NHS

Northumberland, Tyne and Wear
NHS Foundation Trust

Quality Account

Northumberland, Tyne and Wear NHS Foundation Trust

2017/18

Caring | Discovering | Growing | **Together**

Northumberland, Tyne and Wear NHS Foundation Trust at a glance...

Employ around 6,000 staff

Mental health and disability foundation trust

Local population of 1.4 million

We work from over 60 sites across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland

We also provide a number of regional and national specialist services to England, Ireland, Scotland and Wales

Costs of around £300 million

Inspected and rated

Outstanding ☆

CareQuality Commission

Five Local Clinical Commissioning Groups and **six** Local Authorities

Caring | Discovering | Growing | **Together**

Northumberland, Tyne and Wear NHS Foundation Trust 2017/18 in numbers:

87%
The proportion of 6,500 service users and carers who responded to the Friends and Family Test and would recommend our services

16
The average number of bed days per month that local service users were inappropriately admitted out of area per month between January to March 2018

2
The number of mental health and disability trusts rated "Outstanding" by the Care Quality Commission

84%
The number of people with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral.

64%
The response rate to the 2017 staff survey, which was 12% above the national average and 19% higher than the previous year

42,500
The number of service users cared for by the Trust on 31 March 2018

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Morpeth

Prudhoe

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Part 1

Welcome and introduction to the Quality Account

Northumberland, Tyne and Wear NHS Foundation Trust was established in 2006, is one of the largest mental health and disability organisations in the country and has an annual income of more than £300 million.

We provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. We employ over 6,000 staff, operate from over 60 sites and provide a range of comprehensive services including some regional and national services.

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

Our main hospital sites are:

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

What is a Quality Account?

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

We welcome the opportunity to outline how we have performed over the course of 2017/18, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other mental health and disability trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

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

> **This is an "explanation" box**
>
> It explains or describes a term or abbreviation found in the report.

Statement of quality from the Chief Executive

Thank you for taking the time to read our 2017-18 Quality Account, reflecting upon another busy year.

We have set out in this document how we have performed against local and national priorities - including how we have progressed with our Quality Priorities for 2017-18. We have also set out in this document our Quality Priorities for 2018-19, and look forward to reporting our progress against these in next year's Quality Account.

We were delighted this year to be awarded the prestigious "Provider of the Year" award by the Health Service Journal. This award is dedicated to all our staff who do such an amazing job supporting the people we serve, helping them to live the best lives they possibly can. Every member of our staff, regardless of their role played their part and winning this award is testament to their hard work and compassion.

Other achievements this year include the launch of our NTW Nursing Academy to ensure that we can address current and future workforce issues, and we are one of the first trusts in the country to develop exciting new "nursing associate" posts. We have also been awarded "Global Digital Exemplar" funds, which will enable us to use technology innovations to improve service user experiences.

This year has not been without challenges, and I am proud that despite the pressures we have faced, we have continued to receive positive feedback from service users and carers, consistent with our CQC outstanding status and we continue to achieve the requirements of NHS Improvement's Single Oversight Framework. We also ensure that we listen to those who have had a poor experience of care in our services to learn how we can make improvements.

In February we were delighted to welcome our new chair, Ken Jarrold, to the Trust and look forward to working together towards our vision of being a leader in the delivery of high quality care and a champion for those we serve. I hope you will find the information in the document useful. To the best of my knowledge, the information in this document is accurate.

John Lawlor
Chief Executive

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

Statement from Executive Medical Director and Executive Director of Nursing and Chief Operating Officer

We were proud this year to redesign our leadership model at Northumberland, Tyne and Wear NHS Foundation Trust to ensure that the service user is at the forefront of everything we do.

Our locality care group based management structure ensures that decisions are made as close as possible to the service user, and that services meet the needs of local communities. This year we have focussed upon the following quality priorities:

- Improving waiting times to access services

- Embedding the Positive and Safe (Violence Reduction) Strategy

- Embedding the Principles of the "Triangle of Care" (a carer initiative)

- Ensuring that care plans are co-produced and personalised

- Ensuring that service users subject to the Mental Health Act are reminded of their rights

In September we published our "Learning from Deaths" policy, setting out how we will approach the review of deaths of service users, and this learning will be used to improve the health of service users who, as a group, die between 15-20 years earlier than the general population. The policy also sets out how we will also support bereaved relatives and carers.

We have faced challenges throughout the year, particularly pressures on inpatient bed availability, increases in some waiting times and we have also been affected by the national shortage of medical staff. In the coming year we will ensure that we prioritise these areas to ensure that we continue to deliver high quality services, and we are also developing a "Creating Capacity to Care" initiative, to ensure that staff are able to spend as much time as possible delivering care to service users.

Dr Rajesh Nadkarni
Executive Medical Director

Gary O'Hare
Executive Director of Nursing and Chief Operating Officer

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

Statement of quality from Council of Governors Quality Group

The Council of Governors scrutinises the quality of services provided by Northumberland, Tyne and Wear NHS Foundation Trust via a Quality Group who meet every two months. The group considers all aspects of quality, with a particular emphasis on the Trust's annual quality priorities.

During 2017-18 the group received a number of presentations from Trust representatives on varied topics including:

- Mental Health Act reading of rights

- Personalisation and co-production of care plans

- Triangle of Care initiative

- Discharge planning in Northumberland

- Waiting times in services for Children and Young People

- Staff wellbeing

- Willow View Carer Support Group

- Collingwood Court Mutual Help Meetings

The presentations provided Governors with a valuable opportunity to engage with staff, understand ongoing initiatives and to evaluate the quality of services provided.

Members of the group have continued to attend the Trust Quality and Performance Committee and we have also played a valuable role in developing the 2018-19 Trust Quality Priorities.

In 2018-19 we will continue to monitor progress towards Quality Priorities and hope to participate in visits to Trust services, to further enhance our understanding of issues impacting on the quality of services provided.

Margaret Adams
Chair, Northumberland, Tyne and Wear NHS Foundation Trust Council of Governors Quality Group

Information in this Quality Account includes NTW Solutions, a wholly owned subsidiary company of NTW

Care Quality Commission (CQC) findings

In June 2016, the Care Quality Commission (CQC) conducted a comprehensive inspection of our services and rated us as "Outstanding", and we remain one of only two mental health and disability trusts in the country to be rated as such.

All of our core services are rated as either "Good" or "Outstanding" overall, and we aim to protect, build upon and share our outstanding practice, while addressing all identified areas for improvement. Our 2017/18 Quality Priorities were closely linked to CQC findings.

CareQuality Commission

Last rated
1 September 2016

Northumberland, Tyne and Wear NHS Foundation Trust

CareQuality Commission

Last rated
1 September 2016

Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding ☆

Are services

Safe?	Good
Effective?	Outstanding ☆
Caring?	Outstanding ☆
Responsive?	Outstanding ☆
Well led?	Outstanding ☆

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/provider/RX4
We would like to hear about your experience of the care you have received, whether good or bad.
Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Requires improvement	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Community-based mental health services for adults of working age	Good	Outstanding ☆	Outstanding ☆	Good	Good	Outstanding ☆
Community-based mental health services for older people	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Outstanding ☆	Outstanding ☆	Good	Good	Outstanding ☆
Substance misuse services	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Requires improvement	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆

Northumberland, Tyne and Wear NHS Foundation Trust aim at all times to work in accordance with our values:

Caring and compassionate	Respectful	Honest and transparent
Put ourselves in other people's shoes Listen and offer hope Focus on recovery Be approachable Be sensitive and considerate Be helpful Go the extra mile	Value the skill and contribution of others Give respect to all people Respect and embrace difference Encourage innovation and be open to new ideas Work together and value our partners	Have no secrets Be open and truthful Accept what is wrong and strive to put it right Share information Be accountable for our actions

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.

Our Strategy for 2017 to 2022

Our strategy takes into account local and national strategies and policies that affect us, and our ambitions are:

Caring	Discovering	Growing
Providing excellent care, supporting people on their personal journey to wellbeing A great place to work	Doing everything we can to prevent ill health and offering support early Striving for joined up services	A centre of excellence for mental health and disability support Sustainable services that are good value for money

Together

Our long term Quality Goals are based on safety, service user and carer experience, and clinical effectiveness. Each year we set Quality Priorities to help us achieve our long term Quality Goals:

Quality Domain	Long Term Quality Goals	Annual Quality Priorities	
Safety	Keeping You Safe	**2017/18** Embedding the Positive and Safe Strategy (page 21)	**2018/19** Improving the inpatient experience
Service user and carer experience	Working with you, your carers and your family to support your journey	**2017/18** Co-production and personalisation of care plans (page 36) / Improving waiting times (page 26) / Implementing the principles of the Triangle of Care (page 35)	**2018/19** Improving waiting times / Embedding the principles of Triangle of Care
Clinical effectiveness	Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs	**2017/18** Use of the Mental Health Act – reading of rights (page 44)	**2018/19** Embedding Trust values

Trust overview of service users

At any time the Trust is caring for approximately 42,500 people. Table 1 below shows the number of current service users as at 31 March 2018 by locality, with a comparison of the same figures from the last 2 years:

Table 1: Service users by locality 2015/16 to 2017/18

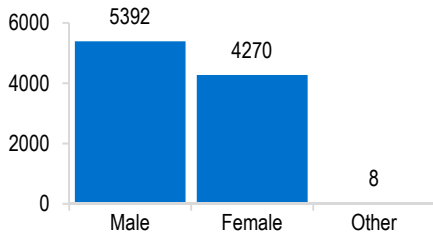| Clinical Commissioning Group (CCG)	2015/16	2016/17	2017/18
Durham Dales Easington and Sedgefield CCG	375	475	474
North Durham CCG	578	653	633
Darlington CCG	111	134	110
Hartlepool and Stockton CCG	137	184	193
Newcastle and Gateshead CCG (Total)	12,879	13,210	13,195
Newcastle	8,741	8,592	8,533
Gateshead	4,138	4,618	4,662
North Tyneside CCG	3,996	4,093	4,013
Northumberland CCG	10,361	9,584	9,671
South Tees CCG	198	232	223
South Tyneside CCG	3,990	3,684	3,713
Sunderland CCG	9,020	9,443	9,711
Other areas	310	611	636
Total service users	**41,955**	**42,303**	**42,572**

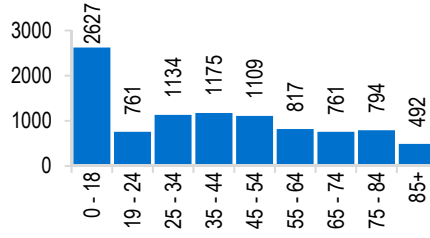Data source: NTW

Breakdown of service users by age, gender, ethnicity (by CCG)

Figure 1: Gender, age and ethnic group breakdown of service users for main CCGs
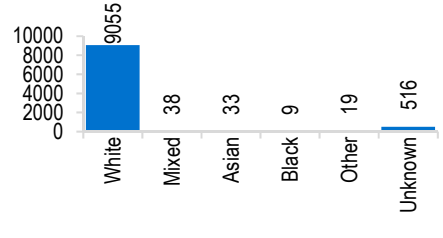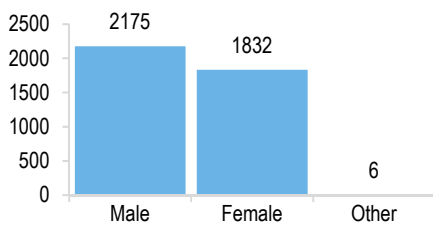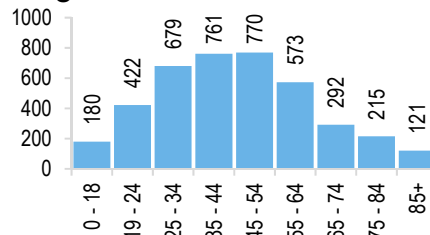
Northumberland CCG

Gender breakdown
Category	Value
Male	5392
Female	4270
Other	8

Age breakdown
Age	Value
0 - 18	2627
19 - 24	761
25 - 34	1134
35 - 44	1175
45 - 54	1109
55 - 64	817
65 - 74	761
75 - 84	794
85+	492

Ethnicity breakdown
Ethnicity	Value
White	9055
Mixed	38
Asian	33
Black	9
Other	19
Unknown	516

North Tyneside CCG

Gender breakdown
Category	Value
Male	2175
Female	1832
Other	6

Age breakdown
Age	Value
0 - 18	180
19 - 24	422
25 - 34	679
35 - 44	761
45 - 54	770
55 - 64	573
65 - 74	292
75 - 84	215
85+	121

Ethnicity breakdown
Ethnicity	Value
White	3683
Mixed	24
Asian	44
Black	17
Other	16
Unknown	229
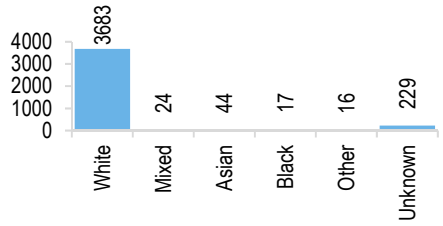
Newcastle Gateshead CCG

Gender breakdown
Category	Value
Male	7486
Female	5692
Other	16

Age breakdown
Age	Value
0 - 18	3857
19 - 24	1038
25 - 34	1681
35 - 44	1781
45 - 54	1676
55 - 64	1305
65 - 74	751
75 - 84	697
85+	408

Ethnicity breakdown
Ethnicity	Value
White	11475
Mixed	225
Asian	444
Black	128
Other	131
Unknown	791

South Tyneside CCG

Gender breakdown
Category	Value
Male	2041
Female	1666
Other	6

Age breakdown
Age	Value
0 - 18	1129
19 - 24	274
25 - 34	407
35 - 44	350
45 - 54	422
55 - 64	338
65 - 74	236
75 - 84	334
85+	223

Ethnicity breakdown
Ethnicity	Value
White	3417
Mixed	66
Asian	38
Black	14
Other	20
Unknown	158

Sunderland CCG

Gender breakdown
Category	Value
Male	4553
Female	3817
Other	1

Age breakdown
Age	Value
0 - 18	2274
19 - 24	573
25 - 34	1089
35 - 44	1112
45 - 54	1028
55 - 64	698
65 - 74	484
75 - 84	680
85+	433

Ethnicity breakdown
Ethnicity	Value
White	7738
Mixed	148
Asian	66
Black	27
Other	35
Unknown	357

Data source: NTW

Part 2a

Part 2a

Looking ahead – our Quality Priorities for improvement in 2018/19

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2018/19.

Each year we set annual Quality Priorities to help us to achieve our long term Quality Goals. The Trust has identified these priorities in partnership with service users, carers, staff and partners from their feedback, as well as information gained from incidents, complaints and learning from Care Quality Commission findings.

We sought views from our stakeholders on our suggested Quality Priorities, asking whether they reflected the greatest pressures that the organisation is currently facing.

The Council of Governors and the Service User and Carer Reference forum jointly hosted an engagement session in November 2017, inviting governors, service users, carers, staff, commissioners and other stakeholders to hear about the progress at that point against the current quality priorities and to seek views on proposals for new quality priorities. The presentations from this session were made available on our website and we also conducted a survey to seek wider views.

How have we acted on feedback about our quality priorities engagement processes?

- We have provided an in year update of progress against our quality priorities

- We are reporting waiting times throughout the year, rather than at 31 March only (starting with services for Children and Young People)

- We recognise that discussions about resources, capacity and the availability of beds can generate anxiety and we have ensured that we consider the potential impact on quality of any decisions that we make.

- We try to use plain English and minimise the use of acronyms

- Increased reporting of service user and carer feedback

The Quality Priorities to be progressed during 2018/19 are:

Safety

Improving the inpatient experience

We will:
1. Reduce the number of service users being admitted to inpatient beds outside of the Trust because we have no beds available.
2. Reduce bed occupancy rates so that beds are always available.
3. Reduce the number of service users who are admitted to our beds outside of their home locality.
4. Monitor the feedback we receive from inpatients about their experience of being cared for on our wards.

Service user and carer experience

Improving waiting times

We will improve waiting times for adult and older people's services so the 18 week Trust standard is achieved.

We will improve waiting times for children and young people to ensure that the 18 week treatment standard is achieved by the end of the year.

We will report waiting times for specialised services separately.

Embedding the principles of Triangle of Care

We will continue to embed the Triangle of Care, ensuring that we work in partnership with service users and carers.

We will roll out the use of the Triangle of Care to services for Children and Young People.

We will closely monitor feedback from carers to measure the impact of this initiative.

Embedding Trust values

We will identify and reduce instances where we are not displaying the Trust values of being caring and compassionate, respectful, honest and transparent.

We will align themes and monitor complaints and feedback from staff, service users and carers to measure the progress of this Quality Priority.
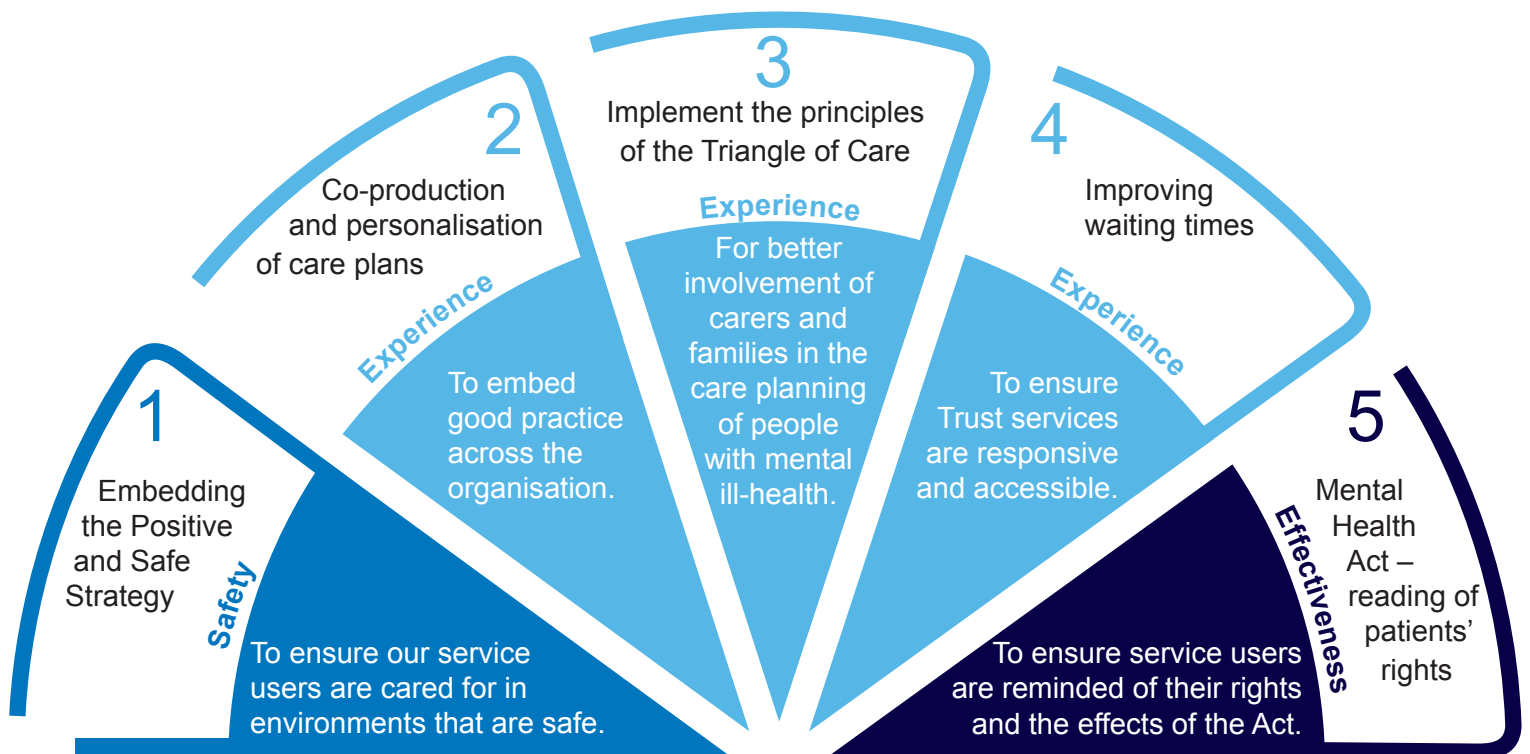
Clinical effectiveness

Part 2b

Part 2b
Looking back – review of Quality Goals and Quality Priorities in 2017/18

In this section we will review our progress against our 2017/18 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goal**.

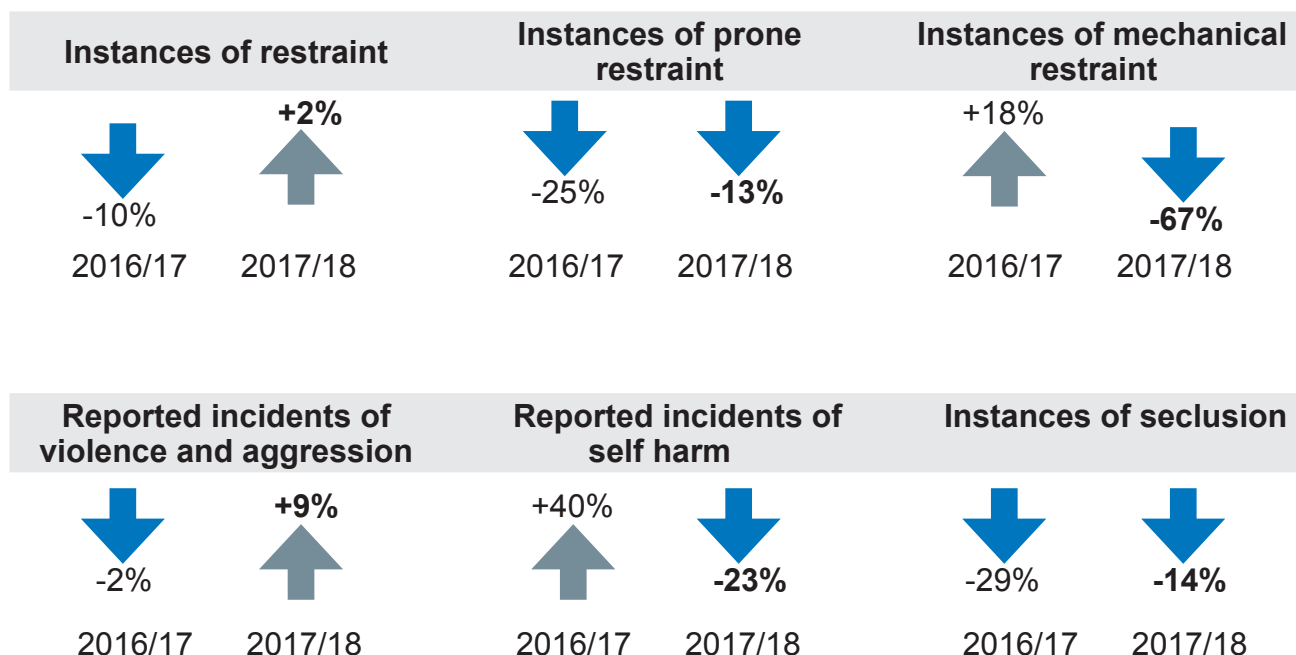Our 2017/18 Quality Priorities were:

1 Embedding the Positive and Safe Strategy

Safety

To ensure our service users are cared for in environments that are safe.

2 Co-production and personalisation of care plans

Experience

To embed good practice across the organisation.

3 Implement the principles of the Triangle of Care

Experience

For better involvement of carers and families in the care planning of people with mental ill-health.

4 Improving waiting times

Experience

To ensure Trust services are responsive and accessible.

5 Mental Health Act – reading of patients' rights

Effectiveness

To ensure service users are reminded of their rights and the effects of the Act.

Safety 2017/18 Quality Priority:

Embedding the Positive and Safe Strategy

Target	The strategy continues to be embedded across the organisation, to ensure our service users are cared for in environments that are safe, where service users and staff work together to develop solutions in order to promote positive change, underpinned by best evidence
Progress	**Met** During 2017/18 we have continued to embed the Positive and Safe Strategy, which is our approach to reducing instances of violence and aggression across the organisation. As part of embedding the strategy we have: • Ensured all wards have completed their induction days and they are all enrolled in the "Talk 1st" programme • Planned to undertake a deep dive into the increased levels of harm noted in 2016/17 this has not been undertaken however self harm has significantly reduced in 2017/18 therefore we are no longer planning to undertake this analysis. • Ensured all wards have undertaken "Talk 1st" review days. • Implemented routine assurance reporting into safer care reports. • Continued to develop the "Talk 1st" dashboard functionality and ensure that clinical services utilise data to support the reduction of restrictive interventions across the Trust. This initiative was the winner of a staff excellence award. • Monitored service user responses to the "feeling safe" question within our Points of You feedback survey to demonstrate a high stable satisfaction level. • Begun an ongoing exercise to review the organisational cost of violence. • Established a Positive and Safe intranet page which has proven a useful resource for teams to share relevant information and learning Trust wide. • Implemented the post incident and debrief policy, all service users and staff have access to evidence based approaches in order to provide support and contribute to ongoing learning with regards to incidents. • Ensured that each clinical group has implemented a "Positive and Safe" meeting Throughout the year we have also continued delivering "Risk of Harm to Others" training, and at 31 March 2018, 87.2% of applicable staff had received this training, meeting the 85% standard.

Positive and Safe Strategy impact in numbers:

Figure 2: Change in Talk 1st data 2017/18 on previous year

Instances of restraint	Instances of prone restraint	Instances of mechanical restraint
+2%		+18%
-10%	-25% **-13%**	**-67%**
2016/17 2017/18	2016/17 2017/18	2016/17 2017/18

Reported incidents of violence and aggression	Reported incidents of self harm	Instances of seclusion
+9%	+40%	
-2%	**-23%**	-29% **-14%**
2016/17 2017/18	2016/17 2017/18	2016/17 2017/18

Data source: NTW

The Positive and Safe strategy continues to deliver positive change in relation to the reduced use of restrictive interventions across NTW.

Reductions in the use of seclusion, prone restraint and mechanical restraint have been noted.

Talk 1st
'Positive and safe care'

Small increases have been noted in the areas of violence and aggression and restraints overall, this is largely attributable to a small number of highly complex patients across the Trust and improved reporting systems. It is encouraging to note that despite the rise in the aforementioned fewer restrictive interventions overall are being used as a result.

Inpatient and community teams across the Trust are engaged in the Talk 1st programme which aims to reduce violence and aggression by ensuring our environments are positive, inclusive and person centred. This approach has been embraced by the teams and has resulted in a number of positive practice examples, some of which have received national recognition as best practice.

Information from the Positive and Safe Strategy can be viewed in relation to the Staff Survey results, especially for staff experiencing physical violence from patients, relatives or the public in last 12 months on page 76.

How has the "Embedding the Positive and Safe Strategy" Quality Priority helped support the Safety Quality Goal of "Keeping You Safe"?

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

Figure 3 below shows the total number of patient safety incidents reported by the Trust over the past 3 years:

Figure 3: Number of reported patient safety incidents and total incidents 2015/16 to 2017/18
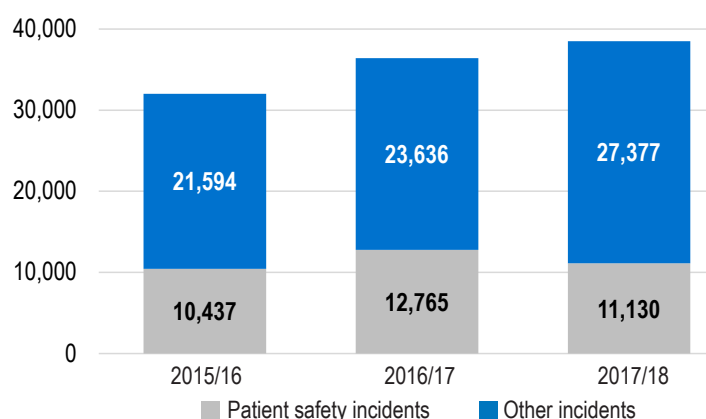
Compared with the previous year, there has been a 13% decrease in the number of patient safety incidents. Patient safety incidents represent 29% of the total number of incidents reported for the year, which totalled 38,507 (an increase of 6% from the previous year – this increase is partly attributed to a change in the safeguarding reporting process).

Data source: NTW

Table 2: Number and percentage of patient safety incidents by impact 2015/16 to 2017/18

Number of patient safety incidents reported by impact:	2015/16		2016/17		2017/18	
No Harm	4,800	46.0%	6,626	52.0%	6,616	59.4%
Minor Harm	4,937	47.0%	5,181	40.5%	3,683	33.1%
Moderate Harm	597	6.0%	770	6.0%	749	6.7%
Major Harm	23	0.2%	79	0.6%	37	0.3%
Catastrophic, Death	80	0.8%	109	0.9%	45*	0.4%
Total patient safety incidents	10,437	100.0%	12,765	100.0%	11,130	100.0%

Data source: NTW

Note, annual totals for previous years may differ from previously reported data due to on-going data quality improvement work and to reflect coroner's conclusions when known. Data is as at 7 April 2018.

*The reported deaths reduced in 2017/18 following changes to national reporting rules to cease reporting deaths of unknown cause, we are now only required to report actual self-harm related deaths.

The "no harm" or "minor harm" patient safety incidents remain 92.5% of reported patient safety incidents, however this year has seen a shift from "minor harm" to "no harm".

Table 3: Total incidents 2017/18 by CCG, includes patient safety and non-patient safety incidents

Total incidents by CCG	1. No Harm	2. Minor Harm	3. Moderate Harm	4. Major Harm	5. Catastrophic, Death
NHS Northumberland CCG	7,914	1,939	315	16	185
NHS North Tyneside CCG	2,108	597	112	6	104
NHS Newcastle CCG	4,551	2,115	274	24	226
NHS Gateshead CCG	1,808	569	110	2	61
NHS South Tyneside CCG	1,770	656	146	4	149
NHS Sunderland CCG	4,760	1,655	275	17	279
Total for local CCGs	**22,911**	**7,531**	**1,232**	**69**	**1,004**

Data source: NTW

Note that column 5 includes all deaths including by natural causes, and that there are also incidents relating to service users from other non-local CCGs, the Trust total deaths for NTW is 1,037. There is more information on Learning from Deaths on page 63.

Openness and honesty when things go wrong: the professional duty of candour

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

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

At NTW we try to provide the best service we can. Unfortunately, sometimes things go wrong. It is important that we know about these so we can try to put things right, and stop them from going wrong again.

If you wish to make a complaint you can do so by post to: Complaints Department, St. Nicholas Hospital, Gosforth, Newcastle upon Tyne NE3 3XT

By email: complaints@ntw.nhs.uk

By phone: 0191 245 6672

A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of care. We have implemented the Duty of Candour, developed a process to allow thematic analysis of reported cases, raised awareness of the duty at all levels of the organisation and we are also reviewing how we can improve the way we learn and ensure that teams and individuals have the tools and opportunities to reflect on incidents and share learning with colleagues. Healthcare professionals must also be open and honest

and take part in reviews and investigations when requested. All staff are aware that they should report incidents or raise concerns promptly, that they must support and encourage each other to be open and honest, and not stop anyone from raising concerns.

We have reviewed our approach to Duty of Candour, in light of the national publications on death reviews and have been applying this new approach since April 2017.

From April 2017, the Trust reviewed its internal and external safety reporting, and created a suite of safety and learning reports under the banner of Safer Care, this meant that the reports were included in the formal governance of the Trust from floor to board, as well as to commissioners through the formal quality review groups. As a transparent organisation all the safety related board reports including Learning from Deaths have been public board documents, for wider sharing and learning. As part of the clinical re-organisation that took place in the Trust in October 2017, a Safer Care Directorate was created to further integrate the support for front line clinical and operational services, led by a Group Medical Director and Group Nurse Director, and supported by subject experts in the field of Safeguarding, Infection Control, Health, Safety, Security and Emergency Preparedness, as well as responsibilities for key corporate processes such as serious incidents, complaints, claims and mortality reviews.

Service user and carer experience 2017/18 Quality Priority:

# Improving waiting times for referrals to multi-disciplinary teams

Target	To ensure that 100% of service users will wait no longer than 18 weeks for their first contact with all services, with the exception of the following services: • **Community Services for Children and Young People** – waiting time to treatment is measured and should be no more than 18 weeks • **Adult Autism Spectrum Disorder (ASD) Diagnosis service** – waiting times to be reduced • **Adult Attention Deficit Hyperactivity Disorder (ADHD) Diagnosis service** – waiting times to be reduced • **Adult Gender Identity Service** – waiting times to be reduced
Progress	**Not Met** Our aim remains that no-one should wait more than 18 weeks for their first contact with a community service. In line with nationally reported 18 weeks data, we measure progress against this by looking at the waiting list at the end of the year, and calculating how many of those service users waiting had been waiting for more or less than 18 weeks at that point. Referrals which are regarded as a priority or emergency by the clinical team would not be expected to wait 18 weeks for first contact. The definition of what constitutes a priority or emergency referral differs per service. We encourage service users, carers and referrers to keep in touch with us while they are waiting for their first contact and to let us know if anything about their situation changes. This year we have not seen the improvements in waiting times that we would have hoped for. Services have experienced continuing challenges and as a result some waiting times are longer than this time last year, most notably in services for children and young people South of Tyne and in the adult autism spectrum disorder diagnosis service. Within community services for adults and older people, the number of people waiting more than 18 weeks for their first contact with a service at 31st March 2018 was 285, which is an increase of 20% when compared with the same date last year. The longest waiting times for these services are in Northumberland and Sunderland.

## Waiting times analysis at locality level

In **Northumberland**, waiting times for adult service have lengthened, with 13% waiting more than 18 weeks as at 31 March 2018.

Within services for Children and Young People (CYPS), the waiting list is currently smaller than at any time in the last eighteen months and the proportion waiting more than 18 weeks for treatment is currently 13%, which is a deterioration compared with the same time last year but an improvement on more recent months. Waiting times for the adult attention deficit hyperactivity disorder diagnosis services have remained broadly the same and waits for the adult autism spectrum disorder diagnosis service have lengthened.
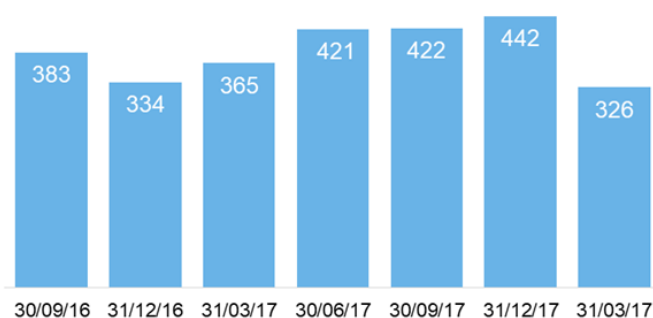
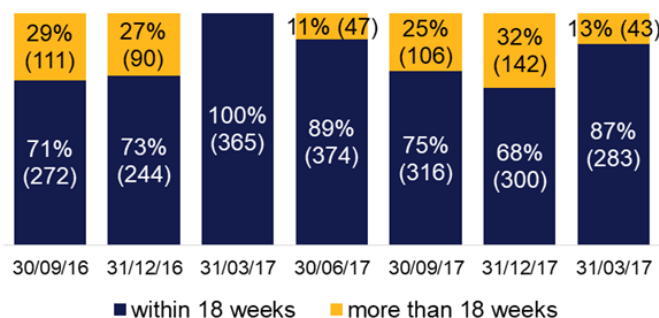*Figure 4a-f: Northumberland CCG waiting lists, assorted metrics*
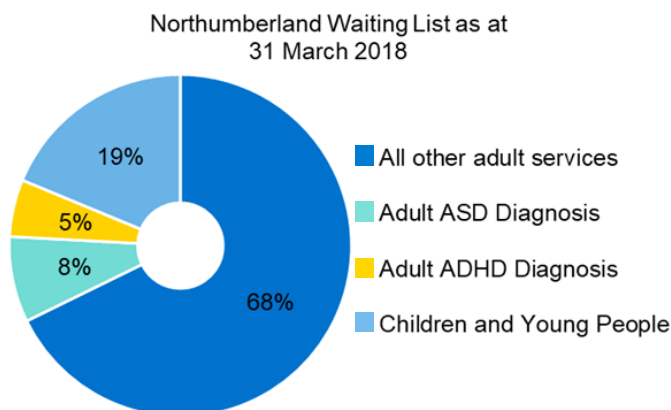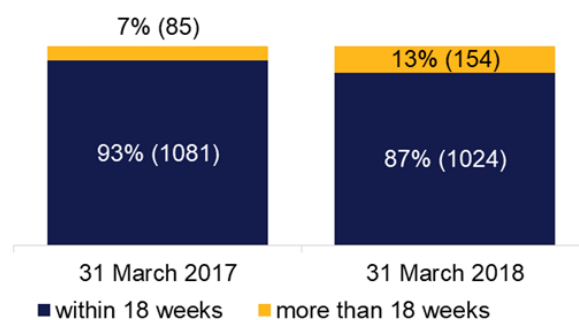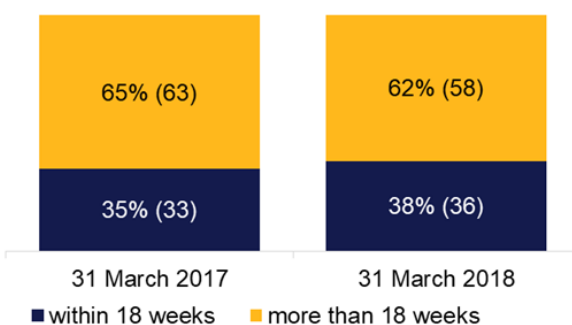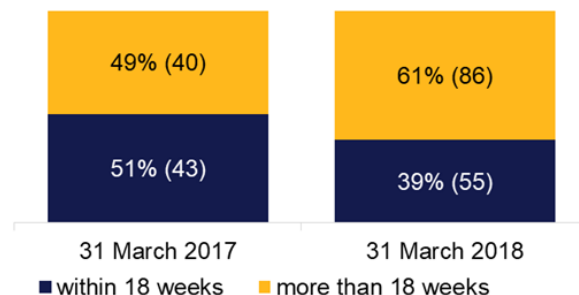
Data source: NTW

In **North Tyneside**, the waiting times for adult services have slightly lengthened. There has been some improvement in the adult attention deficit hyperactivity disorder diagnosis services and waits for the adult autism spectrum disorder diagnosis service have lengthened.

Figure 5a-d: North Tyneside CCG waiting lists, assorted metrics

North Tyneside Waiting List as at 31 March 2018
- All other adult services — 66%
- Adult ASD Diagnosis — 19%
- Adult ADHD Diagnosis — 15%

North Tyneside all other adult services % and number waiting more than and within 18 weeks

	31 March 2017	31 March 2018
more than 18 weeks	4% (19)	4% (16)
within 18 weeks	96% (504)	96% (378)
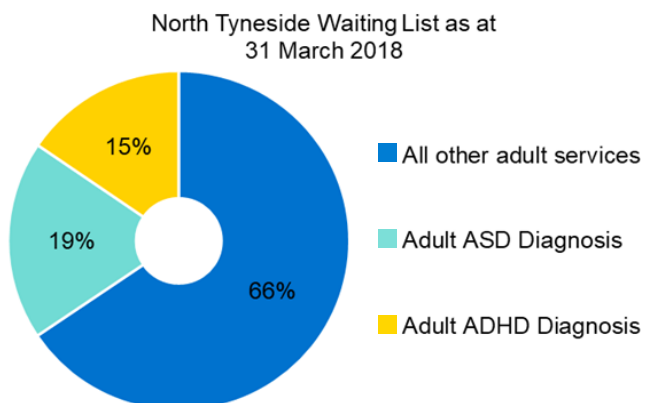
NTW does not provide community services for children and young people in North Tyneside, this service is provided by Northumbria Healthcare NHS Foundation Trust.
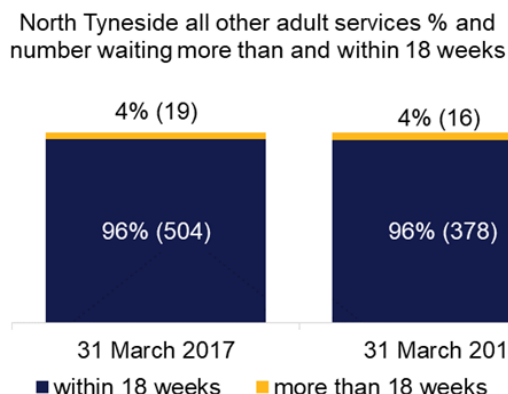
North Tyneside Adult ADHD Diagnosis % and number waiting more than and within 18 weeks

	31 March 2017	31 March 2018
more than 18 weeks	51% (46)	48% (45)
within 18 weeks	49% (44)	52% (48)
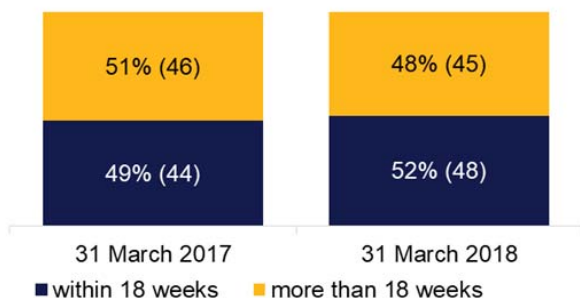
North Tyneside Adult Autism Spectrum Disorder Diagnosis % and number waiting more than and within 18 weeks

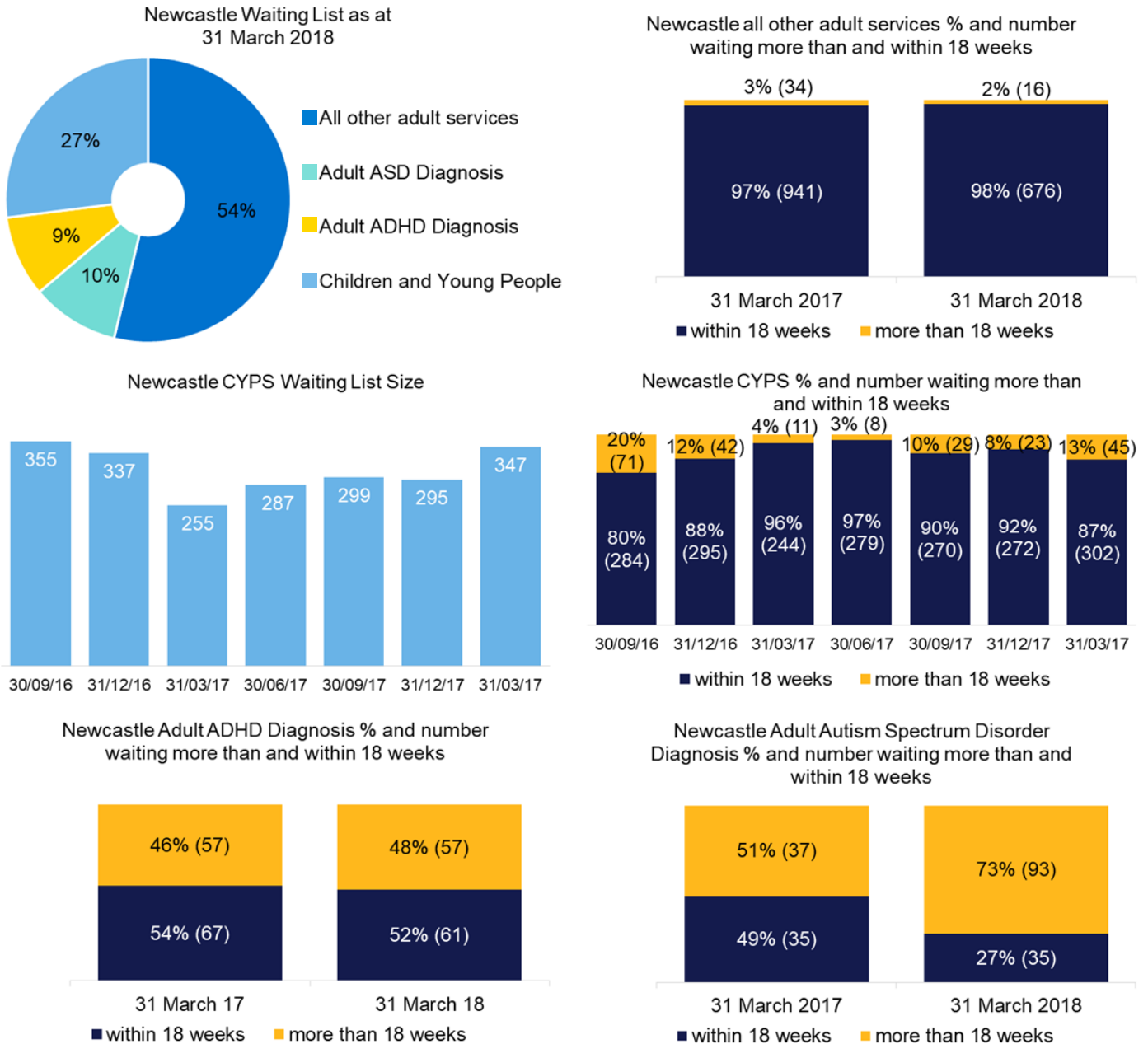|	31 March 2017	31 March 2018
more than 18 weeks	51% (37)	65% (74)
within 18 weeks	49% (35)	35% (40)

Data source: NTW

In **Newcastle**, there has been improvements in the waiting times for adult services.

The improvements made last year in reducing the number of children and young people waiting to access services in Newcastle have not been sustainable and waiting times have consequently increased during the year. Waiting times to treatment have lengthened, with 13% of people waiting to access these services on 31 March 2018 having waited longer than 18 weeks as of that date.

There has been no significant change in the waiting times for the adult attention deficit hyperactivity disorder diagnosis services, and for the adult autism spectrum disorder diagnosis service waiting times have lengthened.

*Figure 6a-f: Newcastle locality waiting lists, assorted metrics*

Newcastle Waiting List as at 31 March 2018

- All other adult services — 54%
- Adult ASD Diagnosis — 10%
- Adult ADHD Diagnosis — 9%
- Children and Young People — 27%

Newcastle all other adult services % and number waiting more than and within 18 weeks

	31 March 2017	31 March 2018
more than 18 weeks	3% (34)	2% (16)
within 18 weeks	97% (941)	98% (676)

Newcastle CYPS Waiting List Size

30/09/16	31/12/16	31/03/17	30/06/17	30/09/17	31/12/17	31/03/17
355	337	255	287	299	295	347

Newcastle CYPS % and number waiting more than and within 18 weeks

	30/09/16	31/12/16	31/03/17	30/06/17	30/09/17	31/12/17	31/03/17
more than 18 weeks	20% (71)	12% (42)	4% (11)	3% (8)	10% (29)	8% (23)	13% (45)
within 18 weeks	80% (284)	88% (295)	96% (244)	97% (279)	90% (270)	92% (272)	87% (302)

Newcastle Adult ADHD Diagnosis % and number waiting more than and within 18 weeks

	31 March 17	31 March 18
more than 18 weeks	46% (57)	48% (57)
within 18 weeks	54% (67)	52% (61)

Newcastle Adult Autism Spectrum Disorder Diagnosis % and number waiting more than and within 18 weeks

	31 March 2017	31 March 2018
more than 18 weeks	51% (37)	73% (93)
within 18 weeks	49% (35)	27% (35)

Data source: NTW

In **Gateshead**, there has been improvements in the waiting times for adult services.

Last year's improvements in waiting times for children and young people waiting to access services have not been maintained and waits have lengthened. There has been no significant change for access to the adult attention deficit hyperactivity disorder diagnosis service and there has been an increase in the waiting times for access to the adult autism spectrum disorder diagnosis service.

Figure 7a-f: Gateshead locality waiting lists, assorted metrics
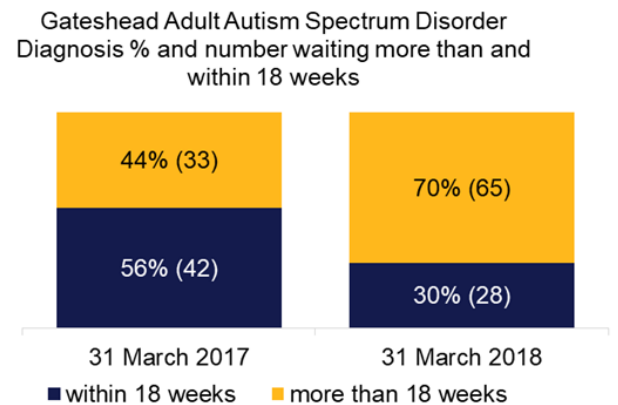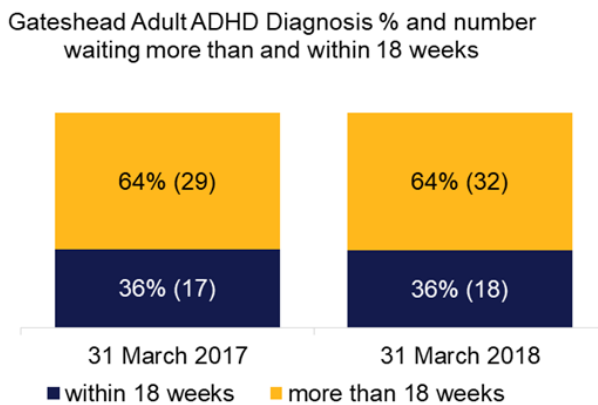
Data source: NTW

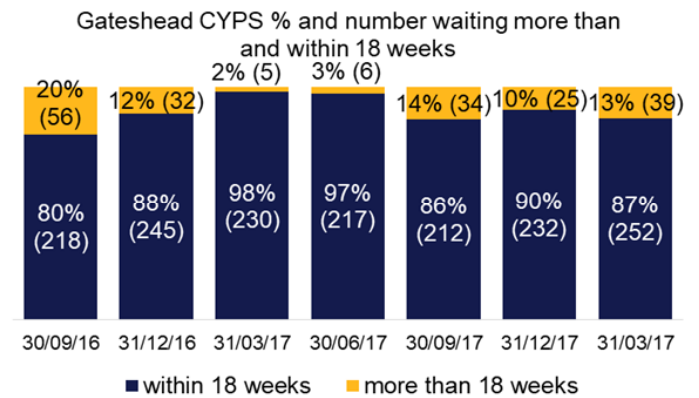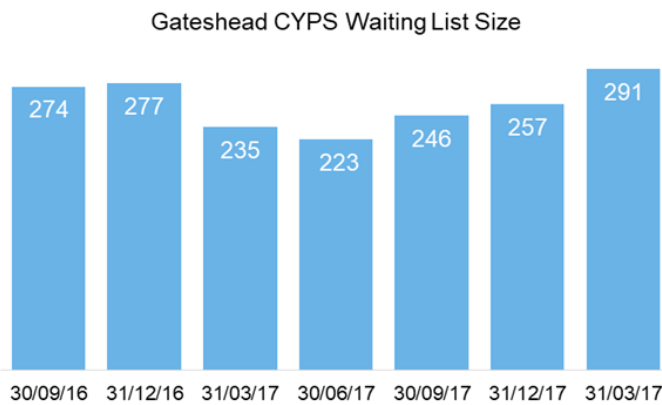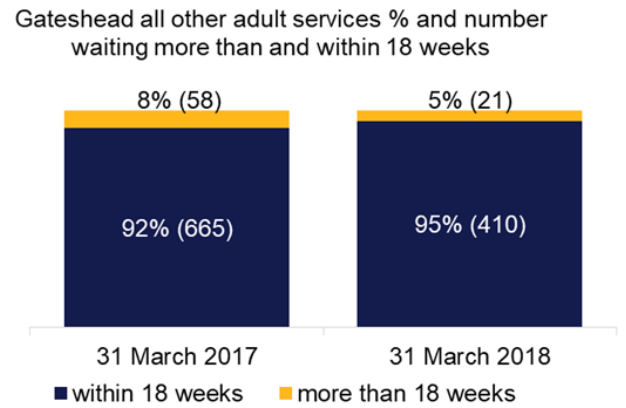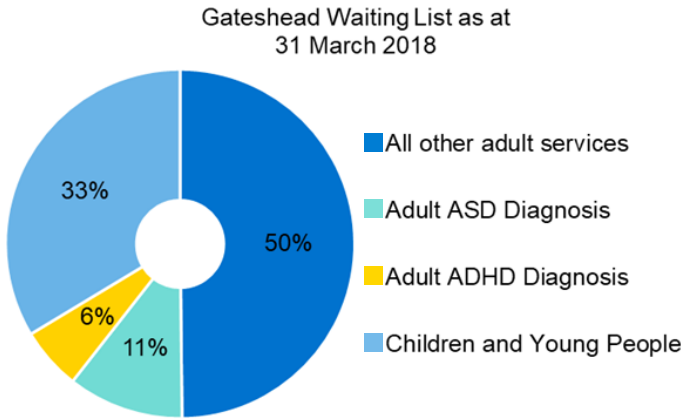In **South Tyneside**, there has been improvements in the waiting times to first contact for adult services.

Last year's improvements in waiting times for children and young people waiting to access services have not been maintained and waits have significantly lengthened, with 56% waiting more than 18 weeks as at 31 March 2018.

There has been a deterioration in waits to access to both the adult attention deficit hyperactivity disorder diagnosis service and the adult autism spectrum disorder diagnosis service.

Figure 8a-f: South Tyneside CCG waiting lists, assorted metrics
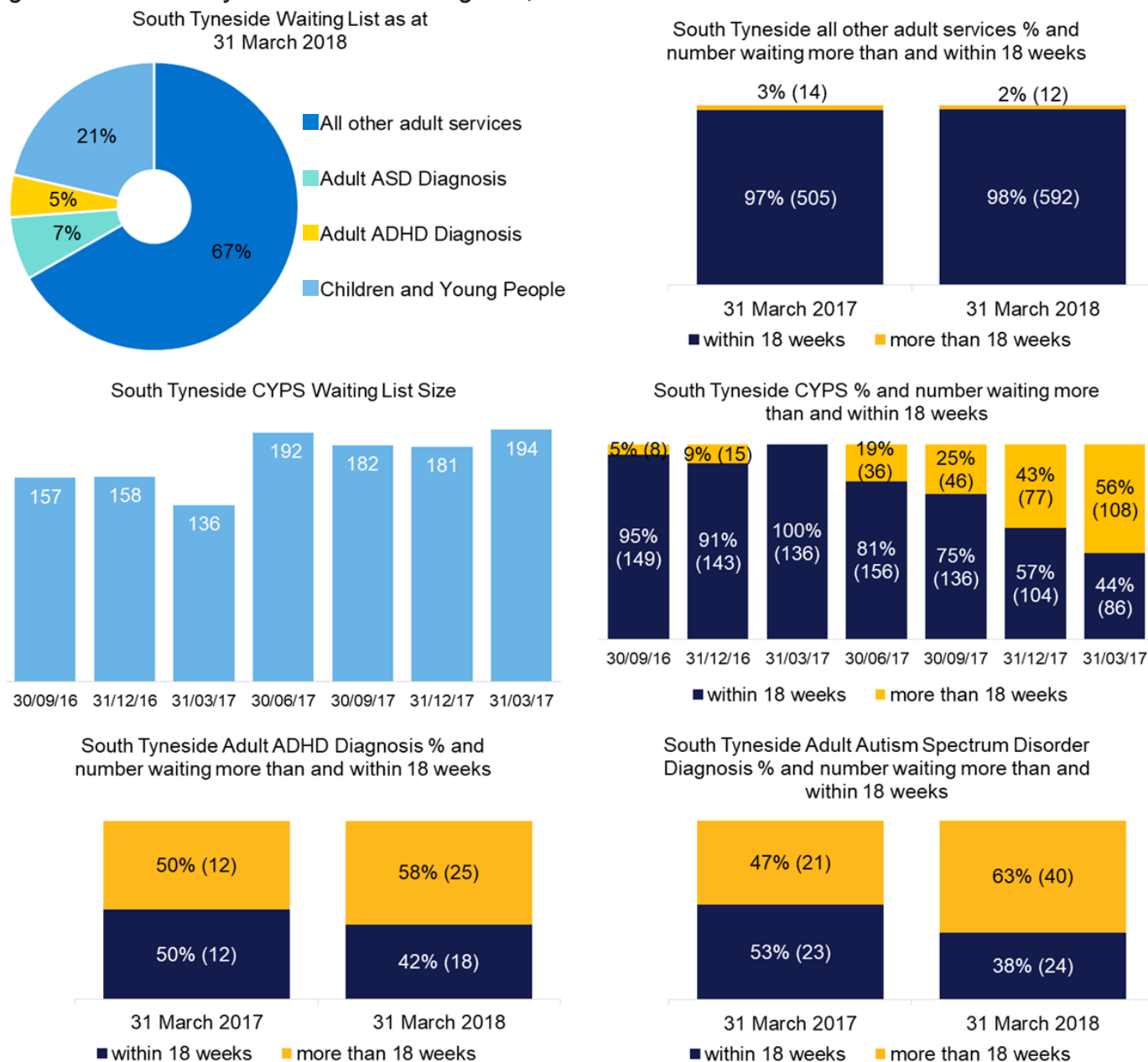
Data source: NTW

In **Sunderland**, waiting times for adult services have slightly deteriorated.

Waiting times for children and young people have significantly lengthened, with 42% waiting more than 18 weeks as at 31 March 2018.

There has been a deterioration in waits to access to the adult attention deficit hyperactivity disorder diagnosis service and the adult autism spectrum disorder diagnosis service.

Figure 9a-f: Sunderland CCG waiting lists, assorted metrics

Data source: NTW

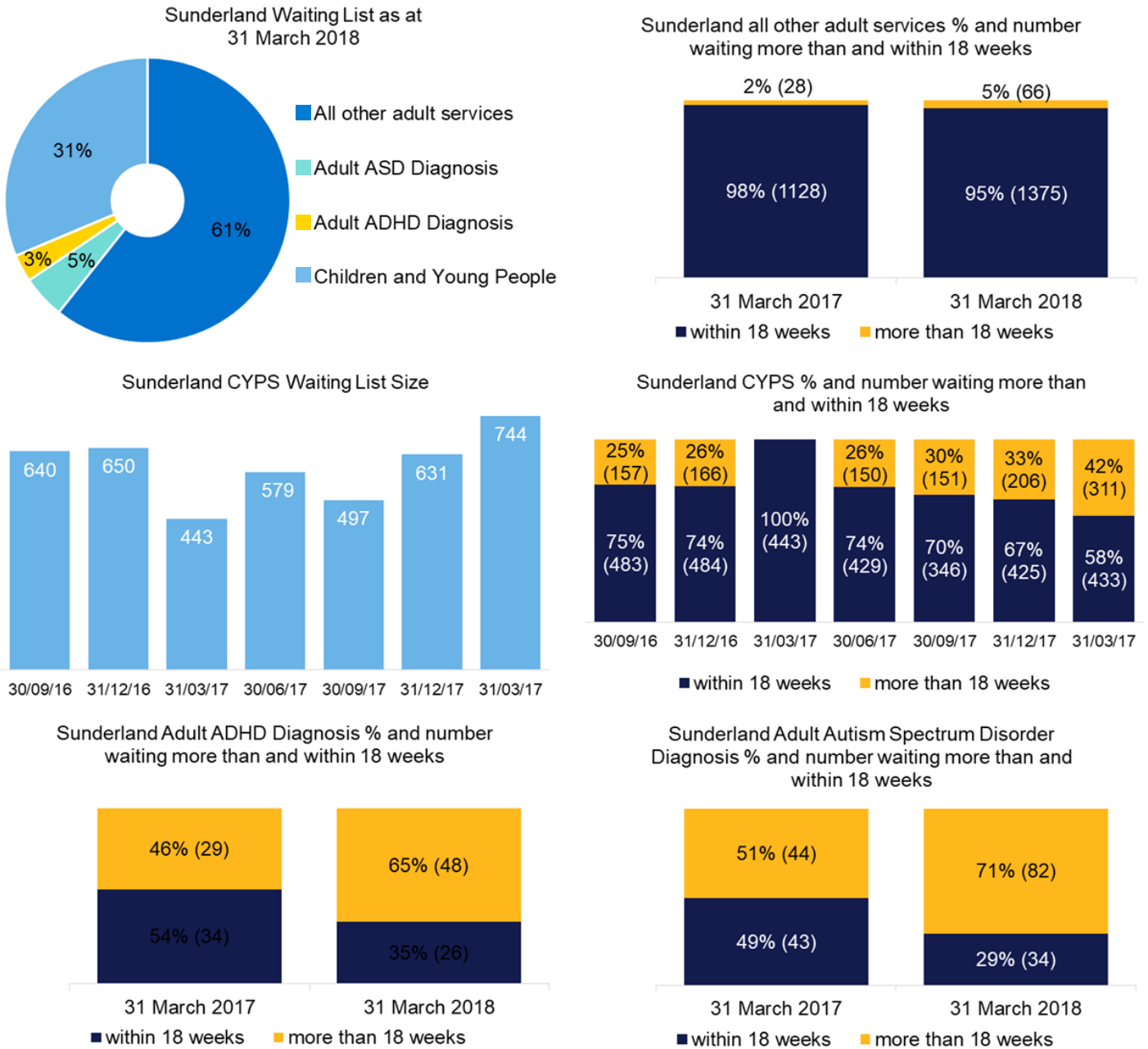The **Gender Identity Service** is a regional service commissioned by NHS England, therefore the data for this service is not displayed at Clinical Commissioning Group (CCG) level.

The overall waiting list for this service has varied between 300 and 375 people during the last two years.

Figure 10: Gender identity service waiting list, end of quarter snapshots
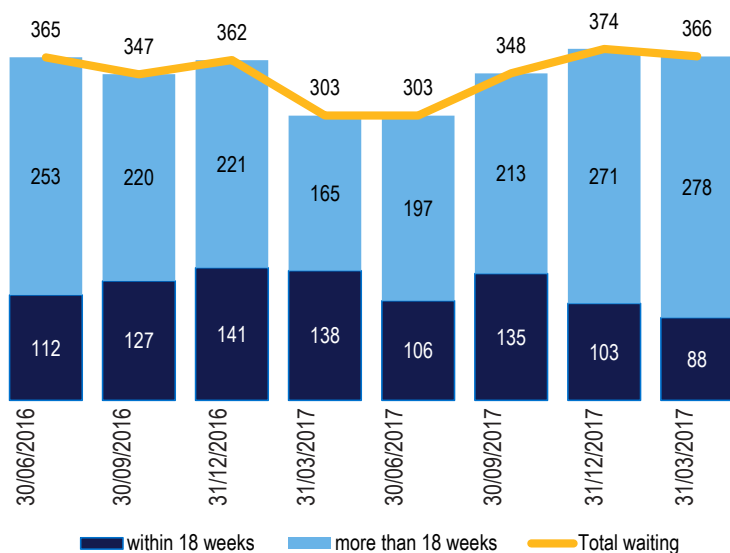
The 18 week standard is not being achieved. Waiting times for this service improved in 2016/17 however this has not been sustained and waits have been lengthening during 2017/18, with three quarters of those waiting to access the service having waited longer than 18 weeks as at 31 March 2018.

Data source: NTW

Figure 11: Gender identity service, percentage of service users waiting less than 18 weeks, end of quarter snapshots
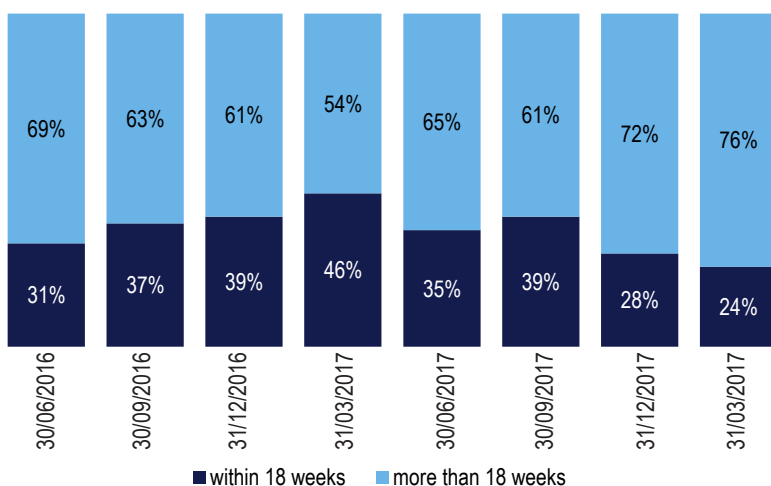
Data source: NTW

NTW data for **Five Year Forward View for Mental Health** waiting time standards:

Table 4: Five Year Forward View for Mental Health waiting times data 2017/18

Area	Waiting time measure	Minimum standard	NTW data	Data period
Early Intervention in Psychosis (EIP)	% starting treatment within two weeks of referral	50%	**95.2%**	April 2017 to March 2018
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	**99.6%**	April 2017 to March 2018
	% moving to recovery	50%	**52.4%**	
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	*95% by 2020/21*	**93.7%**	Quarter 4 2017/18
	% routine cases starting treatment within four weeks of referral		**82.1%**	

Data source: NTW

Service User and Carer Experience 2017/18 Quality Priority:

Implementing the principles of the Triangle of Care

Target	To improve the way we relate, communicate and engage with carers to involve them within care and support planning.
	Progress will be measured by monitoring carer feedback for an increase in quantity and quality of feedback due to increased engagement.
Progress	**Met**
	During 2017/18 we have refreshed the carer awareness training for inpatient and community services and a programme to cascade this training is under development. The original carer training is still ongoing until the refreshed training is launched. Systems are in place to record and monitor the number of staff who attend the training.
	We have developed systems and these are reviewed and updated regularly for all carer champions.
	A Trust-wide Rapid Improvement Process Workshop has taken place to review the Trust's approach to engaging with carers, "Getting to Know You".
	All services have developed action plans to implement the Triangle of Care principles, which are monitored and reviewed at carer champion forums within groups. A Trust wide position of all action plans are monitored through the Trust wide Triangle of Care Steering Group which was established this year.

What are the principles of Triangle of Care?

The six key principles are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter

2. Staff are 'carer aware' and trained in carer engagement strategies

3. Policy and practice protocols re: confidentiality and sharing information, are in place

4. Defined post(s) responsible for carers are in place

5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway

6. A range of carer support services are available

Service user and carer experience 2017/18 Quality Priority:

Co-production and personalisation of care plans

Target	In 2017/18 our aim was to learn from actions undertaken in Older People's Inpatient Services and to embed good practice in relation to the co-production and personalisation of care plan across all inpatient services.
Progress	**Met** During 2017/18 we reflected on work that had been undertaken within the older people's service to help us understand what needed to be taken forward. Further development was required to build on the audit tool that had been developed in the older people's service to allow the creation of a useable tool for adult services, with a baseline audit being undertaken. Care plan training is being delivered to all qualified nurses working on an inpatient ward using the training material that had been developed for older people services as a basis for designing a bespoke package for adult services. These are co-facilitated by a senior nurse and clinical nurse manager via a continuing cycle of mandatory workshops. Care plan clinics have been introduced and these are facilitated by senior clinicians and attended by qualified nurses. The workshops have been based on the principle of sharing best practice and evidence based interventions. A bespoke supervision workshop has been introduced and tailored for lead nurses to develop caseload reflective supervision incorporating person centred care planning which are due April 2018. A monthly ward care planning audit takes place using the registered care plan audit led by clinical leads and ward managers. The results are shared with the ward team and any lessons/themes are shared within each Clinical Business Unit. Outcomes are fed back to individuals via clinical supervision. A quarterly Clinical Business Unit clinical audit has been undertaken and results have been shared via the Locality Care Group Quality Standards meetings and Group Directors. A further quarterly audit is underway and the results will be collated, shared and reviewed against the current action plans.

How have the three service user and carer experience 2017/18 Quality Priorities helped support the service user and carer experience Quality Goal to "work with you, your carers and your family to support your journey"?

We aim to demonstrate success against this Quality Goal by improving the overall score achieved in the annual CQC survey of adult community mental health services and by reducing the number of complaints received. We will also review the feedback received from our Points of You survey which includes the national "Friends and Family Test".

CQC Community Mental Health Service User Survey 2017

This national survey gathered information from over 12,000 adults across England who were in receipt of community mental health services between September 2016 and November 2016. NTW's response rate was in line with the national response rate of 26%.

Overall, the Trust scored 7.2 (out of 10) in response to the question about overall experience of care. This was within the expected range for the Trust and remains unchanged from the 2016 survey. The NTW result for this question has been relatively static for the last four years (see Figure 29).

When comparing results with other providers, CQC identifies whether a trust performed "better", "worse" or "about the same" as the majority of trusts for each question. There are two areas in 2017 where NTW performed better than other trusts to an extent that is not considered to be through chance. These relate to involving carers and explaining changes in who people see. There is also one area where NTW performed worse than expected, which is providing advice and support in finding support for financial advice or benefits.

Figure 12: NTW's overall experience of care score 2014 to 2017

Data source: CQC

While most questions remain within the expected ranges for the Trust, many saw slightly decreased scores compared with last year – most notably in the section focusing on "reviewing care". There was one area of improvement compared with 2016, in the section "changes in who you see". None of the year on year score changes are considered statistically significant.
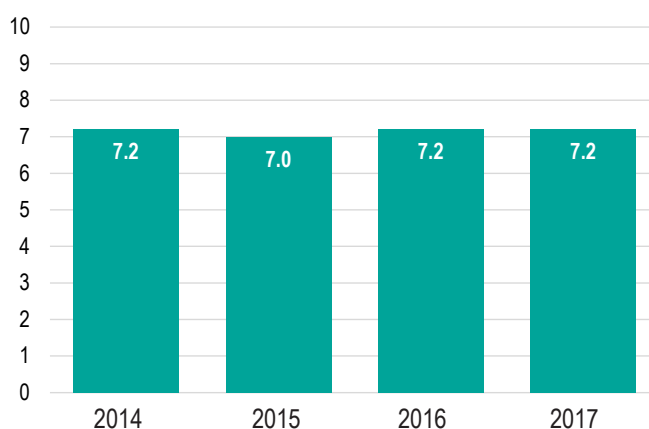
Table 5: National mental health community patient survey results for 2016 and 2017

Survey section	2016 NTW score (out of 10)	2017 NTW score (out of 10)	2017 NTW lowest – highest question score	2017 Position relative to other mental health trusts
1. Health and Social Care Workers	7.9	**7.8**	6.4 – 8.1	About the Same
2. Organising Care	8.6	**8.5**	7.8 – 9.0	About the Same
3. Planning Care	7.0	**7.0**	6.0 – 7.5	About the Same
4. Reviewing Care	7.9	**7.4**	6.2 – 8.3	About the Same
5. Changes in who you see	6.0	**6.7**	4.6 – 7.3	About the Same
6. Crisis Care	6.5	**6.2**	5.1 – 7.3	About the Same
7. Treatments	7.6	**7.6**	6.3 – 8.2	About the Same
8. Support and Wellbeing	5.3	**5.1**	3.5 – 5.9	About the Same
9. Overall Views of Care and Services	7.6	**7.4**	5.9 – 7.9	About the Same
Overall Experience	**7.2**	**7.2**	**5.9 – 7.5**	

Data source: CQC

Mental health inpatient survey 2017

A separate survey of mental health inpatients has also taken place during 2017, which, unlike the community mental health survey, is not mandated by CQC, resulting in lower trust participation. CQC do not publish the results of this survey. As with the community mental health survey, this is an opportunity to compare results with the findings of our Points of You process and explore issues in further detail.

Individuals age 16-64 who had been admitted to an NTW acute mental health ward for at least 48 hours in the period 1st July 2016 to 31st December 2016 were surveyed and 22% responded.

Two areas of improvement identified were in relation to delayed transfers of care and service users feeling that that they were not always not listened to carefully by psychiatrists. High scoring areas in comparison to other trusts were cleanliness of bathrooms and toilets, availability of activities at evenings and weekends, and service users being aware how to make a complaint. There was also some areas of significant improvement compared to the last time the Trust participated in this survey (2015), most notably in responding to specific dietary needs, explaining the purpose and side effects of medication and the reading of rights.

Quantitative comments made by participants of both surveys have been received and found to be broadly in line with the thematic analysis of Points of You comments received.

Complaints

Information gathered through our complaints process is used to inform service improvements and ensure we provide the best possible care to our service users, their families and carers.

Complaints have increased during 2017/18 with a total of 544 received during the year. This is an increase of 108 complaints (25%) from 2016/17. Although complaints are very individual, there has been a general increase in dissatisfaction with new ways of working (episodic care). This has a focus on recovery and has in some cases impacted on benefit levels where it is felt the person no longer requires long term care co-ordination. Other themes identified include waiting times in community services for children and young people, multiple assessments and a general lack of communication around progress or diagnosis.

Figure 13: Number of complaints received 2015/16 to 2017/18
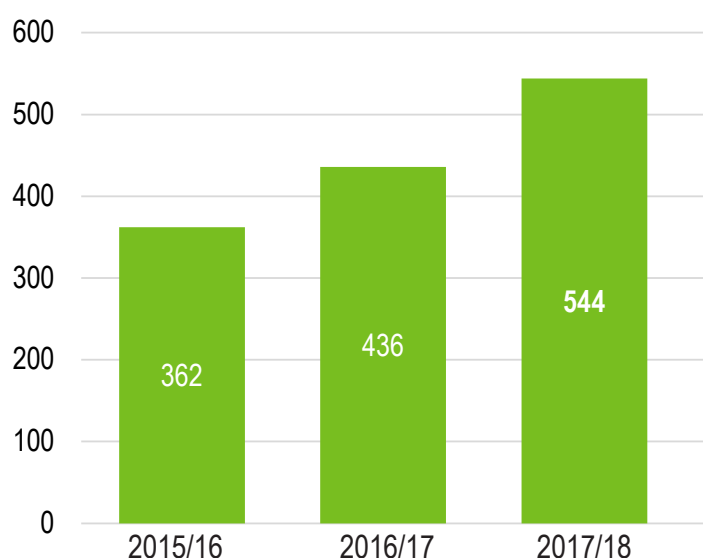
Data source: NTW

A new Learning and Improving group has recently been established to look at ways of embedding learning across the organisation incorporating learning from complaints, claims and incidents. Lessons learned are disseminated across services with the aim of improving the quality of care.

The Patient Advice and Liaison Service (PALS) gives service users and carers an alternative to making a formal complaint. The service provides advice and support to service users, their families, carers and staff, providing information, signposting to appropriate agencies, listening to concerns and following up concerns with the aim of helping to sort out problems quickly.

Table 6: Number of complaints received by category 2015/16 to 2017/18

Complaint Category	2015/16	2016/17	2017/18
Patient Care	76	124	157
Communications	72	75	83
Values and Behaviours	58	64	109
Facilities	6	29	7
Prescribing	24	26	31
Admissions and Discharges	24	21	37
Appointments	22	20	22
Clinical Treatment	15	20	21
Trust Admin/ Policies/ Procedures	11	17	17
Other	15	13	13
Privacy, Dignity and Wellbeing	9	12	4

Complaint Category	2015/16	2016/17	2017/18
Access to Treatment or Drugs	9	7	10
Restraint	9	4	2
Waiting Times	10	3	17
Commissioning	0	1	0
Consent	1	0	1
Integrated Care	1	0	1
Staff Numbers			2
Total	**362**	**436**	**544**

Data source: NTW

Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. In 2017/18 we responded to complaints in line with agreed timescales in 89% of cases. Table 7 indicates the numbers of complaints and the associated outcomes for the 3 year reporting period:

Table 7: Number (and percentage) of complaint outcomes 2015/16 to 2017/18

Complaint Outcome	2015/16	2016/17	2017/18
Closed – Not Upheld	91 (25%)	135 (31%)	**150 (27%)**
Closed – Partially Upheld	89 (25%)	107 (25%)	**163 (30%)**
Closed – Upheld	76 (21%)	87 (20%)	**80 (15%)**
Comment			**1 (0%)**
Complaint withdrawn	29 (8%)	50 (11%)	**48 (9%)**
Decision not to investigate	3 (1%)	5 (1%)	**3 (1%)**
Still awaiting completion	51 (14%)	34 (8%)	**72 (13%)**
Unable to investigate	23 (6%)	17 (4%)	**27 (5%)**
Total	**362**	**436**	**544**

Data source: NTW

Complaints referred to the Parliamentary and Health Service Ombudsman

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

The role of the PHSO is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Outcome of complaints considered by PHSO, as at 31 March 2018 there were 10 cases still ongoing and their current status at the time of writing is as follows:

Table 8: Outcome of complaints considered by the PHSO

Enquiry	4
Draft – partially upheld	2
Draft – not upheld	1
Intention to investigate	3

Data source: NTW/PHSO

Friends and Family Test – service users and carers

The NHS Friends and Family Test is a national service user and carer experience feedback programme. The Friends and Family Test question asks:

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

There are 5 possible answer options ranging from extremely likely to extremely unlikely (with an additional option of 'don't know').

Figure 14: Percentage of respondents who would or would not recommend the services they received to their friends and family 2015/16 to 2017/18

Would recommend **87% (2017/18)** 81% (2016/17) 81% (2015/16)	Neither/don't know **7% (2017/18)** 13% (2016/17) 15% (2015/16)	Would not recommend **7% (2017/18)** 6% (2016/17) 4% (2015/16)
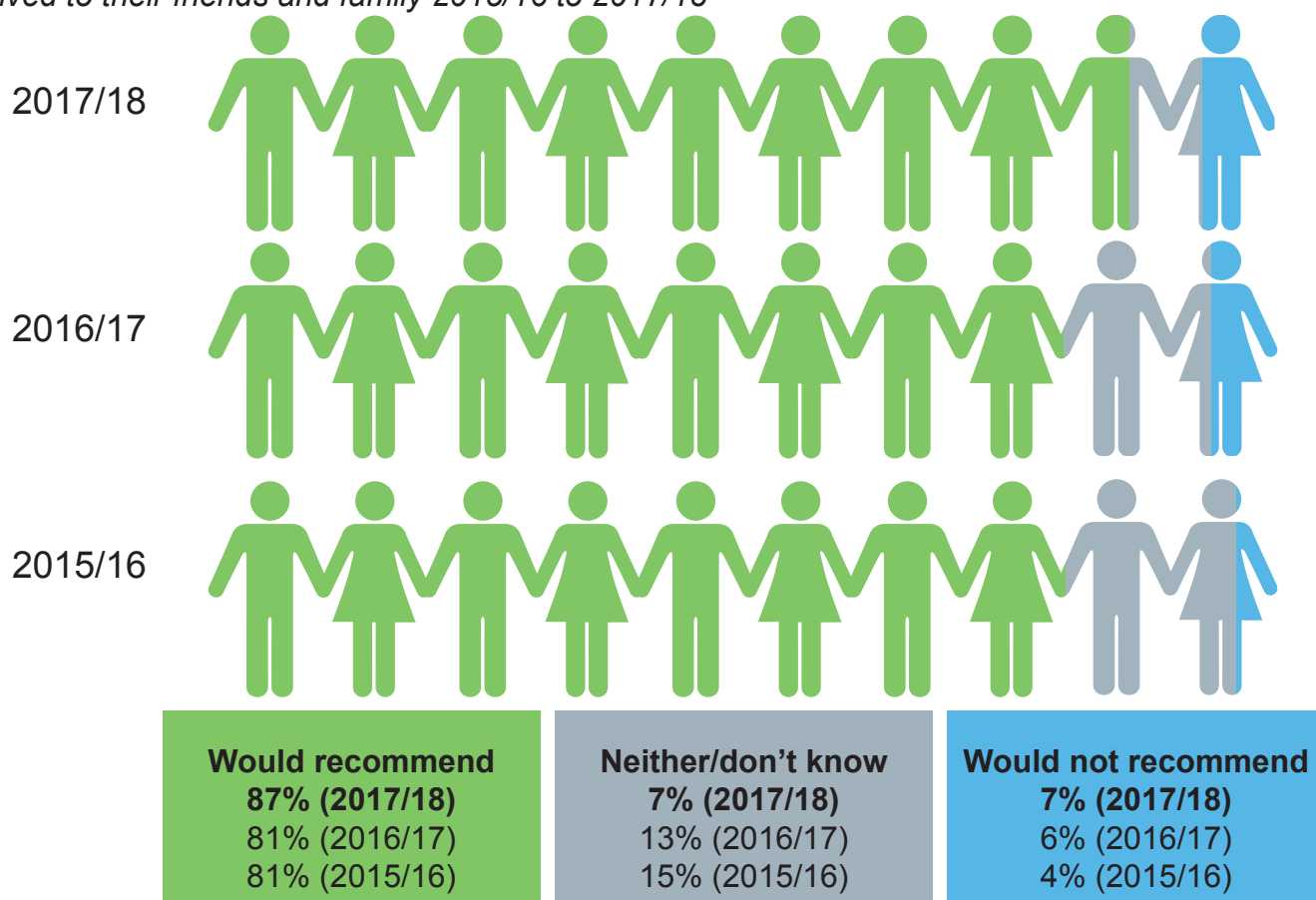
Data source: NTW

During 2017/18, 6,563 responses to the Friends and Family Test question were received which was a 63% increase in responses compared to 2016/17 (4,031 responses received). Of respondents, 87% said they would recommend the service they received (rating of extremely likely or likely), this score has increased compared to 2016/17. Seven percent of respondents indicated they would not recommend the service they received (ratings of extremely unlikely or unlikely) which is a small increase compared to 2016/17.

Points of You Survey

We use the Points of You survey to gather feedback from service users and carers about their experience of our services.

The below Table 9 shows the questions asked in the survey and the results for the period January to March 2018, when we received feedback from approximately 1,200 service users and 500 carers:

Table 9: Points of You responses January to March 2018

Question	Score: (out of ten)
How kind and caring were staff to you?	9.4
Were you encouraged to have your say in the treatment or service received and what was going to happen?	8.5
Did we listen to you?	8.9
If you had any questions about the service being provided did you know who to talk to?	8.7
Were you given the information you needed?	9.2
Were you happy with how much time we spent with you?	8.4
Did staff help you to feel safe when we were working with you?	9.2
Overall did we help?	8.8

Data source: NTW

This data can be displayed by service type, as per Table 10 below:

Table 10: Points of You responses by service type, January to March 2018

	Number of Responses Q4	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	**1729**	**9.4**	**8.5**	**8.9**	**8.7**	**9.2**	**8.4**	**9.2**	**8.8**
Neuro Rehab Inpatients (Acute Medicine)	28	9.6	9.0	9.3	9.3	9.3	8.9	9.7	9.5
Neuro Rehab Outpatients (Acute Outpatients)	158	9.8	9.4	9.6	9.3	9.8	9.3	9.8	9.5

	Number of Responses Q4	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Community mental health services for people with learning disabilities or autism	57	9.6	8.7-	9.0	7.1	8.9	8.4	9.3	8.7
Community-based mental health services for adults of working age	321	9.0	9.0	9.4	9.5	9.2	8.9	9.7	9.5
Community-based mental health services for older people	430	9.7	8.9	9.2	8.8	9.4	8.7	9.5	9.2
Mental health crisis services and health-based places of safety	86	8.7	8.0	8.5	7.8	8.4	7.9	8.4	8.0
Acute wards for adults of working age and psychiatric intensive care units	48	9.1	7.0	7.4	7.3	7.9	7.1	8.1	7.8
Child and adolescent mental health wards	21	9.0	7.1	8.4	9.5	9.4	7.6	8.5	8.4
Forensic inpatient/secure ward	1	10.0	7.5	10.0	10.0	10.0	7.5	10.0	10.0
Long stay/rehabilitation mental health wards for working age adults	36	9.6	8.8	9.0	9.7	9.7	8.5	9.5	9.2
Wards for older people with mental health problems	29	9.4	8.1	8.4	8.5	8.8	8.6	9.3	8.8
Wards for people with learning disabilities or autism	10	9.0	8.5	8.0	10.0	8.9	7.5	8.0	7.5
Children and Young Peoples Community Mental Health Services	156	8.9	8.1	8.5	8.5	9.0	7.9	9.1	7.4
Substance Misuse	153	9.7	8.8	9.0	9.3	9.6	8.5	9.4	9.5
Other	195	9.5	8.0	9.1	9.1	9.5	8.6	9.5	9.2

Data source: NTW

Key:

Score 8 to 10 (highest score)	Score 6 to 7.9	Score 4 to 5.9	Score 2 to 3.9	Score 0 to 1.9 (lowest score)

2017/18 Clinical Effectiveness Quality Priority:

Use of the Mental Health Act – reading of rights

Target	Staff must remind service users of their rights and the effects of the Mental Health Act (MHA) from time to time, ensuring that staff explain service users' rights to them on admission and routinely thereafter as outlined in the Mental Health Act Code of Practice. We must ensure that patients subject to Community Treatment Orders (CTOs) are read their rights at regular intervals as outlined in the Mental Health Act Code of Practice
Progress	**Met** During 2017/18 the process for recording the reading of rights in our electronic patient record system (RiO) has been reviewed and updated to support practice and to comply with the requirements of the MHA Code of Practice. A communication and engagement plan was developed to support the launch of the new form and to highlight/embed practice requirements to all relevant staff. Compliance reports are currently reviewed at relevant groups across the organisation including the individual Clinical Business Unit Quality Standards Groups. The Mental Health Act dashboard, showing compliance with requirements has been enhanced during the year and planned targets which were set for the year have been exceeded, as below: 1. Record of Rights assessed at section change (quarter 4) – 86.9% 2. Record of rights assessed at the point of CTO (quarter 4) – 81.8% 3. Record of Rights (CTO) reviewed in the past 3 months (quarter 4) – 96.3% Awareness sessions have been delivered throughout the year and an E-Learning package is currently under development along with a 'Rights' poster for both detained and Community Treatment Order service users – this has been circulated for display in relevant areas. It is intended that an evaluation of the impact of these actions will be carried out in 2018/19.

How has the "Use of the Mental Health Act – Reading of Rights" Quality Priority helped support the clinical effectiveness Quality Goal of "ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs"?

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

Service improvement and developments throughout 2017/18

These are some of the key service improvements and developments that the Trust implemented during 2017/18:

Trustwide:

Chill out rooms and sensory strategies

Following the implementation of chill out rooms and sensory strategies on the adult inpatient wards, this has now been extended to older people's inpatient wards. NTW is leading the way with access on all adult and older people's wards to sensory techniques and equipment. The chill out rooms provide a space to develop sensory strategies and coping mechanisms. Techniques are also demonstrated using everyday equipment that can be purchased on discharge for example coloured lights.

These spaces can also be used by staff for debrief sessions or to provide a safe, calm environment for carers, particularly on the older people's organic wards where carers may be distressed following a visit.

New services

We successfully secured the contract to provide addictions services within HMP Haverigg from 2018.

Working in partnership with Changing Lives on a social impact bond for entrenched rough sleepers, commenced November 2017.

Northumberland

Within the Northumberland Locality we have been working jointly with our primary care colleagues to develop an e-referral form to be utilised by our GP practices. The aspiration is that NTW will be able to provide bespoke advice and guidance and respond to GPs within 48 hours of referral.

Psychiatric liaison services

Working in partnership with Northumberland CCGs, there is now 24/7 service provision in Northumbria Specialist Emergency Care Hospital to enable those presenting to an acute hospital to receive assessment and appropriate ongoing support for mental health difficulties.

North Tyneside

The team is working with the Local Authority on fast track training for Mental Health Social Workers (Think Ahead programme) who are working within the community mental health teams under a more integrated model.

Newcastle/Gateshead

Developing biopsychosocial formulations in older peoples inpatient units

Staff in the older people's functional and organic inpatient units across NTW were trained in either the 5Ps plus plan biopsychosocial formulation or the Newcastle model of formulation. The aim was to enable a more holistic picture of every service user's difficulties and strengths and to use this to guide more individualised person centred care plans. In Newcastle on the functional inpatient units staff try, where possible, to develop the formulation directly with service users as well as with the wider multidisciplinary team in weekly formulation meetings. Goals of admission and individualised care plans are then developed from the information gathered in the formulation. These are done together with service users when they are able to, as well as with the multidisciplinary team.

An evaluation of the 5Ps training on two of NTW's units found significant changes in staff empathy towards the service user and a significant increase in their understanding of and feelings of confidence about working with that person.

On the organic unit in Newcastle where many service users are less able to engage in developing a formulation the multidisciplinary team meet to develop a biopsychosocial formulation based on the Newcastle model. This looks at what needs might be being expressed by a person's behaviour. Information is also gathered from family and carers and an individualised needs led care plan developed to try to meet those needs in the least restrictive way. The care plan is reviewed during the person's stay on the unit and amended as necessary. It is shared with community staff and families and with care home staff at discharge. This helps to ease the transition from hospital to community and to reduce readmissions.

Psychiatric liaison services

Working in partnership with both Newcastle and Gateshead CCGs, there is now 24/7 service provision in both Newcastle's Royal Victoria Infirmary (RVI) and Gateshead's Queen Elizabeth Hospital (QE) to enable those presenting to an acute hospital to receive assessment and appropriate ongoing support for mental health difficulties.

South Tyneside

Delivering integration through the co-location of mental health and social services.

The South Tyneside community adult mental health team and South Tyneside local authority have been co-located at the Jane Palmer Community Hospital since June 2017.   The co-location has brought opportunities for joint, integrated working, to ensure that coordinated and less fragmented care packages addressing mental, physical and social health are developed and wrapped around the service user. The close proximity allows the services to liaise more efficiently about referrals, ensuring that the most appropriate service completes the assessment and that the information is shared with the referring agency. As a result there has been a reduction in the duplication of assessments, which is beneficial for the service user.

Sunderland

Implementation of a multi-disciplinary support model in the Organic Older People's Pathway in the South.

The Trust has implemented a multi-disciplinary support model in the organic older persons pathway in the South to enhance inter agency working with social services to ensure appropriate and timely admissions and discharges to and from our organic wards.   The model has delivered tangible benefits in reducing bed occupancy level on the wards and out of locality placements improving the care and experience for service users, carers and families. The learning from the success of the scheme has been shared, and has elicited similar improvements in the older people's functional pathway.

New care models in tertiary mental health services

The Trust submitted an application as a secondary mental health provider to manage care budgets for adult secure mental health services in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust. This is part of a process aimed at admission avoidance, shorter lengths of stay, and repatriating service users from out of area placements.

NICE Guidance Assessments Completed 2017/18

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
During 2017/18 the Trust undertook the following assessments against appropriate guidance to further improve the quality of services provided.

Table 11: NICE guidance assessments completed in 2017/18

Ref	Topic Details/Objective	Compliance Status/main actions
NG 51	Sepsis: recognition, diagnosis and early management	Partial Compliance. Final Audit scheduled for April 2018 to review amendments made to policies and Sepsis awareness
NG 53	Transition between inpatient mental health settings and community or care home settings	Compliant to guidance There is an action plan in place with some quality improvements.
NG55	Harmful sexual behaviour among children and young people	Compliant to guidance. There is an action plan in place with some quality improvements
CG28	Depression in children and young people: Identification and management in primary, community and secondary care	Partial Compliance. Clinical audit planned to reassess
QS 97	Drug allergy: diagnosis and management	Partial Compliance. Policy has been amended. Final action around Electronic prescribing
QS102	Bipolar disorder, psychosis and schizophrenia in children and young people	Partial Compliance Actions include systems to improve monitoring of the physical health of children prescribed antipsychotics.
QS 133	Children's Attachment	Partial Compliance. Actions in place around improvements to recording and specialist training and assessments
QS 113	Healthcare-associated infections	Full compliance - Action plan complete April 2017
PH 48	Smoking Cessation	Full compliance - Action plan complete April 2017
PH 52	Managing Overweight and obesity in adults	Full compliance - Action plan complete May 2017
QS121	Antimicrobial Stewardship	Full compliance - Action plan complete June 2017
NG 15	Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use	Full compliance - Action plan complete June 2017

Ref	Topic Details/Objective	Compliance Status/main actions
QS 90	Urinary tract infections in adults	Full compliance - Action Plan complete June 2017
QS140	Transition from children's to adults' services	Full compliance at Baseline assessment June 2017
QS 11	Quality Standard for Alcohol dependence	Full compliance - Action plan May 2017
QS 120	Medicines Optimisation	Full compliance - Action Plan complete July 2017
CG 42	Dementia	Full compliance - Action Plan complete Sept 2017
QS 86	Falls in older people: assessment after a fall and preventing further falls	Full compliance - Action plan complete March 2018

Data source: NTW

Part 2c

Part 2c

Mandatory Statements relating to the Quality of NHS services provided

Review of services

During 2017/18 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 179 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all the data available to them on the quality of care in all 179 of these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 100 per cent of the total income generated from the provision of relevant health services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2017/18.

Participation in clinical audits

During 2017/18, 7 national clinical audits covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

The national clinical audits eligible for participation by Northumberland, Tyne and Wear NHS Foundation Trust during 2017/18 are shown in Table 12.

The Trust participated in 100% of national clinical audits which Northumberland, Tyne and Wear NHS Foundation Trust were eligible to participate in during the 2017/18 period.

The national clinical audits that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, are listed in Table 13 below with the number of cases submitted to each audit, and as a percentage of the number of registered cases required by the terms of that audit if applicable.

Table 12: National clinical audits 2017/18

1	POMH-UK Topic 17a: Use of depot/long-acting anti-psychotic injections for relapse prevention
2	POMH-UK Topic 15b: Prescribing Valproate for Bipolar Disorder
3	Specialist Rehabilitation for Patients with Complex Needs following Major Injury: Response Times for Assessment and Admission, Functional Gain and Cost-Efficiency
4	National Clinical Audit of Anxiety and Depression (NCAAD)
5	National Clinical Audit of Psychosis (NCAP)
6	CCQI Early Intervention in Psychosis Network: Self-Assessment Audit 2017-2018
7	POMH-UK Topic 16b: Rapid Tranquilisation

Data source: NTW

Table 13: Cases submitted for national clinical audits 2017/18

	National Clinical Audits 2017/18	Cases submitted	Cases required	%
1	POMH-UK Topic 17a: Use of Depot / long-acting anti-psychotic injections for relapse prevention (CA-17-0008)	Sample provided: 220 POMH-UK report due July 2018	-	-
2	POMH-UK Topic 15b: Prescribing Valproate for Bipolar Disorder (CA-17-0011)	Sample provided: 254 POMH-UK report due July 2018	-	-
3	Specialist Rehabilitation for Patients with Complex Needs following Major Injury: Response Times for Assessment and Admission, Functional Gain and Cost-Efficiency (CA-17-0018)	Sample provided: Ward 1: 35 Wards 3 and 4: 63 Total: 98 Final report and action plan September 2017	All patients: 98	100%
4	National Clinical Audit of Psychosis (NCAP) (CA-17-0017)	Sample provided per CCG as follows: South Tyneside: 50 Sunderland: 49 Newcastle: 50 Gateshead: 50 North Tyneside: 51 Northumberland: 50 Total: 300 National Report due June 18	300	100%
5	CCQI Early Intervention in Psychosis Network: Self-Assessment Audit 2017-2018 (CA-17-0023)	Sample provided per EIP Service as follows: South Tyneside: 68 Sunderland: 107 Newcastle: 139 Gateshead: 105 North Tyneside: 68 Northumberland: 79 Total: 566 National Report due July 18	566	100%

Data source: NTW

The reports of 4 national clinical audits were reviewed by the provider in 2017/18, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Table 14: Actions to be taken in response to national clinical audits

	Project	Actions
1	Topic 16a: Rapid Tranquilisation (CA-16-0040)	Rapid Tranquilisation policy/ e-learning package updated
2	Topic 7e: Monitoring of Patients Prescribed Lithium (CA-16-0045)	Awareness raising via Medicines Management Committee Newsletter and updated checklist put in place.
3	Topic 11c: Prescribing antipsychotic medication for people with dementia (CA-16-0046)	Review of existing RiO initiation, prescribing tools, electronic updates and prescribing forms.
4	Specialist Rehabilitation for Patients with Complex Needs following Major Injury: Response Times for Assessment and Admission, Functional Gain and Cost-Efficiency (CA-16-0084)	Appointment of an additional consultant, and the increased session support provided by another, have now addressed issues

Data source: NTW

Additionally, 104 local clinical audits were reviewed by the provider in 2017/18 and the details can be found in Appendix 2.

Research

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 1,661.

This is a 22% increase on last year's recruitment figure and is above the year on year average (10% increase since 2010/2011).

The Trust was involved in 75 clinical research studies in mental health, dementia, learning disability and neuro-rehabilitation related topics during 2017/18, of which 52 were National Institute for Health Research (NIHR) portfolio studies.

This is a 4% increase from last year's figure and is slightly below the year on year average (7% increase since 2010/2011).

During 2017/18, 50 clinical staff employed by the Trust participated in ethics committee approved research.

We have continued to work closely with the NIHR Clinical Research Networks North East and North Cumbria Local Clinical Research Network to support national portfolio research and have achieved continued success with applications for large-scale research funding in collaboration with Newcastle and Northumbria Universities.

According to the latest NIHR Clinical Research Network annual league tables NTW are the 3rd most research active mental health and disability trust based on number of active research studies

Goals agreed with commissioners

Use of the Commissioning for Quality and Innovation (CQUIN) framework

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

A proportion of Northumberland, Tyne and Wear NHS Foundation Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at www.ntw.nhs.uk.

For 2017/18, 6.4m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6.4m in 2016/17).

CQUIN Indicators

All CQUIN requirements for 2017/18 are fully delivered for quarters 1 to 3 and pending agreement for quarter 4. A summary of CQUIN indicators for 2017/18 and 2018/19 is shown in Table 15 to Table 17 below, with a summary of the actions completed for each indicator.

Note that the CQUIN indicators are either mandated or developed in collaboration with NHS England and local Clinical Commissioning Groups (CCGs), the current CQUIN programme spans two years 2017/18 and 2018/19. The range of CQUIN indicators can vary by commissioner, reflecting the differing needs and priorities of different populations.

Table 15: CQUIN indicators to improve safety

CQUIN Indicators to improve safety
Reducing Restrictive Practices within adult low and medium secure inpatient services
Our Recovery and Engagement Lead Nurse continued to work with service users, carers and Peer Support Staff to embed the Recovery College and enable development of co-production. This has provided a platform for service user and carer voice in relation to service delivery. All wards/teams have attended Talk 1st cohort training. Positive and Safe dashboard data is available to all staff within secure services and is now analysed by the services at local groups and within service user meetings. Staff have undertaken training to ensure they are aware of their role in supporting service users to have choice, involvement and participation in planning their day, this has improved staff and service user relations. Changes include establishing mini shops and the café cart continues to be a huge success giving service users enhanced access to confectionery, various barista coffees and choice of sandwiches, cakes etc. that are made by service users and sold to fund the delivery of this user-led service.

CQUIN Indicators to improve safety

Improving Staff Health and Wellbeing

The Trust was required to achieve a 5% point improvement in two of the three NHS annual staff survey questions on health and wellbeing, musculoskeletal problems (MSK) and stress. Although we did not achieve the required improvement on our previous result we were significantly above the national average response rate on two questions (health and wellbeing, and stress) and matched the national average on MSK.

The Trust achieved all of the requirements of the health food survey and have already met some of the 18/19 requirements. This includes;

- prohibiting price promotions, advertisements on NHS premises, and locating at checkouts of sugary drinks and foods high in fat, sugar or salt
- Ensuring that healthy options are available at any point including for those staff working night shifts
- As of 1 January 2017 the Trust only sells Diet, Skinny, Zero, Sugar Free etc. versions of canned and bottled drinks
- All pre-packed sandwiches and other savoury meals contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.

73.5% of frontline workers received the 'flu vaccine (70% target).

Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness

Inpatient Wards, EIP teams and Community Mental Health Teams worked to ensure service users with Severe Mental Illness have been screened for cardiometabolic factors in line with the Lester Tool recommendations and received an appropriate intervention when required.

To ensure that safe care is provided to service users who are receiving care from both primary care and the Trust, shared care agreements are now in place detailing organisational responsibility for care.

Preventing ill health by risky behaviours – alcohol and tobacco

The Trust has developed systems to ensure all inpatient service users are screened in relation to smoking and alcohol consumption. If required NTW has offered a brief intervention and or referral to specialist alcohol and smoking cessation services.

Table 16: CQUIN indicators to improve patient experience

CQUIN indicators to improve service user and carer experience

Health and Justice – Patient Experience

The Points of You feedback survey has been rolled out in Liaison and Diversion services with work ongoing to improve the response rates. Regular meetings and drop in sessions have been set up and Q3 saw the introduction of Coram Voice which has been embedded positively into the service and will support in the process of young people giving feedback as well as feeding back to the young people about changes to service. Work is ongoing in relation to the accessible information standard with this being regularly reviewed and updated where necessary.

Table 17: CQUIN indicators to improve clinical effectiveness

CQUIN indicators to improve clinical effectiveness
Development of Recovery Colleges for adult medium and low secure inpatients
A variety of courses are provided for service users with regular review of how they have engaged and enjoyed the courses. Of the service users that enrolled from Northgate we had a 90% attendance rate and from St Nicholas hospital we had an 80% attendance rate.
Transitions out of Children and Young People's Community Mental Health Services
We have developed and refined the transitions practice guidance note for young people. A "moving on" pack has been created and this will be rolled out. An audit of those transitioning from the mental health care pathway was completed in Q4 and has identified that all young people were involved in their transition planning however there is further work to do on the involvement of parents and carers and in the consideration of wider issues such as housing and employment.
Children and Young People's Inpatient Transitions
All 5 areas have been achieved to date: • Plan for discharge/transition at the point of admission • Involve the young person in all discussions and decisions (as much as possible/appropriate) • Involve the family/carers in all discussions and decisions (as much as possible/appropriate) • Liaise early with other agencies • Numbers of delayed discharges: – this has been tracked on a monthly and internally weekly basis and work on planning for discharge at the point of admission is well embedded. Action plans to support timely discharge were evident in all cases where a delay had been recorded.
Specialised Services Discharge and Resettlement
Systems are now in place to record and report estimated discharge dates in Forensic services. Delayed discharges are regularly monitored and a system is in place to flag when service users are approaching their target discharge dates to enable monitoring and review prior to becoming a delay. Weekly meetings are held to discuss and review complex cases. A small fund has been set up to support discharges that may otherwise be delayed due to issues relating to small items of expenditure (for example, a service user requiring a fridge).
Improving services for people with mental health needs who present to A&E
NTW has worked in partnership with acute trust colleagues to identify service users who would benefit from a multi-agency care plan with the aim of reducing the number of A&E attendances. This has successfully reduced attendance for this cohort of service users by more than 20% in all localities.

Data source (Table 15 to Table 17): NHS England and NTW

Statements from the Care Quality Commission (CQC)

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services. The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2017/18.

Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2017/18. We have, however participated in a number of inspections and Mental Health Act visits as follows:

In April 2017 Northumberland, Tyne and Wear NHS Foundation Trust participated in a focused CQC Mental Health Act visit considering assessment, transport and admission to hospital.

In May 2017 Northumberland, Tyne and Wear NHS Foundation Trust participated in a CQC focused inspection visit to two core services (acute wards for adults of working age/psychiatric intensive care units, and long stay rehabilitation mental health wards for work working age adults. The publication of these reports are awaited.

In October 2017, Northumberland, Tyne and Wear NHS Foundation Trust participated in a system-wide thematic inspection focusing on mental health services for children and young people across South Tyneside.

The Care Quality Commission conducted a comprehensive inspection of Northumberland, Tyne and Wear NHS Foundation Trust in 2016 and rated the Trust as "Outstanding".

Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to address the conclusions or requirements reported by the CQC:

- We will ensure that care plans in wards for older people are more personalised, and

- We will reduce the use of mechanical restraint in wards for children and young people.

Care Quality Commission

Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating

Inadequate	Requires improvement	Good	Outstanding ☆

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Requires improvement	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Community-based mental health services for adults of working age	Good	Outstanding ☆	Outstanding ☆	Good	Good	Outstanding ☆
Community-based mental health services for older people	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Outstanding ☆	Outstanding ☆	Good	Good	Outstanding ☆
Substance misuse services	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Requires improvement	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆

External accreditations

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

78% of adult and older people's mental health wards have achieved the Accreditation for Inpatient Mental Health Services (AIMS).

100% of the adult forensic medium and low secure wards have been accredited by the Quality Network for Forensic Mental Health Services.

87% of children and young people's wards have been accredited by the Quality Network for Inpatient Children and Adolescent Mental Health Services (CAMHS).

Table 18: Current clinical external accreditations (March 2018)

External Accreditation	Ward/Department	Location
Accreditation for Inpatient Mental Health Services (AIMS)	Bluebell Court (Rehab)	St George's Park
	Embleton	St George's Park
	Kinnersley (Rehab)	St George's Park
	Newton (Rehab)	St George's Park
	Warkworth	St George's Park
	Collingwood	Campus for Ageing and Vitality
	Elm House (Rehab)	Bensham
	Fellside	Queen Elizabeth Hospital
	Lamesley	Queen Elizabeth Hospital
	Lowry	Campus for Ageing and Vitality
	Willow View (Rehab)	St Nicholas Hospital
	Mowbray (OP)	Monkwearmouth Hospital
	Roker (OP)	Monkwearmouth Hospital
	Akenside (OP)	Campus for Ageing and Vitality
	Hauxley (OP)	St George's Park
	Aldervale (Rehab)	Hopewood Park
	Beckfield (PICU)	Hopewood Park
	Clearbrook (Rehab)	Hopewood Park
	Longview	Hopewood Park
	Shoredrift	Hopewood Park
	Springrise	Hopewood Park
	Cleadon (OP)	Monkwearmouth Hospital

External Accreditation	Ward/Department	Location
Quality Network for Forensic Mental Health Services (QNFMHS)	Bamburgh Clinic	St Nicholas Hospital
	Bede Ward	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Quality Network for Inpatient CAMHS (QNIC)	Stephenson	Ferndene
	Fraser	Ferndene
	Riding	Ferndene
	Redburn	Ferndene
	Alnwood	St Nicholas Hospital
Quality Network for Community CAMHS (QNCC)	Newcastle and Gateshead CYPS	Benton House
	Northumberland CYPS	Villa 9, Northgate Hospital
	South Tyneside and Sunderland CYPS	Monkwearmouth Hospital
ECT Accreditation Scheme (ECTAS)	Hadrian Clinic	Campus for Ageing and Vitality
	Treatment Centre	St George's Park
Psychiatric Liaison Accreditation Network (PLAN)	Self Harm and Liaison Psychiatry Service	Newcastle
	Northumberland Liaison Psychiatry and Self Harm Team	Northumberland
	Psychiatric Liaison Team	Sunderland
Quality Network for Perinatal Mental Health Services (QNPMH)	Beadnell Mother and Baby Unit	St George's Park
Quality Network for Eating Disorders (QED)	Ward 31a	Royal Victoria Infirmary
Home Treatment Accreditation Scheme (HTAS)	Newcastle Crisis Resolution and Home Treatment Team	Ravenswood Clinic
	Sunderland Crisis Resolution and Home Treatment Team	Hopewood Park
	South Tyneside Crisis Resolution and Home Treatment Team	Palmers Community Hospital
	Gateshead Crisis Resolution and Home Treatment Team	Tranwell Unit
	Northumberland Crisis Resolution and Home Treatment Team	St George's Park

Data source: NTW

Data quality

Good quality information underpins the effective delivery of care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2017/18 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

Table 19: Actions to be taken to improve data quality

Clinical Record Keeping	We will continue to monitor the use of the RiO clinical record system, learning from feedback and incidents, measuring adherence to the Clinical Records Keeping Guidance and highlighting the impact of good practice on data quality and on quality assurance recording. We will continue to improve and develop the RiO clinical record system in line with service requirements.
NTW Dashboard development	We will continue to review the content and format of the existing NTW dashboards, to reflect current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements. We will continue to develop the Talk 1st and Points of You dashboards.
Data Quality Kitemarks	We will continue to roll out the use of data quality kitemarks in quality assurance reports further.
Data Quality Group	We will implement a Trust wide data quality group.
Mental Health Services Dataset (MHSDS)	We will continue to understand and improve data quality issues and maintain the use of national benchmarking data. We will seek to gain greater understanding of the key quality metric data shared between MHSDS, NHS Improvement and the Care Quality Commission. We will improve our data maturity index score and understand areas where improvement is required.
Consent recording	We will continue to redesign the consent recording process in line with national guidance and support the improvement of the recorded consent status rates.
ICD10 Diagnosis Recording	We will continue to increase the level of ICD10 diagnosis recording across community services.
Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and HoNOS 4-factor analysis to support the consistent implementation of outcomes approaches in mental health.
Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements.
Quality Priorities	We will develop a robust reporting structure to support the quality priorities relating to waiting times and improving inpatient care.

Outcome Measures	We will enhance the current analysis of outcome measures focusing on implementing a system for reporting information back to clinical teams.	
	We will also focus on Improving Access to Psychological Therapies (IAPT) outcomes to ensure preparedness for the introduction of IAPT outcomes based payment in 2018-19.	
Sexual orientation monitoring information standard	We will work towards meeting the requirements of the sexual orientation monitoring standard.	
Electronic Staff Record (ESR)	We will develop data quality monitoring of ESR data and develop action plans to address issues identified.	

Data source: NTW

North East Quality Observatory (NEQOS) retrospective benchmarking of **2016/17** Quality Account indicators

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

NTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2016/17 with those of 56 other NHS Mental Health and Disability organisations. A summary of frequent indicators found in all Quality Accounts has been provided in Table 20 below:

Table 20: Nationally available Quality Account indicators for 2016/17

	Quality Account Indicators	Target	Average	Peer*	NTW	Number of trusts
1	Staff who would recommend their trust to their family/friends (%)	-	3.64	3.65	**3.87**	56
2	Admissions to adult urgent care wards gatekept by Crisis Resolution Home Treatment Teams (%) Q4 16/17	95%	98.8	98.5	**99.5**	55
3	Inpatients receiving follow up contact within 7 days of discharge (%) Q4 16/17	95%	96.8	96.9	**97.6**	55
4	Incidents of severe harm/death (%)	-	1.1	1.6	**1.5**	53
5	CPA formal review within 12 months (per March 2017)	95%	82.7	80.1	**87.5**	49
6	EIP patients treated within 2 weeks March 2017	50%	73.7	72.3	**85.3**	54

Data source: North East Quality Observatory

*Table 20 includes data for a peer group of similar trusts: Birmingham and Solihull Mental Health NHS Foundation Trust; Cheshire and Wirral Partnership NHS Foundation Trust; Lancashire Care NHS Foundation Trust; North East Essex Mental Health NHS Trust; Oxford Health NHS Foundation Trust; South London and Maudsley NHS Foundation Trust; Sussex Partnership NHS Foundation Trust; and Tees, Esk and Wear Valleys NHS Foundation Trust

Learning from deaths

The Serious Incident Framework (2015) forms the basis for the Trust's Incident Policy which guides/informs the organisation about reporting, investigating and learning from incidents including deaths. The Learning from Deaths policy approved by the organisation in September 2017 supports and enhances this learning and investigation process. We report all deaths of people with learning disabilities who are service users to the Learning Disabilities Mortality Review (LeDeR) Programme for further investigation, from which we have received no feedback to date.

During 2017/18 1,037 of Northumberland, Tyne and Wear NHS Foundation Trust's patients were reported to have died, with the majority of these being natural deaths in nature.

This comprised the following number of deaths which occurred in each quarter of that reporting period: 213 in the first quarter; 241 in the second quarter; 280 in the third quarter; 303 in the fourth quarter.

Of the 1,037 deaths, and in line with our Incident Policy – NTW(O)05 and our Learning From Deaths Policy – NTW(C)12, 225 of these deaths would fit the criteria for further investigation.

Of the 225 deaths subject to an investigation, 57 have been subject to a mortality case record review and 168 have been or are subject to a level 1 (After Action Review) or level 2 (full serious incident) investigation.

By 11 April 2018, the following investigations were carried out and completed in each quarter, 47 in the first quarter; 56 in the second quarter; 73 in the third quarter. For the 4th quarter of the year and acknowledging the 60 working day timescale to investigate 49 deaths requiring investigation in the fourth quarter, these will be completed in line with appropriate policy, and if the timescales cannot be achieved an appropriate extension will be agreed with commissioners.

Eight representing 0.8% of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

- 2 representing 0.94% for the first quarter;

- 1 representing 0.41% for the second quarter;

- 3 representing 1.07% for the third quarter;

- 2 representing 0.67% for the fourth quarter.

These numbers have been estimated using the findings from Serious Incident investigations. Where there has been either a root or contributory cause found from the incident review then this has been used as a way to determine if the patient death may have been attributable to problems with care provided. There is currently no agreed or validated tool to determine whether problems in the care of the patient contributed to a death within mental health or learning disability services so we are using this approach until such a tool becomes available. This means that currently mental health and learning disability organisations are using differing ways of assessing this. The Royal College of Psychiatrists is developing a tool which NTW anticipates adopting in the future.

Over the last twelve months our investigations have identified five main areas of **learning**:

Risk assessment

When looking at cases it has been identified that when assessing the risk of the patient this has been underscored. Also risks identified at assessment have not been included into a risk management plan. In some investigations past risk has not been considered when developing a new risk management plan.

Trust-wide risk training has been updated and added to following investigation findings, looking at "Harm to Others" training and updating suicide risk training

Physical health

The management of problems relating to physical health conditions has been identified in several cases reviewed and covers policy's not being followed and awareness of clinical symptoms. This is linked to the correct management of diabetes and the correct prescribing of anti-psychotic medication.

A full learning programme in relation to diabetic management and clinical management has been produced in conjunction with practice guidance notes to support. A programme of audit in relation to the use of Acuphase medication was commissioned and actions have come out of this to support learning and change practice.

CAS alerts and learning bulletins have also been actioned to raise staff awareness.

Prescribing of medication

Lack of understanding about certain drugs prescribed and their possible side effects and the awareness of the potential for misuse of prescribed drugs by patients.

The use of emergency drugs for patients prescribed or misusing drugs which can save lives and how we teach patients to use these emergency drugs for themselves.

CAS alerts, articles, Key Cards and Safety Bulletins have been used to raise awareness and training for staff on inpatients and training for patients provided with such drugs.

Record keeping standards

This is a theme/issue that is often picked up as an incidental finding as part of any investigation, and is about records not being completed properly, accurately and within a timely fashion.

Regular audit programmes, supervision and case note management supervision is ongoing.

Carers' support

Investigations have identified that carers fatigue is not always recognized and acted upon, and carers' are not always used to get the best outcome from an assessment.

Staff engaged in a Trust-wide Rapid Process Improvement Workshop over a week in January 2018 to specifically address the "Getting To Know You" process which is integral to the patient's pathway to support carers and families.

Dissemination of learning

Learning has been both trust wide and individual/team specific and the Trust uses a variety of methods to share the learning across the organisation. This includes discussing the learning within team meetings, learning groups and individual supervision of staff. The Trust has several newsletters which focus on learning, and a Central Alert System which is used when a message is so important it needs to go across all the organisation very quickly.

Making sure the learning becomes part of practice within the organisation and across the organisation is done in several different ways. The organisation has a variety of audit programmes running which will check if the learning from deaths is put into practice. Changes made from learning are introduced into policies which are regularly reviewed. Training programmes are changed and updated following learning from incident investigation findings. Teams have learning at the top of their agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture. Learning groups use incident findings to inform their agendas to check out staffs understanding of learning and the impact on their service areas.

NTW has introduced a formal Learning and Improvement Group to monitor all of the above and evaluate the impact of actions identified from incident and complaint investigations.

We will commence reporting the number of case record reviews or investigations completed in-year which related to deaths during the previous year from 2018/19.

NHS Number and General Medical Practice Code validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data for April 2017 to March 2018.

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

99.6% for admitted patient care; and 99.5% for outpatient care.

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

99.8% for admitted patient care; and 99.8% for outpatient care.

Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Assessment Report overall score for 2017/18 was 75% and was graded green (satisfactory).

Clinical coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

Performance against mandated core indicators

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

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

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

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by ensuring clinicians are aware of their responsibilities to complete these reviews.

Table 21: 7 day follow up data 2015/16 to 2017/18 (higher scores are better)

7 day follow up %	2015/16				2016/17				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NTW	99.1%	98.5%	99.1%	98.5%	99.1%	98.5%	99.1%	98.5%	96.0%	97.5%	97.4%	97.7%
National Average	97.0%	96.8%	97.0%	96.8%	97.0%	96.8%	97.0%	96.8%	96.7%	96.7%	95.4%	95.5%
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lowest national	88.9%	83.4%	88.9%	83.4%	88.9%	83.4%	88.9%	83.4%	71.4%	87.5%	69.2%	68.8%

Data source: NHS England

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

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

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

Table 22: Gatekeeping data 2015/16 to 2017/18 (higher scores are better)

Gate-Keeping %	2015/16				2016/17				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NTW	100%	100%	100%	100%	100%	100%	100%	100%	99.8%	100%	100%	99.7%
National Average	97.0%	97.4%	97.0%	97.4%	97.0%	97.4%	97.0%	97.4%	98.7%	98.6%	98.5%	98.7%
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Lowest national	48.5%	61.9%	48.5%	61.9%	48.5%	61.9%	48.5%	61.9%	88.9%	94.0%	84.3%	88.7%

Data source: NHS England

The score from staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

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

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services by continuing to hold multidisciplinary staff engagement sessions at Trust and local levels regarding the results of the staff survey and identifying actions for improvement.

Table 23: NHS staff survey data (question 21d)

% Agree or Strongly Agree	2015	2016	2017
NTW %	65%	72%	68%
National Average %	69%	69%	70%
Highest national %	93%	95%	93%
Lowest national %	37%	45%	42%

Data source: Survey Coordination Centre

"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"

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

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

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

Table 24: Community Mental Health survey scores, 2015 to 2017

Health and social care workers	2015	2016	**2017**
NTW	7.6	7.9	**7.8**
Compared with other trusts	About the Same	About the Same	**About the Same**

(score out of 10, higher are better)

Data source: CQC

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

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

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

Table 25: Patient Safety Incidents, National Reporting and Learning System

Indicator	Performance	2015/16 Q1-Q2	2015/16 Q3-Q4	2016/17 Q1-Q2	2016/17 Q3-Q4	**2017/18 Q1-Q2**	**2017/18 Q3-Q4**
Number of PSI reported (per 1,000 bed days)	NTW	38.6	37.2	48.5	51.6	**42.7**	
	National average	38.6	38.3	42.1	41.5	**48.2**	
	Highest national	83.7	85.1	89.0	88.2	**126.5**	
	Lowest national*	0	14.0	10.3	11.2	**16.0**	
Severe PSI (% of incidents reported)	NTW	0.4%	0.7%	0.8%	0.5%	**0.4%**	
	National average	0.3%	0.3%	0.3%	0.3%	**0.3%**	
	Highest national	2.5%	2.3%	2.9%	1.8%	**2.0%**	
	Lowest national*	0.0%	0%	0%	0%	**0%**	
PSI Deaths (% of incidents reported)	NTW	0.9%	0.7%	0.8%	1.0%	**0.5%**	
	National average	0.8%	0.8%	0.8%	0.8%	**0.7%**	
	Highest national	3.2%	5.2%	10.0%	3.8%	**3.4%**	
	Lowest national*	0.0%	0.1%	0.1%	0%	**0%**	

Data source: NHS Improvement

*note that some organisations report zero patient safety incidents, national average for mental health trusts

Part 3

Part 3
Review of quality performance

In this section we report on the quality of the services we provide, by reviewing progress against indicators for quality improvement, including the NHS Improvement Single Oversight Framework, performance against contracts with local commissioners, statutory and mandatory training, staff sickness absence and staff survey results.

We have reviewed the information we include in this section to remove duplication and less relevant data compared to previous quality accounts. We have included key measures for each of the quality domains (safety, service user experience and clinical effectiveness) that we know are meaningful to our staff, our Council of Governors, commissioners and partners.

NHS Improvement Single Oversight Framework

The NHS Improvement Single Oversight Framework identifies NHS providers' potential support needs across five themes:

- quality of care

- finance and use of resources

- operational performance

- strategic change

- leadership and improvement capability

Individual trusts are "segmented" by NHS Improvement according to the level of support each trust needs. In 2017/18 NTW has been assigned a segment of "1 – maximum autonomy".

Table 26: Self-assessment against Single Oversight Framework as at March 2018 (previous the year data in brackets where available)

	Period	Trustwide	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	South Tyneside CCG	Sunderland CCG
Patient safety quality indicators							
Admissions to adult facilities of patients under 16	2017/18	0	0	0	0	0	0
CPA follow up - proportion of discharges from hospital followed up within 7 days	2017/18	97.2%	96.3%	98.1%	96.1%	97.4%	98.6%
	(2016/17)	(97.3%)	(97.2%)	(98.2%)	(98.1%)	(98.5%)	(95.1%)
Inappropriate Out of Area Placements	Quarter 4 average per month	16	28	-	13	-	7
Clinical effectiveness quality indicators							
% clients in settled accommodation	2017/18	77.3%	79.9%	74.7%	79.8%	81.9%	73.9%
	(2016/17)	(76.8%)	(78.1%)	(76.1%)	(80.8%)	(75.0%)	(73.5%)
% clients in employment	2017/18	6.5%	6.3%	8.9%	6.8%	4.7%	4.3%
	(2016/17)	(7.0%)	(6.0%)	(10.8%)	(5.7%)	(5.8%)	(5.5%)
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:							
• Inpatient wards	31/03/2018	85.0%					
	(Qtr4 16/17)	(85%)					
• Early intervention in psychosis services	31/03/2018	76.7%					
	(Qtr4 16/17)	(97%)					
• Community mental health services (people on care programme approach)	31/03/2018	58.8%					
	(Qtr4 16/17)	(83%)					
Data Quality Maturity Index (DQMI)	Qtr2 17/18	91.7%					
IAPT- Proportion of people completing treatment who move to recovery	March 2018	52.4%					52.4%
	(Qtr4 16/17)	(53.5%)					(53.5%)

	Period	Trustwide	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	South Tyneside CCG	Sunderland CCG
Service user experience quality indicators							
RTT Percentage of Incomplete (unseen) referrals waiting less than 18 weeks*	2017/18 (2016/17)	99.6% (98.7%)	98.6% (96.9%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	2017/18 (2016/17))	83.9% (78.8%)	76.7% (71.4%)	81.6% (73.1%)	74.0% (75.0%)	95.7% (94.3%)	95.1% (91.6%)
IAPT Waiting Times to begin treatment – incomplete							
• 6 weeks	March 2018 (Qtr4 16/17)	99.6% (99.6%)					99.6%
• 18 weeks	March 2018 (Qtr4 16/17)	100% (100%)					100%

Data source: NTW. *Note that this relates only to a small number of consultant-led services

Performance against contracts with local commissioners

During 2017/18 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCG's). Table 27 below highlights the targets and the performance of each CCG against them for quarter four 2017/18 (1 January 2018 to 31 March 2018).

Table 27: Contract performance targets 2017/18 quarter 4 (2016/17 quarter 4 in brackets)

CCG Contract performance targets quarter 4 2017/18 (target in brackets)	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	Sunderland CCG	South Tyneside CCG
CPA Service Users reviewed in the last 12 months (95%)	97.4% (95.6%)	93.3% (97.1%)	95.8% (95.7%)	98.0% (98.2%)	98.1% (98.4%)
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	99.0% (97.0%)	95.8% (98.1%)	93.5% (97.6%)	99.5% (98.0%)	98.5% (98.9%)
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	96.3% (95.2%)	93.6% (96.0%)	93.4% (95.8%)	95.6% (97.1%)	95.9% (97.2%)
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	97.1% (98.7%)	97.8% (98.1%)	96.1% (98.1%)	100% (94.4%)	100% (97.7%)
Current delayed transfers of care - including social care (<7.5%)	1.5% (3.2%)	2.6% (3.0%)	0.0% (0.0%)	0.9% (0.0%)	3.2% (3.8%)
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%) Note that this relates only to a small number of consultant-led services	98.6% (96.9%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)
Current service users aged 18 and over with a valid NHS Number (99%)	99.9% (99.9%)	99.7% (99.9%)	99.8% (99.9%)	99.7% (99.8%)	99.9% (99.0%)
Current service users aged 18 and over with valid Ethnicity completed (90%)	91.8% (91.1%)	93.9% (94.4%)	92.7% (91.2%)	96.2% (94.4%)	95.5% (93.4%)
The number of people who have completed IAPT treatment during the reporting period (50%)	n/a	n/a	n/a	54.9% (52.9%)	n/a

Data source: NTW

Statutory and mandatory training for 2017/18

It is important that our staff receive the training they need in order to carry out their roles safely.

Table 28: Training position as at 31 March 2018

| Training course	Trust Standard	Position at 31/03/2017	Position at 31/03/2018
Fire Training	85%	88.3%	88.6%
Health and Safety Training	85%	92.2%	93.6%
Moving and Handling Training	85%	93.4%	94.4%
Clinical Risk Training	85%	91.3%	91.8%
Clinical Supervision Training	85%	82.3%	83.6%
Safeguarding Children Training	85%	95.3%	95.1%
Safeguarding Adults Training	85%	92.9%	94.2%
Equality and Diversity Introduction	85%	94.0%	94.0%
Hand Hygiene Training	85%	92.4%	93.2%
Medicines Management Training	85%	89.9%	83.8%
Rapid Tranquilisation Training	85%	86.7%	78.3%
MHCT Clustering Training	85%	87.8%	90.3%
Mental Capacity Act/Mental Health Act/DOLS Combined Training	85%	82.8%	74.3%
Seclusion Training (Priority Areas)	85%	94.5%	92.7%
Dual Diagnosis Training	80%	88.3%	89.2%
PMVA Basic Training	85%	76.4%	80.6%
PMVA Breakaway Training	85%	92.3%	82.3%
Information Governance Training	95%	92.5%	95.0%
Records and Record Keeping Training	85%	98.6%	98.3%

Data source: NTW. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

🟩	Performance at or above target
🟧	Performance within 5% of target
🟥	Under Performance greater than 5%

Staff absence through sickness rate

High levels of staff sickness impact on service user care and therefore the Trust monitors sickness absence levels carefully.

*Figure 15: Monthly staff sickness, NTW and national, April 2015 to January 2018*
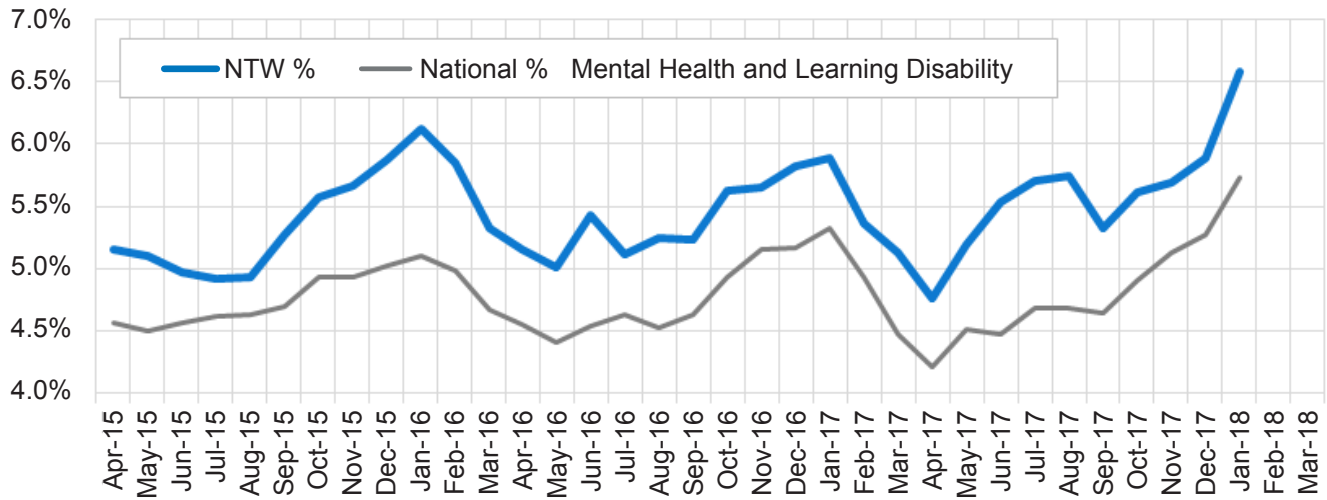
Data source: NHS Digital, Electronic Staff Record. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

Note: Figures pre-November 2016 have been updated from the 2016/17 Quality Account

The Trust's workforce strategy outlines the corporate approach to the management of absence including a management skills development programme and masterclasses which have a focus on managing absence.

There is also a strong focus on health and wellbeing which is highlighted in the 5 year Health and Wellbeing strategy; this was implemented in 2015 and refreshed in 2017. This strategy not only enables the Trust to support staff but allows us to understand better the health needs of our staff and encourages staff to take responsibility for their own health.

Figure 16: NTW Sickness (in month) 2014/15 to 2017/18
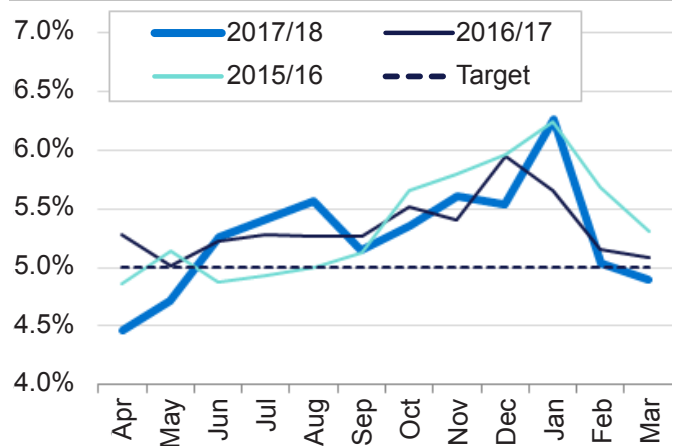
Data source: NTW. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

We continue to hold the Better Health at Work Award at Maintaining Excellence Level and work in accordance with Investors in People standards. In addition the Trust has signed the Time to Change Pledge to demonstrate our commitment to removing stigma associated with mental health issues.

Staff survey

Since 2010 the Trust has adopted a census approach to the Staff Survey. Whilst the results listed here are relating to the National Survey, our action planning also takes into account the findings from our census report as well as themes identified from the free text comments. For the last four years, as a direct consequence of staff survey findings, we have been working on improving our approach to staff engagement. We have developed a schedule of listening events called "Speak Easies" where senior managers listen to the views of staff across the Trust, with a focus on empowering people to be able to take action to improve matters at a local level. Staff Survey results are disseminated widely throughout the Trust and views are sought on how we can take action on issues highlighted in the survey results. The Trust wide priorities for action arising from the Staff Survey are agreed by the Trust board and is monitored through the Trust's Corporate Decisions Team (Workforce) Group.

Table 29: NHS staff survey responses 2016 to 2017

Response rate	2016	2017
Trust	45%	**64%**
National Average	49%	**52%**

Note Trust increase of 19 percentage points

Table 30: Top responses, staff survey 2017 compared to 2016

Top 5 ranking scores	2017		2016		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
KF27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse	**71%**	61%	70%	60%	1% point improvement
KF16. Percentage of staff working extra hours	**66%**	72%	67%	72%	1% point improvement
KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months	**35%**	42%	34%	41%	1% point deterioration
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	**92%**	85%	93%	87%	1% point deterioration
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	**16%**	21%	17%	22%	1% point improvement

Table 31: Bottom responses, staff survey 2017 compared to 2016

Bottom 5 ranking scores	2017		2016		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	**28%**	22%	25%	21%	3% point deterioration
KF23. Percentage of staff experiencing physical violence from staff in last 12 months	**3%**	3%	3%	3%	Result stable
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	**33%**	32%	31%	33%	2% point deterioration
KF4. Staff motivation at work	**3.87**	3.91	3.91	3.91	0.04 point deterioration
KF7. Percentage of staff able to contribute towards improvements at work	**73%**	73%	73%	73%	Result stable

Data source (Table 29 to Table 31): Survey Coordination Centre. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

Actions

Work is taking place at a local level to understand and analyse information with a view to taking early action to address issues that are highlighted

On a Trust-wide basis we are undertaking a fuller analysis of results regarding violence and aggression shown towards staff.

It is recommended that we undertake a full analysis of our bottom five scores and those areas that have deteriorated to seek to understand what those results are telling us and how we might address performance in those areas.

Statements from Clinical Commissioning Groups (CCG), local Healthwatch and Local Authorities

We have invited our partners from all localities covered by Trust services to comment on our Quality Account.

Corroborative statement from Northumberland, North Tyneside, Newcastle Gateshead, Sunderland and South Tyneside Clinical Commissioning Groups for Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2017/18

The CCGs welcome the opportunity to review and comment on the Trust Quality Account for 2017/18 and would like to offer the following commentary.

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

The CCGs would like to take the opportunity to congratulate the Trust on the numerous national accreditations and awards that it has achieved across the year. These have included the Health Service Journal 'Provider of the Year' award and quality accreditations for older peoples mental health wards, inpatient mental health services, adult forensic and low secure wards and children & young people's wards.

The CCGs commend the Trust for the improvements that are demonstrated in the report in meeting four of their five quality priorities set for 2017/18. Clear progress has been made in the 'Positive & Safe' priority, including reductions in rates of patient restraint through the "Talk 1st" programme to reduce restrictive interventions across the Trust. An increase in total numbers of incidents reported alongside a parallel decrease in patient safety incidents and their severity of harm shows the Trust commitment to the maintenance of a positive patient safety culture across the organisation.

Commissioners would, however, like to see further progress made in 2018/19 in reducing the reported instances of violence and aggression against staff, which have increased by 2% from 2016/17, and the Trust position on which is reported in the 2017 Staff Survey as being both worse than the national average and worse than in the 2016 survey.

It is disappointing to note the ongoing issues that have been experienced by the Trust throughout 2017/18 in attempting to meet the 'Improving waiting times for referrals to multidisciplinary teams' quality priority. Compared to 2016/17, longer waits are being experienced by patients across all of the CCG areas across adult services, adult autistic spectrum disorder diagnosis services, children & young people's services and community services. The CCGs are pleased to see a continuing focus on improving waiting times in 2018/19 and look forward to working with the Trust to support and develop their initiatives to tackle this crucial work.

The CCGs understand the importance of involving carers in patient treatment and it is encouraging to see the 'Implementing the Triangle of Care' quality priority succeed, with the review of the "Getting to Know You" programme and ongoing carer awareness training for staff and carers at the foundation of its success. This achievement, alongside the success of the 'Co-production & personalisation of care plans' quality priority gives the CCGs assurance that the Trust is putting patients and carers at the heart of their treatment and care plans.

Results of the national Friends & Family Test and the Trust's own 'Points of You' patient survey further support assurance of the excellent work the Trust is conducting to establish whether patients are having a positive experience of care. However, it is noted that complaints are up 25% from 2016/17 and the Trust should ensure that the themes identified from these patient contacts, including waiting times, are addressed systematically as part of the overall Trust improvement plans.

The CCGs have, however, some concerns regarding some of the results of the 2017 staff survey and how this may be related to the Trust staff absence rates which, although improved, are higher than the national average. A reported decrease in 2017 to 68% of staff who agreed or strongly agreed that they would be happy with the standard of care at the Trust if a friend or relative needed treatment is of concern. When coupled with the deterioration in scores in the survey of staff experiencing physical violence and staff experiencing harassment, bullying or abuse from patients, relatives or the public it is clear that the Trust still has some work to do in 2018/19 to resolve these issues. The CCGs are pleased, however, that this is acknowledged in the report and actions are underway to resolve this.

Commissioners are pleased to note that the Trust has successfully implemented the recommendations of the national guidance on 'Learning from Deaths'. CCGs acknowledge that the Trust's work already appears to be proving fruitful, with learning identified in areas including risk assessment, physical health, prescribing, record keeping and carer support. The CCGs would also like the Trust to consider how it will share learning with wider health and social care stakeholders and join up with the Learning Disabilities Mortality Review Programme to provide a system wide picture of potential service improvements.

In 2017/18 an engagement exercise was again undertaken with stakeholders to gather suggestions for the new quality indicators and the CCGs commend the Trust on using this approach and are supportive of the Trust's quality priorities for improvement in 2018/19.

In so far as we have been able to check the factual details, the CCGs' view is that the Quality Account is materially accurate. It is clearly presented in the format required by NHS England and the information it contains accurately represents the Trust's quality profile. Finally, the CCGs would like to offer congratulations to the Trust on the achievements outlined in this report which we believe accurately reflects the Trust's commitment to delivering high quality, patient centred services. The CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2018/19.

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

Chris Piercy
Executive Director of Nursing, Patient Safety & Quality
NHS Newcastle Gateshead CCG

Lesley Young Murphy
Exec. Director of Nursing & Chief Operating Officer
NHS North Tyneside CCG

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

Jeanette Scott
Director of Nursing, Quality and Safety
NHS South Tyneside CCG

Healthwatch Northumberland Statement:

We welcome the opportunity to respond to the draft quality account of Northumberland, Tyne & Wear NHS Foundation Trust and would like to congratulate the Trust on some good results.

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

- Improved response rate to the 'Friends and Family' test result with 87% of responders saying that they would recommend the service.

- Introduction of the e-referral procedure for Northumberland GPs

- 87.2% rate of applicable staff receiving "Risk of Harm to Others training as this was noted in our response last year.

- The increase in the response rate to the staff survey.

- Reduction in the overall size of the waiting list in the Children and Young People's Service (but see comment below).

- Reduction in incidents of self-harm against the rise reported last year. The review and actions taken around the Duty of Candour.

- The review and actions taken around the Duty of Candour.

Mental health and services which support good mental health are a concern to the people of Northumberland. Healthwatch Northumberland conduct an annual survey to hear the people of Northumberland's views and experiences of health and social care.   This year's survey reached a record 579 people from a wide range of backgrounds and gave Healthwatch a wealth of information about how health and social care services feel from the users' perspective. There were nine questions about the types of services used, frequency of visits and hundreds of comments which have been read and recorded to help Healthwatch to understand what is happening in the county.

Throughout the survey responses comments around mental health services focused on the lack of provision and the suitability of services. Comments centred on long waiting times to access the few services available. Particular comments also related to the lack of mental health services available in the North Northumberland area.

As part of the survey, people were asked to rate the priorities that Healthwatch Northumberland should focus on in 2018-19. The five priorities were mental health services, dementia care services, home care, GP services and access to services.

Mental health services were identified as the top priority and Healthwatch Northumberland are currently planning work around mental health provision and in particular what is happening for children and young people. We anticipate, and would appreciate, working with both Northumberland, Tyne & Wear NHS Foundation Trust, commissioners and stakeholders in taking this forward.

 With this in mind we have identified below areas for improvements –

- Ongoing issues in relation to waiting times for services. Of particular concern are the waits experienced for the Children's and Young People's services and the worsening position of people in Northumberland waiting at least 18 weeks for other services.

- Complaints – these have increased by 25% compared to 2016/2017. The theme of waiting times in community services for children and young people and the reported reflects the feedback given to Healthwatch Northumberland

We note that the Patient Advice and Liaison Service (PALS) is rightly mentioned as source of advice and support to service users, families and carers. We would suggest that the Healthwatch function (across all of the Trust's area) is also highlighted as a way of communicating experiences both good and less good.

Regarding the Trust's priorities for 2018/19, the plans to improve performance for appear positive and achievable.

We agree with the Trust's priorities /Quality Goals for 2018/19. We particularly welcome the emphasis on monitoring feedback from service users and carers as they clearly link with the Healthwatch Northumberland Strategic Priority that "the views, knowledge and experiences of health service users and their carers are listened to and influence developments in health services in Northumberland."

Overall we considered that the report gives a fair reflection of the service provided by the Trust. We felt that the document despite being very detailed is in general, easy to read and understand. We found the glossary and the explanation boxes to be useful and the report, on the whole, to be clear and concise.

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

Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee's statement:

The Health and Wellbeing Overview and Scrutiny Committee welcomes the opportunity to submit a commentary for inclusion in your Annual Plan and Quality Account for 2017/18 as presented to the committee in draft, and about our ongoing engagement with the Trust over the past year. We have continued to receive information from the Trust with participation of your officers at some of our committee's bimonthly meetings.

At our 20 March 2018 meeting we received a presentation on your draft Quality Account for 2017/18 and your priorities for 2018/19. At that meeting we also received presentations from the Northumbria, North East Ambulance Service and Newcastle Hospitals NHS Foundation Trusts on their own quality accounts; this we believe provides a good joined up picture of the many NHS services in Northumberland. Members responded favourably to the information you presented, with reference to your highly valued staff and clinical support provided. During your presentation, members noted how your three overarching long term goals were refreshed in the 2017-22 NTW Strategy, details of the current Quality Priorities, plus your process of identifying priorities for the next year and why these should be your Quality Priorities for 2018/19. We request you take some of the following issues raised by members into account.

Members welcomed that benchmarking had taken place which included considering patient safety processes, and reductions in restraint requirements, violence and aggression, assisted by the use of other techniques. Members welcomed that the Trust has an open reporting culture. Members did note feedback about the co-production and personalisation of care plans had included comments that some plans included too much or too little detail.

In relation to the reading of patients' rights, members noted how the periodical frequency of being reminded could be subject to interpretation as the guidelines were not clear. It is welcomed that an evaluation of the impact of proposed actions will be carried out during 2018/19. The aspiration that NTW will be able to provide bespoke advice and guidance and respond to GPs within 48 hours of referral is also welcomed.

Members also welcomed how consideration was being given to improving the inpatient experience and to avoid out of area admissions where possible and that if people had to be

admitted elsewhere, how work took place to bring them back as soon as possible. Members were very pleased that a 'getting to know you' tool was used which involved carers when getting to know the service user, enabling the opportunity to arrange any beneficial actions. Carers were essential and NTW's prioritisation of this was strongly welcomed by members.

Reference was made to national pressures and whether this busy year was likely to be a trend. There was a rising acceptance of people with mental health issues, and stopping the deterioration in waiting times was important for the year ahead. NTW should focus on improving rather than continuing current levels. Members were reassured that the Royal College of Psychiatrists recommended the 85% bed occupancy level, which acknowledged that staff also needed time for other development such as training. Members expressed no concerns about levels of nursing staff, but also drew attention to the importance of how the Trust continued to meet the challenge if pressure on services continued to grow. Members welcomed details of collaboration across the North East between Trust and that directors of nursing and finance met up regularly.

From the information you have provided to the committee over the past year, including the presentation about your draft 2017/18 Quality Account and the full version of the document we received on 25 April, we believe the document is a fair and accurate representation of the services provided by the Trust and reflects the priorities of the community. Members also support your priorities for improvement planned for 2018/19, but also request that you note and consider the various points that they have raised in relation to your work going forward.

We also would be very grateful if I could get in contact with you again soon to further discuss possible agenda items for the Health and Wellbeing Overview and Scrutiny Committee to consider about the Trust's services during the next council year beginning in May 2018. If I can be of any further assistance please do not hesitate to contact me.

Mike Bird, Senior Democratic Services Officer, Democratic Services
On behalf of Councillor Jeff Watson, Chair, Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee

Healthwatch Newcastle, Healthwatch Gateshead and Healthwatch North Tyneside's statement:

We are pleased to read the Northumberland, Tyne and Wear NHS Foundation Trust's (NTW) quality account for 2017/18. It is an interesting and informative read and it is clear the Trust has endeavoured to make improvements against the priorities it set itself, in circumstances that have been challenging at times.

Quality goal 1: Patient Safety

We are pleased to read that last year's quality priority associated with this goal - Embedding the Positive & Safe Strategy – has been met. We are pleased to note that 87.2% of applicable staff have now received 'Risk of Harm to Others' training – meeting the 85% standard, and that instances of prone and mechanical restraint and self-harm have all reduced. We also note the decrease in the number of reported patient safety incidents over the previous year.

We welcome the new goal – Improving the Inpatient Experience. In particular, the aim to reduce the number of out of area placements which we know is very unsettling for both patients and their families; and the aim to reduce bed occupancy rates, which we understand can have a significant impact on patient safety.

Quality goal 2: Service User and Carer experience

It is unfortunate that the target relating to waiting times has not been met. The number of people waiting more than the target 18 weeks has increased by 20% and we note that waiting times for both children and young people services and specialist services have also increased this year. Whilst we appreciate the continuing challenges which have contributed to this situation, we are concerned about these increases and we feel it is essential that this is kept as a priority goal for 18/19 and we are pleased to see that this is the case. We note that the introduction of the single point of contact for Children and Young People's services, earlier this year, may have impacted on waiting times and we hope that this will continue to be monitored through-out the coming year.

There are particular issues in relation to crisis services. In North Tyneside a number of people have raised concerns around the time it takes to get full support. Most people know which services to access but told us about a number of barriers to actually getting them including the clarity of service provision, waiting times and prior poor experiences. We would reiterate the point we made in our response last year about the need for people to be able to access some support whilst they are waiting for full service provision.

We are happy to see that the priority target related to the implementation of the Triangle of Care – to improve the way we relate, communicate and engage with carers to involve them within care and support planning – has been met. However, we appreciate this is an ongoing piece of work and we are pleased that embedding the principles of the triangle of care remains a quality priority this year, with the focus on rolling out its use in Children's Services.

We are also pleased to note that the priority relating to the co-production and personalisation of care plans, has been met by learning from the actions taken in Older People's Inpatient Services following the CQC Inspection, to embed good practice in all inpatient services.

Quality goal 3: Clinical Effectiveness

We are pleased to read that the priority target relating to clinical effectiveness – Use of the Mental Health Act – Reading of Rights, has been met, through improvements to patient records, the launch of a new form and staff awareness sessions to embed best practise

We welcome the new goal related to Embedding Trust Values of Care and Compassion, Respect and Honesty and Transparency. We feel it makes sense to align feedback and complaints against these values. We would also suggest the trust could employ additional ways of ensuring values are embedded for example in staff supervision and team meetings and in learning from and celebrating positive feedback.

The Trust's new and continuing priorities for 2017/18 are reasonable and comprehensive.

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

Newcastle City Council Health Scrutiny Committee's statement:

As Chair of Newcastle Health Scrutiny Committee, I welcome the opportunity to comment on your draft Quality Account for 2017/18. The committee discussed the document at their meeting on 23 April 2018 and this letter provides a summary of comments that were raised.

As you know the committee have a particular interest in the commissioning and delivery of mental health services in Newcastle and we will continue to receive updates from Newcastle Gateshead Clinical Commissioning Group as work continues to improve services.

From our discussions we are aware of the unprecedented set of challenges – including high demand, workforce shortages and funding constraints – facing services. Despite this, we acknowledge that NTW is rated as providing outstanding mental health services and has been given the 'provider of the year' award by the Health Service Journal.

In relation to progress against your 2017/18 priorities, we would make the following points:

- We welcome the impact that has been achieved through introduction of the Positive and Safe Strategy, in particular the significant reduction in use of prone restraint and mechanical restraint over the last two years, which had been a concern for us.

- We note the level of reported incidents of violence and aggression, which can be linked to the high bed occupancy levels and hope that in the longer term incidents will fall as the trust is able to reduce bed occupancy.

- Of particular concern to us is the high number of individuals who have difficulty in accessing mental health services within the 18 week NHS target. In particular, we note the 20% increase in demand (285 people) for community services for adults and older people compared to the same period last year.

  We note from our meeting and previous discussions with the CCG that a number of actions are being taken to help address this, which include some changes to services and the adoption of an episodic care model. However, we remain concerned that individuals do not appear to have the same level of access to timely care as they perhaps would for a physical health condition.

  Although this may be a national position, we will continue to monitor the situation in Newcastle and will discuss progress with the CCG. We welcome that this will continue to be a focus for the trust in 2018/19.

- We are surprised at the ethnicity breakdown of service users and wonder if this suggests that a cohort of our BME residents may be disaffected with NHS services. If so, this will be of concern and the committee may wish to discuss this with commissioners and stakeholders during the coming year.

- We note that complaints have increased by 33% from 2015/16, an increase of 182. A significant proportion of these (157) are related to patient care and we would like to explore this further with you in the coming year.

In relation to 2018/19 priorities, we would make the following additional points:

- At our meeting we discussed 'out of area' and 'out of locality' placements and the impact this can have on patients and their families. We acknowledge that this is a national issue, reflecting high demand for services, and although we note that numbers of NTW service users placed out of the area are currently low at two, we welcome a focus on reducing this further.

- Overall, we support the priorities proposed for 2018/19, as being a fair reflection of areas that are of high importance to local residents.

Finally, it is worth noting that we again find the Quality Account document to be clear and informative and we are pleased that the trust has continued in its efforts to be proactive in engaging with stakeholders on the development of priorities, which will lead to a greater understanding.

Finally, I would like to acknowledge the willingness of the trust to engage with the committee whenever requested and I hope that this will continue.

Cllr Wendy Taylor
Chair, Health Scrutiny Committee

Gateshead Council Overview and Scrutiny Committee's statement:

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2017-18 we feel able to comment as follows:-

Quality Priorities for Improvement 2018 -19

Safety – Improving the Inpatient Experience

The OSC has previously raised concerns with the Trust regarding the availability of inpatient beds and the fact that some service users are having to be admitted to beds outside their home locality / go out of area and is therefore very supportive of this as a priority area for improvement and the proposed actions identified.

Improving Waiting Times

OSC has previously raised concerns with the Trust regarding waiting times for the children and young people service and in light of this and a) the performance issues identified by the Trust during 2017-18 regarding waiting times for children and young people and adult and older people's services and b) that a theme identified from Complaints received by the Trust has been waiting times in community services for children and young people, OSC is very supportive of improving waiting times as a priority area for improvement and the specific actions identified.

Progress against Quality Priorities in 2017-18

The OSC congratulated the Trust on achieving an overall rating of Outstanding from CQC and being one of only two mental health provider Trusts nationally to have achieved this rating.

The OSC was very pleased to note that all the Trust's core services have been rated as either good or outstanding. However, the OSC was concerned to note that the Trusts Children and Adolescent Mental Health Wards have been rated as "Requires Improvement" in terms of the category of Safety and sought reassurances around actions being taken by the Trust to address this situation. OSC was advised that the rating had been given as a result of issues related to one facility and recent initial feedback from CQC was that it was acknowledged that significant improvements have now been made. The OSC also noted that 87% of children and young people's wards have been accredited by the Quality Network for Inpatient and Adolescent Mental Health Services (CAMHS).

Embedding the Positive and Safe Strategy

OSC was pleased to note that there has been a 13% decrease in patient safety incidents overall compared to the previous year and that 92.5% of reported patient safety incidents related to no harm or minor harm with a shift from minor harm to no harm.

OSC was also pleased to note the significant reductions achieved in relation to the use of restraint.

OSC also congratulated the Trust on being awarded the prestigious "Provider of the Year" Award by the Health Service Journal.

Healthwatch South Tyneside's Statement:

Last year Healthwatch South Tyneside (HWST) appreciated the Quality Goals and Priorities for the coming year, particularly Quality Goal Two around Service User and Carer Experience in terms of waiting times, Triangle of Care and co-production. The main areas of concern for HWST for the 2017/18 Quality Account relate to waiting times.

HWST has noted the 1% improvement in waiting times for adult mental health services with 98% of referrals being contacted within 18 weeks. However HWST is concerned that people in South Tyneside waiting over 18 weeks to be seen by the Adult Attention Deficit Hyperactivity Disorder (Adult ADHD) and the Adult Autistic Spectrum Disorder (Adult ASD) diagnosis service has increased by 8% and 16% respectively. HWST acknowledges that "improving waiting times" continues to be a quality priority for 2018/19; and would like to see reduced waiting times for South Tyneside residents over the coming year.

HWST is hugely disappointed for the people of South Tyneside that waiting times for children and young people are significantly longer than last year with 56% waiting longer than 18 weeks as at 31st March 2018. This is reflected in intelligence that HWST has heard and the impact on individuals and families cannot be discounted. HWST has noted that this is reflected in the quality priorities for 2018/19 and wants to see improved waiting times for CYP mental health services for local people.

HWST appreciates that the Trust generally performs better than the national average as was reflected in their 2016 Care Quality Commission inspection report.

Jan Pyrke
Operations Manager

South Tyneside Council Overview and Scrutiny Committee's statement:

Thank you for the opportunity to comment on your 17/18 Quality Report.

We have not asked representatives of NTW to attend any of our scrutiny committees this year as our programme has been very much focussed on Primary Care and the "Path to Excellence" consultation.

However, we do intent to include the Learning Disability Transformation Programme in our schedule for next year.

As regards the report itself, we acknowledge what a high performing Trust NTW has become in many areas. However, we have continued concerns over the waiting times for Child and Adolescent Mental Health Services. You will note that a number of years ago we recommended that no child should wait more than 9 weeks for services (when 12 weeks was then the stated target). It is therefore alarming that children and young people waiting to access services have not been maintained and waits have significantly lengthened, with 56% waiting more than 18 weeks.

This is something that we would like to see some progress on and are pleased that it is quite rightly remaining in your priorities for 18/19.

I hope these comments are helpful.

Cllr Rob Dix
Chair
South Tyneside Council Overview and Scrutiny Coordinating and Call-in Committee

Sunderland City Council Overview and Scrutiny Committee's statement:

Sunderland City Council's Health and Wellbeing Scrutiny Committee are pleased to able to comment on this year's Northumberland Tyne and Wear NHS Foundation Trust Quality Report 2017/18. The report provides a detailed overview of the quality of care and key priorities for the year ahead.

The Health and Wellbeing Scrutiny Committee are pleased to acknowledge the high performance rating that the trust has achieved from the Care Quality Commission following inspection in 2016. The committee is particularly pleased to see achievements against the quality priorities set for 2017/18. In particular the progress made in the 'Positive & Safe' priority to actively reduce the violence and aggression across the organisation.

However it is concerning that within community services for adults and older people, the longest waiting times for these services are in Northumberland and Sunderland. The increased demand for community services for adults and older people remains an issue to ensure access to timely care comparable to that of other health services. The Committee would like to see improvements in this particular area and will look to monitor this issue in going forward.

A similar concern remains in terms of Child and Adolescent Mental Health Services where times for children and young people have significantly lengthened, with 42% waiting more than 18 weeks as at 31 March 2018. Again this would be an area where the Committee would like to see improvements and this will be a further issue that will be monitored in 2018/19.

Sunderland City Council's Scrutiny function values its relationship with the NTW NHS Foundation Trust and will continue to challenge and engage with the Trust over key issues and priorities for the city. The Health and Wellbeing Scrutiny Committee are therefore satisfied in endorsing this quality report for 2017/18.

Councillor Darryl Dixon
Chair of the Health and Wellbeing Scrutiny Committee

CQC Registered locations

The following tables outline the Trust's primary locations for healthcare services as at 31 March 2018.

Table 32: CQC registered locations

Location	Regulated activities			Service types							
	Treatment of Disease, Disorder or Injury	Diagnostic and Screening Procedures	Assessment or medical treatment for persons detained under the Mental Health Act 1983	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	●	●	●							●	
Elm House	●	●	●					●			
Ferndene	●	●	●			●		●		●	
Hopewood Park	●	●	●			●		●		●	
Monkwearmouth Hospital	●	●	●			●		●		●	
Campus for Ageing and Vitality	●	●	●					●		●	
Northgate Hospital	●	●	●			●		●		●	
Queen Elizabeth Hospital	●	●	●					●			
Rose Lodge	●	●	●					●			
Royal Victoria Infirmary	●	●	●					●			
St George's Park	●	●	●			●		●		●	
St Nicholas Hospital	●	●	●	●	●	●	●	●	●	●	●
Walkergate Park	●	●	●					●		●	

Service types:

CHC – Community health care services

LDC – Community based services for people with a learning disability

LTC – Long-term conditions services

MHC – Community based services for people with mental health needs

MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse

PHS – Prison healthcare services

RHS – Rehabilitation services

SMC – Community based services for people who misuse substances

Table 33: CQC Registered locations for social and residential activities

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

Data source (Table 32 and Table 33): CQC

Appendix 2

Local clinical audits undertaken in 2017/18

Board Assurance (6)		
1	CA-16-0023	Clinical Supervision
2	CA-16-0037	Medicines Management: Safe and Secure Medicines Handling
3	CA-16-0088	Learning Disabilities (Transforming Services)
4	CA-17-0001	Medicines Management: Audit of Prescribing Standards, Prescription Accuracy Checking and Drug Administration (Take 5 approach)
5	CA-17-0004	Seclusion 16-17
6	CA-17-0006	Care Co-ordination: Inpatient
Trust Programme (6)		
7	CA-16-0013	Re-audit of S136 suites and acute hospital emergency department psychiatric interview rooms within NTW area against quality and safety standards
8	CA-16-0048	Administration of Electroconvulsive Therapy (ECT)
9	CA-16-0079	Audit of Transition between Inpatient and Community Services
10	CA-17-0010	Domestic Abuse (MARAC) Audit
11	CA-17-0014	Evidencing Person Centred Care through Collaborative Care Planning within Older People's Inpatient Services
12	CA-17-0021	Evidencing Person Centred Care through Collaborative Care Planning within Older People's Inpatient Services
NICE Audits (3)		
13	CA-15-0092	NICE (Implementation) CG103: Audit of Clinical Practice Against Quality Delirium Standards
14	CA-16-0090	NICE (Implementation) GC161: Falls Post Baseline Audit
15	CA-15-0120	NICE (Baseline) CG128: Autism in Children and Young People
Medicines Management Audits (3)		
16	CA-15-0062	Audit of pharmacological therapies policy practice guidance note 17- Melatonin in paediatric sleep disorders
17	CA-16-0062	Controlled Drugs
18	CA-16-0073	Audit on the management of diabetes and hypoglycaemia

North Locality Care Group Audits (26)		
19	CA-14-0136	Advice on driving given to patients on psychotropic medication
20	CA-15-0031	Young person and parental involvement in clinical team meetings
21	CA-15-0032	Young person and parental involvement in Care Co-ordination reviews
22	CA-15-0112	Physical health monitoring in antipsychotic medication according to Trust Guidelines
23	CA-16-0014	Diagnosis and advice on non-pharmacological management of delirium in the acute hospital setting: Audit of adherence to NICE Quality Standards within the Northumberland Psychiatric Liaison Team
24	CA-16-0019	NICE CG72: Audit of transition of young people with ADHD to adult services against NICE Guidelines
25	CA-16-0021	Audit of team meeting documentation on RiO to ensure contemporaneousness of entries, actions following decisions or documented new decisions and changes to risk are recorded in the risk assessment document
26	CA-16-0027	Are patients with Alzheimer's disease in the Tynedale CMHT locality prescribed Memantine according to NICE guidelines?
27	CA-16-0051	Compliance with national agreed standard of completing a comprehensive MDT summary within 5 working days of discharge
28	CA-16-0055	Assessment of capacity in informal admission to WAA Inpatient Wards at St George's Hospital
29	CA-16-0061	An audit looking at benzodiazepine prescribing patterns in Crisis Services within NTW
30	CA-16-0065	An audit of annual physical health monitoring of children and adolescents on antipsychotic medication attending ADHD Clinics in Northumberland
31	CA-16-0066	Clozapine monitoring: are annual plasma tough levels being completed for patients who are prescribed clozapine in the community?
32	CA-16-0075	Are Complex Neurodevelopmental Disorders Service (CNDS) systematically assessing for comorbid mental health disorder as part of ASD second opinion assessments
33	CA-16-0081	Audit of borderline personality disorder: treatment and management, second cycle, Alnwood, St Nicholas Hospital
34	LLCA-99-0014	Audit of Benzodiazepine and Z-drug Prescribing
35	LLCA-99-0015	Do 72-hour meetings really occur within 72-hours of admission?
36	LLCA-99-0018	Re-Audit of physical health monitoring of patients with severe mental illness in a general adult community mental health team
37	LLCA-99-0022	Monitoring requirements for children and young people (<18) years) prescribed antipsychotics (except Clozapine) - an audit on adherence to Trust guidelines in the CYPS/LD population.

38	LLCA-17-0014	Retrospective audit of police disclosure requests and follow-up in acute adult inpatient ward (Embleton)
39	LLCA-17-0017	Vitamin D deficiency – monitoring and treatment in patients within the Medium Secure Unit (NICE PH56)
40	LLCA-17-0020	Re-audit of monitoring of side effects in patients taking depot antipsychotics using GASS or LUNSERS forms
41	LLCA-17-0021	Re-audit of ADHD medication height and weight monitoring on growth charts in CAMHS Inpatients (Ferndene and Alnwood)
42	LLCA-17-0037	The activity of CRHT Northumberland, focusing on facilitated and delayed admissions to acute wards due to bed availability measured against standards within the Crisis Care Concordat
43	LLCA-17-0041	Assessment of the frequency that staff assault is reported to the police in line with promoted Zero Tolerance for staff in the NHS
44	LLCA-17-0053	MDT Seclusion Review in RiO
South Locality Care Group Audits (26)		
45	CA-16-0041	Cardio-metabolic Monitoring of In-patients at Rose Lodge
46	CA-16-0053	Audit of Professional Standards Record Keeping and Consent (2016)
47	CA-16-0076	Audit of Record Keeping 2016
48	CA-14-0100	Prolactin level monitoring in patients receiving antipsychotics
49	CA-16-0042	Physical health monitoring in patients on High Dose Antipsychotic Therapy (HDAT)
50	CA-16-0025	NICE NG10: Are we adhering to NICE Guidance surrounding management violence and aggression in patients in seclusion in PICU at Hopewood Park?
51	CA-16-0052	An audit of the vocational rehabilitation assessment process at Northumberland Head Injuries Service against the British Society of Rehabilitation Medicine recommendations
52	CA-16-0032	Audit of Implementation of Trust's Risk Assessment Record-Keeping Policy within MS Rehabilitation Outpatient Clinics
53	LLCA-99-0003	An audit of timeframe of notifying GPs about patients who present with self-harm
54	LLCA-99-0004	Audit of compliance with NICE and Maudsley guidelines on psychotropic prescribing in delirium
55	LLCA-99-0010	Clozapine related side effects monitoring and management practices audit
56	LLCA-99-0011	Concordance with NICE Guidelines on pharmacologic management of depression and recommended therapeutic monitoring with Liaison Psychiatry
57	LLCA-99-0019	Clinical Record Keeping Standards in patients under 65: referral to Memory Assessment and Management Service (MAMS)

58	LLCA-99-0020	Are we providing a Neuro Rehabilitation MS Service responsive to the needs of people with cognitive impairment?
59	LLCA-99-0024	Physical health monitoring for patients on Clozapine
60	LLCA-99-0025	Audit of cardiovascular monitoring with the use of AChEI's within the Memory Protection Service
61	LLCA-99-0026	Triage documentation audit for the measurement and recording of documentation standards quality and processes
62	LLCA-99-0027	Are 72-hour meetings being completed within the recommended time limit on organic inpatient wards (Mowbray and Roker)?
63	LLCA-99-0028	Family/Carer involvement including Getting to Know You
64	LLCA-17-0006	Re-audit of the use of Psychotropic Medication Patients with Brain Injury
65	LLCA-17-0007	Clinical audit of South Tyneside Old Age Psychiatry Community Consultant telephone case discussions recording in RiO
66	LLCA-17-0010	Long term medicines management – are community depot prescriptions being reviewed?
67	LLCA-17-0011	Audit of discharge summary process and accuracy
68	LLCA-17-0028	Q-Risk scores and statins in secondary (community) and tertiary (in-patient) mental health services
69	LLCA-17-0034	Re-audit of the transition of young people with ADHD to Adult services
70	LLCA-17-0059	Audit of uptake of planned CTERs in the LD CYPS Team, South of Tyne

Central Locality Care Group Audits (35)

71	CA-15-0042	Antipsychotic Use in Patients with Dementia at Castleside Day Unit
72	CA-16-0063	Evidencing Person Centred Care through collaborative Care Planning within Older People's in-patient services
73	CA-15-0121	NICE NO 205 Clinical Audit on Use of ECT as a Quality Monitoring Tool
74	CA-16-0049	CG 178: ECG monitoring and recording practice on acute admission service
75	CA-16-0054	Assessment of compliance with standards of physical health monitoring: Pregnancy as a crucial aspect of Physical Health Monitoring amongst women of reproductive age group (15-44) in an in-patient psychiatry setting
76	CA-16-0068	Baseline monitoring on initiation of antipsychotics in the elderly (>65 years) in concordance with NICE Guidelines
77	CA-15-0117	Audit of secondary care prescribing through GP letters and Outpatient Recommendation Forms issued by the North Tyneside West CMHT (Longbenton)
78	CA-16-0056	Re-audit of side effect monitoring of patients receiving depot antipsychotics in North Tyneside West CMHT (Longbenton)

79	CA-16-0069	Melatonin Prescribing Practices in Newcastle/Gateshead Tier 3 CYPS Team
80	CA-16-0085	Management of Weight Loss in ADHD Patients in Newcastle CYPS
81	CA-16-0091	Assessment of compliance with standards of physical health monitoring: Pregnancy as a crucial aspect of Physical Health Monitoring amongst women of reproductive age group (15-44) in an in-patient psychiatry setting
82	CA-16-0064	Discharge Summaries for Older People's In-Patient Services
83	CA-16-0074	Re-audit of assessment of the quality of smoking cessation provision and documentation in a forensic inpatient unit
84	LLCA-99-0006	Improving physical healthcare to reduce premature mortality in people with serious mental illness
85	LLCA-99-0008	Documentation of risk management plan in Liaison Psychiatry in accordance with NICE CG16 and 133
86	LLCA-99-0009	Audit of compliance with prescribing guidelines for depot antipsychotics (UHM-PGN-02 Prescribing Medications V01)
87	LLCA-99-0016	The discussion of naloxone provision in the treatment of newly-released prisoners with opiate addiction
88	LLCA-99-0017	Audit of take home naloxone prescribing within Newcastle Addictions Services
89	LLCA-17-0001	To assess the implementation of the Share Care Plan in Children with Learning Disabilities and ADHD and their general practitioner in accordance with NICE Guidance
90	LLCA-17-0002	Re-audit of practice in Adult ADHD patients with comorbid substance use disorder against relevant NICE guidelines and BAP guidelines
91	LLCA-17-0003	High Dose Antipsychotic Therapy Monitoring re-audit
92	LLCA-17-0004	An audit of referral guidelines in the Oswin Unit, Medium Secure Personality Disorder Unit
93	LLCA-17-0016	ECG Monitoring and Recording Practice on Acute Admission Service (Re-audit of CA-16-0049).
94	LLCA-17-0022	Are moderate NE referrals to the Older Persons CTT Single Point Access processed and seen face to face with a clinician within 28 day target
95	LLCA-17-0024	Monitoring of lithium levels at Castleside Day Hospital
96	LLCA-17-0029	Antipsychotic medication for first episode psychosis: an audit of NICE clinical guideline recommendations for psychosis and schizophrenia an children and young people (CG 155)
97	LLCA-17-0030	NICE NO205 Clinical Audit on Use of ECT as a Quality Monitoring Tool
98	LLCA-17-0032	Consultant - Consultant Handover
99	LLCA-17-0033	An Audit against Trust Standards for VTE assessments in Forensic Inpatients
100	LLCA-17-0035	Audit of the database at Plummer Court

101	LLCA-17-0044	Evaluation of NICE Guidance on the Review of Antipsychotic Prescribing in people with Dementia
102	LLCA-17-0050	NICE CG28: Retrospective review of patients who were initiated on medication beginning of August 2017 until end December 2017
103	LLCA-17-0052	Has overestimation of QTc on ECG led to a change in choice of medication?
104	LLCA-17-0056	Driving and Dementia Audit
105	LLCA-17-0058	Completion of FACE Risk Forms on same day as assessment by the Crisis Team

Data source: NTW

Appendix 3

Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017-18 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

  - board minutes and papers for the period April 2017 to May 2018

  - papers relating to quality reported to the board over the period April 2017 to May 2018

  - feedback from commissioners dated May 2018

  - feedback from governors dated May 2018

  - feedback from Local Healthwatch organisations dated May 2018

  - feedback from Overview and Scrutiny Committees dated May 2018

  - the Trust's annual review of complaints information which was presented to the board within the Safer Care (quarter 4) report published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, dated April 2018

  - the 2017 national patient survey

  - the 2017 national staff survey

  - the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2018

  - CQC inspection report dated 1 September 2016

- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;

- the performance information in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report; and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

23rd May 2018   Ken Jarrold   Chair

23rd May 2018   John Lawlor   Chief Executive

Appendix 4

Limited assurance report on the content of the Quality Report

We have been engaged by the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral; and

- Inappropriate out-of-area placements for adult mental health services.

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

Respective responsibilities of the Directors and auditors

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

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

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

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's Detailed Requirements for External Assurance for Quality Reports 2017/18; and

- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality set out in the Detailed Requirements for External Assurance for Quality Reports.

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

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

- Board minutes for the period April 2017 to April 2018;

- Papers relating to quality reported to the Board over the period April 2017 to April 2018;

- Feedback from Commissioners: Northumberland, North Tyneside, Newcastle Gateshead, Sunderland and South Tyneside Clinical Commissioning Groups (undated);

- Feedback from Governors;

- Feedback from local Healthwatch organisations: Healthwatch Newcastle, Healthwatch Gateshead and Healthwatch North Tyneside (undated), and Healthwatch South Tyneside (dated 11 May 2018) and Healthwatch Northumberland (dated 15 May 2018);

- Feedback from the Overview and Scrutiny Committee: Newcastle City Council (dated 9 May 2018), Northumberland County Council (dated 11 May 2018), South Tyneside Council (dated 30 April 2018), Sunderland City Council (dated 14 May 2018), and Gateshead Council (dated 22 May 2018);

- The Trust's complaints information that will inform its complaints report to be published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;

- The national patient survey (dated 2017);

- The national NHS staff survey (dated 2017);

- Care Quality Commission inspection report (dated 1 September 2016);

- The Head of Internal Audit's annual opinion over the trust's control environment for the period April 2017 to March 2018 (dated 16 May 2018); and

- Any other information included in our review.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts. We apply International Standard on Quality Control (UK & Ireland) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

This report, including the conclusion, has been prepared solely for the Council of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate that it has discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Northumberland, Tyne and Wear NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

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

- making enquiries of management;

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

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

- reading the documents.

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

Limitations

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

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

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

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvements' Detailed Requirements for External Assurance on Quality Reports 2017/18; and

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

Signed: *Gareth Davies*   Date: 23 May 2018

Gareth Davies
Partner, for and on behalf of Mazars LLP
Chartered Accountants and Statutory Auditor
Salvus House, Aykley Heads, Durham, DH1 5TS

Appendix 5

Glossary

ADHD	Attention Deficit Hyperactivity Disorder – a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness
AIMS	Accreditation for Inpatient Mental health Services
ASD	Autism Spectrum Disorder – a term used to describe a number of symptoms and behaviours which affect the way in which a group of people understand and react to the world around them
CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group – a type of NHS organisation that commissions primary, community and secondary care from providers
CAS alert	The Central Alerting System is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS.
CCQI	College Centre for Quality Improvement – part of the Royal College of Psychiatrists, working with services to assess and increase the quality of care they provide.
CMHT	Community Mental Health Team – supports people living in the community who have complex or serious mental health problems
Commissioner	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS trusts.
Coram Voice	A charity that enables and equips children and young people to hold to account the services that are responsible for their care.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality
CMHT	Community Mental Health Team
CRHT	Crisis Resolution Home Treatment – a service provided to service users in crisis.
Clinician	A healthcare professional working directly with service users. Clinicians come from a number of healthcare professions such as psychiatrists, psychologists, nurses and occupational therapists.
Cluster/Clustering	Mental health clusters are used to describe groups of service users with similar types of characteristics.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.

CPA	Care Programme Approach – a package of care for some service users, including a care coordinator and a care plan.
CTO	Community Treatment Order
CYPS	Children and Young Peoples Services – also known as CAMHS
Dashboard	An electronic system that presents relevant information to staff, service users and the public
DOLS	Deprivation Of Liberty Safeguards – a set of rules within the Mental Capacity Act for where service users can't make decisions about how they are cared for.
Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage
ECT	Electroconvulsive therapy
EIP	Early Intervention in Psychosis
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so
GP	General Practitioner – a primary care doctor
HMP	Her Majesty's Prison
HoNOS / HoNOS 4-factor model	Health of the Nation Outcome Scales. A clinical outcome measuring tool.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
LD	Learning Disabilities
LeDeR	The Learning Disabilities Mortality Review Programme aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.
Lester Tool	The Lester Positive Cardiometabolic Health Resource provides a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in service users with psychosis receiving antipsychotic medication.
MARAC	Multi-Agency Risk Assessment Conference – a risk management meeting for high risk cases of domestic violence and abuse
MDT	Multi-Disciplinary Team – a group of professionals from several disciplines who come together to provide care such as Psychiatrists, Clinical Psychologists, Community Psychiatric Nurses and, Occupational Therapists.
MHA	Mental Health Act
MHCT	Mental Health Clustering Tool – a computerised system used in clustering

NHS Improvement	The independent regulator of NHS foundation trusts, ensuring they are well led and financially robust.
Single Oversight Framework	An NHS Improvement framework for assessing the performance of NHS foundation trusts (replacing the Monitor Risk Assessment Framework)
NEQOS	North East Quality Observatory System – an organisation that helps NHS trusts to improve quality through data measurement
NICE	National Institute for Health and Clinical Excellence – a group who produce best practice guidance for clinicians
NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research
NRLS	National Reporting and Learning System – a system for recording patient safety incidents, operated by NHS Improvement
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
OSC	Overview and Scrutiny Committee – the part of a Local Authority responsible for monitoring and holding executive decision makers to account, including from external bodies like the NHS.
Out of area placements	Service users admitted inappropriately to an inpatient unit that does not usually receive admissions of people living in the catchment of the person's local community mental health team.
Pathway	A service user journey through the Trust, people may come into contact with many different services
PHSO	The Parliamentary And Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
Points of You	An NTW service user and carer feedback system that allows us to evaluate the quality of services provided
POMH-UK	Prescribing Observatory for Mental Health – a national organisation that helps mental health trusts to improve their prescribing practice.
PMVA	Prevention and Management of Violence and Aggression
Recovery College	Recovery Colleges take an educational approach to provide a safe space where people can connect, gain knowledge and develop skills.
RiO	NTW's electronic patient record
RTT	Referral To Treatment – used in many waiting times calculations
Serious Incident	An incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.
Transition	When a service user moves from one service to another, for example from an inpatient unit to being cared for at home by a community team.

For other versions telephone 0191 246 6935 or email
qualityassurance@ntw.nhs.uk

Copies of this Quality Account can be obtained from our website (www.ntw.nhs.uk) and the NHS Choices website (www.nhs.uk). If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing qualityassurance@ntw.nhs.uk or calling 0191 246 6935.

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