

Quality Account

2012 / 2013

Draft 2 v2

Black text – needs to stay as is – mandated or updated for 12/13

Blue text – as per last year – for review/removal or update if still relevant

Red text – needs to be removed and replaced (mainly indicators)

Shining a light on the future



Draft 2 v2

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Introduction to the Quality Account

About Northumberland, Tyne and Wear NHS Foundation Trust

Working from over 100 sites and covering more than 2,200 square miles, our 6,000 staff provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of

England. We also provide a range of specialist regional and national services. This makes Northumberland, Tyne and Wear NHS Foundation Trust one of the largest NHS Trusts of its kind in the country.

Northumberland, Tyne and Wear NHS Foundation Trust has a vision to improve the well-being of everyone we serve through delivering services that match the best in the world.

Why are we producing a Quality Account?

All NHS Trusts are required to produce an annual Quality Account, to provide information on the quality of services to service users and the public.

Northumberland, Tyne and Wear NHS Foundation Trust welcomes the opportunity to demonstrate how well we are performing, taking into account the views of service users, carers,

staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. We can use this information to make decisions about our services and to identify areas for improvement.

If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing communications@ntw.nhs.uk or calling 0191 223 2987.

Chief Executive's statement

A statement signed by the Chief Executive summarising the NHS Foundation Trusts view of the quality of the relevant health services that it provided or sub-contracted during 2012/13. The statement must outline that to the best of that persons knowledge the information in the document is accurate.

New statement to be inserted

Draft 2 v2



signed
Dr Gillian Fairfield
Chief Executive

Medical Director and Director of Nursing and Operations statement

New statement to be inserted

Draft 2 v2



Signed
Dr Suresh Joseph
Medical Director



Signed
Gary O'Hare
Director of Nursing &
Operations

Quality Priorities

Introduction to our quality goals and priorities

In this section we will report our progress against our quality goals and priorities.

Using feedback from service users, carers staff and partners as well as information gained from incidents, complaints and other quality reports the Trust has identified three **quality goals** covering the 5 year period from 2009 to 2014, based on safety, patient experience and clinical effectiveness.

Each year we set new **quality priorities** to help us to achieve our quality goals.

Taking each Quality Goal in turn, we will **look back** on the last year to assess progress against the Quality Priorities we set in 2012/2013, we will **reflect** on how these actions have affected progress against the Quality Goal and we will **look forward** to next year, setting new Quality Priorities for 2013/2014.

As in previous years, we remain committed to

taking any Quality Priorities that are not fully achieved during 2012/13 forward to 2013/14 to ensure we meet the targets that were set in these important areas.

The progress of all Quality Priorities will be monitored every month at the Trust Quality and Performance Committee as part of the integrated performance report.

Our Quality Goals support the delivery of the Trust Strategic objectives.

NTW Strategic Objectives:

1. Modernise and reform services, in line with local and national strategies and the needs of individuals and communities, providing first class care in first class environments
2. Be a sustainable and consistently high performing organisation
3. Be a Model Employer, an Employer of Choice and an Employer that makes the best use of the talents of the entire workforce
4. Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work
5. Provide high quality evidence based and safe services supported by effective integrated governance arrangements
6. Improve clinical and management decision making through the provision and development of effective information
7. Be an influential organisation which supports and enables social inclusion

Our Quality Goals 2009-2014:

Patient Safety

QUALITY GOAL ONE: Reduce incidents of harm to patients

We will demonstrate success by reducing the severity of incidents and the number of serious untoward incidents across the Trust.

Patient Experience

QUALITY GOAL TWO: 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.

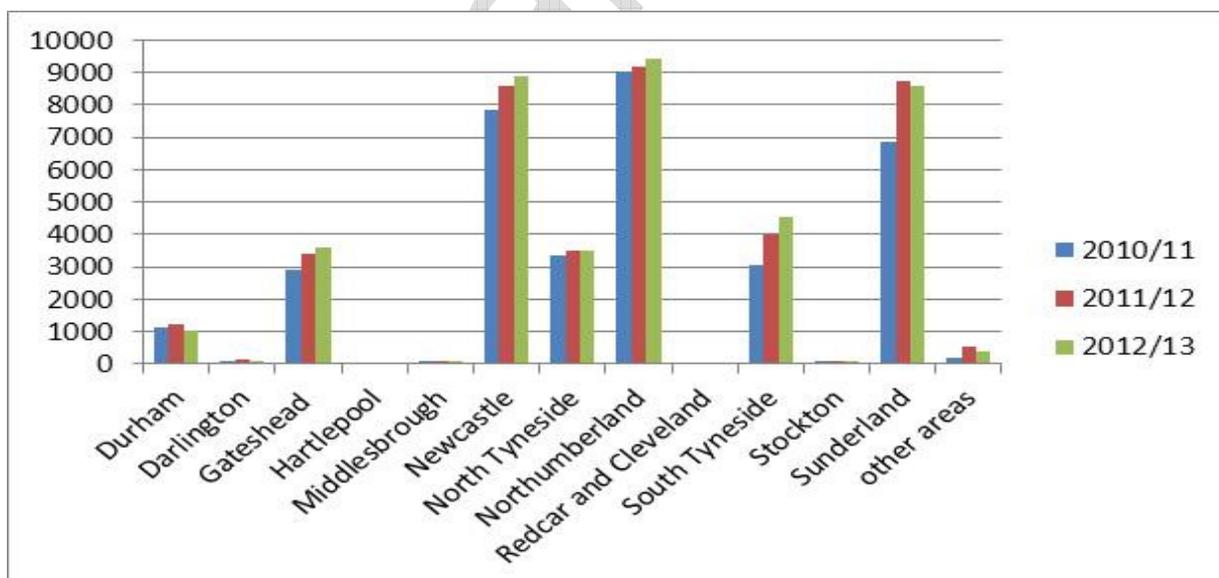
Clinical Effectiveness

QUALITY GOAL THREE: 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.

The Trust is currently providing care for just over 40,000 people. Working from over 100 sites and covering more than 2,200 square miles, we provide a range of mental health, learning disability and neuro-rehabilitation services to a population of 1.4 million people in the North East of England. The chart below shows the number of current service users as at 31st March 2013, split by locality, with a comparison of the same figures from 2010/11 & 2011/12:

NTW Service Users by locality 2010/11, 2011/12 & 2012/13:



The chart shows that our Service User numbers have increased by 835 during 2012/13. Most locality areas have seen an increase in numbers of Service Users with the biggest increases being in South Tyneside, Newcastle and Northumberland.

Quality Goal One: Reduce incidents of harm to patients

This goal will improve **patient safety**. We will demonstrate success against this goal by reducing the severity of incidents and the number of serious incidents across the Trust.

Looking Back: Progress against our quality priorities to support this goal in 2012/2013:

Quality Priority 2012/2013	Rationale	Target by 31 st March 2013	Progress
1. Ensure relevant staff are trained in leave management	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	The target for this priority area was to develop a bespoke Leave Management training module for our staff and plan to roll it out across the organisation.	The target for this priority has been achieved however we will continue to monitor the training roll-out throughout 2013/14 to ensure all relevant staff are included.
2. Patients on CPA to have a risk assessment and care plan review a minimum of every 6 months	Evidence through clinical audit and untoward incident reviews has highlighted some concerns in relation to effective risk assessment and care planning leading to increased clinical risk.	95%	The target for this priority was not achieved however improvement was made throughout the year. Due to the development of care packages and pathways moving forward it will be more appropriate to monitor expected cluster review periods. This information will form part of a CQUIN for 2013/14 rather than a Quality Priority.
3. To ensure GPs receive care plan information within 7 days of a review	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working	95%	We were not able to demonstrate achievement of these targets during 2012/13 as there was not a consistent approach to the recording of this information.
4. To ensure GPs receive discharge summaries within 24hrs of discharge	It is a Trust priority to reduce risk by improved communication during periods of transition	95%	However this has now been rectified within our electronic patient information system (RiO) and these

Quality Goal One: Reduce incidents of harm to patients

Quality Priority 2012/2013	Rationale	Target by 31 st March 2013	Progress
			<p>priorities will continue and extend to enable the sending of all documentation to GP's electronically during 2013.</p>
<p>5. To improve the quality of transitions of care from inpatient units to community services, improving the links with community teams throughout the admission and ensuring joint involvement in discharge planning</p>	<p>Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.</p>	<p>To establish groups to look at specific points in the patient pathway: -Alignment – to look at how community teams are aligned to inpatient wards -Effective MDT and flow management – to develop minimum standards around documentation on admission and handover -Discharge – to develop standards around discharge meetings and care coordination arrangements</p> <p>Guidelines for community and inpatient transitions of care to be developed.</p> <p>Pathway workshops to be held between inpatient and community team staff.</p>	<p>All milestones have been achieved for this priority for 2012/13 and this important piece of work will move forward to 2013/14 with new objectives to be achieved.</p>

Quality Goal One: Reduce incidents of harm to patients

How have the quality priorities in 2012/2013 helped progress towards this goal?

Partner feedback from last year – to improve the way we describe that an increase in incidents is a good thing to make it more understandable to the reader

Impact on the number of incidents reported by severity of harm:

The numbers in the below charts (taken as at 10th April 2013) are still subject to change as data is still being entered into the Safeguard system for the end of year period. The cut-off date for this will be Monday 22nd April 2013. The supporting text will also be updated at this time.

Over 27,000 incidents were recorded and reported during 2012/13, an increase from the previous year of (to be inserted) incidents.

Number of incidents reported, by impact:	2009/10	2010/11	2011/12	2012/13
No harm	8,083	6,806	8,591	6,643
Minor, Non-permanent harm	11,739	15,439	15,810	15,982
Moderate, Semi Permanent harm	1,281	1,645	1,545	4,016
Major, Major Permanent harm	153	105	109	246
Catastrophic, Death	82	56	73	511
Total incidents reported	21,338	24,051*	26,128	27,398

Incident activity by locality:

New graph to be inserted here

Patient Safety Incidents

Number of Patient Safety Incidents reported, by impact:	2012/13
No harm	3,107
Minor, Non-permanent harm	7,808
Moderate, Semi Permanent harm	1,939
Major, Major Permanent harm	168
Catastrophic, Death	93
Total incidents reported	13,115

Quality Goal One: Reduce incidents of harm to patients

Serious Untoward Incidents information:

Awaiting updated information and analysis from Patient Safety Team

The Trust currently reports serious incidents in line with the Strategic Health Authority / Commissioner guidance. There have been 2 major changes to the classification of serious incidents in the reporting period 2009 – 2012. From April 2010 an under 18 admission to an adult ward was classified as a serious incident, from March 2011 fractured neck of femurs

Number of serious incidents reported	2009/10	2010/11	2011/12	change
Unexpected Deaths	82	56	73	+17
Homicides	0	3	3	0
Physical Assaults	4	3	5	+2
Self Harm	5	10	9	-1
Under 18 Admissions	4	10	6	-4
Fractured Neck of Femur	0	2	17	+15
Information Governance	4	1	1	0
Other	20	10	4	-6
Total serious incidents reported	119	95	118	+23

which are acquired whilst a patient were classified as a serious incident.

The increase in major incidents is a direct result of the reporting and recording in 2011 of fractured neck of femurs which account for 17 of the 23 additional cases reported.

From the information shown it appears that the unexpected death rate has increased significantly from 2010 to 2011, however there are still a number of unexpected deaths to be formally investigated by the coroner and as such there is an expectation that this figure will change over time (see below table)

Number of Serious Incidents reported	2009/10	2010/11	2011/12
Unexpected deaths	82	56	73
Number of coroner verdicts pending	2	3	27

Serious Untoward Incidents by locality:

New graph to be inserted here

Quality Goal One : Reduce incidents of harm to patients

Looking Forward: What are our quality priorities in 2013/2014 to support this goal?

Priority	Aim/objective	Rationale	Target & Trajectory
1	1. Ensure relevant staff are trained in leave management	Nationally, evidence would suggest patients may be exposed to increased risk whilst on leave from in-patient care. Effective leave management has been identified as a way of reducing harm to patients.	To achieve a target of 90% of applicable staff are trained in this area by March 31 2014.
2	To ensure GPs receive care plan information within 7 days of a review. This quality priority is being continued from 2012-13	It is a Trust priority to reduce risk by improved communication and multidisciplinary/inter agency working	Quarterly milestones on the achievement of sending information to GP's within the set timescales.
3	To ensure GPs receive discharge summaries within 24hours of discharge. This quality priority is being continued from 2012-13 and aligned to a CQUIN target	It is a Trust priority to reduce risk by improved communication during periods of transition	
4	To improve the quality of transitions of care from inpatient units to community services, improving the links with community teams throughout the admission and ensuring joint involvement in discharge planning. This quality priority achieved the milestones set for 2012/13 but will continue through 2013/14 as an important part of our on-going transformation programme.	Significant risks occur if transitions are not properly managed. Delayed discharges are a key factor on lengths of stay within inpatient units.	To continue to streamline the patient pathway and create an integrated service between in-patient and community teams.
5	To ensure all relevant staff undertake falls risk assessment training	To improve and standardise knowledge and practice in relation to risks associated with, and prevention of, falls in older people.	To achieve a target of 90% of applicable staff are trained in this area by March 31 2014.

Quality Goal One : Reduce incidents of harm to patients

6	To improve the management of service users who do not attend appointments (DNA's)	To better understand the issues around service users who do not attend appointments and develop a plan to reduce non-attendance	To establish a baseline and set trajectories for improvement in this area in agreement with our Commissioners
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Case study: to be inserted here

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Quality Goal Two : Improve the way we relate to patients and carers

This quality goal will improve **patient experience**.

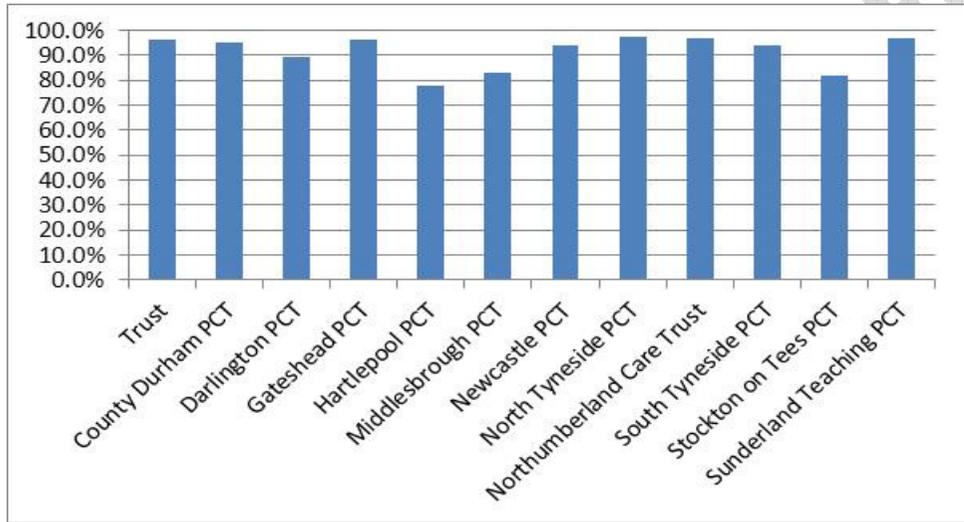
Looking Back: Progress against our quality priorities to support this goal in 2012/2013:

Quality Priority 2012/2013	Rationale	Target by 31 st March 2013	Progress
1. Greater availability or variety of activities within inpatient services	This is a key area of improvement demonstrated through patient feedback.	To deliver 5 activity sessions per day (with 20 per week to be offered out of hours)	The target for this priority was achieved and a system has been developed to capture this information. This is an important area for our service users and so we will take forward this priority into 2013/14 and continue to improve the availability and variety of activities.
2. To roll out the Trust patient and carer feedback process 'Points of You' across all Trust services	All service areas to have evidence of good ways of listening to the views and ideas of people who use services and explaining what has happened as a result of their feedback.	To roll out 'Points of You' or similar feedback process to 100% of in-patient wards.	This quality priority has been achieved and there is a patient feedback process in place in 100% of our in-patient wards. The work undertaken within this priority area will be continued through 2012/13 as part of a CQUIN.
3. Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	Devise catering booklets to provide improved information to service users. Introduce revised menus. Establish a Catering Review Group. Enhance the electronic ordering system and ensure meals are nutritionally analysed.	This priority has been achieved this year with the exception of the enhancement of the electronic ordering system which will now take place in July 2013. We know from our feedback processes that this area is particularly important to our service users and so this will continue to be a priority for 2013/14.
4. To improve waiting	To ensure Trust services are	100% seen within 18 weeks	At the end of March 2013, 96.0% of our

Quality Goal Two : Improve the way we relate to patients and carers

Quality Priority 2012/2013	Rationale	Target by 31 st March 2013	Progress
times for referrals to multidisciplinary teams	responsive and accessible.		service users who were referred to a multidisciplinary team were seen within 18 weeks. For 2013/14 we will continue to strive towards the 100% target and this will be monitored through a CQUIN target with our commissioners.
5. To reduce the proportion of patient complaints received relating to attitude of staff, putting measures in place to identify good practice and highlighting training needs	Complaints received relating to attitude of staff account for a significant proportion of complaints received (26% of complaints received October 2011 – January 2012)	A reduction from the 2011/12 proportion of overall complaints that were attributable to staff attitude (26%)	The percentage of complaints that were attributable to staff attitude during 2012/13 was 22.6% which is a reduction from the previous year. This important area will continue to be monitored throughout 2013/14 as part of a CQUIN.

Multi-disciplinary waiting times by locality



Proportion of referrals to multidisciplinary teams in 2012/13 who waited less than 18 weeks for their first contact with the team.

Quality Goal Two : Improve the way we relate to patients and carers

How have the quality priorities in 2012/2013 helped progress towards this goal?

Partner feedback from last year – to improve the way we describe this as it doesn't look like we are improving

2012 Patient Survey – What service users said about community based care in Northumberland, Tyne and Wear NHS Foundation Trust

The Care Quality Commission uses national surveys to find out about the experiences of service users when receiving care and treatment. The most recent survey, completed in 2012 by over 250 Service Users, showed the following results:

Summary scores for patient survey question	Score: (a higher score is better)	How this score compares with other Trusts
For questions about health and social care workers	8.9 out of 10 (8.5 in 2012)	One of the best performing trusts
For questions about medications	7.2 out of 10 (7.0 in 2011)	About the same
For questions about Talking Therapies	7.5 out of 10 (7.3 in 2011)	About the same
For questions about Care Coordinator	8.6 out of 10 (8.4 in 2011)	About the same
For questions about Care Plan	7.2 out of 10 (6.8 in 2011)	About the same
For questions about Care Review	7.6 out of 10 (7.6 in 2011)	About the same
For questions about Crisis Care	6.5 out of 10 (6.8 in 2011)	About the same
For questions about Day to Day living	5.7 out of 10 (6.0 in 2011)	About the same
Overall questions	7.4 out of 10 (6.5 in 2011)	About the same

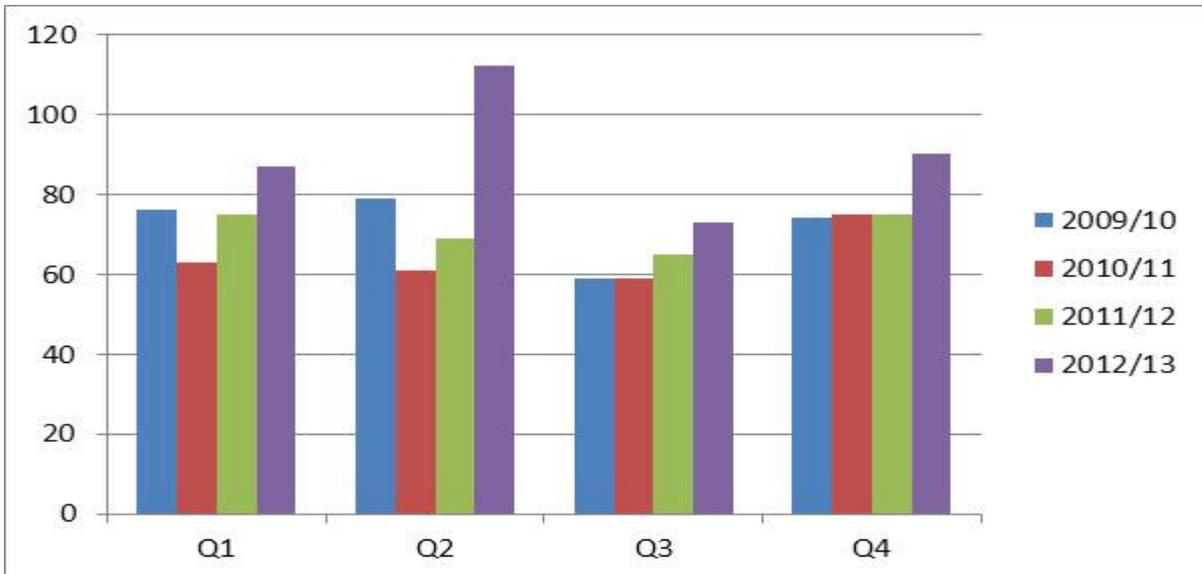
The results show that people are very positive about the health and social care workers they had come into contact with, with the trust being classed as one of the best performing trusts in the country in this area.

More detail on the 2012 survey results for this Trust can be found at the below link:
<http://www.cqc.org.uk/PatientSurveyMentalHealth2012>

Quality Goal Two : Improve the way we relate to patients and carers

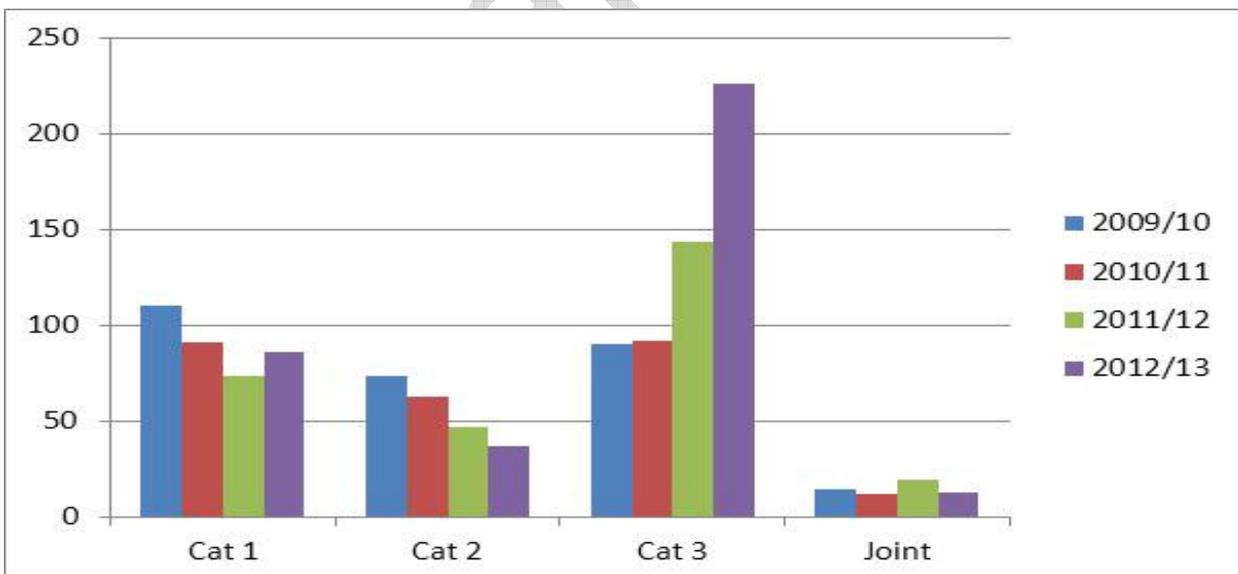
Complaints

Complaints have increased during 2012/13 with a total of 362 received during the year (284 in 2011/12, 253 in 2010/11 and 283 in 2009/10):



Complaints by category:

Complaints are categorised as Category 1, 2 or 3 and there are also complaints which are joint complaints with other organisations. The below chart shows how our complaints were categorised from 2009/10 to March 2013:



Quality Goal Two : Improve the way we relate to patients and carers

Definitions of complaint categories:

Category 1 complaints – low impact on the provision of care such as a request for information or a comment about a service

Category 2 complaints – minimal/potential risk to provision of care such as staff attitude or standard of care

Category 3 complaints - high impact on provision of care such as a serious untoward incident or professional misconduct.

Narrative about complaints to be inserted here by Patient Safety Team

Case Study: **Re Engagement with Service Users and Carers**

Insert new case study here

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Quality Goal Two : Improve the way we relate to patients and carers

Looking Forward: What are our quality priorities in 2013/2014 to support this goal?

Priority	Aim/objective	Rationale	Target & Trajectory
1	Greater availability or variety of activities within inpatient services	This is a key area of improvement demonstrated through patient feedback.	To continue to improve the variety and availability of activities (particularly out of hours) in line with service user feedback
2.	Greater choice, quality of food and timing of meals to inpatient areas	This is a key area of improvement demonstrated through patient feedback.	To continue to improve inpatient meals in line with service user feedback
2	To roll out the 'Friends and Family' test	To establish a robust method of recording and reporting this information.	
5	To implement the 6C's initiative	To continue to improve the services we deliver to our service users and carers in line with this national guidance.	90% of applicable staff to have undertaken Values and Attitudes training by March 2014

Case study – [insert case study here \(Social Activity Volunteers last year\)](#)

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person

This quality goal will improve **clinical effectiveness**. We will demonstrate success against this goal by delivering demonstrable improvements in service delivery.

Looking Back: Progress against our quality priority to support this goal in 2012/2013:

Quality Priority 2012/2013	Rationale	Target by 31 st March 2013	Progress
1.Enhancing the Quality of care in inpatient units and developing fit for purpose community teams	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development of more responsive community teams and access model	Undertake consultation exercises on various service improvements and consider responses before drafting service plans for approval by the Trust Board and our Commissioners .	All milestones have been achieved for this priority for 2012/13 but this important piece of work will move forward to 2013/14 with new objectives to be achieved.

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person

How have the quality priorities in 2012/2013 helped progress towards this goal?

New text required here

Service Improvement and Developments throughout 2012/13

The below table highlights some of the service developments that the Trust has made during 2012/13:

Insert new table here

NTW Equality Strategy 2012-2016

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

The principles of our strategy are as follows:

- Support and respect for everyone's Human Rights as a fundamental basis for our work with people
- Identifying and removing barriers that prevent people we serve from being treated equally
- Treating all people as individuals respecting and valuing with their own experiences and needs
- Finding creative, sustainable ways of supporting Human Rights improving equality and increasing diversity
- Working with the people who use our services and staff towards achieving equality
- Learning from what we do – both from what we do well and from where we can improve
- Using everyday language in our work
- Working together to tackle barriers to equality across our organisations

Our equality objectives have been published on our website and can be found at the following link: <http://www.ntw.nhs.uk/section.php?l=1&p=217>

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person

Looking Forward: What are our quality priorities in 2013/2014 to support this goal?

Priority	Aim/objective	Rationale	Target and Trajectory
1	Enhancing the Quality of care in inpatient units and developing fit for purpose community teams	Significant improvements have been demonstrated through the consolidation of expertise in inpatient units and the development of more responsive community teams and access model	
2	To develop an approach to Outcome measurement using HoNOS 4 factor model and WEMWEBS		These will be set following national guidance in this area.
3	To develop a programme of work to define the competencies to deliver NICE compliant psychological therapies	To ensure our workforce is suitably trained to deliver the highest quality patient care.	To create and implement a skills acquisition plan.

The NTW approach to National Institute for Health and Clinical Excellence (NICE) guidance

The National Institute for Health and Care Excellence (NICE) is responsible for developing evidence based guidance, standards and information to support high quality health and social care. NICE publish best practice guidelines for health professionals and the public recommending NHS medical treatment including drug treatments.

The Transforming Services programme incorporates all relevant NICE guidance and our electronic patient record (RiO) system ensures that care packages and pathways for Service Users reflect current guidance.

During 2012/13 the Trust commenced an internal review of how we are doing against all NICE guidance that is applicable to our services. Work on this has progressed with comprehensive reports being completed in the areas of Schizophrenia, Autism in Children and the Management of Violence. Baseline reviews have commenced in a number

Quality Goal Three: Ensuring the right services are in the right place at the right time for the right person of areas where NICE has made recommendations including Dementia, the Management of Depression, Bipolar Disorder and Service User Experience.

We now have a robust process in place to assess current Trust practice against all new relevant guidance released from NICE. This ensures that we can regularly evaluate our approach whenever new guidance relevant to our services is released and determine the best way of modifying our services to incorporate appropriate evidence-based changes to practice.

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Mandatory statements relating to the quality of NHS services provided

Review of Services

During 2012/2013 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 274 NHS Services.

The Northumberland, Tyne and Wear NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 274 of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 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 2012/13.

Participation in clinical audits

During 2012/13, 5 national clinical audits and 1 national confidential enquiry covered relevant health services that Northumberland, Tyne and Wear NHS Foundation Trust provides.

During 2012/13 Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Trust was eligible to participate in during 2012/2013 are as follows:

National Clinical Audits 2012/2013
1. National audit of Psychological Therapies for Anxiety and Depression
2. Prescribing Anti-Psychotics for people with Dementia
3. Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)
4. Prescribing for ADHD (POMH-UK Topic 13a)
National Confidential Enquiries 2012/2013
1. National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)

The national clinical audits and national confidential enquiries that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2012/2013, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Mandatory statements relating to the quality of NHS services provided

National Clinical Audits 2012/2013	Cases submitted	Cases required	%
National audit of Psychological Therapies for Anxiety and Depression	tbc	tbc	tbc
Prescribing Anti-Psychotics for people with Dementia	tbc	tbc	tbc
Prescribing Anti-Dementia Drugs (POMH-UK Topic 4b)	tbc	tbc	tbc
Prescribing for ADHD (POMH-UK Topic 13a)	tbc	tbc	tbc
National Confidential Enquiries 2012/2013			
National Confidential Enquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	tbc	tbc	tbc

The reports of 4 national clinical audits were reviewed by the provider in 2012/2013, and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Actions

The reports of 18 local clinical audits were reviewed by the provider in 2012/2013 and Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Project	Management Group	Actions
1.Care Plan Audit	Urgent Care Group	Demonstrated high levels of policy compliance with some actions identified which are monitored through Group meetings.

Mandatory statements relating to the quality of NHS services provided

Project	Management Group	Actions
2. Standards of referral letter for depressive disorders received by Regional Affective Disorders Service	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
3. Audit of the admission process within the regional children and young people's inpatient services at Redburn	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
4. Quality of assessments within Intensive Community Treatment Service	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
5. Audit of waiting times from time a referral is received to the time a patient is seen	Urgent Care Group	Review of referral form recommended. Re-audit to take place during 2013/14.
6. Risk assessment incorporated into Forensic Community Mental Health Team reports standardised against HCR-20	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
7. Audit of equipment for physical health examination in Learning Disability	Urgent Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
8. Awareness of Mental Capacity and Mental Health Acts of staff working in acute medical setting	Urgent Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
9. An EUPD – (Borderline baseline audit across NTW)	Trust wide audit	Results to be part of a phased service development and pathway for the treatment and management of individuals with Personality Disorder
10. Prescribing anti-muscarinic medication	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
11. The number of referrals made by NTW into the MARAC process	Trust wide audit	Training needs identified – to be progressed through Workforce Programme Board
12. Pilot to consider the potential contribution of post-admission family meetings on Urgent Care wards	Urgent Care Group	To offer family meetings to all service users admitted to the ward.

Mandatory statements relating to the quality of NHS services provided

Project	Management Group	Actions
13.FACE Risk Assessment (inpatients)	Urgent Care Group	Staff to undergo training and re-audit to take place during 2013/14.
14.Regional Eating Disorder Service – transition protocol from CYPS to Adult services	Specialist Care Group	Protocol to be re-written and an assessment of patient/carer experience to be undertaken.
15.FACE risk assessment	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
16.Physical health monitoring of patients on Lithium	Planned Care Group	To incorporate education about Lithium into junior doctors local induction. Other actions identified which are monitored through Group meetings. Future re-audit to take place.
17.An audit to identify high dose and polypharmacy antipsychotic prescribing and to check that the physical health monitoring associated with this is being completed across the adult forensic wards at St Nicholas Hospital	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.
18.Audit of HCR-20 assessments in Westbridge (forensic rehabilitation hostel)	Specialist Care Group	Some actions identified which are monitored through Group meetings. Re-audit to take place during 2013/14.

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 2012/2013 that were recruited during that period to participate in research approved by a research ethics committee was 596.

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. This means involvement in large-

Mandatory statements relating to the quality of NHS services provided

scale NIHR Portfolio research which aims to influence practice and deliver real benefits to patients.

The Trust was therefore involved in the conduct of 64 clinical research studies in mental health related topics during 2012/2013, 31 of which were large-scale nationally funded NIHR Portfolio studies.

Staff participation in research increased during 2012/2013 and there were 26 clinical staff participating in ethics committee approved research employed by the Trust.

In addition we have retained a strong collaborative focus with the Trust continuing to act as Host organisation for the two relevant north east based NIHR Clinical Research Networks (Mental Health Research Network and Dementias and Neurodegenerative Diseases Research Network) and also working closely with Northumberland Tyne and Wear Comprehensive Local Research Network (NTW CLRN), while partnerships with both Newcastle and Northumbria Universities have led to successful collaborative bids for research funding.

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 2012/2013 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 NHS services, through the Commissioning for Quality and Innovation payment framework.

For 2012/13, £6m of Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators. **At the time of writing this Quality Report all indicators were achieved**

Further details of the agreed goals for 2012/2013 and for the following 12 month period are available electronically

http://www.institute.nhs.uk/commissioning/pct_portal/2012_and_2013_cquin_schemes_for_the_north_of_england/

Mandatory statements relating to the quality of NHS services provided

CQUIN Indicators

A summary of the agreed CQUIN indicators for 2012/2013 and 2013/14 is shown below. The tick marks show which year the indicator applies to:

CQUIN Indicators to improve Safety	2012/13	2013/14
Reduction of inappropriate anti-psychotic prescribing	✓	✓
NHS Safety Thermometer	✓	✓
Enhancing the quality of communication between NTW and the service users' GP	✓	✓
Management of patients failing to attend appointments		✓
To implement the use of a specialised services clinical dashboard	✓	✓
Improving CPA process for specialised services		✓

CQUIN Indicators to improve Patient Experience	2012/13	2013/14
Reduce waiting times from referral to actual treatment for service users accessing Primary and Secondary mental health services treatment	✓	✓
Out of Area placements	✓	
To build on the findings of the Carers' survey	✓	✓
To introduce and implement a recovery and outcomes based approach to the care pathway	✓	
Service user involvement and experience	✓	✓
Implement the 6C's initiative focussing on 'Compassionate Care'		✓
Access to mental health services – first time, right place		✓
To improve access to specialised mental health services	✓	
Literacy, IT, numeracy and vocational support for secure services		✓

CQUIN Indicators to improve Clinical Effectiveness	2012/13	2013/14
To improve access to services and improve the responsiveness for adults in crisis	✓	✓
Innovative access for secure services		✓
To utilise the Recover Star data to demonstrate improved outcome scores for service users over time	✓	
Implementation of internal service development programme – South of Tyne	✓	
To increase the percentage of people with mental health illness who receive appropriate physical health care.	✓	✓
Care Pathways and Packages Project (CPPP)	✓	✓
Children and Young Peoples services	✓	✓

Mandatory statements relating to the quality of NHS services provided

To implement the secure forensic care pathway feasibility project	✓	
To implement a secure pathway	✓	
To develop a Clinical Quality Network	✓	
To optimise length of stay in specialised mental health services	✓	✓
Highly specialised services clinical audit outcome workshop		✓

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 2012/2013. Northumberland, Tyne and Wear NHS Foundation Trust has not participated in any special reviews or investigation by the CQC during the reporting period.

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

CQC Quality & Risk Profile

The Quality & Risk Profile (QRP), published monthly by the Care Quality Commission (CQC), gathers together key information about the Trust to help CQC monitor our compliance with the essential standards of quality and safety required for registration.

The QRP is a useful tool to help us to continually monitor the quality of our services, so that we can identify any areas of lower than average performance and take action to address them where necessary.

The latest QRP identifies the Trust as being a low risk of non-compliance against each of the following areas:

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

CQC Registration Activity 2012/13

During 2021/13, the Care Quality Commission visited the following locations as part of their review of compliance with Essential Standards of Quality and Safety:

Mandatory statements relating to the quality of NHS services provided

Date	Location	Location Type
July 2012	Newgate Street	Social and Residential Home
July 2012	South Tyneside District Hospital (Bede 1&2)	Healthcare
July 2012	Hirst Villas	Social and Residential Home
September 2012	Community Treatment Order visit (South Tyneside)	Healthcare
October 2012	Campus for Ageing and Vitality	Healthcare
November 2012	Stonecroft	Social and Residential Home
November 2012	Grange Park Avenue	Social and Residential Home
November 2012	Easterfield Court	Residential Care Home
November 2012	St George's Park	Healthcare
December 2012	Springdale	Social and Residential Home
December 2012	Prudhoe House	Social and Residential Home
December 2012	Assessment and Application for Detention (Newcastle and North Tyneside)	Healthcare
December 2012	Avonridge	Social and Residential Home
December 2012	Rose Lodge	Healthcare
January 2013	Woodlands Cottage	Social and Residential Home
January 2013	Denewell	Social and Residential Home
January 2013	Roslin	Social and Residential Home
January 2013	Acacia House	Residential Care Home
January 2013	Flax Cottages	Social and Residential Home
January 2013	The Willows	Residential Care Home
January 2013	Sixth Avenue	Social and Residential Home
January 2013	Burnaby	Social and Residential Home
January 2013	Elsdon Mews	Social and Residential Home
January 2013	Lyndhurst Grove	Social and Residential Home
January 2013	Woolsington Court	Social and Residential Home

Reports from the planned reviews of compliance are available via the Care Quality Commission website at <http://www.cqc.org.uk> . Where areas of improvement or compliance actions were identified the Trust has put in place actions to address weaknesses. At the publication date of the Trust Quality Account all improvement and compliance actions have been addressed and the Trust was fully compliant with the requirements of registration.

Mandatory statements relating to the quality of NHS services provided

External Accreditations

The Trust has gained national accreditation for the quality of service it provides in many wards and teams. The table below provides a summary of our clinical accreditations

External Accreditation	No of Wards/Services Accredited
Accreditation for Inpatient Mental Health Services (AIMS)	12 (7 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) – Older Peoples	3 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) - PICU	4 (1 with excellence)
Accreditation for Inpatient Mental Health Services (AIMS) – Rehabilitation	2 (1 with excellence)
ECT Accreditation Service	2 (2 with excellence)
Psychiatric Liaison Accreditation Service	1
Memory Service National Accreditation Programme	1 (1 with excellence)
Quality Network for Perinatal Mental Health Services	1

Mandatory statements relating to the quality of NHS services provided

Data Quality

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

On-going actions:	
Dashboard Information	We will further embed the use of the Dashboard reporting system and implement a systematic training programme relating to data quality and performance management across the organisation.
RIO documentation	We will consolidate the way that information is recorded on RIO to be a more streamlined process.
Awareness of data quality	We will continue to implement standards for Data Quality to increase awareness of the importance of data quality.
Clinical Standards for Record Keeping	We will continue to implement the Clinical Standards for record keeping, measuring staff adherence to the requirements.

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 2013/14 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

Case Study: insert here

NHS Number and General Medical Practice Code Validity

Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2012/2013 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

99.4% for admitted patient care;
99.8% for outpatient care.

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

100% for admitted patient care;
100% for outpatient care.

Information Governance Toolkit attainment

Mandatory statements relating to the quality of NHS services provided

The Northumberland, Tyne and Wear NHS Foundation Trust Information Governance Assessment Report overall score for 2012/2013 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 the reporting period by the Audit Commission.

Performance against mandated core indicators

The National Quality Board, which has steered the policy underpinning Quality Accounts since their introduction considered how to foster readers' understanding of comparative performance whilst maintaining local ownership. During 2012 they recommended the introduction of mandatory reporting against a small, core set of quality indicators based upon the NHS Outcomes Framework. Ministers have accepted this advice and introduced this new requirement by amending the Quality Accounts regulations for the 2012/13 reporting period. The mandated indicators applicable to Northumberland, Tyne and Wear NHS Foundation Trust are as follows:

- The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period (this data can be found on page 40)
- The percentage of admissions to acute wards for which the Crisis Home Treatment Team acted as a gatekeeper during the reporting period (this data can be found on page 40)
- 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 (this data can be found on page 37)
- '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 (this data can be found on page 17)
- 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 (this data can be found on page 10)

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 2011/12 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.

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

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
Infection prevention & control – number of MRSA bacteraemia	Reducing healthcare infections is a key national priority. Data source: manual	? remove this metric
Infection prevention & control – number of Clostridium Difficile cases	Reducing healthcare infections is a key national priority. Data source: manual	? remove this metric
Same Sex Accommodation Requirements	Reducing mixed sex accommodation is a national priority. Data source: Safeguard	There have been no breaches of same sex accommodation requirements during 2012/13 (also none in 2011/12)
Patients on CPA have a formal review every 12 months	Monitor Compliance Framework requirement Data source: RiO	As at the end of March 2013, 96.7% of applicable patients had a CPA review in the last 12 months, meeting the Monitor target of 95%
2012 Staff Survey - The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends Part of mandated indicator set for 12/13	The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution Data source: CQC NHS Staff Survey 2011	The 2012 staff survey showed that our staff scored the question regarding recommending the trust as a place to work or receive treatment as 3.52 out of 5 (2011 3.50 out of 5). The average score for mental health trusts for this question is 3.54. (the survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts)

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
Safeguarding Awareness Training	<p>The Safeguarding Adults and Safeguarding Children courses are essential training for all staff and must be completed every three years</p> <p>Data source: ESR</p>	<p>By the end of March 2013: The number of staff trained in Safeguarding Adults – 92.6% The number of staff trained in Safeguarding Children – 94.3%</p> <p>(2011/12 – Safeguarding Adults 94.2% and Safeguarding Children 96%)</p>

Draft 2 v2

Review of Quality Performance

Review of Quality Performance – Patient Experience

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
Delayed transfers of care	Monitor and CQC requirement to minimise the number of patients in hospital who are ready for discharge Data source: RiO	At 31 st March 2013, 5.6% of total inpatients were classed as delayed transfers of care, thus meeting the target to have no more than 7.5% of patients delayed (3.4% in 2011/12).
The development and implementation of a new carers satisfaction survey	Locally agreed CQUIN indicator in 2012/13 to capture carers' views and measure satisfaction so that we can improve carers' experiences and ensure that the standards within the carers' charter are being met. Data source: manual	Carers Champions have been established within in-patient areas and Carers forums have been established. We have developed a carer specific 'Getting to know You' process which involves ensuring that Carers receive appropriate support and advice.
Waiting times from referral to actual treatment for adult primary care mental health, psychological therapies and IAPT services and secondary care psychological therapy in Northumberland.	Locally agreed CQUIN indicator in 2011/12 to reduce waiting times Data source: RiO	March 2013: Primary care Secondary care 100% March 2012: Primary care 88% Secondary care 100%
Comments left via the Trust or other websites	Reviewing comments left on websites about the quality of our services by patients and the public is valuable feedback.	To be added

Case Study – to be inserted

Review of Quality Performance

Review of Quality Performance – Clinical Effectiveness

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
CRHT Gate kept Admissions Part of mandated indicator set for 12/13	Both Monitor and CQC require us to demonstrate that certain in-patients have been assessed by a CHRT prior to admission Data source: RiO	A Crisis Resolution Home Treatment Team provides intensive support for people in mental health crisis in their own home. It is designed to prevent hospital admissions. As at March 2013, 99.9% of the North East PCT admissions to adult urgent care wards were gatekept by a CRHT prior to admission, thus exceeding the target of 90%. In 2011/12 the performance was 99.6%
7 Day Follow Up contacts Part of mandated indicator set for 12/13	Seven day follow up is the requirement to visit or contact a service user within seven days of their discharge from inpatient care, to reduce the overall rate of death by suicide. This is a Monitor and CQC requirement Data source: RiO	During 2011/12, 1,941 service users (97.3% of those discharged from inpatient care in the year) were followed up within seven days of discharge. In 2012/13, 2,021 service users (96.8% of those discharged from inpatient care in the year) were followed up within seven days of discharge. Note: the target for this indicator is 95% and applies to adult service users on CPA. Further analysis by locality is as follows: Gateshead PCT: 97.8% Newcastle PCT: 97.0% North Tyneside PCT: 98.2% Northumberland Care Trust: 97.0% South Tyneside PCT: 97.6% Sunderland PCT: 95.2%
7 Day Follow Up contacts conducted face to face	'Face to face' follow ups give a better quality of service and improved outcomes for service users Data source: RiO	By the end of March 2013 95.4% of seven day contacts were conducted face to face. During 2011/12 this figure was 95.5%.

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)
Emergency re-admission rates	Emergency readmission rates are an important tool in the planning of mental health services and the reviewing of quality of those services Data source: RiO	During 2011/12, 239 (7.7%) of mental health inpatients were readmitted within 28days and 451 (14.5%) of learning disability patients were readmitted within 90 days of discharge. In 2012/13, 270 (8.4%) of mental health inpatients were readmitted within 28days and 530 (16.5%) of learning disability patients were readmitted within 90 days of discharge.
Patient outcomes – numbers of patients in settled accommodation	CQC and Monitor require us to calculate how many of our service users are in settled accommodation Data source: RiO	At the end of March 2013, the number of service users recorded as living in settled accommodation was 77.1% (80.1% in 2011/12).
Improving Physical Healthcare for mental health patients	This CQUIN follows on from 2011/12 CQUIN and concentrates on identifying if current community service users on CPA have had a blood pressure check in 12months . Data source: RiO and manual collection	Blood pressure check was used as a measure to determine if service users had seen their GP for a physical health check within 12 months. By the end of March 2013, the number of service users who had responded to say they had a check within 12 months was as follows: North Tyneside – 96.7% Newcastle – 97.2% Northumberland – 95.4% Gateshead – 97.2% South Tyneside – 96.6% Sunderland – 96.4%
The implementation of the Recovery Star (a recovery focussed outcome tool)	CQUIN target – To increase the number of service users with a recovery focussed outcome plan Data source: manual	During 2012/13 the rollout of the Recovery Star has continued with focus on improved recording and enhanced service user involvement. Research projects have been underway to review the effectiveness and reliability of the tool in conjunction with other methods of service user involvement.

Review of Quality Performance

Quality Indicator	Why did we choose this measure?	Performance in 2012/2013 (2011/12)																
Staff Survey results 2012	<p>The annual staff survey is a valuable tool for understanding how our staff think the Trust is performing against the four pledges to staff in the NHS constitution</p> <p>Data source: NHS Staff Survey 2011</p>	<p>The 2012 staff survey showed that 89% of staff agreed that their role makes a difference to patients (88% in 2011). 77% of staff felt satisfied with the quality of work and patient care they are able to deliver (72% in 2011). Work continues during 2012/13 to identify ways to improve staff satisfaction.</p> <p>(the survey is available via the following link: http://nhsstaffsurveys.com/cms/index.php?page=mental-health-trusts)</p>																
Staff absence through sickness	<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>The 12 month rolling average staff sickness absence figures have increased when compared to 2011 but remain lower than 2010 figures:</p> <table border="1" data-bbox="663 965 1514 1216"> <thead> <tr> <th></th> <th>Short term sickness</th> <th>Long term sickness</th> <th>Total average sickness</th> </tr> </thead> <tbody> <tr> <td>31st March 2010</td> <td>2.23%</td> <td>4.01%</td> <td>6.24%</td> </tr> <tr> <td>31st March 2011</td> <td>1.76%</td> <td>3.75%</td> <td>5.51%</td> </tr> <tr> <td>31st March 2012</td> <td>1.57%</td> <td>4.19%</td> <td>5.76%</td> </tr> </tbody> </table> <p>2012/13 end of year sickness figures not yet available</p>		Short term sickness	Long term sickness	Total average sickness	31 st March 2010	2.23%	4.01%	6.24%	31 st March 2011	1.76%	3.75%	5.51%	31 st March 2012	1.57%	4.19%	5.76%
	Short term sickness	Long term sickness	Total average sickness															
31 st March 2010	2.23%	4.01%	6.24%															
31 st March 2011	1.76%	3.75%	5.51%															
31 st March 2012	1.57%	4.19%	5.76%															

Statements from Healthwatch, Overview and Scrutiny Committee (OSC) and lead Clinical Commissioning Group (CCG)

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

Comments made last year:

Our partners made some useful comments last year and we have tried, wherever possible, to incorporate these suggestions into the 2012/13 Quality Account.

[List comments here](#)

Comments made this year:

The Trust has also acted upon the comments made this year in its final published account.

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Draft 2 v2

General Comments

Accessibility of draft Quality Accounts

Last year Newcastle LINK suggested that NTW consider what draft formats were released during the consultation period to ensure the draft Quality Account was accessible. This year Newcastle LINK received colour copies in both standard and large print. This was welcomed.

NHS changes

Last year Newcastle LINK suggested that NTW make reference to changes in health and social care and how this could affect quality of services. Newcastle LINK welcomes the incorporation of case studies around the Transformation Agenda and hopes that these will be informative. Newcastle LINK recommends that the first case study explains what it being done practically to implement their principles into new services.

NTW's progress on last year's priorities

Patient safety (Quality Goal One)

It is a shame to see that despite achieving priorities one and four, there has been an increase in the number of incidents reported. The way the data is presented on this table needs to be improved as, at the moment, it is not obviously clear if there has been an improvement or not.

Patient Experience (Quality Goal Two)

Newcastle LINK would welcome more information about Quality Priority two to help show that it has been achieved. If there is greater service user collaboration in assessment and care planning there should be some evidence from users which shows this happening.

Clinical Effectiveness (Quality Goal Three)

Newcastle LINK would question whether priority one has been achieved. An evaluation of the pilot is needed to see if there has been improvement in access to services for Adults in Crisis.

Newcastle LINK is pleased to see that NTW has continued its work on Equality and Diversity. It is important that those groups and individuals who need support to access the services provided by NTW are engaged and their needs understood fully.

Newcastle LINK is keen for this work to continue and that NTW continues to make progress to meet the challenges set by the Equality Act 2010.

Newcastle LINK would welcome more details on how the equality principles will be implemented in practice.

NTW's priorities for 2012/2013

Newcastle LINK makes the following comments about the 2012/13 priorities.

Patient safety (Quality Goal One)

Newcastle LINK is pleased to see that priorities two to five have been carried over from last year as these may help reduce the number of incidents this year. Newcastle LINK also welcomes priorities four to six as issues around communication and transition between services were highlighted in the Newcastle LINK's report 'People's experiences of mental health services.'

Patient experience (Quality Goal Two)

Newcastle LINK is pleased to see that NTW is carrying forward priority one as Newcastle LINK's report, 'People's experiences of mental health services' found that service users felt there was a lack of activities in in-patient services.

Newcastle LINK supports reducing the number of complaints about the attitude of staff. NTW notes that some of their complaints are about transfers between services. Newcastle LINK suggests that priority five includes reducing complaints around transfers between services as Newcastle LINK's report, 'People's experiences of mental health services' noted this as an issue.

Finally, the table containing NTW's data from the National CQC Patient Experience survey appears to show that there has been no improvement. If this is not the case NTW should reconsider how to display that data.

Clinical Effectiveness (Quality Goal Three)

Newcastle LINK supports NTW's suggestion to enhance quality of care in inpatient units and developing fit for purpose community teams. Last year Newcastle LINK suggested that some people may not have equality of access to specialist services. This should be considered.

Statement from Newcastle Overview and Scrutiny Committee

Newcastle Overview and Scrutiny Committee have confirmed that they do not wish to comment on providers Quality Accounts in 2011/12.

Appendix 1: Monitor Compliance Framework

New table to be inserted

Appendix 2: NHS Performance Framework

New table to be inserted

Draft 2 v2

Appendix 3: CQC Registered locations and services

The following table outlines the Trust's primary locations for healthcare services as at 31ST March 2013:

Locations	Regulated Activities			Service Types							
	Treatment of Disease, Disorder of Injury	Diagnostic and Screening Procedures	Assessment or medical treatment for persons detained under the Mental Health Act 1983	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	●	●	●							●	
Cherry Knowle Hospital	●	●	●			●		●		●	
Craigavon Short Break Respite Unit	●	●	●					●			
Elm House	●	●	●					●			
Ferndene	●	●	●			●		●		●	
Hepple House	●	●	●			●		●		●	
Monkwearmouth Hospital	●	●	●			●		●		●	
Campus for Ageing and Vitality	●	●	●					●			
Northgate Hospital	●	●	●					●		●	
Queen Elizabeth Hospital	●	●	●			●		●		●	
Rose Lodge	●	●	●					●			
Royal Victoria Infirmary	●	●	●					●			
South Tyneside District Hospital	●	●	●					●		●	
St George's Park	●	●	●			●	●	●		●	
St Nicholas Hospital	●	●	●	●	●	●	●	●	●	●	●
The Grange	●	●	●							●	
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		Service Type		
	Accommodation for persons who require nursing or personal care	Personal care	Care home service without nursing	Domiciliary care service	Supported living service
Avonridge	●		●		
ACACIA House	●		●		
Denewell Avenue	●		●		
Easterfield Court	●		●		
Elsdon Mews	●		●		
Flax Cottages	●		●		
Grange Park Avenue	●		●		
Hirst Villas	●		●		
Lyndhurst Grove	●		●		
Newgate Street	●		●		
Northgate Hospital		●		●	●
Prudhoe House	●		●		
Roslin	●		●		
Springdale	●		●		
Sixth Avenue	●		●		
Stonecroft	●		●		
Woodlands Cottage	●		●		
The Willows	●		●		
Woolsington Court	●		●		

Appendix 4 - Statement of Directors Responsibilities in respect of the Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

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

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:

Board Minutes and papers for the period April 2012 to June 2013

Papers relating to Quality reported to the Board over the period April 2012 to June 2013

Feedback from the commissioners dated ????

Feedback from governors dated ????

Feedback from the Local Healthwatch organisations dated ????

The Trusts complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, dated ????

The national patient survey 2012

The national staff survey 2012

The Head of Internal Audit's annual opinion over the Trust's control environment dated ????

CQC quality and risk profiles dated April 2013

- The Quality Report presents a balanced picture of the NHS Foundation Trusts performance over the period covered;
- The performance information included in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report; and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations – published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report available at www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275

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

By order of the Board

30th May 2013

Chairman

30th May 2013

Chief Executive

Appendix 5: Limited Assurance Report on the content of the Quality Report

Independent Auditor's Report to the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust to perform an independent assurance engagement in respect of Northumberland, Tyne and Wear NHS Foundation Trust's Quality Report for the year ended 31 March 2012 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital (described in the Quality Report as '7 day follow-up contacts'); and
- Minimising delayed transfers of care (described in the Quality Report as 'Delayed transfers of care').

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

Respective responsibilities of the Directors and auditors

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

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that caused me to believe that:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- The Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's Detailed Guidance for External Assurance on Quality Reports 2011-12; and
- The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material aspects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

I read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and considered the implications for my report if I became aware of any material omissions.

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

- Board Minutes and papers for the period April 2011 to May 2012

- Papers relating to Quality reported to the Board over the period April 2011 to May 2012
- Feedback from the commissioners dated May 2012
- Feedback from governors dated May 2012
- Feedback from the LINks dated May 2012
- The Trusts complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints Regulations 2009, dated
- The national patient survey 2011
- The national staff survey 2011
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 23/05/12
- CQC quality and risk profiles dated April 2012

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

I am in compliance with the applicable independence and competency requirements of the Chartered Institute of Public Finance and Accountancy (CIPFA) Standard of Professional Practice and Ethics. My team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of Northumberland, Tyne and Wear NHS Foundation Trust as a body, to assist the board of Governors in reporting Northumberland, Tyne and Wear NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2012, to enable the Board of Governors to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Board of Governors as a body and Northumberland, Tyne and Wear NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report; and
- Reading the documents listed above under the respective responsibilities of the Directors and auditors.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient

appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

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

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

The nature form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts. In addition, the scope of my assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Northumberland, Tyne and Wear NHS Foundation Trust.

Conclusion

Based on the results of my procedures, nothing has come to my attention that caused me to believe that, for the year ended 31 March 2012:

- The Quality Report is not prepared in all material respects in line with criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- The Quality Report is not consistent in all material respects with the sources specified in section 2.1 of Monitor's Detailed Guidance for External Assurance on Quality Reports 2011-12; and
- The indicators in the Quality Report subject of limited assurance have not been reasonably stated in all material aspects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

Cameron Waddell
Officer of the Audit Commission
Nickalls House
Gateshead
NE11 9NH

Appendix 6: Glossary of Terms

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

HoNOS	Health of the Nation Outcome Scales. A clinical outcome measuring tool.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
LD	Learning Disabilities
Lead Professional	A named person to co-ordinate the service a patient receives if their needs are not complex.
Leave	A planned period of absence from an inpatient unit which can range from 30 minutes to several days
MHA	Mental Health Act
MHMDS	Mental Health minimum data set – a standard set of information sent from mental health providers to the Information Centre
Monitor	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
Monitor Compliance Framework	Monitor asks Foundation Trusts to assess their own compliance with the terms of their authorisation. NHS foundation Trusts submit an annual plan, quarterly and ad hoc reports to Monitor.
Multi- Disciplinary Team	Multi-disciplinary teams are groups of professionals from diverse disciplines who come together to provide care – i.e. Psychiatrists, Clinical Psychologists, Community Psychiatric Nurses, Occupational Therapists etc.
Next Steps	A group of projects to ensure that the organisation is fit for the future and provides services that match the best in the world.
NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement

NHS Performance Framework	An assessment of the performance of NHS Trusts against minimum standards. As a Foundation Trust we are not required to report against these standards however we have decided to utilise the framework to strengthen our performance management function.
NHS Safety Thermometer	The NHS Safety Thermometer provides a quick and simple method of surveying patients harms and analysing results so that you can measure and monitor local improvement
NICE	National Institute for Health and Clinical Excellence – a group who produce best practice guidance for clinicians
NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research
NPSA	National Patient Safety Agency
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
Out of area placements	Service users who are cared for out of the North East area or service users from outside of the North East area being cared for in the North East.
Pathways of care	Service user journey through the Trust – may come into contact with many different services
PCT	Primary Care Trust – a type of NHS Trust that commissions primary, community and secondary care from providers
Points of You/How's it Going	NTW service user/carer feedback processes allowing us to evaluate the quality of services provided
Productive Ward	The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency
QRP	Quality and Risk Profile – produced by the Care Quality Commission, this document gathers together key information about Northumberland, Tyne and Wear NHS Foundation Trust to support CQC's role in monitoring our compliance with the essential standards of quality and safety.
RIO	Electronic patient record
Shared Care	A partnership between two different healthcare organisations involved in an individual's care, i.e. between the Trust and the patient's GP.
SMART	Specific, Measurable, Achievable, Realistic, Timely – a way of setting objectives to make sure they are achievable

SUI

Serious untoward incident - an incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.

Transition

When a service user moves from one service to another i.e from an inpatient unit to being cared for by a community team at home

This report is available on request in other languages, large print, British Sign Language (BSL), Braille or audio versions; we will do our best to provide a version of this report in a format that meets your needs.

For other versions telephone 0191 223 2987 or email communications@ntw.nhs.uk.

Copies of this Quality Account can be obtained from our website (www.ntw.nhs.uk) and the NHS Choices website (www.nhs.uk). If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing communications@ntw.nhs.uk or calling 0191 223 2987.

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