



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

# Triangle of Care

## Annual Report

### 2019-2020



Caring | Discovering | Growing | **Together**

# CONTENTS

1. Introduction
2. Purpose of the report
3. Progress and Development
  - 3.1 North Locality
  - 3.2 Central Locality
  - 3.3 South Locality
  - 3.4 North Cumbria Locality
4. Adapting during the pandemic
  - 4.1 North Locality
  - 4.2 Central Locality
  - 4.3 South Locality
  - 4.4 North Cumbria Locality
5. Overview
6. Future Plans

## Appendix 1: COVID-19 Carer Champion Feedback Report

## 1. Introduction

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) provides mental healthcare and disability services across the North East and North Cumbria.

The Trust was formed in 2019 when the mental health and learning disability services in North Cumbria were transferred to Northumberland, Tyne and Wear NHS Foundation Trust.

Northumberland, Tyne and Wear NHS Foundation Trust was created back in 2006. This was through the merger of three different NHS trusts: Newcastle, North Tyneside and Northumberland Mental Health NHS Trust; South of Tyne and Wearside Mental Health NHS Trust; and Northgate and Prudhoe NHS Trust.

Since then, there have been some dramatic changes that have helped shape how we care and support the people we serve. For instance, we have been able to provide some state-of-the-art facilities, which have dramatically improved inpatient services.

In August 2016 we were rated 'outstanding' by the [Care Quality Commission](#), one of the first mental health Trusts in the country to achieve this. In 2018 we were again awarded an outstanding rating.

The Trust works from more than 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland and have more than 7,000 people working for us. We also run a number of regional and national specialist services and along with partners, we deliver support to people in their own homes, and from community and hospital-based premises.

The services we provide are divided into four sections, which are organised geographically into 'locality care groups'. These are known as North, Central, South and North Cumbria.

### **Our main sites are:**

[St. Nicholas Hospital, Newcastle upon Tyne](#)

[St. George's Park, Morpeth, Northumberland](#)

[Northgate Hospital, Morpeth, Northumberland](#)

[Ferdene, Prudhoe, Northumberland](#)

[Walkergate Park, Newcastle upon Tyne](#)

[Hopewood Park, Sunderland](#)

[Monkwearmouth Hospital, Sunderland](#)

[Carleton Clinic, Cumbria](#)

We also provide services from a number of smaller units, including Benton House, Plummer Court and the Campus of Ageing and Vitality in Newcastle upon Tyne.

## 2. Purpose of the report

This report provides details of how Triangle of Care standards have continued to be implemented, progressed and developed.

Being a carer for someone living with a severe mental illness can be challenging at the best of times, but the current situation has created additional problems. As with other organisations, our Trust has had to face new challenges during recent months, and respond in order to maintain and improve upon what we do for our service users and carers.

This report also aims to capture the response of our services and Carer Champions during these extraordinary times of coronavirus, and how they have maintained contact with carers during the COVID-19 pandemic.

### **3. Progress and Development**

Our Trust continues to deliver high quality, sustainable services for our local communities, to meet our service user and carer needs through structured geographically services in the North, Central, South and North Cumbria Localities. By working in this way it allows us to focus more on local populations and service user and carer needs.

Carer Champions remain vital to the successful implementation of the Triangle of Care in wards and community teams. Supporting carer engagement and involvement is everyone's responsibility; however, a Carer Champion is a member of staff who is willing to act as a key contact for carer information for the team where they work.

There are over 300 Carer Champions deployed over the 4 localities of the Trust. They ensure that all members of their team are made aware of Triangle of Care standards and best practice, carer legislation and keep them informed of local carer services and events. They also ensure that their team has sufficient information to enable each member to involve and inform carers in accordance with the principles of 'Working together to support the person you care for'.

#### **3.1 North Locality**

In the North locality, a Triangle of Care Locality Group meeting is held bi-monthly, which is well attended by Carers, Northumberland Carers and the ToC Service Leads, and Ward Leads. This group oversees the management of service level action plans which are well maintained, and provides support to services that are new to ToC and are developing their plan. The ToC meeting is instrumental to maintaining momentum, monitoring ToC action plans and sharing good practice.

The plans are examined at each ToC meeting where sections and ratings are discussed in order to support and share good practice. Carers awareness training has been rolled out in partnership with Carers Trust organisations in both North Tyneside and Northumberland. This Group, have representation at both North Tyneside and Northumberland Carers Partnership Boards.

A key theme and challenge across North services has been the appropriateness of some ToC criteria for specialised services such as Northumberland Recovery Partnership (NRP) and Learning Disability Services, as advanced directives are not applicable, and also Children and Young People's Services (CYPS) where Parent Carers are not recognised for Carers Assessments. Therefore all community services for these areas continue to show red for those specific criteria. South Northumberland is making good progress with the Getting to Know You Process.

Good links with the west carers group (Hexham) and some links to the north carers group (Berwick). CYPS (specialist) have regular meetings with carers and make regular contact despite their geographical area being wider than the norm. Northumberland Memory Services are sending a questionnaire to all service users and carers who have been through the post diagnostic appointment. The questionnaire has been designed specifically for the

service in order to gather feedback which will help to design future improvements. NRP are currently communicating with Escape to offer drop in sessions within NRP base.

Involvement in the NT Carers Partnership Board has led to a multi-agency offer to carers including a multi-agency sign up to a Carers assessment pathway. Recently delivered ward based training on 5P's Plus plan formulation which involved carers in the development of the training and the offer continues as opportunities are shared with carers for areas such as family therapy training: planning to co-develop all training.

### **Good Practice**

- Carers are consulted about the initial Care Plan and risk management plan and are asked for feedback when the client is discharged from the service.
- Carers are members of the North Locality Involvement and Experience Group.
- Specific Carer focused job roles are evident in CYPs (specialist) and the south Northumberland community treatment team.
- Community Carer Champions meetings continue to be held, with the Chair(s) and a Patient and Carer Involvement Facilitator supporting new and experienced Champions to share information and approaches to take back to the service teams.

### **Challenges**

System pressures and the recent pandemic have impacted on attendance at ward Carer Champion meetings however a carer support group has been maintained on the St. George's site, and a virtual carer forum has been set up with conversations to broaden this across other wards. ToC and carers issues are regularly included in leads and team meetings.

## **3.2 Central Locality**

All of Central services have processes in place to embed and review TOC, there are variations in meeting processes but clear systems in place to maintain awareness of the action plans and reviewing of the self-assessment documentation. Carers awareness training continues to be rolled out across all services.

All staff are using the Getting to know you process, and all area's look at and analyse any points of view comments that are made regarding the service and action any areas which need attention but highlight areas of good practice. A number of teams within Central area have highlighted the need to promote points of you.

Carer involvement and support starts from the time of referral when initial contact is made via regular telephone calls or regular meetings throughout the 12 weeks of involvement from Behaviour Support Service. Carers are involved in supporting gathering of relevant information e.g. completion of personal profile, may attend information sharing sessions with staff at the home if they so wish, given copies of relevant letters and formulation diagrams and written interventions. They also complete feedback forms at end of Behaviour Support Service input to assist in service review and development. Carer Champion for Behaviour Support Service and Team Lead meet 3 monthly to review and update ToC action plan where appropriate.

Carer Champions feedback to the business meetings monthly within community services. Clinical lead meets 3 monthly with carer champion to review action plan and update as required, this practice is well embedded across all areas. Triangle of Care is allocated to the

appropriate members of the teams who take ownership. Carer champions are members of the local involvement and experience forum.

Secure Care within Bamburgh Clinic develop a quarterly Carers Newsletter which is coproduced by patients. Carers Centre staff attend the Central Community Carer Champion Forum as well as Carer information being distributed via business meetings and via emails. Newcastle Carers Centre send their newsletter to the Newcastle Leads who disseminate this across the teams.

Secure care contact carers (if known) at referral point and ensure Getting to Know You is completed within 72 hours. This is monitored through the performance dashboards. All inpatient areas have 'at a glance' boards which show Carer contact has been completed, quality checks are carried out by the senior clinical team.

Carers are offered copies of care plans for patients/service users who have given consent. If consent has not been gained then carers are made aware that they can still speak in confidence to the service to air any concerns they have and will be listened to and signposted to the relevant source of support, but they cannot be given any confidential information about the service user due to lack of consent to share.

Also REACT (Relative Education and Coping Toolkit) is prompted within Early Intervention in Psychosis (EIP). This is a helpful resource for carer forums, information and resources are available for carers within their area and how to access these. Secure Care are in the process of offering an honorary contract for carer involvement initiatives to Sheena Foster who was once of the authors of The Carers Toolkit for secure care.

### **Good Practice**

- All action plans are reviewed and updated though local forums within each locality, Nurse Associate directors oversee the reviews.
- Self-assessment to be completed in newly developed teams with support from Modern Matron and Nurse Directors.
- Carers are members of the Central Locality Involvement and Experience Group.
- Community services are increasing their knowledge around services available for carers.
- All areas hold regular carers events.
- Points of You feedback is reviewed within the Involvement and Experience Forums.
- Community services have worked collectively with Young Smiles Carers Group to help staff to identify young carers and signpost families to support options.
- Services have links with all local carer centres, carer centres can sign post carers who are out of area to their own local centres.
- Areas have active family therapy who engage as required.

### **Challenges**

Community services have identified challenges with engaging carers of service users who they only review on a 6 or 12 month basis, once service users are stable they no longer feel they need a carer to be identified. Community services do offer family members the opportunity to discuss issues but there is not much uptake with this initiative. The other issues are the difficulty addressing cultural needs of carers at times, which is where 'amber' is mostly indicated on the RAG rating, as well as translating information provided to carers whose first language is not English.

### 3.3 South Locality

All Clinical Business Units (CBUs) have Triangle of Care firmly embedded, and all service areas have ToC action plans in place in the South Locality. TOC is identified on all Locality Involvement and Experience Group meeting Agendas. Carer Champions provide updates across the Teams following Locality meetings and feedback is discussed at Managers meetings and / or Business meetings supporting review and updates of the Action Plans. Carer meetings take place every other month, in addition to Locality based involvement groups, and action plans are reviewed to identify and ensure progress.

Carer awareness training and relationships with carer organisations has improved overall however requires further development to maintain momentum. Training for all staff (including admin and non-clinical) includes identification of carers and young carers to be tailored for each area/demographic. Young carers and teams to share understanding and expectations of each other. Teams have invited Carers Centres staff and representatives to come into services and share information not only with staff but with carers themselves.

Specialist services have made the most progress and developed a working 'involvement group' as this was possibly the most challenging in terms of accessing carers. Although at the early stages they have agreed to review the standards as set out in the 'triangle of care' and 'together strategy', with the aim of registering a service audit that will evaluate current practice and offer recommendations that will be informed by the service user and carer group.

Progress has been made against the action plans with any disparity between service areas having clear explanations of why this may be the case. A full new self-evaluation has taken place within inpatient services - 13 individual wards, this was completed where possible with carer involvement. New action plans have been developed which can be mapped on previous plans to determine progress. An 'at a glance' chart has been developed for the 13 wards outlining the RAG ratings against each criteria. This has assisted identification of themes across the inpatient CBU and allow wards to support each other with the standards.

Training to be implemented to identify 'hidden' carers such as young carers, and further links with Young Carers organisations, to support staff teams to bring this to the forefront of services. Standard 3.7 is variable across CBUs as Wards use advanced statements, and Access use contingency/care plan/wrap plan/formulation plan, linked to 5P' formulation. Separate recording for carers' appointments is variable also, as the only option to record in a separate section of the patient record is the Getting to Know You form.

#### **Good Practice**

- Protected time for carer leads to provide carer appointments.
- Carers are members the South Locality Involvement and Experience Group.
- Carers involved with formulations (Newcastle Model) on older persons wards supporting collaborative working from admission.
- In older adults inpatient wards we are involving carers in the 72 hour meeting process more and this should improve quality significantly.
- Peer supporters are improving collaboration with carers for example, a Peer Supporter holds a 'Carer Drop In' which is well attended and allows more conducive support and collaboration.

- Carers are invited to attend the South Locality Inpatient Service User and Carer involvement forum. Their contribution is invaluable as this allows us to gain the carers perspective upon issues that arise.
- In Addictions service information is on display requesting feedback from carers and a separate appointment is always offered at the carer hub.
- Carers are offered individual appointments by carer leads within all teams.
- Carers are invited to MDT discussions around leave, transitions and discharge and actively encouraged to be involved in the planning of care and treatment and decision making.
- Feedback from carers is provided in various ways including compliments, complaints, Points of You, Getting to Know You and involvement groups.
- Carers co- deliver training with staff which would include carer awareness training and some clinical training.
- Carers enlisted to help shape services, can opt for areas to be involved in e.g. recruitment via involvement bank.

### **Challenges**

The Adult and Learning Disabilities Wards struggle with the term 'Carer' as often they are parents, wives, husbands, family or friends and the perception of them being a carer is not a familiar term to them. There is scope for how they want to be referred to within the Getting to know you documentation.

In Addictions there are challenges when attempting to identify and engage the carer when two service users are in a relationship, and both are in receipt of services and when consent is not given by the service user. Addictions are reviewing the Getting to Know You process which is not currently used across the partnership, to improve the recording of carer information.

### **3.4 North Cumbria Locality**

As mentioned in the introduction, mental health and learning disability services in North Cumbria were transferred into the Trust in October 2019. Staff carer awareness training is being rolled out across the locality, and Trust documents such as the getting to know you tool are in use. Triangle of Care Leads have been identified across the Clinical Business Units.

All inpatients services have embedded ToC into their processes and quarterly reviews of the ToC self-assessment are held to consider and progress action plans.

Involvement Facilitators have supported the introduction of Carer Champion forums which have been running monthly since April 2020. Community services are gathering information and looking to follow the same model which will evolve into a Carer Champion forum

### **Good Practice**

- Carers are consulted about the initial Care Plan and risk management plan.
- Carers are members of the North Cumbria Locality Involvement and Experience Group.
- Specific Carer focused job roles.
- Carer Champions meetings continue to be held, with the Chair(s) and Patient and Carer Involvement Facilitators supporting new and experienced Champions to share information and approaches to take back to the service teams.
- ToC and carers issues are regularly included in leads and team meetings.

## Challenges

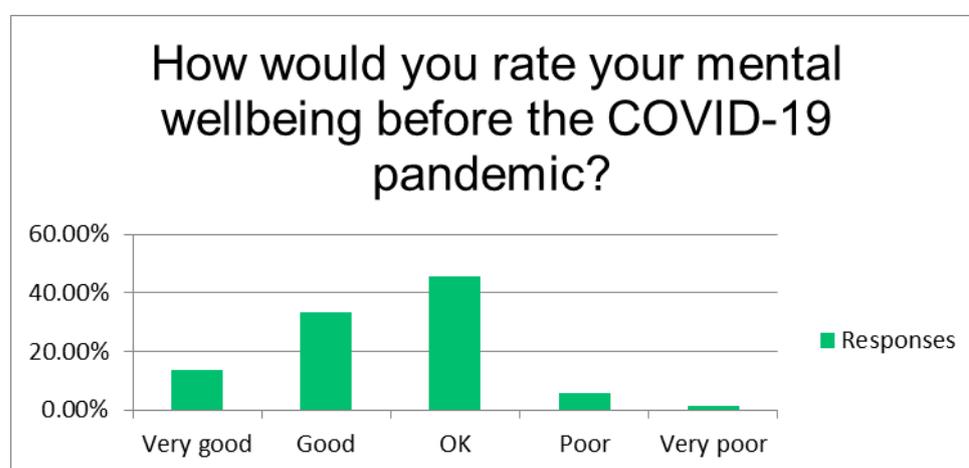
The recent pandemic has impacted on the speed of progress for improving performance in relation to ToC standards, however virtual forums have been set up with conversations informing our services.

### 4. Adapting during Pandemic

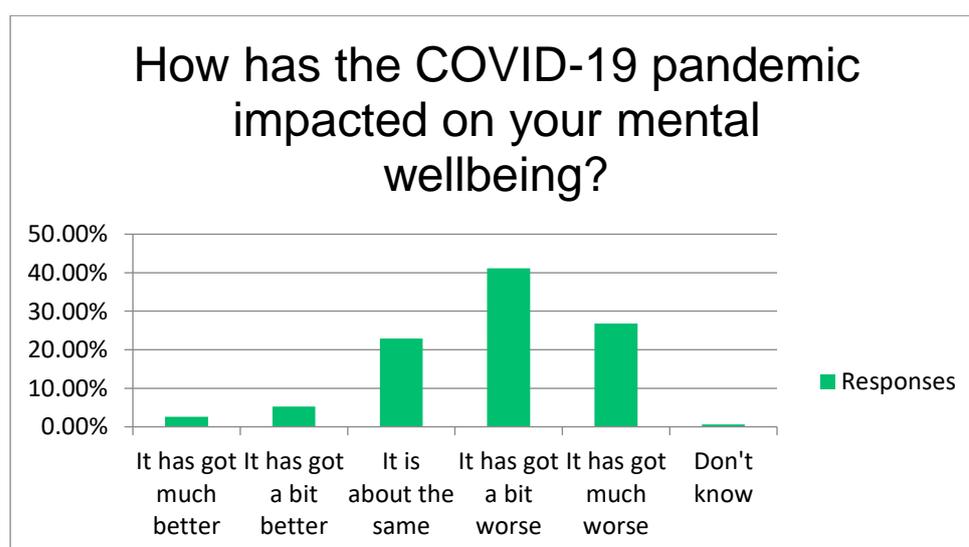
Carer Champions from across CNTW shared how their teams have supported carers through the COVID-19 pandemic. A more detailed report on the details of how they and their team have maintained contact with carers in their service areas, as well as any carer and service user views already known, good practice and lessons learned, is provided as an appendix to this report.

To further understand the impact of the COVID-19 pandemic on carers, the Trust launched a carer experience survey in June 2020. The survey focused on 5 main areas:

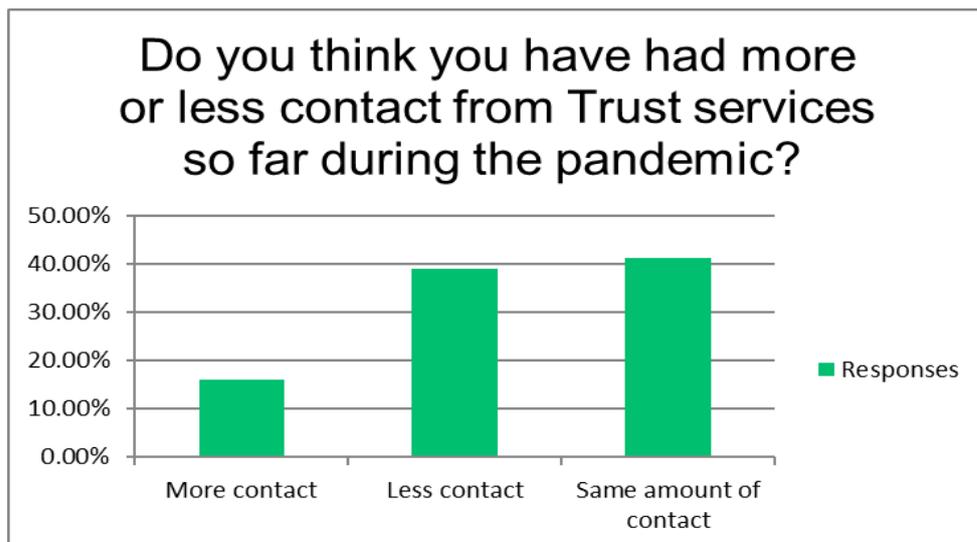
#### 1. Mental wellbeing before the pandemic



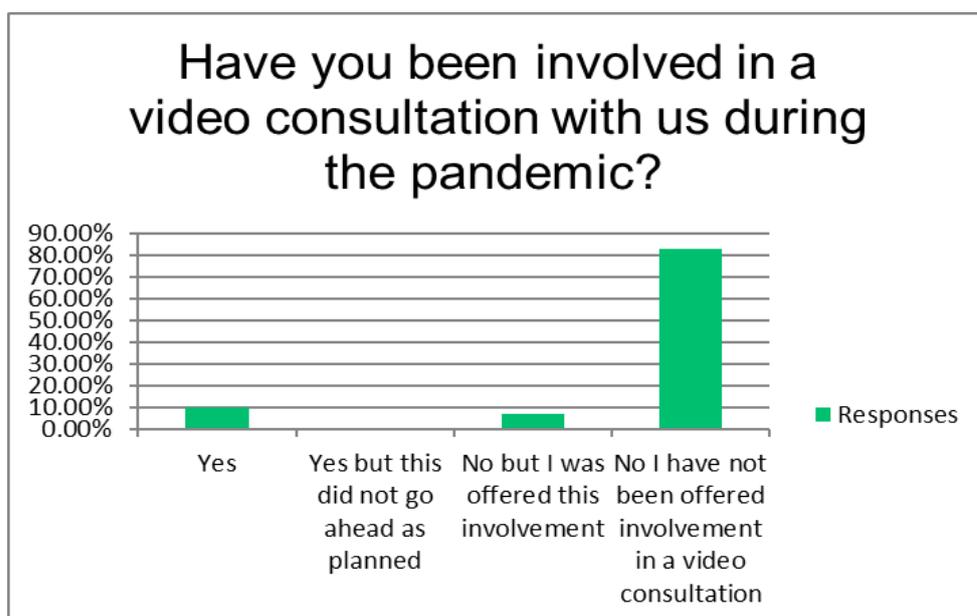
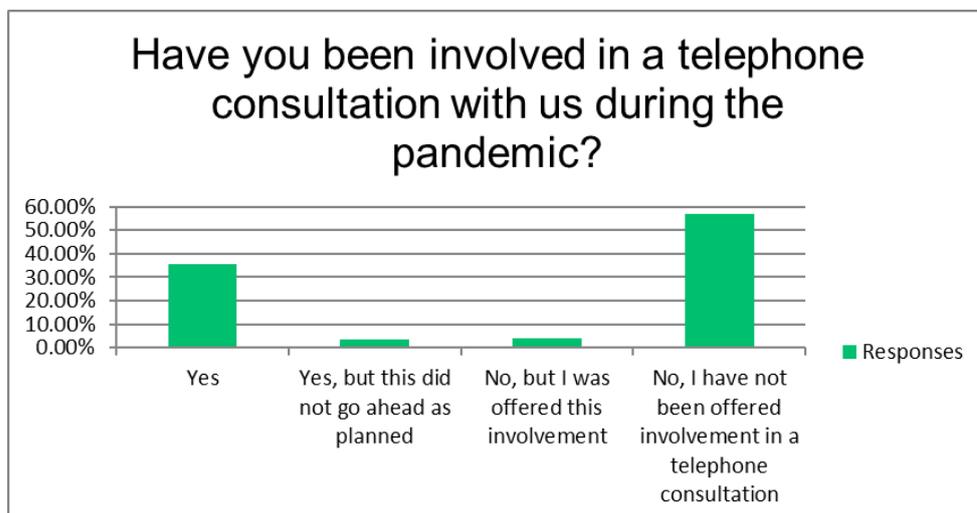
#### 2. How mental wellbeing has been affected by the pandemic



3. Experience of accessing services during the pandemic



4. How services have changed during the pandemic



## 5. Learning from experiences

Carer experiences were found to differ considerably. 57.5% of those carers who took part in the survey confirmed that they had received the same level of, or more, contact from our services during the pandemic. Reasons for more frequent contact were 'telephone calls more frequent than outpatient appointment', 'it's been great' and 'emails with updated information have been sent everyday'. Those who said they had less contact mentioned 'no support', '5 minute call every two weeks doesn't amount to much', and that there was a 'change of staff'.

The survey indicated that 57% of carers who took part, had not been offered involvement in a telephone consultation. No-one who had been offered a telephone consultation had a negative experience, with the most common theme being 'friendly helpful staff'. Disappointingly, the survey identified that only 11.8% of those carers taking part were referred to support services or groups during pandemic. The report provides an indication of where the Trust will need to look at improving in the future.

### 4.1 North Locality

There are 73 Carer Champions across all 4 Clinical Business Units in the North Locality.

Common themes across services, on how they have stayed connected with carers included:

- Regular telephone contact with carers from staff, to update them on service users health and wellbeing and enquire about the carers health and wellbeing,
- Regular telephone contact between carers and service users,
- The introduction of iPads to specific wards allowed service users to maintain contact with family/carers using Skype or Microsoft Teams.

In addition to the common themes there has been considerable bespoke work happening in service areas in order to keep in touch and support carers, including Online Carer Groups, newsletters and activity packs.

### 4.2. Central Locality

There are 127 Carer Champions working across the four Community Business Units (CBU) in the Central Locality (Newcastle and Gateshead): 49 service areas in all within Inpatients, Access, Community and Secure Services.

Common themes across services, on how they have stayed connected with carers included:

- Regular telephone contact with carers from staff, to update them on service users health and wellbeing and enquire about the carers health and wellbeing,
- Regular telephone contact between carers and service users,
- Continuation of completing 'getting to know you',
- Newsletters and involvement communications have been emailed to carers,
- Letters and photos sent to carers,
- Easy read communications options made available,
- Use of KIT computers to Skype with family/friends/carers,
- The introduction of iPad's to specific wards allowed service users to maintain contact with family/carers using Skype or Microsoft Teams.

In addition to the common themes there has been considerable bespoke work happening in service areas in order to keep in touch and support carers, including packs from Occupational Therapists (OT's) which offers information, activities and recipes to do while in lockdown.

#### **4.3 South Locality**

There are 142 Carer Champions across the 4 Clinical Business Units within the South Locality (Sunderland and South Tyneside): Access, Inpatients, Community and Neurological and Specialist Services.

Common themes across services, on how they have stayed connected with carers included:

- Telephone contact as an alternative to face to face due to self-isolation,
- Regular telephone contact with carers from staff, to update them on service users health and wellbeing and enquire about the carers health and wellbeing,
- Regular telephone contact between carers and service users,
- During each contact, ensure our carers understand how to get in touch with the team,
- The introduction of IPad's to specific wards allowed service users to maintain contact with family/carers using Skype or Microsoft Teams.

In addition to the common themes there has been considerable bespoke work happening in service areas in order to keep in touch and support carers, including Occupational Therapist creating a Carers pack with details of statutory and voluntary support and an activity pack. In addition, carers who struggled to get out, were offered a food box (staff brought groceries in to enable patients and carers to receive groceries until support could be put in place by Social Services or the Voluntary agencies).

#### **4.4. North Cumbria**

There are currently 31 Carer Champions across 2 Clinical Business Units in the North Cumbria Locality, 15 in Inpatients and 16 in Community and Access services.

Common themes across services, on how they have stayed connected with carers included:

- The sourcing of IPADS for inpatients to maintain contact with carers and families,
- Carer needs being considered on discharge and referral made to carer associations when required,
- Carer needs being considered at each contact.

In addition to the common themes there has been considerable bespoke work happening in service areas in order to keep in touch and support carers, including Carer support being offered and considered on all contact with service users and carers.

### **5. Overview**

The Trust has in place a robust Patient and Carer Involvement and Experience Governance Framework which underpins the 'Together: Service User and Carer Involvement Strategy' launched in 2019. The strategy aims to ensure that, along with service users, carers are at the heart of everything the Trust does.

Service delivery and design is central to the strategy with outer links such as training, what's working well and why, communication, leadership, workforce and recruitment all seen as ways of involving carers, maintaining ToC momentum and shifting our culture.

The Trust is committed to maintaining and enhancing a network of Carer Champions covering all In-Patient and Community Services. The network is coordinated by Clinical Managers, Community Modern Matrons, and supported by the Patient and Carer Involvement Facilitators.

Supporting and engaging with the carers of service users is the responsibility of all staff, with our Carer Champions playing a vital part in the successful implementation of the Triangle of Care. They have found many creative ways to keep service users and their carers connected.

Services have also continued to provide their usual support, referring carers for carer assessments, and making sure their needs are considered when planning a patient's return home from a service. They have been speaking to carers regularly over the phone, offering updates on their loved ones' health and progress, and also checking on the carer's own wellbeing. Many of the Champions have become an important contact for carers to express their feelings to and chat with when feeling lonely, especially those who have had to self-isolate or are shielding.

Services have ensured that people on wards can connect with their carers through phone calls, video chats and recorded messages. Wards have received tablet computers thanks to the fundraising by Captain Tom Moore, which have made a big difference in ensuring that patients have been able to make video calls and use online messaging services. Newton and Kinnersley Rehabilitation Wards in Northumberland have even established a regular online carers' support group, using video conferencing to bring people together.

## 6. Future Planning

CNTW recognises that involving patients, carers and their families in making decisions about their care can help to make their journey to recovery an easier and more positive experience. The Trust remains committed to the Triangle of Care model and will continue to improve upon the progress already made against standards. Key actions for the coming year include:

A carer survey to establish if the needs of carer were fully addressed during the COVID -19 response.

NICE baseline assessment to be undertaken against NG 150 Supporting Adult Carers, which will be considered alongside Triangle of Care standards to identify areas for improvement.

The baseline assessment will support a review of processes (including across Trust carer awareness training and performance management methods) to improve consistency across services. All of this work will be undertaken with service user and carer involvement.

**There will be more carers in the future.** The number of carers is set to increase and the pressure on families to care in their own homes, particularly for spouses and partners, is growing significantly. A Carers strategy will outline our vision, define our approach and provide detailed planned outcomes for carers.