Northumberland, **NHS**
Tyne and Wear
NHS Foundation Trust

Quality Account

Northumberland, Tyne and Wear NHS
Foundation Trust

2016/17

Northumberland, Tyne and Wear NHS Foundation Trust at a Glance….

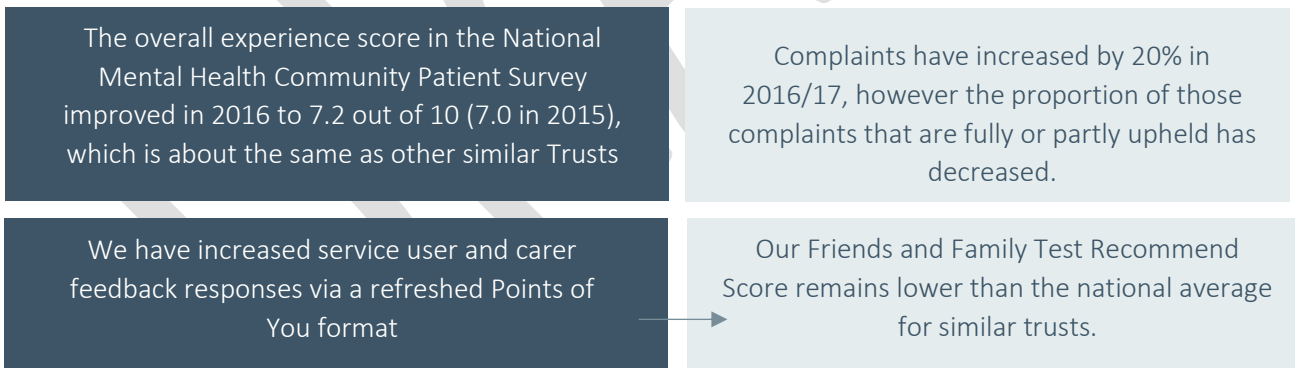Mental Health & Disability Trust

Local population of 1.4 million

Employ around 6,000 staff

Outstanding ☆

CareQuality Commission

Rated as Outstanding by Care Quality Commission

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

We also have a number of regional and national specialist services to England, Ireland, Scotland & wales

Five Local Clinical Commissioning Groups and Six Local Authorities

Costs of around £300 million

Northumberland, Tyne and Wear NHS Foundation Trust 2016/17 The Year at a glance…

Trustwide:

We were rated outstanding overall by CQC – becoming one of only two Mental Health & Disability Trusts in the country to receive this accolade

However both Childrens and Older Peoples inpatient services, while rated good overall, had areas rated as "requires improvement"

We have ensured that mental health, learning disability neuro-disability services are given sufficient priority in the local Sustainability & Transformation Plan

We have developed a new Trust Strategy and refreshed our Quality Goals

We have achieved most of our CQUIN (Commissioning for Quality & Innovation) and contract quality standards

We are making progress towards the Five Year Forward View for Mental Health

We have met key metrics such as Care Programme Approach metrics and seven day follow up for patients discharged from inpatient care at Trust level

But at times we have not achieved these in a particular locality.

Service User & Carer Feedback:

The overall experience score in the National Mental Health Community Patient Survey improved in 2016 to 7.2 out of 10 (7.0 in 2015), which is about the same as other similar Trusts

Complaints have increased by 20% in 2016/17, however the proportion of those complaints that are fully or partly upheld has decreased.

We have increased service user and carer feedback responses via a refreshed Points of You format

Our Friends and Family Test Recommend Score remains lower than the national average for similar trusts.

Staff Feedback:

We have met almost all of our training standards

We would like to increase the number and quality of staff appraisals conducted

The staff sickness absence rate continues to decrease

However our sickness rate remains higher than average for similar Trusts

The 2016 staff survey scores have improved in the year, and most are better than the national average

Our staff experience more violence and aggression than in other similar Trusts

Contents

Morpeth

Newcastle
upon Tyne

Prudhoe

Sunderland

Part 1

Welcome and Introduction to the Quality Account

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

About the Trust

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

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

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

What is 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.

Northumberland, Tyne and Wear NHS Foundation Trust welcomes the opportunity to outline how well we have performed over the course of 2016/17, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

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

This is an "explanation" box

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

This is a 'news' box

It reports news stories from 2016-17

This is a 'quote' box

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

Statement of Quality from the Chief Executive

Thank you for taking the time to read our Quality Account. This past year has been a particularly busy and noteable one for us, and we are proud to have been rated as "outstanding" by the Care Quality Commission – becoming one of only two mental health and disability providers in the country to have received this accolade.

I'm delighted that the contribution our staff make to the lives of those we serve was recognised by the 'Outstanding' inspection report. I am very proud of our staff and the professional, dedicated way in which they support service users. We know, however, that we don't always get things right and we are not complacent; we listen when we get things wrong and work to ensure that improvements are made. In this document we aim to tell the story of our continuing efforts to provide services that meet the needs and wishes of those we serve. During this year, we have made pleasing progress towards our quality priorities, which were:

• To embed suicide risk training for staff

• To improve transitions between young people's services and adulthood

• To improve transitions between inpatient and community services

• To improve waiting times for referrals to multidisciplinary teams

• To adopt Triangle of Care principles to improve engagement with carers

• To improve the recording and use of Outcome Measures

• To develop staff skills in preventing and responding to aggression.

We have set out in this Quality Account how well we have performed against local and national priorities - including how we have progressed with our Quality Priorities for 2016/17 as highlighted above. We have also set out our Quality Priorities for 2017/18, and look forward to reporting our progress against these in next year's Quality Account.

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 Operations

We were proud this year to show the Care Quality Commission the services we provide at Northumberland, Tyne and Wear NHS Foundation Trust.

The inspection was truly comprehensive; involving staff, service users and carers. The inspectors visited the full range of services, including mental health, learning disabilities and neurorehabilitation, both inpatient and community, and alongside our overall "Outstanding" rating we were delighted that all of our 15 core services were rated as either "Outstanding" or "Good". The inspection also highlighted areas where we can improve, and we will ensure that we address these issues.

We continuously strive to improve the quality of our services, and below are listed just some of the other successes and developments we have achieved in the past year, when we:

- Celebrated our 10th birthday
- Continued to develop our Recovery Colleges
- Participated in research, for example into autism and psychosis
- Opened a new older peoples' unit at Monkwearmouth Hospital in Sunderland
- Opened a new autism spectrum disorder unit at Northgate Hospital in Northumberland
- Secured additional funds to expand our perinatal mental health services
- Entered into a strategic partnership with NHS Improvement to develop its mental health improvement programme.

As we move into 2017-18 we are also redesigning our leadership model so that decisions are made as close to the service user as possible, and to ensure that services meet the needs of local communities.

Dr Rajesh Nadkarni
Executive Medical Director

Gary O'Hare
Executive Director of Nursing & Operations

Statement of Quality from Council of Governors Quality Group

 The Council of Governors considers 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 2016/17 the group received a number of presentations from the Trust on varied topics such as the implementation of Triangle of Care, the Positive & Safe Strategy, the rollout of Risk of Harm to Others training, outcomes measures and the transformation of community services in Northumberland. The presentations provided Governors with a valuable opportunity to discuss quality issues with a wide range of Trust staff.

Alongside this ongoing work, representatives from our group have also continued to attend the Trust Quality and Performance Committee and we have also played a valuable part in helping to develop the 2017-18 Trust Quality Priorities.

As Chair of the Council of Governors Quality Group, in 2016 I also had the opportunity to share the work of the group with Care Quality Commission (CQC) inspectors as part of the Trust's comprehensive inspection and I was delighted that our joint efforts were recognised so positively by the CQC.

Margaret Adams

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

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.

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" - becoming one of only two Mental Health and Disability Trusts in the country to be rated as such.


All of our core services were rated as either "Good" or "Outstanding" overall and we aim to protect, build upon and share our outstanding practice. We are addressing all areas for improvement identified, the most significant being:

• 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.

"We're delighted that the contribution our staff make to the lives of those we serve has been recognised by this 'outstanding' inspection report. We know that we don't always get things right. We are not complacent; we listen when we get things wrong and work to ensure that improvements are made."

John Lawlor, Chief Executive, September 2016

NTW progress towards the Five Year Forward View for Mental Health (national priority areas)
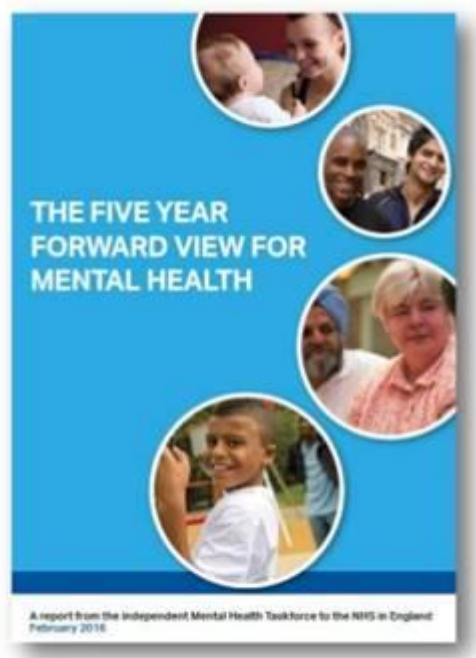
Improving Access to Psychological Therapies (IAPT)

- We have achieved the IAPT 6 and 18 week waiting times standard.

- We have achieved the 50% recovery rate.

- We are part of a pilot to expand the provision of IAPT services in Sunderland.

Expansion of services:

- We have successfully bid for funding to expand the provision of specialist perinatal mental health community teams.

- We have been asked to provide a new specialist Transition, Intervention & Liaison Mental Health service for Veterans from April 2017.

Children and Young People's Services:

- We are preparing for the new Children and Young People's Community Eating Disorder waiting times standard of seeing urgent cases within one week of referral and all other cases within 4 weeks of referral.

- We are working with NHS England to participate in their national review of Children and Adolescent Mental Health Services (CAMHS) tier 4 specialist beds.

We have also:

- Achieved the standard for physical health checks for people with severe mental illness in community services and are working towards achieving the standard in inpatient services.

- Achieved the new Early Intervention in Psychosis waiting times standard for 50% of service users to be seen within 2 weeks of referral.

- We are working towards the 4 hour crisis care waiting times which are currently in development.

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 Strategy for 2017 to 2022

During 2016/17 we have refreshed our strategy, working with service users and carers, staff and the Council of Governors to identify what our ambitions should be for the next five years, taking into account local and national strategies and policies that affect us. Thank you to everyone who has helped us with this important piece of work.
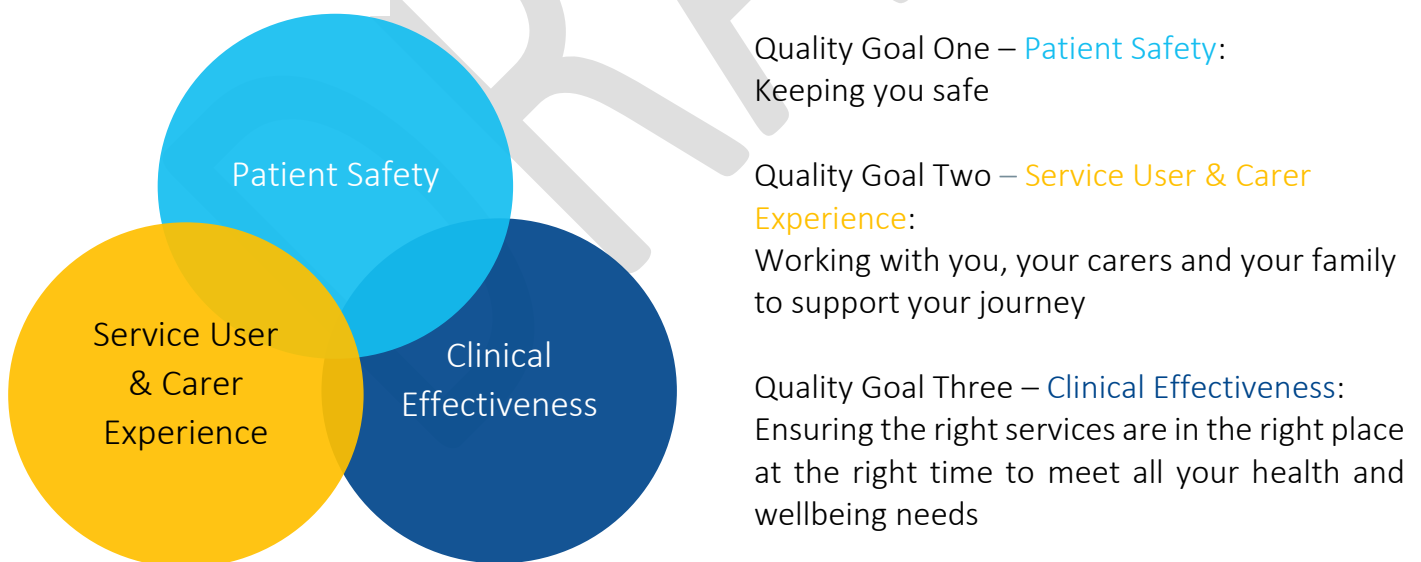
Part 2a

Looking Ahead – Our Quality Priorities for Improvement in 2017/18

This section of the report outlines the annual key Quality Priorities identified by the Trust to improve the quality of our services in 2017/18. We have developed our Quality Priorities in line with our long term Quality Goals (shown below), which are based on patient safety, service user and carer experience and clinical effectiveness.

Quality Goals and Quality Priorities

Figure 1: Quality Goals

Quality Goal One – Patient Safety:
Keeping you safe

Quality Goal Two – Service User & Carer Experience:
Working with you, your carers and your family to support your journey

Quality Goal Three – Clinical Effectiveness:
Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs

Each year we set new Quality Priorities to help us to achieve our 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.

Quality Priority Setting

Following the success of last year's stakeholder engagement in developing meaningful Quality Priorities to support the overarching goals, the Trust has adopted a similar quality engagement approach to develop the 2017/18 Quality Priorities.

An engagement exercise with stakeholders (including service users, carers, staff, Governors, commissioners and Healthwatch's) took place in late 2016 to gather suggestions, to consider for new Quality Priorities in 2017/18. We held a quality engagement workshop and many people also contributed their ideas via an online survey. From the quality improvement ideas shared along with themes arising from complaints and incidents, identified areas for improvement by the CQC and service user/carer feedback we proposed three new Quality Priorities for the coming year. We approached stakeholders once again to seeking their views on the appropriateness of these three suggested new Quality Priorities. The Trust reviewed this feedback and the proposed Quality Priorities were approved by the Trust Board for implementation in 2017/18. Progress against our Quality Priorities will be monitored regularly by the Quality and Performance Committee, the Corporate Decisions Team Quality Group and the Council of Governors Quality Group.

The full list of Quality Priorities to be progressed during 2017/18, including some continuing from 2016/17 plus new Quality Priorities identified, are:

Quality Goal One – Patient Safety: Keeping you safe

Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)

Aims:
- Undertake analysis of self harm incidents reported in 2016/17
- Compare the Points of You responses for 'feeling safe' question during 2017/18 to monitor change
- For all wards to be signed up to the talk 1st programme
- Report uptake of new PMVA training

Quality Goal Two – Service User & Carer Experience: Working with you, your carers and your family to support your journey

Improving waiting times for referrals to multidisciplinary teams (continues from 2016/17)

Aim:
- For 100% of service users waiting as at 30.06.2017 to have waited less than 18 weeks as at that date

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Implement principles of the Triangle of Care (continues from 2016/17)

Aims:
- For action plans to be continuously reviewed and monitored through carer champion forums
- Deliver a minimum of 10 carer awareness training sessions, and evaluate the training

Co-production and personalisation of care plans

Aims:
- Deliver care plan training to all qualified nurses working on inpatient wards using the training material developed in older people' services.
- Undertake an audit and re-audit to assess any improvements and take any remedial action

Quality Goal Three – Clinical Effectiveness: Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs

Use of the Mental Health Act – Reading of Rights

Aims:
- To review current practice and undertake subsequent requirements
- Develop and implement updated guidance and any additional training
- Evaluate process and identify action plans for any areas not showing an improvement

Part 2b

Looking Back – Review of Quality Goals and Quality Priorities in 2016/17

In this section we will review our progress and performance against our 2016/17 Quality Goals and Quality Priorities.

Taking each Quality Goal in turn, we will look back on the last year to assess progress against the Quality Priorities we set in 2016/17, and consider the impact on each overarching Quality Goal.

At any time, the Trust is usually caring for approximately 41,000* people. Table 1 below shows the number of current service users as at 31st March 2017, by locality, with a comparison of the same figures from the last 3 years:

Table 1: Service Users by locality 2014/15 to 2016/17

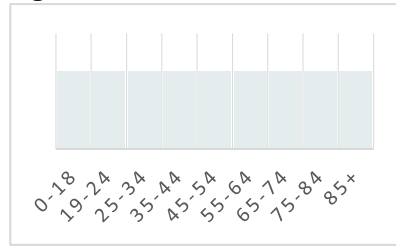| Clinical Commissioning Group (CCG)	2014/15	2015/16	2016/17
Durham Dales Easington & Sedgefield CCG	371	375	478
North Durham CCG	557	578	652
Darlington CCG	86	111	133
Hartlepool & Stockton CCG	131	137	185
Newcastle	8913	8741	8671
Gateshead	3868	4138	4656
Newcastle & Gateshead CCG (Total)	12781	12879	13327
North Tyneside CCG	4031	3996	4105
Northumberland CCG	10345	10361	9629
South Tees CCG	189	198	231
South Tyneside CCG	4336	3990	3740
Sunderland CCG	8786	9020	7940*
Other areas	171	310	612
Total Service Users	41784	41955	41032* IAPT data to be added

Breakdown of service users by age, gender, ethnicity (by CCG) (NB data TBC)
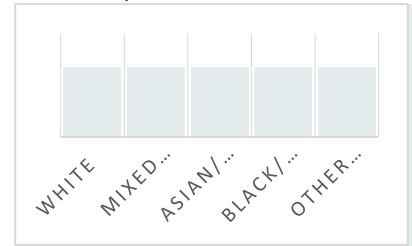
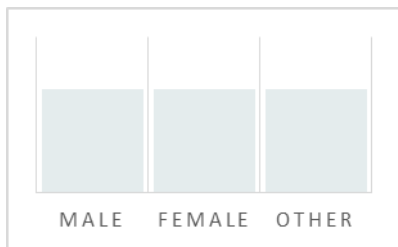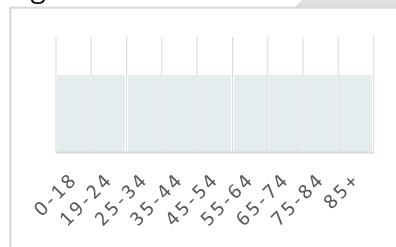## Newcastle & Gateshead CCG

Gender Breakdown
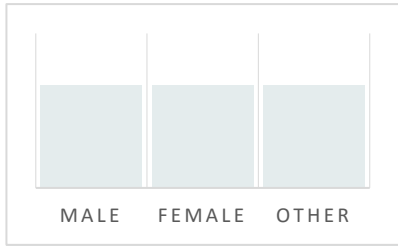
MALE   FEMALE   OTHER

Age Breakdown

0-18 19-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Ethnicity Breakdown

WHITE MIXED... ASIAN/... BLACK/... OTHER...

North Tyneside CCG

Gender Breakdown

MALE   FEMALE   OTHER

Age Breakdown

0-18 19-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Ethnicity Breakdown

WHITE MIXED... ASIAN/... BLACK/... OTHER...
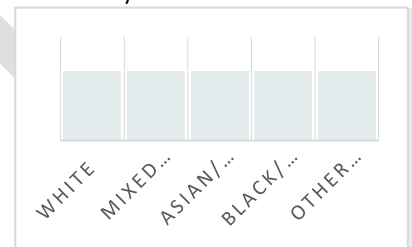
Northumberland CCG

Gender Breakdown
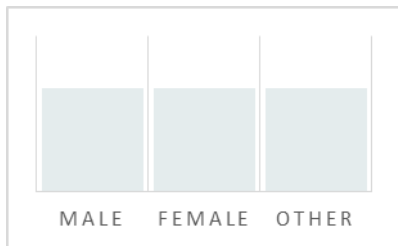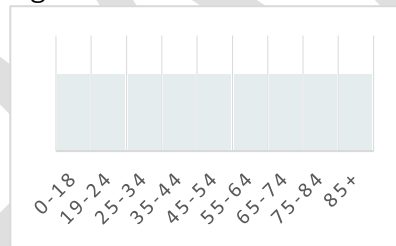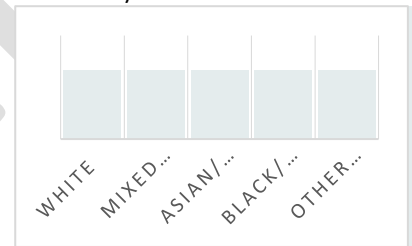
MALE   FEMALE   OTHER

Age Breakdown

0-18 19-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Ethnicity Breakdown

WHITE MIXED... ASIAN/... BLACK/... OTHER...

South Tyneside CCG

Gender Breakdown

MALE   FEMALE   OTHER

Age Breakdown

0-18 19-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Ethnicity Breakdown

WHITE MIXED... ASIAN... BLACK... OTHER...

Sunderland CCG

Gender Breakdown

MALE   FEMALE   OTHER

Age Breakdown

0-18 19-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

Ethnicity Breakdown

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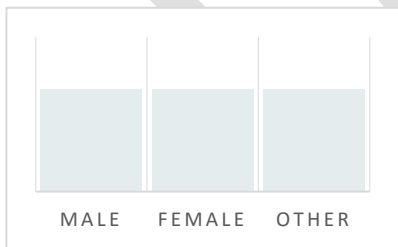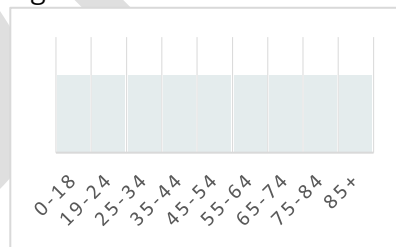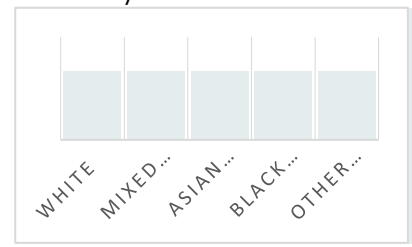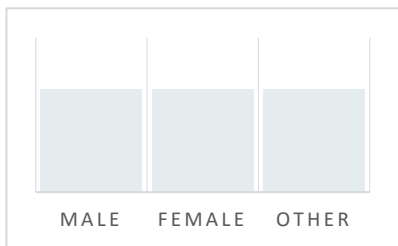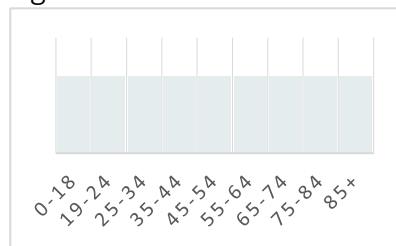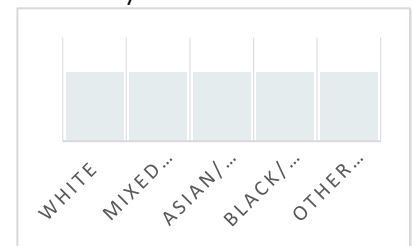
Quality Goal One

Patient Safety: Keeping you safe

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

	2016/17 Quality Priority: To embed suicide risk training for staff
Target	In 2016/17 our aim was for 85% of qualified clinical staff to have completed the enhanced suicide risk training.
Progress	✓ Met As at the 31st March 2017, 87% of the applicable 2,600 staff had completed the enhanced suicide risk training. The specific aim of this Quality Priority was met, and the Trust will ensure that this training continues with refresher training provided to staff every 3 years.

	2016/17 Quality Priority: Improve the transitions between Children and Young People's services and adulthood (community services only)
Target	We aim to ensure a timely and appropriate handover for service users transitioning to Adult services, and reduce the number of over 18 year old's inappropriately seen in Children and Young People's services.
Progress	✓ Met During 2016/17 there has been a 32% reduction in the number of people 18 years or older in Children and Young People's services. This reduction has been supported by the implementation and embedding of a formal meeting arrangement between Children and Young People Community Clinical managers and Adult Community Clinical Managers to facilitate multi-disciplinary discussions and agreements needed to support the transition plan for individuals from Children and Young People's services into Adult services.

What is the difference between Children and Young People's services and Adult services? The Trust's Children and Young People's services provide assessment and treatment for people up to 18 years who have mental health and learning disability needs. Our Adult services provide assessment and treatment for people 18 years and over who have mental health and learning disability needs.

2016/17 Quality Priority: Improve the transitions between inpatient and community mainstream services

Target	To ensure that for service users who require an inpatient stay, positive and sustained links with their care co-ordinator and their respective community teams are maintained. For service users who are directly admitted to inpatient services without the benefit of a community based care co-ordinator appropriate arrangements are put in place prior to the planned discharge.
Progress	**✓ Met** The delivery of this quality priority has been enabled by the implementation of a 'community tracker tool'. The community tracker tool monitors community contact with each individual inpatient during their stay, ensuring appropriate links are maintained in order to support transitions. It has also successfully increased collaborative care planning between staff from inpatient and community services contributing towards more effective transitions. An evaluation of service user feedback is currently on going to further evidence the positive impact, and an implementation plan for 2017/18 is being established for the work to be rolled out across all localities following the targeted work in Newcastle and Gateshead.

What is a care co-ordinator?

A care co-ordinator is responsible for the delivery of care delivered to an individual.

How have the Quality Priorities in 2016/17 helped support this Quality Goal?

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

Table 2: Number of reported patient safety incidents and total incidents 2014/15 to 2016/17

Patient Safety Incidents & Total Incidents reported:	2014/15	2015/16	2016/17
Patient Safety Incidents	11,069	10,804	13,277
Total Incidents reported:	31,240	32,028	36,332

(data is as at 7/4/17)

A patient safety incident is defined as 'Any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS funded healthcare.' These account for roughly one third of the total incidents. Most incidents reported do not fit this definition for example, inappropriate patient behaviour or aggression toward staff.

Throughout 2016/17 the Trust has fully embedded an electronic incident reporting process, resulting in increased reporting, improved quality and timelier reporting of patient safety incident data to the National Reporting and Learning System. In March 2017 the Trust was achieving an average national reporting timescale of 13 days against a national average of 26 days.

Most serious incidents reported are unexpected deaths in mainstream community services or substance misuse services. We are continuously developing our investigation and learning processes, regularly reporting themes from serious incidents to the Board of Directors.

The Trust has been fully engaged with Mazars LLP and worked closely to support the Care Quality Commission with their national review of deaths, and as a result we will change our processes for reviewing all deaths from April 2017. The Board of Directors has received 6 monthly updates in relation to all deaths throughout 2016/17 and the most recent report is available here. Activity related to learning from deaths will be included in the Quality Account from 2018/19.

Sign Up To Safety

The Trust has reviewed the Safety Improvement Plan in 2016/17 and the 2 main areas of development moving forward into 2017/18 will be:

- The review and learning from all deaths, and
- The full implementation of the Trust's Positive and Safe Strategy.

Progress against these will be reported regularly to the Board of Directors.

Patient Safety Incidents by impact

Table 3: Number of Patient Safety Incidents by impact 2014/15 to 2016/17:

Number of Patient Safety Incidents reported, by impact:	2014/15		2015/16		2016/17	
No Harm	4217	38%	5110	47%	7065	53%
Minor Harm	6093	55%	4987	46%	5227	39%
Moderate Harm	587	5%	602	5%	785	6%
Major Harm	55	1%	23	1%	81	1%
Catastrophic, Death	117	1%	82	1%	119	1%
Total patient safety incidents reported*	11,069	100%	10,804	100%	13,277	100%

(NB Annual totals for previous years may differ from previously reported data due to on-going data quality improvement work and to reflect coroner's conclusions when known. Data is as at 7/4/17).

Quality Priority activity, along with enhancements in recording and categorisation of incidents may have contributed to the reduction in severity of incidents reported above, with the proportion of "no harm" incidents increasing steadily. Additionally, more deaths are now being reported each year, which we believe accurately reflects the activity of the Trust, when compared to the clinical record.

Patient Safety Incidents by location

Figure 2 shows patient safety incidents which have been reported over the past 3 years by location of the incident (i.e. where the incident took place, rather than where the service user is from):

Figure 2: Patient Safety Incidents by location 2014/15 to 2016/17
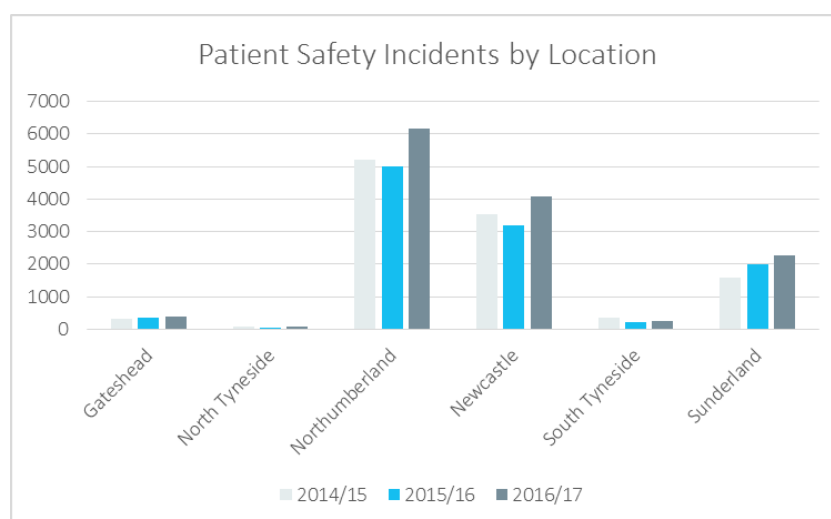
Services based in Newcastle and Northumberland continue to report more incidents than other areas, reflecting the location of specialist inpatient services located in those areas, supporting service users with complex needs, resulting in high numbers of incidents reported (for example, specialist inpatient services for people with autism spectrum disorder). Table 4 overleaf shows patient safety incidents by both location and the severity of harm caused, for both community based and inpatient services.

Table 4: Number of Patient Safety Incidents in Community and Inpatient Services 2014/15 to 2016/17

Number of Patient Safety Incidents reported	2014/15	2015/16	2016/17
Community Services	1,212	1,512	2,207
Inpatient Services	9,857	9,292	11,070
Total patient safety incidents	11,069	10,804	13,277

(Data is as at 7/4/17)

Patient Safety Incidents by Location and Level of Harm

Figure 3 shows patient safety incidents by location and level of harm.

Note that during the year we have taken on additional community services in Gateshead and Sunderland. Many areas have seen an increase in reported incidents due to the introduction of the electronic reporting process.

Figure 3: Patient Safety Incidents by Location and Level of Harm

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

North Tyneside Community Services

North Tyneside Inpatient Services

South Tyneside Community Services

South Tyneside Inpatient Services

Sunderland Community Services

Sunderland Inpatient Services

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

NB The numbers shown relate to where the services are. Note that the vertical scales on each graph differ to reflect variation by location.

Incidents by Clinical Commissioning Group

With recent improvements to our incident reporting processes, the Trust can now report on incident activity by their Clinical Commissioning Group.

The following table gives a summary breakdown of all incidents including patient safety incidents by local CCG.

Table 5: Incidents by local CCG of patients 2016/17

Clinical Commissioning Group (CCG)	Total
NHS GATESHEAD	2570
NHS NEWCASTLE	7004
NHS NORTH TYNESIDE CCG	2321
NHS NORTHUMBERLAND CCG	8816
NHS SOUTH TYNESIDE CCG	2326
NHS SUNDERLAND CCG	5433

NB There are also incidents relating to service users from other non-local CCG's.

National benchmarking information on our serious incident reporting (during 2014/15 to 2016/17) can be found on page 65 of this report.

For further updates on patient safety incident information please access the Trust Board patient safety reports – these are published quarterly and can be found on our website.

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

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

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

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

A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of service user care. We have implemented the Duty of Candour, developed a process to allow thematic analysis of reported cases, raised awareness of the duty at all levels of the organisation and we are also reviewing how we can

improve the way we learn and ensure that teams and individuals have the tools and opportunities to reflect on incidents and share learning with colleagues. Healthcare professionals must also be open and honest and take part in reviews and investigations when requested. All staff are aware that they should report incidents or raise concerns promptly, that they must support and encourage each other to be open and honest, and not stop anyone from raising concerns.

The Trust has reviewed its approach to Duty of Candour, in light of the recent publications on death reviews and will be applying this from April 2017.

Quality Goal Two

Patient Experience: Working with you, your carers and your family to support your journey

We will demonstrate success by improving the overall score achieved in the patient survey and by reducing the number of complaints received.
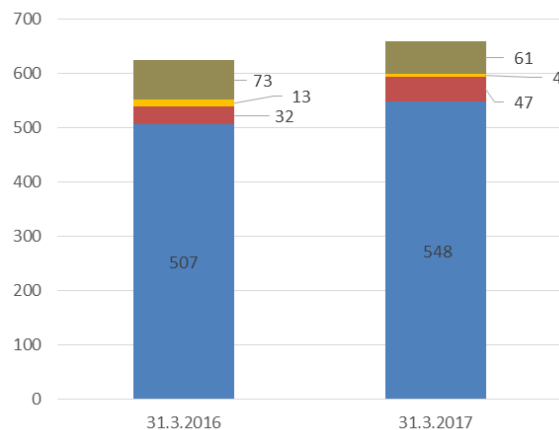
2016/17 Quality Priority: To improve the referral process and the waiting times for referrals for multi-disciplinary teams	
Target	To ensure that 100% of service users will wait no longer than 18 weeks for their first contact with all services, with the exception of the following services: To maintain waiting times in Children's and Young Peoples' community services; to reduce waiting times in Adult Attention Deficit & Hyperactivity Disorder (ADHD) and Autism Spectrum Diagnosis (ASD) services; and to reduce waiting times for the Gender Dysphoria service.
Progress	⊗ **Not Met** Our aim is 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. This year has been particularly challenging in terms of resources, resulting in more people waiting to access services on 31st March 2017 compared with the same day in 2016, and more of those service users had been waiting longer than 18 weeks compared with the previous year. At 31st March 2017, there were 9,665 patients on a waiting list to access our services, which is a 5% increase compared to 31st March 2016. The following charts show this data by CCG:

Commmunity Waiting Lists 31.3.16 and 31.3.17 - Northumberland CCG

31.3.2016: 1393, 63, 329, 95
31.3.2017: 1,554, 78, 365, 92
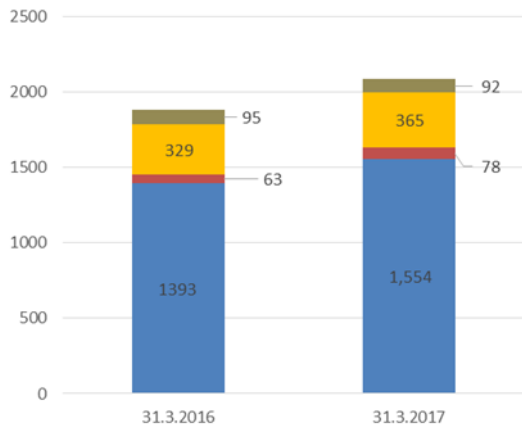
Commmunity Waiting Lists 31.3.16 and 31.3.17 - North Tyneside CCG

31.3.2016: 507, 32, 13, 73
31.3.2017: 548, 47, 4, 61

Commmunity Waiting Lists 31.3.16 and 31.3.17 - Newcastle

31.3.2016: 881, 40, 347, 122
31.3.2017: 1,021, 51, 249, 91
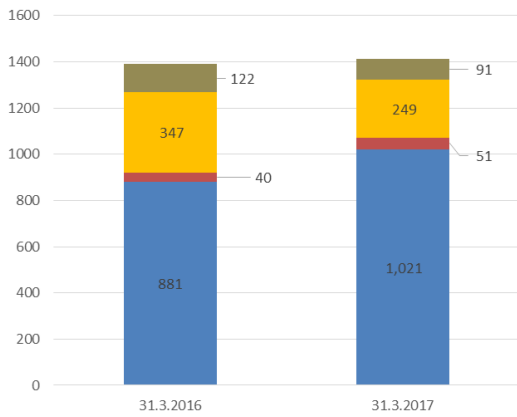
Commmunity Waiting Lists 31.3.16 and 31.3.17 - Gateshead

31.3.2016: 939, 29, 264, 45
31.3.2017: 937, 54, 228, 33
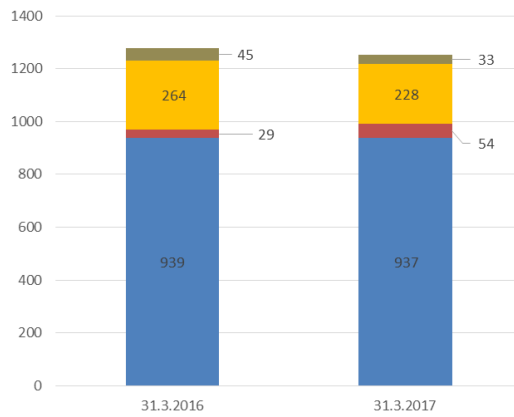
Commmunity Waiting Lists 31.3.16 and 31.3.17 - South Tyneside

31.3.2016: 1173, 23, 156, 31
31.3.2017: 1,248, 32, 136, 20
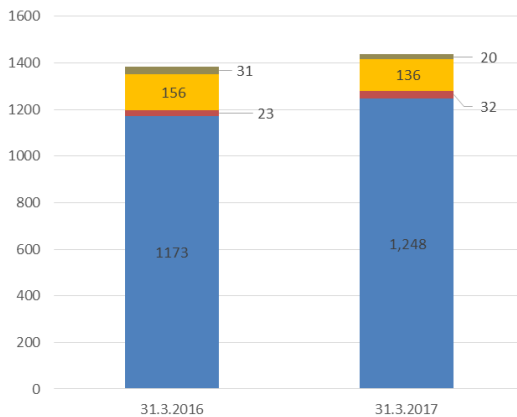
Commmunity Waiting Lists 31.3.16 and 31.3.17 - Sunderland

31.3.2016: 2163, 36, 412, 43
31.3.2017: 2,246, 75, 443, 52
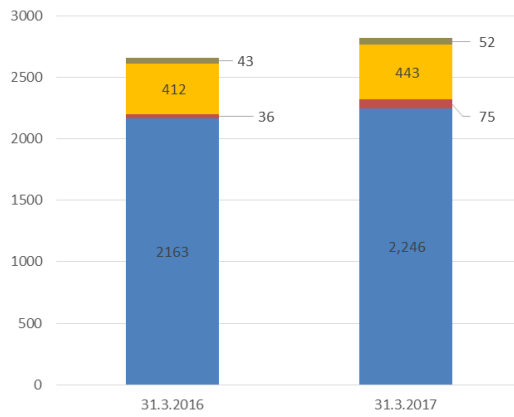
Legend:
- Adult Attention Hyperactivity Deficit Disorder Service
- Children & Young People
- Adult Autism Spectrum Disorder
- All other services

Note: the data above measures the number of people waiting to have their first *contact* with a service, with the exception of Children and Young People's services, which are measured as the number of Children & Young People waiting to *start treatment*.

30

For "all other services" (i.e. all community services excluding Children and Young People's services, Adult ADHD, Adult ASD services and Gender Dysphoria services), as at 31st March 2017, 98.5% of those waiting had been waiting less than 18 weeks (compared with 99.5% the previous year). The chart below shows this data by CCG:
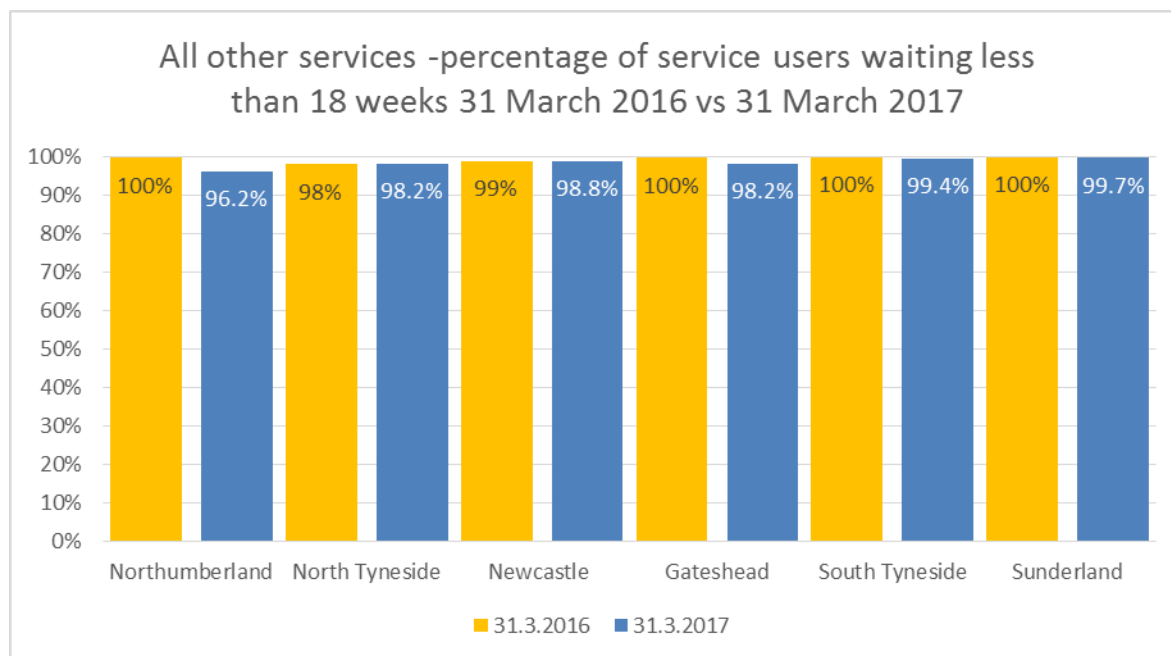
Children and Young People's Community Services Waiting Times
Waiting times for Children's and Young Peoples services are measured differently from the 18 weeks standard above, as they are measured from the date of referral to the start of treatment (and therefore include any assessment process).

As at 31 March 2017, there were 1,421 children and young people from local CCG's waiting to start treatment with the Trust, which is a decrease of 6% overall from the previous year. Of these, 99% had been waiting less than 18 weeks as at that date.

During the year, the Trust faced particular resource issues within these services and, recognising the difficulty in maintaining the 2015/16 proportion of service users waiting less than 9 and 12 weeks for treatment, we made a commitment to maintain the 18 week standard (nb urgent cases are in treatment much sooner than 18 weeks). The following charts show waiting times data by CCG compared with the previous year (note that we do not provide mainstream community services to Children and Young People in North Tyneside – this service is provided by Northumbria Healthcare):

Children & Young People Comunity Services Waiting List Size Comparison 31.3.2016 and 31.3.2017

Bar chart comparing waiting list sizes at 31/03/2016 and 31/03/2017:
- Northumberland: 329 (31/03/2016), 365 (31/03/2017)
- Newcastle: 347 (31/03/2016), 249 (31/03/2017)
- Gateshead: 264 (31/03/2016), 228 (31/03/2017)
- South Tyneside: 156 (31/03/2016), 136 (31/03/2017)
- Sunderland: 412 (31/03/2016), 443 (31/03/2017)

Legend: ■ 31/03/2016 ■ 31/03/2017
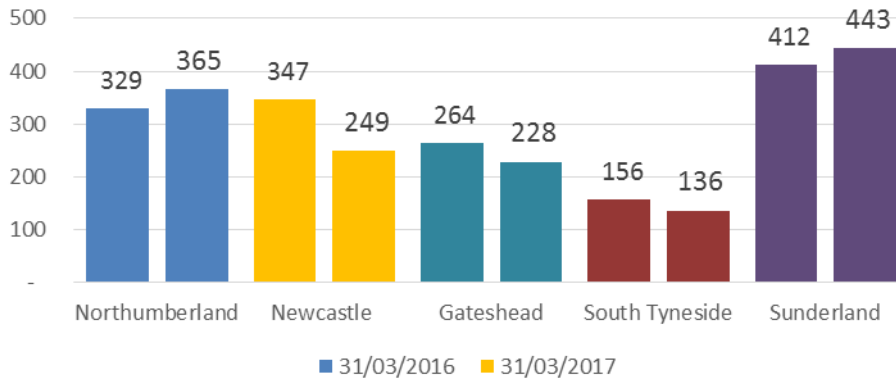
While the overall number of waiting for treatment has decreased, largely due to a significant reduction in Newcastle, in some localities there has been an increase in the size of the waiting list.

Waiting Times for Children & Young People Community Services - Northumberland CCG

Bar chart:
- 9 weeks as at 31.03.16: 82%
- 9 weeks as at 31.03.17: 74%
- 12 weeks as at 31.03.16: 95%
- 12 weeks as at 31.03.17: 86%
- 18 weeks as at 31.03.16: 100%
- 18 weeks as at 31.03.17: 100%
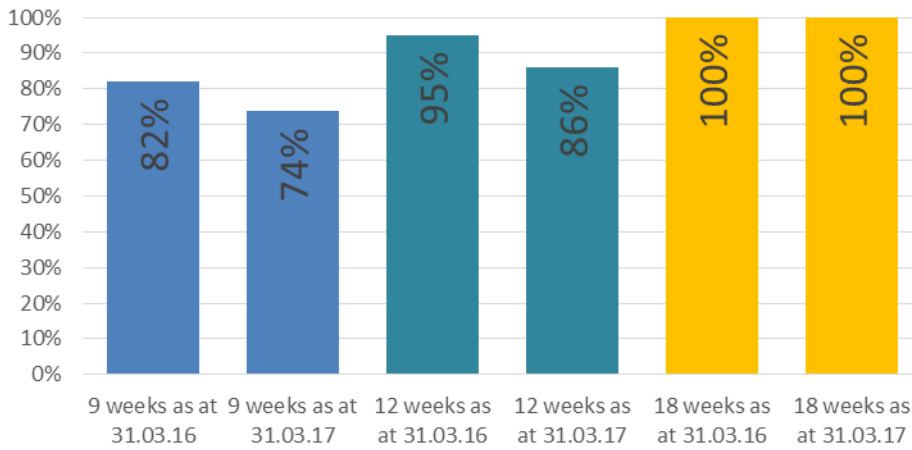
The 18 week standard has been maintained in Northumberland.

Waiting Times for Children & Young People Community Services - Gateshead

Bar chart:
- 9 weeks as at 31.03.16: 71%
- 9 weeks as at 31.03.17: 82%
- 12 weeks as at 31.03.16: 84%
- 12 weeks as at 31.03.17: 91%
- 18 weeks as at 31.03.16: 100%
- 18 weeks as at 31.03.17: 98%
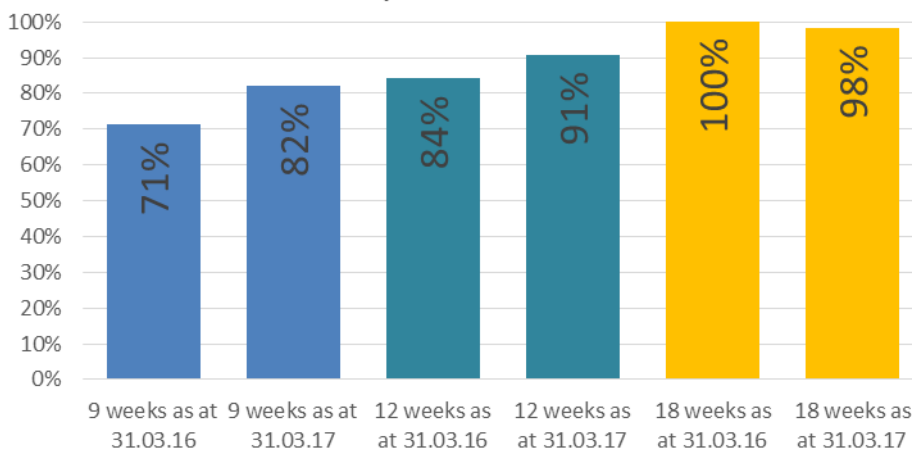
There has been improvements in the proportion of people waiting less than 9 and 12 weeks in Gateshead.

Waiting Times for Children & Young People Community Services - Newcastle

Category	Value
9 weeks as at 31.03.16	77%
9 weeks as at 31.03.17	78%
12 weeks as at 31.03.16	89%
12 weeks as at 31.03.17	89%
18 weeks as at 31.03.16	100%
18 weeks as at 31.03.17	96%

Waiting Times for Children & Young People Community Services - Sunderland CCG

Category	Value
9 weeks as at 31.03.16	80%
9 weeks as at 31.03.17	60%
12 weeks as at 31.03.16	90%
12 weeks as at 31.03.17	74%
18 weeks as at 31.03.16	99%
18 weeks as at 31.03.17	100%

Waiting Times for Children & Young People Community Services - South Tyneside CCG

Category	Value
9 weeks as at 31.03.16	86%
9 weeks as at 31.03.17	60%
12 weeks as at 31.03.16	100%
12 weeks as at 31.03.17	80%
18 weeks as at 31.03.16	100%
18 weeks as at 31.03.17	100%

The proportion of people waiting 9 and 12 weeks in Newcastle has remained largely the same, however on 31st March 2017 there were a small number of people who had been waiting longer than 18 weeks for treatment.
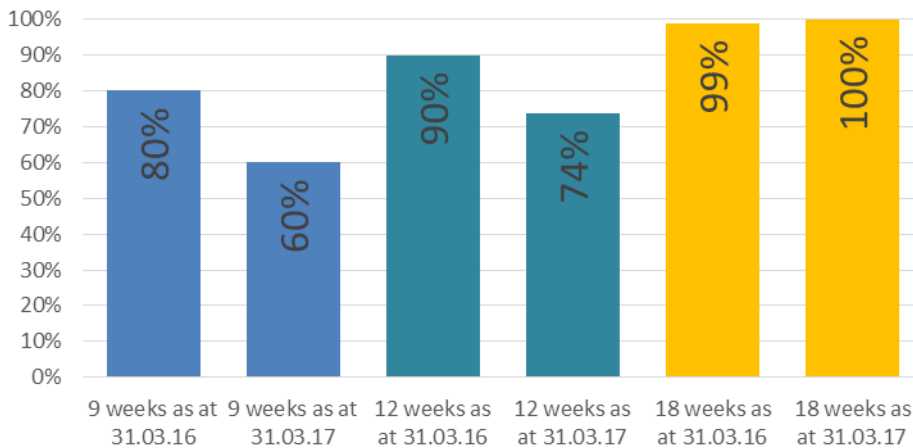
The 18 week standard has been achieved in Sunderland.

The 18 week standard has been achieved in South Tyneside.

Adult Autism Spectrum Disorder Service (Adult ASD)

There has been a significant increase in the number of people waiting to access this service during the year, with the total waiting list now standing at 337 people (compared with 223 people in March 2016). The 18 week standard is not yet being achieved.

Adult Autism Spectrum Disorder Service
Waiting List Size Comparison 31.3.2016 and 31.3.2017

Area	31.3.2016	31.3.2017
Northumberland	63	78
North Tyneside	32	47
Newcastle	40	51
Gateshead	29	54
South Tyneside	23	32
Sunderland	36	75

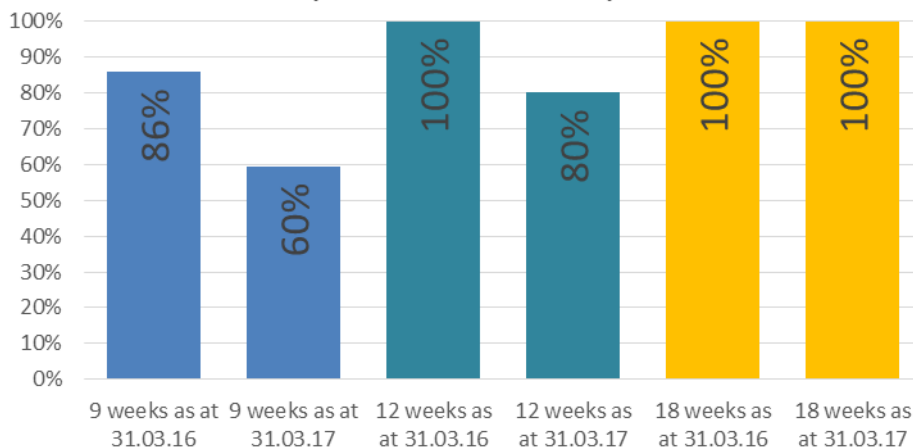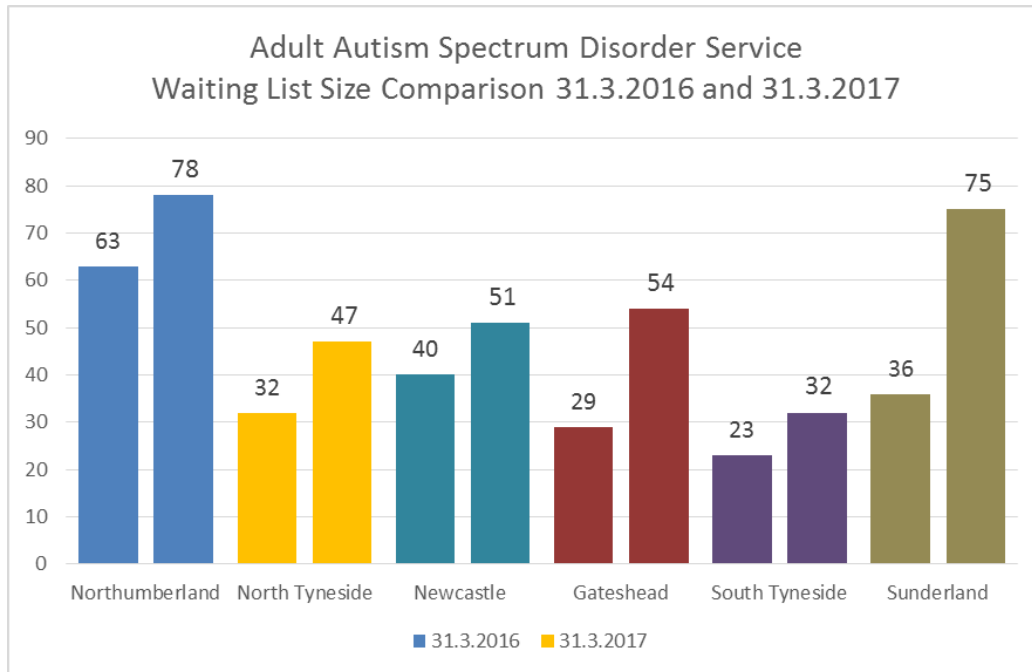## Adult Attention Deficit Hyperactivity Disorder Service (Adult ADHD)

The total waiting list for this service has reduced by 15% in the year, with 350 people waiting to access the service on 31st March 2017. While the 18 week standard is not yet being achieved within this service, on 31st Match 2017 there were fewer people waiting more than 18 weeks than on 31st March 2016. The graph below shows the waiting list as at 31.3.16 and 31.3.17.

Attention Hyperactivity Deficit Disorder Service
Waiting List Size Comparison 31.3.2016 and 31.3.2017

Area	31.3.2016	31.3.2017
Northumberland	95	92
North Tyneside	73	61
Newcastle	122	91
Gateshead	45	33
South Tyneside	31	20
Sunderland	43	52

34
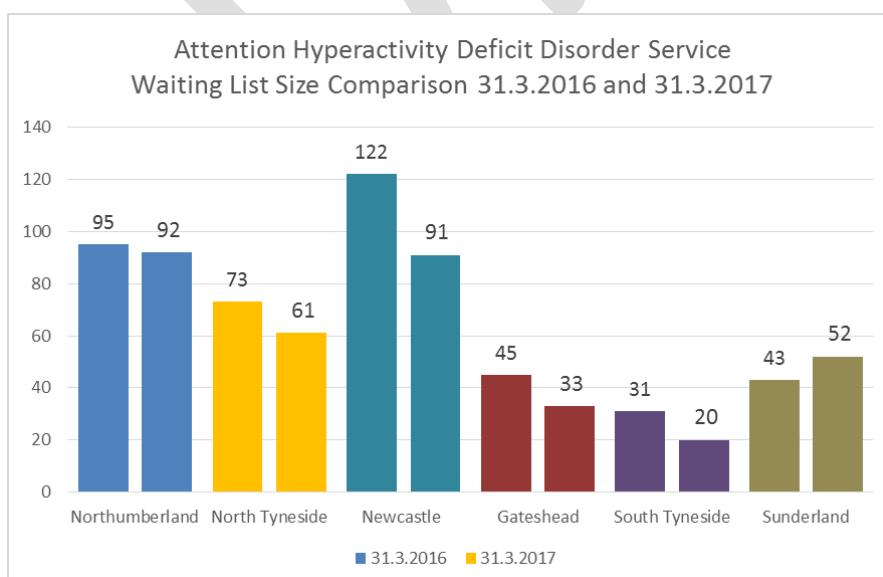
Gender Dysphoria Service

The Gender Dysphoria service, following investment by NHS England, has decreased the size of the waiting list by 25% from 400 to 300 service users during 2016/17. The service has also improved waiting times in the year and is working towards achieving the 18 week standard. *(nb This data is not shown by CCG as this specialised service is commissioned by NHS England).*

Gender Dysphoria waiting list 2016/17

■ Number waiting more than 18 weeks	
■ Number waiting less than 18 weeks	
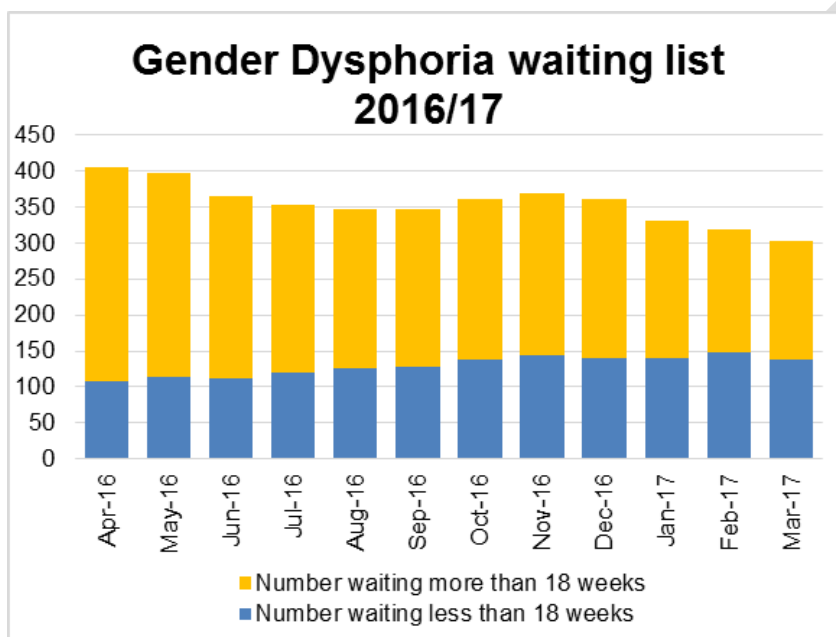
Gender Dysphoria Service

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

2016/17 Quality Priority: Implement principles of the Triangle of Care programme	
Target	To improve the way we relate, communicate and engage with carers.
Progress	**✓ Met** The Triangle of Care approach offers key principles aimed at encouraging partnership working with carers to involve them within care and support planning. All inpatient and community services have undertaken self-assessments against the key principles and developed action plans to ensure they are undertaken. Carer champions have been identified in inpatient and community services who lead on, promote and support better partnership working with carers and families. Within community services carer "train the trainers" training has been rolled out to ensure staff receive carer awareness training, making then aware of the valuable contribution carers can make to the care of the service user and of the carer's own needs.

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

"The team were professional, caring and nothing was too much trouble for them, and as a family member the advice was so helpful."
Memory Protection Service South of Tyne, 2017.
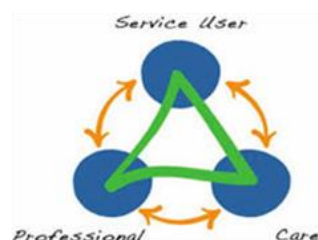
How have the 2016/17 Quality Priorities helped support this Quality Goal?

We aim to ensure that service users and carers have a positive experience of care and treatment when accessing our services and we use national surveys to find out about people's experiences of the Trusts services. During 2016/17 the Trust took part in the annual Community Mental Health Survey along with all mental health trusts in England. The survey which covers all aspects of community mental health service user care over 10 sections, was completed by 222 community service users (27% of those asked). The table below reports the NTW patient response score per section of the survey, along with the 2015 NTW score and a comparison with all other mental health trusts.

Table 6: National Mental Health Community Patient Survey Results for 2015 and 2016

Survey Section	2016 NTW Score (out of 10)	2016 NTW Lowest – Highest Score	2016 Position relative to other Mental Health Trusts	2015 NTW Score (out of 10)
1.Health and Social Care Workers	7.9	7.4 – 8.4	About the Same	7.6
2. Organising Care	8.6	7.2 – 9.9	About the Same	8.7
3. Planning Care	7.0	5.6 – 7.9	About the Same	7.3
4. Reviewing Care	7.9	7.2 – 8.4	About the Same	7.5
5. Changes in who you see	6.0	5.2 – 6.5	About the Same	*
6. Crisis Care	6.5	5.8 – 7.1	About the Same	6.5
7. Treatments	7.6	7.0 – 8.4	About the Same	7.3
8. Other Areas of Life/ Support and Wellbeing	5.3	3.5 – 7.3	About the Same	5.2
9. Overall Views of Care and Services	7.6	6.6 – 8.7	About the Same	7.3
Overall Experience	7.2			7.0

For each of the 10 sections, NTW performed 'about the same' compared to the other 58 mental health and disability providers involved.

A comparison between the 2015 and 2016 scores for NTW shows that for Overall Experience the Trust score improved from 7.0 in 2015 to 7.2 in 2016 (where 0 is poor and 10 is very good). Scores improved in another 5 sections being, Health and Social Care Workers, Reviewing Care, Treatments, Support and Wellbeing and Overall View of Care and Services. There were 2 areas were scores showed a small deterioration, these were Organising Care and Planning Care. (*Please note a comparison for change in who you see (Section 5) cannot be made between years as there have been changes to the questions and methodology in the 2016 survey).

Complaints

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

Complaints have increased during 2016/17 with a total of 436 received during the year (during which time we provided care and treatment for more than 80,000 people). This is an increase of 74 complaints (or 20%) from 2015/16, and the increase can be seen across many categories. Note there has been a reduction in complaints relating to restraint, which may be linked to the implementation of the Positive and Safe Strategy (see page 44).

When considering the themes arising from complaints, it is clear to see that waiting times for Children and Young Peoples' Services features within this. Also there are several complaints in relation to the new ways of working. There has also been an increase in complaints relating to facilities which often relate to the no smoking policy and parking issues around major hospital sites.

Figure 4: Number of complaints received 2014/15 to 2016/17
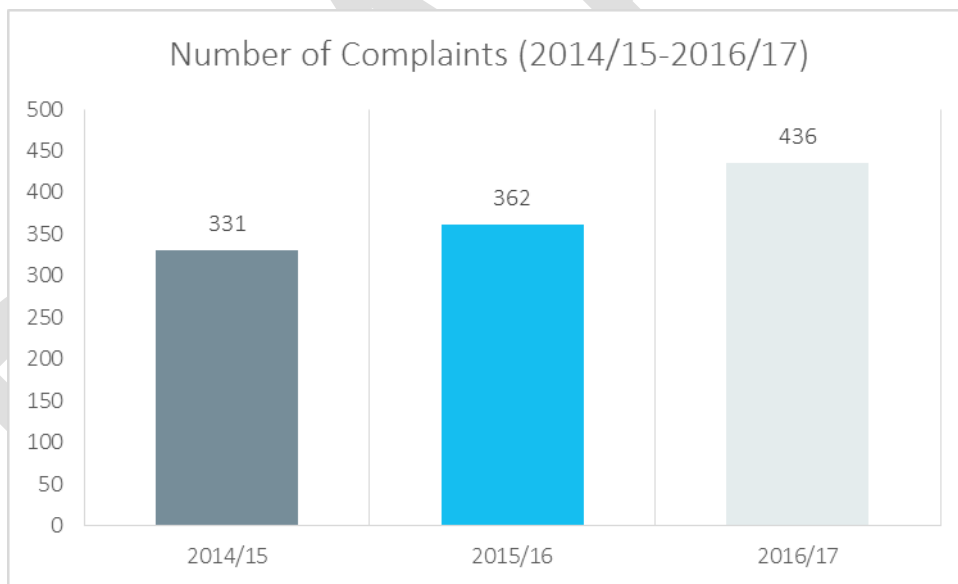
Complaints received 2015/16 – 2016/17

Table 7: 2015/16 – 2016/17 Number of complaints received by category:

Complaint Category Type	2015/16	2016/17	Complaint Category Type	2015/16	2016/17
Patient Care	76	124	Other	15	13
Communications	72	75	Privacy, Dignity and Wellbeing	9	12
Values and Behaviours	58	64	Access to Treatment or Drugs	9	7

Complaint Category Type	2015/16	2016/17	Complaint Category Type	2015/16	2016/17
Facilities	6	29	Restraint	9	4
Prescribing	24	26	Waiting Times	10	3
Admissions and Discharges	24	21	Commissioning	0	1
Appointments	22	20	Consent	1	0
Clinical Treatment	15	20	Integrated Care	1	0
Trust Admin/ Policies/ Procedures	11	17	Total	362	436

Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. Table 8 indicates the numbers of complaints and the associated outcomes for the 3 year reporting period:

Table 8: Number (%) of complaints and outcomes 2014/15 to 2016/17

Complaint Outcome	2014/15	2015/16	2016/17
Closed – Not Upheld	88 (27%)	91 (25%)	135 (31%)
Closed – Partially Upheld	99 (30%)	89 (25%)	107 (25%)
Closed - Upheld	75 (23%)	76 (21%)	87 (20%)
Complaint withdrawn	47 (14%)	29 (8%)	50 (11%)
Decision not to investigate	1 (0%)	3 (1%)	5 (1%)
Still awaiting completion	0 (0%)	51 (14%)	34 (8%)
Unable to investigate*	20 (6%)	23 (6%)	17 (4%)
Total	330	362	436

Note that the proportion of complaints that were either fully or partly upheld has decreased from 53% in 2014/15 to 45% in 2016/17.

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.

As at 31st March 2017 there were 13 cases still ongoing and their current status at the time of writing this report is as follows:

Table 9: Outcome of complaints considered by the Parliamentary and Health Service Ombudsman

Closed - Upheld	1	Draft – Partially Upheld	3
Closed - Partially Upheld	1	Draft – Not Upheld	1
Closed - Not Upheld	0	Intention to investigate	6
Draft – Upheld	0	Enquiry	1
Total			**13**

Friends and Family Test – Service Users and Carer

The NHS Friends and Family Test was implemented nationally in January 2015 and is an important part of the Trust's 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 5: Percentage of respondents who would/not recommend the service they received to their friends and family

Would Recommend	Neither / Don't Know	Would Not Recommend
81% (81% in 2015/16)	**13%** (15% in 2015/16)	**6%** (4% in 2015/16)

Figure 6: Breakdown of the numbers per response option

★★★★★	Extremely Likely	2,199
★★★★☆	Likely	1,086
★★★☆☆	Neither	238
★★☆☆☆	Unlikely	108
★☆☆☆☆	Extremely Unlikely	116
☆☆☆☆☆	Don't know	284

During 2016/17, 4,031 responses to the Friends and Family Test question were received. There has been a significant increase in response rate compared to 2015/16 (2,001 responses received). 81% of respondents said they would recommend the service they received to their friends and family (rating of extremely likely or likely), this score has remained the same compared to 2015/16. 6% of respondents indicated that they would not recommend the service they received (ratings of extremely unlikely or unlikely) which is a small increase compared to 2015/16. Specifically the results from Quarter 4 2016/17 shows improvement, with the recommend score increasing to 84%.

During 2016/17 the Trust's service user and carer experience programme was reviewed to standardise and improvement the capture of service user and carer feedback. The Trust has refreshed the existing patient experience survey – 'Points of You' – with collaboration from staff, service users and carers and this continues to embed across all Trust services. We have

introduced a number of ways to seek feedback including a postal and electronic form to increase the choice for service users and carers.

We are also improving how we report experience feedback to staff, increasing the accessibility and visibility of what service users and carers are saying. We are working with our service user and carers to improve how we feedback what actions we have taken in response to what they have said. The aim of the changes have been to strengthen the focus of improving the experience of our service users and carers through listening and taking action.

The Trust also considers feedback from a number of other sources, including NHS Choices, Patient Opinion, Patient Advice and Liaison services (PALs) and Healthwatch organisations.

Quality Goal Three

Clinical Effectiveness: 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 demonstrable improvements in service delivery.

2016/17 Quality Priority: Improve the recording and use of Outcomes Measures	
Target	To work toward fully embedding a clinical outcomes culture by focusing initially on nationally mandated Clinical Reported Outcome Measures (CROMS), and Patient Reported Outcome Measures (PROMS) within two adult community mental health teams.
Progress	✅ **Met** During 2016/17 an 'attitudes to outcomes' survey was undertaken and repeated within the specified teams to understand the views of, and utilisation of outcomes measures. The findings from the survey were encouraging – clinicians expressed positivity to the use of outcome measures. Despite this, the survey highlighted areas where improvements can be made, for example in the perceived value of outcome measures, which has been and remains a focus of the development work (RPIW &Task & Finish Groups). In early 2017, a Rapid Process Improvement Workshop (RPIW) was undertaken with a focus on strengthening the clinical meaningfulness of the Trusts current outcome measures for both staff and service users / carers. The attendees were from a range of service areas to ensure that we were able to draw on experience from areas where there are well-embedded outcome cultures (i.e. IAPT services). From the RPIW a number of recommendations have been made and an action plan developed which will be undertaken within the Task and Finish Groups, and overseen by the Trusts Outcomes Steering Group. Collaboration with service users/ carers has been established through involvement with the NTW Service User and Carer Reference Group and Quality Group.

2016/17 Quality Priority: Develop staff and their skills to prevent and respond to violence and aggression, through implementing the Positive and Safe Strategy

Target	To up skill staff, providing them with enhanced tools and techniques to prevent and respond to violence and aggression, through implementing the Positive and Safe Strategy. For 85% of qualified clinical staff to have completed the Assessing and Managing Risk of Harm to Others Training.
Progress	**⊖ Partially Met** During 2016/17, we have been implementing the Positive and Safe Strategy, which is our approach to reducing instances of violence and aggression across the organisation. As part of this strategy implementation, we have: - Collaborated with others to inform national best practice and linked into local networks - Updated our Prevention & Management of Violence & Aggression training - Implemented restraint reduction strategies - Helped teams to share good practice and promoted innovative practice - Inducted all inpatient wards into the "talk first" programme - Inducted all inpatient wards into the "safe wards" programme - Developed an online dashboard for clinicians showing relevant patient level data During 2016/17 we have started to see the impact of this strategy, with reductions compared with 2015/16 data in: **-10%** Restraint **-25%** Prone restraint **-2%** Violence and aggression **-30%** Seclusion We clearly have more work to do however, with further analysis of incidents of self harm and the use of mechanical restraint required, high numbers of staff continue to report their experience of violence via the staff survey and this important work continues as a Quality Priority into 2017/18. A further element of this Quality Priority was for 85% of clinically qualified staff to have completed the Assessing and Managing Risk of Harm to Others
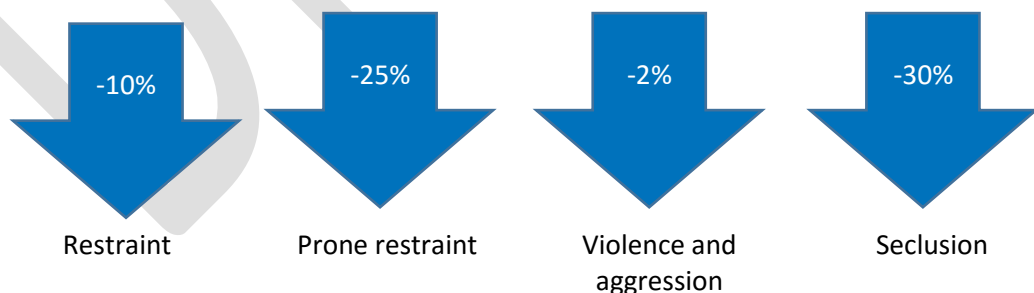
	Training. Progress has been made during the 2016/17 to attain the trained target, however due to the competing Suicide Risk Training Quality Priority the 85% trained target was not reached. To date, 19 training sessions have taken place, and the trainers are planning regular events to ensure staff across all relevant clinical areas are able to access the training. This target will also continue as part of this Quality Priority into 2017/18.

How have the 2016/17 Quality Priorities helped support this Quality Goal?

Service Improvement and Developments throughout 2016/17

These are some of the key service improvements and developments that the Trust has made during 2016/17:

Trustwide:

The Development of the Integration Agenda and "Place Based Services"

As a Trust we have embraced the identification that new models of care are needed, that integrate services designed around the needs of the population to replace the existing institutional based models. Overall progress across the Trust's six localities has been positive but the differing approaches and priorities have resulted in a differential impact on the Trust across the localities. The Trust has continued to be an active partner in the discussions and decisions during 2016/17 as we are fully committed to developing integrated models of care which are designed around the whole needs of our local populations. We see significant benefits in aligning the approach to physical and mental health long term conditions, and in aligning delivery of support and care across health and social services.

We recognise that the different models developing across the different health and social care economies that we cover require us to align our models of care delivery and organisational structure to ensure that the Trust can be an active and flexible partner. Within this integration agenda, we see that it is critical that equal focus is given to ensuring that the mental health needs of the population are met, and we will continue to advocate strongly to ensure that this is a clear part of each of the developing local models.

We also aim to ensure that Children's and Young People's Services are given equal focus and see this as a critical part of the wider agenda to support early intervention and prevention, particularly in addressing the early stages of development of long term conditions, supporting recovery and hope and enabling young people and their families to understand and manage their health and care needs more effectively. We have continued our strategy for improving care delivery across our community based services and look to work with partners to ensure sustainability of the wider care pathway. Significant strain continue to exist across each of our localities in terms of growth of demand for services and management of gaps in the care and support pathway. We will work with partners to continue to address these pressures and seek to ensure the sustainability of services for children and young people going forward.

New National Inpatient Service for Adults with Autism Spectrum Disorder

The Trust's new highly specialist Mitford Unit at Northgate Hospital was opened in November 2016, providing world class support to adults with Autism Spectrum Disorder. The £10 million state of the art unit has been purpose-built to allow for highly individual environmental adaptations to help reduce anxiety and positively impact on the behaviours of the people we support. The service provides bespoke support for people from across the North East and other regions in the UK.

Perinatal Mental Health Community Services

Expansion of Perinatal Mental Health Community Services across the whole NTW footprint has been commissioned following a successful bid to NHSE for development funding.

Transforming Care for People with Learning Disability Programme

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

NTW fully supports Transforming Care and its aspirations that people with learning disabilities should have access to the required support to enable them to achieve a valued life, close to their community and the people who are important to them. If, and when, they require help with their mental health or support for their behaviours that challenge, they should have access to appropriate services and evidence based interventions by skilled and compassionate staff in safe environments. In line with the requirements of transforming care NTW have been reducing the number of in-patient beds and supporting the patients move to more appropriate, locally based community services. To support this there have been a number of initiatives & developments which include; programmes to help adults with learning disabilities learn skills in mindfulness; development of Positive behavioural support ; Resilience training programme for care staff and the development of a Community Forensic Transitions team to prevent hospital admissions.

Newcastle / Gateshead

Developing New Models for Inpatient Care Programme – "Deciding Together"

The Trust, in collaboration with partners, has considered a range of options to determine the most appropriate future configuration of services and hospital sites for Newcastle and

Gateshead residents with serious mental health conditions. This work has concluded and a proposal made to reinstate adult inpatient services for Newcastle and Gateshead within Newcastle was confirmed following the extensive 'Deciding Together' listening, engagement and consultation process. A further process of listening and engagement will commence in 2017 to identify methods of 'Delivering Together' the outcome of the consultation.

Sunderland

New Inpatient Service for Older People

Northumberland Tyne and Wearside NHS Foundation Trust's objective, to provide first class care in first class environments, took another huge step forward with the opening of Cleadon Ward in October 2016 at Monkwearmouth Hospital. The £4.6 million purpose-build inpatient ward provides treatment and assessment for older people who have mental health conditions such as anxiety, depression and psychosis. Patients and staff have played a central role in making sure the ward meets their specific needs.

Northumberland

The Trust has successfully retained the Northumberland Drug and Alcohol services following a competitive tendering process. Trust will continue to work in partnership with Changing Lives to deliver the service from April 2017 for a period of a further 3 years

There has been some additional investment in community staff to prevent admissions to Older People's Mental Health Services.

South Tyneside

We are working in partnership with South Tyneside CCG and South Tyneside Foundation Trust to embed the Tier 2 Lifespan Service Single Point of Access.

North Tyneside

The existing perinatal community team are working towards expanding and sharing their good practice after successfully bidding for additional funding to provide services in other localities.

New Services

During 2016/17 the Trust successfully tendered for a number of new services and service improvements, including

- Sunderland Integrated Substance Misuse and Harm Reduction Service in partnership with DISC and Changing Lives, (from 1st July 2016).
- Transition, Intervention and Liaison Veterans Mental Health Service (from 1.4.17)
- Learning Disability Community Services in Gateshead
- Expansion of Community Perinatal Community Mental Health Teams
- Secure Outreach Transitions Team (SOTT)
- Children's Secure Forensic In-reach Service
- Provision of Counselling Services into Prisons

NTW Clinical Effectiveness Strategy

In April 2014 the Trust developed The Trust's Clinical Effectiveness Strategy to ensure that NTW provides safer, better quality care that enables patients to live better for longer.

The strategy is currently being updated to ensure alignment the refreshed Trust strategy and other developments. The five central themes of this strategy are:

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

Part 2c

Mandatory Statements relating to the Quality of NHS Services Provided

Review of Services

During 2016/17 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 185 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 185 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 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 2016/17.

Participation in clinical audits

During 2016/17, 9 national clinical audits and 1 national confidential enquiries covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust was eligible to participate in during 2016/17 are as follows:

Table 10: National Clinical Audits 2016/17 and National Confidential Enquiries 2016/17

National Clinical Audits 2016/17	
1	Early Intervention in Psychosis
2	Prescribing Observatory for Mental Health (POMH) Topic 15a – Use of Sodium Valproate
3	Prescribing Observatory for Mental Health (POMH) Topic 13b – Prescribing for ADHD in children, adolescents and adults

4	Prescribing Observatory for Mental Health (POMH) Topic 14b – Prescribing for Substance Misuse for Alcohol Detoxification
5	Prescribing Observatory for Mental Health (POMH) Topic 16a – Rapid Tranquillisation or Prescribing for Depression
6	Prescribing Observatory for Mental Health (POMH) Topic 7e – Monitoring of Patients Prescribed Lithium
7	Prescribing Observatory for Mental Health (POMH) Topic 11c – Prescribing Antipsychotic Medication for People with Dementia
8	Specialist Rehabilitation for Patients with Complex Needs Following Major Injury
9	Prescribing Observatory for Mental Health (POMH) Topic 1g & 3d – Prescribing High Dose and Combined Antipsychotics
National Confidential Enquiries 2016/17	
1	National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCISH)

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2016/17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 11: National Clinical Audits 2016/17 and National Confidential Enquiries 2016/17

National Clinical Audits 2015-16	Cases submitted	Cases required	%
Early Intervention in Psychosis	63 cases submitted. Final report and action plan submitted and approved in September 2016.	No more than 100	100%
Prescribing Observatory for Mental Health (POMH) Topic 15a – Use of Sodium Valproate	151 cases submitted. Final report and action plan submitted and approved November 2016	No minimum requirement.	-
Prescribing Observatory for Mental Health (POMH) Topic 13b – Prescribing for ADHD in children, adolescents and adults	80 cases submitted. Final report and action plan submitted and approved July 2016	No minimum requirement.	-
Prescribing Observatory for Mental Health (POMH) Topic 14b – Prescribing for Substance Misuse for Alcohol Detoxification	17 cases submitted. Final report and action plan submitted and approved November 2016	No minimum requirement.	-

National Confidential Enquiries 2016/17	Cases submitted	Cases required	%
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCISH)	Reported directly to NCI	n/a	x

The reports of 4 national clinical audits were reviewed by the provider in 2016/17, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Table 12: Actions to be taken in response to national clinical audits

Project	Actions
Early Intervention in Psychosis [CA-15-0070]	The new access and waiting time target for EIP requires that 50% of new first episode of psychosis cases will be seen within 2 weeks and will receive a NICE concordant care package. An action plan is in place to ensure the Trust meets the required standards, monitored by the EIP Steering Group.
Prescribing Observatory for Mental Health (POMH) Topic 15a – Use of Sodium Valproate [CA-15-0075]	The local action plan specified the following main developments: • Develop a Trust Practice Guidance Note for prescribing and monitoring valproate. This will include the physical health monitoring requirements for the initiation and long term use of valproate. • Source and make available a patient information leaflet about the use of valproate specifically for treating bipolar disorder. Both points are monitored by the Medicines Management Committee and drafts have been produced for a pilot.
Prescribing Observatory for Mental Health (POMH) Topic 13b – Prescribing for ADHD in children, adolescents and adults [CA-15-0113]	The main action points were: • Discuss results with CYPS ADHD teams and consider the improved use of standardised forms, including electronic forms on RiO. • Standardise ongoing monitoring checks including frequency and how rating scales are used at review appointments.
Prescribing Observatory for Mental Health	The local Trust action plan contained the following key action points:

(POMH) Topic 14b – Prescribing for Substance Misuse for Alcohol Detoxification [CA-15-0115]	- Raise awareness in general services about how to contact specialist services for advice on assessment and referral including introduction of a key card on service referral and useful contacts. - Reminders for those providing training for doctors to include advice on assessment and management of alcohol detoxification. - Consideration of relapse prevention medication and referral for alcohol continued management and support included on alcohol detoxification chart.

The reports of 99 local clinical audits were reviewed by the provider in 2016/17 and these are listed at Appendix 3 of this report.

Research

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 1,115.

Increased participation in clinical research demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. The Trust was involved in 92 clinical research studies in mental health, learning disability and neuro-rehabilitation related topics during 2016/17, 44 of which were large-scale nationally-funded studies, and was ranked as the second most research active mental health trust in England by The National Institute for Health Research (NIHR).

Staff participation in research increased during 2016/17 with 63 clinical staff participating in ethics committee approved research employed by the Trust. We have continued to work closely with the NIHR Clinical Research Networks North East and North Cumbria Local Clinical Research Network to support national portfolio research and have achieved continued success with applications for large-scale research funding in collaboration with Newcastle and Northumbria Universities.

Goals agreed with commissioners

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

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

A proportion of Northumberland, Tyne and Wear NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For 2016/17, £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 2015/16).

CQUIN Indicators

All CQUIN requirements for 2016/17 are fully delivered for quarters 1 to 3 and pending agreement for quarter 4. A summary of the agreed CQUIN indicators for 2016/17 and the new indicators for 2017/18 are shown in Tables 13 to 15 below. The tick marks show which financial year the indicator applies to:

Table 13: CQUIN Indicators to improve Safety

CQUIN Indicators to improve Safety	2016/17	2017/18
Reducing Restrictive Practices within adult low and medium secure inpatient services	✔	✔
Safety reducing avoidable repeat detentions under the Mental Health Act	✔	
Improving Staff Health & Wellbeing		✔
Improving physical healthcare to reduce premature mortality in people with Severe Mental Illness		✔
Preventing ill health by risky behaviours – alcohol and tobacco		✔

Table 14: CQUIN Indicators to improve Patient Experience

CQUIN Indicators to improve Service User & Carer Experience	2016/17	2017/18
Involvement & engagement with service users and carers: -support for young carers -support for service users & carers accessing crisis services	✓	
Perinatal inpatient services involvement and support for partners/ significant others	✓	
Improving inpatient CAMHS Care Pathway Journeys by enhancing the experience of the family/carer	✓	
Health & Justice – Patient Experience		✓

Table 15: CQUIN Indicators to improve Clinical Effectiveness

CQUIN Indicators to improve Clinical Effectiveness	2016/17	2017/18
Mental Health & Deafness recovery and outcomes	✓	
Development of Recovery Colleges for adult medium and low secure inpatients	✓	✓
Embedding Clinical Outcomes: - Adult mental health community teams - People with learning disabilities - Community Children and Young Peoples' services	✓ ✓ ✓	
Transitions out of Children and Young People's Community Mental Health Services		✓
Children and Young People's Inpatient Transitions		✓
Specialised Services Discharge & Resettlement		✓
Improving services for people with mental health needs who present to A&E		✓

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

Statements from the Care Quality Commission (CQC)

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services. The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2016/17.

Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period. The

Care Quality Commission conducted a comprehensive inspection in June 2016 and rated the Trust as "Outstanding" (see page 11).

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.

External Accreditations

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

- 82% of adult and older people's mental health wards have achieved the Accreditation for Inpatient Mental Health Services (AIMS).

- 64% of the adult forensic medium and low secure wards have been accredited by the Quality Network for Forensic Mental Health Services.

- 100% of the children's wards in the Ferndene unit have been accredited by the Quality Network for Inpatient Children and Adolescent Mental Health Services (CAMHS).

Table 16 provides a breakdown of current clinical accreditations as at March 2017.

Table 16: Current clinical external accreditations (March 2017)

External Accreditation	Ward/Department	Location
Accreditation for Inpatient Mental Health Services (AIMS)	Beckfield (PICU)	Hopewood Park
	Collingwood Court	Campus for Ageing and Vitality
	Embleton	St George's Park
	Alnmouth	St George's Park
	Fellside Ward	Queen Elizabeth Hospital
	Lamesley Ward	Queen Elizabeth Hospital
	Lowry Ward	Campus for Ageing and Vitality
	Warkworth Ward	St George's Park
	Longview	Hopewood Park
	Shoredrift	Hopewood Park

External Accreditation	Ward/Department	Location
	Springrise	Hopewood Park
	Akenside (OP)	Centre for Ageing and Vitality
	Hauxley (OP)	St George's Park
	Castleside Ward (OP)	Campus for Ageing and Vitality
	Mowbray Ward (OP)	Monkwearmouth Hospital
	Roker Ward (OP)	Monkwearmouth Hospital
	Bluebell Court (Rehab)	St George's Park
	Kinnersley Ward (Rehab)	St George's Park
	Newton Ward (Rehab)	St George's Park
	Clearbrooke (Rehab)	Hopewood Park
	Brooke House (Rehab)	Houghton Le Spring
	Elm House (Rehab)	Bensham
	Bridgewell (Rehab)	Hopewood Park
Quality Network for Forensic Mental Health Services	Bamburgh Clinic	St Nicholas Hospital
	Bede Ward	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Quality Network for Inpatient CAMHS	Stephenson	Ferndene
	Fraser	Ferndene
	Riding	Ferndene
	Redburn	Ferndene
	Alnwood	St Nicholas Hospital
Quality Network for Community CAMHS	Northumberland CYPS	Villa 9, Northgate Hospital
	Newcastle & Gateshead CYPS	Benton House
	South Tyneside & Sunderland CYPS	Monkwearmouth Hospital
ECT Accreditation Service	Hadrian Clinic	Campus for Ageing and Vitality
	Treatment Centre	St George's Park
Psychiatric Liaison Accreditation Network	Psychiatric Liaison Team Sunderland Royal Hospital	Sunderland
	Northumberland Psychiatric Liaison and Self Harm Team	Northumberland
	Newcastle Integrated Liaison Psychiatric Service, RVI	Newcastle
Memory Service National Accreditation Programme	Newcastle Memory Assessment and Management Service	Newcastle

External Accreditation	Ward/Department	Location
	Monkwearmouth Memory Protection Services	South Tyneside
Quality Network for Perinatal Mental Health Services	Beadnell Mother and Baby Unit	St George's Park
	Newcastle & North Tyneside Perinatal Community Team	Northumberland (based alongside the inpatient unit)
Home Treatment Accreditation Scheme	Crisis Assessment & Home Based Treatment Service Newcastle	Newcastle

Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2016/17 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

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

Table 17: 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 develop the RIO clinical record system following an upgrade in 2016.
NTW Dashboard development	We will review the content and format of the existing NTW dashboards, to reflect current priorities and the new organisational management structure. We will continue to develop the Talk First and Points of You dashboards.
Data Quality Kite Marks	We will continue to develop the use of data quality kitemarks in quality assurance reports.
Mental Health Services Dataset (MHSDS)	We will implement version 2 of this national dataset, understanding data quality issues and improving 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.

Consent recording	We will redesign the consent recording process in line with national guidance and improve the recorded consent status rates.
ICD10 Diagnosis Recording	We will increase the level of ICD10 diagnosis recording across community services.
Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and four factor analysis to support the 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.
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 IAPT outcomes to ensure preparedness for the introduction of IAPT outcomes based payment in 2017-18.

North East Quality Observatory (NEQOS) Benchmarking of 2015/16 Quality Account Indicators

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

During 2016 NTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2015/16 with those of 56 other NHS Mental Health and disability organisations. A summary of the top 10 indicators found in all Quality Accounts has been provided in Table 18 below.

Table 18: Top 10 Quality Account Indicators

	Top 10 Quality Account Indicators	Target	Average	NTW	Number of Trusts
1	National Clinical Audit participation (%)	100%	94.2	100.0	56
2	National Confidential Enquiry participation (%)	100%	94.4	100.0	56
3	Staff who would recommend the trust to their family/friends (%)	-	3.63	3.71	56
4	Admissions to adult urgent care wards gatekept by CRT (%)	95%	98.2	100.0	54

5	Inpatients receiving follow up contact within 7 days of discharge (%)	95%	97.2	98.6	54
6	Incidents for severe harm/death (%)	-	1.1	1.3	54
7	Delayed transfer of care	< 7.5%	3.7	2.4	44
8	CPA formal review within 12 months	95%	96.2	97.2	41
9	Re-admissions in 28 days (%) 16+	-	7.9	7.3	40
10	EIP 2 week wait March 2016	50%	62.7	74.7	14

The Trust performed better than average on all of the 10 indicators when compared to the 56 other Mental Health providers.

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

99.4% for admitted patient care; and

99.6% for outpatient care.

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

99.7% for admitted patient care; and

99.6% for outpatient care.

Information Governance Toolkit attainment

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 76% and was graded green.

Clinical Coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

Performance against mandated core indicators

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

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

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 19: 7 day follow up data 2014/15 to 2016/17

7 day follow up	2014/15				2015/16				2016/17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NTW %	98.3%	95.8%	98.2%	98.4%	99.1%	98.5%	98.7%	98.0%	97.3%	97.1%	97.3%	Awaiting national data
National Average %	97.0%	97.3%	97.3%	97.2%	97.0%	96.8%	96.9%	97.2%	96.2%	96.8%	96.7%	
Highest national %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Lowest national %	95.0%	91.5%	90.0%	93.1%	88.9%	83.4%	50.0%	80.0%	28.6%	76.9%	73.3%	

(higher scores are better)

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

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 20: Gatekeeping data 2014/15 to 2016/17

Gate-keeping	2014/15				2015/16				2016/17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NTW %	100%	100%	99.7%	100%	100%	100%	100%	100%	100%	99.8%	100%	Awaiting national data
National Average %	98.0%	98.5%	97.8%	98.1%	96.3%	97.0%	97.4%	98.2%	98.1%	98.4%	98.7%	
Highest national %	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Lowest national %	33.3%	93.0%	73.0%	59.5%	18.3%	48.5%	61.9%	84.3%	78.9%	76.0%	88.3%	

(higher scores are better)

3. 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 number, and so the quality of its services by continuing to hold multidisciplinary staff engagement sessions regarding the results of the staff survey and identifying actions for improvement.

Figure 7: Staff recommendation data 2014 to 2016

Staff recommendation of the organisation as a place to work or receive treatment:

	2014 Staff Survey	2015 Staff Survey	2016 Staff Survey
	☆☆☆☆☆	☆☆☆☆☆	★★★★★
NTW Score	3.64	3.71	3.87
National Average	3.57	3.66	3.63
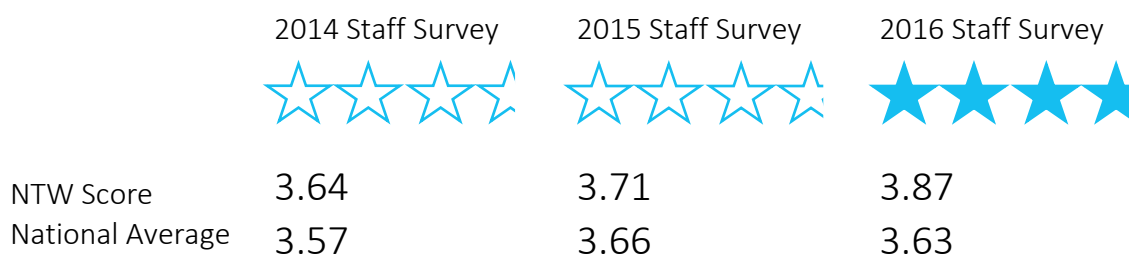
Figure 7 shows that the Trust scored above (better than) the national average.

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

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

The Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this 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 21: Patient experience of community mental health indicator scores 2013 to 2015

Patient experience of community mental health indicator scores - Health and Social Care Workers	2014	2015	2016
NTW	8.1	7.6	7.9
Compared with other Trusts	About the Same	About the Same	About the Same

(higher scores are better)

Please see page 37 for the results from the National Community Mental Health Patient Survey for 2015 and 2016.

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

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

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

Table 22: Patient Safety Incident (PSI) data April 2014 – March 2017. This is the most recent data released by the NRLS.

Indicator	Performance	2014/15 Q1-Q2	2014/15 Q3-Q4	2015/16 Q1-Q2	2015/16 Q3-Q4	2016/17 Q1-Q2	2016/17 Q3-Q4
Number of PSI reported (per 1000 beddays)	NTW	39.3	36.3	38.6	37.2	Awaiting national data	
	National average	35.6	31.1	38.6	37.5		
	Highest national	90.4	92.5	83.7			
	Lowest national*	0	0	0			
Severe PSI (% of incidents reported)	NTW	0.5%	0.6%	0.4%	0.7%		
	National average	0.3%	0.4%	0.3%	0.3%		
	Highest national	2.9%	2.1%	2.5%			
	Lowest national*	0.0%	0.0%	0.0%			
PSI Deaths (% of incidents reported)	NTW	1.0%	1.2%	0.9%	1.2%		
	National average	0.7%	0.7%	0.8%	0.7%		
	Highest national	3.0%	3.7%	3.2%			
	Lowest national*	0.0%	0.0%	0.0%			

(lower scores are better). *nb some organisations report zero patient safety incidents

Part 3

Review of Quality Performance

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

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

Review of Quality Performance – Patient Safety Quality Indicators Performance 2016/17

*7 Day Follow Up contacts
Why did we choose this measure? –   Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement. (Data source: RiO).
Performance in 2016/17 –   During 2016/17, 1,721 service users (97.3% of those discharged from inpatient care in the year) were followed up within seven days of discharge.   During 2015-16, 1,654 service users (98.6% of those discharged from inpatient care in the year) were followed up within seven days of discharge.   Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows: Newcastle Gateshead CCG: 97.2%   North Tyneside CCG: 98.1%   Northumberland CCG: 98.2%   South Tyneside CCG: 98.5%   Sunderland CCG: 95.1%

Same Sex Accommodation Requirements
Why did we choose this measure? – Reducing mixed sex accommodation is a national priority and Department of Heath requirement. (Data source: Safeguard).
Performance in 2016/17 (2015/16 comparison in brackets) – There have been no breaches of same sex accommodation requirements during 2016/17 (also none in 2015/16).

*Patients on CPA have a formal review every 12 months
Why did we choose this measure? – Monitor Compliance Framework requirement. (Data source: RiO).
Performance in 2016/17 (2015/16 comparison in brackets) – As at the end of March 2017, 96.5% of applicable service users had a CPA review in the last 12 months, meeting the Monitor target of 95% (97.2% March 2016).

Review of Quality Performance – Patient Experience Quality Indicators Performance 2016/17

Friends and Family Test (FFT) – Service User and Staff
Why did we choose this measure? – The Friends and Family Test is a nationally mandated tool which allows service users and staff to give their feedback on NHS services (Data source: NHS Staff Survey 2016).
Performance in 2015-16 (implemented in January 2015) – i) Service User FFT

Service User recommendation to family and friends	
"How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment?"	
Would Recommend	Would Not Recommend
81%	6%

The Trust has been working hard to embed the test into practice.

ii) Staff FFT

Northumberland, Tyne & Wear NHS Foundation Trust 2015 Annual Staff Survey			
Q21d "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"			
	NTW 2016	Average (median) for mental health	NTW 2015
Recommendation rate	72%	59%	65%

The staff survey is available via the following link: nhsstaffsurveys

Patient Led Assessment of the Care Environment (PLACE)

Why did we choose this measure? –
Department of Health and the NHS Commissioning Board annual requirement.

Performance in 2016/16 (2015/16 comparison in brackets) –
Between March and May 2016 a total of 70 NTW locations were visited at 13 locations and the results are summarised in the table below (NTW overall organisation score set against the national average for each of the five domains).

	NTW Average Score	National Average Score
Cleanliness	99.26% (99.15%)	98.06%
Food & Hydration	89.52% (88.90%)	88.24%
Privacy, Dignity & Wellbeing	94.00% (88.64%)	84.16%
Condition & Appearance	95.55% (88.57%)	93.37%
Dementia	82.49% (82.89%)	75.28%

*Delayed transfers of care

Why did we choose this measure? –
Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge. (Data source: RiO).

Performance in 2016/17 (2015/16 comparison in brackets) –

During March 2017, 2.4% of total inpatient bed days were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of inpatient bed days delayed (2.4% in March 2016).

Review of Quality Performance – Clinical Effectiveness

Quality Indicators Performance 2016/17

Emergency re-admission rates
Why did we choose this measure? – Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services. (Data source: RiO).
Performance in 2016/17 – In 2016/17, 187 mental health inpatients (7.6%) were readmitted within 28 days of discharge and 9 learning disability patients (14.5%) were readmitted within 90 days of discharge.   In 2015/16, 181 mental health inpatients (7.3%) were readmitted within 28 days of discharge and 10 learning disability patients (12.3%) were readmitted within 90 days of discharge.

*CRHT Gate kept Admissions
Why did we choose this measure? – Both Monitor and CQC require us to demonstrate that certain inpatients have been assessed by a CHRT prior to admission. (Data source: RiO).
Performance in 2016/17 (2015/16 comparison in brackets) – A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions.   In 2016/17, 99.6% of the North East CCG admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 95% (100% 2015/16).

*Patient outcomes – numbers of patients: (1) in settled accommodation
Why did we choose this measure? – This is an outcome measure. (Data source: RiO).
Performance in 2016/17 (2015/16 comparison in brackets) – At the end of March 2017, the number of English service users recorded as living in settled accommodation was 76.5% (73.5% in 2015/16).

*data for this indicator governed by a national definition

Statutory and Mandatory Training for 2016/17

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

Table 23: Training Position with Trend as at 31.03.2017

Training	Standard	M12 position	Overall Trend
Fire Training	85%	88.2%	▲
Health and Safety Training	85%	92.2%	▼
Moving and Handling Training	85%	93.4%	▼
Clinical Risk Training	85%	91.2%	▲
Clinical Supervision Training	85%	82.2%	▲
Safeguarding Children Training	85%	95.3%	▲
Safeguarding Adults Training	85%	92.9%	▲
Equality and Diversity Introduction	85%	94.0%	▲
Hand Hygiene Training	85%	92.4%	▼
Medicines Management Training	85%	90.1%	▲
Rapid Tranquilisation Training	85%	86.7%	▲
MHCT Clustering Training	85%	87.8%	▲
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	82.6%	▲
Seclusion Training (Priority Areas)	85%	94.5%	▼
Dual Diagnosis Training (80% target)	80%	88.1%	▲
PMVA Basic Training	85%	76.4%	▼
PMVA Breakaway Training	85%	92.1%	▲
Information Governance Training	95%	92.5%	▲
Records and Record Keeping Training	85%	98.6%	▲

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

▲	Better than previous month
—	Same as previous month
▼	Worse than previous month

Staff Absence through Sickness Rate

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

Figure 8: Staff Sickness Absence Rates (April 14 to November 2016 - which is the most recently published national comparative data)

Average Staff Sickness Absence Rate

— National % Mental Health and Learning Disability   — NTW %

NTW Sickness (in month) 2014/15 to 2016/17

— 2014/15 — 2015/16 — 2016/17 — Target
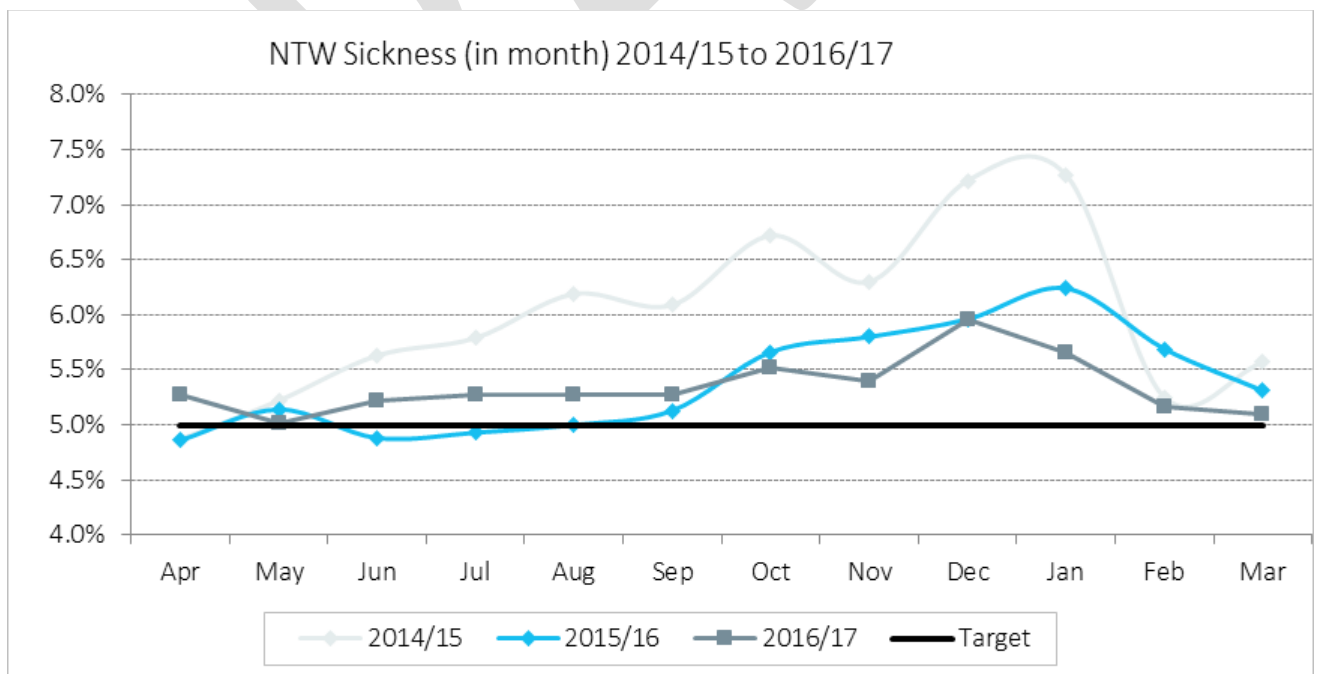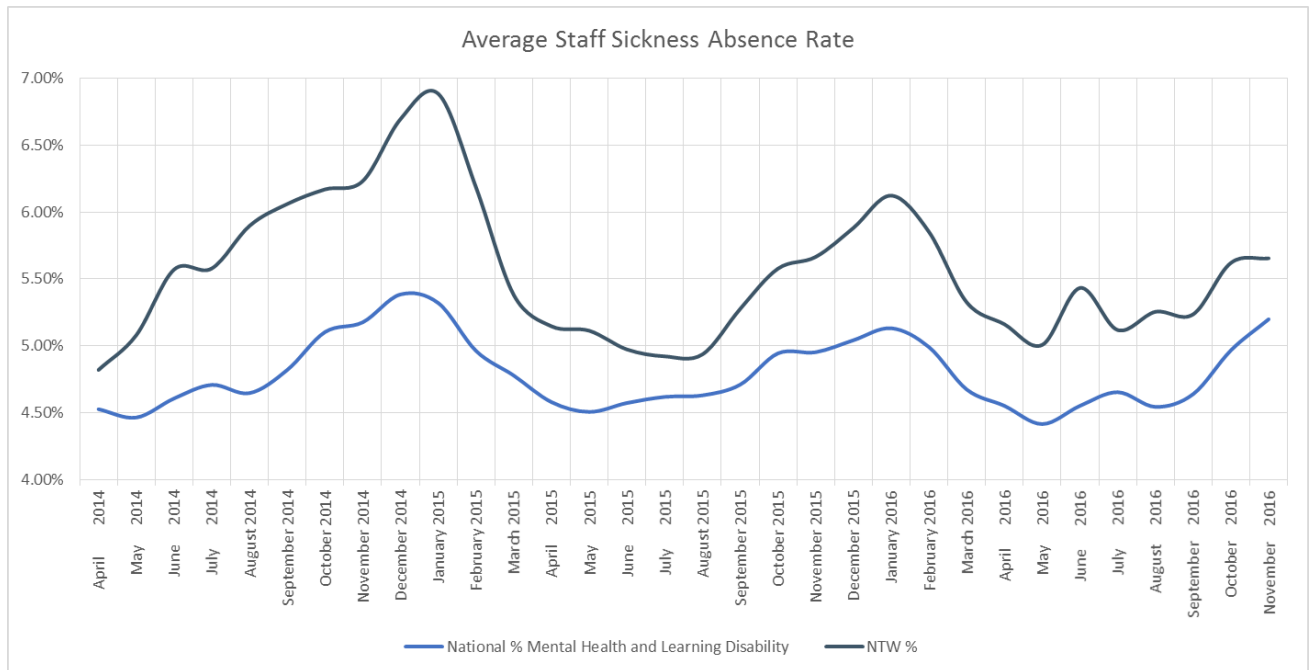
There continues to be a narrowing gap between the national sickness rate for Mental Health and Learning Disability Trusts and NTW. Please note that the peaks represent usual patterns of increased sickness during winter months.

Performance against contracts with local commissioners

During 2016/17 the Trust had a number of contractual targets to meet with local commissioners (CCG's). Table 24 below highlights the targets and the performance of each CCG against them for quarter four 2016/17 (1.1.17-31.3.17).

Table 24: Contract Performance Targets 2016/17 Quarter 4:

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

CCG Contract performance targets Quarter 4 2016/17 (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%)	95.6%	97.1%	95.7%	98.2%	98.4%
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	97.0%	98.1%	97.6%	98.0%	98.9%
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	95.2%	96.0%	95.8%	97.1%	97.2%
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	98.7%	98.1%	98.1%	94.4%	97.7%
Current delayed transfers of care -including social care (<7.5%)	3.2%	3.0%	0.0%	0.0%	3.8%
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%)	96.9%	100%	100%	100%	100%
Current service users aged 18 and over with a valid NHS Number (99%)	99.9%	99.9%	99.9%	99.8%	99.0%
Current service users aged 18 and over with valid Ethnicity completed (90%)	91.1%	94.4%	91.2%	94.4%	93.4%
The number of people who have completed IAPT treatment during the reporting period (50%)	n/a	n/a	n/a	52.9%	n/a

There was one area of underachievement above within Sunderland CCG relating to the timely follow up of service users discharged from inpatient care, this is being addressed

with the service. The Trust also has specific contractual targets for specialised services with NHS England for which the majority of quality standards were achieved in 2016/17.

Staff Survey 2016

The NHS Staff Survey ensures that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution. The 2016 staff survey questions were structured around the following issues:

Job

Health and Wellbeing

Organisation

Leadership and Carer Development

Managers

Personal Development

Values

Patient Experience

The Trust's 2016 Staff Survey scores, when compared with all mental health providers in 2016, are above (better than) average for most questions. Most scores have seen small positive movement since the previous year.

The Trust's 2016 Overall Staff Engagement score is above average for the sector.
(1 is poorly engaged staff and 5 is highly engaged staff).

The Trust's 2016 score for (KF1) Staff recommendation of the organisation as a place to work or receive treatment is above average for the sector. (1 is unlikely to recommend – 5 is likely to recommend).

Figure 9: Staff Engagement and Recommend Scores 2015 and 2016

Staff Engagment Score

Trust Score 2016	3.87
Trust Score 2015	3.80
National 2016 average for mental health	3.77

Staff Recommend Score

Trust Score 2016	3.63
Trust Score 2015	3.71
National 2016 average for mental health	3.87
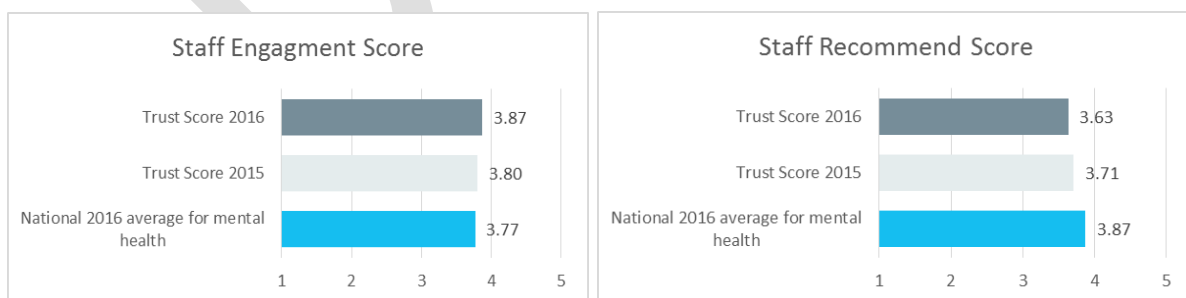
Top 5 Ranking Scores - The five Key Findings for which the Trust compares most favourably with other mental health providers in England are:

KF27. 70% of staff / colleagues reported most recent experience of harassment, bullying or abuse compared with national average of 60%. (the higher the score the better).

KF14. Staff scored the level of satisfaction with resourcing and support as 3.54 out of 5 (1 being unsatisfactory resourcing/ support and 5 being highly satisfactory resourcing/ support), compared to the national average of 3.36 out of 5.

KF19: Staff scored the organisation and management interest in and action on health and wellbeing as 3.90 out of 5 (1 being low interest in health and 5 being high interest in health), compared to the national average of 3.71 out of 5.

KF31. Staff scored the level of confidence and security in reporting unsafe clinical practice as 3.85 out of 5 (1 being not confident/ secure and 5 being confident and secure), compared to the national average of 3.67 out of 5.

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

Bottom 5 Ranking Scores - The five Key Findings for which the Trust compares least favourably with other mental health providers in England are:

KF22. 25% of staff experiencing physical violence from patients, relatives or the public in last 12 months compared with the national average of 21%. (the lower the score the better).

KF7. 73% of staff reported that they were able to contribute towards improvements at work compared to the national average of 73%. (the higher the score the better).

KF23. 3% of staff experiencing physical violence from staff in last 12 months compared with the national average of 3%. (the lower the score the better).

KF4. Staff scored their level of motivation at work as 3.91 out of 5 (1 being not enthusiastic /absorbed and 5 being enthusiastic/ absorbed), compared with the national average of 3.91 out of 5.

KF12. Staff scored the quality of appraisals as 3.25 out of 5 (1 being low-quality and 5 being high quality), compared with the national average of 3.15 out of 5.

Other highlights include:

Job

Staff saying they are able to meet all the conflicting demands on their time at work has seen a 4% improvement (53%, up from 49% last year) and is significantly better than the sector score of 33%. Staff saying they are satisfied with the extent to which the organisation values their work has seen a significant improvement and is also significantly higher than the sector score (52%, compared to 46%).

Health and Wellbeing

Staff who said they experienced harassment, bullying and abuse (HBA) from the public has slightly increased (32% this year, compared to 30% last year). The scores for staff experiencing HBA from managers or other colleagues are both static; from managers 8% and from other colleagues 13%.

Personal Development

The number of staff agreeing that the training they received helped them do their job more effectively has significantly improved by 6% (84%, up from 78%).

Actions

As a result of our staff survey findings we are proposing the following actions:

To continue our work on addressing bullying and harassment, physical violence and quality of appraisals

To engage with staff to determine and shape further actions to look at themes such as

• Presenteeism

• Work-related stress

• Communication between Senior Managers and Staff

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

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

Healthwatch Newcastle's statement:

Newcastle Overview and Scrutiny Committee's statement:

Healthwatch Northumberland's statement:

Northumberland Overview and Scrutiny Committee's statement:

Healthwatch North Tyneside's statement:

North Tyneside Overview and Scrutiny Committee's statement:

Healthwatch Gateshead's statement:

Gateshead Overview and Scrutiny Committee's statement:

Healthwatch South Tyneside's Statement:

South Tyneside Overview and Scrutiny Committee's statement:

Healthwatch Sunderland's Statement:

Sunderland City Overview and Scrutiny Committee's statement:

Appendix 1

NHS Improvement Single Oversight Framework

The NHS Improvement Single Oversight Framework came into effect from 1 October 2016, replacing the Monitor 'Risk Assessment Framework'. The 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. Since the implementation of this framework, NTW has been assigned a segment of "2 – targeted support" due to in year financial variances from plan.

Self-assessment against the Single Oversight Framework as at March 2017:

Metric Id	Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 4 self assessment	NTW % as per most recently published MHSDS/RTT/EIP/IAPT data	National % from most recently published MHSDS data	Comments. NB those classed as "NEW" were not included in the previous framework	Data Quality Kite Mark Assessment
80	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Monthly	UNIFY2 and MHSDS	92%	99%	99%	89.66%	National data includes all NHS providers and is at January 2017	
31	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards	Quarterly	UNIFY2 and MHSDS	95%	99.5%	no data	no data		
1400	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	Quarterly	UNIFY2 and MHSDS	50%	79.4%	71%	65.70%	Published data is as at 1.10.2016 - 31.12.2016	
	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
1426	a) inpatient wards	Quarterly	Provider return / CQUIN audit	90%	85%	no data	no data	from weekly sheet 06.04.17	
1427	b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	97%	no data	no data	from weekly sheet 06.04.17	
1425	c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	83%	no data	no data	from weekly sheet 06.04.17	
	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:								
	· identifier metrics:								
238	NHS Number	Monthly	MHSDS	95%	99.9%	99.0%	99.0%	National data includes all NHS providers and is at November 2016	
240	Date of Birth	Monthly	MHSDS	95%	100.0%	100.0%	100.0%	National data includes all NHS providers and is at November 2016	
239	Postcode	Monthly	MHSDS	95%	99.9%	99.0%	97.0%	National data includes all NHS providers and is at November 2016	
241	Current Gender	Monthly	MHSDS	95%	99.9%	100.0%	98.0%	National data includes all NHS providers and is at November 2016	
242	GP code	Monthly	MHSDS	95%	99.8%	99.0%	98.0%	National data includes all NHS providers and is at November 2016	
243	CCG code	Monthly	MHSDS	95%	99.4%	no data	no data		
	· priority metrics:								
17	ethnicity	Monthly	MHSDS	85% by 16/17 year end	92.3%	94.00%	83.0%	NEW. Data from metric 17 in dashboard	
27	Employment status recorded	Monthly	MHSDS	85% by 16/17 year end	94.1%	28.8%	33.9%	The 94.1% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status and NTW is in line with the national average, which is significantly below the 85% standard required by NHSI	
3	Proportion of patients in employment	Monthly	MHSDS		7.0%	6.3%	8.0%	MHSDS methodology TBC	
28	Accommodation status recorded	Monthly	MHSDS	85% by 16/17 year end- unclear if standard applies to recording status or proportion	93.9%	28.1%	37.1%	The 93.9% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status and NTW is below the national average, which is significantly below the 85% standard required by NHSI	
29	Proportion of patients in settled accommodation	Monthly	MHSDS		76.9%	49.0%	58.4%		
	Improving Access to Psychological Therapies (IAPT)/talking therapies							(Sunderland service only)	
1079	· proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	53.5%	52.0%	49.0%	NEW metric 1079 published data December 2016	
	· waiting time to begin treatment :								
1349	- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.6%	99.0%	89.4%	published data December 2016	
1348	- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	98.5%	published data December 2016	

CQC Registered locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2017.

Locations	Regulated Activities			Service Types							
	Treatment of Disease, Disorder or Injury	Diagnostic and Screening Procedures	Assessment or medical treatment for persons	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	●	●	●							●	
Craigavon Short Break Respite Unit *	●	●	●					●			
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	●	●	●					●		●	

* note this unit was formally closed in April 2017.

Key

CHC – Community health care services
LDC – Community based services for people with a learning disability
LTC – Long-term conditions services
MHC – Community based services for people with mental health needs

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

PHS – Prison healthcare services

RHS – Rehabilitation services

SMC – Community based services for people who misuse substances

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

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

Appendix 3

Local Clinical Audits

Project (Local Clinical Audits)		
Board Assurance (6)		
1	CA-15-0018	Medicines Management: Prescribing, Administration & Prescribing Clinical Checking Standards – Take 5 Audit
2	CA-15-0019	Medicines Management: Safe & Secure Medicines Handling (MMRA)
3	CA-15-0023	Care Co-Ordination: Community Services Group
4	CA-16-0026	Seclusion 15-16 within NTW (C) 10 Seclusion Policy
5	CA-16-0036	Medicines Management: Prescribing, Administration & Prescribing Clinical Checking Standards – Take 5 Audit
6	CA-16-0047	Nutrition
Trust Programme (7)		
7	CA-15-0001	Audit of MDT Formulation in Stepped Care Units
8	CA-15-0051	An Audit of S136 suites and acute hospital emergency department psychiatric interview rooms within NTW area against quality and safety standards
9	CA-15-0054	Audit of NTW (O) 27 Nutrition Policy
10	CA-16-0011	Dual Diagnosis (Re-Audit of CA-14-0062)
11	CA-16-0016	Safeguarding Process
12	CA-16-0017	Triage system for safeguarding and public protection
13	CA-16-0035	Are serious incidents reports and action plans formulated in line with current NHSE guidance?
NICE Priorities (3)		
14	CA-14-0006	NICE (Implementation) CG26: PTSD Post-Baseline Audit
15	CA-14-0121	NICE (Baseline) CG103: Audit of clinical practice against quality delirium standards
16	CA-15-0052	NICE (Baseline) CG78: Audit of a Case Series of Inpatient Admissions of People with Emotionally Unstable Personality Disorder (EUPD)
Inpatient Care Group Programme (18)		
17	CA-13-0031	Monitoring of informed consent in the current prescribing practice in urgent care inpatients

Project (Local Clinical Audits)		
18	CA-14-0069	Audit of the physical health monitoring of in-patients on the Complex Care wards (Mill Cottage and Bridgewell)
19	CA-15-0012	Are 72 hour meetings completed within the recommended time limit and does this effect patient care?
20	CA-15-0061	Are we following HDAT monitoring requirements?
21	CA-15-0064	Re-audit of admission documentation processes in 4 in-patient care sites
22	CA-15-0076	Current documentation practice of consultant psychiatrist on first patient review after admission, and to assess whether these comply with current good practice standards of documentation (Re-audit of CA-14-0107)
23	CA-15-0080	Assessment capacity in informal admissions to working age adult in-patient wards at St George's Hospital
24	CA-15-0081	Audit of T3 forms for in-patients on Mowbray and Roker Ward
25	CA-15-0095	Audit to monitor, evaluate and improve prescribing standards for all patients on Newton Ward
26	CA-15-0104	An audit to review acute in-patient admissions of 5 days and under – were the discharges safe and could admission have been avoided?
27	CA-15-0105	Audit of high antipsychotic prescribing and monitoring according to Trust policy
28	CA-15-0108	A retrospective assessment of the quality of completion of physical health monitoring records for patients in acute mental health services at Hopewood Park (Re-audit of CA-14-0108)
29	CA-15-0119	The provision of equipment for physical health assessment and monitoring on adult psychiatry wards, Tranwell Unit, QEH
30	CA-16-0005	Awareness into the definitions of nature and degree of a mental disorder, as explained in Mental Health Act 1983: Code of Practice
31	CA-16-0012	Clinical audit of medical record keeping on acute adult in-patient wards in Gateshead
32	CA-16-0024	NICE CG 192: 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 session
33	CA-16-0028	Are 72 hour meetings completed within the recommended time limit and does this effect patient care?
34	CA-16-0067	Physical Health: an audit of prolactin measurements taken during in-patient admissions
Medicines Management Programme (5)		
35	CA-14-0061	Botulinum Toxin

Project (Local Clinical Audits)		
36	CA-14-0080	Medicines Reconciliation
37	CA-15-0024	Controlled Drugs
38	CA-15-0116	Audit of therapeutic drug monitoring of clozapine plasma levels
39	CA-16-0009	Medical Gas Storage
Community Services Group Programme (26)		
40	CA-13-0120	NICE CG42: Compliance with NICE Dementia guidelines: Dementia Services Community Teams
41	CA-14-0049	Progress Note Audit
42	CA-14-0066	Prescribing practice of depot prescription cards at depot clinic
43	CA-14-0094	The use of psychological treatments in patients with a diagnosis of schizophrenia in the North East CMHT
44	CA-14-0125	Driving in Dementia: how good are we at addressing driving in dementia?
45	CA-14-0150	An audit comparing YPDT against national guidelines
46	CA-15-0004	Audit to determine if patients diagnosed with EUPD under the care of Hexham CMHT are being prescribed medications according to NICE guidelines
47	CA-15-0025	Standards of HDAT monitoring
48	CA-15-0040	Audit of physical health monitoring in patients on anti-psychotic medication (excluding Clozapine) referred to the Newcastle West CMHT physical health monitoring clinic
49	CA-15-0043	Audit of NICE guidance on written and verbal information given to people newly diagnosed with dementia
50	CA-15-0047	Advance statements / advance directives record keeping
51	CA-15-0048	Is the MPS prescribing cognitive enhancing drugs in line with current NICE guidance (Re-audit of 1046)
52	CA-15-0050	NICE TA 217 Audit of cognitive enhancer prescribing in NTW in relation to NICE guidance
53	CA-15-0065	Management of depression adherence to NICE Guideline CG 91
54	CA-15-0068	Audit of pharmacological management of bipolar disorder in Adults in the care of the North Tyneside CMHT, Longbenton Patch
55	CA-15-0072	Audit of benzodiazepine Z-drug prescribing in Gateshead CRHT
56	CA-15-0077	Audit of documentation of medical reviews undertaken within CRHT Northumberland caseload

	Project (Local Clinical Audits)	
57	CA-15-0078	Response time to A+E referrals by mental health services in Newcastle Royal Victoria Infirmary
58	CA-15-0088	Audit of care plan recording on RiO in the Sunderland Psychotherapy Service (Re-audit of CA-14-0138)
59	CA-15-0093	How well are prolactin levels recorded for patients starting treatment with atypical antipsychotics and how are patients physically affected by any resulting hyperprolactinaemia?
60	CA-15-0101	Use of CRHT prescription chart within the Sunderland Crisis Team: Does it comply with Trust Policies?
61	CA-15-0103	Audit into the efficacy of information sharing with patients following interaction with Liaison Psychiatry Team at the RVI
62	CA-15-0118	An audit to review the time between the implementation of NBCS care plans and discharge from the service
63	CA-16-0007	An audit of new referrals to the community learning disability team
64	CA-16-0043	Re-audit of antipsychotic initiation and physical parameter check
65	CA-16-0050	Review letters by Consultant Psychiatrist in Sunderland CTT
	Specialist Care Group Programme (34)	
66	CA-14-0059	An Audit to determine our use of psychotropic medication to treat agitation/aggression in patients with head injury
67	CA-15-0003	Clinical Supervision Audit
68	CA-15-0007	Assuring the Appropriateness of Unplanned Admissions to Tier 4 CAMHS
69	CA-15-0015	CYPS Referrals Audit: Are we managing referrals according to Trust Policy
70	CA-15-0029	Re Audit: Audit & Evaluation of Standard Directions in the Newcastle Crown Court Service, Mental Health Liaison Team
71	CA-15-0036	Do patients in the Mental Health & Deafness Service have Care Co-ordinators / Lead Professionals in Secondary Care? (Re-Audit of CA-13-0025)
72	CA-15-0038	Audit of Departmental Clinical Professional Development (CPD) Activities 2015
73	CA-15-0044	Taking a Spiritual History in Choice (First) Assessment of Child & Family in Tier 3 CYPS & at Initial Assessment in Redburn Ward
74	CA-15-0046	Re-Audit on Interventions Provided by Plummer Court for Moderate and Severe Alcohol Dependence after Successful Detoxification
75	CA-15-0055	Clinical Supervision (Forensic Services)

		Project (Local Clinical Audits)
76	CA-15-0057	NICE CG009 Eating Disorders: Audit of the use of Junior MARSIPAN guidelines in the assessment and management of patients with an Eating Disorder within EDICT South of Tyne
77	CA-15-0059	Endocrine screening after acquired brain injury - are we following trust guidelines?
78	CA-15-0069	Audit of Proposed Referral Guidelines in the Forensic Liaison (CMHT) Service of NTW (Re-Audit of CA-14-0060)
79	CA-15-0073	Audit of referral process to CAMHS Learning Disability in patient service
80	CA-15-0083	Audit on Physical Health Monitoring Baseline checks for Patients accepted by ABS between 1st Jan to 1st Nov
81	CA-15-0084	Blood Pressure and Pulse monitoring in children with ADHD on medication in adherence with NICE guidance
82	CA-15-0086	Urine drug screen compliance for newly admitted patients to Redburn Inpatient unit, Fern Dene Hospital.
83	CA-15-0087	Melatonin prescribing practices in a Tier 3 CAMHS service
84	CA-15-0089	Audit of Complex Neurodevelopment Disorders Service (CNDS) Case Manager Pathway
85	CA-15-0097	Are patients with traumatic brain injury being advised about DVLA guidance on driving?
86	CA-15-0107	Audit of compliance of prescribing Thiamine and Forceval (a multi-nutrient, multivitamin medication) to patients with severe anorexia nervosa at risk of re-feeding syndrome.
87	CA-15-0109	To audit practice in the administration and prescribing of medication in Kyloe House Secure Unit and Aycliff Secure Unit in reference to Local policy and Trust policy
88	CA-16-0001	A re-audit of referral guidelines in the Forensic Learning Disability Services Northgate Hospital
89	CA-16-0003	NICE CG72: Adherence to NICE Guidance for ADHD in the Adult ADHD Service
90	CA-16-0010	An audit on the use of screening methods for sleep disorders in Walkergate Park inpatients presenting with traumatic brain injury (TBI)
91	CA-16-0015	5-a-Day: Are you people with a learning disability supported to meet this target? A re-audit following improvements
92	CA-16-0020	NICE CG72: Audit of Shared Care Agreement for Children & Young People prescribed medication for ADHD

		Project (Local Clinical Audits)
93	CA-16-0022	An audit of positive behaviour support plans within the neurobehavioural service.
94	CA-16-0038	An audit of outcome measures in the Oswin Forensic PD (Medium Secure) Unit, Bamburgh Clinic
95	CA-16-0044	Do we provide copies of section 17 leave forms to young people and carers?
96	CA-16-0057	Audit of practice in Adult ADHD patients with comorbid substance use disorders against relevant NICE guidelines and BAP guidelines.
97	CA-16-0059	Audit of ADHD Medication Height & Weight Monitoring on Growth Charts in CAMHS Inpatients
98	CA-16-0078	Re- Audit of the time of assessment by a doctor when admitted to NTW Mother and Baby Unit, St Georges Park Hospital (Re-audit of CA-15-0085)
99	CA-16-0080	Are NICE Guidelines for Challenging Behaviours in Learning Disabilities being met?

Appendix 4

Statement of Directors' Responsibilities in respect of the Quality Report

Appendix 5

Limited Assurance Report on the content of the Quality Report

Appendix 6

Glossary of Terms

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

Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so
HoNOS/HoNOS 4 factor model	Health of the Nation Outcome Scales. A clinical outcome measuring tool.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
LD	Learning Disabilities
Lead Professional	A named person to co-ordinate the service a patient receives if their needs are not complex.
Leave	A planned period of absence from an inpatient unit which can range from 30 minutes to several days
MHA	Mental Health Act
MHMDS	Mental Health minimum data set – a standard set of information sent from mental health providers to the Information Centre
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)
Multi- Disciplinary Team	Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide care – i.e. Psychiatrists, Clinical Psychologists, Community Psychiatric Nurses, Occupational Therapists etc.
Next Steps	A group of projects to ensure that the organisation is fit for the future and provides services that match the best in the world.

NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement
NHS Safety Thermometer	The NHS Safety Thermometer provides a quick and simple method of surveying patients harms and analysing results so that you can measure and monitor local improvement
NICE	National Institute for Health and Clinical Excellence – a group who produce best practice guidance for clinicians
NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research
NPSA	National Patient Safety Agency
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
Out of area placements	Service users who are cared for out of the North East area or service users from outside of the North East area being cared for in the North East.
PCP	Principle Care Pathways
Pathways of care	Service user journey through the Trust – may come into contact with many different services
PCT	Primary Care Trust – a type of NHS Trust that commissions primary, community and secondary care from providers
Points of You	NTW service user/carer feedback processes allowing us to evaluate the quality of services provided
Productive Ward	The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency
RIO	Electronic patient record
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.

SMART	Specific, Measurable, Achievable, Realistic, Timely – a way of setting objectives to make sure they are achievable
Serious Incident	Serious incident - an incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.
SWEMWEBS	Warwick-Edinburgh Mental Wellbeing Scale – a clinical outcome measuring tool.
Transformation	The redesigning of how something is done. This term is often used to describe the redesign of clinical services.
Transition	When a service user moves from one service to another i.e. from an inpatient unit to being cared for by a community team at home.

For other versions telephone 0191 246 6962 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 6962.

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