NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

Quality Account
v1.1 09/04/2019

Northumberland, Tyne and Wear
NHS Foundation Trust

2018/19

> **Sections in grey are still to be updated**

Caring | Discovering | Growing | **Together**

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

Mental Health & Disability Foundation Trust

Local population of 1.4 Million

Employ around 6,000 staff

Inspected and rated
Outstanding
CareQuality Commission

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

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

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

Costs of around £300 Million

Northumberland, Tyne and Wear NHS Foundation Trust 2018/19 in numbers:

88%
The proportion of 7,000 service users and carers who responded to the Friends and Family Test and would recommend our services

40
The average number of bed days per month that local service users were inappropriately admitted out of area per month between April 2018 to March 2019

4
The number of mental health and disability trusts rated "Outstanding" by the Care Quality Commission

80%
The number of people with a first episode of psychosis beginning treatment with a NICE recommended care package within two weeks of referral.

67%
The response rate to the 2018 staff survey, which was 16% points above the national average and 3% points higher than the previous year

43,100
The number of service users cared for by the Trust on 31 March 2019

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Part 1

Welcome and Introduction to the Quality Account

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

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

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

- Northgate Hospital, Morpeth (numbered 1 on the map on page **Error! Bookmark not defined.**)

- St. George's Park, Morpeth (2)

- St. Nicholas Hospital, Newcastle upon Tyne (3)

- Walkergate Park, Newcastle upon Tyne (4)

- Ferndene, Prudhoe (5)

- Monkwearmouth Hospital, Sunderland (6)

- Hopewood Park, Sunderland (7)

What is a Quality Account?

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

We welcome the opportunity to outline how we have performed over the course of 2018/19, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

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

Sections in grey are still to be updated

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

This is an "explanation" box

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

Statement of Quality from the Chief Executive

Thank you for taking the time to read our 2018/19 Quality Account, reflecting upon another busy year.

In 2018 we continued to develop innovative services, such as virtual reality technology, used with young people and those with phobias, and I was delighted when the Personality Disorder Hub team won a prestigious Health Service Journal award for patient safety.

We have championed mental health and disability awareness both within the wider NHS, via the North East and North Cumbria Integrated Care System, and also with local business leaders. Recently we were also recognised as a "Diversity Champion" by LGBT charity, Stonewall, marking our commitment to making NTW a great place to work for all members of staff.

We were proud in 2018 to once again be rated as "Outstanding" by the Care Quality Commission, highlighting positive findings such as our person centred culture, caring staff and drive to improve services. We know that we have more to do to reduce restrictive practices in inpatient settings, and to reduce the waiting times to access some services.

In early 2019, our Board of Directors agreed to work towards taking on responsibility for the provision of a range of mental health and learning disability services in North Cumbria, currently provided by Cumbria Partnership NHS Foundation Trust. We are looking forward to sharing learning from our services with colleagues in North Cumbria while also enabling them to share their good practice with us.

We have set out in this document how we have performed against local and national priorities - including how we have progressed with our Quality Priorities for 2018/19. We have also set out in this document our Quality Priorities for 2019/20, and look forward to reporting our progress against these in next year's Quality Account.

John Lawlor
Chief Executive

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

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

We were proud this year to develop a range of collaborative partnerships, working with other organisations to improve the quality of care for our service users, to learn from others and to share our own learning.

We have launched a collaborative partnership with one of India's largest providers of mental health services, allowing us to mutually share expertise in the delivery of care to different populations.

We have also worked closely throughout the year with colleagues in North Cumbria, developing plans to improve the outcomes and quality of care provided and to improve the sustainability and resilience of mental health services provided in the area.

This year we have focussed upon the following quality priorities:

•   Improving waiting times to access services,

•   Improving the inpatient experience,

•   Embedding the Principles of the "Triangle of Care" (a carer initiative), and

•   Embedding Trust Values.

This year we have developed an "Equality, Diversity & Inclusion Strategy" and we will focus upon developing a better understanding of any barriers to accessing our services, particularly for those service users with protected characteristics. Only by understanding and removing those barriers can we meet everyone's needs and ensure high quality care for all.

Dr Rajesh Nadkarni
Executive Medical Director

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

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

Statement of Quality from Council of Governors Quality Group

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

During 2018/19 the group received a number of presentations and updates from Trust representatives on varied topics including:

- Positive & Safe
- Staff wellbeing
- Carers' Voice
- Recovery Colleges
- Locality Group Structures
- Nursing Workforce
- Improving the Inpatient Experience
- Triangle of Care
- Transitions from children and young people's services to adult services
- Always Events
- Formulation / 5Ps
- Integrated Care System

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

Members of the group have continued to attend the Trust Quality and Performance Committee and we have also played a valuable role in developing the 2019/20 Trust Quality Priorities.

In 2019/20 we will continue to monitor progress towards Quality Priorities and hope to participate in visits to Trust services, to further enhance our understanding of issues impacting on the quality of services provided.

Margaret Adams

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

Care Quality Commission (CQC) Findings

In 2018, the Care Quality Commission (CQC) conducted an inspection of our services and once again rated us as "Outstanding". We are one of only four Mental Health and Disability Trusts in the country to be rated as such, as at 1 April 2019.

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

- Reducing blanket restrictive practices,
- Availability of nurse call systems on inpatient wards, and
- Recording of physical health observations following the use of rapid tranquilisation.

CareQuality Commission

Last rated
26 July 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding ☆

Are services

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

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

CareQuality Commission

Last rated
26 July 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding ☆

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

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

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

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

Our Strategy for 2017 to 2022

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

Caring

Providing excellent care, supporting people on their personal journey to wellbeing

A great place to work

Discovering

Doing everything we can to prevent ill health and offering support early

Striving for joined up services

Growing

A centre of excellence for mental health and disability support

Sustainable services that are good value for money

Together

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

Quality Domain	Long Term Quality Goals	Annual Quality Priorities	
		2018/19	**2019/20**
Safety	Keeping You Safe	Improving the Inpatient Experience	Improving the Inpatient Experience
		2018/19	**2019/20**
Service user and carer experience	Working with you, your carers and your family to support your journey	Improving waiting times	Improving waiting times
		Embedding the Principles of Triangle of Care	Equality, Diversity & Inclusion
		2018/19	**2019/20**
Clinical effective-ness	Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs	Embedding Trust Values	Evaluating the impact of staff sickness on Quality

Trust Overview of Service Users

Table 1 below shows the number of current service users as at 31 March 2019 by locality, with a comparison of the same figures from the last 2 years:

Table 1: Service Users by locality 2016/17 to 2018/19

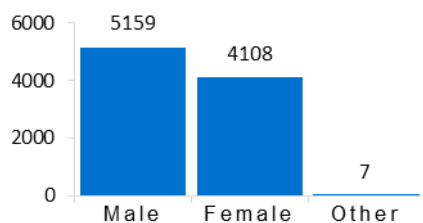| Clinical Commissioning Group (CCG)	2016/17	2017/18	**2018/19**
Durham Dales Easington & Sedgefield CCG	475	474	**526**
North Durham CCG	653	633	**721**
Darlington CCG	134	110	**130**
Hartlepool & Stockton CCG	184	193	**217**
Newcastle Gateshead CCG (Total)	13,210	13,195	**13,405**
Newcastle	*8,592*	*8,533*	*8,659*
Gateshead	*4,618*	*4,662*	*4,746*
North Tyneside CCG	4,093	4,013	**4,161**
Northumberland CCG	9,584	9,671	**9,274**
South Tees CCG	232	223	**270**
South Tyneside CCG	3,684	3,713	**3,735**
Sunderland CCG	9,443	9,711	**9,917**
Other areas	611	636	**730**
Total Service Users	**42,303**	**42,572**	**43,086**

Data source: NTW
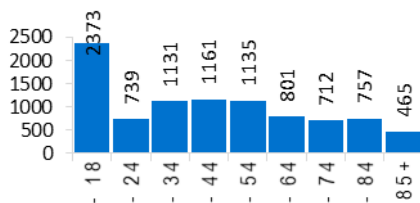
Breakdown of service users by age, gender, ethnicity (by CCG)

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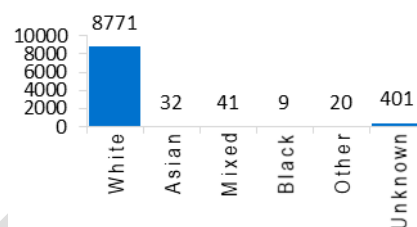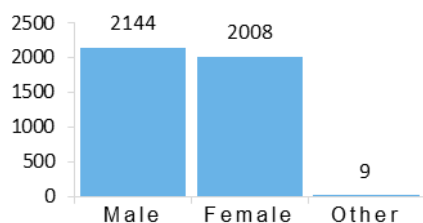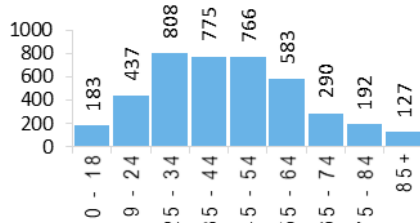
Northumberland CCG

Gender Breakdown

Male	Female	Other
5159	4108	7

Age Breakdown

0 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
2373	739	1131	1161	1135	801	712	757	465

Ethnicity Breakdown

White	Asian	Mixed	Black	Other	Unknown
8771	32	41	9	20	401

North Tyneside CCG

Gender Breakdown

Male	Female	Other
2144	2008	9

Age Breakdown

0 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
183	437	808	775	766	583	290	192	127

Ethnicity Breakdown

White	Asian	Mixed	Black	Other	Unknown
3798	50	25	15	15	258
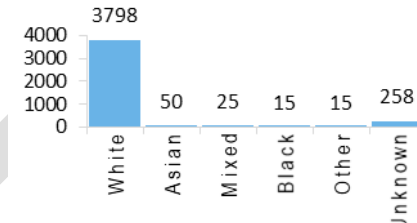
Newcastle Gateshead CCG

Gender Breakdown
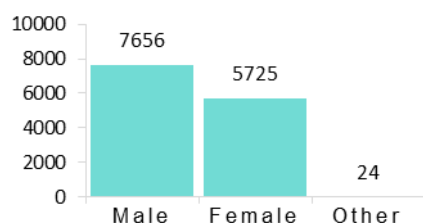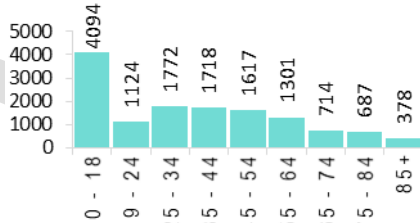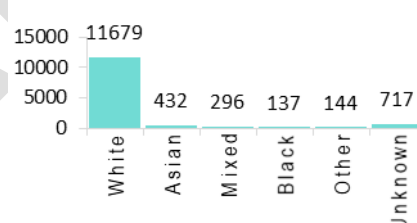
Male	Female	Other
7656	5725	24

Age Breakdown

0 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
4094	1124	1772	1718	1617	1301	714	687	378

Ethnicity Breakdown

White	Asian	Mixed	Black	Other	Unknown
11679	432	296	137	144	717

South Tyneside CCG

Gender Breakdown

Male	Female	Other
1988	1737	10

Age Breakdown

0 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
1007	312	529	397	422	363	241	287	177

Ethnicity Breakdown

White	Asian	Mixed	Black	Other	Unknown
3322	44	79	12	9	269

Sunderland CCG

Gender Breakdown

Male	Female	Other
5175	4734	8

Age Breakdown

0 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
2563	881	1555	1397	1220	833	487	631	348

Ethnicity Breakdown

White	Asian	Mixed	Black	Other	Unknown
9154	84	161	31	34	453
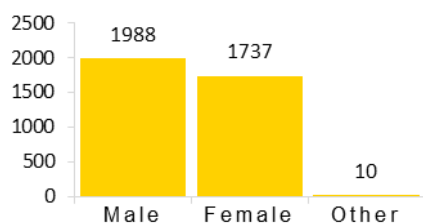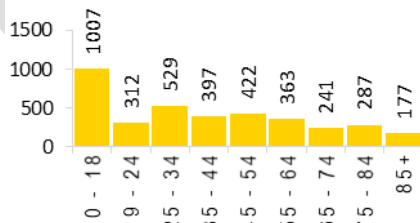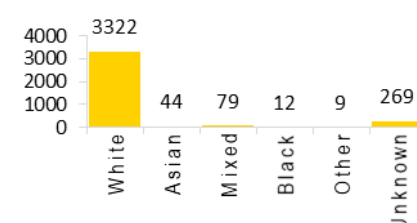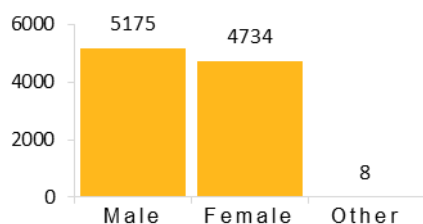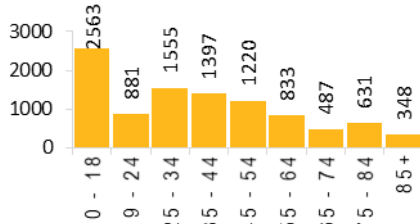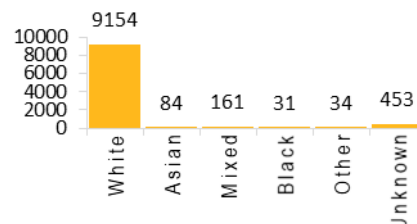
Data source: NTW

Part 2a

Looking Ahead – Our Quality Priorities for Improvement in 2019/20

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2019/20.

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

Quality Priorities should reflect the greatest pressures that the organisation is currently facing.

An engagement process was undertaken from December 2018 to January 2019, inviting governors, service users, carers, staff, commissioners and other stakeholders to consider two questions relating to our Equality, Diversity & Inclusion Strategy:

1. How can we **understand** the communities we serve?

2. How will we know if we're meeting their **needs**?

By engaging with the diverse communities we serve, gathering information on how our work affects different groups, we can identify and remove barriers that prevent people we serve from being treated equally.

These are the agreed Quality Priorities for the year 2019/20, and how we intend to achieve them:

Safety	Clinical Effectiveness
Improving the inpatient experience	**Evaluating the impact of staff sickness on quality**
Continue to monitor average bed occupancy on adult and older people's mental health wards against the baseline period of January to March 2018.	Determine a methodology for conducting a comparative analysis of staff sickness absence rates.
Continue to monitor average patient days receiving inappropriate out of area treatment (OAT).	Establish a measure of "continuity of care" for community services.
Implement reporting average patient days receiving OAT within NTW	Undertake a comparative analysis of staff sickness absence rates and relevant factors for each locality care group.
Continue to monitor service user and carer experience	Highlight the impact of staff sickness on quality to relevant clinical areas.

Service User & Carer Experience	
Improving waiting times	**Equality, Diversity & Inclusion**
Continue to reporting waiting times to first contact for adult services and commence reporting waiting times to treatment for adult and older people's mental health services.	Our implementation will involve a trustwide approach working across Locality Groups. the Equality & Diversity Lead, NTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group, and Communications
Split children and young people's services waiting times reporting into pathways, using second contact as treatment proxy, monitor and report using new format.	We will work with the staff networks for BAME, Disability, LGBT+ and the Mental Health Staff Network.
Continue to monitor and report Gender Dysphoria, adult ADHD diagnosis and adult ASD diagnosis waiting times.	

Part 2b

Looking Back – Review of Quality Goals and Quality Priorities in 2018/19

In this section we will review our progress against our 2018/19 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goal**.

Our 2018/19 Quality Priorities were:

Safety	Clinical Effectiveness
Improving the inpatient experience	Embedding Trust Values

Service User & Carer Experience	
Improving waiting times	Embedding the Principles of Triangle of Care

Safety 2018/19 Quality Priority:

Improving the inpatient experience

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

Figure 2: Number of inappropriate Out of Area beddays by month, 2018/19

(1) The number of inappropriate out of area bed-days during 2018/19 is shown in figure 2. There has been a reducing trend throughout the year.

Inappropriate Out of Area Beddays 2018/19

(2) Average bed occupancy levels during 2018/19 have been monitored and are compared with a baseline position from the previous year to ensure the Trust is moving towards achieving the optimal bed occupancy rate of 85% as recommended by the Royal College of Psychiatrists.

During the last quarter of 2017/18 (the baseline period) the average bed occupancy rate in mainstream services (including leave days) was:
- adult (acute, rehab & PICU) = 95% occupancy rate
- older people = 88% occupancy rate

The bed occupancy level in 2018/19 for **adult** mainstream beds reduced between July – December 2018, reaching its lowest level in Q3 at 92.8% (2% reduction compared to baseline). An increase in occupancy rate is shown in the latest quarter of 2018/19 (January – March 2019) compared to previous months, and exceeds baseline position (3% increase). This is shown in table 2. During the year the number of available beds in adult mainstream beds have reduced, mostly during Q4, and as a consequence the bed occupancy rate has increased. Over the year there has been a reduction in occupied bed

days (OBDs) which is evident in table 3. The graphs and tables below illustrate the bed occupancy over the year.

The bed occupancy level for **older people's** beds during 18/19 has reduced below the baseline, and has seen a further reduction in the latest quarter (January – March 2019) (16% reduction from baseline). The number of occupied beddays has also reduced in older people's inpatient services. As within adult services, there has been a reduction in available beds.

The management of bed utilisation remains a significant issue for the Trust therefore this will remain a Quality Priority for 2019/20 and 2020/21. There will be a small number of bed reductions during 2019/20 linked to the system wide review of both adult and older people's services within Newcastle and Gateshead previously known as Deciding/Delivering Together.

Table 2: Average bed occupancy by quarter, 2018/19

Average bed occupancy including leave	Adult mental health wards including PICU (Q4 1718 baseline = 95%)				Older People's mental health wards (Q4 1718 baseline = 88%)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North	93.7%	94.3%	91.4%	100.0%	93.9%	91.0%	94.4%	95.5%
Central	99.4%	95.7%	95.9%	99.0%	67.1%	78.0%	88.9%	80.0%
South	98.0%	94.0%	91.4%	95.5%	75.9%	74.7%	71.2%	60.9%
Trustwide	**97.0%**	**94.6%**	**92.8%**	**97.9%**	**78.8%**	**78.9%**	**79.3%**	**71.7%**

Table 3: Occupied mental health beds, 2018/19

Occupied bed-days including leave	Adult mental health wards including PICU				Older People's mental health wards			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trustwide	30,510	29,944	29,357	28,609	8,052	7,828	7,738	7,468
Number of days	91	92	92	90	91	92	92	90
Average per day	335	325	319	318	88	85	84	83

Figure 3: Number of inpatients for working-age adult MH wards, 2018/19

Occupied beddays including leave 2018/19 - adult mental health wards (including PICU)
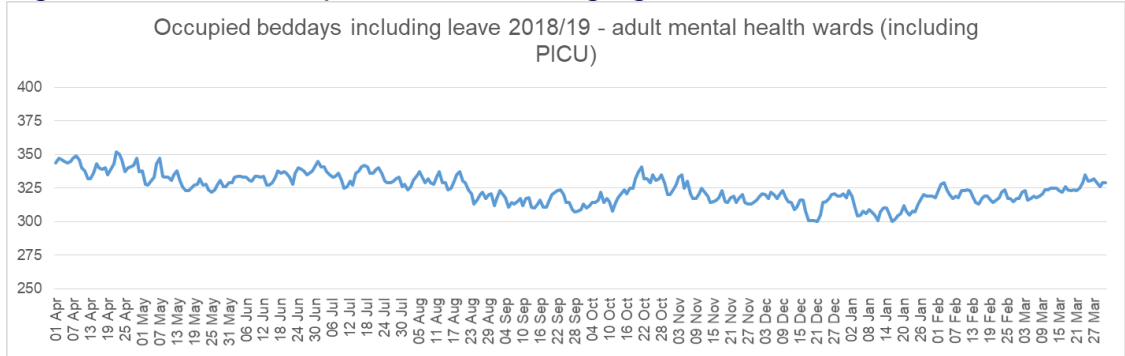
Figure 4: Number of inpatients for older people's services, 2018/19

Occupied beddays including leave 2018/19 - wards for older people with mental health problems
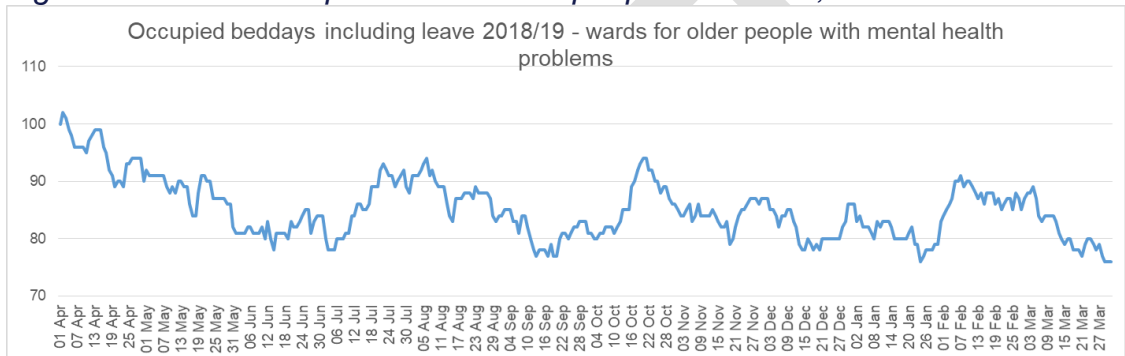
(3) An approach to capture inappropriate out of area placement bed usage within the NTW footprint remains in development.

(4) Analysis of the Friends and Family Test recommend scores for adult and older peoples mainstream mental health wards April 2018 to March 2019:

Figure 5: Friends and Family Test scores for adult and older people's MH wards by quarter 2018/19

Adult & Older Peoples Mental Health Wards, FFT recommend score 2018-19
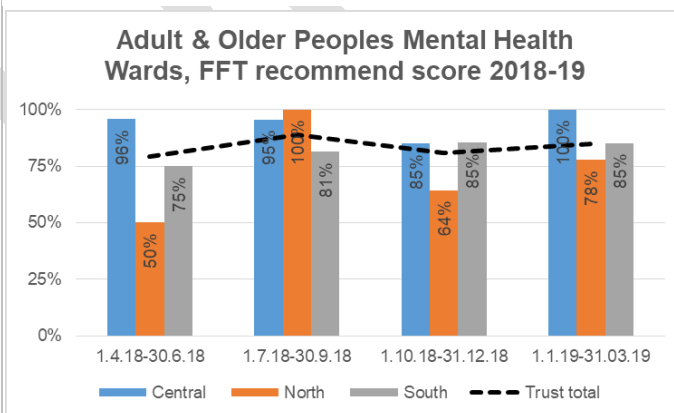
Figure 5 shows the Friends and Family Test (FFT) "recommend" score for each quarter of 2018-19. The results are based upon 250 surveys received, and the North locality, which received the fewest surveys, has the greatest variation in scores:

The above data is based upon the following number of surveys received:

North Locality 35; Central Locality 68; South Locality 105
NB uptake of points of you within some of the inpatient areas remains low, work is ongoing to encourage higher volumes of responses

	During the year there has been no comments received via the Points of You process or through complaints in the period in relation to travelling to wards.

How has the Improving the inpatient experience Quality Priority helped support the Safety Quality Goal of Keeping You Safe?

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

Figure 6 shows the total number of patient safety incidents reported by the Trust over the past 3 years:

Compared with the previous year, there has been a 4% increase in the number of patient safety incidents. Patient safety incidents represent 28% of the total number of incidents reported for the year, which totalled 30,662 (an increase of 5% from the previous year).

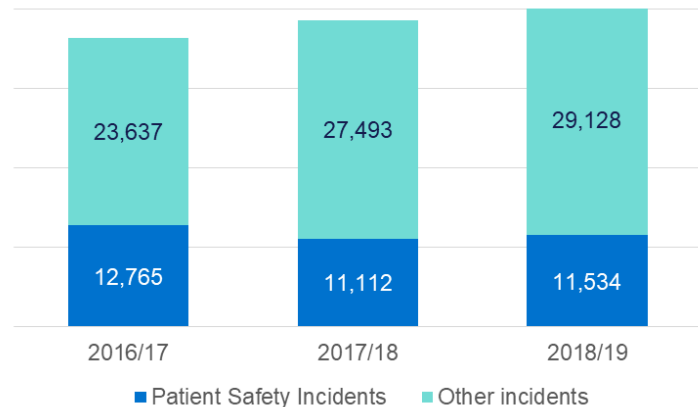*Figure 6: Number of reported patient safety incidents and total incidents 2016/17 to 2018/19*

Data source: NTW

Table 4: Number and percentage of patient safety incidents by impact 2016/17 to 2018/19

Number of Patient Safety incidents reported by impact:	2016/17		2017/18		**2018/19**	
No Harm	6,626	52%	6,584	59%	**7,328**	**64%**
Minor Harm	5,181	41%	3,692	33%	**3,595**	**31%**
Moderate Harm	770	6%	752	7%	**540**	**5%**
Major Harm	79	1%	38	0%	**46**	**0%**
Catastrophic, Death	109	1%	46	0%	**25**	**0%**
Total patient safety incidents	12,765	100%	11,112	100%	**11,534**	**100%**

Data source: NTW

Note, annual totals for previous years may differ from previously reported data due to on-going data quality improvement work and to reflect coroner's conclusions when known. Data is as at 2 April 2019.

The reduction in the number of reported deaths from 2017/18 follows changes to national reporting rules regarding deaths of unknown cause. We are now only required to report actual self-harm related deaths.

The "no harm" or "minor harm" patient safety incidents now account for 95% of reported patient safety incidents, with an increase in the number assessed as "no harm".

Table 5: Total incidents 2018/19 for local CCGs, includes patient safety and non-patient safety incidents

Total incidents by CCG	1. No Harm	2. Minor Harm	3. Moderate Harm	4. Major Harm	5. Catastrophic, Death
NHS Northumberland CCG	7,804	2,215	237	18	156
NHS North Tyneside CCG	2,164	650	75	10	109
NHS Newcastle CCG	5,730	1,633	173	13	259
NHS Gateshead CCG	2,147	627	98	8	78
NHS South Tyneside CCG	1,812	546	71	9	122
NHS Sunderland CCG	4,793	1,756	336	29	263
Total for local CCGs	24,450	7,427	990	87	987

Data source: NTW

Note that column 5 includes all deaths including by natural causes, and that there are also incidents relating to service users from other non-local CCGs, the trust total deaths for NTW is 1,037. There is more information on Learning from Deaths on page 61.

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

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

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

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

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

By email: complaints@ntw.nhs.uk

By phone: 0191 245 6672

A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of care. We have implemented the Duty of Candour, developed a process to allow thematic analysis of reported cases, raised awareness of the duty at all levels of the organisation and we are also reviewing how we can improve the way we learn and ensure that teams and individuals have the tools and opportunities to reflect on incidents and share learning with colleagues. Healthcare professionals must also be open and honest and take part in reviews and investigations when requested. All staff are aware that they should report incidents or raise concerns promptly, that they must support and encourage each other to be open and honest, and not stop anyone from raising concerns.

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

Through the last year the Safer Care Team has continued to report through the governance system of the Trust producing monthly and quarterly Safer Care reports for the clinical care groups. Learning has developed over the last year with the creation of the Learning and Improvement Group, as well as significant development of the Safer Care Intranet site and Safer Care Bulletin. These have been well received and embedded throughout the organisation. The Safer Care Team continues through its subject experts to support key governance systems such as Infection, Prevention and Control, Safeguarding, Health, Safety, Security and Emergency Preparedness, and has improved significantly over the last year the key corporate processes of serious incidents, including learning from deaths and mortality reviews as well as complaints, claims and complex case panel reviews. All of the learning is shared through the Safer Care reports and presented to the Board of Directors as well as the Quality Review Groups where shared learning with our Commissioners takes place.

Positive and Safe Strategy impact in numbers:

Improving waiting times

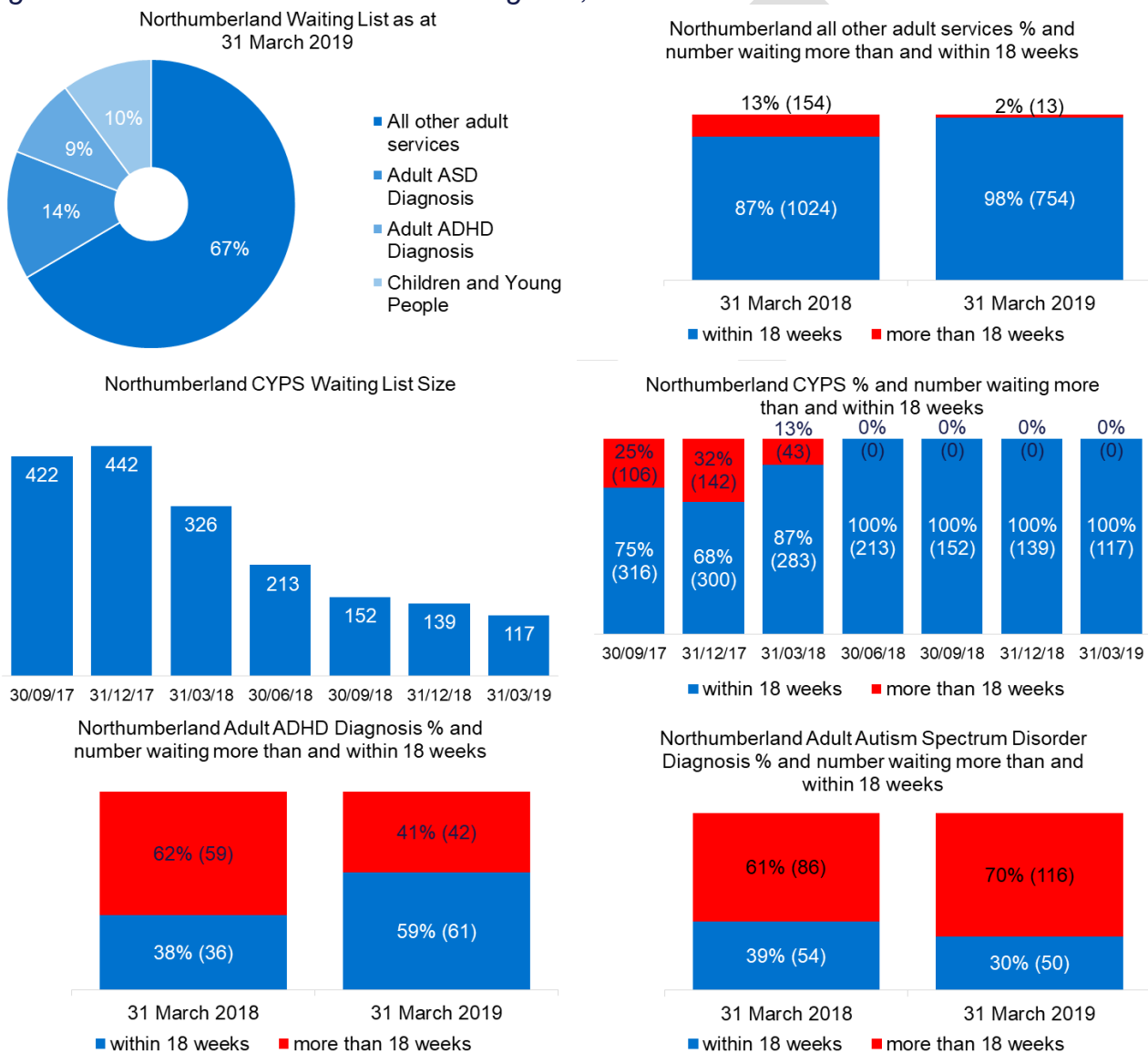| We said we would:	Improve waiting times for adult and older people's services so the 18 week Trust standard is achieved.
	Improve waiting times for children and young people to ensure that the 18 week treatment standard is achieved by the end of the year.
	Report waiting times for specialised services separately.
Progress	**Not Met**
	Nobody should wait more than 18 weeks for their first contact with a community service. In line with nationally reported 18 weeks data, we measure progress against this by looking at the waiting list at the end of the year, and calculating how many of those service users waiting had been waiting for more or less than 18 weeks at that point.
	Referrals which are regarded as a priority or emergency by the clinical team would not be expected to wait 18 weeks for first contact. The definition of what constitutes a priority or emergency referral differs per service.
	We encourage service users, carers and referrers to keep in touch with us while they are waiting for the first contact with a service, to manage risks and to ensure that we understand if anything about their situation changes.
	This year we have seen significant improvements within non specialised community services for adults and older people, the number of people waiting more than 18 weeks for their first contact with a service at 31st March 2019 was 56, which is a decrease of 80% when compared with the same date last year, when 285 people were waiting.
	Figure 8: People waiting more than 18 weeks for first contact for non-specialised services, 2018/19 The biggest reductions have been seen in the North locality (Northumberland and North Tyneside). Waiting times to access community services for children and young people have significantly improved in Northumberland and there has been large reductions in the number waiting in Newcastle and Gateshead. Note that the methodology used to calculate waiting times for children and young people's services is changing in 2019/20.

Number of service users waiting more than 18 weeks for first contact - non specialised services

285 — 31 March 2018
143 — 31 July 2018
99 — 30 September 2018
69 — 31 December 2018
56 — 31 March 2019

Waiting times analysis at locality level

In **Northumberland**, waiting times for non specialised adult services have reduced, with 13 individuals waiting more than 18 weeks for their first contact as at 31 March 2019.

Within services for Children and Young People (CYPS), there has been a sustained improvement, with no child or young person waiting more than 18 weeks for treatment during the whole year. Waiting times for the adult attention deficit hyperactivity disorder diagnosis services have improved and waits for the adult autism spectrum disorder diagnosis service have slightly lengthened.

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

Northumberland Waiting List as at 31 March 2019

- All other adult services
- Adult ASD Diagnosis
- Adult ADHD Diagnosis
- Children and Young People

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

Northumberland CYPS Waiting List Size

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

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

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

Data source: NTW

In **North Tyneside**, the waiting times for adult services have remained broadly under 18 weeks and waits for adult ADHD services have reduced. There has been some increase in services users experiencing long waits for the adult autism spectrum disorder diagnosis service.

Figure 10a-d: North Tyneside CCG waiting lists, assorted metrics

North Tyneside Waiting List as at
31 March 2019

16%

24%

60%

- All other adult services
- Adult ASD Diagnosis
- Adult ADHD Diagnosis

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

	31 March 2018	31 March 2019
more than 18 weeks	4% (16)	2% (7)
within 18 weeks	96% (378)	98% (338)

■ within 18 weeks ■ more than 18 weeks
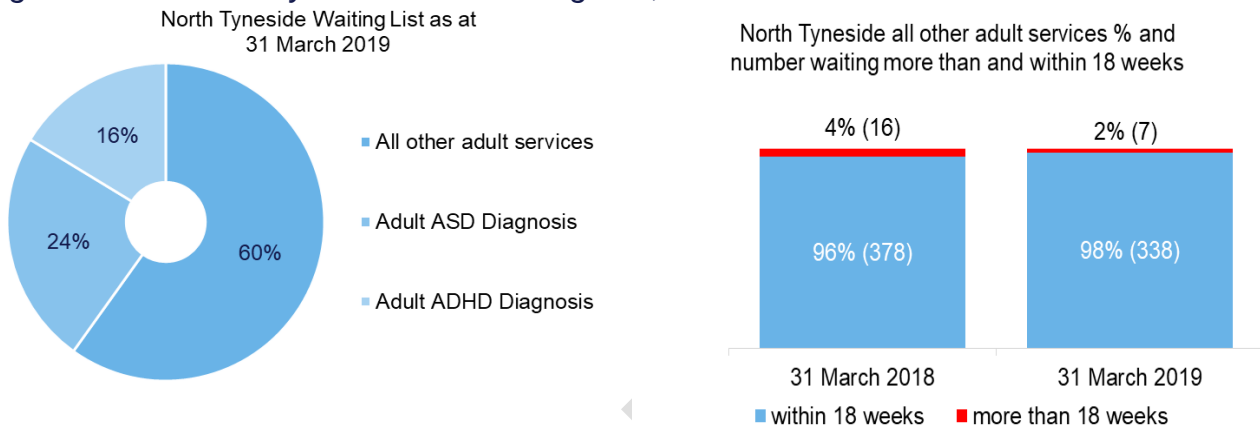
NTW does not provide community services for children and young people in North Tyneside, this service is provided by Northumbria Healthcare NHS Foundation Trust.

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

	31 March 2018	31 March 2019
more than 18 weeks	48% (45)	17% (16)
within 18 weeks	52% (49)	83% (78)

■ within 18 weeks ■ more than 18 weeks

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

	31 March 2018	31 March 2019
more than 18 weeks	65% (74)	74% (101)
within 18 weeks	35% (40)	26% (36)

■ within 18 weeks ■ more than 18 weeks

Data source: NTW

In **Newcastle**, the waiting times for adult services are similar to last year where very few service users have a long wait to be seen.

The introduction of a single point of contact for children and young people's services in Newcastle has seen a reduction in the numbers waiting, although the *proportion* waiting more than 18 weeks has remained broadly similar throughout the last year.

There has been reductions in the waiting times for the adult attention deficit hyperactivity disorder diagnosis services and for the adult autism spectrum disorder diagnosis service.

Figure 11a-f: Newcastle locality waiting lists, assorted metrics

Newcastle Waiting List as at 31 March 2019

15%
8%
13%
64%

- All other adult services
- Adult ASD Diagnosis
- Adult ADHD Diagnosis
- Children and Young People

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

2% (16)   3% (19)
98% (676)   97% (729)
31 March 2018   31 March 2019

- within 18 weeks   ■ more than 18 weeks

Newcastle CYPS Waiting List Size

299 295 347 363 184 154 176
30/09/17 31/12/17 31/03/18 30/06/18 30/09/18 31/12/18 31/03/19

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

	30/09/17	31/12/17	31/03/18	30/06/18	30/09/18	31/12/18	31/03/19
more than 18 weeks	10% (29)	8% (23)	13% (45)	13% (46)	14% (25)	6% (9)	11% (20)
within 18 weeks	90% (270)	92% (272)	87% (302)	87% (317)	86% (159)	94% (145)	89% (156)

- within 18 weeks   ■ more than 18 weeks

Newcastle Adult ADHD Diagnosis % and number waiting more than and within 18 weeks
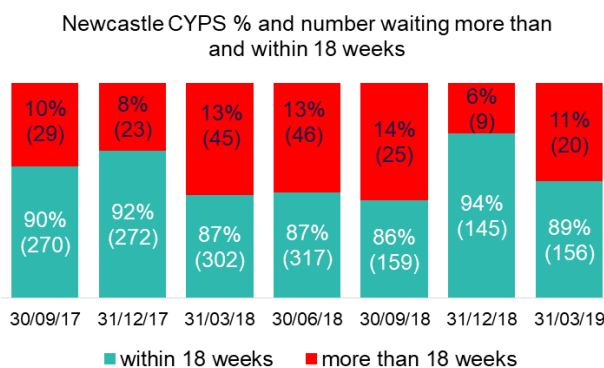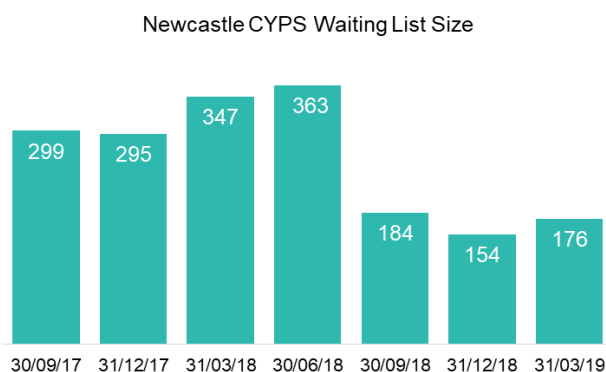
48% (56)   23% (21)
52% (61)   77% (71)
31 March 18   31 March 19

- within 18 weeks   ■ more than 18 weeks

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

73% (93)   66% (104)
27% (34)   34% (54)
31 March 2018   31 March 2019

- within 18 weeks   ■ more than 18 weeks

Data source: NTW

In **Gateshead**, there has been improvements in the waiting times for all service areas. There has been a big reduction in the number of Children & Young People waiting for treatment and at 31 March 2019 there were none waiting more than 18 weeks.

Figure 12a-f: Gateshead locality waiting lists, assorted metrics

Gateshead Waiting List as at 31 March 2019

- All other adult services
- Adult ASD Diagnosis
- Adult ADHD Diagnosis
- Children and Young People

46%
28%
8%
18%

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

31 March 2018: 5% (21) / 95% (410)
31 March 2019: 1% (2) / 99% (279)

within 18 weeks ∎ more than 18 weeks

Gateshead CYPS Waiting List Size

30/09/17	31/12/17	31/03/18	30/06/18	30/09/18	31/12/18	31/03/19
246	257	291	310	165	128	175

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

	30/09/17	31/12/17	31/03/18	30/06/18	30/09/18	31/12/18	31/03/19
more than 18 weeks	14% (34)	10% (25)	13% (39)	27% (85)	16% (26)	3% (4)	0% (0)
within 18 weeks	86% (212)	90% (232)	87% (252)	73% (225)	84% (139)	97% (124)	100% (175)

within 18 weeks ∎ more than 18 weeks

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

31 March 2018: 64% (32) / 36% (18)
31 March 2019: 23% (11) / 77% (37)

within 18 weeks ∎ more than 18 weeks

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

31 March 2018: 70% (65) / 30% (28)
31 March 2019: 61% (67) / 39% (42)

within 18 weeks ∎ more than 18 weeks

Data source: NTW

In **South Tyneside**, there has been further improvements in the waiting times to first contact for adult services, with none waiting more than 18 weeks.

Waiting times for children and young people services have seen a reduction in both number waiting and proportion waiting over 18 weeks compared with one year ago.

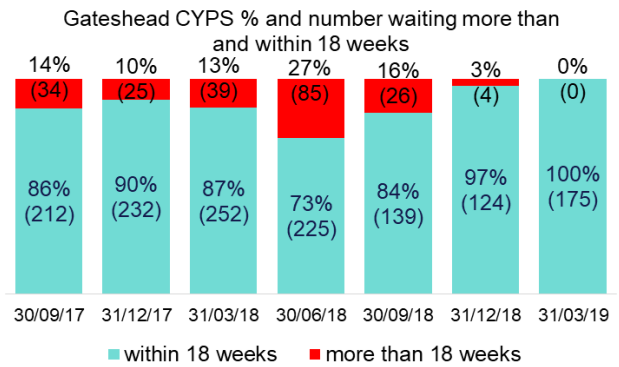There has been an improvement in waits to access the adult attention deficit hyperactivity disorder diagnosis service and an increase in the number waiting to access the adult autism spectrum disorder diagnosis service.

Figure 13a-f: South Tyneside CCG waiting lists, assorted metrics
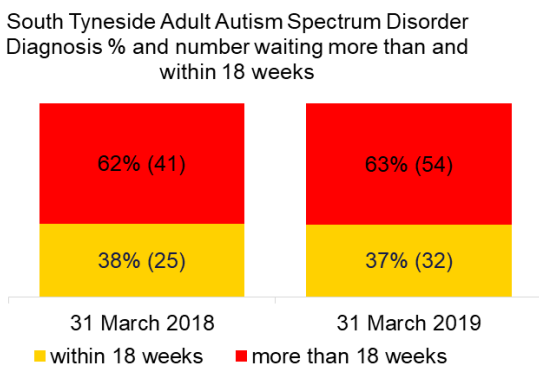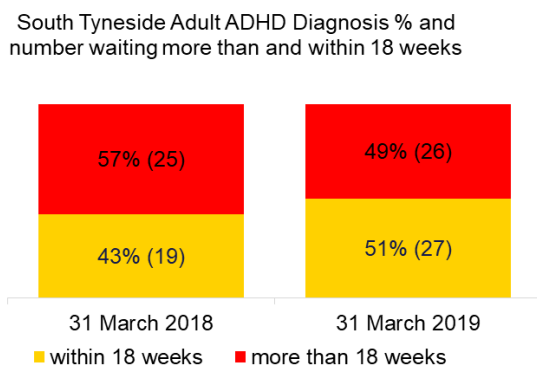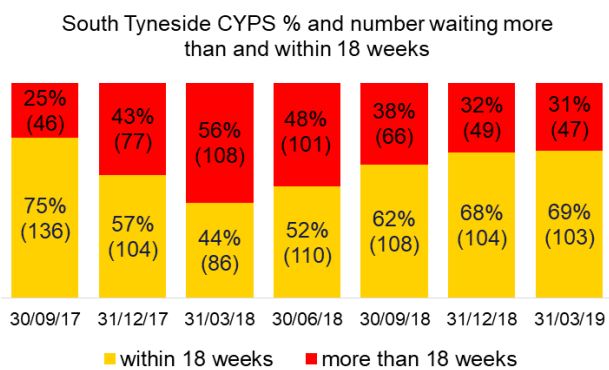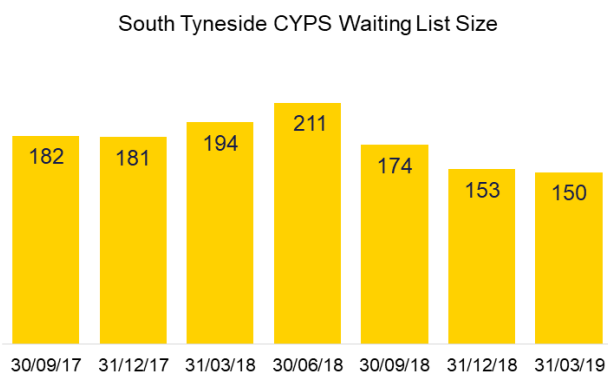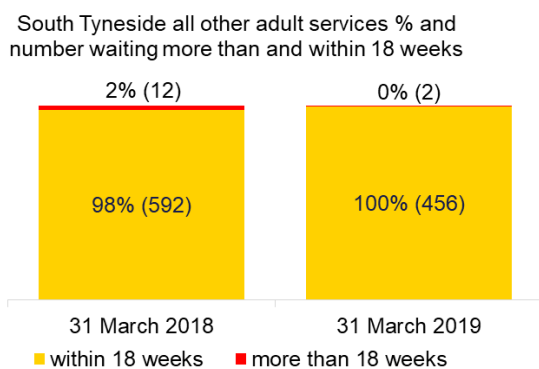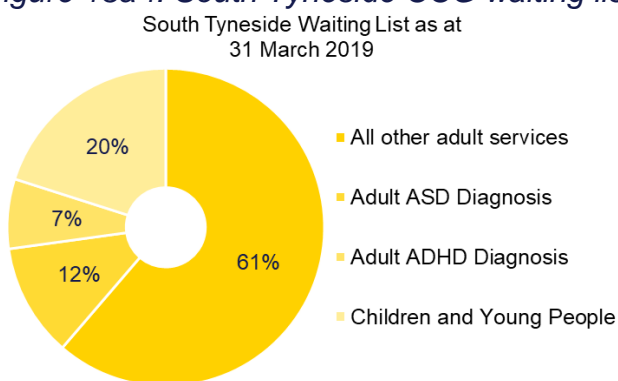
Data source: NTW

In **Sunderland**, waiting times for adult services have improved.

Waiting times for children and young people have remained stable throughout the year, with 41% waiting more than 18 weeks as at 31 March 2019.

There has been a slight improvement in waits to access the adult autism spectrum disorder diagnosis service and a worsening of waits for the adult attention deficit hyperactivity disorder diagnosis service.

Figure 14a-f: Sunderland CCG waiting lists, assorted metrics

Sunderland Waiting List as at 31 March 2019

- All other adult services
- Adult ASD Diagnosis
- Adult ADHD Diagnosis
- Children and Young People

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

Sunderland CYPS Waiting List Size

Sunderland CYPS % and number waiting more than and within 18 weeks
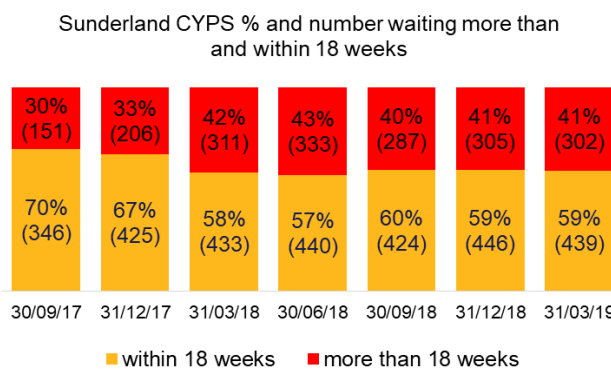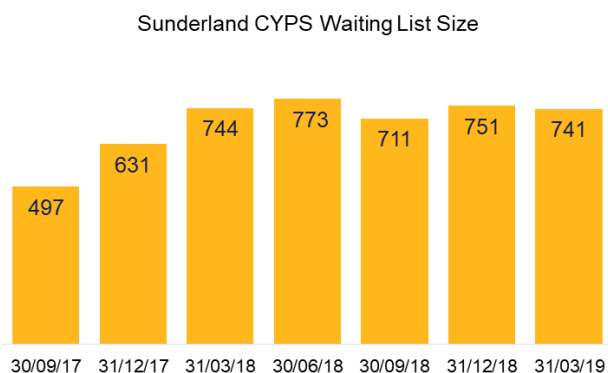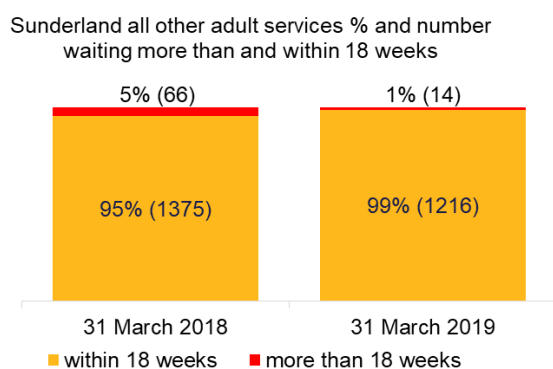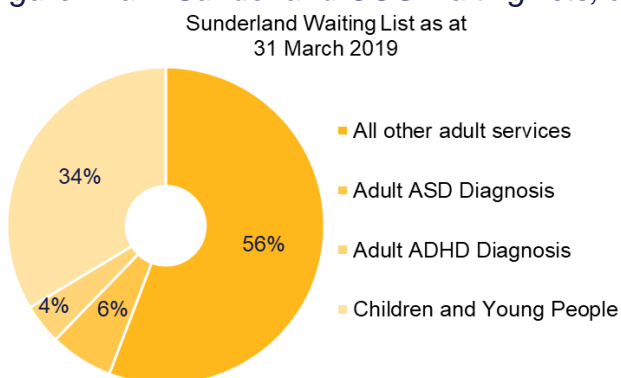
Sunderland Adult ADHD Diagnosis % and number waiting more than and within 18 weeks
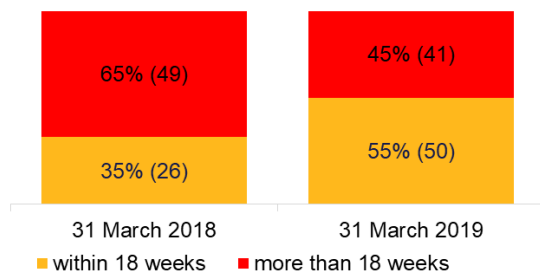
Sunderland Adult Autism Spectrum Disorder Diagnosis % and number waiting more than and within 18 weeks
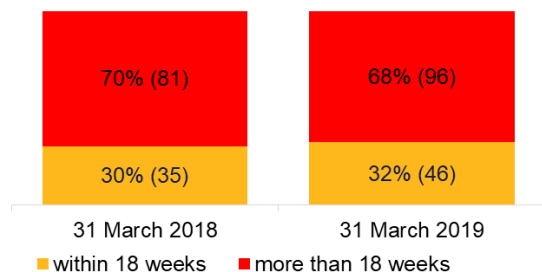
Data source: NTW

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

Figure 15: Gender identity service waiting list 2018-19
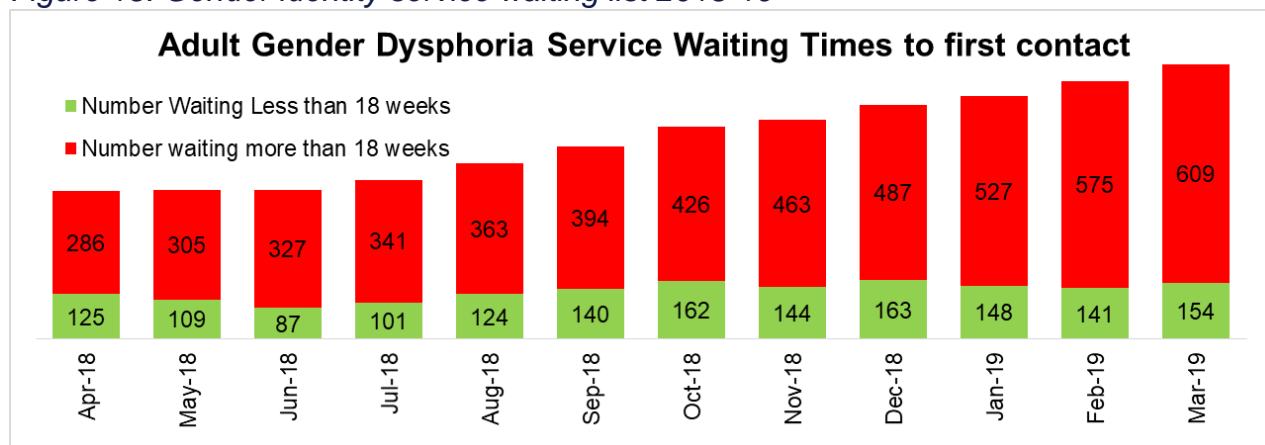
The overall waiting list for this service has dramatically increased during the year, due to the sustained increase in referrals received. As at 31 March 2019, there were a total of 763 adults waiting to access the service, more than double the equivalent number as at 31 March 2018 (366). NHS England has recognised the national difficulties in meeting the demand for these services and a procurement exercise is taking place during 2019 to review the current provision.

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

Table 6: Five Year Forward View for Mental Health waiting times data 2018/19

Area	Waiting time measure	Minimum standard	NTW data	Data period
Early Intervention in Psychosis (EIP)	% starting treatment within two weeks of referral	50%	**79.6%**	April 2018 to March 2019
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	**99.8%**	April 2018 to March 2019
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	*95% by 2020/21*	**100%**	April 2018 to March 2019
	% routine cases starting treatment within four weeks of referral		**86.2%**	

Service User & Carer Experience 2018/19 Quality Priority:

Embedding the principles of the Triangle of Care

We said we would:	Continue to embed the Triangle of Care, ensuring that we work in partnership with service users and carers. Roll out the use of the Triangle of Care to services for Children and Young People. Closely monitor feedback from carers to measure the impact of this initiative.
Progress	**Partially Met** An initial meeting has taken place with Tyne and Wear Citizens Programme to discuss an evaluation of Impact of Triangle of Care. This would involve a working group involving Carers, Carer Centre Leads, representation from Tyne and Wear Citizens Programme and NTW. We are awaiting the findings from a national survey regarding Triangle of Care to influence the development of the evaluation tool and its implementation. Triangle of Care self-assessments and action plans are continuously monitored through the carer champion forums and individual wards and teams. Regular updates are provided and discussed throughout team meetings. Any outstanding actions from the action plans are discussed at the Trust Wide Triangle of Care Steering Group, which reports into the Trust Quality and Performance committee via the Service User and Carer Involvement and Experience group. We are awaiting enhancements to the electronic clinical record which will support the Getting To Know You process. Existing groups and structures are in place for Triangle of Care Children and Young People to report into. We are awaiting National Guidance for Triangle of Care and Young People Self-assessment.

The six key principles of Triangle of Care are:

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

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

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

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

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

6) A range of carer support services are available

How have the two Service User & Carer Experience 2018/19 Quality Priorities helped support the Service User & Carer Experience Quality Goal to work with you, your carers and your family to support your journey?

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

CQC Community Mental Health Service User Survey 2018

This national survey gathered information from over 12,000 adults across England who were in receipt of community mental health services between September 2017 and November 2017. NTW's response rate was broadly in line with the national response rate of 28%.

Figure 16: NTW's overall experience of care score 2014 to 2018

Overall, the Trust scored 7.0 (out of 10) in response to the question about overall experience of care. This was within the expected range for the Trust and the NTW result for this question has been relatively static for the last four years (see Figure 16).

Data source: CQC

When comparing results with other providers, CQC identifies whether a Trust performed "better", "worse" or "about the same" as the majority of trusts for each question. The results were an improvement against the previous year and there were three areas in 2018 where NTW performed better than other trusts to an extent that is not considered to be through chance. These related to the following questions:

- Do you know how to contact this person if you have a concern about their care? (answered by all who were told who was in charge of their care and services)
- Did you feel that decisions were made together by you and the person you saw during this discussion? (answered by all who had a formal meeting to discuss their care with someone from NHS mental health services in the last 12 months)
- Were you involved as much as you wanted to be in deciding what NHS therapies to use? (answered by those who have been receiving NHS therapies in the previous 12 months)

There were no areas where NTW performed worse than expected. Quantitative comments made by survey respondents can be grouped into the following themes:

• Waiting times
• Medication issues
• Continuity of care
• Accessing services in a crisis

The NTW scores by survey section are shown below, highlighting that NTW scores in the upper range of scores for all sections: None of the year on year score changes are considered statistically significant.

Table 7: National Mental Health Community Patient Survey results for 2016 to 2018

Survey section	2016 NTW score (out of 10)	2017 NTW score (out of 10)	**2018 NTW score (out of 10)**	2018 lowest – highest question score	2018 Position relative to other mental health trusts
1. Health and Social Care Workers	7.9	7.8	**7.4**	5.9– 7.7	About the Same
2. Organising Care	8.6	8.5	**8.6**	7.9 – 9.0	About the Same
3. Planning Care	7.0	7.0	**7.2**	5.9 – 7.5	About the Same
4. Reviewing Care	7.9	7.4	**8.0**	6.5 – 8.2	About the Same
5. Changes in who you see	6.0	6.7	**6.4**	5.1 – 7.3	About the Same
6. Crisis Care	6.5	6.2	**7.3**	5.8 – 7.9	About the Same
7. Treatments	7.6	7.6	**8.0**	6.7 – 8.5	About the Same
8. Support & Wellbeing	5.3	5.1	**5.0**	3.3 – 5.2	About the Same
9. Overall Views of Care and Services	7.6	7.4	**7.5**	5.8 – 7.8	About the Same
Overall Experience	**7.2**	**7.2**	**7.0**	**5.6 – 7.5**	

Data source: CQC

Complaints

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

Complaints have decreased during 2018/19 with a total of 483 received during the year. This is an overall decrease of 61 (11%) from 2017/18. Complaint categories where a significant reduction is noted in comparison to 2017/18 are:

Figure 17: Number of complaints received 2016/17 to 2018/19

Data source: NTW

- Complaints related to prescribing categories have reduced by 52%.
- Complaints related to appointment categories have reduced by 44%
- Complaints related to values and behaviours categories have decreased by 19%
- Complaints related to waiting times categories have decreased by 59%.

Complaint categories where an increase is noted in comparison to 2017/18 is communication; complaints categorised as communication have increased by 28%. At the time of writing, 41% of complaints categorised as communication were upheld or partially upheld.

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

Table 8: Number of complaints received by category 2016/17 to 2018/19

Complaint Category	2016/17	2017/18	2018/19
Patient Care	124	157	139
Communications	75	83	114
Values and Behaviours	64	109	87
Admissions and Discharges	21	37	24
Prescribing	26	31	15
Clinical Treatment	20	21	25
Appointments	20	22	18
Trust Admin/ Policies/ Procedures	17	17	22
Facilities	29	7	10
Other	13	13	4
Waiting Times	3	17	7

Complaint Category	2016/17	2017/18	2018/19
Access to Treatment or Drugs	7	10	9
Privacy, Dignity and Wellbeing	12	4	6
Restraint	4	2	0
Staff Numbers	0	2	2
Integrated Care	0	1	1
Commissioning	1	0	0
Consent	0	1	0
Total	436	544	483

Data source: NTW

Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. In 2018/19 we responded to complaints in line with agreed timescales in 90% of cases. Table 9 indicates the numbers of complaints and the associated outcomes for the past three years:

Table 9: Number (and percentage) of complaint outcomes 2016/17 to 2018/19

Complaint Outcome	2016/17	2017/18	2018/19
Closed – Not Upheld	135 (31%)	150 (27%)	132 (27%)
Closed – Partially Upheld	107 (25%)	163 (30%)	150 (31%)
Closed – Upheld	87 (20%)	80 (15%)	71 (15%)
Comment		1 (0%)	2 (0%)
Complaint withdrawn	50 (11%)	48 (9%)	42 (9%)
Decision not to investigate	5 (1%)	3 (1%)	4 (1%)
Query Completed			3 (1%)
Still awaiting completion	34 (8%)	72 (13%)	52 (11%)
Unable to investigate	17 (4%)	27 (5%)	27 (6%)
Total	436	544	483

Data source: NTW

Complaints referred to the Parliamentary and Health Service Ombudsman

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

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

Outcome of complaints considered by PHSO, as at 31 March 2019 there were 23 cases still ongoing and their current status at the time of writing is as follows:

Table 10: Outcome of complaints considered by the PHSO

Enquiry	18
Draft – partially upheld	1
Draft – not upheld	1
Intention to investigate	3

Data source: NTW/PHSO

Friends and Family Test – Service Users and Carers

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

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

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

Figure 18: Percentage of respondents who would or would not recommend the services they received to their friends and family 2016/17 to 2018/19

Would Recommend	Neither/Don't Know	Would Not Recommend
88% (2018/19)	**6% (2018/19)**	**6% (2018/19)**
87% (2017/18)	7% (2017/18)	7% (2017/18)
81% (2016/17)	13% (2016/17)	6% (2016/17)
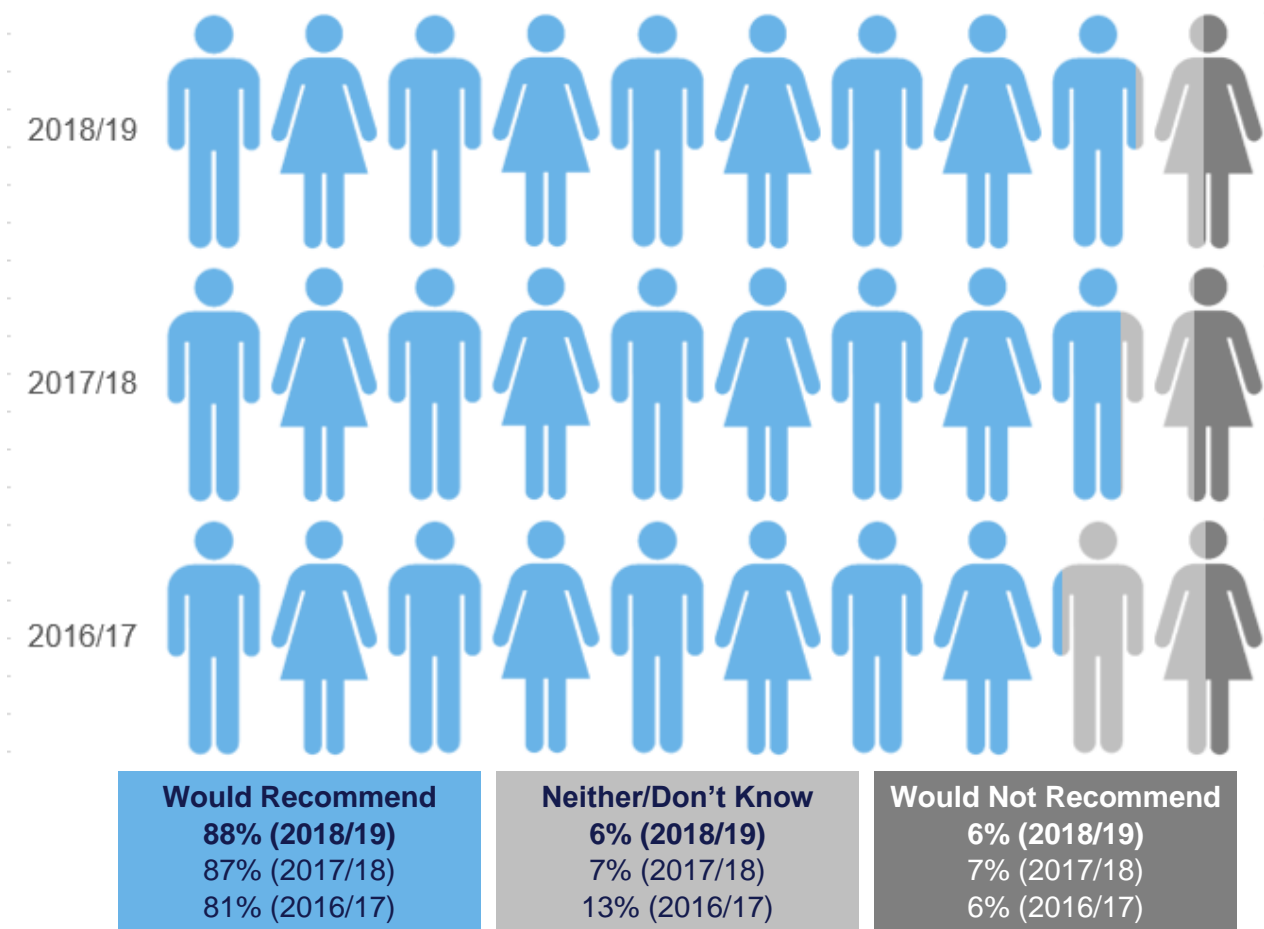
Data source: NTW

During 2018/19, 6,973 responses to the Friends and Family Test question were received which was a 6% increase in responses compared to 2017/18. Of respondents, 88% said they would recommend the service they received (rating of extremely likely or likely), this score has increased slightly compared to 2017/18. Six percent of respondents indicated they would not recommend the service they received (ratings of extremely unlikely or unlikely) which is also a small decrease compared to 2017/18.

Points of You Survey

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

The below Table 11 shows the questions asked in the survey and the results for the past 2 years, in 2018/19 we received feedback from approximately 5,000 service users and 1,600 carers (with an additional 400 responses here this information was not provided):

Table 11: Points of You question scores (out of 10), 2017/18 to 2018/19

Question	2017/18	2018/19
How kind and caring were staff to you?	9.3	**9.4**
Were you encouraged to have your say in the treatment or service received and what was going to happen?	8.5	**8.6**
Did we listen to you?	8.8	**8.9**
If you had any questions about the service being provided did you know who to talk to?	8.5	**8.5**
Were you given the information you needed?	9.0	**9.1**
Were you happy with how much time we spent with you?	8.2	**8.3**
Did staff help you to feel safe when we were working with you?	9.1	**9.2**
Overall did we help?	8.6	**8.7**

Data source: NTW

This data for 2018/19 can be displayed by service type, as per Table 12 below:

Table 12: Points of You responses by service type, January to March 2018

	Number of Responses 2018/19	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	**7101**	**9.4**	**8.6**	**8.9**	**8.5**	**9.1**	**8.3**	**9.2**	**8.7**
Neuro Rehab Inpatients (Acute Medicine)	99	9.7	8.4	8.9	8.8	9.1	8.2	9.4	9.2
Neuro Rehab Outpatients (Acute Outpatients)	682	9.8	9.2	9.4	9.3	9.6	9.0	9.6	9.5
Community mental health services for people with learning disabilities or autism	242	9.6	9.0	9.2	8.6	9.4	8.6	9.4	9.2

	Number of Responses 2018/19	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Community-based mental health services for adults of working age	1403	8.9	8.1	8.4	7.9	8.6	7.8	8.8	8.0
Community-based mental health services for older people	1821	9.7	8.8	9.2	8.5	9.4	8.6	9.5	9.1
Mental health crisis services and health-based places of safety	352	8.9	8.2	8.5	7.6	8.6	7.9	8.5	8.0
Acute wards for adults of working age and psychiatric intensive care units	177	8.5	7.1	7.7	8.0	8.3	7.4	8.3	8.3
Child and adolescent mental health wards	86	9.2	8.2	8.7	9.2	9.5	8.1	8.7	9.1
Forensic inpatient/secure ward	18	7.5	6.1	6.6	7.8	8.8	6.8	8.1	7.8
Long stay/rehabilitation mental health wards for working age adults	120	9.7	8.6	8.9	9.6	9.6	8.6	9.1	9.3
Wards for older people with mental health problems	94	9.7	8.7	8.9	9.3	9.5	8.7	9.2	9.4
Wards for people with learning disabilities or autism	28	8.7	8.3	8.2	8.1	8.1	8.1	9.3	8.7
Children and Young Peoples Community Mental Health Services	722	9.3	8.6	8.8	8.5	8.6	7.9	9.2	8.0
Substance Misuse	487	9.3	8.6	8.9	9.0	9.2	8.2	9.2	8.9
Other	691	9.6	8.7	9.1	9.2	9.5	8.6	9.4	9.1

Data source: NTW

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

2018/19 Clinical Effectiveness Quality Priority:

Embedding Trust values

We said we would:	Identify and reduce instances where we are not displaying the Trust values of being caring and compassionate, respectful, honest and transparent. Align themes and monitor complaints and feedback from staff, service users and carers to measure the progress of this Quality Priority.
Progress	**Partially Met** We have monitored feedback received in the year through a range of sources, to identify instances where services have not always demonstrated the Trust values of Caring, Respectful, Honest, and Transparent. These sources are: • complaints, • comments received via the Patient Advice and Liaison Services • general feedback and comments received through the Points of You service user and carer survey • feedback and comments received via social media • We have also aligned the categories used to theme comments received via the different sources, to assist comparison and analysis of data. • Specific analysis of responses to the Points of You question: "How kind and caring were staff to you?" shows a relatively stable position throughout the year trustwide, with the South locality consistently reporting the highest score to this question (score is out of ten): *Figure 19: Scored responses to Kind and caring experiences, by month 2018/19* *Figure 20: Kind and caring experience scores, by locality care group and month 2018/19*
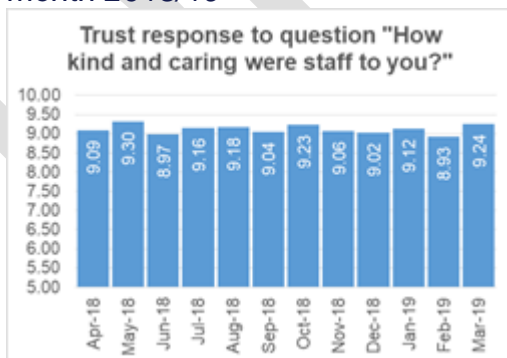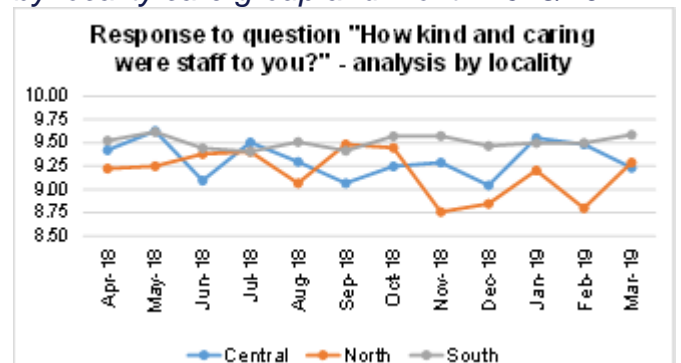
Other activities supporting this quality priority during the year include:

- A "Compassionate Leadership" training session was delivered to the Trust wide Nursing Leadership Forum focusing on value based appreciation of leading and managing teams in understanding the emotional needs of patients and families

- A Compassionate Leadership training workshop for Complaints and Serious incident investigators took place in November

- The 2019 Nursing Conference – Delivering Compassion in Practice: Shaping the Future was held in March. Reflecting on the achievements of the previous 5 year Nursing Strategy and going forward highlighting the unique position nurses hold in shaping patient experience and person centred care

- The Nursing Leadership forum have focused on specific initiatives to improve staff Heath & Wellbeing, for example a Pop up staff wellbeing café held at Monkwearmouth Hospital in January 2019

- The development of locality based action plans has not progressed as planned. This requirement will be reviewed during 2019-20.

Note that this activity will not continue to be classified as a quality priority in 2019-20. Ongoing work to support the Trust values will be monitored via the Trust Corporate Decisions Team - Quality group. Planned future activity includes:

- The development of a "Living the Values" staff recognition scheme
- Reflecting the focus on values through the development of the overarching Multi-professional Clinical Strategy
- The development (via the NTW Academy) and implementation of customer care training
- Continued promotion of the Trust values through initiatives such as Trust lanyards etc.

How has the Embedding Trust values Quality Priority helped support the Clinical Effectiveness Quality Goal of ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs?

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

Service Improvement and Developments throughout 2018/19

These are some of the key service improvements and developments that the Trust implemented during 2018/19

Northumberland

Specialised Children's Services

Over the last year, Ferndene has developed to provide services in a much more flexible way to meet the needs of young people. Wards have undertaken training and worked in partnership with community teams and other agencies to broaden the spectrum of young people they can provide care to.

Spanning no less than eight project areas across specialised children's services, teams and individuals are working together with service users and families to lead specialised children's services into a new era. Working in synergy, these projects have combined to deliver significant benefit.

Current data shows that these new ways of working have saved 2,000 out of area bed days compared with the baseline position. This is hugely beneficial to local young people and the financial savings associated with reduced out of area placements will remain within the local health economy, reinvested into healthcare services to further improve care provision.

North Tyneside

Mental Health Practitioners in Primary Care

The North Locality Care Group with key partners (CCG's and Primary Care) have recruited into additional senior nurse posts. These new innovative roles will undertake key tasks including, assessment and triage, evidence based psychological therapies, service development, and supervision to support the broader Primary Care Team for some GP

practices. This model of enhanced Primary Care is gaining prominence as a concept and is likely to be replicated across Localities

Newcastle and Gateshead

Agencies across Newcastle and Gateshead are working together to redesign mental health services, ensuring that people can easily access the right care and treatment for their needs within their community.

Enhanced Bed Management

We have supported the development of an Enhanced Bed Management (EBM) service to improve how it feels for people using our inpatient services across admission, treatment and discharge the process. This service:

- Uses the skills medical staff and Multi-Disciplinary Teams (MDTs) to support people moving through their care pathway including the discharge process.
- Uses the national role of Trusted Assessment in Mental Health services, NTW is the first mental health Trust to have implemented the national role of Trusted Assessment (TA) into mental health services.
- Has up to date information about potential delays, what might delay somebody's discharge and where beds are available. All this helps people to be moved through their care pathway more quickly and efficiently.
- Helps ensure that lengths of stay for our patients are appropriate.
- Helps to reduce the reliance on out of area beds.

This development has resulted in an enhanced bed management service which has created flow, efficiencies and productivity within the system. Implementation of new Information Technology systems, processes and the work of the staff, have all helped in the success of this innovative project.

Trusted assessors were discussed in all of the Newcastle Gateshead Delivering Together workshops in 2017. The role of the Trusted Assessor is to work with Multi-Disciplinary Teams to deliver an appropriate, timely and safe discharge. This new role is being evaluated over an 8 month period.

South Tyneside and Sunderland

Positive and safe in community services

A Positive and safe launch event was held in November 2018 for the community services within our locality. This was a fantastic opportunity to find out about the success of the strategy within inpatient services and consider how we can transfer the learning and good practice to the community. For the attendees this made complete sense and staff were really keen to make a start on implementing our own interventions following the event; acknowledging that the patients move from inpatients to the community and vice versa, therefore would recognise and understand the interventions.

We have commenced a Positive and safe forum and each of our community teams have nominated positive and safe representatives. The enthusiasm from the teams has been fantastic within 72 hours the staff were making changes and implementing interventions to improve the patient and carer experience. Examples were bringing in book cases and books for waiting areas as well as toys for children.

Lesson learned Reflective Forum for Community services

A reflective practice forum has been established within the community CBU to support the lessons learned framework. The forum, reviews all serious incidents, after action reviews and mortality reviews using a reflective model to consider any learning from the event and consider actions to reduce future reoccurrence. The forum also includes the sharing of good practice and positive news stories. To date the forum has engaged over 30 clinicians with representation from all community clinical services.

Non-medical prescribing (NMP) strategy

Developments are occurring within the South Tyneside community team with a view to evaluation and further roll out across other services. The work of the NMP lead also includes chairing a local NMP Development forum, supporting the supervision of NMPs and recruitment of Clinicians who wish to undertake training within this area (in line with the workforce plan).

NICE Guidance Assessments Completed 2018/19

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2018/19 the Trust undertook the following assessments against appropriate guidance to further improve quality of service provided. Assessments were conducted against all published NICE guidance deemed relevant to the Trust

Table 13: NICE Guidance Assessments Completed in 2018/19

Ref	Topic Details / Objective	Compliance Status/ main actions
QS 53	Anxiety	Partially Compliant: The development of an anxiety e-Pathway is an a important enabler in ensuring anxiety Interventions are evidence based
QS 139	Oral health promotion in the community	Partially Compliant: Develop a Service Level Agreement with the dental service in Newcastle upon Tyne Hospitals
NG6	Excess winter deaths and illness and the health risks associated with cold homes	Non-Compliant: Identify services within Northumberland that are appropriate for signposting patients
QS117	Preventing excess winter deaths and illness associated with cold homes	Non-Compliant: Align protocol to Safeguarding procedures
NG76	Child abuse and neglect	Fully Compliant: Recommendations specific to Child trafficking (1.3.45 – 1.3.47) requires adding to Safeguarding Children Policy (NTW(c) 04))
QS 88	Personality Disorders: Borderline and antisocial	Fully Compliant: Increase joint working and scaffolding between CYPS and adult services with clients undergoing transition (use of 'Moving on Plan' and the transition protocol).
QS147	Healthy workplaces: improving employee mental and physical health and wellbeing	Partially Compliant: CBUs ensure that there is a strategic approach to staff wellbeing and included in service development plans. All operational levels of decision-making take account of the impact on staff wellbeing and team resilience
QS 144	Care of Dying Adults in the last days of Life	Fully Compliant: Ensure medicines are available for safe administration when required and staff have an awareness of anticipatory medicines.
NG 108	Decision Making and Mental Capacity	Fully Compliant: Improvements to the formation of Patient Care plans- by supporting decision makers in relation to capacity assessments and best interest decisions

Ref	Topic Details / Objective	Compliance Status/ main actions
NG 93	Learning disabilities and behaviour that challenges: service design and delivery	Partially Compliant: It has been agreed by the Autism and Learning Disability Clinical Strategic Network to develop a PBS Steering group. The purpose of this group will be to oversee the maintenance of quality in the delivery of PBS. This will include the development and delivery of in-house training to new staff and to offer on-going training as part of an agreed Training-Star.
NG 56	Multimorbidity: clinical assessment and management	Partially Compliant: Need to optimize care for long term conditions -More integrated services
NG 54	Learning disabilities: identifying and managing mental health problems	Partially Compliant: We have expertise in therapeutic areas but not consistently across the Trust. The use of an agreed training strategy will enable the delivery of skills within house at a manageable pace within existing resources.
QS 142	Mental health problems in people with learning disabilities: prevention, assessment and management	

Data source: NTW

Part 2c

Mandatory Statements relating to the Quality of NHS Services Provided

Review of Services

During 2018/19 the Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 174 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 174 of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 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 2018/19.

Participation in clinical audits

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

The national clinical audits eligible for participation by Northumberland, Tyne and Wear NHS Trust during 2017/18 are shown in Table 14.

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

The national clinical audits that Northumberland, Tyne and Wear NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, are listed in Table 15 below alongside the number of cases submitted to each audit, and as a percentage of the number of registered cases required by the terms of that audit if applicable.

Table 14: National Clinical Audits 2017/18

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

Data source: NTW

Table 15: Cases submitted for National Clinical Audits 2017/18

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

Data source: NTW

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

Table 16: Actions to be taken in response to National Clinical Audits

	Project	Actions
1	Topic 16a: Rapid Tranquilisation (CA-16-0040)	Rapid Tranquilisation policy/e-learning package updated
2	Topic 7e: Monitoring of Patients Prescribed Lithium (CA-16-0045)	Awareness raising via Medicines Management Committee Newsletter and updated checklist put in place.

	Project	Actions
3	Topic 11c: Prescribing antipsychotic medication for people with dementia (CA-16-0046)	Review of existing RiO initiation, prescribing tools, electronic updates and prescribing forms.
4	Specialist Rehabilitation for Patients with Complex Needs following Major Injury: Response Times for Assessment and Admission, Functional Gain and Cost-Efficiency (CA-16-0084)	Appointment of an additional consultant, and the increased session support provided by another, have now addressed issues

Data source: NTW

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

Research

Participation in clinical research

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

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

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

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

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

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

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

Goals agreed with commissioners

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

The CQUIN framework aims to embed quality improvement and innovation at the heart of service provision and commissioner-provider discussions. It also ensures that local quality improvement priorities are discussed and agreed at board level in all organisations. It

enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

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

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

CQUIN Indicators

All CQUIN requirements for 2017/18 are fully delivered for quarters 1 to 3 and pending agreement for quarter 4. A summary of CQUIN indicators for 2017/18 and 2018/19 is shown in **Error! Reference source not found.** to **Error! Reference source not found.** below, with a summary of the actions completed for each indicator.

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

Data source (**Error! Reference source not found.** to **Error! Reference source not found.**): NHS England and NTW

Statements from the Care Quality Commission (CQC)

CareQuality Commission

Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding ☆

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

External Accreditations

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

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

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

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

Table 17: Current clinical external accreditations (March 2018)

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

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

Data source: NTW

Data Quality

Good quality information underpins the effective delivery of care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2019/20 the Trust will build upon the actions taken to ensure that we continually improve the quality of information we provide.

Table 18: Actions to be taken to improve data quality

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

Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements. We will monitor and improve our data quality in line with our CQUIN requirements, Specialised Mental Health (SMH) and the Aggregate Contract Monitoring (ACM) dataset
Quality Priorities	We will continue to develop a robust reporting structure to support the quality priorities relating to waiting times and improving inpatient care.
Outcome Measures	We will enhance the current analysis of outcome measures focusing on reporting information back to clinical teams.

Data source: NTW

North East Quality Observatory (NEQOS) Retrospective Benchmarking of **2017/18** Quality Account Indicators

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

NTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2017/18 with those of all other NHS Mental Health and Disability organisations. A summary of frequent indicators found in all Quality Accounts has been provided in Table 19 below:

Table 19: Nationally available Quality Account indicators for 2017/18

	Quality Account Indicators	Target	England Average	Peer*	NTW
1	Staff who would recommend the trust to their family/friends (%)	-	3.66	3.65	**3.81**
2	Admissions to adult urgent care wards gatekept by Crisis Resolution Home Treatment Teams (%) Q4 17/18	95%	98.7	98.8	**99.7**
3	Inpatients receiving follow up contact within 7 days of discharge (%) Q4 17/18	95%	95.5	95.7	**97.7**
4	Incidents of severe harm/death (%) 2017/18	-	1.1	1.7	**0.7**
5	CPA formal review within 12 months (per March 2018)	95%	77.8	85.8	**83.2**
6	EIP patients treated within 2 weeks March 2018	50%	75.9	80.5	**95.2**
7	FFT patients recommending service (%), Jan to March 2018		88.7	87.7	**89.1**
8	Written complaints per 1,000 FTEs, 2017/18		83.3	111.1	**55.2**

Data source: North East Quality Observatory

The above table shows that the Trust consistently performs above average.

Learning from Deaths

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

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

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

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

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

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

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

In relation to each quarter, this consisted of:

- 2 representing 0.94% for the first quarter;
- 1 representing 0.41% for the second quarter;
- 3 representing 1.07% for the third quarter;
- 2 representing 0.67% for the fourth quarter.

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

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

Risk Assessment

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

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

Physical Health

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

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

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

Prescribing of Medication

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

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

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

Record Keeping Standards

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

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

Carers' Support

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

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

Dissemination of Learning

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

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

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

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

NHS Number and General Medical Practice Code Validity

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

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

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

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

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

Information Governance Toolkit attainment

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

Clinical Coding error rate

Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Performance against mandated core indicators

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

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

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

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

Table 20: 7 day follow up data 2015/16 to 2017/18 (higher scores are better)

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

Data source: NHS England

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

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

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

Table 21: Gatekeeping data 2015/16 to 2017/18 (higher scores are better)

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

Data source: NHS England

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

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

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

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

Table 22: NHS staff survey data (question 21d)

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

Data source: Survey Coordination Centre

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

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

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

Table 23: Community Mental Health survey scores, 2015 to 2017

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

(score out of 10, higher are better)

Data source: CQC

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

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

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

Table 24: Patient Safety Incidents, National Reporting and Learning System

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

Indicator	Performance	2015/16 Q1-Q2	2015/16 Q3-Q4	2016/17 Q1-Q2	2016/17 Q3-Q4	**2017/18 Q1-Q2**	**2017/18 Q3-Q4**
(% of incidents reported)	Lowest national*	0.0%	0.1%	0.1%	0%	**0%**	

Data source: NHS Improvement

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

Part 3
Review of Quality Performance

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

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

NHS Improvement Single Oversight Framework

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

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Individual trusts are "segmented" by NHS Improvement according to the level of support each trust needs. In 2018/19 NTW has been assigned a segment of "1 – maximum autonomy".

Table 25: Self-assessment against the Single Oversight Framework as at March 2019 (previous year data in brackets where available)

	Period	Trustwide	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	South Tyneside CCG	Sunderland CCG
Patient Safety Quality Indicators							
Admissions to adult facilities of patients under 16	2018/19 *(2017/18)*	0 *(0)*	0 *(0)*	0 *(0)*	0 *(0)*	0 *(0)*	0 *(0)*
CPA follow up - proportion of discharges from hospital followed up within 7 days	2018/19 *(2017/18)*	96.8% *(97.2%)*	95.3% *(96.3%)*	99.0% *(98.1%)*	97.9% *(96.1%)*	95.1% *(97.4%)*	97.8% *(98.6%)*
Inappropriate Out of Area Placements *average beddays per month*	2018/19 *(2017/18 Q4 avg.per month)*	40 *(16)*	11 *(28)*	6 *(0)*	8 *(13)*	1 *(0)*	14 *(7)*
Clinical Effectiveness Quality Indicators							
% clients in settled accommodation	2018/19 *(2017/18)*	80.7% *(77.3%)*	82.8% *(79.9%)*	80.9% *(74.7%)*	84.5% *(79.8%)*	77.9% *(81.9%)*	81.4% *(73.9%)*
% clients in employment	2018/19 *(2017/18)*	6.7% *(6.5%)*	5.9% *(6.3%)*	8.7% *(8.9%)*	7.2% *(6.8%)*	9.0% *(4.7%)*	5.2% *(4.3%)*
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:							
• Inpatient wards	2018/19 *(31/03/2018)*	98.4% *(85.0%)*					
• Early intervention in psychosis services	2018/19 *(31/03/2018)*	90.7% *(76.7%)*					
• Community mental health services (people on care programme approach)	2018/19 *(31/03/2018)*	98.2% *(58.8%)*					
Data Quality Maturity Index (DQMI)	Qtr2 '18/19 *(Qtr2 17/18)*	95.8% *(91.7%)*					
IAPT- Proportion of people completing treatment who move to recovery	March 2018 *(Qtr4 16/17)*	55.3% *(52.4%)*					55.3% *(52.4%)*
Service User Experience Quality Indicators							
RTT Percentage of Incomplete (unseen) referrals waiting less than 18 weeks*	2018/19 *(2017/18)*	100% *(99.6%)*	100% *(98.6%)*	100% *(100%)*	100% *(100%)*	100% *(100%)*	100% *(100%)*
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	2018/19 *(2017/18)*	79.6% *(83.9%)*	66.7% *(76.7%)*	75.3% *(81.6%)*	80.8% *(74.0%)*	92.2% *(95.7%)*	98.6% *(95.1%)*
IAPT Waiting Times to begin treatment – incomplete							
• 6 weeks	March 2019 *(March 18)*	99.2% *(99.6%)*					99.2% *(99.6%)*
• 18 weeks	March 2019 *(March 18)*	99.8% *(100%)*					99.8% *(100%)*

Performance against contracts with local commissioners

During 2018/19 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCG's). Table 26 below highlights the targets and the performance of each CCG against them for quarter four 2018/19 (1 January 2019 to 31 March 2019).

Table 26: Contract performance targets 2017/18 Quarter 4 (2017/18 Quarter 4 in brackets)

CCG Contract performance targets Quarter 4 2017/18 (target in brackets)	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	Sunderland CCG	South Tyneside CCG
CPA Service Users reviewed in the last 12 months (95%)	97.5% (97.4%)	98.0% (93.3%)	97.0% (95.8%)	98.7% (98.0%)	98.0% (98.1%)
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	98.2% (99.0%)	97.2% (95.8%)	97.5% (93.5%)	97.8% (99.5%)	98.1% (98.5%)
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	96.0% (96.3%)	97.1% (93.6%)	96.6% (93.4%)	95.0% (95.6%)	96.2% (95.9%)
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	96.1% (97.1%)	98.3% (97.8%)	97.1% (96.1%)	96.2% (100%)	95.2% (100%)
Current delayed transfers of care -including social care (<7.5%)	1.7% (1.5%)	4.0% (2.6%)	2.4% (0.0%)	3.2% (0.9%)	4.6% (3.2%)
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%) Note that this relates only to a small number of consultant-led services	100% (98.6%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)
Current service users aged 18 and over with a valid NHS Number (99%)	99.9% (99.9%)	99.9% (99.7%)	99.9% (99.8%)	100% (99.7%)	100% (99.9%)
Current service users aged 18 and over with valid Ethnicity completed (90%)	93.5% (91.8%)	94.1% (93.9%)	92.9% (92.7%)	94.7% (96.2%)	90.6% (95.5%)
The number of people who have completed IAPT treatment during the reporting period (50%)	n/a	n/a	n/a	54.3% (54.9%)	n/a

Data source: NTW

Statutory and Mandatory Training for 2018/19

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

Table 27: Training position as at 31 March 2019

| Training Course	Trust Standard	Position at 31/03/2018	Position at 31/03/2019
Fire Training	85%	88.6%	90.1%
Health and Safety Training	85%	93.6%	95.8%
Moving and Handling Training	85%	94.4%	92.3%
Clinical Risk Training	85%	91.8%	77.5%
Clinical Supervision Training	85%	83.6%	87.9%
Safeguarding Children Training	85%	95.1%	92.6%
Safeguarding Adults Training	85%	94.2%	94.5%
Equality and Diversity Introduction	85%	94.0%	95.1%
Hand Hygiene Training	85%	93.2%	94.0%
Medicines Management Training	85%	83.8%	91.4%
Rapid Tranquilisation Training	85%	78.3%	91.2%
MHCT Clustering Training	85%	90.3%	87.7%
Mental Capacity Act / Mental Health Act / DOLS Combined Training	85%	74.3%	78.1%
Seclusion Training (Priority Areas)	85%	92.7%	94.1%
Dual Diagnosis Training	80%	89.2%	85.8%
PMVA Basic Training	85%	80.6%	79.4%
PMVA Breakaway Training	85%	82.3%	90.0%
Information Governance Training	95%	95.0%	94.4%
Records and Record Keeping Training	85%	98.3%	98.8%

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

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

Staff Absence through Sickness Rate

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

Figure 21: Monthly staff sickness, NTW and national, April 2015 to January 2018
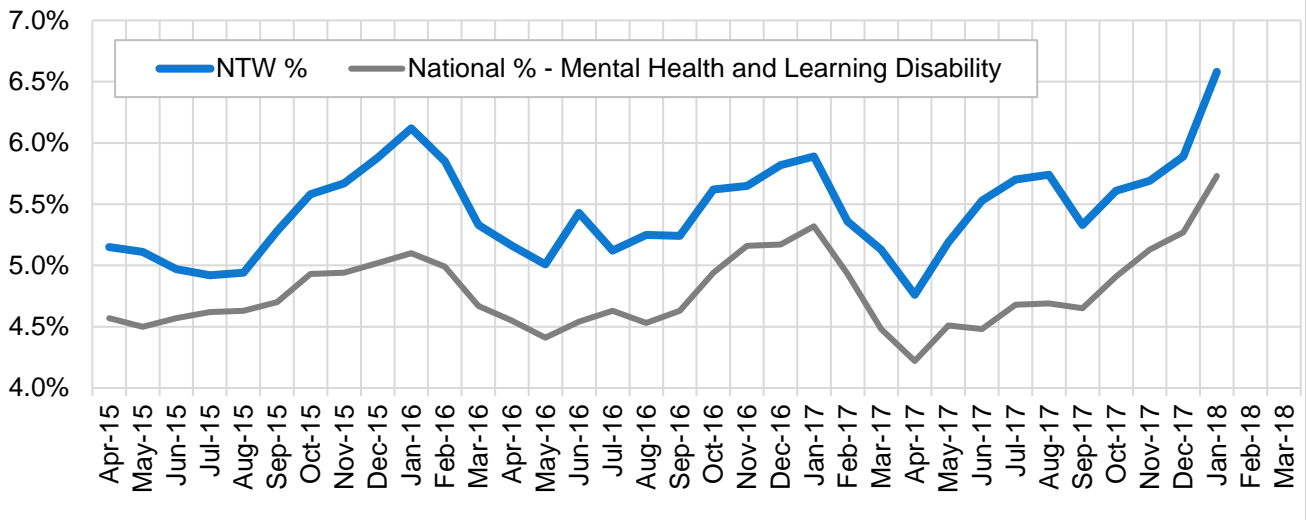
Data source: NHS Digital, Electronic Staff Record. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

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

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

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

Figure 22: NTW Sickness (in month) 2014/15 to 2017/18
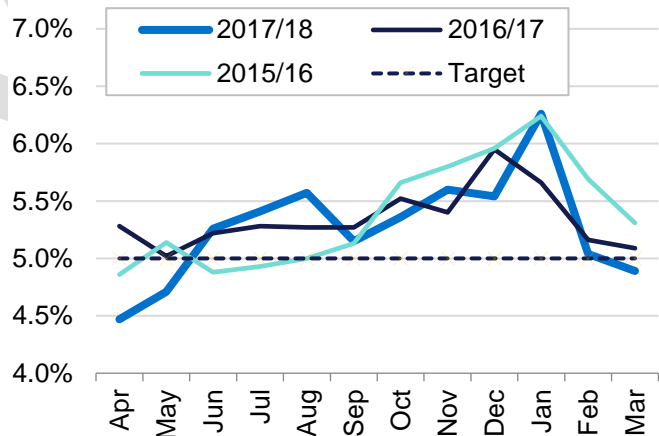
Data source: NTW. Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

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

Staff Survey

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

Table 28: NHS staff survey responses 2016- to 2017

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

Note Trust increase of 19 percentage points

Table 29: Top responses, Staff Survey 2017 Compared to 2016

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

Table 30: Bottom responses, Staff Survey 2017 Compared to 2016

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

Data source (Table 28 to Table 30): [Survey Coordination Centre.](#) Data includes NTW Solutions, a wholly owned subsidiary company of NTW.

Actions

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

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

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

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

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

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

TBC

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

TBC

Newcastle City Council Health Scrutiny Committee's statement:

TBC

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

TBC

Healthwatch Northumberland Statement:

TBC

Gateshead Council Overview and Scrutiny Committee's statement:

TBC

Healthwatch South Tyneside's Statement:

TBC

South Tyneside Council Overview and Scrutiny Committee's statement:

TBC

Sunderland City Council Overview and Scrutiny Committee's statement:

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CQC Registered locations

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

Table 31: CQC registered locations

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

Service Types:
CHC – Community health care services
LDC – Community based services for people with a learning disability
LTC – Long-term conditions services
MHC – Community based services for people with mental health needs
MLS – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse
PHS – Prison healthcare services
RHS – Rehabilitation services
SMC – Community based services for people who misuse substances

Table 32: CQC Registered Locations for social and residential activities

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

Data source (Table 31 and Table 32): CQC

Appendix 2
Local Clinical Audits undertaken in 2018/19

Board Assurance (6)		
1	CA-16-0023	Clinical Supervision
2	CA-16-0037	Medicines Management: Safe & Secure Medicines Handling
3	CA-16-0088	Learning Disabilities (Transforming Services)
4	CA-17-0001	Medicines Management: Audit of Prescribing Standards, Prescription Accuracy Checking and Drug Administration (Take 5 approach)
5	CA-17-0004	Seclusion 16-17
6	CA-17-0006	Care Co-ordination: Inpatient
Trust Programme (6)		
7	CA-16-0013	Re-audit of S136 suites and acute hospital emergency department psychiatric interview rooms within NTW area against quality and safety standards
8	CA-16-0048	Administration of Electroconvulsive Therapy (ECT)
9	CA-16-0079	Audit of Transition between Inpatient and Community Services
10	CA-17-0010	Domestic Abuse (MARAC) Audit
11	CA-17-0014	Evidencing Person Centred Care through Collaborative Care Planning within Older People's Inpatient Services
12	CA-17-0021	Evidencing Person Centred Care through Collaborative Care Planning within Older People's Inpatient Services
NICE Audits (3)		
13	CA-15-0092	NICE (Implementation) CG103: Audit of Clinical Practice Against Quality Delirium Standards
14	CA-16-0090	NICE (Implementation) GC161: Falls Post Baseline Audit
15	CA-15-0120	NICE (Baseline) CG128: Autism in Children & Young People
Medicines Management Audits (3)		
16	CA-15-0062	Audit of pharmacological therapies policy practice guidance note 17-Melatonin in paediatric sleep disorders
17	CA-16-0062	Controlled Drugs
18	CA-16-0073	Audit on the management of diabetes and hypoglycaemia
North Locality Care Group Audits (26)		
19	CA-14-0136	Advice on driving given to patients on psychotropic medication
20	CA-15-0031	Young person and parental involvement in clinical team meetings
21	CA-15-0032	Young person and parental involvement in Care Co-ordination reviews
22	CA-15-0112	Physical health monitoring in antipsychotic medication according to Trust Guidelines
23	CA-16-0014	Diagnosis and advice on non-pharmacological management of delirium in the acute hospital setting: Audit of adherence to NICE Quality Standards within the Northumberland Psychiatric Liaison Team

24	CA-16-0019	NICE CG72: Audit of transition of young people with ADHD to adult services against NICE Guidelines
25	CA-16-0021	Audit of team meeting documentation on RiO to ensure contemporaneousness of entries, actions following decisions or documented new decisions and changes to risk are recorded in the risk assessment document
26	CA-16-0027	Are patients with Alzheimer's disease in the Tynedale CMHT locality prescribed Memantine according to NICE guidelines?
27	CA-16-0051	Compliance with national agreed standard of completing a comprehensive MDT summary within 5 working days of discharge
28	CA-16-0055	Assessment of capacity in informal admission to WAA Inpatient Wards at St George's Hospital
29	CA-16-0061	An audit looking at benzodiazepine prescribing patterns in Crisis Services within NTW
30	CA-16-0065	An audit of annual physical health monitoring of children and adolescents on antipsychotic medication attending ADHD Clinics in Northumberland
31	CA-16-0066	Clozapine monitoring: are annual plasma tough levels being completed for patients who are prescribed clozapine in the community?
32	CA-16-0075	Are Complex Neurodevelopmental Disorders Service (CNDS) systematically assessing for comorbid mental health disorder as part of ASD second opinion assessments
33	CA-16-0081	Audit of borderline personality disorder: treatment and management, second cycle, Alnwood, St Nicholas Hospital
34	LLCA-99-0014	Audit of Benzodiazepine and Z-drug Prescribing
35	LLCA-99-0015	Do 72-hour meetings really occur within 72-hours of admission?
36	LLCA-99-0018	Re-Audit of physical health monitoring of patients with severe mental illness in a general adult community mental health team
37	LLCA-99-0022	Monitoring requirements for children and young people (<18) years) prescribed antipsychotics (except Clozapine) - an audit on adherence to Trust guidelines in the CYPS/LD population.
38	LLCA-17-0014	Retrospective audit of police disclosure requests and follow-up in acute adult inpatient ward (Embleton)
39	LLCA-17-0017	Vitamin D deficiency – monitoring and treatment in patients within the Medium Secure Unit (NICE PH56)
40	LLCA-17-0020	Re-audit of monitoring of side effects in patients taking depot antipsychotics using GASS or LUNSERS forms
41	LLCA-17-0021	Re-audit of ADHD medication height and weight monitoring on growth charts in CAMHS Inpatients (Ferndene & Alnwood)
42	LLCA-17-0037	The activity of CRHT Northumberland, focusing on facilitated and delayed admissions to acute wards due to bed availability measured against standards within the Crisis Care Concordat
43	LLCA-17-0041	Assessment of the frequency that staff assault is reported to the police in line with promoted Zero Tolerance for staff in the NHS
44	LLCA-17-0053	MDT Seclusion Review in RiO
South Locality Care Group Audits (26)		
45	CA-16-0041	Cardio-metabolic Monitoring of In-patients at Rose Lodge

46	CA-16-0053	Audit of Professional Standards Record Keeping and Consent (2016)
47	CA-16-0076	Audit of Record Keeping 2016
48	CA-14-0100	Prolactin level monitoring in patients receiving antipsychotics
49	CA-16-0042	Physical health monitoring in patients on High Dose Antipsychotic Therapy (HDAT)
50	CA-16-0025	NICE NG10: Are we adhering to NICE Guidance surrounding management violence and aggression in patients in seclusion in PICU at Hopewood Park?
51	CA-16-0052	An audit of the vocational rehabilitation assessment process at Northumberland Head Injuries Service against the British Society of Rehabilitation Medicine recommendations
52	CA-16-0032	Audit of Implementation of Trust's Risk Assessment Record-Keeping Policy within MS Rehabilitation Outpatient Clinics
53	LLCA-99-0003	An audit of timeframe of notifying GPs about patients who present with self-harm
54	LLCA-99-0004	Audit of compliance with NICE and Maudsley guidelines on psychotropic prescribing in delirium
55	LLCA-99-0010	Clozapine related side effects monitoring and management practices audit
56	LLCA-99-0011	Concordance with NICE Guidelines on pharmacologic management of depression and recommended therapeutic monitoring with Liaison Psychiatry
57	LLCA-99-0019	Clinical Record Keeping Standards in patients under 65: referral to Memory Assessment and Management Service (MAMS)
58	LLCA-99-0020	Are we providing a Neuro Rehabilitation MS Service responsive to the needs of people with cognitive impairment?
59	LLCA-99-0024	Physical health monitoring for patients on Clozapine
60	LLCA-99-0025	Audit of cardiovascular monitoring with the use of AChEI's within the Memory Protection Service
61	LLCA-99-0026	Triage documentation audit for the measurement and recording of documentation standards quality and processes
62	LLCA-99-0027	Are 72-hour meetings being completed within the recommended time limit on organic inpatient wards (Mowbray & Roker)?
63	LLCA-99-0028	Family / Carer involvement including Getting to Know You
64	LLCA-17-0006	Re-audit of the use of Psychotropic Medication Patients with Brain Injury
65	LLCA-17-0007	Clinical audit of South Tyneside Old Age Psychiatry Community Consultant telephone case discussions recording in RiO
66	LLCA-17-0010	Long term medicines management – are community depot prescriptions being reviewed?
67	LLCA-17-0011	Audit of discharge summary process and accuracy
68	LLCA-17-0028	Q-Risk scores and statins in secondary (community) and tertiary (in-patient) mental health services
69	LLCA-17-0034	Re-audit of the transition of young people with ADHD to Adult services
70	LLCA-17-0059	Audit of uptake of planned CTERs in the LD CYPS Team, South of Tyne

Central Locality Care Group Audits (35)		
71	CA-15-0042	Antipsychotic Use in Patients with Dementia at Castleside Day Unit
72	CA-16-0063	Evidencing Person Centred Care through collaborative Care Planning within Older People's in-patient services
73	CA-15-0121	NICE NO 205 Clinical Audit on Use of ECT as a Quality Monitoring Tool
74	CA-16-0049	CG 178: ECG monitoring and recording practice on acute admission service
75	CA-16-0054	Assessment of compliance with standards of physical health monitoring: Pregnancy as a crucial aspect of Physical Health Monitoring amongst women of reproductive age group (15-44) in an in-patient psychiatry setting
76	CA-16-0068	Baseline monitoring on initiation of antipsychotics in the elderly (>65 years) in concordance with NICE Guidelines
77	CA-15-0117	Audit of secondary care prescribing through GP letters and Outpatient Recommendation Forms issued by the North Tyneside West CMHT (Longbenton)
78	CA-16-0056	Re-audit of side effect monitoring of patients receiving depot antipsychotics in North Tyneside West CMHT (Longbenton)
79	CA-16-0069	Melatonin Prescribing Practices in Newcastle/Gateshead Tier 3 CYPS Team
80	CA-16-0085	Management of Weight Loss in ADHD Patients in Newcastle CYPS
81	CA-16-0091	Assessment of compliance with standards of physical health monitoring: Pregnancy as a crucial aspect of Physical Health Monitoring amongst women of reproductive age group (15-44) in an in-patient psychiatry setting
82	CA-16-0064	Discharge Summaries for Older People's In-Patient Services
83	CA-16-0074	Re-audit of assessment of the quality of smoking cessation provision and documentation in a forensic inpatient unit
84	LLCA-99-0006	Improving physical healthcare to reduce premature mortality in people with serious mental illness
85	LLCA-99-0008	Documentation of risk management plan in Liaison Psychiatry in accordance with NICE CG16 & 133
86	LLCA-99-0009	Audit of compliance with prescribing guidelines for depot antipsychotics (UHM-PGN-02 Prescribing Medications V01)
87	LLCA-99-0016	The discussion of naloxone provision in the treatment of newly-released prisoners with opiate addiction
88	LLCA-99-0017	Audit of take home naloxone prescribing within Newcastle Addictions Services
89	LLCA-17-0001	To assess the implementation of the Share Care Plan in Children with Learning Disabilities and ADHD and their general practitioner in accordance with NICE Guidance
90	LLCA-17-0002	Re-audit of practice in Adult ADHD patients with comorbid substance use disorder against relevant NICE guidelines and BAP guidelines
91	LLCA-17-0003	High Dose Antipsychotic Therapy Monitoring re-audit
92	LLCA-17-0004	An audit of referral guidelines in the Oswin Unit, Medium Secure Personality Disorder Unit

93	LLCA-17-0016	ECG Monitoring & Recording Practice on Acute Admission Service (Re-audit of CA-16-0049).
94	LLCA-17-0022	Are moderate NE referrals to the Older Persons CTT Single Point Access processed and seen face to face with a clinician within 28 day target
95	LLCA-17-0024	Monitoring of lithium levels at Castleside Day Hospital
96	LLCA-17-0029	Antipsychotic medication for first episode psychosis: an audit of NICE clinical guideline recommendations for psychosis and schizophrenia an children and young people (CG 155)
97	LLCA-17-0030	NICE NO205 Clinical Audit on Use of ECT as a Quality Monitoring Tool
98	LLCA-17-0032	Consultant - Consultant Handover
99	LLCA-17-0033	An Audit against Trust Standards for VTE assessments in Forensic Inpatients
100	LLCA-17-0035	Audit of the database at Plummer Court
101	LLCA-17-0044	Evaluation of NICE Guidance on the Review of Antipsychotic Prescribing in people with Dementia
102	LLCA-17-0050	NICE CG28: Retrospective review of patients who were initiated on medication beginning of August 2017 until end December 2017
103	LLCA-17-0052	Has overestimation of QTc on ECG led to a change in choice of medication?
104	LLCA-17-0056	Driving & Dementia Audit
105	LLCA-17-0058	Completion of FACE Risk Forms on same day as assessment by the Crisis Team

Data source: NTW

Statement of Directors' Responsibilities in respect of the Quality Report

TBC

Limited Assurance Report on the content of the Quality Report

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Glossary

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

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

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

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

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

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