
Question-How satisfied I am with the recognition I get for good work
10.3 % of staff responded very satisfied,43.4% satisfied,25.8 % neither satisfied or not satisfied,15.5% dissatisfied and 4.8 % very dissatisfied.
This compared with all trusts as follows: 10.9% of staff responded very satisfied ,42.5% satisfied ,24.9% neither satisfied or not satisfied ,15.7% dissatisfied and 6% very dissatisfied.
Question-How satisfied I am with the support I get from my immediate manager.
29 % of staff responded very satisfied ,45% satisfied ,14.4 % neither neither satisfied or not satisfied ,8.3% dissatisfied and 3.3 % very dissatisfied
This compared with all trusts as follows: 28.6% of staff responded very satisfied ,42% satisfied ,16.1% neither satisfied or not satisfied ,9.3% dissatisfied and 4% very dissatisfied.
Question-How satisfied I am with the freedom I have to chose my own method of working.
18.9 % of staff responded very satisfied ,49.5% satisfied ,19.8 % neither neither satisfied or not satisfied ,9.1% dissatisfied and 2.7 % very dissatisfied
This compared with all trusts as follows: 20.1% of staff responded very satisfied ,48.7% satisfied ,20.1% neither satisfied or not satisfied ,8.4% dissatisfied and 2.8% very dissatisfied.
Question- How satisfied I am with the support I get from work colleagues
30 % of staff responded very satisfied ,53% satisfied ,11.9 % neither neither satisfied or not satisfied ,4.4% dissatisfied and 0.8 % very dissatisfied
This compared with all trusts as follows: 28.8% of staff responded very satisfied ,52.7% satisfied ,13.5% neither satisfied or not satisfied ,4.7% dissatisfied and 1% very dissatisfied.
Question- How satisfied I am with the amount of responsibility I am given.
18 % of staff responded very satisfied ,56% satisfied ,17.5 % neither neither satisfied or not satisfied ,6.9% dissatisfied and 1.6 % very dissatisfied
This compared with all trusts as follows: 18.3% of staff responded very satisfied ,55.2% satisfied ,16.7% neither satisfied or not satisfied ,7.5% dissatisfied and 2.3% very dissatisfied.

Question- How satisfied I am with the opportunities I have to use my skills.
17.4 % of staff responded very satisfied ,53.5% satisfied ,16.5 % neither neither satisfied or not satisfied ,9.5% dissatisfied and 3.1 % very dissatisfied
This compared with all trusts as follows: 17.8% of staff responded very satisfied ,51.7% satisfied ,16.9% neither satisfied or not satisfied ,10.1% dissatisfied and 3.5% very dissatisfied.

Question- How satisfied I am with the extent to which my organisation values my work.
7.7 % of staff responded very satisfied ,33.9 % satisfied ,30.6 % neither neither satisfied or not satisfied ,19.6% dissatisfied and 8.3 % very dissatisfied
This compared with all trusts as follows: 8.9% of staff responded very satisfied ,32.8% satisfied ,29.1% neither satisfied or not satisfied

,18.8% dissatisfied and 10.3 % very dissatisfied.

Question- How satisfied I am with my level of pay.
6.4 % of staff responded very satisfied ,36.5 % satisfied ,23.4 % neither neither satisfied or not satisfied ,24.1% dissatisfied and 9.7 % very dissatisfied
This compared with all trusts as follows: 5.5% of staff responded very satisfied ,34 % satisfied ,25.3 % neither satisfied or not satisfied ,24.6% dissatisfied and 10.7 % very dissatisfied.

Question- I am satisfied with the quality of care I give to patients/service users.
17.5 % of staff responded not applicable to me ,35.1 % strongly agree ,35 % agree ,6.4% neither agree or disagree and 4.9 % disagree,1.1 strongly disagree.
This compared with all trusts as follows:. 17.5 % of staff responded not applicable to me ,32.9 % strongly agree ,35.3 % agree ,7% neither agree or disagree and 5.5 % disagree,1.7 strongly disagree.

Question- I feel that my role makes a difference to patients/service users.
9.6 % of staff responded not applicable to me ,39.9 % strongly agree ,41.3 % agree ,7.2% neither agree or disagree and 1.4 % disagree,0.7 strongly disagree.
This compared with all trusts as follows:. 9.7 % of staff responded not applicable to me ,40.3 % strongly agree ,40.2 % agree ,7.2% neither agree or disagree and 1.7 % disagree,0.9 strongly disagree.

Question- I am able to deliver the patient care I aspire to.
20.3 % of staff responded not applicable to me ,22.6 % strongly agree ,32 % agree ,11.9% neither agree or disagree and 10.3 % disagree,2.8 strongly disagree.
This compared with all trusts as follows:. 20.8 % of staff responded not applicable to me ,21.2 % strongly agree ,30.6 % agree ,13% neither agree or disagree and 11 % disagree,3.4 strongly disagree.

The 2013 Survey findings confirmed that a good proportion of staff report positive experiences of their membership of the workforce.

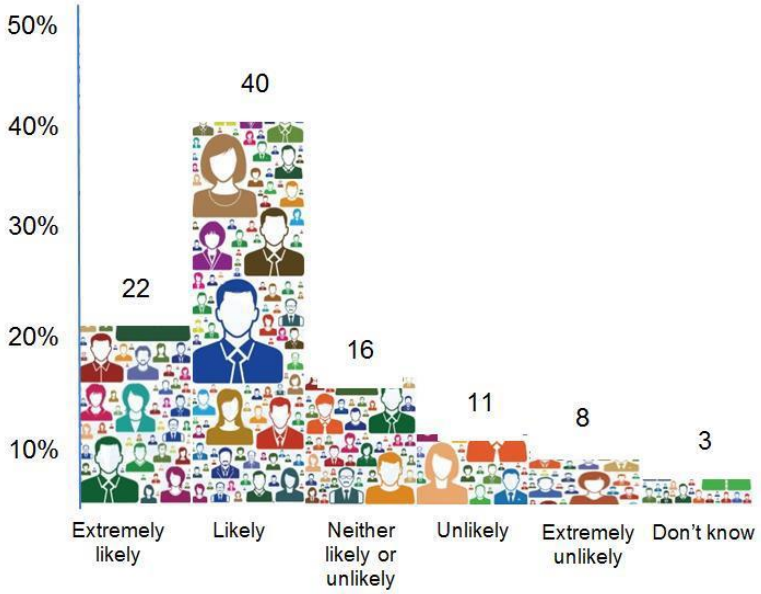
The national requirement to undertake a friends and family test for staff on a quarterly basis commenced in April 2014.The Senior Management Team took a decision to survey all staff each quarter and the Informatics Development Team designed an e based tool supported by a paper system to enable staff to complete the survey. A Friends and Family brand was developed to promote completion of the survey.
In the first quarter 4,322 staff had the opportunity to take part in the survey and 2,860 staff responded giving a response rate of 66%.
The survey asked two simple questions:
1.How likely are you to recommend the organisation to friends and family as a place to work?
2. How likely are you to recommend the organisation to friends and family if they needed care and treatment?

A report to the Senior Management Team in June 2014 included an analysis of the responses received to the two questions.

Family and Friends Test Results June 2014

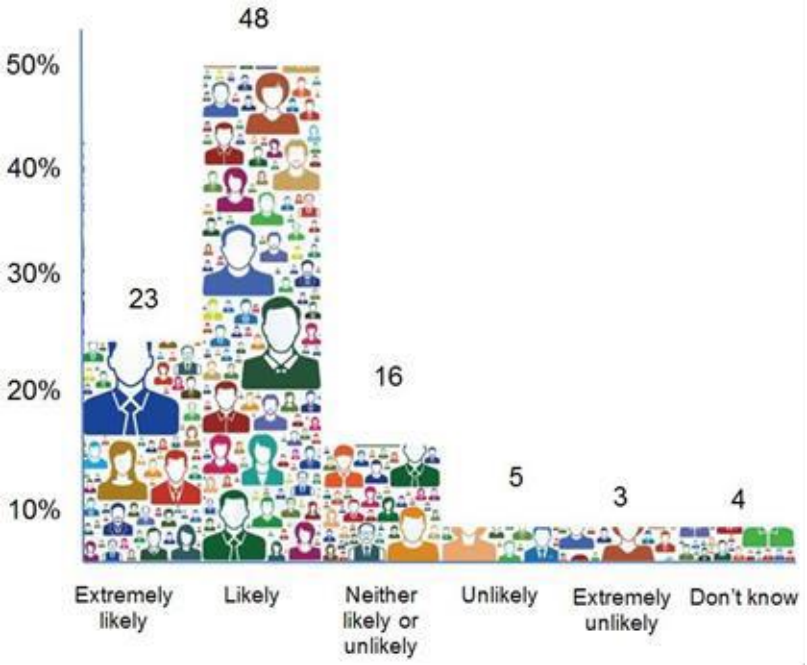
		"How likely are you to recommend our services to friends and family if they needed care or treatment?"						Total
		1.Extremely likely	2.Likely	3.Neither likely nor unlikely	4.Unlikely	5.Extremely unlikely	6.Don't know	
"How likely are you to recommend the organisation to friends and family as a place to work?"	1.Extremely likely	363 (15%)	126 (5%)	10 (0%)	2 (0%)	0 (0%)	10 (0%)	**511** (22%)
	2.Likely	127 (5%)	718 (30%)	76 (3%)	9 (0%)	5 (0%)	18 (1%)	**953** (40%)
	3.Neither likely nor unlikely	30 (1%)	148 (6%)	191 (8%)	16 (1%)	5 (0%)	10 (0%)	**400** (17%)
	4.Unlikely	18 (1%)	93 (4%)	70 (3%)	56 (2%)	5 (0%)	8 (0%)	**250** (11%)
	5.Extremely unlikely	10 (0%)	43 (2%)	40 (2%)	40 (2%)	45 (2%)	13 (1%)	**191** (8%)
	6.Don't know	2 (0%)	13 (1%)	4 (0%)	3 (0%)	0 (0%)	36 (2%)	**58** (2%)
Total		**550** (23%)	**1141** (48%)	**391** (17%)	**126** (5%)	**60** (3%)	**95** (4%)	**2363**

How likely are you to recommend the organisation to friends and family as a place to work? (%)



62% of staff who responded indicated that they were extremely likely or likely to recommend the Trust to friends and family as a place to work.

How likely are you to recommend our services to friends and family if they needed care or treatment?



71% of staff who responded indicated that they were extremely likely or likely to recommend the Trust's services to friends and family if they needed care or treatment.

Goal: Inclusive leadership			Reference Number 4.1	
Outcome: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Speeches given by Board members and senior leaders to various audiences; reports presented by Board members and senior leaders to various audiences; participation in Board Leadership Programmes for equality; and active promotion of equality based initiatives for services and the workforce including local mentoring schemes**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

The Trusts Board of Directors and Senior Leaders are committed to promoting equality, diversity and human rights and recognises the need to tackle discrimination and to promote equality between different groups in the community whilst also addressing the diverse needs of individuals.
The Trust's Equality Strategy 2012-2016 was approved by the Board of Directors in March 2012 and includes the Equality Objectives that the Trust has set to meet its Public Sector Duties in line with the Equality Act 2010.The Equality Objectives are SMART, with targets and measures set for each and are aligned to the findings and recommendations of the Trust's Service Model Review and to the Department of Health initiative, the Equality Delivery System, which has the intention of driving Equality and Diversity performance across the whole of the NHS. The Equality Objectives are presented as Goals:

Goal One- Better Health outcomes for all;
Goal Two-Improved Patient Access and Experience;
Goal Three-Empowered, engaged and well supported staff.

The Trust's Policy: Managing Diversity Policy NTW (0)42 illustrates the Trust's commitment to provide an inclusive culture which treats all individuals with dignity and respect. The Trust values diversity highly and recognises that different people bring different perspectives, ideas, histories, opinions, knowledge and culture, and that this difference brings great strength. The Trust's Policy: Managing Diversity Policy NTW (0)42 outlines how the Trust will respond in the organisation's employment policies and practices and

in the provision of services to the requirements of the Equality Act 2010 and how the Trust will use the Equality Delivery System developed by the Department of Health to provide assurance that the Trust is delivering on its equality duties. The overall purpose of the Policy is to:

- Develop an organisational culture which embraces an inclusive approach;
- Eliminate unlawful discrimination and harassment;
- Promote equality of opportunity; and
- Promote good relations and positive attitudes between people of diverse backgrounds and foster a culture of respect and understanding between people of diverse cultures, backgrounds, circumstances and identities in employment policies and practices, in services, and in engagement with partners and with the communities across Northumberland, Tyne and Wear.

In terms of supporting staff to work in culturally and competent ways within an environment free from discrimination the Trust seeks to achieve this through the following:

General Aims-

- Incorporating equality, diversity and human rights principles from the start in all of its policies, plans and strategies;
- Undertaking equality analysis to judge the impact of policies and services and to determine the needs of its employees, patients/service users and the public;
- Using the Equality Delivery System to identify the equality and diversity outcomes it wants to achieve for its employees, patients/service users and the public and to use the Equality Delivery System on an annual basis to monitor performance on these outcomes;
- Reflect the diversity of the geographical areas it serves in publications, events and other marketing and communications activities;
- Addressing all forms of discrimination and dealing with such incidents with due seriousness;
- Following the social model of disability;
- Applying the principles outlined in the Trust's Policy: Managing Diversity Policy NTW (0)42 in services commissioned through other organisations;

Service Provision Aims-

- Provide appropriate, accessible and effective services and facilities to all sections of its communities without discrimination or prejudice;
- Provide clear information about its services in appropriate formats or languages which meet people's needs;
- Monitor its services to ensure that all sections of the community are receiving fair access and outcomes and take action to address any inequalities that are apparent;
- Consult with and involve all sections of the community in identifying needs and in making decisions about services;
- Respond promptly and fairly to any complaints received about its services including those relating to discrimination;

Employment Aims-

- Ensure that its employment policies and procedures do not discriminate directly or indirectly against any group or individual on unjustifiable grounds;
- Develop the profile of its workforce to reflect that of the local population;
- Monitor the employment processes, training and development opportunities and disciplinary procedures by age group, disability, gender and ethnic group and take action to address any inequalities that are apparent;
- Promote a culture of fairness and respect in its employment policies, procedures and practices;
- Provide appropriate training at every level for employees on equality and diversity and human rights issues;
- Protect employees from bullying, harassment and violence and investigate all claims of harassment and violence and investigate all claims of harassment that are made;
- Respond to the particular needs of employees relating to protected characteristics as defined under the Equality Act 2010.

The Trust employs an Equality and Diversity Advisor accountable to the Executive Director of HR and Organisational Development and based in the Organisational and Development Team. The Equality and Diversity Advisor provides advice and support to the Trust ensuring that the organisation complies with its equality duties set by law and ensuring equality and diversity is considered as an integral part of the Trusts decision making processes including those relating to policy development and service transformation/change.

The Trust's Managing Diversity Policy Practice Guidance Note relating to Equality Analysis (Impact Assessment) helps the Trust to ensure that the organisation's policies, practices, activities and decisions have been analysed to assess its potential impact in terms of equality and diversity as defined by the protected characteristics set out in the Equality Act 2010.

The Trust's annual Quality Account reports upon the Trust's progress in terms of improving its performance in the context of the organisation's Quality Goals. The Quality Account 2013/14, which was approved by the Board of Directors in May 2014, reported the following progress:

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

Such is the Board of Directors and Senior Leaders commitment to equality and diversity that it was agreed Equality and Diversity Training should be mandatory for all staff, targets set re attendance and attendance monitored and reported in the Trust's Integrated Performance Report.

The Trust's arrangements relating to the reporting of concerns and incidents are outlined in Question Reference Number 1.4, the Trust's approach relating to fair NHS recruitment and selection processes is outlined in Question Reference Number 3.1 and the

Trust's arrangements relating to ensuring that when at work staff are free from abuse, harassment, bullying and violence is outlined in Question 3.4.
The annual Staff Survey includes a series of questions relating to equality in the workplace and the feedback from the 2013 Survey was as follows:

Question-Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
6.7% of staff responded No, compared to 9.2% in all trusts.

Question-In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?
93.2% of staff responded No, compared to 92% in all trusts.

Question- In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives or other members of the public?
95% of staff responded No, compared to 92.2% in all trusts.

Question-For staff experiencing discrimination in the last 12 months, on what grounds have you experienced discrimination?
!7.2%-Ethnic background;26.2%Gender;2.5%Religion;6.6%Sexual Orientation;12.3%Disability;29.1%Age,34.4% Other.

Question-Have you had any training, learning or development in Equality and Diversity training?
98.1% of staff responded Yes, compared to 96% in all trusts.

The Board of Directors and Senior Team promotes equality beyond the Trust through its involvement, communications and consultations with strategic partners including FT members, patients and the community.
The Trust has a series of planned regular meeting and engagement sessions with strategic partners. These include:
1:1 meetings with key strategic partners including the Chairs and Chief Executives of Clinical Commissioning Groups, national commissioners, Leaders and Chief Executives of local Councils, Local Authority Cabinets, Chairs and Chief Executives of neighbouring Trusts, Chairs and Chief Executives of Partner organisations.
The Trust is also an active participant in a range of strategic groups which include representatives from strategic partners these include Overview and Scrutiny Committees, Health and Wellbeing Boards, Mental Health Programme Boards and Healthwatch.

The Trust has also engaged with strategic partners in the development of its strategy and specific initiatives including the Service Model Review, the Access Project, Principal Community Pathways and the Transformation of Services Programme.

The Trust has sought to ensure that major interests are represented through the Council of Governors, the rationale in developing the constituencies being to involve and seek the contribution of all key parties. The Council of Governors include both elected and

appointed governors and regular engagement with them individually and collectively includes: individual meetings with the Chair, Council of Governors' engagement sessions on specific/pertinent issues, joint meetings with the Board, presentations and facilitated discussions at the Council of Governor meetings on specific subjects including the Annual Plan and involvement in Council of Governor Committees and Working Groups.
The Trust actively engages patients, carers and other stakeholders in seeking their views on what they require of the Trust's services and how the Trust's services should transform and develop. This engagement includes regular survey, patient/carer feedback work and specific engagement/involvement in specific initiatives together with formal consultation on the Trust's plans, including formal public consultation on specific proposals.
The Board of Directors and Senior Team engage in Leadership Programmes, Service Improvement Programmes and Mentoring initiatives.

Goal: Inclusive leadership			Reference Number 4.2	
Outcome: Papers that come before the Board and other major Committees identify equality related impacts including risks, and say how these risks are to be managed.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**Substantive papers discussed at the at the Board or other major committees**			
Trust Assessment of Grading			**Achieving**	

Evidence to support grading

Papers that come before the Board and other major Committees (including standing committees of the Board) include a cover sheet with a standardised format. The cover sheet used for Closed Board meetings, the Trust's standing committees and the Senior Management Team include the requirement to highlight any Equal Opportunities, Legal and other implications.
The Trust's Managing Diversity Policy Practice Guidance Note relating to Equality Analysis (Impact Assessment) helps the Trust to ensure that the organisation's policies, practices, activities and decisions have been analysed to assess its potential impact in terms of equality and diversity as defined by the protected characteristics set out in the Equality Act 2010.
Impact Assessments are routinely carried out in connection with proposed service changes (as part of the Trust's Business Case process).Business Cases also include the quality impact of the proposal which is the subject of the Case including risks and how they are to be managed.

Goal: Inclusive leadership			Reference Number 4.3	
Outcome: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.				
Grading	**Undeveloped** **People from all protected groups fare poorly compared with people overall OR evidence is not available**	**Developing** **People from only some protected groups fare as well as people overall**	**Achieving** **People from most protected groups fare as well as people overall**	**Excelling** **People from all protected groups fare as well as people overall**
Suggested sources of evidence	**NHS Staff Survey; local NHS workforce data and surveys**			
Trust Assessment of Grading		**Developing**		

Evidence to support grading

The Trust is committed to promoting equality, diversity and human rights and recognises the need to tackle discrimination and to promote equality between different groups in the community whilst also addressing the diverse needs of individuals.

The Trust's values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

Northumberland, Tyne and Wear NHS Foundation Trust Values

We are about Quality and Safety

We strive to provide the BEST CARE, delivered by the BEST PEOPLE, to achieve the BEST OUTCOMES

Caring & Compassionate

- Put ourselves in other people's shoes
- Listen and offer hope
- Focus on recovery
- Be approachable
- Be sensitive and considerate

Respectful

- Value the skill and contribution of others
- Give respect to all people
- Respect and embrace difference
- Work together and value our partners

Honest & Transparent

- Have no secrets
- Be open and truthful
- Accept what is wrong and strive to put it right
- Share information
- Be accountable for our

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

Goal One- Better Health outcomes for all;
Goal Two-Improved Patient Access and Experience;
Goal Three-Empowered, engaged and well supported staff.

The Trust's Policy: Managing Diversity Policy NTW (0)42 illustrates the Trust's commitment to provide an inclusive culture which treats all individuals with dignity and respect. The Trust values diversity highly and recognises that different people bring different perspectives, ideas, histories, opinions, knowledge and culture, and that this difference brings great strength. The Trust's Policy: Managing Diversity Policy NTW (0)42 outlines how the Trust will respond in the organisation's employment policies and practices and in the provision of services to the requirements of the Equality Act 2010 and how the Trust will use the Equality Delivery System developed by the Department of Health to provide assurance that the Trust is delivering on its equality duties. The overall purpose of the Policy is to:

- Develop an organisational culture which embraces an inclusive approach;
- Eliminate unlawful discrimination and harassment;
- Promote equality of opportunity; and
- Promote good relations and positive attitudes between people of diverse backgrounds and foster a culture of respect and understanding between people of diverse cultures, backgrounds, circumstances and identities in employment policies and practices, in services, and in engagement with partners and with the communities across Northumberland, Tyne and Wear.

In terms of supporting staff to work in culturally and competent ways within an environment free from discrimination the Trust seeks to achieve this through the following:

General Aims-

- Incorporating equality, diversity and human rights principles from the start in all of its policies, plans and strategies;
- Undertaking equality analysis to judge the impact of policies and services and to determine the needs of its employees, patients/service users and the public;
- Using the Equality Delivery System to identify the equality and diversity outcomes it wants to achieve for its employees, patients/service users and the public and to use the Equality Delivery System on an annual basis to monitor performance on these outcomes;
- Reflect the diversity of the geographical areas it serves in publications, events and other marketing and communications activities;
- Addressing all forms of discrimination and dealing with such incidents with due seriousness;

- Following the social model of disability;
- Applying the principles outlined in the Trust's Policy: Managing Diversity Policy NTW (0)42 in services commissioned through other organisations;

Service Provision Aims-

- Provide appropriate, accessible and effective services and facilities to all sections of its communities without discrimination or prejudice;
- Provide clear information about its services in appropriate formats or languages which meet people's needs;
- Monitor its services to ensure that all sections of the community are receiving fair access and outcomes and take action to address any inequalities that are apparent;
- Consult with and involve all sections of the community in identifying needs and in making decisions about services;
- Respond promptly and fairly to any complaints received about its services including those relating to discrimination;

Employment Aims-

- Ensure that its employment policies and procedures do not discriminate directly or indirectly against any group or individual on unjustifiable grounds;
- Develop the profile of its workforce to reflect that of the local population;
- Monitor the employment processes, training and development opportunities and disciplinary procedures by age group, disability, gender and ethnic group and take action to address any inequalities that are apparent;
- Promote a culture of fairness and respect in its employment policies, procedures and practices;
- Provide appropriate training at every level for employees on equality and diversity and human rights issues;
- Protect employees from bullying, harassment and violence and investigate all claims of harassment and violence and investigate all claims of harassment that are made;
- Respond to the particular needs of employees relating to protected characteristics as defined under the Equality Act 2010.

The Trust's annual Quality Account reports upon the Trust's progress in terms of improving its performance in the context of the organisation's Quality Goals. The Quality Account 2013/14 reported the following progress:

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

Equality and Diversity Training is mandatory for all staff and attendance is monitored and reported in the Trust's Integrated Performance Report.
The Trust's arrangements relating to the reporting of concerns and incidents are outlined in Question Reference Number 1.4, the Trust's approach relating to fair NHS recruitment and selection processes is outlined in Question Reference Number 3.1 and the Trust's arrangements relating to ensuring that when at work staff are free from abuse, harassment, bullying and violence is outlined in Question 3.4.
The annual Staff Survey includes a series of questions relating to equality in the workplace and the feedback from the 2013 Survey was as follows:

Question-Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
6.7% of staff responded No, compared to 9.2% in all trusts.

Question-In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?
93.2% of staff responded No, compared to 92% in all trusts.

Question- In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives or other members of the public?
95% of staff responded No, compared to 92.2% in all trusts.

Question-For staff experiencing discrimination in the last 12 months, on what grounds have you experienced discrimination?
!7.2%-Ethnic background;26.2%Gender;2.5%Religion;6.6%Sexual Orientation;12.3%Disability;29.1%Age,34.4% Other.

Question-Have you had any training, learning or development in Equality and Diversity training?
98.1% of staff responded Yes, compared to 96% in all trusts.