



## Quality Account 2015-16

Draft V1.3 (14/04/2016)

Please note that in this draft version of the report, text highlighted **yellow** is still subject to review and may refer to the previous year.



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



81% of service users would recommend the Trust in 2016



Employs more than **6,000** members of staff



98.6% of inpatients were followed up within 7 days of discharge

**NTW**



**42,000** Mental Health contacts

**NTW**



Serves a population of **1.4 million** people



89% of staff felt their role makes a difference to service users



2% reduction in delayed transfers of care year on year

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## Part 1

### Welcome and Introduction to the Quality Account

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

#### About our Trust

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

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



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

#### What is the Quality Account?

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

Northumberland, Tyne and Wear NHS Foundation Trust welcomes the opportunity to describe how well we have performed over the course of

2015-16, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Report outlines the good work that has been undertaken, the progression made in improving the quality of patient services and identifies areas for improvement.

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

**This is an “explanation” box**

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

**This is a ‘news’ box**

It reports news stories from 2015-16

**This is a ‘quote’  
box**

It quotes  
statements from  
staff, patients and  
their families.

## Statement of Quality from the Chief Executive



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

Over the past year our staff have endeavoured to ensure that our services meet the highest standards, and our achievements, as well as areas where we have more work to do are set out in this document. Our aim is to tell the story of our journey to develop excellent services, led by our quality priorities which were developed in partnership with our stakeholders.

I feel honoured to be Chief Executive of this organisation, and I am very proud of our staff, and the services we provide. Equally, I know that we have more to do before every service user and family feels that they are getting the best care.

I hope you will find the information in the document useful.

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

A handwritten signature in black ink that reads "John Lawlor". The signature is written in a cursive style.

**John Lawlor**

**Chief Executive**

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

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



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

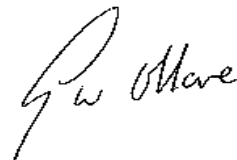


**TBC**

We have set out in this Quality Account how well we have performed against local and national priorities - including how we have progressed with those areas we highlighted as our quality improvement priorities for 2015-16, and setting out our quality priorities for 2016-17.



**Dr Rajesh Nadkarni, Interim Executive Medical Director**



**Gary O'Hare, Executive Director of Nursing & Operations**

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



## Statement on Quality from Council of Governors Quality Scrutiny Group



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

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

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

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

**Margaret Adams**

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

## Vision, Mission & Values

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

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



## Part 2a

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

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



**Quality Goal One - Patient Safety:**  
Reduce incidents of harm to patients.

**Quality Goal Two - Patient Experience:** Improve the way we relate to patients and carers.

**Quality Goal Three - Clinical Effectiveness:** Ensure the right services are in the right place at the right time for the right person.

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

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

### Quality Engagement

An engagement exercise with stakeholders (including Trust staff, service users, carers, governors and commissioners) took place in late 2015 to gather suggestions for new quality priorities to be developed for 2016-17.





Any Quality Priorities from 2016-16 that were not fully achieved in the year will also continue into 2016-17 and progress will be monitored regularly at the Trust Quality and Performance Committee.

The full list of quality priorities to be progressed during 2016-17, consisting of those continuing from 2015-16 plus the new quality priorities identified, are:

### Quality Goal One – Patient Safety

<b>Quality Priority One</b>	To embed suicide risk training	Continues from 2015-16
<b>Quality Priority Two</b>	To improve transitions between young people's services and adult services	New
<b>Quality Priority Three</b>	To improve transitions between inpatient and community mainstream services	New

### Quality Goal Two – Patient Experience

<b>Quality Priority Four</b>	To improve the referral process and the waiting times for referrals to multidisciplinary teams	Continues from 2015-16
<b>Quality Priority Five</b>	Implement principles of the Triangle of Care	New

### Quality Goal Two – Clinical Effectiveness

<b>Quality Priority Six</b>	To improve the recording and use of Outcome Measures by improving suppression rates of patient rated outcome measurement (PROMs)	Continues from 2015-16
<b>Quality Priority Seven</b>	To develop staff to prevent and respond to violence and aggression, through implementing the Positive and Safe Strategy.	New

## Part 2b

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

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

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

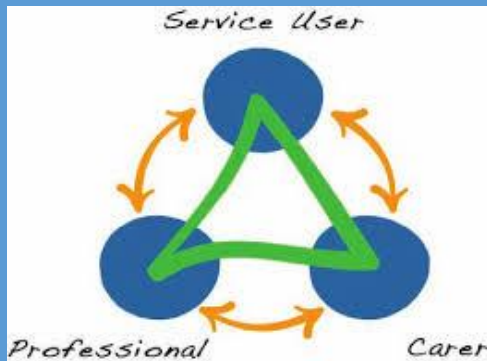
The Trust is currently providing care for just under 42,000 people. Table 1 below shows the number of current service users as at 31<sup>st</sup> March 2016, split by locality, with a comparison of the same figures from the previous 3 years:

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

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

Table 1 above shows that the number of service users as at 31<sup>st</sup> March 2016 has increased by 171 when compared with 31<sup>st</sup> March 2015.

## What is the Triangle of Care?



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



## Quality Goal One - Patient Safety: Reduce incidents of harm to patients

We will demonstrate success against this goal by reducing the severity of incidents and the number of serious incidents across the trust.

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

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

**Progress**  **Partially Met**

As of 31st March 2016, 69% of the applicable 2,600 staff had completed the enhanced suicide risk training, which represented an increase from 31% one year before. This will element of the quality priority will continue into 2016-17 until 85% of applicable staff have completed the suicide risk training.

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

#### What is the FACE risk tool?

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

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

The aim of this Quality Goal is to reduce the impact and severity of patient safety incidents. Table 2 below shows the total number of patient safety incidents reported by the Trust over the past 6 years:

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

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

(Data is as at 5/4/16)

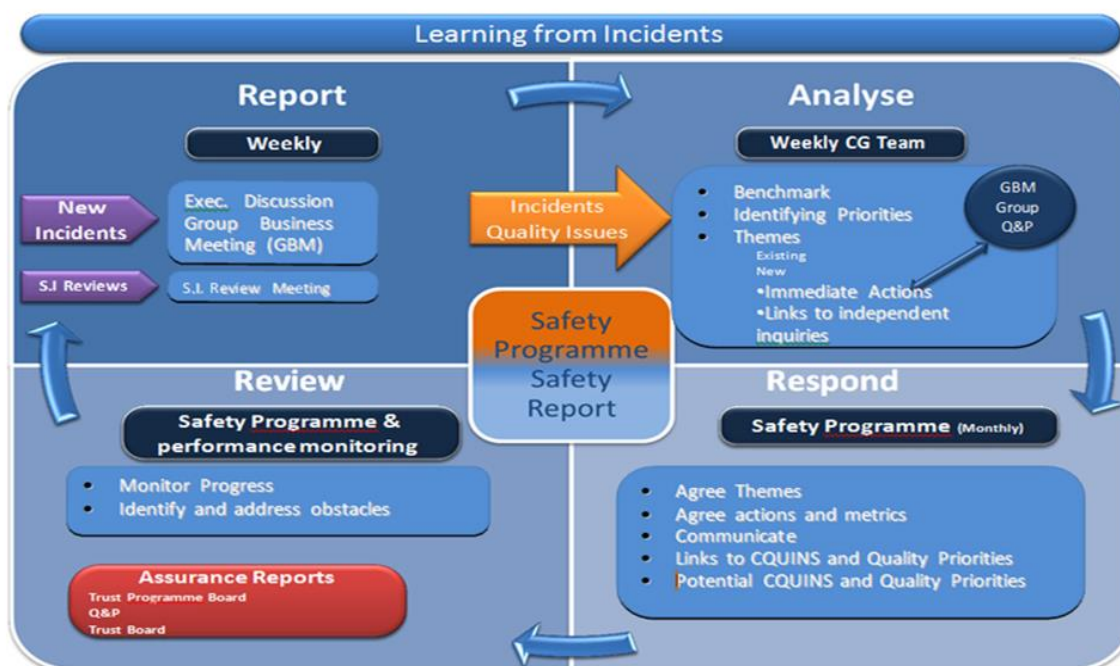
A patient safety incident is defined as ‘Any unintended or unexpected incident, which could have or did lead to harm for one or more patients receiving NHS funded healthcare. This is also referred to as an adverse event/incident or clinical error and includes near misses.’

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

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

The Trust’s Incident Policy was recently updated to reflect the NHS England Serious Incident Framework and the new internal incident reporting system. Figure 2 shows how information reported from incidents is considered, analysed and responded to so that the Trust continuously learns from the process.

Figure 3: Incident Policy Process



### Patient Safety Incidents by impact

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

Number of Patient Safety Incidents reported, by impact:	2013-14		2014-15		2015-16	
	Count	Percentage	Count	Percentage	Count	Percentage
No Harm	3401	27%	4215	38%	5129	48%
Minor Harm	8355	66%	6093	55%	4940	46%
Moderate Harm	771	6%	587	5%	603	6%
Major Harm	65	1%	55	0%	22	0%
Catastrophic, Death	133	1%	117	1%	81	1%
Total patient safety incidents reported*	12,725	100%	11,067	100%	10,775	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 5/4/16).

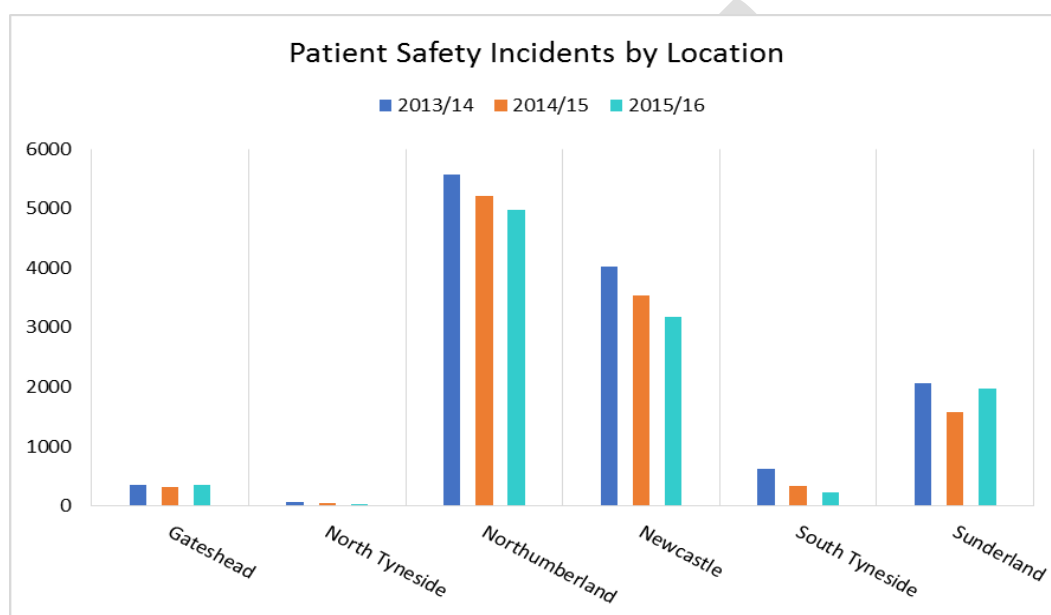
As demonstrated in Table 3, above during 2015-16, both the total numbers and the proportion of “major” and “catastrophic harm” patient safety incidents continue to reduce from previous years while the number and proportion of “no harm” incidents have increased. The impact of quality priorities, combined with enhancements in recording and

categorisation of patient safety incidents have contributed to the reduction in severity of incidents reported.

### Patient Safety Incidents by locality

Figure 4 below shows patient safety incidents which have been reported over the past 2 years split by location of the incident (i.e. where the incident took place):

Figure 4: Patient Incidents by location 2013-14 to 2015-16



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

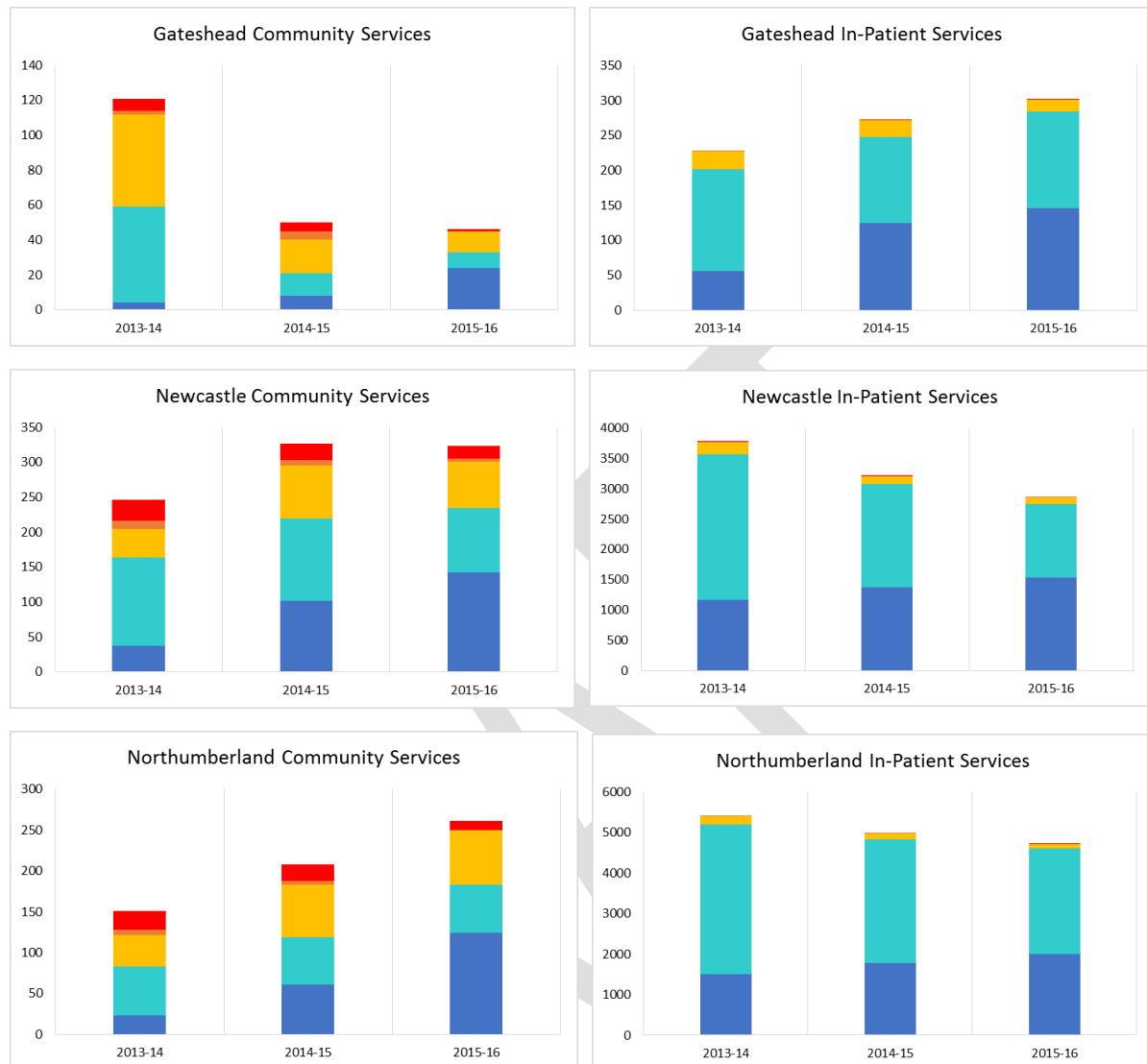
Table 4: Number of Patient Safety Incidents in Community and Inpatient Services 2013-14 to 2015-16

Number of Patient Safety Incidents reported	2013-14	2014-15	2015-16
Community	844	818	887
Inpatient	11,881	10,249	9,888
Total patient safety incidents	12,725	11,067	10,775

(Data is as at 5/4/16)

## Patient Safety Incidents by Location and Level of Harm

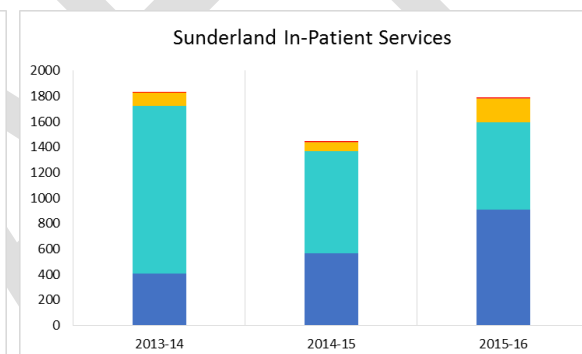
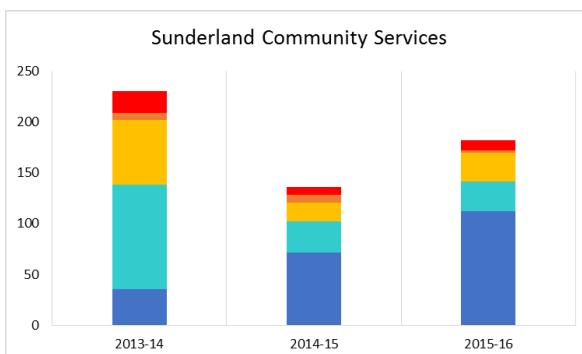
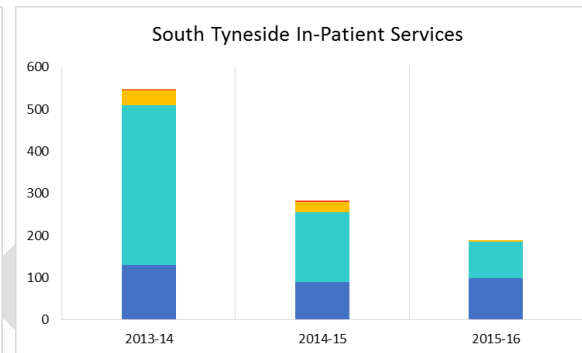
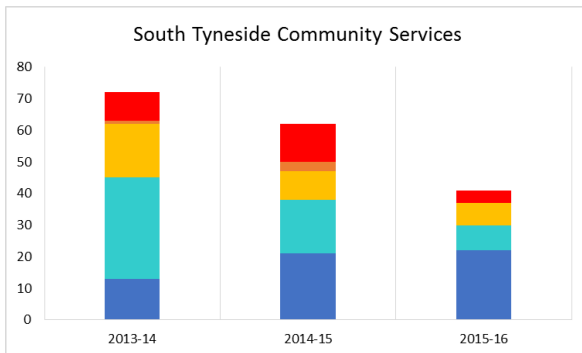
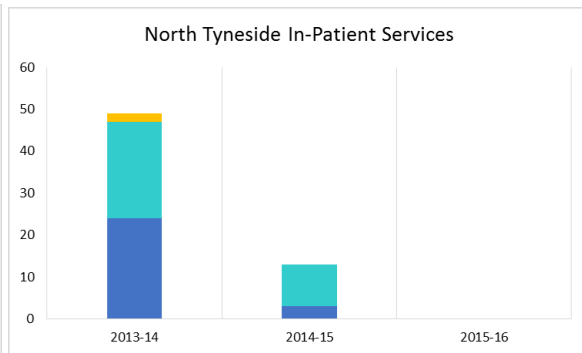
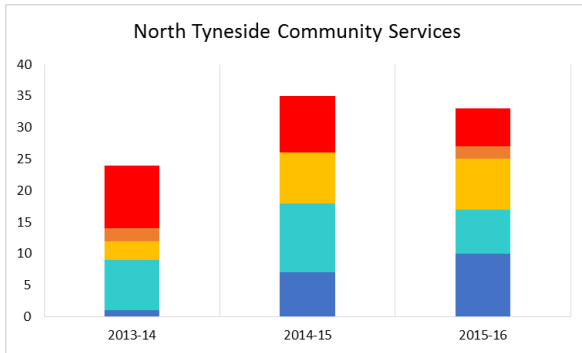
Figure 5: Patient Safety Incidents by Location and Level of Harm



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

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

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



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

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

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

National benchmarking information on our serious incident reporting can be found on page 48-49 of this report.

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

#### News from 2015-16

NHS providers have been publically ranked on their openness and transparency under a new 'Learning from Mistakes League' launched by Monitor and the NHS Trust Development Authority in March 2016.

Data for 2015-16, drawn from the 2015 NHS staff survey and from the National Reporting and Learning System, ranked Northumberland, Tyne and Wear NHS Foundation Trust as "Good".

The league table scores providers on the fairness and effectiveness of procedures for reporting errors, near misses and incidents; staff confidence and security in reporting unsafe clinical practice and the percentage of staff who feel able to contribute towards improvements at their trust.

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

We will demonstrate success by improving the overall score achieved in the patient survey and by reducing the number of complaints received.

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

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

**Progress**  **Met**

While no longer continuing as quality priority, The Trust aims for continuous improvement of food and nutrition issues, ensuring that feedback from service users is reflected upon. This will be monitored through the Trust wide Food and Nutrition Group.

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

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

**Progress**  **Partially Met**

**NB waiting times information will be further developed in draft 2**

Children's and Young Peoples' community services had locality specific targets in relation to service users waiting less than 9 or 12 weeks as at 31<sup>st</sup> March 2016. Continuous improvement was expected to be demonstrated each quarter and this has been achieved. All of the nine weeks targets were



**NB waiting times information will be further developed in draft 2**

achieved, and the 12 weeks target was achieved in Northumberland and South Tyneside.

The Gender Dysphoria service is subject to specific development needs in line with similar services nationally. Additional investment, a recruitment strategy and service model redesign has been implemented during 2015-16, however difficulties in recruiting highly specialist staff into the service along with continuing increases in demand has resulting in continued long waits to access the service. It is anticipated that the waiting times will decrease in 2016-17 as new staff are recruited.

**Autism Spectrum Disorders & ADHD Service:** It is intended that this service will meet the 18 week maximum wait by September 2016, followed by transition of the service into mainstream adult community teams.

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

### **What is a multi-disciplinary team?**

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

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

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

## Progress



The focus on issues affecting carers will continue into 2016-17 with a quality priority to develop the use of the Triangle of Care across the organisation (see page 13).

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

(Fraser House)

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

(Sunderland CRHT)

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

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

Table 5: National Mental Health Community Patient Survey Results 2014 - 2015

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

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

### Comparison to previous year's scores:

Previous surveys of community mental health services were carried out between 2004-08 and 2010-14. The questionnaire for the 2014 survey was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service, therefore the detailed results

from the 2014 and 2015 surveys are not comparable with the results from previous national community mental health surveys.

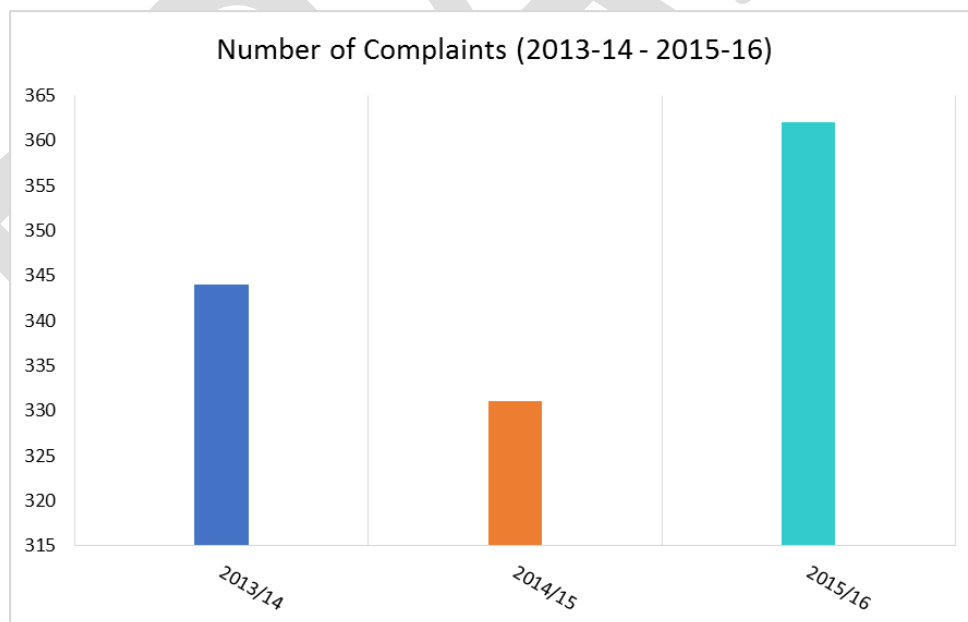
When compared with the 2014 survey, 2015 scores have deteriorated in nine out of ten sections and remained static in one section (Section 8 – Other Areas of Life). Analysis of published data shows that patient experience of community mental health service decreased nationally between 2014 and 2015.

## Complaints

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

Complaints have increased during 2015-16 with a total of 362 received during the year. This is an increase of 32 complaints (or 10%) from 2014-15.

Figure 6: Number of complaints received 2013-14-2015-16



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

Table 6: 2015-16 Number of complaints and new national categories types

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

## Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. Table 7 indicates the numbers of complaints and the associated outcomes for the 6 year reporting period:

Table 7: Number of complaints and outcomes 2013-14 to 2015-16

Outcome	2013-14	2014-15	2015-16
Closed – Not Upheld	90	88	90
Closed – Partially Upheld	109	99	88
Closed - Upheld	95	75	72
Complaint withdrawn	34	47	28
Decision not to investigate	2	1	3
Still awaiting completion	0	0	63
Unable to investigate*	15	20	18
<b>Total</b>	<b>345</b>	<b>330</b>	<b>362</b>

\*category relates to complaints received which are not about our services, or the Trust was unable to contact the complainant.

## Complaints referred to the Parliamentary and Health Service Ombudsman

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

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

There were 10 NTW complaints referred to the PHSO during 2015-16 and the status is recorded at the time of writing this report.

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

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

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

*NB as at 31.03.16 there were 5 cases still ongoing, including two from previous years.*

## Friends and Family Test – Service Users

The NHS Service User Friends and Family Test was implemented nationally in January 2015 and has become an important part of the Trust's patient experience feedback programme.

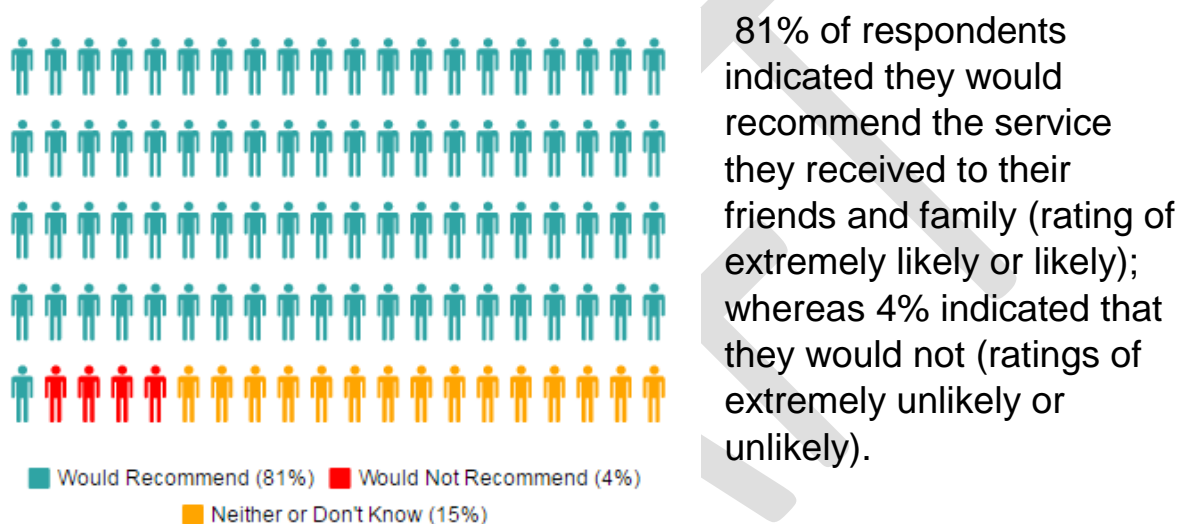
The Service User Friend and Family Test enables service users to have the opportunity to give feedback at any point in time. It is a single question survey that asks patients the following question:

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

Scores range from extremely likely (positive response) to extremely unlikely (negative response).

The Friends and Family Test has increasingly become embedded into practice. During 2015/16, 2,001 Friends and Family Test responses were received.

Figure 7: Percentage of respondents who would/not recommend the service they received to their friends and family



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

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

Example comments received during 2015/16:

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

## Quality Goal 3 - Clinical Effectiveness: Ensure the right services are in the right place at the right time for the right person


We will demonstrate success by delivering demonstrable improvements in service delivery.

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

#### What is ImROC?

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


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

**Progress**  **Met**

The specific aims of the above quality priority have been achieved and this will no longer be a quality priority into 2016-17, however this work will continue and will be overseen by clinical groups.

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

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

**Progress**  **Met**

This important work will continue and be monitored in 2016-17 as part of the Trust's Data Quality Improvement Plan.



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

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

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

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

**Progress**  **Met**

This will continue as a quality priority into 2016-17 to increase the rates further.

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

### Service Improvement and Developments throughout 2015-16

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

#### Community Transformation Programme

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

The programme started in 2013-14 in Sunderland and South Tyneside, testing interventions focused on recovery and effective support for people to live and work in their own communities with the aim of reducing reliance on hospital beds. During 2014-15 the Trust commenced the roll out of the

redesigned Community Pathways across Sunderland and South Tyneside and this work continued through 2015-16, while engagement on the principles and design of improved community pathways in north of Tyne resulted in the launch of the Northumberland Initial Response Team in December 2015. This 24/7 service, based at St. George's Park, provides a single point of access for urgent requests including signposting to relevant services within and outside the organisation. New Community Pathways are to be fully introduced into Northumberland, North Tyneside, Newcastle and Gateshead during 2016-17.

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

### **Developing New Models for Inpatient Care Programme**

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

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

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

## **Specialist Care Services Programme**

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

Significant progress in this programme of work has been achieved during 2016-16, including:

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

## **Social and Residential Services**

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

## **Learning Disability Services**

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

*"Transforming Care for People with Learning Disabilities – Next Steps (2015)"* reaffirmed the Government's and leading organisations across health and social care commitment to transforming care for people with

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

### **The development of integrated and “place based services”**

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

### **New Services**

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

- The implementation of evidenced based IAPT interventions in Children and Young People’s services in Northumberland and North Tyneside in partnership with Northumbria Healthcare NHS Foundation Trust.
- [Sunderland Integrated Substance Misuse and Harm Reduction Service](#) in partnership with DISC and Changing Lives, to commence on the 1<sup>st</sup> July 2016.

- Inclusion on a framework to provide mental health inpatient services to Sussex Clinical Commissioning Groups (CCGs) out of area placements.
- Inclusion on a framework to provide Cognitive Behavioural Therapy for Psychosis training for Early Intervention in Psychosis.

## Partnerships

The Trust continues to work in partnership with NHS organisations, the community, voluntary and independent sectors which we highly value.

## NTW Clinical Effectiveness Strategy

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

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

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

## Part 2c

# Mandatory Statements relating to the Quality of NHS Services Provided

## Review of Services

During 2015-16 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 181 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all the data available to them on the quality of care in all 181 of these relevant health services.

The income generated by the relevant health services reviewed in 2015/16 represents 100 per cent of the total income generated from the provision of relevant health services by the Northumberland, Tyne and Wear NHS Foundation Trust for 2015/16.

## Participation in clinical audits

During 2015-16, 8 national clinical audits and ? 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 ?% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Trust was eligible to participate in during 2015-16 are as follows:

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

National Clinical Audits 2015-16	
1	National Audit of Schizophrenia (Royal College of Psychiatrists)
2	Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)
3	Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)
4	Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)
5	Assessment of Side Effects of Depot Anti-Psychotic Medication (POMH-UK Topic 6d)

6	Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 9c)
7	Prescribing for ADHD in Children, Adolescents and Adults (POMH-UK Topic 13b)
8	Early Intervention in Psychosis Audit
<b>National Confidential Enquiries 2015-16</b>	
1	National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
2	National Confidential Enquiry (NCI) into Inpatient Suicide whilst Under Non Routine Observation

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2015-16, are shown in Table 10 below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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

<b>National Clinical Audits 2015-16</b>	<b>Cases submitted</b>	<b>Cases required</b>	<b>%</b>
National Audit of Schizophrenia (Royal College of Psychiatrists)	89 cases submitted. Trust action plan was submitted in May 2015. Quarterly monitoring is on-going – latest update of action plan is February 2016.	75	100%
Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)	21 cases submitted. Trust action Plan reported as complete in July 2015.	No minimum requirement.	-
Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)	50 cases submitted. Trust action plan reported as complete in August 2015.	No minimum requirement.	-
Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)	83 cases submitted. Trust action plan reported as complete in September 2015	No minimum requirement.	-
Assessment of Side Effects of Depot Anti-Psychotic Medication (POMH-UK Topic 6d)	Postponed indefinitely at a National level	n/a	n/a

Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 9c)	90 cases submitted in 2015. Trust Action Plan reported as complete in February 2016	No minimum requirement.	-
Prescribing for ADHD (POMH-UK Topic 13b)	80 cases submitted. Report complete October 2015 and Trust action plan reported as complete in January 2016	No minimum requirement.	-
Early Intervention in Psychosis Audit	48 cases submitted. Data analysis currently underway and proposed completion date is April 2016	No minimum requirement.	-
<b>National Confidential Enquiries 2014/2015</b>	<b>Cases submitted</b>	<b>Cases required</b>	<b>%</b>
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	Reported directly to NCI	n/a	n/a
National Confidential Enquiry (NCI) into Inpatient Suicide whilst Under Non Routine Observation	Reported directly to NCI	n/a	n/a

The reports of 6 national clinical audits were reviewed by the provider in 2015/2016, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

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

Project	Actions
National Audit of Schizophrenia (Royal College of Psychiatrists)	A Trust action plan was developed and is monitored at the Clinical Effectiveness Committee. While the findings for NTW were generally average for the audit, the report authors commented that national performance was generally below what should be provided. Individual team action plans are in place to improve practice in physical health, psychological therapies and prescribing practices.
Prescribing for Substance Misuse: Alcohol Detoxification (POMH-UK Topic 14a)	The Medicines Management Committee developed actions from the audit recommendations: <ul style="list-style-type: none"> <li>• Development of an evidence-based guideline and approval for use in NTW</li> <li>• Key card developed and circulated to all clinical staff to raise awareness of the guideline</li> </ul>



	<ul style="list-style-type: none"> <li>• Increase compliance with baseline bloods being taken</li> <li>• POMH-UK will request a re-audit of this topic in 2016</li> </ul>
Prescribing for People with a Personality Disorder (POMH-UK Topic 12b)	<p>The Medicines Management Committee developed actions from the audit recommendations:</p> <ul style="list-style-type: none"> <li>• Share the learning from the audit widely and agree local action plans where appropriate</li> <li>• Review prescribing in community Emerging Unstable Personality Disorder patients</li> </ul>
Use of Anti-Psychotic Medicine in CAMHS (POMH-UK Topic 10c)	<p>The Medicines Management Committee developed actions from the audit recommendations:</p> <ul style="list-style-type: none"> <li>• Ensure medication reviews are undertaken and recorded every 6 months</li> <li>• Standardise where information is recorded on the electronic record</li> <li>• Ensure side effects are assessed and recorded as part of the medication review</li> </ul>
Use of Anti-Psychotic Medication in People with Learning Disabilities (POMH-UK Topic 9c)	<p>The Medicines Management Committee developed actions from the audit recommendations:</p> <ul style="list-style-type: none"> <li>• The actions have been added as a CPA review agenda point</li> <li>• Sharing of physical health monitoring results.</li> <li>• A separate action plan from an audit of NICE NG 11 standards has been used to record indication and review of antipsychotics in line with NICE guidance</li> </ul>
Prescribing for ADHD (POMH-UK Topic 13b)	<p>A Trust-level report was provided for this audit and appropriate actions taken from the audit recommendations:</p> <ul style="list-style-type: none"> <li>• Discuss results with Specialist Care Safe group</li> <li>• Circulate and discuss results with CYPs managers &amp; consultants</li> <li>• Discuss results at CYPs Prescribers</li> <li>• Discuss Results with CYPs ADHD Team Leads and standardise information recording:</li> </ul>

The reports of 74 local clinical audits were reviewed by the provider in 2015-16 and the details can be found at Appendix 3 of this report.

## Research

### Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Northumberland, Tyne and Wear NHS Foundation Trust in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was 1226.

Increased participation in clinical research demonstrates Northumberland, Tyne and Wear NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. The Trust was involved in 94 clinical research studies in mental health, learning disability and neuro-rehabilitation related topics during 2015-16, 45 of which were large-scale nationally-funded studies, and was ranked as the second most research active mental health trust in England by The National Institute for Health Research (NIHR).

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

## **Goals agreed with commissioners**

### Use of the CQUIN payment framework

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

A proportion of Northumberland, Tyne and Wear NHS Foundation Trust income in 2015-16 was conditional on achieving quality improvement and innovation goals agreed between Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For 2015-16, £6.4m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6.4m in 2015-16).

## CQUIN Indicators

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

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

Table 12: CQUIN Indicators to improve Safety

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

Table 13: CQUIN Indicators to improve Patient Experience

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

Table 14: CQUIN Indicators to improve Clinical Effectiveness

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

## Statements from the Care Quality Commission (CQC)

Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services. **The Care Quality Commission has not taken enforcement action against Northumberland, Tyne and Wear NHS Foundation Trust during 2015-16. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.**

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

### CQC Intelligent Monitoring Report

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

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

The most recent Intelligent Monitoring Report was published by the CQC in February 2016 and it identifies the Trust as having an overall risk score of 6 out of a possible maximum score of 142. The report can be found on the CQC website [here](#).

**Benchmarking of the CQC national mental health intelligent monitoring information conducted in 2015 highlighted xxxxxx to be inserted**

## CQC Registration Activity 2015-16

During 2015/16, the Care Quality Commission did not undertake any compliance visits to the Trust, a full inspection is due to take place in June 2016.

### External Accreditations

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

- Nearly xx% of adult and older people's mental health wards have achieved the AIMS Accreditation for Inpatient Mental Health Services; the remainder are seeking to gain accreditation within the next 12-18 months.
- xx% of the adult forensic medium and low secure wards have been accredited by the Quality Network for Forensic Mental Health Services.
- xx% of the children's wards in the Ferndene unit have been accredited by the Quality Network for Inpatient CAMHS

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

Table 15: Current clinical external accreditations (March 2016)

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

<b>External Accreditation</b>	<b>Ward/Department</b>	<b>Location</b>
	Hauxley (OP)	St George's Park
	Castleside Ward (OP)	Campus for Ageing and Vitality
	Cresswell (OP)	St George's Park
	Mowbray Ward (OP)	Monkwearmouth Hospital
	Roker Ward (OP)	Monkwearmouth Hospital
	Bluebell Court (Rehab)	St George's Park
	Clearbrook (Rehab)	Hopewood Park
Quality Network for Forensic Mental Health Services	Bamburgh Clinic	St Nicholas Hospital
	Bede Ward	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Quality Network for Inpatient CAMHS	Stephenson	Ferndene
	Fraser	Ferndene
	Riding	Ferndene
	Redburn	Ferndene
	Alnwood	St Nicholas Hospital
Quality Network for Community CAMHS	Northumberland CYPS	Villa 9, Northgate Hospital
	Newcastle & Gateshead CYPS	Benton House
	South of Tyne CYPS	Sunderland and South Tyneside
ECT Accreditation Service	Hadrian Clinic	Campus for Ageing and Vitality
	Treatment Centre	St George's Park
Psychiatric Liaison Accreditation Network	Psychiatric Liaison Team Sunderland Royal Hospital	Sunderland
	Northumberland Liaison Psychiatry and Self Harm Team	Northumberland
	Newcastle Integrated Liaison Psychiatric Service, RVI	Newcastle
Memory Service National Accreditation Programme	Newcastle Memory Assessment and Management Service	Newcastle
	Monkwearmouth Memory Protection Services	South Tyneside
Quality Network for Perinatal Mental Health Services	Beadnell Mother and Baby Unit	St George's Park
	Newcastle & North Tyneside Perinatal Community Team	Northumberland (based alongside the inpatient unit)
Home Treatment Accreditation Scheme	Crisis Assessment & Home Based Treatment Service Newcastle	Newcastle

## Data Quality

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

Table 16: Actions to be taken to improve data quality

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

Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements.
Outcome Measures	We will enhance the current analysis of outcome measures in line with the 2016-17 CQUIN requirements, focusing on implementing a system for reporting information back to clinical teams.
Principal Community Pathways	We will further develop the availability of management information for clinicians and benefits realisation analysis.

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.

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

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

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

Table 17: Top 10 Quality Account Indicators

	Top 11 Quality Account Indicators	Target	Average	Peer*	NTW	Number of Trusts
1	National Clinical Audit participation (%)	100%	93.4	81.9	<b>100.0</b>	56
2	National Confidential Enquiry participation (%)	100%	96.4	100.0	<b>100.0</b>	56
3	Admissions to adult urgent care wards gatekept by CRT (%)	95%	98.2	97.9	<b>100.0</b>	56



4	Inpatients receiving follow up contact within 7 days of discharge (%)	95%	97.5	97.6	<b>97.4</b>	56
5	Incidents for severe harm/death (%)	-	1.3	1.0	<b>1.3</b>	56
6	Patient experience of community MH services	-	7.8	7.9	<b>8.1</b>	45
7	Inpatients classed as delayed transfers of care (%)	< 7.5%	3.4	2.8	<b>2.6</b>	45
8	CPA formal review within 12 months (%)	95%	96.6	96.5	<b>95.6</b>	43
9	Proportion of inpatients readmitted	-	7.9	8.8	<b>6.2</b>	37
10	Staff who would recommend the trust to their family/friends (%)	-	3.51	3.46	<b>3.64</b>	18

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

The Trust scored equal to or higher than average on 6 of the 10 indicators. Likewise, when compared to the peer cohort the Trust scored equally or higher on 6 of the 10 indicators.

## NHS Number and General Medical Practice Code Validity

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

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

99.5% for admitted patient care; and

99% for out patient care."

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

99.9% for admitted patient care; and

99.9% for out patient care."

## Information Governance Toolkit attainment

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

## Clinical Coding error rate

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

## Performance against mandated core indicators

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

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

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

7 day follow up	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
NTW %	95.8%	97.5%	97.6%	97.0%	98.3%	95.8%	98.2%
National Average %	97.4%	98.8%	96.7%	97.4%	97.0%	97.3%	97.3%
Highest national %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest national %	94.1%	90.7%	77.2%	93.3%	95.0%	91.5%	90.0%

(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 19: Gatekeeping data 2013/14-2014/15

Gatekeeping	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
NTW %	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	99.7%
National Average %	97.7%	98.7%	98.6%	98.2%	98.0%	98.5%	97.8%
Highest national %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest national %	74.5%	89.8%	85.5%	75.2%	33.3%	93.0%	73.0%

(higher scores are better)

**3. The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends**

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

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

Table 20: Staff recommendations data 2013 to 2015

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

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

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

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

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

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

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

(higher scores are better)

Please see page 26-27 for the results from the National Community Mental Health Patient Survey for 2014 and 2015.

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

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).

**TBC**

Table 22: Patient Safety Incident (PSI) data April 2013 – March 2015

	<b>NTW</b>	<b>National average</b>	<b>Highest national</b>	<b>Lowest national*</b>
<b>Apr 13 - Sept 13</b>				
Number of PSI reported (per 1000 obd)	33.9	28.0	67.1	0
Number of 'Severe' PSI(% of incidents reported)	0.4%	0.4%	1.6%	0
Number of 'Death' PSI(% of incidents reported)	1.0%	0.9%	4.7%	0
<b>Oct 13 - Mar 14</b>				
Number of PSI reported (per 1000 obd)	38.5	28.0	58.7	0
Number of 'Severe' PSI(% of incidents reported)	0.6%	0.4%	2.9%	0
Number of 'Death' PSI(% of incidents reported)	0.9%	0.7%	3.5%	0
<b>Apr 14 - Sept 14</b>				
Number of PSI reported (per 1000 obd)	39.3	35.6	90.4	0
Number of 'Severe' PSI(% of incidents reported)	0.5%	0.3%	2.9%	0
Number of 'Death' PSI(% of incidents reported)	1.0%	0.7%	3.0%	0
<b>Oct 14 - Mar 15</b>				
Number of PSI reported (per 1000 obd)	36.3	31.1		
Number of 'Severe' PSI(% of incidents reported)	0.6%	0.4%		
Number of 'Death' PSI(% of incidents reported)	1.2%	0.7%		

(lower scores are better)

obd = occupied bed days

\*nb some organisations report zero patient safety incidents

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## 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 patient and staff surveys.

We will report separately on each of the quality domains (safety, patient experience and clinical effectiveness). **Some of the indicators from our 2014/15 report are no longer included and we have added some new indicators this year as we feel this gives a more appropriate balance of our performance measures.** For indicators which relate to our CQUIN goals no comparator information is included as the milestones change from year to year.

The information included in this section has been developed in conjunction with staff, our Council of Governors, commissioners and partners, to ensure that we include relevant, meaningful information about the quality of services we provide.

### Review of Quality Performance – Patient Safety

Table 23: Patient Safety Quality Indicators Performance 2015-16

Quality Indicator	Why did we choose this measure?	Performance in 2015-16 (2014-15 comparison in brackets)
*Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority and Department of Health requirement Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2015/16(also none in 2014/15)
*Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2016, <b>97.2%</b> of applicable service users had a CPA review in the last 12 months, meeting the Monitor target of 95% (95.6% March 2015)
2015 Staff Survey - The percentage of	The annual staff survey is a	The 2015 staff survey showed that our staff scored the question regarding recommending

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	valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution Data source: CQC NHS Staff Survey 2015	the trust as a place to work or receive treatment as 3.71 out of 5 (2014 3.64 out of 5).  The average score for mental health trusts for this question is 3.66.  The survey is available via the following link: <a href="http://www.nhsstaffsurveys.com/Page/1053/Latest-Results/Mental-Health-Learning-Disability-Trusts/">http://www.nhsstaffsurveys.com/Page/1053/Latest-Results/Mental-Health-Learning-Disability-Trusts/</a>
Safeguarding Awareness Training	The Safeguarding Adults and Children courses are essential training for all staff and must be completed every three years Data source: ESR	By the end of March 2016: The number of staff trained in Safeguarding Adults was <b>93.1%</b> (95.0% in March 2015) The number of staff trained in Safeguarding Children was <b>94.4%</b> (96.2% in March 2015)

\*data for this indicator governed by a national definition

## Review of Quality Performance – Patient Experience

Table 24: Patient Experience Quality Indicators Performance 2015-16

Quality Indicator	Why did we choose this measure?	Performance in 2015-16 (2014-15 comparison in brackets)
*Delayed transfers of care	Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge Data source: RiO	During March 2015, 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 (4.3% in March 2015).
TBC		
TBC		

\*data for this indicator governed by a national definition

## Review of Quality Performance – Clinical Effectiveness

Table 25: Clinical Effectiveness Quality Indicators Performance 2015-16

Quality Indicator	Why did we choose this measure?	Performance in 2015-16 (2014-15 comparison in brackets)
*CRHT Gate kept Admissions	Both Monitor and CQC require us to	A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in



	<p>demonstrate that certain inpatients have been assessed by a CHRT prior to admission</p> <p>Data source: RiO</p>	<p>their own home. It is designed to prevent hospital admissions.</p> <p>In the last two financial years, <b>100%</b> 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%.</p>
*7 Day Follow Up contacts	<p>Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement</p> <p>Data source: RiO</p>	<p>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.</p> <p>In 2014/15, 1,702 service users (97.4% of those discharged from inpatient care in the year) were followed up within seven days of discharge.</p> <p>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: <b>96.7%</b>  North Tyneside CCG: <b>98.2%</b>  Northumberland CCG: <b>98.3%</b>  South Tyneside CCG: <b>98.1%</b>  Sunderland CCG: <b>97.1%</b></p>
Emergency re-admission rates	<p>Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services</p> <p>Data source: RiO</p>	<p>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.</p> <p>In 2014/15, 172 mental health inpatients (6.2%) were readmitted within 28 days of discharge and 10 learning disability patients (8.1%) were readmitted within 90 days of discharge.</p> <p>During 2013/14, 236 mental health inpatients (7.9%) were readmitted within 28 days of discharge and 11 learning disability inpatients (9.7%) were readmitted within 90 days of discharge.</p>
*Patient outcomes – numbers of patients in settled accommodation	<p>This is an outcome measure</p> <p>Data source: RiO</p>	<p>At the end of March 2016, the number of English service users recorded as living in settled accommodation was <b>76.8%</b> (76.8% in 2014-15).</p>

<p>Improving Physical Healthcare for mental health patients</p>	<p>To improve premature mortality for people with severe mental illness which is currently estimated at 15 to 20 years.</p> <p>2015/16 National CQUIN.</p> <p>Data source: RiO</p>	<p>The national CQUIN was in 2 parts.</p> <p>Part A concentrated on an audit undertaken by the Royal College of Psychiatrists to establish if inpatients had been appropriately screened in line with NICE guidance using the Lester Tool. A similar internal audit was required for service users receiving treatment within Early Intervention in Psychosis teams; the outcome of which was reported to local CCGs.</p> <p>Part B related to improving communication between ourselves and GP's at certain key points in a service users pathway.</p> <p>NTW has fully participated in the CQUIN during 2015-16 which has resulted in significant improvements to service user physical health screening and interventions.</p>																																
<p>Staff Survey results 2015</p>	<p>The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the NHS constitution</p> <p>Data source: NHS Staff Survey 2015 (KF3)</p>	<p>The 2015 staff survey showed that <b>89%</b> of staff who responded agreed that their role makes a difference to service users (89% in 2014).</p> <p>The survey is available via the following link:  <a href="http://www.nhsstaffsurveys.com/Page/1053/Latest-Results/Mental-Health-Learning-Disability-Trusts/">http://www.nhsstaffsurveys.com/Page/1053/Latest-Results/Mental-Health-Learning-Disability-Trusts/</a></p>																																
<p>Staff absence through sickness</p>	<p>High levels of staff sickness impact on patient care: therefore the Trust monitors sickness absence levels carefully</p> <p>Data source: ESR</p> <p><b>Inclusion of benchmarking info TB</b></p>	<p>The 12 month rolling average staff sickness absence figures have decreased when compared to 2015, the decrease is largely attributed to the implementation of the new sickness absence policy during 2015.</p> <table border="1" data-bbox="719 1626 1487 2045"> <thead> <tr> <th></th> <th><b>Short term sickness</b></th> <th><b>Long term sickness</b></th> <th><b>Total average sickness</b></th> </tr> </thead> <tbody> <tr> <td>31.03.2010</td> <td>2.23%</td> <td>4.01%</td> <td>6.24%</td> </tr> <tr> <td>31.03.2011</td> <td>1.76%</td> <td>3.75%</td> <td>5.51%</td> </tr> <tr> <td>31.03.2012</td> <td>1.57%</td> <td>4.19%</td> <td>5.76%</td> </tr> <tr> <td>31.03.2013</td> <td>1.81%</td> <td>4.42%</td> <td>6.23%</td> </tr> <tr> <td>31.03.2014</td> <td>1.53%</td> <td>4.33%</td> <td>5.86%</td> </tr> <tr> <td>31.03.2015</td> <td>1.72%</td> <td>4.17%</td> <td>5.88%</td> </tr> <tr> <td>31.03.2016</td> <td>1.31%</td> <td>4.11%</td> <td>5.42%</td> </tr> </tbody> </table>		<b>Short term sickness</b>	<b>Long term sickness</b>	<b>Total average sickness</b>	31.03.2010	2.23%	4.01%	6.24%	31.03.2011	1.76%	3.75%	5.51%	31.03.2012	1.57%	4.19%	5.76%	31.03.2013	1.81%	4.42%	6.23%	31.03.2014	1.53%	4.33%	5.86%	31.03.2015	1.72%	4.17%	5.88%	31.03.2016	1.31%	4.11%	5.42%
	<b>Short term sickness</b>	<b>Long term sickness</b>	<b>Total average sickness</b>																															
31.03.2010	2.23%	4.01%	6.24%																															
31.03.2011	1.76%	3.75%	5.51%																															
31.03.2012	1.57%	4.19%	5.76%																															
31.03.2013	1.81%	4.42%	6.23%																															
31.03.2014	1.53%	4.33%	5.86%																															
31.03.2015	1.72%	4.17%	5.88%																															
31.03.2016	1.31%	4.11%	5.42%																															

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\*data for this indicator governed by a national definition

## Performance against contracts with local commissioners

During 2015-16 the Trust had a number of contractual targets to meet with local commissioners (CCG's). Table 26 below highlights the targets and the performance of each CCG against them, as at 31<sup>st</sup> March 2016.

Table 26: Contract Performance Targets as at 31<sup>st</sup> March 2016

<b>Contract performance targets quarter 4 2015-16 (target in brackets)</b>	<b>Newcastle Gateshead CCG</b>	<b>Northumberland CCG</b>	<b>North Tyneside CCG</b>	<b>Sunderland CCG</b>	<b>South Tyneside CCG</b>
CPA Service Users reviewed in the last 12 months (95%)					
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)					
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)					
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)					
Current delayed transfers of care -including social care (<7.5%)					
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%)					
Current service users aged 18 and over with a valid NHS Number (99%)					
Current service users aged 18 and over with valid Ethnicity completed (90%)					
The number of people who have completed IAPT treatment during the reporting period (50%)					

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

The Trust also has specific contractual targets for specialised services with NHS England for which the majority of targets were met by the 31/3/2016.

## Staff Survey 2015

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

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

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

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

### Staff Survey ongoing themes:

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

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

## Appendix 1

### Monitor Compliance Framework

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## Appendix 2

### CQC Registered locations

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

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	●	●	●			●		●		●	
Heppell House	●	●	●			●				●	
Hopewood Park	●	●	●			●		●		●	
Monkwearmouth Hospital	●	●	●			●		●		●	
Campus for Ageing and Vitality	●	●	●					●		●	
Northgate Hospital	●	●	●			●		●		●	
Queen Elizabeth Hospital	●	●	●					●			
Rose Lodge	●	●	●					●			
Royal Victoria Infirmary	●	●	●					●			
St George's Park	●	●	●			●		●		●	
St Nicholas Hospital	●	●	●	●	●	●	●	●	●	●	●
Walkergate Park	●	●	●					●		●	

#### Key

- 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 Accommodation for persons who require nursing or personal care	Service Type Care home service without nursing
Easterfield Court	●	●

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## Appendix 3

### Local Clinical Audits

<b>Project (Local Clinical Audits)</b>	
<b>Board Assurance Framework</b>	
CA-15-0020	Care Co-ordination Audit – IAPT
CA-15-0021	Care Co-ordination Audit – Specialist Care
<b>Trust Programme</b>	
CA-15-0045	Audit of Transition Between Inpatient & Community Services
<b>Inpatient Care Group (Urgent Care) Programme</b>	
CA-15-0011	Audit of Mental State Examination Recording in Admission Documentation (Core Assessment Document)
CA-15-0013	Quality Improvement Audit: Prescribing Practice in Old Age Psychiatry
CA-15-0014	Improving the information given to patients admitted to Rosewood, Hopewood Park, about purpose and possible side-effects of Psychotropic Medication
CA-15-0028	An analysis of whether current rapid tranquilisation monitoring is meeting policy requirements
CA-15-0060	Cardio-Metabolic Monitoring of Inpatients at Rose Lodge
<b>Medicines Management Programme</b>	
CA-15-0026	Medical Gas Storage
<b>Community Services Group Programme</b>	
CA-15-0005	Audit of anti-psychotic monitoring in a Crisis Team setting
CA-15-0035	Physical monitoring of patients prescribed anti-psychotics
CA-15-0047	Advance Statements / Advance Directives Record Keeping
CA-15-0056	Physical health monitoring in anti-psychotic medication according to Trust Guidelines
CA-15-0066	Audit of dementia diagnosis recording across secondary and primary care
CA-15-0101	Use of CRHT prescription chart within the Sunderland Crisis Team – does it comply with Trust Policies?
<b>Specialist Care Group Programme</b>	
CA-15-0086	Urine drug screening for newly admitted patients to Redburn Ward (Re-audit)
CA-15-0006	Audit of departmental Clinical Professional Development (CPD) Activities 2015
CA-15-0008	Clinical audit on prescription of psychotropic medications for referred patients for admission to Learning Disability Child & Adolescent Services at Ferndene, comparing practice against standards like NICE Guidelines
CA-15-0009	Record Keeping Audit
CA-15-0010	Assessing the quality of smoking cessation provision and documentation in a Forensic Inpatient Unit



CA-15-0016	5-A-Day – Are young people with a learning disability supported to meet this target?
CA-15-0039	Audit to ensure compliance with the legislation relating to Capacity & Consent, Codes of Practice relating to the legislation and the Trust's Electronic Record (RiO) Systems with regards to CT012 Forms
CA-15-0074	Re-audit of referrals process for Bamburgh Clinic
CA-15-0082	Audit of letter quality at the Regional Affective Disorder Service
CA-15-0083	Audit on physical health monitoring baseline checks for patients accepted by Adolescent Bipolar Services (ABS)
CA-15-0085	Time of assessment by a doctor when admitted to NTW Mother & Baby Unit, St George's Park Hospital
CA-15-0111	Benzodiazepine prescribing: if patient are above the BNF guided dose of Benzodiazepines and z-drugs is there a reduction plan in place and is it followed?

## Appendix 4

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

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## Appendix 5

### Limited Assurance Report on the content of the Quality Report

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## Appendix 6

### Glossary of Terms

<b>AIMS</b>	Accreditation for inpatient mental health services
<b>Care Co-ordinator</b>	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.
<b>Care Packages and Pathways</b>	A project to redesign care pathways that truly focus on value and quality for the patient.
<b>Commissioners</b>	Members of Primary Care Trusts (PCT's), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
<b>CQUIN</b>	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependant upon improving quality
<b>CMHT</b>	Community Mental Health Team
<b>CRHT</b>	Crisis Resolution Home Treatment – a service provided to service users in crisis.
<b>Clinician</b>	A clinician is a health professional. Clinicians come from a number of different healthcare professions such as psychiatrists, psychologists, nurses, occupational therapists etc.
<b>Clusters</b>	Clusters are used to describe groups of service users with similar types of characteristics.
<b>CQC</b>	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.
<b>CPA</b>	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.
<b>CYPS</b>	Children and Young Peoples Services – also known as CAMHS
<b>Dashboard</b>	An electronic system that presents relevant information to staff, service users and the public
<b>Dual Diagnosis</b>	Service users who have a mental health need combined with alcohol or drug usage

<b>Forensic</b>	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so
<b>HoNOS/HoNOS 4 factor model</b>	Health of the Nation Outcome Scales. A clinical outcome measuring tool.
<b>IAPT</b>	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.
<b>LD</b>	Learning Disabilities
<b>Lead Professional</b>	A named person to co-ordinate the service a patient receives if their needs are not complex.
<b>Leave</b>	A planned period of absence from an inpatient unit which can range from 30 minutes to several days
<b>MHA</b>	Mental Health Act
<b>MHMDS</b>	Mental Health minimum data set – a standard set of information sent from mental health providers to the Information Centre
<b>Monitor</b>	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
<b>Monitor Compliance Framework</b>	Monitor asks Foundation Trusts to assess their own compliance with the terms of their authorisation. NHS foundation Trusts submit an annual plan, quarterly and ad hoc reports to Monitor.
<b>Multi- Disciplinary Team</b>	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.
<b>Next Steps</b>	A group of projects to ensure that the organisation is fit for the future and provides services that match the best in the world.
<b>NEQOS</b>	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement

<b>NHS Performance Framework</b>	An assessment of the performance of NHS Trusts against minimum standards. As a Foundation Trust we are not required to report against these standards however we have decided to utilise the framework to strengthen our performance management function.
<b>NHS Safety Thermometer</b>	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
<b>NICE</b>	National Institute for Health and Clinical Excellence – a group who produce best practice guidance for clinicians
<b>NIHR</b>	National Institute of Health Research – an NHS organisation undertaking healthcare related research
<b>NPSA</b>	National Patient Safety Agency
<b>NTW</b>	Northumberland, Tyne and Wear NHS Foundation Trust
<b>Out of area placements</b>	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.
<b>Pathways of care</b>	Service user journey through the Trust – may come into contact with many different services
<b>PCT</b>	Primary Care Trust – a type of NHS Trust that commissions primary, community and secondary care from providers
<b>Points of You/How's it Going</b>	NTW service user/carer feedback processes allowing us to evaluate the quality of services provided
<b>Productive Ward</b>	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
<b>QRP</b>	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
<b>RIO</b>	Electronic patient record
<b>Shared Care</b>	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.

<b>SMART</b>	Specific, Measurable, Achievable, Realistic, Timely – a way of setting objectives to make sure they are achievable
<b>Serious Incident</b>	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.
<b>SWEMWEBS</b>	Warwick-Edinburgh Mental Wellbeing Scale – a clinical outcome measuring tool.
<b>Transition</b>	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.

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