
Quality Account

Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

2020/21



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



Employ around
9,000 staff



Mental Health
and Disability
Foundation Trust



Local population
of 1.7 million

We work from over 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland



Caring
Discovering
Growing
Together

Inspected and rated

Outstanding ★



CareQuality
Commission

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



Six local Clinical
Commissioning
Groups and **seven**
Local Authorities



Turnover of
around £453
million

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2020/21 in numbers:

8.6

(out of 10)

The Friends and Family Test was paused nationally during Coronavirus. Based on local feedback through Points of You.

150

The average number of out of area bed days per month that local service users were inappropriately admitted to

1 of 7

The number of mental health and disability trusts rated “Outstanding” by the Care Quality Commission, out of 53 NHS trusts.

79%

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

50%

The response rate to the 2020 staff survey, which was 1% point above the national average and 6% points lower than the previous year

54,578

The number of service users cared for by the Trust on 31st March 2021

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Map

Main hospital sites



Part 1

Welcome and Introduction to the Quality Account

Cumbria, Northumberland, Tyne and Wear NHS Foundation 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. We are one of the largest mental health and disability organisations in the country and have an annual turnover of more than £453 million.

We provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.7 million people in North Cumbria and the North East of England. We employ over 9,000 staff, operate from over 70 sites and provide a range of comprehensive services including some regional and national services.

We support people in the communities of Cumbria, 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 6)
- 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)
- Carleton Clinic, Carlisle (8)

To focus on local populations and their needs we structure our services geographically into the following "Locality Care Groups":

- North – Northumberland and North Tyneside
- Central – Newcastle and Gateshead
- South – Sunderland and South Tyneside
- North Cumbria

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 2020/21, 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, and some examples of service user and carer experience.

This is an “explanation” box
It explains or describes a term or abbreviation found in the report.

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

This is an “experience” box
It gives the experience of service users.

“My treatment has always been consistent and reliable. I have found a lot of benefit from talking to my therapist as it has given me the strength to face my problems”

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is often referred to as “CNTW” or “CNTWFT”.

Statement of Quality from the Chair and Chief Executive



Thank you for taking the time to read our 2020/21 Quality Account, reflecting upon a very challenging year.



This is our second Quality Account as Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). We have been serving the people of North Cumbria since October 2019.

The coronavirus pandemic has affected CNTW, our clinical partners as well as the service users and carers we support, as it has affected everyone nationally and globally in the last year. We have adapted and responded to meet the needs of those accessing services, ensuring what we delivered was Covid-safe during a constantly changing understanding of the pandemic.



In April 2021 we welcomed our new Chief Operating Officer, Ramona Duguid to our Executive team. Gary O'Hare, following retirement from his current post, re-joins the Executive team as the Chief Nurse.

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 2020/21. We have also set out in this document our Quality Priorities for 2021/22 and look forward to reporting our progress against these in next year's Quality Account.

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

We thank you all.

Ken Jarrold CBE
Chair

John Lawlor OBE
Chief Executive

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

We have witnessed exceptional values-based care continue to be delivered during the sustained impact of the coronavirus pandemic. Ingenuity to provide outstanding care while navigating restrictions has been a source of pride throughout this last year.

Across our 7 geographical footprints we continue to strive to improve the outcomes and quality of care provided and to improve the sustainability and resilience of mental health, learning disability, autism services.

This year we have focussed upon the following quality priorities:

- Improving the inpatient experience,
- Improving waiting times to access services,
- Equality, Diversity, Inclusion and Human Rights

Through 2021 we look forward to moving beyond coronavirus with determination that service users and carers will experience safe and person-centred services from our staff, a team that have shown throughout this last year that care will be maintained regardless of the outside factors that could impact on this.

New ways of working in this last year have supported us in our aim to be person-centred, working towards the best possible outcomes. We now have a broader range of ways to deliver care that will support more people to access services in a way that suits their individual needs.



A handwritten signature in black ink, appearing to read 'Rajesh Nadkarni'.

Dr Rajesh Nadkarni
Executive Medical
Director



A handwritten signature in black ink, appearing to read 'Gary O'Hare'.

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

Statement of Quality from Council of Governors Quality Group



The Council of Governors scrutinises the quality of services provided by Cumbria, 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 2020/21 the group received a number of presentations and updates from Trust representatives on varied topics including:-

- Care Quality Commission (CQC) report discussed regarding focussed inspection of wards for people with LD and/or Autism
- Involvement and Triangle of Care update
- Children and Young Peoples update – children returning to school
- Quality and Communication involvement within Deaf Community
- Black and Minority Ethnic (BAME) update
- Human Rights update
- New Models of Care update
- Points of You feedback from service user and carer updates
- Quality Priorities updates

These presentations provide an opportunity to probe the activity behind the statistics, obtaining a holistic picture of challenges, evidence of good practice and innovation. It has been a challenging year, however the group has continued to grow in numbers and maintain the schedule of meeting in the virtual world throughout.

A handwritten signature in black ink, appearing to read 'M Adams'.

Margaret Adams

Chair of Cumbria, 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 all of our services and once again rated us as “Outstanding”. We are one of only seven Mental Health and Disability Trusts in the country to be rated as such, as at 1st April 2021.

During 2020, the CQC conducted two focused inspections: wards for people with a learning disability and/or autism and child and adolescent mental health wards. We are addressing all identified areas for improvement, which included:

- Care plans to contain relevant supporting information and to be reflective of current need
- Patients being cared for in long term segregation and seclusion will have appropriate safeguards in place in accordance with the Mental Health Act Code of Practice
- Risk assessments will be regularly updated to reflect current risk and needs of patients
- The environment at Edenwood Ward to be improved
- Reduce the use of restraint and mechanical restraint and ensure there is a clear debrief process after an incident



Last rated
15 January 2021

Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust



Are services

Safe?	Good
Effective?	Outstanding (star icon)
Caring?	Outstanding (star icon)
Responsive?	Outstanding (star icon)
Well led?	Outstanding (star icon)



Last rated
15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation
Trust



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

Cumbria, 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
<ul style="list-style-type: none"> Put ourselves in other people's shoes Listen and offer hope Focus on recovery Be approachable Be sensitive and considerate Be helpful Go the extra mile 	<ul style="list-style-type: none"> Value the skill and contribution of others Give respect to all people Respect and embrace difference Encourage innovation and be open to new ideas Work together and value our partners 	<ul style="list-style-type: none"> Have no secrets Be open and truthful Accept what is wrong and strive to put it right Share information Be accountable for our actions

Our 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:



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	
		2020/21	2021/22
 <p>Safety</p>	 <p>Keeping You Safe</p>	<p>Improving the inpatient experience</p>	<p>Improving the inpatient experience</p>
 <p>Service user and carer experience</p>	 <p>Working with you, your carers and your family to support your journey</p>	<p>Improving waiting times</p>	<p>Improving waiting times</p> <p>Time staff spend with service users and carers</p>
 <p>Clinical effectiveness</p>	 <p>Ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs</p>	<p>Equality, Diversity, Inclusion and Human Rights</p>	<p>Equality, Diversity, Inclusion and Human Rights</p>

Trust overview of service users

Table 1 below shows the number of current service users as at 31 March 2021 by locality, and Table 2 shows the total number of referrals in the year. Both tables have a comparison to the previous 2 years and the increase in referrals received is mainly attributable to investment in crisis, psychiatric liaison, street triage and substance misuse services, as well as services in North Cumbria joining the Trust.

Table 1: Service Users by locality 2018/19 to 2020/21 (data source: CNTW)

Clinical Commissioning Group (CCG)	2018/19	2019/20	2020/21
North Cumbria CCG	304	9650	9179
North Tyneside CCG	4161	3924	4241
Northumberland CCG	9274	9056	9483
Newcastle and Gateshead CCG (Total)	13405	13730	13879
<i>Newcastle</i>	8659	8904	9125
<i>Gateshead</i>	4746	4816	4748
South Tyneside CCG	3735	3846	4440
Sunderland CCG	9917	10688	10658
NHS County Durham CCG	1247	1242	1213
NHS Tees Valley CCG	617	656	661
Other areas	426	747	824
Total Service Users	43086	53539	54578

Table 2: Total referrals by locality 2018/19 to 2020/21 (data source: CNTW)

Clinical Commissioning Group (CCG)	2018/19	2019/20	2020/21
North Cumbria CCG*	334	15316	31999
North Tyneside CCG	14132	15195	17124
Northumberland CCG	30943	30802	31151
Newcastle and Gateshead CCG (Total)	43497	43032	43262
<i>Newcastle</i>	26222	26374	26150
<i>Gateshead</i>	17256	16623	17087
South Tyneside CCG	17533	16252	16331
Sunderland CCG	50192	47489	44129
NHS County Durham CCG	2940	2917	2708
NHS Tees Valley CCG	565	482	680
Other areas	1280	2089	2306
Total Service Users	161416	173574	189690

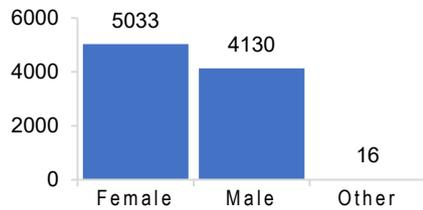
*Note North Cumbria 2019/20 position is only 6 months as transferred October 1st 2019 and excludes IAPT. The 2020/21 position is a full year including IAPT.

Breakdown of service users by age, gender, ethnicity (by CCG)

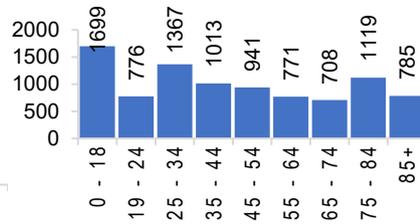
Figure 1: Gender, age and ethnic group breakdown of service users for our local CCGs

North Cumbria CCG

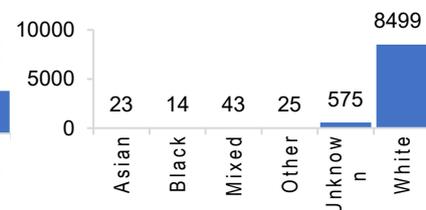
Gender breakdown



Age breakdown

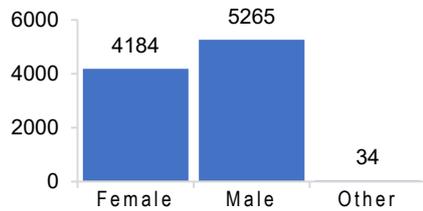


Ethnicity breakdown

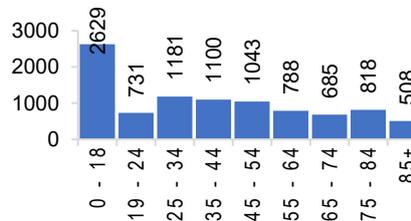


Northumberland CCG

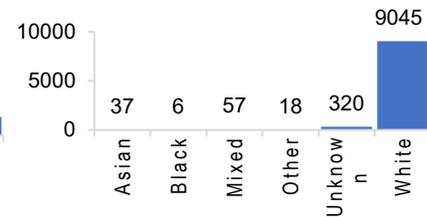
Gender breakdown



Age breakdown

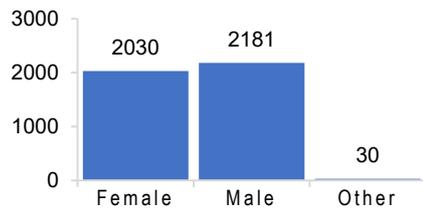


Ethnicity breakdown

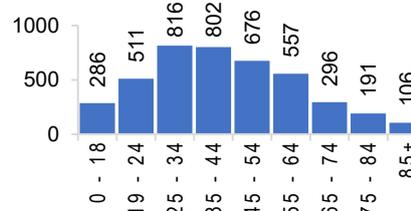


North Tyneside CCG

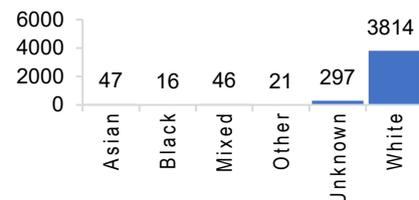
Gender breakdown



Age breakdown

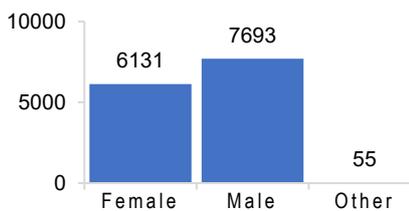


Ethnicity breakdown

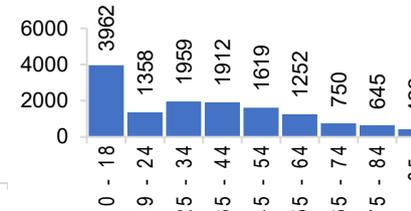


Newcastle Gateshead CCG

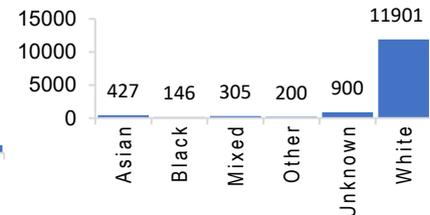
Gender breakdown



Age breakdown

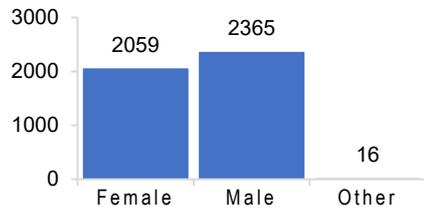


Ethnicity breakdown

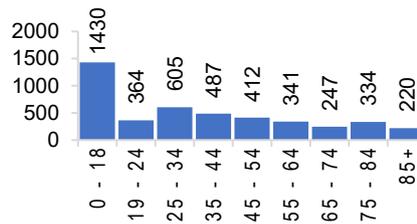


South Tyneside CCG

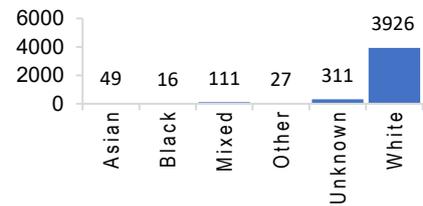
Gender breakdown



Age breakdown

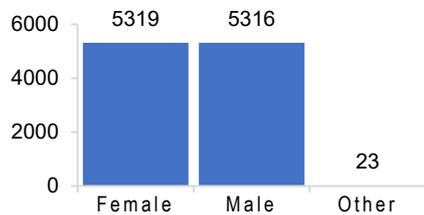


Ethnicity breakdown

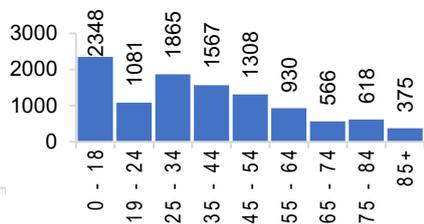


Sunderland CCG

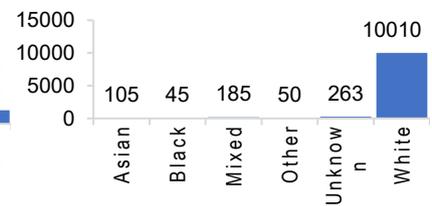
Gender breakdown



Age breakdown



Ethnicity breakdown



Data source: CNTW

Part 2a



Part 2a

Looking Ahead – Our Quality Priorities for Improvement in 2021/22

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2021/22.

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 reflect the greatest pressures that the organisation is currently facing.

An engagement process was undertaken which included two events in late March 2021, both events were remote due to coronavirus restrictions. The first saw service users, carers and peer supporters discuss options for a new quality priority, the second was for staff, commissioners and wider partners. Both events discussed the following;

- Joint working with Tees, Esk and Wear Valleys NHS Foundation Trust around transitions from children's to adult services.
- Patient Care, focusing on time staff spend with service users and carers.
- Communications, focusing on service users and carers being listened to and being more involved in their own care.

Both events were well attended and have been complemented by an online survey that was available during April 2021.

During this engagement the patient care priority was a clear choice to accompany the three priorities being continued from last year's quality account.

These are the agreed Quality Priorities for the year 2021/22, and how we intend to achieve them:

Safety

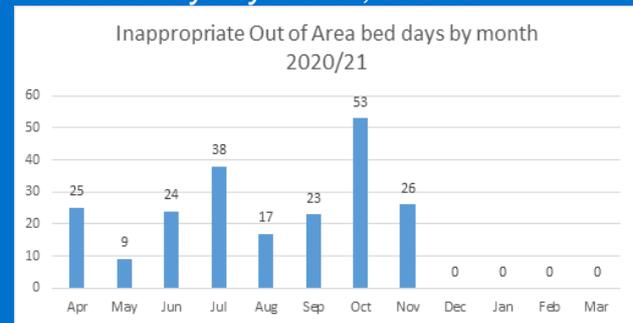
Improving the inpatient experience

Continue to monitor inappropriate out of area treatment days against plan set out in Figure 2.

Continue to monitor average bed occupancy on adult and older people's mental health wards (including PICU - psychiatric intensive care unit) against the plan.

Continue to monitor service user and carer experience feedback.

Figure 2: Number of inappropriate Out of Area bed days by month, 2020/21



Service User and Carer Experience

Improving waiting times

To ensure Trust services are responsive and accessible, and that no-one waits more than 18 weeks to access community services.

- Continue to monitor and report waiting times to treatment for adult and OPS MH services against the 18 week standard.
- Continue to report CYPS waiting times by pathways (using 2nd contact as treatment proxy).
- Continue to monitor and report Gender Dysphoria, adult ADHD diagnosis and adult ASD diagnosis waiting times.

Service User and Carer Experience

Patient Care: Increasing time staff are able to spend with Service Users and Carers

This priority has been identified through feedback as an important issue. This was chosen as the preferred priority by the majority of the 619 people who responded to our survey.

In quarter 1 of 2021/22 we will develop a plan of action as well as appointing a lead to support effective implementation of this Quality Priority. The plan will then be implemented in quarters 2,3 and 4. The effectiveness of this will be reviewed in the 2022/23 Quality Account.

The effectiveness of implementing this Quality Priority will be tested against feedback received through the service user and carer survey Points of You. A reduction in negatively themed comments, complemented by an increase in positively themed comments around time being spent with staff being the objective. This feedback will also be checked against any correlation in the staff survey for 2021.

Clinical Effectiveness

Equality, Diversity, Inclusion and Human Rights (in relation to the core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA))

Implement and raise awareness of Sexual Orientation Monitoring Information Standard (SOMIS) through services.

Implement masterclasses.

Locality Groups to report progress against action plans.

Develop resources on a dedicated intranet page to raise awareness and support staff in the delivery of the Accessible Information Standard.

To develop a communications campaign to raise awareness of human rights principles with staff.

To develop a clear vision of what a human rights based approach would look like to help with awareness raising amongst staff.

To review specific trust policies with a view to including prompts for staff with regards to human rights principles when undertaking routine reviews of policies.

To work with the service user and carer reference group and peer support workers to identify human rights advocates.

To increase awareness of service user and carer experience feedback available via dashboards

Identification of an appropriate unconscious bias training tool for use within teams for self-assessment and reflection and develop a formula to disseminate across the organisation.

Ensure that health literacy awareness increases to ensure that people have enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems.

Part 2b



Part 2b

Looking back – Review of Quality Priorities in 2020/21 and their impact on our long-term Quality Goals

In this section we will review our progress against our 2020/21 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goal**.

Our 2020/21 Quality Priorities were:

Safety	Service User and Carer Experience
Improving the inpatient experience see page 24	Improving waiting times see page 33

Clinical Effectiveness
Equality, Diversity and Inclusion see page 51

Improving the inpatient experience

<p>We said we would:</p>	<ul style="list-style-type: none"> a) Continue to monitor inappropriate out of area treatment days against plan. b) Implement reporting average patient days receiving out of area treatment within CNTW. c) Continue to monitor average bed occupancy on adult and older people’s mental health wards (including PICU - psychiatric intensive care unit) against the plan. d) Continue to monitor service user and carer experience on inpatient wards. 																																																				
<p>Progress</p>	<p>Partially Met</p> <p>(1) The number of inappropriate out of area bed days during 2020/21 is shown in figures 3 and 4. The Trust has had no inappropriate out of area bed days since November 2020.</p> <div data-bbox="858 846 1452 918" data-label="Caption"> <p><i>Figure 3: Number of inappropriate Out of Area bed days by month, 2020/21</i></p> </div> <div data-bbox="909 929 1524 1243" data-label="Figure"> <table border="1"> <caption>Inappropriate Out of Area bed days by month 2020/21</caption> <thead> <tr> <th>Month</th> <th>Number of bed days</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>25</td></tr> <tr><td>May</td><td>9</td></tr> <tr><td>Jun</td><td>24</td></tr> <tr><td>Jul</td><td>38</td></tr> <tr><td>Aug</td><td>17</td></tr> <tr><td>Sep</td><td>23</td></tr> <tr><td>Oct</td><td>53</td></tr> <tr><td>Nov</td><td>26</td></tr> <tr><td>Dec</td><td>0</td></tr> <tr><td>Jan</td><td>0</td></tr> <tr><td>Feb</td><td>0</td></tr> <tr><td>Mar</td><td>0</td></tr> </tbody> </table> </div> <div data-bbox="395 1272 1133 1355" data-label="Caption"> <p><i>Figure 4: Number of service users in inappropriate Out of Area placements by month 2020/21</i></p> </div> <div data-bbox="1228 1258 1500 1294" data-label="Text"> <p>Data source: CNTW</p> </div> <div data-bbox="414 1377 1133 1691" data-label="Figure"> <table border="1"> <caption>Number of Service Users in Inappropriate Out of Area Placements by month: 2020/21</caption> <thead> <tr> <th>Month</th> <th>Number of service users</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>4</td></tr> <tr><td>May</td><td>1</td></tr> <tr><td>Jun</td><td>3</td></tr> <tr><td>Jul</td><td>4</td></tr> <tr><td>Aug</td><td>1</td></tr> <tr><td>Sep</td><td>1</td></tr> <tr><td>Oct</td><td>5</td></tr> <tr><td>Nov</td><td>3</td></tr> <tr><td>Dec</td><td>0</td></tr> <tr><td>Jan</td><td>0</td></tr> <tr><td>Feb</td><td>0</td></tr> <tr><td>Mar</td><td>0</td></tr> </tbody> </table> </div> <p>(2) Average bed occupancy levels during 2020/21 have been monitored and compared with planned trajectories for the year, which take into account any planned bed closures.</p>	Month	Number of bed days	Apr	25	May	9	Jun	24	Jul	38	Aug	17	Sep	23	Oct	53	Nov	26	Dec	0	Jan	0	Feb	0	Mar	0	Month	Number of service users	Apr	4	May	1	Jun	3	Jul	4	Aug	1	Sep	1	Oct	5	Nov	3	Dec	0	Jan	0	Feb	0	Mar	0
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Table 3 - During the year the bed occupancy rate for older persons services increased each quarter following a decrease at the start of the COVID-19 pandemic. The bed occupancy for adult mental health wards including PICU varied from quarter to quarter. At a national level adult acute inpatient services experienced significant pressures during the period in 2020/21.

Bed numbers have remained static throughout 2020/21 with minimal beds being made unavailable due to COVID-19 infection control measures.

The graphs and tables below illustrate the bed occupancy over the year.

Table 3: Average % bed occupancy by locality care group and quarter, 2020/21

Average % Occupied Beds Including Leave	Adult mental health wards including PICU (Q4 2019/20 baseline = 101.8%)				Older People's mental health wards (Q4 2019/20 baseline = 83.2%)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trustwide	93.3	97.7	94.6	95.9	63.6	74.8	75.8	82.7
North	97.7	100.7	98.7	98.3	76.5	87.7	88.1	87
Central	96.9	92.7	92.2	96.2	65.2	81.6	82.2	99.7
South	89.2	100.4	98.1	97.4	50.3	62.9	64.2	72.9
North Cumbria	89.4	96.7	87.8	90.8	78.8	83.2	84.3	82.7

Table 4: Occupied mental health bed days, 2020/21

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	19,713	20,846	20,296	20,230	7,122	8,468	8,580	9,153
Average occupied beds per day	217	227	221	225	78	92	93	102

Figure 5: Number of inpatient occupied bed days for working-age adult MH wards (acute and PICU, exclude rehabilitation), 2020/21

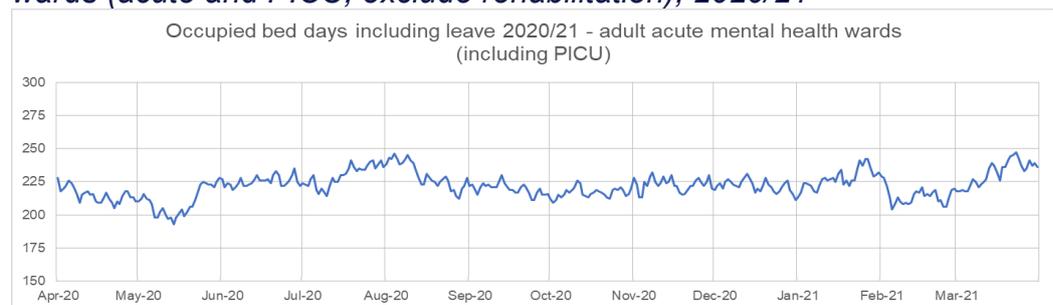
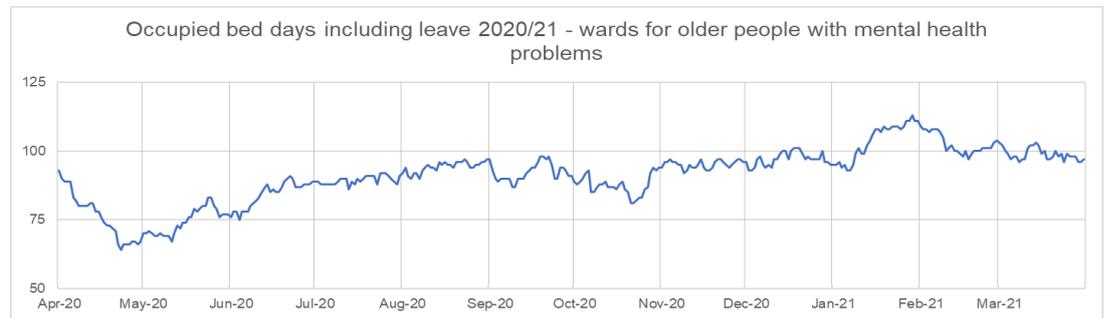


Figure 6: Number of inpatient occupied bed days for older people’s services, 2020/21



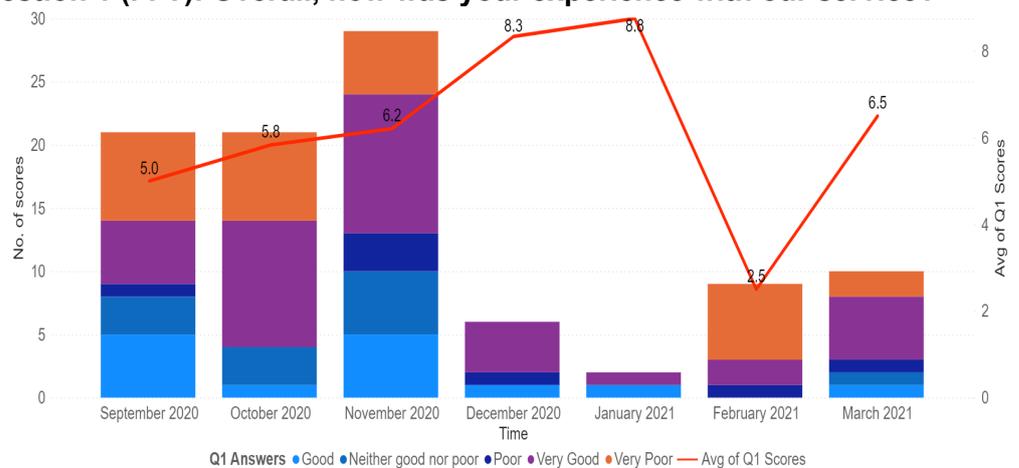
The National FFT question was scheduled to be changed in April 2020, moving away from a “recommend” score to an “overall experience” score. This was delayed and suspended nationally due to the COVID-19 pandemic however CNTW reintroduced the patient experience survey (which includes the new FFT question) in September 2020.

Figure 7 shows the Friends and Family Test “overall Experience” score (scored out of 10) for September 2020 to end of March 2021. A comparison to previous years is not possible due to the change in question. The results are based upon 101 surveys received; North Locality 11; South Locality 55; Central Locality 31; North Cumbria Locality 4. The South locality has received the greatest variation in scores.

Note that uptake of Points of You within some of the inpatient areas remains low, work is ongoing to encourage higher volumes of responses. For more information on Points of You please see pages 49 and 113.

Figure 7: Friends and Family Test scores for adult (acute and PICU) and older people's wards by quarter 2019/20

Question 1 (FFT): Overall, how was your experience with our service?



“Amazing service when I desperately needed it”

Care Opinion May 2021

“Complicated, just could not get anywhere”

NHS.uk February 2021

“Run like an expensive Swiss watch”

Care Opinion March 2021

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.

Table 5: Patient Safety incidents by impact 2018/19-2020/21

Number of Patient Safety incidents reported by impact:	2018/19		2019/20		2020/21	
	Count	Percentage	Count	Percentage	Count	Percentage
No Harm	7344	63.5%	10537	65.5%	12917	67.9%
Minor Harm	3607	31.2%	4965	30.8%	5255	27.7%
Moderate Harm	541	4.7%	526	3.3%	734	3.9%
Major Harm	43	0.4%	53	0.3%	85	0.4%
Catastrophic, Death*	25	0.2%	15	0.1%	16	0.1%
Total patient safety incidents	11560	100%	16096	100%	19007	100%

Data source: CNTW

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 and addition of North Cumbria services. Data is as at 31st March 2021.



The “no harm” or “minor harm” patient safety incidents now account for 93% of reported patient safety incidents, with an increase in the those assessed as no harm.

Degree of harm in incident reports

The following categories are used across the NHS for patient safety incident reports:

No Harm – a situation where no harm occurred: either a prevented patient safety incident or a no harm incident

Minor Harm – any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons

Moderate Harm – any unexpected or unintended incident that resulted in further treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused short-term harm to one or more persons

Major Harm – any unexpected or unintended incident that caused permanent or long-term harm to one or more persons

Catastrophic, Death – any unexpected or unintended event that caused the death of one or more persons.

CNTW also uses these categories for non-patient safety incidents. These are incidents that do not relate to harm to a service user: for example physical assaults and violence against staff, information governance and security incidents.

Table 6: Total incidents 2020/21 for local CCGs, includes patient safety and non-patient safety incidents

Total incidents by locality	No Harm	Minor Harm	Moderate Harm	Major Harm	Catastrophic, Death*
NHS CUMBRIA CCG	4431	1391	137	32	366
NHS NORTHUMBERLAND CCG	9159	2111	317	24	223
NHS NORTH TYNESIDE CCG	3535	886	172	12	147
NHS Newcastle Gateshead CCG	8933	2350	354	48	388
<i>Newcastle</i>	<i>6124</i>	<i>1552</i>	<i>219</i>	<i>32</i>	<i>286</i>
<i>Gateshead</i>	<i>2809</i>	<i>798</i>	<i>137</i>	<i>16</i>	<i>102</i>
NHS SOUTH TYNESIDE CCG	2810	802	102	4	160
NHS SUNDERLAND CCG	6019	1311	328	37	322
Other CCGs	1880	296	10	2	3
Total for local CCGs	33007	8555	1400	155	1603

Data source: CNTW

*Note that the “Catastrophic, Death” column 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 CNTW is 1724. There is more information on Learning from Deaths on page 72.

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 CNTW 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

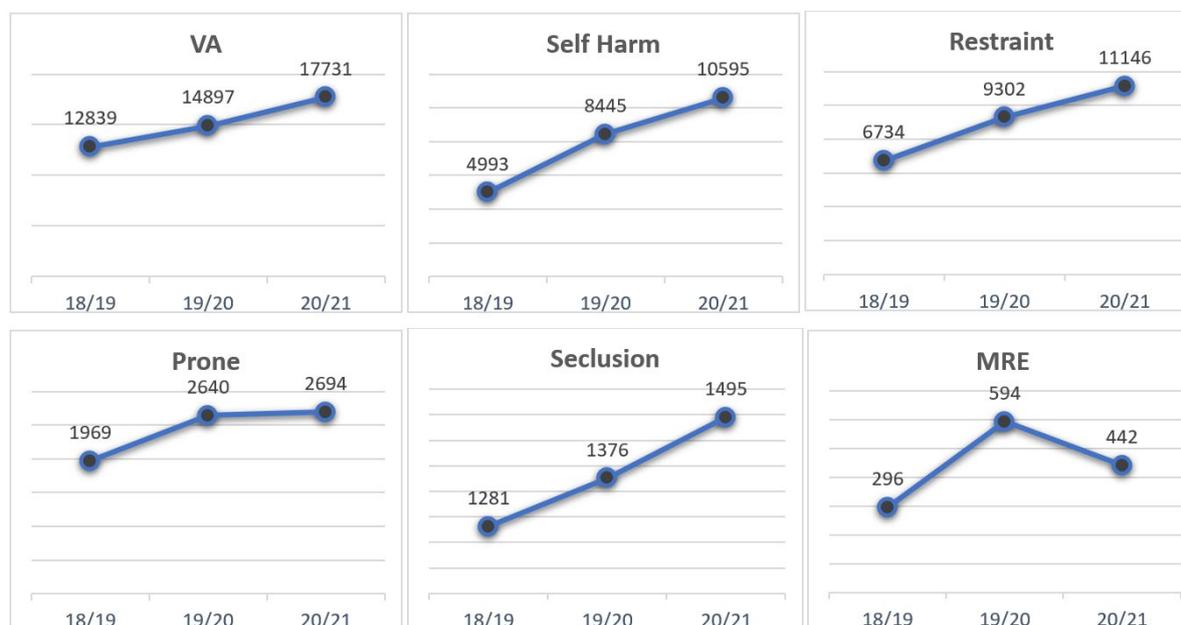
By email: complaints@CNTW.nhs.uk

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.

Positive and Safe Strategy - impact in numbers:

Figure 8: Talk 1st number of incidents (and change on previous year) 2018/19 to 2020/21



Data source: CNTW

Note: Increases have been recorded across all localities. Two notable changes affected the years increase. (1) Circa 2,500 incidents had Covid-19 as a causal factor (i.e. lockdown restrictions). (2) In 2018/19 North Cumbria was not part of the Trust, joining 1ST October 2019 and reporting for the full year for the first time in 2020/21.

2020/21 has been a challenging year for services across the trust. Incident levels have been affected by restrictions made necessary during the Coronavirus pandemic, especially in wave 1. These restrictions affected visiting arrangements for inpatient services, something that is difficult for people already faced with being away from their home environment.

Overall trust data increased, although a broad range of wards have continued to reduce the use of restrictive interventions, in particular a marked reduction in the use of MRE particularly within learning disability and autism pathways.

During 2020/21 a number of initiatives have been rolled out across inpatient services, these include;

- Safety Huddles – that support service users and staff to assess the feeling of safety on a ward in real time.
- Safety Pods – which are used to make restraint safer, reducing prone and supine restraint and making seclusion less likely.
- Teen Sleep Well – capitalising on the success of Sleep Well in adult wards, this version has been adapted to reflect the needs of young people.

-
- Oxhealth digital health – trialled this year on some acute admission wards. The system has impacted positively on ward safety. Alerts staff to physical changes to breathing and heart rate without the need to impact on privacy.

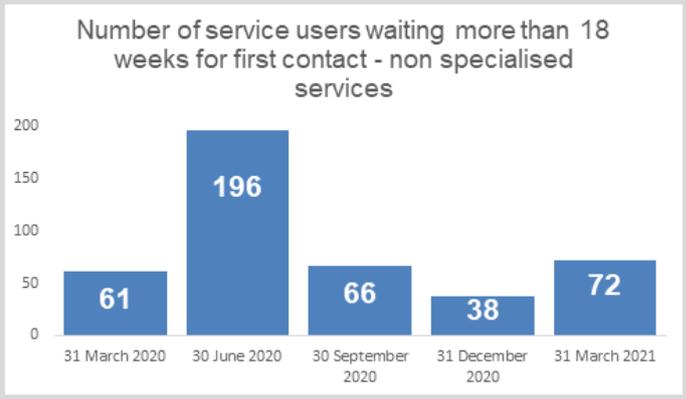
The Positive and Safe Team wish to acknowledge the incredible resilience demonstrated by our service users, carers and staff during the last very difficult year due to the global pandemic. The future is beginning to look brighter and we look forward to continuing the very close collaborative approach to reducing restrictive interventions across the trust in our 5th year of operation

For the wards there have been significant difficulties to navigate: Challenges to staffing levels due to sickness and the need to isolate; high levels of stress and anxiety amongst patients, carers and staff over a prolonged period of time; changes to process, such as having to go into isolation on admission, often when someone is at their most unwell; masks forming barriers to communication when patients can't see facial cues as they would without masks; limited access to community resources, something felt by us all but particularly when staying in a hospital environment. These are some examples, the impact of the pandemic has permeated all levels of service provision.

We are continuing to develop a 'Model of Recovery' for Positive and Safe, this includes some positive changes to the highly successful cohort model. We will double the number of cohort sessions from four to eight per month. This will enable us to have a smaller number of teams at each cohort to enable quality time to explore their progress and developments as well as providing bespoke support where necessary.



Improving waiting times

<p>We said we would:</p>													
<p>Progress</p>	<p>Partially Met</p> <p>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.</p> <p>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.</p> <p><i>Figure 9: People waiting more than 18 weeks for first contact for adult and older peoples community services*, 2020/21</i></p>  <table border="1"> <caption>Number of service users waiting more than 18 weeks for first contact - non specialised services</caption> <thead> <tr> <th>Date</th> <th>Number of service users</th> </tr> </thead> <tbody> <tr> <td>31 March 2020</td> <td>61</td> </tr> <tr> <td>30 June 2020</td> <td>196</td> </tr> <tr> <td>30 September 2020</td> <td>66</td> </tr> <tr> <td>31 December 2020</td> <td>38</td> </tr> <tr> <td>31 March 2021</td> <td>72</td> </tr> </tbody> </table> <p>*excluding adult Autism Spectrum Disorder Diagnosis, Adult Attention Deficit Hyperactivity Disorder diagnosis and Adult Gender Dysphoria services</p> <p>Data source: CNTW</p>	Date	Number of service users	31 March 2020	61	30 June 2020	196	30 September 2020	66	31 December 2020	38	31 March 2021	72
Date	Number of service users												
31 March 2020	61												
30 June 2020	196												
30 September 2020	66												
31 December 2020	38												
31 March 2021	72												

How we support service users while waiting to access our services

- For people whose referrals are not accepted by us*

If a referral is not accepted by the Trust the service user will be provided with a list of alternative services, which they may find useful, while their care requirements are re-assessed by the referring organisation.
- Support offered to service users who are waiting for their treatment to start*

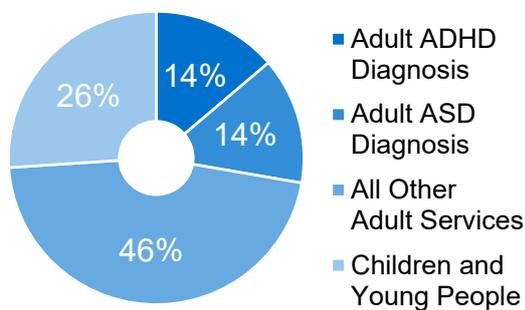
All service users are provided with contact numbers for out of hours services and a leaflet for their local Crisis Team with a verbal explanation or discussion about the services available. Whilst on the waiting list, service users are contacted monthly for a telephone review which consists of, updating of current issues, risk, clinical presentation and review of support available. If the service user's clinical presentation deteriorates, the Trust will seek to provide the service user with an earlier appointment.

Trustwide waiting times analysis

The charts below show the waiting times position Trustwide, as at 31 March 2021 and compared to the previous year. The number of adults waiting for community services has seen a marginal increase from 57 (this day 2020) to 61 in the year (excluding more than 18 weeks for Adult Autism Spectrum Disorder Diagnosis, Adult Attention Deficit Hyperactivity Disorder diagnosis and Adult Gender Dysphoria services).

Figure 10 a-f: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics

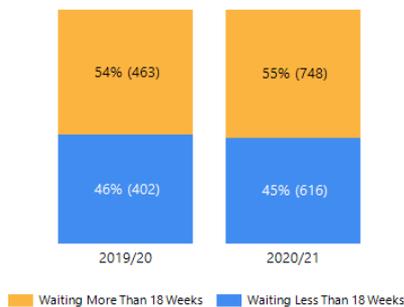
CNTW Total Waiting List as at 31 March 2021



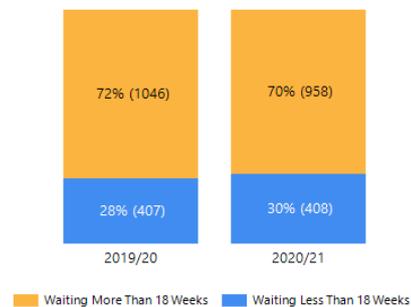
CNTW All Other Adult Services % and number waiting more and less than 18 weeks at financial year end



CNTW Adult ADHD Diagnosis % and number waiting more and less than 18 weeks at financial year end



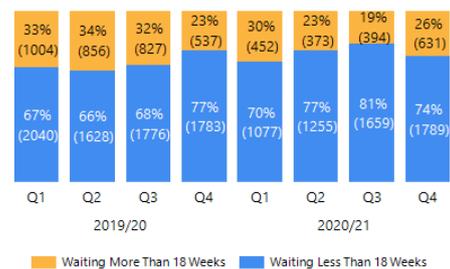
CNTW Adult ASD Diagnosis % and number waiting more and less than 18 weeks at financial year end



CNTW CYPS waiting list size at financial quarter end



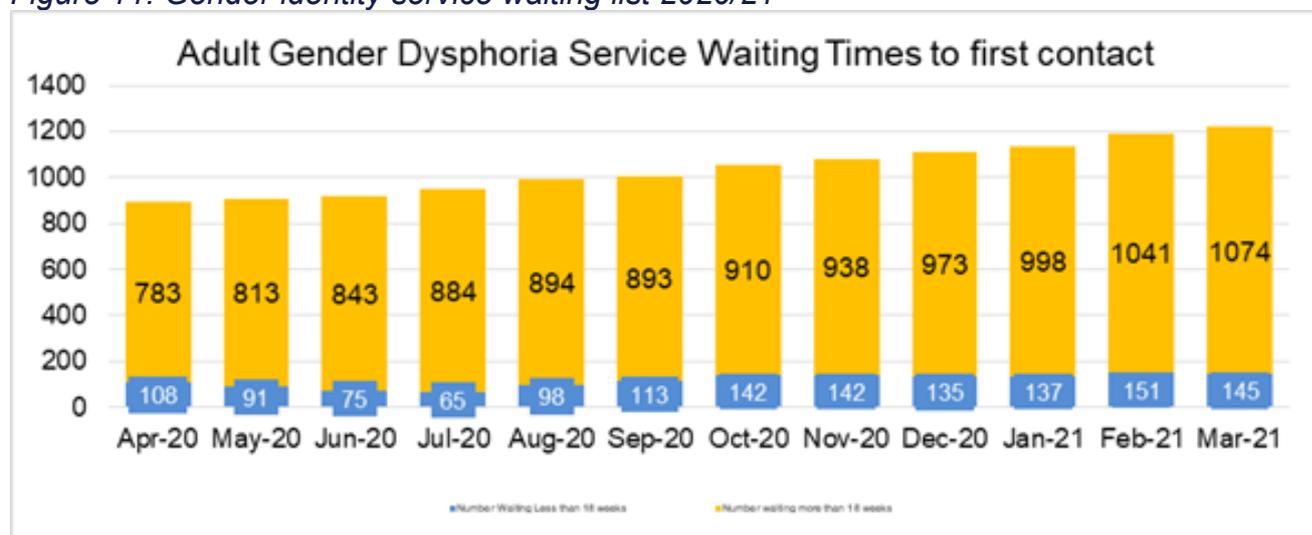
CNTW CYPS % and number waiting more and less than 18 weeks at financial quarter end



Data source: CNTW

The **Adult 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 11: Gender identity service waiting list 2020/21



Data source: CNTW

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

Table 7: Five Year Forward View for Mental Health waiting times data 2020/21

Area	Waiting time measure	Minimum standard	CNTW data	Data period
Early Intervention in Psychosis (EIP) *	% starting treatment within two weeks of referral	53%	78.8%	April 2020 to March 2021
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	99.7%	April 2020 to March 2021
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	95% by 2020/21	91.4%	April 2020 to March 2021
	% routine cases starting treatment within four weeks of referral		79.5%	

Data source: CNTW

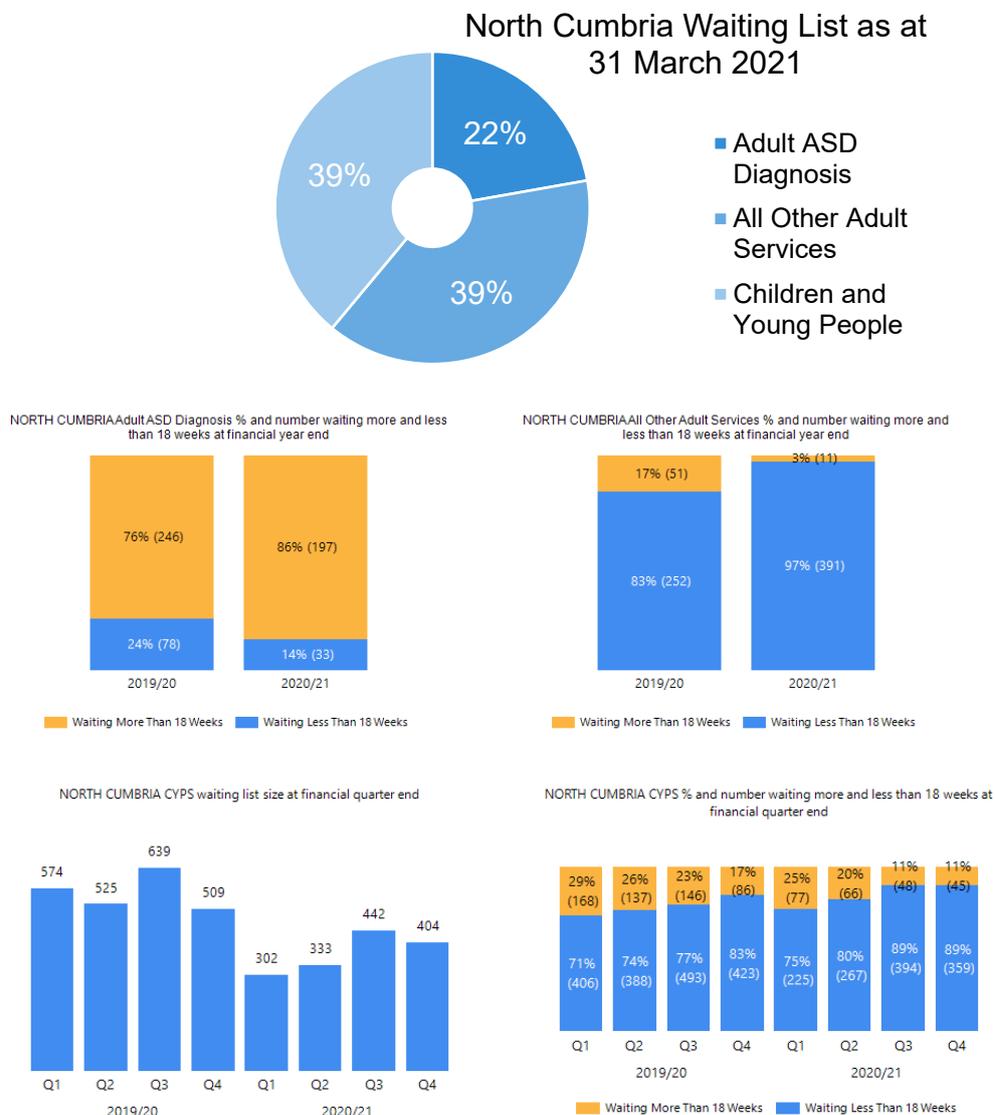
Waiting times analysis at locality level

Following the merger of **North Cumbria** to CNTW, waiting times for adult services have reduced, with 11 individuals waiting more than 18 weeks for their first contact as at 31st March 2021 a reduction from 51 (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The number of Children and Young People waiting for treatment as at 31st March 2021 has decreased throughout the year to 45, and the proportion waiting less than 18 weeks has reduced.

There has been a decrease in the total number of individuals waiting over 18 weeks for the adult Autism Spectrum Disorder diagnosis service to 19. The adult attention deficit hyperactivity disorder diagnosis services for North Cumbria is provided by an independent provider.

Figure 12a-e: North Cumbria CCG waiting lists, assorted metrics

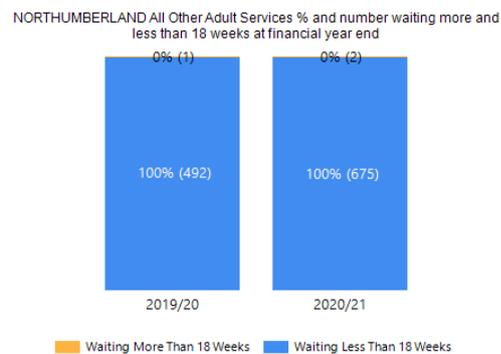
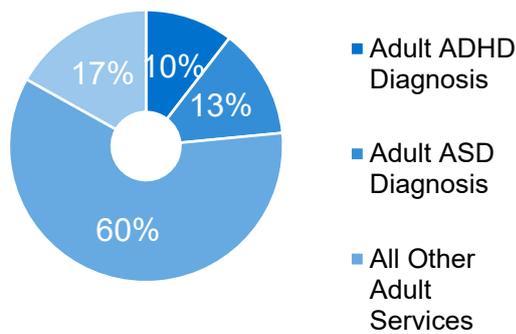


Data source: CNTW

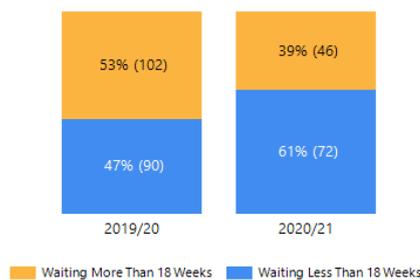
In **Northumberland**, waiting times for adult services average 3 weeks for assessment and 6 weeks for treatment (excluding adult ASD Diagnosis, adult ADHD diagnosis and Gender Dysphoria services).

Figure 13a-f: Northumberland CCG waiting lists, assorted metrics

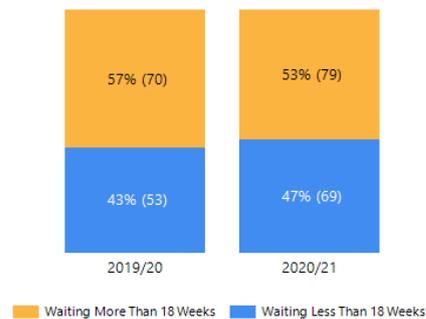
Northumberland Waiting List
as at
31 March 2021



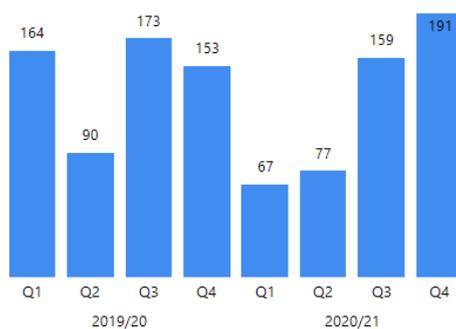
NORTHUMBERLAND Adult ADHD Diagnosis % and number waiting more and less than 18 weeks at financial year end



NORTHUMBERLAND Adult ASD Diagnosis % and number waiting more and less than 18 weeks at financial year end



NORTHUMBERLAND CYPS waiting list size at financial quarter end



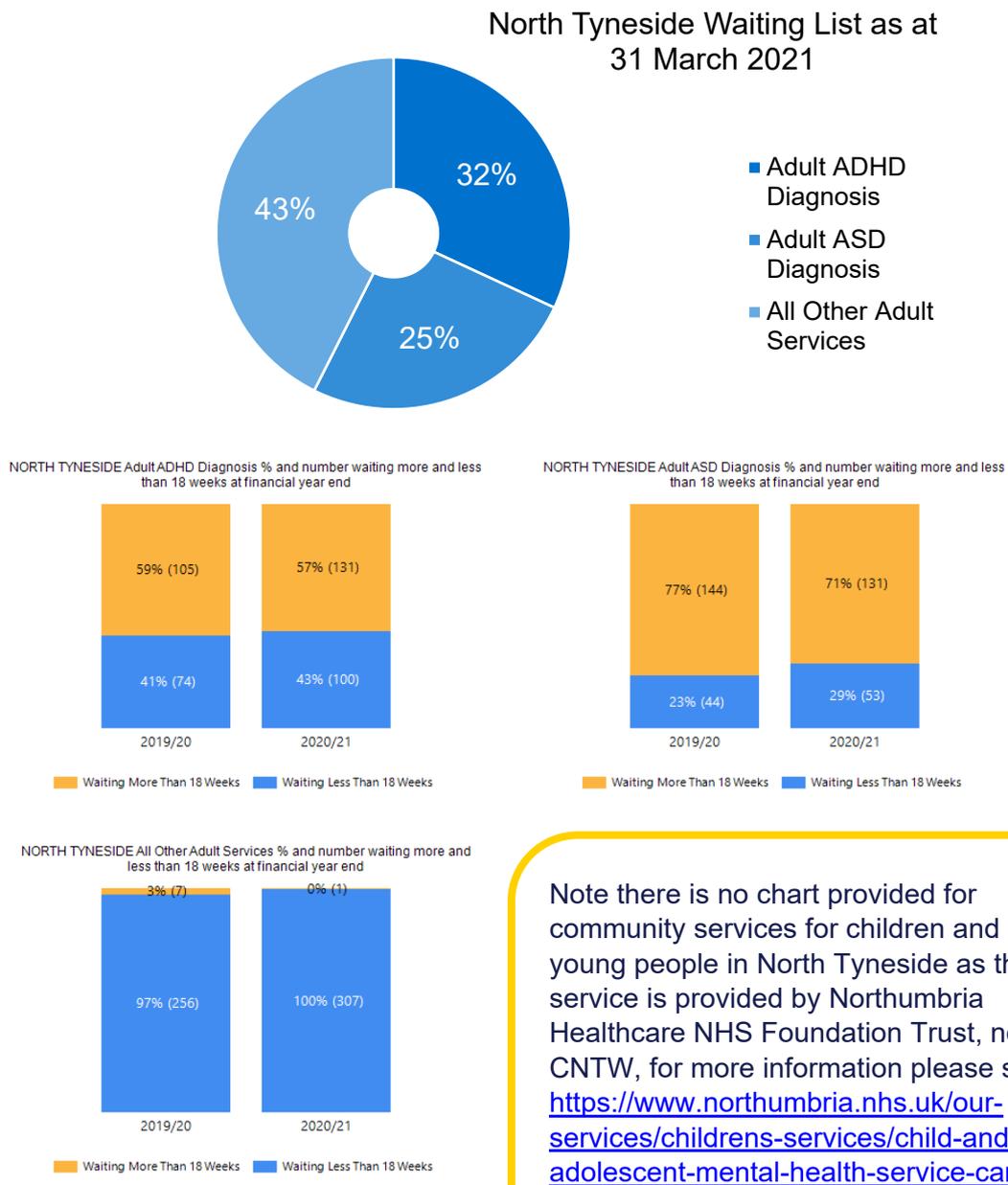
NORTHUMBERLAND CYPS % and number waiting more and less than 18 weeks at financial quarter end



Data source: CNTW

In **North Tyneside**, the waiting times have gradually reduced during 2020/21. They average around 3 weeks for assessment and 8 – 9 weeks for treatment (for working age adults). Waiting times could be positively impacted by filling vacant posts.

Figure 14 a-d: North Tyneside CCG waiting lists, assorted metrics



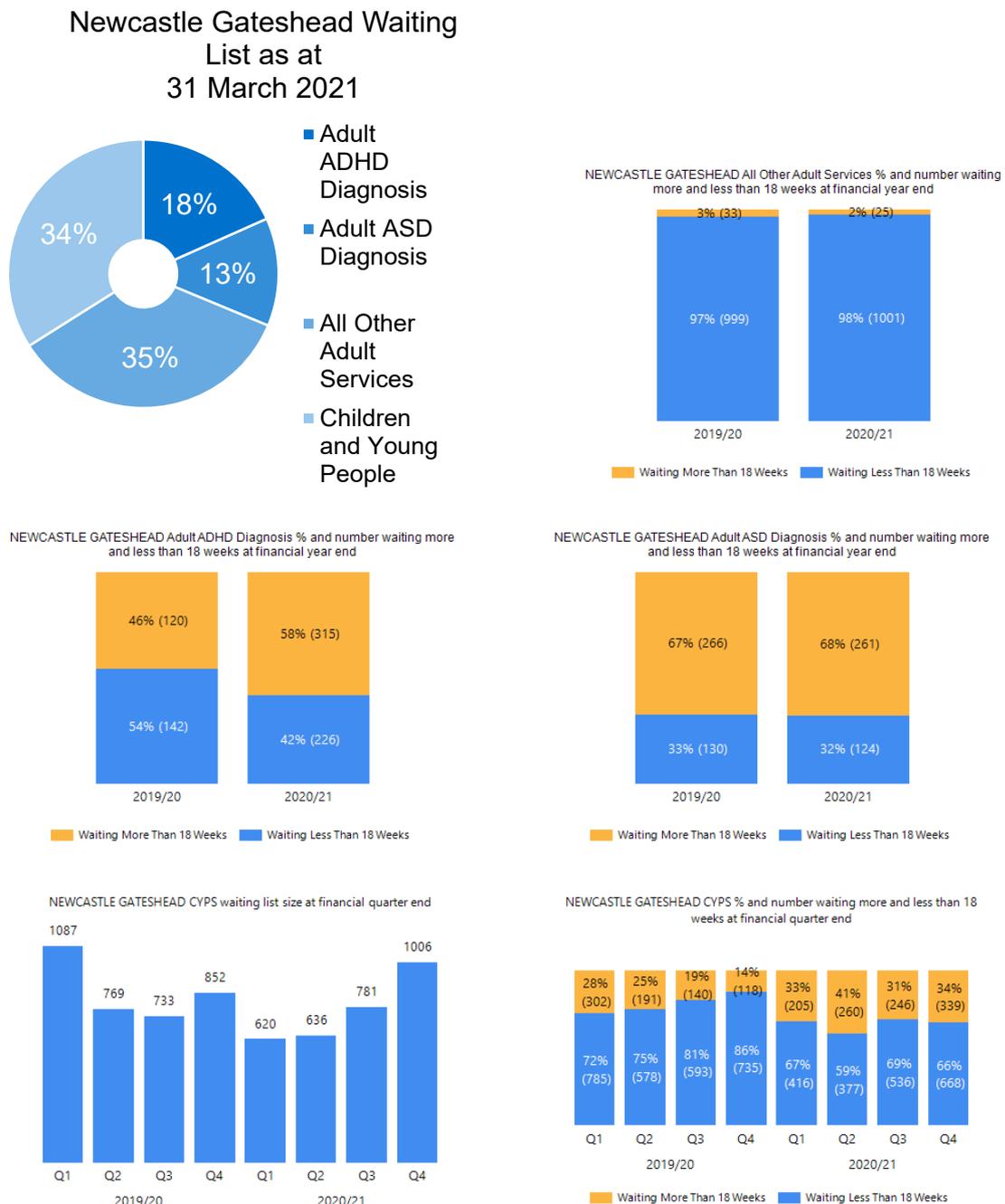
Note there is no chart provided for community services for children and young people in North Tyneside as this service is provided by Northumbria Healthcare NHS Foundation Trust, not CNTW, for more information please see: <https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mental-health-service-camhs/>

Data source: CNTW

In **Newcastle and Gateshead**, the waiting times for adult services have reduced slightly compared to last year with a smaller number of people waiting over 18 weeks (excluding adult Autism Spectrum Disorder (ASD) diagnosis and Adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Services).

Adult ADHD diagnosis as well as Children and Young People services have seen an increase in the number of people waiting overall and a greater proportion of those waiting over 18 weeks.

Figure 15 a-f: Newcastle and Gateshead locality waiting lists, assorted metrics



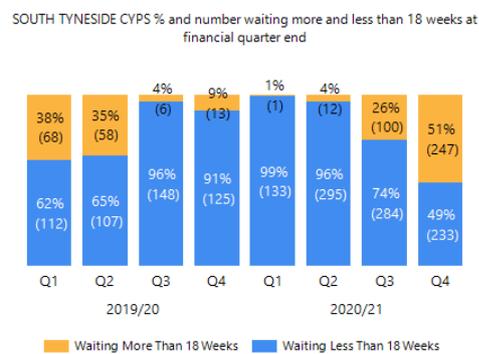
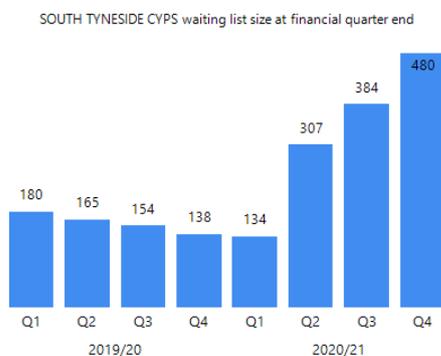
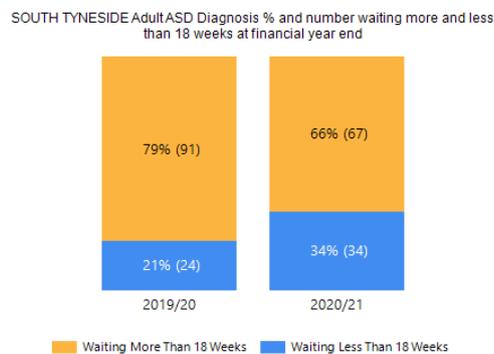
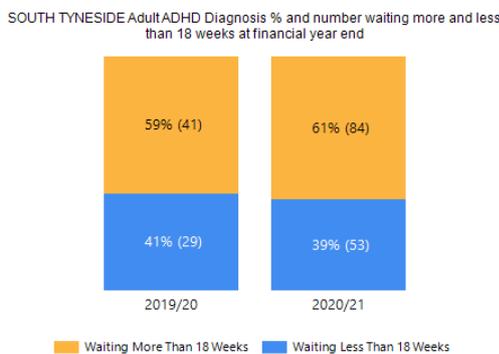
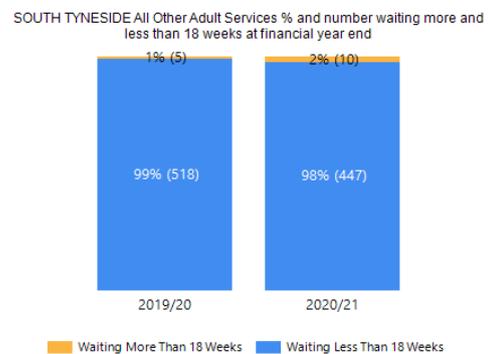
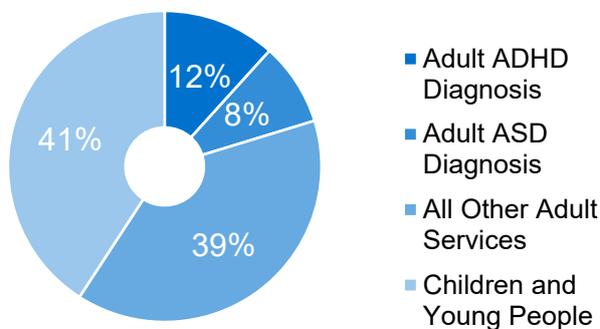
Data source: CNTW

In **South Tyneside**, there has been a marginal increase in the waiting times to first contact for adult services, (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Adult Gender Dysphoria services). There was an increase in over 18 week waits within OPS services due to the impact of Coronavirus, the Acute Trust ceased scans, essential in diagnosis and OP were shielding and not able to attend appointments.

Children and young people services have seen a steady increase in the numbers waiting over 18 weeks. This is due to staffing resource, increase in referrals and the impact of Coronavirus on the ability to carry out teacher assessments and access to schools. A plan has been developed and implemented to address the waits.

Figure 16 a-f: South Tyneside CCG waiting lists, assorted metrics

South Tyneside Waiting List as at 31 March 2021

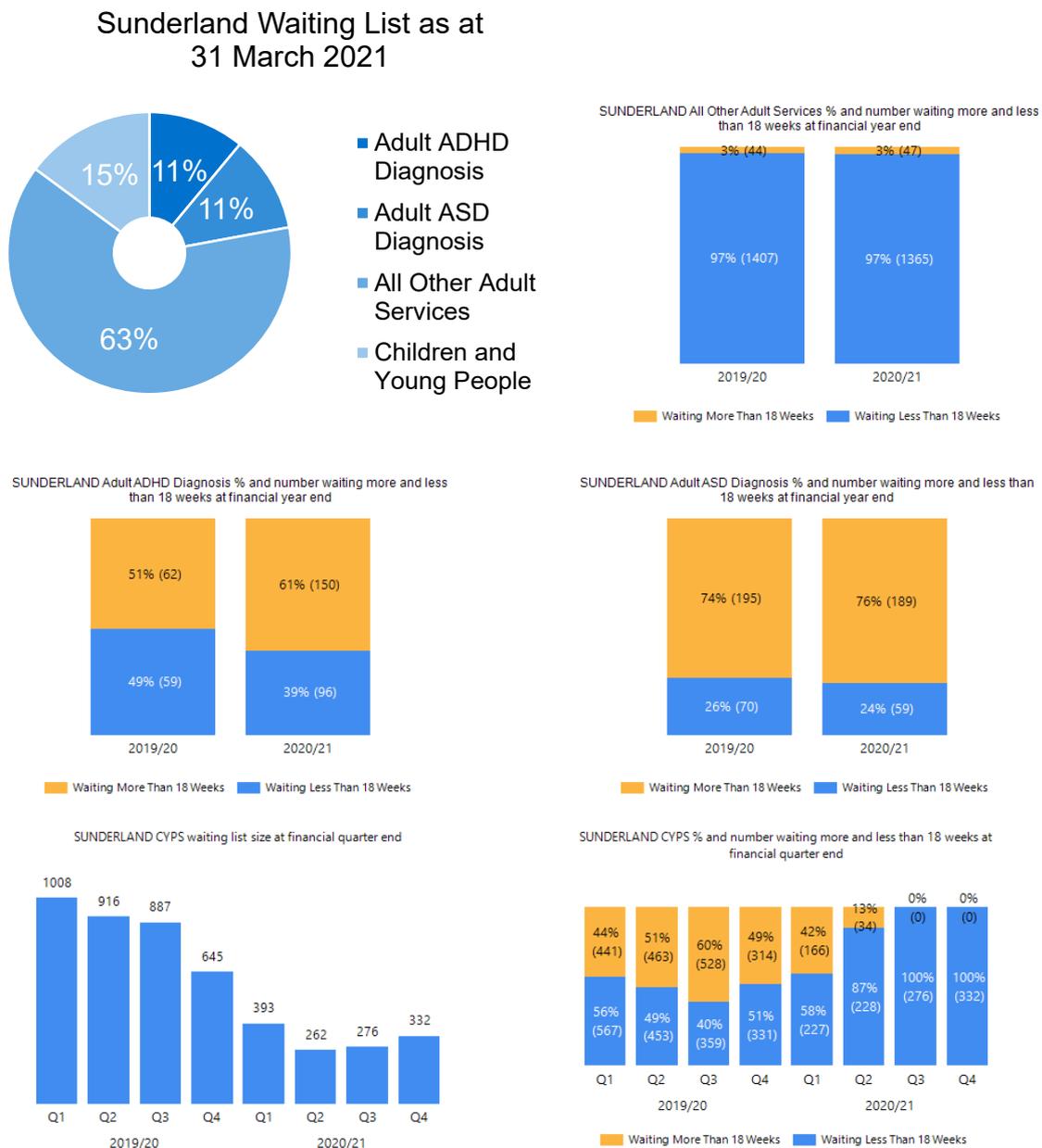


Data source: CNTW

In **Sunderland**, waiting times for adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have marginally increased in over 18 week waits mainly due to impact of Coronavirus. There was an increase in over 18 week waits within OPS services due to the impact of Coronavirus, the Acute Trust ceased scans and OP were shielding and not able to attend appointments.

Waiting times for children and young people have improved throughout the year. There were high over 18 week waits in Q1 and Q2 however due to a successful service improvement plan being implemented there were no over 18 week waits in Q3 and Q4.

Figure 17 a-f: Sunderland CCG waiting lists, assorted metrics



Data source: CNTW



How has the Service User and Carer Experience 2020/21 Quality Priority helped support the Service User and 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 2020

This mandatory national survey gathered information from over 17,000 adults who were in receipt of community mental health services between September and November 2019 with questionnaires being sent out and returned between February and June 2020

Overall, the Trust scored 7.6 (out of 10) in response to the question about overall experience of care. This was within the expected range for the Trust. The CNTW result for this question has been increasing year on year since 2018 (see Figure 18).

Figure 18: CNTW's overall experience of care score 2016 to 2020



Data source: [CQC](#)

All 55 English providers of NHS Mental Health services were included in the survey and at 28%, the response rate for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust’s (CNTW, based on 348 total responses) was slightly higher than the national response rate of 26%.

Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the COVID-19 pandemic, national analysis has shown that the national lockdown has very likely impacted the way service users responded to the survey. When comparing with equivalent time periods from previous surveys, responses received after the

lockdown was introduced differ significantly across most questions this year. The 2020 Community Mental Health survey is classed as not directly comparable with previous surveys.

CQC has highlighted nationally key areas for improvement. These include:

- **Crisis care** – more than one in four respondents didn't know who to contact, out of office hours in the NHS, if they had a crisis
- **Support and wellbeing** – more than one in three people responding didn't feel supported with their physical health needs, with even worse results for other kinds of support
- **Accessing care** – more than four in 10 people responding felt they waited too long to receive NHS therapies and nearly one in four people felt they had not seen NHS mental health services often enough to meet their needs
- **Involvement** – only around one in two people were 'definitely' involved as much as they wanted to be in the planning of their care
- **Communication** – more than one in four people had not been told who oversees organising their care

When comparing results with other providers, CQC identifies the best and worst performing trusts for each question and section.

At individual question level, there are twelve areas in 2020 where CNTW performed better than other trusts to an extent that is not considered to be through chance.

There were no questions where CNTW performed worse than expected.

Quantitative comments made by CNTW survey respondents can be grouped into the following themes.

- The quality of care provided
- The values and behaviour of staff
- Difficulty in accessing services
- The shortage of staff affecting service quality and continuity of care

Table 8: National Mental Health Community Patient Survey results for 2018 to 2020

Survey section	2018 CNTW score (out of 10)	2019 CNTW score (out of 10)	2020 CNTW score (out of 10)	2020 Position relative to other mental health trusts
1. Health and Social Care Workers	7.4	7.6	8	Better
2. Organising Care	8.6	8.7	8.9	Better
3. Planning Care	7.2	7.1	7.2	Better
4. Reviewing Care	8	7.9	8.1	Better
5. Changes in who you see	6.4			
6. Crisis Care	7.3	7.6	7.3	About the same
7. Medicines	7.5	7.5	7.5	About the same
8. NHS Therapies (prior to 2019 was Treatments)	8	7.5	8	About the same
9. Support and Wellbeing	5	4.8	5.4	About the same
10. Overall Views of Care and Services	7.5	7.6	7.9	Better
11. Overall Experience	7	7.3	7.6	Better

Data source: [CQC](#). The Medicines and Treatments sections have changed from previous years.

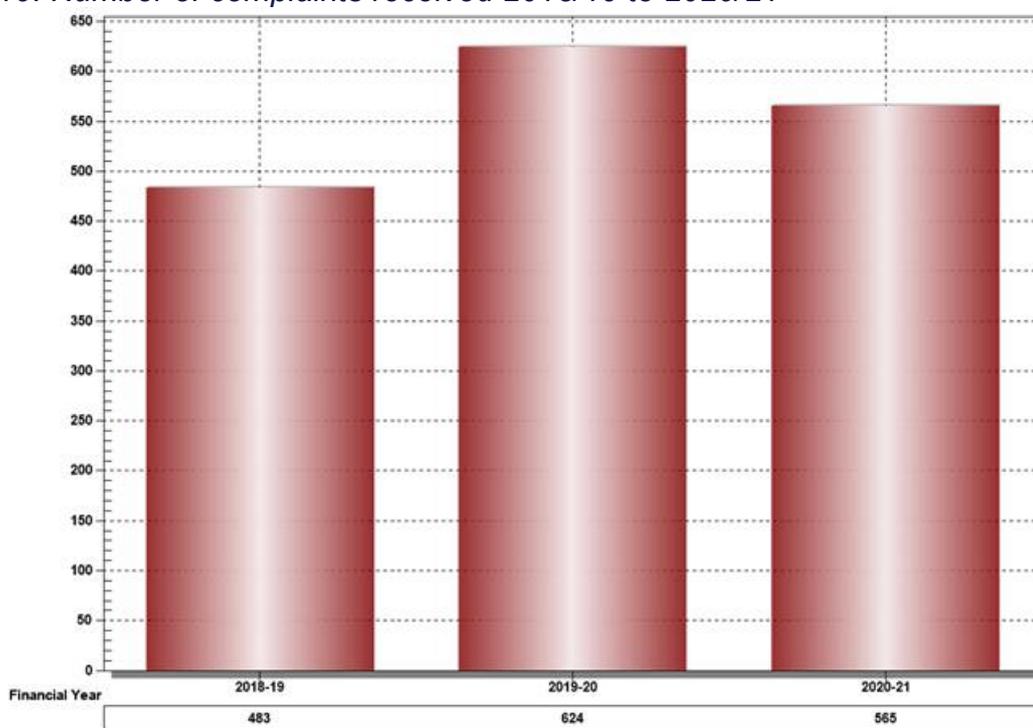


Complaints

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 2020-21 with a total of 565 received during the year. This is an overall decrease of 59 complaints (9%) in comparison to 2019-20. South and Central Locality Care Groups each accounted for 29% of the complaints received respectively, followed by North Cumbria with 21% and North Locality Care Group with the lowest at 18%. The other 3% of complaints related to the non clinical directorates.

Figure 19: Number of complaints received 2018/19 to 2020/21



Data source: CNTW

In comparison to 2019-20 figures, the number of complaints received has decreased in the Central, North and South localities. In Central there was a 17% decrease (33), in North there was a 23% decrease (36) and in South there was a 12% decrease (23).

There has been an increase of complaints received in North Cumbria by 37% (38). However this is as expected as the 19-20 figures for North Cumbria were not a full year's data and related to complaints received between 1 October 2019 (when NTW merged with North Cumbria mental health services to become CNTW) to March 2020 only.

Of note regarding the three highest complaint categories: patient care, communication and values and behaviours:

- Complaints related to patient care decreased by 28%
- Complaints relating to communications increased by 2%
- Complaints relating to values and behaviours decreased by 6%

Complaint categories which have significantly increased in comparison to 2019-20 are:

- Complaints related to admissions and discharges have increased by 34%
- Complaints related to Trust admin/ policies/procedures including record management have increased by 63%

Complaint categories which have significantly decreased in comparison to 2019-20 are:

- Complaints related to clinical treatment have decreased by 46%
- Complaints related to appointments have decreased by 22%

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.

Table 9: Number of complaints received by category 2018/19 to 2020/21

Complaint Category	2018/19	2019/20	2020/21
Patient Care	139	185	134
Communications	116	96	98
Values and Behaviours	86	90	85
Admissions and Discharges	23	37	56
Clinical Treatment	24	52	28
Appointments	19	41	32
Prescribing	15	33	30
Trust Admin/ Policies/Procedures Including Rec Man	22	15	41
Access To Treatment Or Drugs	9	28	26
Other	4	21	13
Facilities	10	7	13
Waiting Times	7	5	4
Privacy, Dignity And Wellbeing	6	7	4
Restraint	0	2	0
Staff Numbers	2	1	0
Integrated Care	1	2	0
Commissioning	0	1	0
Consent	0	0	1
Transport	0	1	0
Total	483	624	565

Data source: CNTW

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 2020/21 we responded to complaints in line with agreed timescales in 84% of cases. This is a small improvement on the 80% rate from the last Quality Account.

Table 10 indicates the numbers of complaints and the associated outcomes for the past three years:

Table 10: Number (and percentage) of complaint outcomes 2018/19 to 2020/21

Complaint Outcome	2018-19		2019-20		2020-21	
Closed - Not Upheld	146	30%	165	26%	151	27%
Closed - Partially Upheld	165	34%	199	32%	163	29%
Closed - Upheld	86	18%	112	18%	86	15%
Complaint Withdrawn	42	9%	67	11%	57	10%
Decision Not To Investigate	10	2%	24	4%	34	6%
Still Awaiting Completion	0	0%	0	0%	24	4%
Unable To Investigate	34	7%	57	9%	49	9%
Total	483	100%	624	100%	564	100%

Data source: CNTW

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 where individuals feel they 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 the PHSO, as at 31st March 2021 there were 22 cases ongoing and their status at the time of writing is as follows:

Table 11: Status of ongoing complaints as at March 31st 2021

Request for records	6
Enquiry	11
Intention to Investigate	2
Notification of a Judicial Review on a PHSO decision – Trust classed as an ‘interested party’	1
Draft reports received	2

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:

Overall, how was your experience of our service?

There are 5 possible answer options ranging from very good to very poor (with an additional option of ‘don’t know’). With a free text box with the prompt ‘tell us why you gave that answer’, this is to promote an individual response/opinion that can be themed and acted upon if appropriate.

This is question one of the Points of You survey (discussed below) and contributes to a score out of 10 dependant on the response offered.

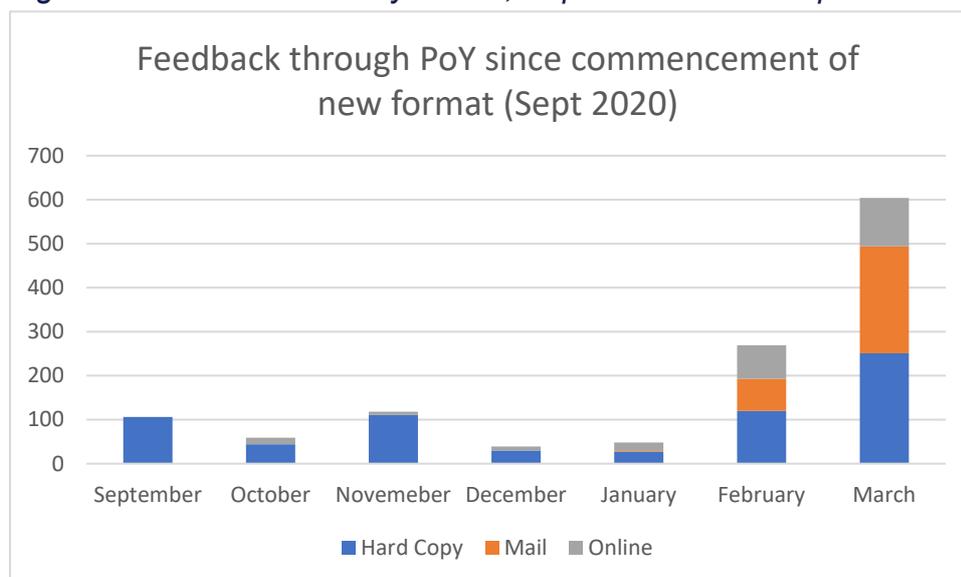
Points of You Survey

During 2020 CNTW decided to review the Points of You (PoY) feedback form to coincide with the national Friends and Family Test (FFT) question being changed from ‘How likely are you to recommend our service to friends and family if they needed similar care or treatment?’ to ‘Overall, how was your experience with our service?’.

When the new version of PoY commenced, the Trust was still restricted by Coronavirus restrictions. These prevented us from sending feedback forms through the post. As seen in figure 21, this reduced the levels of feedback we received initially, however in late January 2021 we recommenced this way of gaining valuable feedback and numbers of responses have increased.

This increase in levels of feedback through PoY allows for common themes to develop (see table 12), allowing CNTW to react in a meaningful way to the views of service users and carers.

Figure 20: PoY feedback by month, September 2020 – April 2021.



Equality, Diversity and Inclusion

<p>We said we would:</p>	<p>To implement a Trustwide approach working across Locality Groups, the Equality and Diversity Lead, CNTW Academy, Chaplaincy, Commissioning and Quality Assurance, Accessible Information Standard Group and Communications We will work with the staff networks for BAME, Disability, LGBT+ and the Mental Health Staff Network.</p>
<p>Progress</p>	<p>Partially Met</p> <p>During 2020-21 we have achieved the following in relation to our Equality, Diversity and Inclusion quality priority. This quality priority will continue to be taken forward during 2021-22</p> <p>Better health outcomes for our service users. HAREF, (the Health and Race Equality Forum) in Newcastle delivered cultural competency sessions in autumn 2020 to staff working in Newcastle teams.</p> <p>Improved patient access and experience During the first lockdown we worked closely with our interpreting provider to develop video interpretation and to source an equivalent service for BSL users, helping us to meet the requirements of the Accessible Information Standard.</p> <p>Staff Networks These grew during 2020, running virtually improved attendance and allowed for the flexibility to hold meetings more frequently and at different times. All of the networks developed action plans and were supported by budgets for activities, release time for network chairs and administrative support. A highlight from this year was the attendance at the May BAME network meeting of Prerana Issar NHS England’s Chief People Officer who spoke about the importance of staff network contributions during the Pandemic.</p> <p>Black History Month 2020 was the first year that the Trust held a series of events to celebrate Black History Month. During the month the BAME Staff Network was instrumental in delivering a varied programme of activities and resources that celebrated the lives of Black People in the UK and raised levels of awareness about issues that affect the lives of these communities in the UK. Throughout the month a screensaver campaign shared information and interesting historical facts about key figures in the development of healthcare from Black History such as recognising the achievements of Mary Seacole.</p> <p>The Staff Network in conjunction with the Trust’s Staff Psychological Centre developed a series of Multilingual Livecasts on Kindness that went live on the Trust’s YouTube Channel in mid-October. A number of staff from the</p>

network recorded messages in their first languages (with a transcript) on the theme of kindness. The messages included the importance of compassion around mental health, equality and diversity and the need to address the issues of stigma and race discrimination. Our first BAME Conference took place via Microsoft Teams at the end of October. Speakers included Roger Kline and Dame Elizabeth Anionwu.

Disabled Staff Passport

The Disabled Staff Network developed a 'passport' for disabled staff to document any reasonable adjustments that they have within the workplace. The document is designed to be shared with the disabled staff member's manager and is reviewed as circumstances dictate – but at least on a yearly basis. As the name passport implies, if a disabled member of staff changes jobs the passport helps facilitate the provision of reasonable adjustments, without the need to start a conversation with the new manager. The provision allows reasonable adjustments to be in place from the commencement of a new job. The passport was launched as part of our activities for Disability History Month during December. The launch involved separate Question & Answer events for disabled staff and managers.

Covid-19 Risk Assessment

The Equality and Diversity (E&D) lead worked with colleagues to develop the first iteration of the risk assessment toolkit to assess the risk of Covid-19 for Trust Staff. The Guidance documentation for enabling conversations with BAME staff was highlighted by both NHS Employers and NHS England as an example of good practice that has been shared nationally. The E&D Lead has been part of the Covid Risk Assessment Group (CRAG) that has developed the risk assessment decision aid that has been used to complete the assessments to comply with the NHS England targets for risk assessment. Key work on this was the development of a set of frequently asked questions to help inform and guide staff and managers in the process. This work has also been linked into that taking place in the staff networks – particularly the BAME and Disabled Staff networks, where the risk was deemed to be greater.

Stonewall Diversity Champions

We are working with Stonewall to address the issues that were identified following our first submission to their Workplace Equality Index. We have reviewed and updated our Workforce Policies and in conjunction with our LGBT+ Staff Network are developing a policy to support staff who identify as transgender.

Workforce Race and Disability Equality Standards

Following our submissions for these standards to NHS England the following actions were approved by Trust Board.

- Overhaul of recruitment and promotion practices for all levels of post to ensure that staffing reflects the diversity of the community and regional and national labour markets.
- Adopt NHSEI toolkits when available to meet the action of eliminating the ethnicity gap when entering formal disciplinary processes.

- Adopt the NHSEI toolkit on civility and respect for all.
- Adopt the principle of the Social Model of Disability by the Trust.
- Review and cleanse all data to ensure staff disability and CPD is recorded appropriately.
- Further develop the role of the Cultural Ambassador.

Human Rights Work

A communications campaign to raise awareness of human rights principles with staff has been developed. The aim of this plan is to inspire hope, create a conversation and be a driver for change so that every interaction with every person is in line with the principles of FREDa. The ethos and further aims of the campaign are:

- Cultural change cannot be achieved by a top-down mandate, but will live in the collective hearts and habits of people with a shared perception. A cultural change needs to happen through a movement, not a mandate.
- To create a movement, we need to stir emotion and incite action. Culture change will only happen when people take action. To create a movement we will need to:
- Share emotionally compelling narrative that challenges previous assumptions and create a case for change and a rethink.
- Develop an identity. Identities not only help to build awareness of the movement, but give people something to be part of
- Identify a leader who embodies the shift in culture in actions, words and behaviours
- Share illustrative stories, good and bad examples – share success stories and but also describe when things went wrong

Plans were made to launch the Human Rights Work at the Nursing Conference, however this had to be postponed as part of our response to the pandemic. The launch of the work to raise awareness about human rights will take place in 2021/22

We said that we would identify an appropriate unconscious bias training tool for use within teams for self-assessment and reflection and develop a formula to disseminate across the organisation. Training has been developed and trials of the training have taken place.

Changes to our recording mechanisms have been made to implement the Sexual Orientation Monitoring Information Standard and we are currently working with our Training Academy to roll out training for staff in how to ask questions regarding the standard.

NICE Guidance Assessments Completed 2020/21

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2020/21 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 2020/21

Ref	Topic Details/ Objective	Compliance Status/Main Actions
NG146	Workplace health: long-term sickness absence and capability to work	<p>Partial. The assessment shows that the policies and processes in place ensure that we are compliant to NICE guidelines. These policies are regularly reviewed and audited. There is strong, defined leadership with the Workforce and Organisational Development teams with responsibility of health and wellbeing of staff.</p> <p>The Trust has the OD strategy in place with strategic aim 4 relating to the health and wellbeing of the workforce. Employees have access to an employee assistant provider and psychological wellbeing service.</p> <p>The Trust has access to an occupational health provider and managers and staff can refer. Sickness Absence and supporting staff back to work are the responsibility of the line managers and support is offered by Occupational Health and Workforce advisors.</p> <p>Employees and managers work together with the Trust policies to ensure help, support and guidelines are clear</p> <p>A policy review is taking place so there will be some strengthening of some areas completed as part of this.</p>

Ref	Topic Details/ Objective	Compliance Status/Main Actions
NG149	Indoor air quality at home	<p>Compliant. The assessment demonstrated that Trust staff, particularly those involved in community treatment such as Community Psychiatric Nurses and Occupational Therapists, are aware of issues relating air quality problems, including:</p> <ul style="list-style-type: none"> • Knowing about the sources of indoor air pollutants and how they can affect health • Can give general advice on how to avoid activities that increase the level of indoor air pollutants • Can give general advice on how to improve ventilation if the source of the pollutant cannot be controlled • Are aware that affordability may be a barrier to effective and efficient heating and ventilation • Know that tenants may not be allowed to repair or alter building fabric, fixtures or fittings • Know who can provide help with repairs and necessary improvements (for example, the local authority or a home improvement agency) • Can advise people on how to request a housing assessment
NG150	Supporting Adult Carers	<p>Partial. Staff carer awareness is provided across the Trust, managed and delivered in individual localities. Carer Champions are in place across all localities. Getting to Know You process is in place across all localities.</p> <p>Some development with primary care has highlighted needs of carers, including the Carer Register from Primary Care. Carer assessments are undertaken by the relevant local authority. CNTW North Cumbria Social Workers do carry out carer assessments.</p> <p>Flexible working policy in place (under review), carer's passports in place, special leave available at manager's discretion. Carer training provided around specific services under Triangle of Care.</p> <p>Carer Champions provide advice and support on providing care, where relevant to our services. Variety of training available on a one-to-one basis or a group setting and currently signpost to carer organisations who provide training.</p>

Ref	Topic Details/ Objective	Compliance Status/Main Actions
NG142	End of life care for adults: service delivery	<p>Compliant. Within CNTW we follow guidance from the Regional Deciding Right guidance in which the umbrella of Advance Care Planning (ACP) is one of the main components.</p> <p>We also utilise the regional advance statement, Advance Decision to Refuse Treatment (ADRT), and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents.</p> <p>Advanced care planning and documents to facilitate as part of Deciding Right are included within CNTW(c) 49 End of life care policy.</p> <p>CNTW(C)34 Mental Capacity Act Practice Guidance Note; MCA-PGN-02 Advance Decision to Refuse Treatment and Advance Statements – V03 and associated appendices also provide detailed information</p> <p>CNTW(c)05 Consent to Examination or Treatment Policy also includes a Chapter (Ch16) on Advance Decisions and Advance Statements</p> <p>For both inpatients and community patients CNTWs “Getting to know you” assessment is a ‘think family’ approach. This approach is used for service teams to know who has primary caring responsibilities for the person within CNTW services, via MDTs, within an Emergency Health Care Plan (EHCP), through an Advanced Statement if the individual has capacity and choose to complete.</p> <p>Details are also included in the Care of the Dying Patient document (COD document) used within the Northern region in the last 24 - 48 hours of a person’s life.</p> <p>CNTW are signed up to and stake holders within the Regional Deciding Right initiative " A guide to making care decisions in advance with Children Young People and Adults and for that to happen as a shared partnership with health and social care professionals"</p> <p>Treatments and medication reviews are discussed with the person / their family carers /MDT professionals as appropriate within clinical appointments with their medic / CNS etc. If an individual is poorly we ensure reversible causes are considered i.e. Dehydration, infections, Confusion, Delirium etc. Antibiotics are prescribed / reviewed as appropriate.</p>

		<p>Reversible Cause guidance is included around interventions and medical assessment in line with COD patient document and NECN Palliative and end of life care Guidelines 2016. Where possible within CNTW services a person's treatments and medications are discussed with them and options given for them to have involvement with their care and treatment. if the person lacks capacity then their care and treatment options are decided via best interests process often in collaboration between CNTW primary, secondary or tertiary care and families /carers</p>
NG64	<p>Drug misuse prevention: targeted interventions: Adult</p>	<p>Compliant. Having reviewed the NICE guidance NG 64, we have identified from a Trust perspective that we believe the Trust meet the recommendations contained in this guidance for adult services. CNTW Addiction Services are commissioned to support health promotion, prevention and early identification of substance misuse in an IBA Framework.</p> <p>This can be exemplified in Newcastle where we lead multi-agency training for universal services in Identification and Brief Advice. We have trained all inpatient staff for IBA under the CQUIN requirement and also extended this to community mental health staff (Training Pack available). CNTW have developed key cards in substance misuse (document available).</p> <p>NTW have also developed substance misuse pathways to support prevention, early identification and referral for none-specialist services (Pathways available).</p> <p>CNTW have written and lead on the ABC Programme - a criminal justice programme to support appropriate dispersal of substance misuse trigger offences to ensure an education based approach. Service is commissioned via public health and intermittently identify key areas for support including sexual health. There is CQUIN training for all staff around drugs and alcohol.</p> <p>Clear pathways and screening tools provided. CNTW substance misuse scaffolding support available. Pathway document available and Key-cards. Pathways for non-specialist services with direct clear interventions.</p>

Ref	Topic Details/ Objective	Compliance Status/Main Actions
NG152	<p>Leg ulcer infection: antimicrobial prescribing</p> <p>Also relates to COVID-19 Rapid Guideline NG186 : reducing the risk of venous thromboembolism in over 16s with COVID-19</p>	<p>Compliant. Having reviewed the NICE guidance NG152, we have identified from a Trust perspective that we believe the Trust meet the majority of the 14 recommendations but with proviso.</p> <p>As an organisation we generally see clients with reported leg ulcers who have received intervention before entering our wards. They may be compliant, none compliant or awaiting specialist review so the bulk of our interventions are focused around maintenance rather than newly prescribed treatment.</p> <p>Our current internal physical monitoring arrangements cover the bulk of the guidance recommendations in that we have policy and PGN's that monitor and to some degree mitigate risk.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Core Physical health monitoring tool - Sepsis monitoring tool - NEWS2 / PEWS - Antibiotic guidance / Stewardship <p>The main issue is around staff and medical risk management in that staff are naturally risk averse and would prefer to swab rather than clinically monitor and respond based on presentation, this leads to unnecessary swabbing and reactionary prescribing of prophylactic antibiotics.</p> <p>General prescribing guidance in respect of antibiotics is managed effectively by current trust policy and is reviewed in-line with national recommendations. Medical review and access to specialist clinical microbiology to support review is already in place and accessible.</p> <p>Currently TVN's support with timely and specialist assessment, monitoring, evidence based treatment and in the majority of cases - hands on management of any compression. This includes a range of clinical options (bandages, hosiery and wraps).</p> <p>Given the speciality of leg ulcer management the TVN team also provide the formal application of any prescribed treatment and liaise directly with external specialists such as vascular services.</p>

Data source: CNTW

Part 2c



Part 2c

Mandatory Statements relating to the Quality of NHS Services Provided

Review of Services

During 2020/21 the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 174 NHS Services.

The Cumbria, 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 2020/21 represents 100 per cent of the total income generated from the provision of relevant health services by the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust for 2020/21.

Participation in National Clinical Audits

During 2020/21, twenty (20) national clinical audits covered relevant health services that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provides.

The national clinical audits eligible for participation by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2020/21 are shown in the table below:

Acronym	Full Title
NCAAD	National Clinical Audit of Anxiety and Depression
NCAP	National Clinical Audit of Psychosis
NAIF	National Audit of Inpatient Falls
POMH-UK	Prescribing Observatory for Mental Health-UK

Table 14: National Clinical Audits 2020/21

National Clinical Audits 2020/21	
1	National Audit of Care at the End of Life Stage 3
2	NCAAD Core Audit (17-18 Annual Plan)
3	NCAAD Spotlight Audit: Psychological Therapies
4	NCAAD Second Spotlight Audit Topic: Service User Experience
5	NCAP Spotlight Audit 2: Early Intervention in Psychosis (EIP) Re-Audit (20-21)
6	NCAP Spotlight Audit (20-21) Physical Health and Employment
7	NAIF Continuous Audit
8	NAIF Facilities Audit (19-20) (Feb-20)
9	NAIF Facilities Audit (20-21) (Feb-21)
10	POMH-UK Topic 20a: Prescribing Valproate

11	POMH-UK Topic 18b: Use of Clozapine
12	POMH-UK Topic 14c: Alcohol Detoxification
13	POMH-UK Topic 9d: Antipsychotic prescribing in people with a learning disability
14	POMH-UK Topic 19a (Baseline Audit) Prescribing antidepressants for depression in adults
15	POMH-UK Topic 17b: Use of depot/LA Antipsychotic injections for relapse prevention.
16	POMH-UK Topic 11: Prescribing antipsychotics for people with dementia
17	POMH-UK Topic 7: Monitoring of patients prescribed lithium
18	POMH-UK TOPIC 16: Rapid tranquilisation
19	POMH-UK Topics 1 & 3: Prescribing high-dose and combined antipsychotics - Adult Psychiatric Wards
20	National Audit of Dementia Spotlight Audit: Community-Based Memory Clinical Services

Data Source: CNTW, [HQIP](#), [POMH-UK](#)

The following list provides information on National Programme details provided by HQIP that are **not** undertaken as a clinical audit due to being part of a Clinical Outcome Review Programme or Confidential Enquiry:

Table 15: HQIP National Audit Programme

HQIP Directory National Audit Programme 2020-2021 Clinical Outcome Review Programme or Confidential Enquiry
Child Health Clinical Outcome Review Programme: Young People's Mental Health Learning Disabilities Mortality Review Programme (LeDeR) Confidential Enquiries
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Mortality Surveillance Confidential Enquiry
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Morbidity Clinical Outcome Review
Suicide by children and young people in England(CYP) Mental Health Clinical Outcome Review Programme
Suicide, Homicide and Sudden Unexplained Death Mental Health Clinical Outcome Review Programme
Safer Care for Patients with Personality Disorder Mental Health Clinical Outcome Review Programme
The Assessment of Risk and Safety in Mental Health Services Mental Health Clinical Outcome Review Programme

During the period (2020/21) Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust were registered in 100% of national clinical audits in which it was eligible to participate.

The following four (4) audits, due to commence in 2020/21, were delayed and/or deferred until 2021/2022:

Table 16: Delayed/Deferred National Clinical Audits

National Clinical Audits 2020/21 Delayed or Deferred	
1	National Audit of Care at the End of Life Stage 3
2	POMH-UK Topic 14c: Alcohol Detoxification
3	National Audit of Dementia Spotlight Audit: Community-Based Memory Clinical Services
4	NCAP Spotlight Audit (20-21) Physical Health and Employment

The national clinical audits that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust participated, **and for which data collection was completed during 2020/21**, are listed 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 the audit, where applicable.

Table 17: National Clinical Audits Submitted 2020/21

National Clinical Audits 2020/2021		Cases Submitted	Cases Required	%
1	NAIF Continuous Audit (Cases audited ad hoc)	n/a	-	n/a
2	NAIF Facilities Audit (19-20) (Feb-20) (Positional Statement not per case)	n/a	-	n/a
3	NAIF Facilities Audit (20-21) (Feb-21) (Positional Statement not per case)	n/a	-	n/a
4	NCAP Spotlight Audit 2: EIP Re-Audit (20-21)	394	-	100%
5	POMH-UK Topic 20a: Prescribing Valproate	122	-	100%
6	POMH-UK Topic 9d: Antipsychotic prescribing in people with a learning disability	122	-	100%

The reports of nine (9) national clinical audits were reviewed by the provider in 2020/21, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Table 18: National clinical audit actions

Project	Actions
1 NCAAD Core Audit (17-18 Annual Plan) (CA-17-0029)	The National Clinical Audit of Anxiety and Depression final reports and action plans were combined into one as approved at CEC. The information provided in the action plans are the same in each case, as below:
2 NCAAD Spotlight Audit: Psychological Therapies (CA-18-0018)	All Mental Health Trusts should have a Trust-wide Psychological Therapies Management Committee.
3 NCAAD Second Spotlight Audit Topic: Service User Experience (CA-19-0020)	<p>Prioritising the use of suitable outcome measures through consultation with the CNTW Trust psychological management committee is imperative.</p> <p>ICHOM suggest GAD-7 and PHQ-9 to be used as an outcome measures with the individuals experiencing symptoms of anxiety and depression.</p> <p>In order to improve the care provision for ethnic minority groups, individuals with different sexual orientation and people with various disabilities which appear to be significantly under-represented and/or totally missing in this audit sample; there needs to be provision of psycho-education through the use of social media, places of worship could be used to improve engagement with these populations.</p> <p>There is ongoing work relating to outcome measures, which looks at the current position in CNTW. This work shows us the current position at CNTW, where actions include:</p> <ul style="list-style-type: none"> • Working with OPS to consider alternative tools for those with organic illness, including DEMQOL, proxy reporting, distress reduction scales • Piloting a clinically- led SWEMWB process in Sunderland South CTT for 6 months from 02/10/18 • Researching the national position re outcome tools • Getting out to teams to promote clinical engagement • Looking at ways to improve reporting arrangements

Project		Actions
		<ul style="list-style-type: none"> Working with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to share knowledge and expertise <p>Provision of psychological therapies, use of outcome measures , supervision of therapists, the overall low service-specific average, compared to CNTW and the national average, due attention is required to strengthen the psychology resource.</p>
4	POMH-UK Topic 9d: Antipsychotic prescribing in people with a learning disability (CA-19-0007)	<p>Distribute slide set and audit tool to individual teams and encourage local action plan be drawn up.</p> <p>Local action plans to be assimilated by SCN and monitored through to completion; key performance indicators to be considered for regular monitoring of these standards going forward.</p> <p>Findings of QIP to be summarised and disseminated via MOC Newsletter.</p> <p>Findings of QIP to be shared with project team looking at LD and Autism speciality RiO page for data collection</p> <p>Findings of QIP to be shared with LD Consultant Forum to encourage discussion about documentation standards</p> <p>SCN to consider how to promote consistent use of RiO pages such as Medicines/Allergies/Sensitivities, GASS/LUNSERS form, Diagnosis</p> <p>SCN to consider how to promote improved information sharing through standardised clinical letter formats, formal side-effect rating and medication plans (including withdrawal/removal)</p> <p>Revisit and update trust wide STOMP action plans. Lead to be nominated by SCN.</p> <p>Findings of QIP to be presented to Strategic Clinical Network for LD and Autism</p> <p>Findings of QIP to be shared with LD Consultant Forum.</p>
5	National Memory Services Audit 19-20 North Locality (CA-19-0013)	<p>Neuroimaging: Review policy and protocol re: usage to be reviewed as part of re-audit.</p> <p>ECG Usage: Clients pulse to be taken at initial assessment by Nurse.</p> <p>No CST service in Northumberland: Post-diagnosis business proposal 2020.</p>

Project	Actions
	<p>Small numbers of non-white ethnicity: Compare this to population in Northumberland to determine proportion of referrals and review on larger population via RiO Team.</p> <p>Psychology for carers: Post-diagnosis business proposal 2020.</p> <p>Hearing, eyesight and falls documentation: Reminder to staff to ensure this is completed at assessment in core clinical documentation. Completion of the question 'Does the service user have any information or communication needs?'</p> <p>Patient choice: Offered in relation to initial assessment location; Telephone contact initially in order to ascertain client's preference for location of assessment.</p> <p>Investigate the levels of 'no diagnosis': To be reviewed as part of re-audit.</p>
<p>6 National Memory Services Audit 19-20 South Locality (CA-19-0014)</p>	<p>COVID 19 has increased these wait times significantly. Service has been recommenced. Actions are in place to reduce the wait times including extended days and overtime if necessary.</p> <p>Wait times have increased significantly due to the lack/availability of neuro imaging. Discussed with Consultants 11.08.2020 and strategies are in place to review long waiters and offer diagnostic appointments where appropriate.</p> <p>Reminder to staff to ensure this is completed at assessment in core clinical documentation. Discussed in Team meeting on 13th Feb 2020. Further audit of documentation to take place in September/Oct and findings presented to staff At October 2020 Team Meeting.</p> <p>Reminder to staff to ensure this is completed at assessment in core clinical documentation. Review during routine audit. Discussed in Team meeting on 13th Feb 2020.</p> <p>Further audit of documentation to take place in September/Oct and findings presented to staff At October 2020 Team Meeting 12.8.20 Discussed at team meeting (This has now been superseded by the National Audit of Dementia Community-Based Memory Services)</p>
<p>7 National Memory Services Audit 19-20 Central Locality (CA-19-0015)</p>	<p>Neuroimaging: Review policy and protocol re over-usage</p> <p>Small numbers of non-white ethnicity: Compare this to population in Newcastle to determine proportion of referrals.</p> <p>Alcohol, smoking documentation: Reminder to staff to ensure this is completed at assessment in core clinical documentation. Review during routine audit.</p>

Project		Actions
		<p>Hearing, eyesight and falls documentation: Reminder to staff to ensure this is completed at assessment in core clinical documentation. Review during routine audit.</p> <p>Document consent to be involved in research: Reminder to staff to ensure this is completed at assessment and documented in consent form on RIO. Review during routine audit.</p>
8	POMH-UK Topic 19a Prescribing antidepressants for depression in adults (CA-19-0018)	<p>Summary of audit findings to be published in MOC Newsletter or Safe Care Bulletin</p> <p>Communication with clinical teams via MOC newsletter or Safe Care Bulletin.</p> <p>POMH re-audit to be added to CNTW Clinical Audit plan for 2021/2022 or as per POMH calendar).</p> <p>Audit sponsor for POMH to assign Lead clinician who will be assisted by CNTW Pharmacy in data collection and interpretation.</p> <p>Findings of this QIP and issue of inappropriate referrals to be raised with Group Locality Directors at BDG.</p>
9	POMH-UK Topic 17b: Use of depot/LA Antipsychotic injections for relapse prevention (CA-19-0020)	<p>Findings of audit to be shared with the CQC Quality Compliance Group.</p> <p>Article to appear in Safer Care Bulletin outlining audit results and reminding staff of needs-based approach of care plans and depot card standards.</p> <p>Findings of this audit to be shared with colleagues (formerly Russel Patton/Douglas Turkington) who are currently looking at capture/documentation of relapse signs/symptoms.</p> <p>Details of audit results to be made available to author of CNTW(C) 20 - Care Coordination/Care Programme Approach Policy with recommendation to include reference to NTW(C) 06 Did Not Attend Policy under section relating to care plans and medication.</p> <p>Findings of this audit to be shared with the Task and Finish Group looking at the implementation of an electronic depot chart and integrated depot care plan.</p>

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1949. This is a 35% decrease on last year's recruitment figure.

The Trust was involved in 60 clinical research studies in mental health, dementia, learning disability and neuro-rehabilitation related topics during 2019/20, of which 50 were National Institute for Health Research (NIHR) portfolio studies. This is a 25% decrease from last year's figure.

During 2019/2020, 164 clinical staff employed by the trust participated in ethics committee approved research.

We have continued to work closely with the NIHR Clinical Research Network to support large scale national portfolio research projects and have achieved further successes with respect to large scale research funding in collaboration with Newcastle University.

According to the latest NIHR Clinical Research Network annual league tables CNTW are the 4th most research active mental health and disability trust in England based on the number of active research studies.

Goals agreed with commissioners

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

During 2020/21 the CQUIN schemes and associated requirements were stood down due to pressures faced during the Coronavirus pandemic.

CQUIN Indicators

There has been no requirement to report on CQUIN Indicators during 2020/21. This has been extended to quarter 3 of 2021/22 when reporting will recommence. This will be reflected in the Trusts next Quality Account, with a partial year represented.

Statements from the Care Quality Commission (CQC)

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services.

During 2020, the CQC conducted two focused inspections: 1) wards for people with a learning disability or autism and 2) child and adolescent mental health wards. Areas of improvement were identified and we are addressing all identified areas with action plans in place. The focused inspections affected the core service ratings but not the overall Trust rating.

The Care Quality Commission has not taken enforcement action against Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2020/21.



Last rated
15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust



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

External Accreditations

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

Table 19: Current clinical external accreditations (31st March 2021)

External Accreditation	Ward/Department	Location
Accreditation for Working Age Wards (AIMS WA)	Hadrian	Carlton Clinic
	Lowry	Campus for Ageing and Vitality
	Springrise	Hopewood Park
Quality Network for Older Adult Wards (QNOAMHS)	Castleside	Campus for Ageing and Vitality
	Cleadon	Monkwearmouth Hospital
	Hauxley	St George's Park
	Woodhorn	St George's Park
Accreditation for Rehabilitation Wards (AIMS Rehab)	Aldervale	Hopewood Park
	Bluebell Court	St George's Park
	Clearbrook	Hopewood Park
Accreditation for Forensic Mental Health Services (QNFMHS)	Bamburgh Clinic	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Accreditation for Child and Adolescent Inpatient Services (QNIC)	Stephenson	Ferndene
Accreditation for ECT Therapy Clinics (ECTAS)	Hadrian ECT Clinic	Campus for Ageing and Vitality
	ECT Treatment Centre	St George's Park
Accreditation for Psychiatric Liaison Services (PLAN)	Sunderland Psychiatric Liaison Team	Sunderland Royal Hospital
Accreditation for Crisis Resolution and Home Treatment Team (HTAS)	Sunderland Crisis Team	Hopewood Park
Accreditation for Psychological Therapy (APPTS)	Centre for Specialist Psychological Therapies	Walkergate Park
	Sunderland Psychological Wellbeing Service	Monkwearmouth Hospital
Accreditation for Eating Disorder Services (QED)	Richardson Unit (Ward 31a)	Royal Victoria Infirmary
Accreditation for Perinatal Services (PQN)	Community Perinatal Mental Health Team	St Nicholas Hospital

Data source: CNTW

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 2020/21 the Trust will build upon actions already taken to ensure that we continually improve the quality of information we provide.

Table 20: Actions to be taken to improve data quality

Clinical Record Keeping	<p>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.</p> <p>We will continue to improve and develop the RiO clinical record system in line with service requirements.</p>
CNTW Dashboard development	We will continue to review the content and format of the existing CNTW dashboards, to reflect current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements.
Data Quality Kitemarks	We will continue to roll out the use of data quality kitemarks in quality assurance reports further, including applying data quality kitemarks to our dashboards where applicable.
Corporate Services Business Intelligence Group	We will implement a Trust wide Corporate Services Business Intelligence Group
Mental Health Services Dataset (MHSDS)	<p>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.</p> <p>We will improve our data maturity index score and understand areas where improvement is required.</p>
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 across community services.

Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and HoNOS 4-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 produce and establish reporting via Integrated Care Systems to inform system level commissioning.
Quality Priorities	We will develop a robust reporting structure to support the quality priorities.
Outcome Measures	We will enhance the current analysis of outcome measures focusing on implementing a system for reporting information back to clinical teams, including Commissioning for Quality and Innovation (CQUINs).
Electronic Staff Record (ESR)	We will develop data quality monitoring of ESR data and develop action plans to address issues identified. We will continue to improve data quality with ESR to inform the Trusts ability in relation to workforce planning

Data source: CNTW



North East Quality Observatory (NEQOS) Retrospective Benchmarking of 2019/20 Quality Account Indicators

NEQOS provide expert clinical quality measurement services to many NHS organisations in the North East.

CNTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2019/20 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 21:

Table 21: Nationally available Quality Account indicators for 2019/20

Data source: North East Quality Observatory

	Quality Account Indicators	Target	England median	Peer median	CNTW
1	Staff who are happy with the standard of care provided by the trust if their family/friends needed treatment, 2019 Staff Survey *		65.5%	60.6%	68.2%
2	FFT patients recommending service (%), Feb 2020		90.3%	88.7%	89.2%
3	Admissions to acute wards that were gatekept by CRHT (%) Q3 19/20	95%	98.6%	96.7%	99.0%
4	Inpatients receiving follow up contact within 7 days of discharge (%) Q3 19/20	95%	96.6%	96.5%	91.7%
5	NRLS Incidents for severe harm/death (%), 2019/20		0.9%	1.4%	0.5%
6	EIP patients treated within 2 weeks (%), March 2020	56%	N/A	81.7%	73.5%
7	Written complaints per 1000 FTEs, 2019/20		60.1	60.6	58.4
8	MHSDS - CPA clients in settled accomodation (%) Q2 2019/20 *		60.1%	43.2%	53.9%
9	MHSDS - CPA clients in employment (%) Q2 2019/20 *		7.9%	7.0%	8.2%

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

*Table includes data for a peer group of similar trusts: Birmingham and Solihull Mental Health NHS Foundation Trust; Cheshire and Wirral Partnership NHS Foundation Trust; Lancashire Care NHS Foundation Trust; North East Essex Mental Health NHS Trust; Oxford Health NHS Foundation Trust; South London and Maudsley NHS Foundation Trust; Sussex Partnership NHS Foundation Trust; and Tees, Esk and Wear Valleys NHS Foundation Trust.

Learning from Deaths

The Serious Incident Framework (2015) forms the basis for the Trust's Incident Policy which guides / informs the organisation about reporting, investigating and learning from incidents including deaths. The Learning from Deaths policy supports and enhances this learning and investigation process. Between March and June 2018 NHS Improvement sought views on how the Serious Incident Framework (2015) could be revised to support the system to respond appropriately when things go wrong. A new introductory Patient Safety Incident Response Framework was published in April 2020 and NHS England/Improvement planned

to work with several early adopter organisations to implement this introductory framework prior to a full role out in 2021. Due to additional pressures on the NHS at the current time, the PSIRF work with early adopters has been put on hold. Until an organisation has formally moved over to PSIRF, they are expected to continue to abide by the existing Serious Incident Framework and all its relevant reporting, incident investigation and management requirements.

We report all deaths of people with learning disabilities who are service users to the Learning Disabilities Mortality Review (LeDeR) Programme for further investigation. CNTW is represented on the regional LeDeR steering group and has implemented learning arising from the national programme within the Trust. There were 45 incidents reviewed under LeDeR during 2020-21.

During 2020/21, 1724 of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's patients were reported to have died, with the majority of these considered to be from natural causes.

- Qtr. 1 – 463 (27%)
- Qtr. 2 – 361 (21%)
- Qtr. 3 – 432 (25%)
- Qtr. 4 – 468 (27%)

Of the 1724 deaths, and in line with our Incident Policy (CNTW(O)05) and our Learning from Deaths Policy (CNTW(C)12), 370 of these deaths fit the criteria for further investigation. 85 were investigated as a Serious Incident review, 237 as a Local After-Action Review and 48 as a mortality review.

During 2020/21 the following investigations were carried out in each quarter, 62 in the first quarter; 94 in the second quarter; 96 in the third quarter and 118 in the fourth quarter, some of which remain under investigation and reports not completed due to the time frames. This reflects an increase in cases reviewed compared with the period 2019-20. There has been a notable increase in addictions deaths across the localities. The rise in addictions deaths is consistent with the increase in addictions deaths seen nationally, the North East is not an outlier. The increase in overall numbers of addiction deaths has seen a significant rise in deaths related to alcohol use. CNTW has continued to provide face to face contact for this service user group throughout the pandemic but notes that other providers have not. All addictions related deaths are reviewed as local After-Action Reviews.

Mortality reviews

All natural deaths of patients receiving care from CNTW services incident reported were triaged against the criteria based on the Royal College of Psychiatrist's National Mortality Case Record Review. The criteria indicating that a Mortality Review is appropriate include any of the following:

- Family, carers or staff have raised concerns about the care provided.
- Diagnosis of psychosis or eating disorders during the last episode of care.
- Psychiatric inpatient at time of death or discharged from inpatient care within the last month.
- Under Crisis Resolution and Home Treatment Team (or equivalent) at the time of death.
- Or case selected at random.

A total of 52 mortality reviews were completed and discussed at Mortality Review Panel between 2nd April 2020 and 22nd April 2021. This included incidents from the 19/20 reporting period.

Of the 52 cases reviewed 42 were considered to have received a good standard of care, 8 were considered to have received excellent care and 2 were considered to have received adequate care.

The learning identified from the 2 cases that were considered as having received adequate care was in one case it was identified that there were issues with HDAT (High Dose Antipsychotic Therapy) physical health monitoring and in the second case it was considered that care documentation was not to the required standard and the case was referred for a local After Action Review in order to identify further learning.

In the 42 cases considered to have received an overall good standard of care, learning opportunities were also identified in some of these cases. There were 12 cases where standards of care documentation was identified as a learning opportunity. In a high proportion of cases where documentation issues were identified it was found that the completion of the Trust carer documentation, Getting to Know You was the most prevalent issue relating to care documentation. Other issues that were identified in the cases where care was considered to be otherwise of a good overall standard were one case where a medical review was needed following a patient stopping smoking, one case where the Clozapine results from Denzapine was sent to the wrong doctor, two cases where the physical health monitoring of a patient was not considered to be in keeping with CNTW standards, and one case where the HDAT form was not completed resulting in a panel request that the Policy guidance was reviewed.

Following the Mortality review panel all learning points were relayed back to the care teams involved.

Serious Incident reviews

During 2020/21 102 incidents were presented at the Serious Incident review panel. Some investigations that were reported in the 19/20 reporting period where subsequently investigated and completed in the reporting period 20/21. The majority of cases showed incidental findings that were identified as part of the investigation, however out of these 102 there were 16 incidents that highlighted findings felt to be significant in nature. Out of these

16 incidents only one identified a root cause that was felt to directly relate to problems in the care provided to the patient. This incident was reported as a Never Event.

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 to determine if the patient death may have been attributable to problems with care provided.

Themes of Learning

Over the last twelve months our investigations have identified **eight** main areas of **learning** highlighted from both the significant and incidental findings of serious incident and After-Action reviews:

Never Event

An incident occurred in an in-patient unit in the North Cumbria locality in which a service user used a ligature attached to a collapsible shower curtain rail and sadly died as a result. The rail did not collapse under the weight of the service user as should have happened despite the fact that the rail was correctly installed and had passed a load test. The angle of pull exerted by the ligature may have contributed to the failure to collapse.

The failure of a collapsible shower rail to perform as intended during a self-harm attempt is classified as a “never event” as it should not occur. The incident was subject to a full investigation and the learning shared with NHS Estates in order to reduce the risk of a similar occurrence occurring to service users in other organisations.

Risk Assessment:

Several serious incidents and After-Action reviews highlighted risk assessment issues with assessment of risk and / or completion of risk assessment scoring / documentation as areas of learning. This included two incidents which highlighted significant findings related to risk assessment.

In all cases actions were agreed at the SI panel to address the findings. There is also additional work being done across the organisation to review risk assessment tools.

MDT decision making:

There were a number of incidents that were identified as lacking in a Multidisciplinary team approach. Multidisciplinary team discussions and discussions within supervision were not being documented or lacking in the detail that would provide the rationale for clinical decision making.

In two cases this was highlighted as a significant finding. One investigation highlighted that, there was no joined up multidisciplinary approach to care planning or formulation of the patients care and treatment and that there was no medical involvement within the multidisciplinary care planning process. The second incident relating to significant findings identified that the documentation around decisions did not reflect discussions held regarding discharge and risk management. In this case it was highlighted that rather than discharging the service user from the ‘step up function’ there should have been further attempts made to contact them.

Safeguarding:

Several cases highlighted learning around safeguarding concerns that should have been explored further and additional specialist advice sought from the Trust Safeguarding and Public Protection team (SAPP).

One incident highlighted safeguarding as a significant finding. The significant findings / learning related to CNTW services communicating more effectively with other service providers like the GP and Police in relation to concerns about risk being raised by family members and utilising the CNTW SAPP team for advice when safeguarding concerns are highlighted.

Additional learning from this case included consideration of safeguarding concerns and potential MAPPA / PDP referrals at the point of discharge.

In reviewing the drug related deaths two specific safeguarding themes were identified. The need to be aware of the increased risk that increased financial resource – i.e. benefits back payments, can have in supporting means to increase substance use. The second area was the recognition of the increased risk of deliberate / accidental harm following the removal of children.

Pathways:

Reviews related to drug related deaths highlighted themes related to the need for clear pathways. These included clarification of prison pathways to ensure a streamlined service, availability of alcohol detoxification pathways - new funding has supported a significant development in this area (North of Tyne Detoxification Service), clarification of Service model - new elements to locality models developed to support additional learning including the development of Rapid Re-entry processes and daily FLASH meetings. The need for clarity on the pathway to Opioid Substitution Treatment (OST) following abstinence and the review of Naloxone processes was also highlighted.

A significant finding in one serious incident related to care pathways. There was a lack of knowledge of pathways and standard operating procedures around dual diagnosis, veterans and waiting list management, which had an impact on the appropriateness of care planning and risk management.

Record Keeping:

In reviewing both significant and incidental findings, record keeping was a theme throughout many investigations.

One significant finding identified that documentation and record keeping was not in keeping with Trust policy, expected standards or NICE guidelines. It also highlighted that on this occasion supervision arrangements were not robust enough to identify this.

Other cases identified that the standard of documentation at times did not reflect the level of good care and treatment being offered this included in a number of cases where care planning documentation was highlighted as an area of learning.

Actions were put in place for each incident however on top of this there are a number of work streams across the organisation in reviewing record keeping standards alongside the planned review of RiO, the Trusts electronic record system.

Carer involvement:

There were a number of cases where carer involvement was highlighted within the areas of learning. This included areas of carer related documentation like updating or recording consent to share information and completing the Getting to Know You documentation. Some cases highlighted instances where carer involvement should have been more robust.

Dual Diagnosis:

Several incidents highlighted learning surrounding Dual Diagnosis. There was a range of learning but themes identified related to on occasion referrals not being made to specialist drug and alcohol services as expected, drug and alcohol problems not being considered as part of the care plan and the Alcohol AUDIT tool not being completed.

Dissemination of Learning

Learning is both trust wide and individual/team specific and the Trust uses a variety of methods to share learning across the organisation. This includes discussing learning within team meetings, learning groups and individual supervision of staff.

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 confirm 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 on the agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture.

The Trust has developed a Safer Care monthly bulletin which disseminates lessons arising from investigations to all staff. The Central Alert System is used when a message is so important it needs to go across the whole organisation very quickly. A section within the Trust intranet provides access to all previous Safer Care bulletins and CAS alerts for all staff.

CNTW has introduced Learning and Improvement webinars that are open to all staff across the Trust and aim to identify and share learning from a broad range of sources including incidents, complaints, audits, safeguarding investigations and reviews, HR processes, benchmarking, national reports and inquiries, staff and service user and carer feedback. The Learning and Improvement Webinars take place using Microsoft Teams which enables staff from across the organisation to easily join in and spread safety improvements far and wide. The webinars are recorded and available for staff to watch after the event via the Trust intranet.

NHS Number and General Medical Practice Code Validity

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust submitted records to the Mental Health Data Set the position as at April 2021.

The percentage of records in the published data which included the patient's valid NHS number was: **99.9%**

The percentage of records in the published data which included the patient's valid General Medical Practice Code was: **99.6%**

Data Security and Protection Toolkit attainment

In light of the national pandemic, the DSPT submission has been moved from 31st March 2021 to 30 June 2021.

Clinical Coding error rate

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

Safe working hours for doctors in training

A report on safe working hours for doctors in training covering January to December 2020 was presented to the CNTW Trust board in May 2021.

The report is reproduced in Appendix 3.



Performance against mandated core indicators

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

A consultation on the Quarterly Mental Health Community Teams Activity return opened on 24th January 2020. The outcome of the consultation was published on 15th April 21 announcing the decision to retire this collection. More information, including the outcome of this consultation is available at: [Quarterly Mental Health Community Teams Activity Return Statistics Consultation](#). In March 2020, the collection was suspended due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response therefore data for Q3 2019/20 is the last release of this collection.

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 Cumbria, 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 Cumbria, 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. These have been virtual during the pandemic.

“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 18d), shown against benchmarking group

% Agree or Strongly Agree	2018	2019	2020
CNTW %	69%	67%	73%
National Average %	61%	62%	70%
Highest national %	81%	76%	84%
Lowest national %	38%	38%	47%

Data source: [Staff 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 Cumbria, 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 Cumbria, 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, 2018 to 2020

Health and social care workers	2018	2019	2020
CNTW	7.4	7.7	7.6
National Average	7.1	7.2	7.2
Highest national	7.7	7.8	7.8
Lowest national	5.9	6.2	6.1

Score out of 10, higher are better. Scores based on same two questions used in 2019

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 Cumbria, 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 Cumbria, 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).

Data source: [NHS Improvement](#) Data for October 2019 to March 2020 will be published later in the year, to date this is not available.

The Official Statistics publishing schedule is changing. We are now publishing the Organisation and National level patient safety incident reports (OPSIR and NAPSIR) once a year rather than every six months, with the next publication due in September 2021. Available at: <https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/>

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

Part 3



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 service users, carers, 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 2020/21 CNTW has been assigned a segment of “1 – maximum autonomy”.

Table 24: Self-assessment against the Single Oversight Framework as at March 2021
(previous years data in brackets where available)

	Period	Trustwide	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	South Tyneside CCG	Sunderland CCG	North Cumbria CCG
Patient Safety Quality Indicators								
Inappropriate Out of Area Placements	2020/21	215	70	0	9	0	22	114
Average inappropriate bed days for the year	2020/21	18						
Clinical Effectiveness Quality Indicators								
% clients in settled accommodation	2020/21	78.50%	81.60%	81.50%	79.50%	75.60%	76.00%	78.70%
	(2019/20)	(71.70%)	(83.30%)	(77.60%)	(83.30%)	(80.00%)	(80.60%)	(35.30%)
% clients in employment	2020/21	8.50%	8.20%	9.10%	11.20%	4.50%	5.20%	9.60%
	(2019/20)	(6.80%)	(7.20%)	(7.60%)	(8.20%)	(7.40%)	(6.00%)	(5.30%)
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
• Inpatient wards	31/03/2021	97.9%						
	(31/03/2019)	(96.2%)						
• Early Intervention in psychosis services	31/03/2021	85.0%						
	(31/03/2019)	(74.2%)						
• Community mental health services (people on care programme approach)	31/03/2021	91.6%						
	(31/03/2019)	(79.3%)						
Data Quality Maturity Index	31.12.20	93.70%						
	(31.12.19)	(92.70%)						

IAPT- Proportion of people completing treatment who move to recovery	Mar-21	58.95%					62.00%	55.90%
	(Mar-20)	(51.20%)					(51.40%)	(51.00%)
Service User Experience Quality Indicators								
RTT Percentage of Incomplete (unseen) referrals waiting less than 18 weeks*	2020/21	96.80%	96.40%	96.50%	98.20%	97.60%	95.50%	
	(2019/20)	(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	2020/21	90.40%	80.00%	81.00%	80.40%	81.50%	85.90%	69.80%
	(2019/20)	(73.50%)	(74.60%)	(82.50%)	(92.50%)	(54.20%)	(96.70%)	(49.00%)
IAPT Waiting Times to begin treatment – incomplete								
6 weeks	Mar-21	99.70%					99.70%	99.70%
	(March 20)	(99.20%)					(100.00%)	(99.00%)
18 weeks	Mar-21	100.00%					100.00%	100.00%
	(March 20)	(99.90%)					(99.90%)	(100.00%)

Data source: CNTW. *Note that this relates only to a small number of consultant-led services

Performance against contracts with local commissioners

During 2020/21 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCGs). Table 25 below highlights the targets and the performance of each CCG against them for quarter four 2019/20 (1 January 2021 to 31 March 2021).

Table 25: Contract performance targets 2020/21 Quarter 4 (2019/20 Quarter 4 in italics)

CCG Contract performance targets Quarter 4 2018/19 (target in italics)	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	Sunderland CCG	South Tyneside CCG	North Cumbria
CPA Service Users reviewed in the last 12 months (95%)	95.60% <i>97.50%</i>	96.00% <i>98.00%</i>	97.70% <i>97.00%</i>	98.70% <i>98.70%</i>	95.70% <i>98.00%</i>	72.70%
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	96.90% <i>98.20%</i>	97.60% <i>97.20%</i>	96.10% <i>97.50%</i>	98.20% <i>97.80%</i>	98.00% <i>98.10%</i>	10.50%
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	94.50% <i>96.00%</i>	97.10% <i>97.10%</i>	94.90% <i>96.60%</i>	95.60% <i>95.00%</i>	97.60% <i>96.20%</i>	85.90%
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	96.40% <i>96.10%</i>	98.80% <i>98.30%</i>	92.20% <i>97.10%</i>	98.80% <i>96.20%</i>	98.10% <i>95.20%</i>	91.70%
Current delayed transfers of care -including social care (<7.5%)	2.50% <i>1.70%</i>	3.50% <i>4.00%</i>	0.00% <i>2.40%</i>	2.20% <i>3.20%</i>	2.30% <i>4.60%</i>	15.70%
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%) <small>Note that this relates only to a small number of consultant-led services</small>	100% <i>100%</i>	100% <i>100%</i>	100% <i>100%</i>	100% <i>100%</i>	100% <i>100%</i>	
Current service users aged 18 and over with a valid NHS Number (99%)	99.90% <i>99.90%</i>	99.90% <i>99.90%</i>	100.00% <i>99.90%</i>	100% <i>100%</i>	100% <i>100%</i>	100%
Current service users aged 18 and over with valid Ethnicity completed (90%)	95.20% <i>93.50%</i>	97.00% <i>94.10%</i>	89.60% <i>92.90%</i>	95.30% <i>94.70%</i>	91.90% <i>90.60%</i>	84.50%
The number of people who have completed IAPT	n/a	n/a	n/a	51.40% <i>54.30%</i>	n/a	51.00%

treatment during the reporting period (50%)						
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	75.80%	81.80%	87.50%	86.70%	84.60%	52.10%
	72.10%	84.60%	77.80%	90.00%	92.90%	

Data source: CNTW

Note the figures above relate to quarter 4 average while the equivalent data in Table 24 is for the whole of 2020/21.

Statutory and Mandatory Training for 2020/21

It is important that our staff receive the training they need in order to carry out their roles safely. During the pandemic we continued to monitor training but paused the expected standard/target. Each area has a trajectory in place to achieve the standard in 2021/22.

Table 26: Training position as at 31 March 2021

Training Course	Position at 31/03/2020	Position at 31/03/2021
Fire Training	81%	83%
Health and Safety Training	92%	90.4%
Moving and Handling Training	88.2%	87.3%
Clinical Risk Training	72%	81%
Clinical Supervision Training	72.7%	76.6%
Safeguarding Children Training	92.8%	87.5%
Safeguarding Adults Training	83.7%	89.8%
Equality and Diversity Introduction	93.6%	91.5%
Hand Hygiene Training	90.7%	86.8%
Medicines Management Training	82.1%	83.9%
Rapid Tranquillisation Training	86.1%	77.8%
MHCT Clustering Training	61.3%	59.1%
Mental Capacity Act/Mental Health Act/DOLS Combined Training	67%	65.2%
Seclusion Training (Priority Areas)	82.6%	67.1%
PMVA Basic Training	66.2%	24.3%
PMVA Breakaway Training	75.2%	69.3%
Information Governance Training	84.9%	82.2%

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

*Information Governance training calculated slightly differently to align with NHS Improvement requirements.

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, CNTW and national, April 2018 to Dec 20

Data source: NHS Digital, Electronic Staff Record. Data includes NTW Solutions, a wholly owned subsidiary company of CNTW.

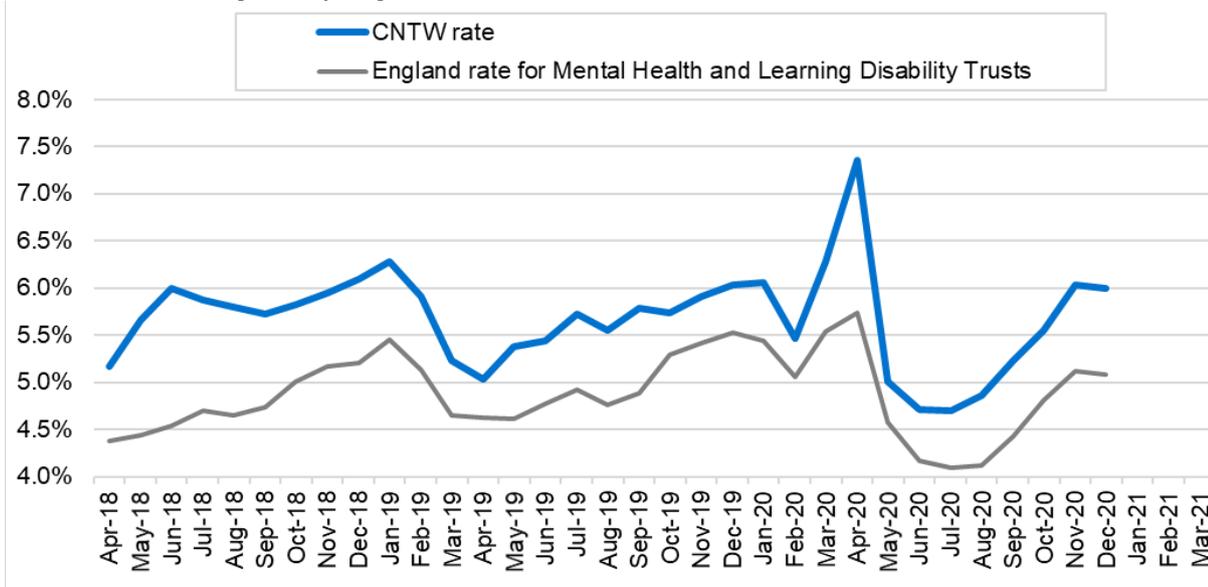
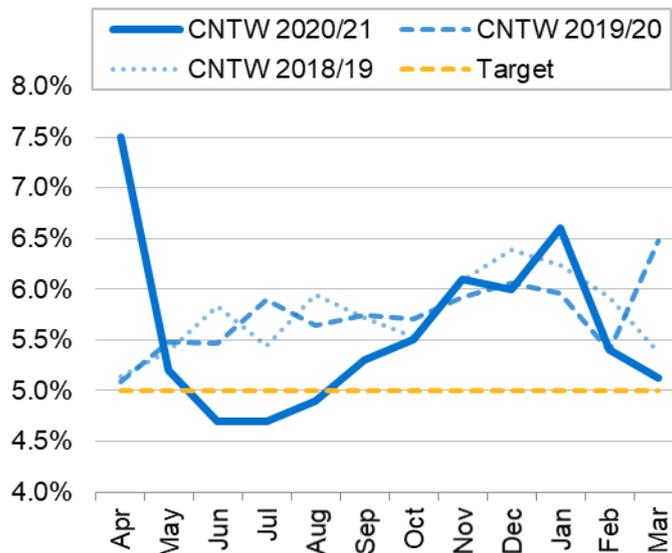


Figure 22: CNTW sickness rates 2020/21 against target including 2019/20 position



The Trust continues to place a high priority on supporting the wellbeing and health of staff and this is highlighted in the Workforce and Organisational Development strategy 2017-2022.

The Trust is continually reviewing the Wellbeing and Health Agenda ensuring it is taking into account the differing needs of the staff as well as incorporating best practice and both Local and National Wellbeing agendas. During 2020/21 the Trust increased it's wellbeing and

health offer to support staff during the pandemic such as the introduction of the Staff Absence line where staff report all absence and the call handlers ensure they get the required support. The absence line arrange staff testing for Covid 19 to ensure staff get the support they need or if they don't have Covid-19 providing reassurance for a return to work when well enough. The Trust have further developed its Wellbeing framework delivering a number of wellbeing and health campaigns such as Dry January and also introduced additional support for staff such as wobble rooms, schwarz rounds, staff discounts. During 2020/21 the Trust worked closely with staff Networks and revised its Absence management policy.

The Trust will continue to develop its wellbeing and health strategy taking into account the NHS People Plan and implementing actions such as Wellbeing conversations for all staff. In addition to this it will continue to support staff with Covid-19 offering advice and support to staff in line with Government guidelines.

The Trust continue to hold the Better Health at Work, continuing excellence award and have plans to increase the number of Wellbeing and Health Champions across the Trust.



Staff Survey

Since 2010 the Trust has adopted a census approach to the Staff Survey. From 2019 onwards, the results from questions are grouped to give scores for ten themed indicators. The indicator scores are based on a score out of ten for certain questions with the indicator score being the average of those. The response rate to the 2020 survey among trust staff was 50% (2019: 56%). Scores for each indicator together with that of the survey benchmarking group Mental Health /Learning Disability Trusts are presented below.

The Trust, in the past five years, and as a direct consequence of staff survey findings, has been working on improving its approach to staff engagement. We have developed a schedule of listening events called Speak Easy 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 with presentation of key findings at meetings with Trust Board, Corporate Decisions Team, Business Development Group, Council of Governors, Staff Side and Corporate and Operational Directorates throughout the Trust. At each of these meetings views are sought on our intentions to take action on issues highlighted in the survey results. The Trust wide Staff Survey Action Plan is agreed by Trust Board and is monitored through the Trust's Corporate Decisions Team (Workforce) Group. In addition localities also develop their own specific action plans which are monitored through local assurance groups.

Table 27: NHS staff survey responses 2018 to 2020

Response rate	2018	2019	2020
Trust	67%	56%	50%
National Average (Mental Health/Learning Disability)	54%	54%	49%

From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those. Scores for each indicator together with that of the survey benchmarking group Mental Health /Learning Disability Trusts are presented below.

Table 28: Staff Survey 2020 Compared to Staff Survey 2019 and 2018

Theme	2020		2019		2018	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.3	9.1	9.3	9.1	9.3	9.0

Health and wellbeing	6.6	6.4	6.4	6.1	6.5	6.1
Immediate managers	7.5	7.3	7.4	7.3	7.5	7.2
Morale	6.7	6.4	6.5	6.3	6.6	6.2
Quality of care	7.5	7.5	7.5	7.4	7.4	7.3
Safe environment – bullying and harassment	8.4	8.3	8.3	8.2	8.2	8.2
Safe environment – violence	9.3	9.5	9.1	9.4	9.1	9.4
Safety culture	7.2	6.9	7.1	6.8	7.0	6.8
Staff engagement	7.3	7.2	7.1	7.1	7.1	7.0
Team working	7.2	7.0	7.1	6.9	7.2	6.9

Data source (Tables 26 and Table 27): [Staff Survey Coordination Centre](#). Data includes CNTW Solutions, a wholly owned subsidiary company of CNTW.

Points of note

- Results from 2020 include North Cumbria staff.
- We conducted the survey entirely online for the first time. Fewer staff responded 50% - down 6% points compared to 2019 but slightly better than the average of 49% for similar Trusts in 2020.
- 8 themes improved on 2019 results. Of those 8, 6 themes showed significant improvements.

Actions

- Hold a Big Conversation around each of the themes to better understand the issues and seek suggestions for action with a focus on those issues identified with the scope for the greatest improvement. Members of The Improvement Collaborative have been invited to be part of this.
- We are holding a similar conversation with the localities to establish joint and local actions.
- Map staff survey findings into existing related action plans to help inform work and that we monitor the actions that result from the conversations at Trust and locality levels.
- Interrogate the national data to establish the best performing organisation for each theme and in turn the best performing organisation for the questions identified in each theme with the greatest scope for improvement. Links will be established with these organisations to establish if there is anything that we can learn and implement from their experiences.
- Organisational development initiatives for all staff with a sharp focus on equality, diversity and inclusion need to be prioritised, to ensure the maximum impact of the work that has already started.

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.



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Our Reference: WT/JH21
10 June 2021
Dear Lisa

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2020/21 – Response of Health Scrutiny Committee, Newcastle City Council

As Chair of Newcastle Health Scrutiny Committee, I welcome the opportunity to comment on your draft Quality Account for 2020/21, which we discussed at our meeting on 3 June 2021.

We recognise the importance of the Quality Account as a tool in ensuring that services are reviewed objectively and as a means of illustrating to patients, carers and partners the performance of the trust in relation to your quality priorities. We would like to congratulate you both on this year's report and on the presentation we received, which we found to be clear and helpful with a good level of detail, although we note that there is still some work to be done to finalise the report.

In relation to progress against your 2020/21 priorities, we make the following points:

- We were interested to learn more at our meeting about the Medication Summaries and Discharge Letters audit, and the feedback that had been received from clinicians and GPs about the move to a more technical transfer of patient information. We note that there has been a particular request from GPs for the information provided to be more concise, and we would be interested to see more about how this area of work has been developed and the benefits it is bringing next year.

-
- We were pleased to learn that since December 2020 there had been no inappropriate out of area placements and that some additional beds have been made available with the overall allocation system becoming more flexible and responsive to need on a day-to-day basis. However, we note that this has caused some internal pressures and remain concerned about overall bed capacity within the organisation, and we would like to review this again next year to see whether it has been possible to maintain a low number of out of area placements with the new system.

We particularly welcome news that children and young people are not required to travel out of area for treatment, aided by the introduction of treatment for eating disorders at the RVI, and we hope to see further improvements in reducing the need for young people to travel significant distances for their care in next year's report.

- We note that it was necessary to carry out the staff survey entirely online this year due to Covid, and that as such the response rate has remained low although still above the national average. We were advised that there is an aim to increase the response rate and hope to see this reflected in next year's report.
- We have previously identified high levels of use of restraint as an issue, and we note that the CQC inspection also raised concerns about use of restrictive practices in children's inpatient services. At our meeting we were advised of some of the actions you are taking to address this, including improved governance and more training for staff, and were pleased to hear that there had already been a reduction as a result. We would like to review progress on this in next year's report.
- We note that waiting times for ASD, ADHD and Gender Dysphoria services, which we raised as a concern last year, remain high. We were advised that additional resources are being provided and that this will be a key area of focus for the organisation over the next year, and we hope to see the results of this reflected in next year's report.
- We also discussed with you the overarching goal that no one should have to wait more than 18 weeks for their first contact and were pleased to note that measurable quarterly milestones are to be built into your final report to keep better track of progress against this. We further noted that the 18-week goal applied to planned referrals and non-urgent care, with urgent cases being dealt with much more quickly.

We were pleased to hear that a range of options is being provided to service users and their families about how their initial consultation and assessment will take place, including face-to-face, online and telephone appointments, and we would be interested in seeing some feedback from patients and clinicians about how this has worked for them in next year's report.

In relation to 2021/22 priorities, we agree with the continuation of Improving the Inpatient Experience, Improving Waiting Times, and Equality, Diversity, Inclusion and Human Rights as priorities from last year. We also agreed that the addition of the new priority – Patient Care: Increasing time staff are able to spend with Service Users and Carers – is helpful.

Finally, I would like to acknowledge and give thanks for the ongoing and open dialogue that the trust has established with us over the past few years, and which has been particularly valuable over the more recent difficult months. We look forward to seeing this continue.
Yours sincerely



Cllr Wendy Taylor
Chair, Health Scrutiny Committee



Corroborative statement from Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside and Sunderland Clinical Commissioning Groups for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2020/21

The Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the Annual Quality Account for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT) for 2020/21 and would like to offer the following commentary:

Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside and Sunderland Clinical Commissioning Groups (CCGs) are committed to commissioning high quality services from CNTWFT and have a responsibility to ensure that the healthcare needs of the patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon.

Firstly, the CCGs acknowledge that this has been another difficult year for the NHS due to the COVID-19 pandemic. The CCGs would like to take a moment to acknowledge the Trust's continued response to the pandemic and to thank the staff for their positive reaction to the unprecedented challenges this brought.

The CCGs have remained sighted on the Trust's priorities for improving the quality of its services for its patients and have continued to provide robust challenge and scrutiny through the Quality Review Group (QRG) meetings. Due to social distancing restrictions, these meetings were held on a virtual basis during 2020/21 which created significant efficiencies in terms of staff time and has improved attendance at meetings. In addition, a merger of the three former QRGs was piloted to form an organisation-wide group along with placed-based sub-groups for North Cumbria, North/Central and South localities. QRG meetings are a helpful and constructive forum for discussing and reviewing quality issues.

The Trust is congratulated for being one of only six mental health and learning disability trusts in England to be rated as 'outstanding' by the Care Quality Commission (CQC) as at 1 April 2021. The CCGs note the Trust's plans to address areas for improvement identified by the CQC during focused inspections of wards for people with a learning disability/autism and child and adolescent mental health wards during 2020; the CCGs look forward to receiving progress updates.

In 2020/21, the Trust's long term quality goal of 'Keeping You Safe' through the annual quality priority of 'Improving the Patient Experience' was partially met. The CCGs congratulate the Trust on having no inappropriate out of area placements between December 2020 and March 2021. The bed occupancy rate for older people's services steadily increased throughout the year following a decrease at the start of the pandemic. It is also noted that the bed numbers remained static throughout 2020/21 with minimal beds being made unavailable due to COVID-19 infection control measures.

The variation in response rate and scores from the Friends and Family Test (FFT) are noted along with the work underway to encourage a higher volume of responses. The Trust

experienced an 18% increase in reported patient safety incidents during 2020/21 which builds on the positive reporting and safety culture. The overall increase in use of restrictive interventions across the Trust is attributable to challenges posed to services by restrictions made necessary during the pandemic. Examples include reduced visiting arrangements in inpatient settings, staffing levels due to sickness/self-isolating, high levels of stress among patients, use of masks and delayed discharges. The CCGs recognise the initiatives introduced by the Trust to support staff and improve patient experience at that time.

The CCGs note that the Trust partially met the 'Improving waiting times' quality priority. There has been a marginal increase in the number of service users waiting for more than 18 weeks within non-specialised community services for adults and older people compared to the previous year. However, there has been a decrease from 30% in Q1 to 26% in Q4 with regard to the number of Children and Young Peoples Services (CYPS) waiting longer than 18 weeks which is a positive development. The improvements in CYPS waiting times in Sunderland are noted in particular and the CCGs would like to see this improvement continue and spread to the other areas.

The significant increase in the number of children and young people waiting in South Tyneside is of concern, although it is reassuring to see that a plan is in place to address this situation.

With regard to the Trust's comment that waiting times in North Tyneside could be positively impacted by filling vacant posts, the CCGs will be interested to see a workforce plan for addressing this.

It is disappointing to see that the number of people waiting for adult gender dysphoria services first contact has continued to rise during the year and the CCGs hope to see an improvement on this position. Similarly, waiting times for the Adult Autism Spectrum Disorder Diagnosis and Adult Attention Deficit Hyperactivity Disorder Diagnosis Services have risen in some areas, although Northumberland has seen a decrease.

The CCGs are encouraged to see very positive performance against the Trust's Five Year Forward View for Mental Health standards. However, we are concerned that access and waiting time standards for eating disorders are not being met and would like to see an improvement in this during the coming year.

The CCGs are pleased to see the Trust consistently receives positive feedback on patient experience via a number of different surveys. Results across the CQC Community Mental Health Service User Survey, the Friends and Family Test and the internal 'Points of You' survey demonstrate that the Trust continues to engage with and listen to its service users and their carers.

The CCGs note there was an overall decrease of 9% in the number of complaints received in 2020/21. However, it is noted there was an increase in North Cumbria and complaints about patient care, admission and discharge and admin/policies/procedures have increased generally across the Trust. The improvement in meeting the response target dates for complaints is noted this year 3 along with the decrease in the number of complaints which were either upheld or partially upheld following investigation.

As referenced in previous years, the CCGs feel that there would be great value in the Trust including within the Quality Account examples of actions taken, recommendations made and service improvements implemented as a result of complaints.

The CCGs acknowledge the progress made in implementing a trust wide approach to Equality, Diversity and Inclusion; however, note this quality priority was only partially met. That said, the Trust is commended for the variety of initiatives introduced in this area, such as video interpretation services during lockdown to support British Sign Language (BSL) users, virtual staff networks, black history month and Stonewall diversity champions. The CCGs look forward to receiving progress updates with regard to the implementation of further developments to support this priority in the coming year.

Measures introduced by the Trust to improve compliance with NICE guidance on long term sickness absence are acknowledged and it is hoped this will improve going forward. A further topic identified from NICE guidance assessment as requiring improvement is support to adult carers. The Trust is commended for its full compliance with all other relevant areas of NICE guidance.

The Trust's participation in national clinical audits and clinical research is noted along with the wide range of improvement actions resulting from audits. The CCGs welcome the Trust's national external clinical accreditation for the quality of services provided in a wide range of its wards and teams which gives assurances that the health and wellbeing needs of patients are being met.

The CCGs are very pleased to see the wide range of quality and service improvements across all localities which demonstrate that Trust is committed to continuous improvement and service redesign to meet the needs of the changing healthcare landscape. This includes data quality improvements such as dashboard development and consent recording as well as learning from serious incidents (including one Never Event), for example, review of potential ligature points (shower curtains), improvements in multi-disciplinary decision making, management of safeguarding concerns, development of the North of Tyne Detoxification Service and more robust carer involvement.

Of particular interest to the CCGs is the organisational review of risk assessment tools to address the inconsistent approaches across the Trust; problems with fitness for purpose are also acknowledged regarding both of the tools in use. The longer term plan is to introduce a narrative-based risk assessment tool and collaborative work is underway between the Trust and Tees, Esk and Wear Valleys NHS Trust (TEWVFT) to services within the ICS; this is very much develop a tool for use by all mental health welcomed by the CCGs.

The CCGs are pleased to hear about the Trust's plan for rolling out the Empower Programme which brings together initiatives such as Positive and Safe, Human Rights, Trauma Informed Care and HOPE(S) Model and supports services in reducing the incidence of restraint and seclusion.

The Trust's newly introduced Learning and Improvement webinars are commended by the CCGs; these are open to all staff across the Trust and aim to identify and share learning from a broad range of sources. CCGs welcome the Trust's invitation to join these sessions.

2020/21 has been an unprecedented year and the CCGs recognise that pressures on NHS services impacted on many organisations' ability to meet statutory/mandatory training requirements. However, it is of concern that the Trust's end of year position shows eight training courses which are categorised as red in terms of compliance. As CNTWFT services return to business as usual, it is expected that compliance will improve and the Trust will be able to provide the CCG with assurance that staff are able to deliver the fundamental aspects of their roles safely.

Whilst the Trust's 2020 NHS Staff Survey response rate saw a slight dip, we note that CNTWFT's scores were above the benchmarking group in most areas; in addition, the Trust had improvements in 8 survey themes, 6 of which showed significant improvement. A range of initiatives are in place to support staff in feeling engaged and motivated.

The CCGs welcome the specific quality priorities for 2021/22 highlighted in the Quality Account and look forward to receiving progress updates on the priorities which were carried forward from last year as well as the new priority which focuses on the time staff are able to spend with service users and carers. These are appropriate areas to target for continued improvement and link well with CCGs commissioning priorities.

The CCGs can confirm that, to the best of their ability, the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2020/21. It is clearly presented in the format required and contains information that accurately represents the Trust's quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2021/22.

Annie Topping

Executive Director of Nursing, Quality and Patient Safety
NHS Northumberland CCG

Lesley Young Murphy

Executive Director of Nursing and Chief Operating Officer
NHS North Tyneside CCG

Julia Young

Executive Director of Nursing, Patient Safety and Quality
NHS Newcastle Gateshead CCG

Ann Fox

Executive Director of Nursing, Quality and Safety
NHS Sunderland CCG

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Lisa Quinn
Executive Director of Commissioning & Quality Assurance
Cumbria, Northumberland Tyne & Wear NHS Foundation Trust
St Nicholas Hospital
Gosforth
Newcastle upon Tyne
NE3 3XT

17 June 2021

Dear Lisa

Quality Account for year ending 31 March 2021

Thank you for the opportunity to respond to the draft quality account of Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust congratulation on some good results.

Overall, we considered the report gives a good account of the services provided by the Trust in the most difficult of circumstances. We felt that the document is detailed but easy to read, logical and clear throughout. Using Plain English with very few acronyms is appreciated. We found the glossary and the explanation boxes particularly helpful.

Mental health services are a concern to the people of Northumberland, especially those for young people. Our Quarterly Reports and specific themed reports highlight the issues raised with us and include co-ordination of services, waiting times and navigating the different services. We therefore welcome the focus on these issues through the Quality Priorities.

The information given about complaints is clear but would be helped by examples of what changes have been made as a result. This would give patients and carers confidence that making a complaint is a positive process and welcomed by the Trust to help its learning.

In our response to the last report we asked what support is available for people who are waiting for service or referral is not accepted and how they are directed to it. We are pleased to see this is now included.

In the commentary to the NICE Guidance Assessment – Adult Carers, it would help to differentiate more clearly between what is done to support carers of patients and staff members who are carers too and to give a brief outline of what actions are planned to achieve compliance.

With regards to the Quality Priorities for 2021/22 we particularly commend the Trust on working with patients and carers to set the “Time staff spend with service users and carers” priority and would hope to see this practice used in future.

We look forward to working with CNTW in the coming year and continuing to build on the positive working relationship we have established.

Yours sincerely



Derry Nugent

Project Coordinator



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Healthwatch Newcastle and Healthwatch Gateshead combined statement for the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2020/2021

We recognise the challenges CNTW has faced during the Covid 19 pandemic and the impact on services and would like to thank all the staff for their hard work during these unprecedented times. Given the extra pressures of a pandemic, it is understandable that many of the previous priorities would need to be rolled over to the current Quality Account of 2021/22.

We acknowledge that CNTW is one of the six Mental Health and Disability Trusts rated as Outstanding by the Care Quality Commission, however we note that two focused inspections have identified the need for improvements in the care of people with a learning disability and/ and or autism and adolescent mental health wards.

We are aware of the health inequalities and lower life expectancy faced by people with a learning disability, and we are saddened that the Trust has been identified as needing improvement in five key areas.

We recognise that the Trust is addressing the issues and would hope to see rapid improvements.

Progress on the Trust's priorities for 2019/20

Healthwatch Newcastle/Gateshead comments

Quality priority one: Improving the inpatient experience

We note that this priority has been partially met and that COVID 19 had an impact on the delivery of this priority.

It is encouraging that the Trust has had no inappropriate out of bed areas since November 2020 and that COVID 19 had minimal impact on beds being unavailable. We recognise that data quality improvements make it difficult to make a direct comparison from previous years, but we are pleased that this priority around inpatient care continues to be monitored. We would hope that this is also used in the care of people with a learning disability and/ and or autism and adolescent mental health wards to drive up standards of care in the five key areas identified by the CQC.

Quality priority two: Improving waiting times

Improving waiting times has been a quality priority for a number of years now and at Healthwatch we know it continues to be an area of great concern both to service users and their families.

It appears that the Trust is making progress in many areas of this work, and we appreciate that the waiting times for adult services in Newcastle and Gateshead have reduced slightly. However, note that the waiting times for the Gender identity service is rising and children and young people with an eating disorder waiting times are lower than the minimum standard. We would hope to see investment in those areas identified as needing improvements and that the Trust can report progress in the next quality account period.

We acknowledge the results of the CQC Community Mental Health Service user survey 2020 and we recognise the continued improvement within the Trust since 2018 and that the overall view of Care and Services is better in relation to other mental health trusts.

Quality priority three: Equality, Diversity & Inclusion

We are pleased to read about various the initiatives the Trust has developed in relation to this important priority. The Trust appears to be making progress in this area and we note that this priority is partially met, and this is understandable given the pressures of COVID 19. It is reassuring that there are plans in place to continue this work.

Quality Improvements 2021/22

Healthwatch understand the value of patient public feedback and are pleased that an engagement process with service users carers and peer supporters has contributed to the Trusts Quality Priorities for 2021/22

We wish the Trust continued success and look forward to receiving updates on progress.

Appendix 1

CQC Registered locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2021.

Table 29: CQC registered locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2021.

Service types provided at each location	Regulated Activity			Service Type							
	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Diagnostic and Screening Procedures	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	•	•	•							•	
Carleton Clinic	•	•	•			•		•		•	
Elm House	•	•	•					•		•	
Ferndene	•	•	•			•		•		•	
Hopewood Park	•	•	•			•		•		•	
Monkwearmouth Hospital	•	•	•			•		•		•	
Campus for Ageing and Vitality	•	•	•					•		•	
Northgate Hospital	•	•	•			•		•		•	
Rose Lodge	•	•	•					•			
Royal Victoria Infirmary	•	•	•					•			
St George's Park	•	•	•			•		•		•	
St Nicholas Hospital	•	•	•	•	•	•	•	•	•	•	•
Walkergate Park	•	•	•			•		•		•	
West Cumberland Hospital	•	•	•			•		•			

Key:

CHC - Community health care services

LDC - Community based services for people with a learning disability

LTC - Long-term conditions services

MHC - Community based services for people with mental health needs

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

PHS - Prison healthcare services

RHS - Rehabilitation services

SMC - Community based services for people who misuse substances

Data source (Table 28): [CQC](#)

Appendix 2

Table 30: Local Clinical Audits undertaken in 2020/21

NICE Priorities (4)		
1	CA-19-0012	NICE (Implementation) NG87 Adherence to NICE Guidelines for ADHD in the Adult ADHD Service
2	CA-19-0016	NICE (Implementation) TA 217 Memantine Prescribing in NTW against NICE Guidelines
3	CA-19-0023	NICE (Implementation) NICE CG28: Depression in CYPS: Medication Audit
4	CA-19-0026	NICE: Sepsis: Audit of Compliance to Trust and NICE Guidance
Trust Priorities (17)		
5	CA-19-0027	Physical Health Monitoring following Rapid Tranquilisation
6	CA-20-0001	Physical Health Monitoring following Rapid Tranquilisation - NORTH CUMBRIA only ESSENTIAL AUDIT
7	CA-19-0002	Seclusion 19-20 Q1
8	CA-19-0003	Seclusion 19-20 Q2
9	CA-19-0004	Seclusion 19-20 Q3
10	CA-19-0005	Seclusion 19-20 Q4
11	CA-19-0009	CYPSS CPA Care and Treatment audit
12	CA-19-0019	Management of Acute Alcohol withdrawal in adults (PPT-PGN-22)
13	CA-19-0021	Clustering
14	CA-19-0028	Drug Allergies
15	CA-19-0030	Monitoring of Prolactin in Patients Prescribed Antipsychotic Medications and the Management of Raised Prolactin Levels in Rehabilitation Wards
16	CA-19-0031	Domestic Abuse (MARAC)
17	CA-19-0032	Nutrition
18	CA-19-0034	Medication Summaries and Discharge Letters
19	CA-20-0007	Seclusion Q1 20-21
20	CA-20-0008	Seclusion Q2 20-21
21	CA-20-0017	To determine compliance with fasting guidelines in patients undergoing ECT treatment in CNTW NHS Foundation Trust.
Medicines Management Priorities (2)		
22	CA-20-0013	High Dose and Combined antipsychotics Trustwide audit
23	CA-20-0015	A retrospective audit of Acuphase® (Zuclopenthixol Acetate) use on inpatient wards in CNTW.

Locality Priority (North Cumbria) 2

24	MHML03.01\$C 1819:S9	Re-audit of anticholinergic burden in patients referred to the Old Age Psychiatry Department with memory impairment
25	MH03\$C1819:S9	Completion of VTE screening and practice in MH and LD wards in CPFT

Data source: CNTW



Appendix 3

Annual report on safe working hours: doctors in training

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement are on the New 2016 Terms and Conditions of Service. There are currently 150 trainees working into CNTW with 150 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 23 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Clinical/Research Fellows.

Introduction

This is the Annual Board report on Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow trusts to have an overview of working practices of junior doctors as well as training delivered.

The new contract is being offered to new trainees' as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 160 trainee posts, we do not directly employ the majority of these trainees, also due to current recruitment challenges a number of the senior posts are vacant.

High level data

- Number of doctors in training (total): 150 Trainees (at December 2020)
- Number of doctors in training on 2016 TCS (total): 150 Trainees (December 2020)
- Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity
- Admin support provided to the guardian (if any): Ad Hoc by Medical Education Team
- Amount of job-planned time for educational supervisors: 0.5 PAs per trainee
- Trust Guardian of Safeworking: Dr Clare McLeod

Table 31: Exception reports (with regards to working hours)

Grade	Rota	Q1	Q2	Q3	Q4	Total Hours and Rest
CT1-3	Gateshead/MWH	5	10			15
CT1-3	St George's Park	4	6	6	1	17
CT1-3	NGH	1	8	1	4	14
CT1-3	RVI	2	4			6
CT1-3	St Nicholas		1		1	2
CT1-3	Hopewood Park			2	10	12
CT1-3	Cumbria					
ST4+	North of Tyne		2		1	3
ST4+	South of Tyne					
ST4+	CAMHS					
Total		12	31	9	17	69

Work schedule reviews

During the year there have been 69 Exception Reports submitted from Trainees all for hours and rest throughout 2020; the outcome of which was that TOIL was granted for 53 cases, 1 no action required and payment was made on 15 occasions. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The rotas are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings (Agency)

Table 32: Locum bookings (agency) by department

Specialty	Q1	Q2	Q3	Q4
Hopewood Park	5	1		
Gateshead				
NGH				
RVI				
SNH				
CAMHS				
LD				
SGP			3	3
South of Tyne				
North of Tyne				
Total	5	1	3	3

Table 33: Locum bookings (agency) by grade

Grade	Q1	Q2	Q3	Q4
FT2	3	1		
CT1-3	2		3	3
ST4+				
Total	5	1	3	3

Table 34: Locum bookings (agency) by reason

Reason	Q1	Q2	Q3	Q4
Vacancy	5	1	3	3
Sickness/other				
Total	5	1	3	3

b) Locum work carried out by trainees

Table 35: Number of locum shifts worked by trainees

Area	Q1	Q2	Q3	Q4	Total
SNH	31	30	31	31	123
SGP	18	24	22	34	98
Gateshead/MWH	14	56	36	23	129
Hopewood Park	9	12	28	15	64
RVI	5	6	6	28	45
CAV	19	9	3	8	39
Cumbria	2	18	10	4	34
North of Tyne	9	26	12	10	57
South of Tyne	16	12	21	4	53
Total	123	193	169	157	642

c) Vacancies

Table 36: Vacancies by quarter

Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	6			
	GP				
	FY2			2	1
SNH	CT	6	3		
	GP				
SGP	CT	30	21	9	9
	GP				
RVI	CT	3	3	1	
	GP				
Hopewood Park	CT	12	12	4	4
	GP		3	1	
	FY2				
Gateshead/MWH	CT	6			
	GP				
	FY2				
Cumbria	CT	4	6		
	GP			3	
	FY2			2	
Total		67	48	22	14

To note these training gaps have been filled by Teaching/Research Fellows and LAS appointments

Emergency Rota Cover

Table 37: Emergency Rota Cover by Trainees

Reason	Q1	Q2	Q3	Q4
Vacancy	2	2	1	1
Sickness/Other	16	5	11	9
Total	18	7	12	10

d) Fines

There were 3 fines during the last year due to minimum rest requirements between shifts not being met due to finishing twilight/weekend shifts late.

Issues Arising:

The numbers of Exception Reports have remained the same from 2019, with 69 submitted in 2020

The majority of Exception Reports continue to be closed mainly with TOIL (53) and payment made to 15 trainees.

There have been 83 IR1s submitted for Insufficient Medical Handover in 2020. In 2019, there were 88 IR1s; so this represents a small decrease.

There was a decrease in the number of times Emergency Rota cover was necessary, from 70 in 2019 to 47 in 2020. This may be due to the fact that a Training Rota was implemented from August 2020. This rota is an additional Trustwide rota where the first on call doctors contribute on weekends and nights. The trainees shadow the higher trainee on shift and gain exposure to emergency psychiatry such as Mental Health Act Assessments. If there is a gap on the site rotas the trainee on the training rota would move to cover this.

Due to the increasing demand on the Inpatient Wards due to the pandemic there was additional cover offered between the hours of 10am to 4pm on weekends and Bank Holidays on the Hopewood Park, St Georges Park and North Cumbria Junior Rotas. The trainees volunteered for this work and were paid Locum rates.

To assist with the COVID Vaccine Clinics, Junior Doctors also volunteered to assist and those who worked additional hours were paid the appropriate locum rates.

The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased considerably from 493 in 2019 to 642 in 2020. From August to December just over half of these were shifts covered due to COVID (trainees testing positive, isolating or reactions to vaccine).

The Trust was awarded £84,166.33 (£60,833.33 from 'old NTW' and £23,333 from North Cumbria) following the adoption of the BMAs Fatigue and Facilities charter which has now been spent to improve the working lives of junior doctors.

Actions Taken to Resolve These Issues:

Exception Reporting

The number of Exception Reports has remained stable in comparison to 2019, following the numbers almost doubling from 2018 to 2019. The numbers of exception reports submitted

by higher trainees remains small and likely to be significantly lower than would be expected, as in other Trusts. Two of the three fines were due to Mental Health Act assessments which were started during twilight or weekend shifts and resulted in late finishes for higher trainees. Whilst there is guidance in place about when during a twilight shift to commence a Mental Health Act assessment to allow it to be completed without an impact on finish time and therefore rest and when to hand this over. However, it is acknowledged that this can be difficult as the duration of the organisation and completion of these assessments is variable and this has been discussed at the GoSW forum.

The majority of Exception Reports in CNTW continue to be closed with Time Off in Lieu (TOIL) (53 out of 69 in 2020) which is encouraging. A proportion of the Exception Reports which had to be closed by payment was due to trainees having to use the Exception Reporting for travel time from West Cumbria to the Carlton Clinic where there is an agreement with the LET for re-numeration rather than TOIL. It is in discussion with the LET for adjustment of the work schedules to resolve this issue.

The profile of Exception Reporting continues to be raised and encouraged at induction, the GoSW forum and other trainee forums. Screen shots of the documentation are shared at induction and via email.

Medical Handover

The number of IR1s submitted for Insufficient Medical Handover at admission has fallen very slightly from the numbers in 2019 which is encouraging. This follows the increase in numbers from 2018 to 2019 and relative stability month on month following this. Since October 2019, some of the increase would be explained by the addition of reports from Cumbria with the increase in size of the Trust. These reports continue to be reviewed and followed up by the Director of Medical Education and collated to share with staff throughout the Trust and are discussed at every GoSW forum. In addition to being shared specifically with clinical staff most involved in admissions to hospital. The importance of medical handover will remain a priority to be discussed at induction and in the forums mentioned and continue to be monitored accordingly; we hope that this slight fall in numbers represents the beginning of a sustained change.

Emergency Rota

The substantial reduction in the need for the Emergency Cover Rota in 2020 is encouraging after the increase from 2018 to 2019. This arrangement is necessary if there is a rota gap that, despite the efforts of Medical Staffing, is not filled by lunchtime. There are monitoring procedures in place on each occasion that the emergency rota is necessary to ensure no compromise to patient care. The number of times that this provision is necessary is discussed and monitored through the GoSW forum; it is a source of stress to trainees with the need to work in less familiar sites and the increase in workload.

The new training rota that was introduced in August 2020 is primarily to provide experience for Core and GP trainees in emergency psychiatry, shadowing the Higher Trainees. This, however, also provides a means of covering any vacant shift by moving this trainee from the training rota to cover the gap. If a trainee misses their slot on the training rota due to having to cover a rota gap, they are offered additional slots on the training rota on a voluntary and paid basis.

COVID

There has been an increase in the number of shifts covered by internal locums due to absences due to sickness, adjustments or rota gaps in comparison to 2019, when prior to this the numbers had been fairly stable. We have information relating to the period August-December 2020 when just over half of these gaps were due to COVID related absences. It would seem likely that the earlier part of the year is similar.

We are grateful to the trainees who have volunteered to assist with the Trust COVID vaccination programme, working additional hours to cover these clinics. These additional hours were remunerated at locum rates.

The intensity of work, especially over weekends and Bank Holidays, increased due to the physical healthcare needs of inpatients due to COVID. This was especially in the period March- June 2020. This was managed with an additional rota to cover 10am-4pm on weekend days and bank holidays which trainees volunteered to cover at Cumbria, HWP and SGP and were remunerated at locum rates. This was gradually phased out from June 2020, but due to the ongoing increased work intensity at SGP has been integrated into the routine working arrangements from Feb 2021.

The GoSW forum continued to take place throughout the COVID restrictions, but as with other meetings took place via TEAMS. Attendance has been maintained and increased with this and may need to consider a combination of face to face and teams sessions once restrictions are eased.

BMA Fatigue and Facilities Charter Monies and Spend

The Trust was awarded a total of £84,166.33 to be spent to improve the working lives of junior doctors following the adoption of the Fatigue and Facilities charter. The new equipment was purchased to bring all the on-call accommodation within CNTW to the same standard whilst improving on-call facilities across the Trust. The equipment includes chair-beds, televisions, lap-tops, game machines, gym equipment (where there is no gym on site), pool tables, coffee machines fridges, kettles. Unfortunately, due to COVID, there were some delays in the ability to distribute this equipment but it was distributed as soon as restrictions allowed.

Summary

The number of Exception Reports have remained stable with the majority closed through Time off In Lieu. Work will continue to increase the level of completeness of reporting.

It is encouraging to see a slight fall in the number of reports of Insufficient Medical Handover which will continue to be encouraged and the completeness of handover promoted in a variety of forums.

There has been a fall in the number of occasions where the emergency cover rota was necessary which is encouraging. This will continue to be monitored and reviewed to include the impact of the new training rota.

COVID has been an exceptional challenge to us all. It is encouraging how the trainees supported each other to volunteer to provide locum cover for the additional rota to manage the increase in work intensity and to cover shifts which were vacant due to COVID related

absence. Additionally, we are grateful to our trainees who have volunteered to work extra locum shifts to staff the Trust vaccination programme.

The equipment purchased with the monies from the BMA Fatigue and Facilities charter has now been distributed.

Dr Clare McLeod
Guardian of Safe Working for CNTW
January 2021



Appendix 4

Further information on the Points of You experience survey

Points of You is a survey designed with service user and carer involvement to capture feedback about their experience of the care and treatment provided. The survey is composed of 7 questions to help Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust make improvements in specific areas. NHS England requires us to ask the 'Friends and Family Test' question which is also included in the Points of You survey as the first question.

Service user and carer experience is an important indicator of service quality. Only by asking our service users and carers about their experience can we monitor and continuously improve the quality of our services. All service users and carers should have the opportunity to provide feedback of their experience. It is important to hear from all service users and carers who are accessing or have recently accessed our inpatient, community and outpatient services.

Points of You can be completed as a hard copy that should be freely available in all clinical areas, online at www.cntw.nhs.uk/poy, or via a postal survey.

The questions we ask are:

1. Overall, how was your experience of our service?
2. What things could be better about the service?
3. What did you find good/helpful about the service?
4. Did we listen to you when making decisions about care and treatment?
5. Were staff kind and caring?
6. Did you feel safe with our service?
7. Were you given information that was helpful?

During 2020 the survey was redesigned collaboratively with service users, carers and staff to incorporate the new Friends and Family Test question. During this process free text boxes were added to all questions to allow for individual thoughts and opinions to be shared. Individuals filling out a survey can also leave contact details if they wish to receive an update on any changes made due to their feedback.

All feedback through Points of You is processed and themed by Commissioning and Quality Assurance team members, with individual teams informed when feedback needs a response. There is also a live dashboard containing anonymised feedback that all CNTW staff can access, this supports CNTW to react in a meaningful way to feedback in a timely manner.

Appendix 5

Statement of Directors' Responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2020/21 and supporting guidance Detailed requirements for quality reports 2020/21
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to May 2021
 - papers relating to quality reported to the board over the period April 2020 to May 2021
 - feedback from commissioners
 - feedback from governors
 - feedback from local Healthwatch organisations
 - feedback from overview and scrutiny committee
 - the trust's Annual review of complaints information which was presented to the Board within the Safer Care (Quarter 4) report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the 2020 national patient survey
 - the 2020 national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment dated
 - CQC inspection report dated 15/01/2021
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts

regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

May 2021

Handwritten signature of Ken Jarrold in black ink, consisting of the name 'Ken Jarrold' written in a cursive style.

Ken Jarrold CBE

Chair

May 2021

Handwritten signature of John Lawlor in black ink, consisting of the name 'John Lawlor' written in a cursive style.

John Lawlor OBE

Chief Executive

Appendix 6

Limited Assurance Report on the content of the Quality Account

Information not required to be included within the Quality Account 2020/21 as per direction from NHS Improvement.

Assurance work on quality accounts and quality reports should cease, and no limited assurance opinions are expected to be issued in 2020/21. Where auditors have completed interim work or early testing on indicators, auditors should consider whether value can be derived from work already completed, such as a narrative report being provided to the trust, or governors at an NHS foundation trust. For NHS foundation trusts, there is no formal requirement for a limited assurance opinion or governors' report.

Appendix 7

Glossary

A&E	Accident & Emergency department
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
Bed days	The number of days that a hospital bed is occupied overnight.
Blanket restriction	Rules or policies that restrict a service user’s liberty and other rights, which are routinely applied to a group of service users without individual risk assessments to justify their application.
CAMHS	Children and Adolescent Mental Health Services. In CNTW we usually refer to our services as CYPS (see below)
Casemix	a term used to identify groups of statistically similar patients
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.
CGI	Clinical Global Impression Rating Scale
CNTW	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Commissioner	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality
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.
CRIS	Clinical Record Interactive System allows researchers to conduct research using the large amount of information from electronic patient records
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
Freedom to Speak Up	Encouraging and supporting staff to raise concerns at work, based on recommendation from Sir Robert Francis' Freedom to Speak Up Review in response to the Mid-Staffordshire scandal.
Friends and Family Test (FFT)	A process for people who use NHS services to provide feedback on their experience.
FTE	Full-Time Equivalent, a unit of employment that accounts for some people working part-time
Gatekept	Gatekeeping involves assessing the service user before admission to hospital to consider whether there are alternatives to admission

GP	General Practitioner – a primary care doctor
HDAT	High Dose Antipsychotic Therapy
HQIP	The Healthcare Quality Improvement Partnership promotes quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement
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.
ICD10	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses
Integrated Care System	A collaborative arrangement where NHS organisations, local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
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.
LGBT	Lesbian, Gay, Bisexual, and Transgender
MHCT	Mental Health Clustering Tool – a computerised system used in clustering
MRE	Mechanical Restrain Equipment
Multimorbidity	Relating to service users with several co-occurring diseases
NHS	National Health Service – the publicly funded national healthcare system for England
NHS England/Improvement	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement

NICE	National Institute for Health and Care Excellence – an organisation that produces 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
OPS	Older Peoples Services
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
Personality Disorder	a class of mental disorders characterized by enduring maladaptive patterns of behaviour, cognition, and inner experience
PHSO	The Parliamentary and Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
Points of You	An CNTW service user and carer feedback system that allows us to evaluate the quality of services provided. For more information on Points of You please see page 113.
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
QPR	Process of Recovery Questionnaire, a patient reported outcome measure
Rapid tranquillisation	When medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them.
REACT	Relatives Education and Coping Toolkit, an online self-help package for relatives and friends of people with mental health problems
Recovery College	Recovery Colleges take an educational approach to provide a safe space where people can connect, gain knowledge and develop skills.

RiO	CNTW'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.
Single Oversight Framework	An NHS Improvement framework for assessing the performance of NHS Foundation Trusts (replacing the Monitor Risk Assessment Framework)
Talk 1st	Part of CNTW's Positive & Safe Care Strategy. We aim to reduce violence and aggression, and restrictive interventions.
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.
Triangle of Care	a national scheme, to promote therapeutic alliance between the service user, their mental health professional and their carers
Tyne and Wear Citizens Programme	The local chapter of Citizens UK, organising communities to act together for power, social justice and the common good.
VA	Violence and Aggression

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

Copies of this Quality Account can be obtained from our website (www.cntw.nhs.uk) and the NHS 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@CNTW.nhs.uk or calling 0191 246 6935.

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