

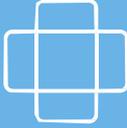


Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

2021-22 Quality Account



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

 <p>Employ around 9,000 staff</p>	 <p>Mental Health and Disability Foundation Trust</p>	 <p>Local population of 1.7 million</p>
<p>We work from over 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland</p>	 <p>Caring Discovering Growing Together</p>	<p>Inspected and rated</p> <p>Outstanding ★</p> 
<p>We also provide a number of regional and national specialist services to England, Ireland, Scotland and Wales</p>	 <p>Six local Clinical Commissioning Groups and seven Local Authorities</p>	 <p>Turnover of around £537 million</p>

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2021-22 in numbers:

8.56

(out of 10)

Based on feedback offered through Points of You.

123

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 50 NHS trusts.

78%

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

28.4%

The response rate to the 2021 Community Mental Health Survey, which was 1.9% above the national average and is the same as the previous year.

62,421

The number of service users cared for by the Trust on 31st March 2022

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Map of Main Hospital Sites



1. Northgate Hospital, Morpeth
2. St Georges Park, Morpeth
3. St Nicholas Hospital, Newcastle upon Tyne
4. Walkergate Park, Newcastle upon Tyne
5. Ferndene, Prudhoe
6. Monkwearmouth Hospital, Sunderland
7. Hopewood Park, Sunderland
8. Carleton Clinic, Carlisle

Part 1

Welcome and Introduction to the Quality Account

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) 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, learning disability, autism, neurological disability organisations in the country and have an annual turnover of more than £537 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":

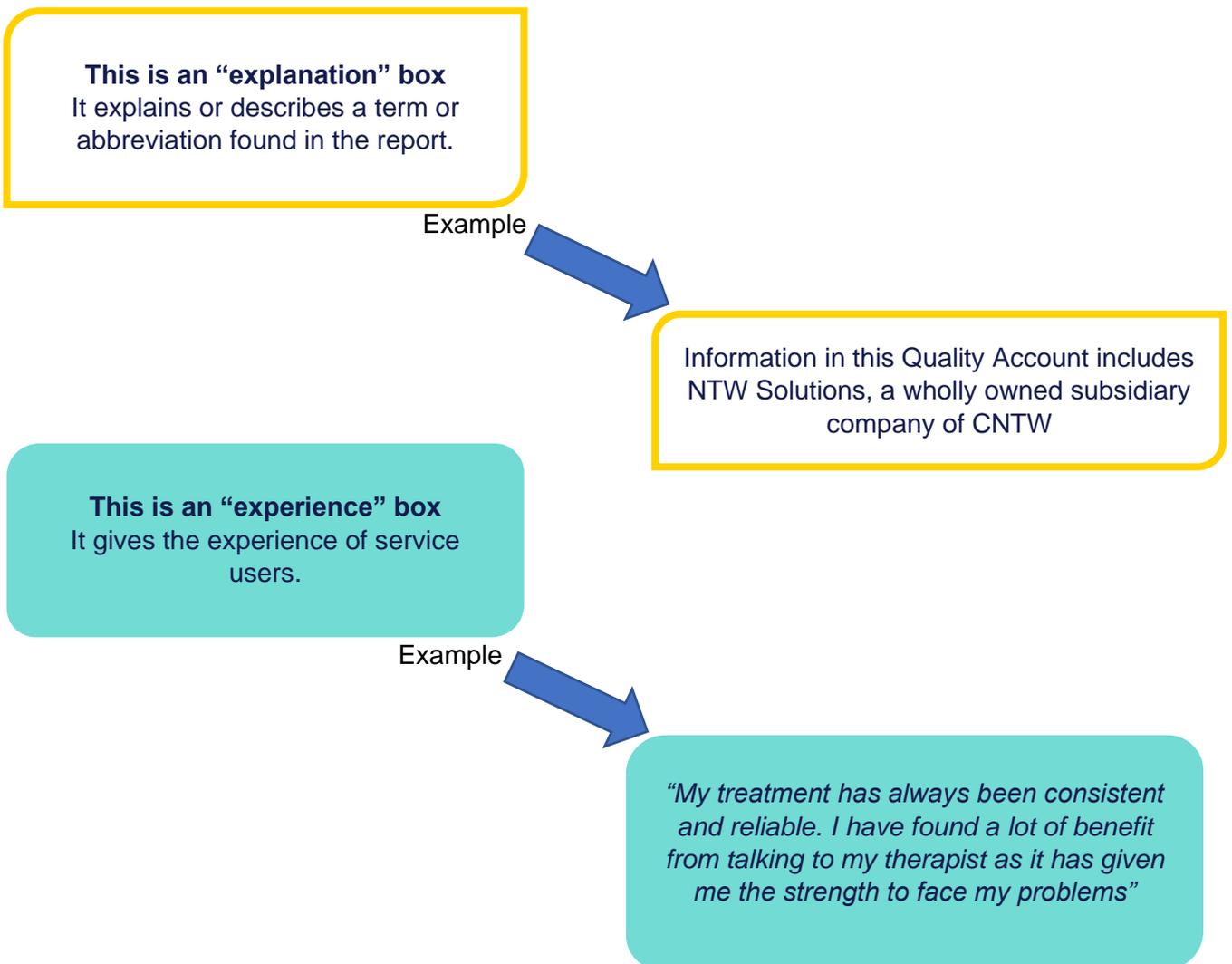
- North – Northumberland and North Tyneside
- Central – Newcastle and Gateshead
- South – Sunderland and South Tyneside
- North Cumbria

What is the Quality Account?

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

We welcome the opportunity to outline how we have performed over the course of 2021-22, 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.



Statement of Quality from the Chair and Chief Executive

Thank you for taking the time to look at our 2021-22 Quality Account which is looking back at another challenging year, in which our teams have worked tirelessly to maintain the highest levels of quality against a backdrop of preventing the spread of the virus, coping with staff absences and dealing with increased demand

The effects of the coronavirus pandemic continued to affect the delivery of services. You will see there has been a great deal of good work in the past 12 months, but we recognise that we have not always been able to maintain the standards and quality that we aspire to. We are however, proud of what our teams have delivered, working in partnership with others and particularly with our service users, their carers and families.

This Quality Account sets out what we have achieved during 2021-22, including the progress with our four Quality Priorities. The document also sets out our Quality Priority ambitions for 2022-23.

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

We thank you all.



A handwritten signature in black ink, appearing to read 'Ken Jarrold'.

Ken Jarrold CBE
Chair



A handwritten signature in black ink, appearing to read 'James Duncan'.

James Duncan
Chief Executive

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

During 2021-22 we have seen care delivered to the highest levels in continuing difficult and unprecedented times, due to the continuing impact of the coronavirus pandemic.

Across our mental health, learning disability, autism, older people, gender dysphoria, secure care and neurological disability services, we have continued to work towards the best possible outcomes with the foundation of values based care.

This year we have focussed on four Quality Priorities:

- Improving the inpatient experience
- Improving waiting times
- Supporting staff to spend time with service users and carers
- Equality, Diversity, Inclusion and Human Rights

We are hopeful that the impact on care delivery that the coronavirus pandemic has imposed will be a memory in the near future, whilst always maintaining the highest standards of infection, prevention and control. We look forward to delivering our Quality Priorities in a values-based way, free of the limitations we have experienced for over two years.

The dedication of all of our staff and teams has shown unwavering commitment to delivering person centred care under challenging circumstances during the year. The commitment to our staff and their experiences will remain a key priority for us across our organisation this year.

The work with our system partners across our localities has ensured true collaboration to work together on meeting the diverse needs of our communities, which we will continue to build on during the year ahead.



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
Chief Nurse



A handwritten signature in blue ink, appearing to read 'Ramona Duguid'.

Ramona Duguid
Chief Operating Officer

Statement of Quality from Council of Governors Quality Group

As we come to the end of, yet another very challenging year we are pleased to report that the council of governors quality group has continued to meet virtually maintaining our busy schedule.

The focus of the group is service user and carer experience. Presentations are received, providing a holistic picture of challenges evidence of good practice and innovation, probing detail behind the statistics. The chair and vice chair sit on the Quality Committee and report back to the council of governors on a regular basis.

Some items explored:

- Cultural diversity
- Transformation of community services
- Positive and safe
- Substance misuse support
- Waiting lists hot spots and service user/family support while on waiting list
- CQC report on Autism and Learning disability services
- Staff welfare in relation to the coronavirus pandemic
- Communications and PPE experience of people who are hearing impaired
- Points of You progress
- Regular reports on quality

We are impressed by the commitment of all involved in the process providing the best possible service under such exceptional circumstances.

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 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 1 April 2022.

During 2020, the CQC conducted two focused inspections: wards for people with a learning disability 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
- Reduce the use of restraint and mechanical restraint and ensure there is a clear debrief process after an incident

Mental health and learning disability services from North Cumbria transferred to the Trust on 1 October 2019 and with those services accepted 38 areas of improvement that had been identified by CQC at previous inspections. 12 areas of improvement have since been actioned and we are looking to address all remaining areas of improvement.

Statements from the Care Quality Commission (CQC)

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the CQC and its current registration status is registered without conditions and therefore licensed to provide services. The CQC has not taken enforcement action against Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2021/22.

External Accreditations

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

Table 1: Current clinical external accreditations (31st March 2022)

External Accreditation	Ward/Department	Location
Accreditation for Working Age Mental Health Services (QNWA)	Hadrian	Carleton Clinic
	Lowry	Campus for Ageing and Vitality
Accreditation for Older Adult Wards (QNOAMHS)	Castleside	Campus for Ageing and Vitality
	Cleadon	Monkwearmouth Hospital
	Woodhorn	St George's Park
Accreditation for Rehabilitation Wards (AIMS Rehab)	Aldervale	Hopewood Park
	Clearbrook	Hopewood Park
	Newton	St George's Park
Accreditation for Forensic Mental Health Services (QNFMHS)	Bamburgh Clinic	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
	Hadrian ECT Clinic	Campus for Ageing and Vitality

Accreditation for ECT Therapy Clinics (ECTAS)	ECT Treatment Centre	St George's Park
Accreditation for Crisis Resolution and Home Treatment Team (HTAS)	Newcastle and Gateshead Universal Crisis Team	Ravenswood
	Northumberland and North Tyneside Universal Crisis Team	St George's Park
Memory Clinics (MSNAP)	Sunderland Memory Protection Service	Monkwearmouth Hospital
Accreditation for Psychological Therapy (APPTS)	Centre for Specialist Psychological Therapies	Walkergate Park
Accreditation for Perinatal Community Teams (Perinatal)	Community Perinatal Mental Health Team	St Nicholas Hospital
	North Cumbria Perinatal Community Mental Health Team	Brookside Centre

Ratings



Last rated
15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating

Inadequate

Requires improvement

Good

☆

Outstanding

Are services

Safe? Good

Effective? Outstanding ☆

Caring? Outstanding ☆

Responsive? Outstanding ☆

Well led? Outstanding ☆

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



Last rated
15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating

Inadequate

Requires improvement

Good

☆

Outstanding

	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

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:



Trust overview of service users

Table 2 below shows the number of current service users as at 31 March 2022 by locality, and table 3 shows the total number of referrals in the year. Both tables have a comparison to the previous 4 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 2: Service Users by locality 2017/18 to 2020/21 (data source: CNTW)

Clinical Commissioning Group	2017/18	2018/19	2019/20	2020/21	2021/22
NHS COUNTY DURHAM CCG (TOTAL)	1,107	1,247	1,242	1,213	1,288
DURHAM DALES, EASINGTON AND SEDGEFIELD	474	526	537	511	573
NORTH DURHAM	633	721	705	697	708
NHS NEWCASTLE GATESHEAD CCG (TOTAL)	13,195	13,405	13,730	13,879	16,731
GATESHEAD	4,662	4,746	4,816	4,748	5,640
NEWCASTLE	8,533	8,659	8,904	9,125	11,080
NHS NORTH CUMBRIA CCG	287	304	9,650	9,179	9,982
NHS NORTH TYNESIDE CCG	4,013	4,161	3,924	4,241	4,935
NHS NORTHUMBERLAND CCG	9,671	9,274	9,056	9,483	10,751
NHS SOUTH TYNESIDE CCG	3,713	3,735	3,846	4,440	5,114
NHS SUNDERLAND CCG	9,711	9,917	10,688	10,658	12,084
NHS TEES VALLEY CCG (TOTAL)	526	617	656	661	751
DARLINGTON	110	130	138	139	153
HARTLEPOOL AND STOCKTON-ON-TEES	193	217	235	238	278
SOUTH TEES	223	270	283	281	315
Other	349	426	747	824	785
Total	42,572	43,086	53,539	54,578	62,421

Table 3: Total referrals by locality 2017-18 to 2021-22 (data source: CNTW)

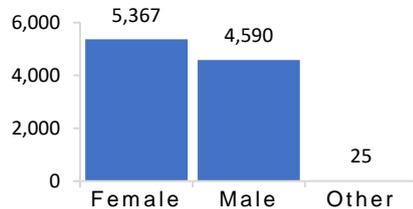
Clinical Commissioning Group	2017/18	2018/19	2019/20	2020/21	2021/22
NHS COUNTY DURHAM CCG (TOTAL)	2,820	2,940	2,917	2,708	2,666
NHS NEWCASTLE GATESHEAD CCG (TOTAL)	40,554	43,497	43,032	43,262	49,508
GATESHEAD	16,332	17,256	16,623	17,087	18,303
NEWCASTLE	24,214	26,222	26,374	26,150	30,344
NHS NORTH CUMBRIA CCG	285	334	15,316	31,999	43,961
NHS NORTH TYNESIDE CCG	12,989	14,132	15,195	17,124	19,280
NHS NORTHUMBERLAND CCG	30,628	30,943	30,802	31,151	35,519
NHS SOUTH TYNESIDE CCG	17,402	17,533	16,252	16,331	16,971
NHS SUNDERLAND CCG	47,007	50,192	47,489	44,129	46,612
NHS TEES VALLEY CCG (TOTAL)	510	565	482	680	764
Other	1,181	1,280	2,089	2,306	2,356
Total	153,376	161,416	173,574	189,690	217,637

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

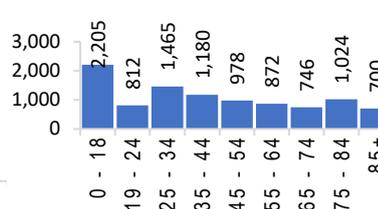
Figure 1: Gender, age and ethnicity breakdown of service users for our local CCGs

North Cumbria CCG

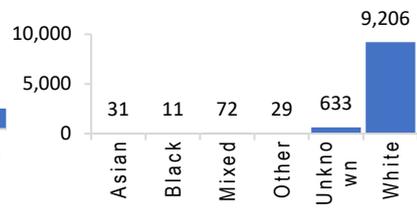
Gender breakdown



Age breakdown

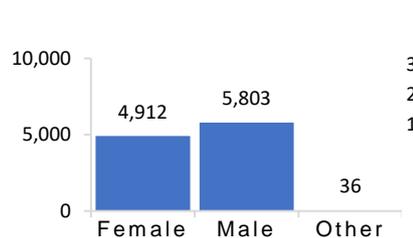


Ethnicity breakdown

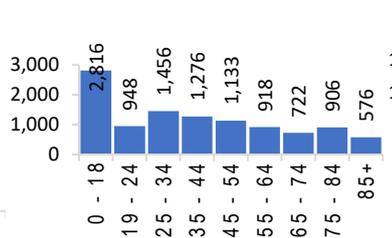


Northumberland CCG

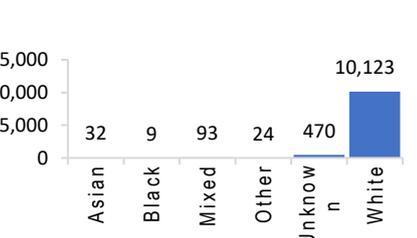
Gender breakdown



Age breakdown

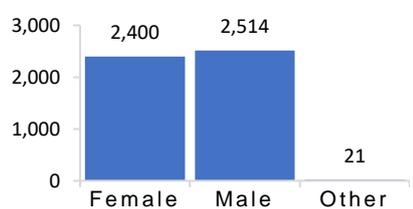


Ethnicity breakdown

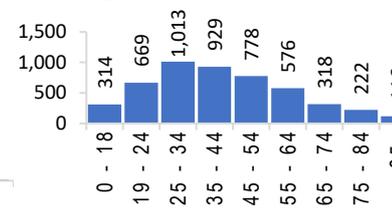


North Tyneside CCG

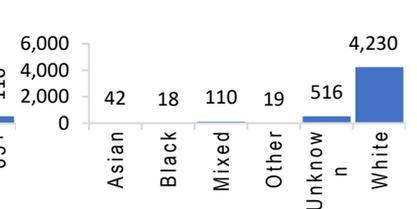
Gender breakdown



Age breakdown

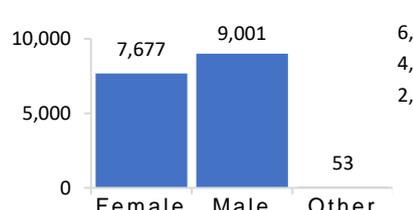


Ethnicity breakdown

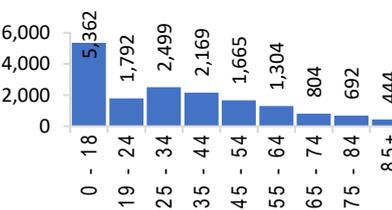


Newcastle Gateshead CCG

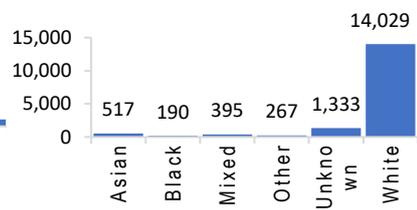
Gender breakdown



Age breakdown

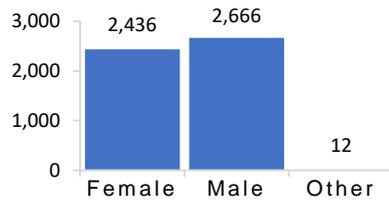


Ethnicity breakdown

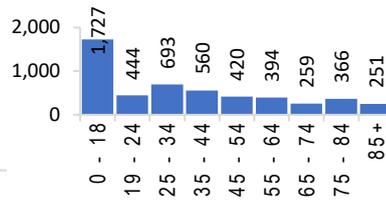


South Tyneside CCG

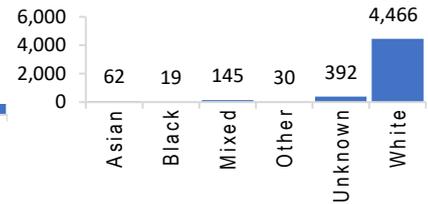
Gender breakdown



Age breakdown

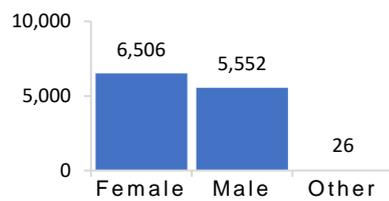


Ethnicity breakdown

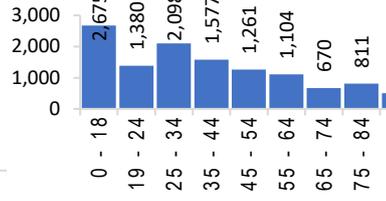


Sunderland CCG

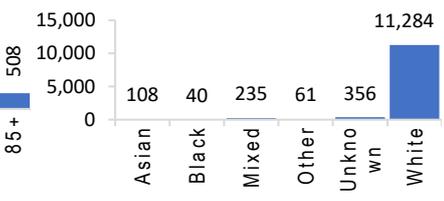
Gender breakdown



Age breakdown



Ethnicity breakdown



Data source: CNTW

PART 2a



Part 2a

Looking Ahead: Our Quality Priorities for Improvement in 2022-23

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2022/23.

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 online events in late November 2021 and an in person event in early December 2021. The first and last saw service users, carers and peer supporters discuss options for a new quality priority, the second was for staff, commissioners and wider partners. All events discussed the following:

- Continuing with the Quality Priorities that had not been completed in the previous year.
- Changing the Patient Care Quality Priority to respond to a change in feedback.

These events were well attended and complimented with an online survey that covered the same key conversations.

During consultation there was a clear agreement that CNTW should continue with Quality Priorities that had not been completed and adapt the Patient Care Quality Priority to respond to feedback received through Points of You, our main source of service user and carer feedback.

These are the agreed Quality Priorities for the year 2022/23, and how we intend to achieve them:

Quality Priority 1: Safety - Improving the inpatient experience.	Lead: Dr Patrick Keown
<p>Improving the inpatient experience by removing barriers to admission and discharge, and improving the therapeutic offer during treatment, through:</p> <ul style="list-style-type: none"> • Embedding new ways of working relating to admission and discharge processes • Improved Inpatient ward quality standards • Ensuring the purpose of admission and therapeutic offer add value to patient care 	
Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):	
<ul style="list-style-type: none"> • Continue to build on the work started in 21/22 to improve efficiencies in the admission and discharge process, including further embedding the roles of enhanced bed management and crisis gate-keeping within Patient Flow Locality Teams. • Carrying out a stocktake of ward quality standard measures and accreditations. • Seek input from patients, carers, staff and wider professional groups, to gathering an evidence base on inpatient models of care within acute pathways. 	
Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):	
<ul style="list-style-type: none"> • Evaluation of the impact of changes to admission and discharge processes to be undertaken. • Consider the evidence base associated with inpatient ward quality standards and accreditations along with the feedback received to develop future actions and areas of focus. 	
Planned future actions to be taken Trust-wide during Quarter 3 (October, November & December):	
<ul style="list-style-type: none"> • Delivery of agreed action plans relating to inpatient ward quality standards and models of care. 	
Planned future actions to be taken Trust-wide during Quarter 4 (January, February & March):	
<ul style="list-style-type: none"> • Embedding and evaluation of agreed action plans relating to inpatient ward quality standards and models of care. 	
Evidence of Impact:	
<ul style="list-style-type: none"> • Delivery of the Trust Out of Area trajectory. • Reduction of occupancy rates on adult acute and older peoples inpatient wards. • Improved inpatient experience. 	

Quality Priority 2: Service User and Carer Experience – Improving waiting times.	Lead: Andy Airey
Improving waiting times in areas where demand currently exceeds capacity through:	
<ul style="list-style-type: none"> • Working in partnership with Primary Care to enable better support for patients and carers sooner. • Delivery of a single point of access for North Cumbria CNTW services. • Improved transitions from CYPS to Adult services. • A review of Adult Autism Diagnostic Service (AADS) and Adult Attention Deficit Hyperactivity Disorder Service (AADHDS) pathways. • Gender – Increase capacity through recruitment and retention of staff, developing a community programme with peer support workers and the 3rd sector and develop a clinical model for a Primary Care Trans Health Service with key stakeholders (inc NHSE and GPs). 	
Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):	
<ul style="list-style-type: none"> • Completion of a detailed workforce plan for each locality. • Go live with North Cumbria adult pathway planned care single point of access. • Transitions project milestones and associated impact assessments developed to inform future quarter activities. • AADHDS Exploring options of workers being directly in PCN setting. • AASD – supporting Community Treatment Teams (CTT) – and other teams - to be skilled up to complete Autism assessments where client is open to more than one CNTW team. • Gender: Recruitment of staff to increase capacity, identify estate for staff and clinics and contract under SLAs with 3rd sector to support service users on the waiting list. 	
Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):	
<ul style="list-style-type: none"> • Continue to rollout of ARRS posts, and evaluation of those posts already in place. • Expand North Cumbria’s single point of access to include CAMHS and children’s ADHD services. • Delivery of agreed CYPS transitions project milestones, with benefits/impacts measured. • Establish task and finish group to explore options around discharge pathway for ADHD, to include Clinical Commissioning Group (CCG) reps and General Practitioner (GP) rep; to include consideration of referral routes (in relation to 	

<p>open referral in AASD). Scope out with Community Treatment Teams (CTT) around numbers of staff to be upskilled in Autism diagnostic assessment.</p> <ul style="list-style-type: none"> • Gender: Recruitment of medical staff to increase capacity, provide Gender training for new staff members, identify estate for staff and clinics, establish a task & finish group to develop the clinical model.
<p>Planned future actions to be taken Trust-wide during Quarter 3 (October, November & December):</p>
<ul style="list-style-type: none"> • Continue to rollout of ARRS posts, and evaluation of those posts already in place. • Expand North Cumbria single point of access to include older people's services. • Delivery of agreed transitions project milestones, with benefits/impacts measured. • Commence agreed delivery models within ADHD and ASD teams. • Seek approval for estate for staff and clinics, provide Gender training for new staff members and agree the clinical model and business case for Primary care model with NHSE.
<p>Planned future actions to be taken Trust-wide during Quarter 4 (January, February & March):</p>
<ul style="list-style-type: none"> • The future of ARRS posts will be determined WITH PCNs. • Remaining community services in North Cumbria will join the single point of access model. • Conclusion of the evaluation of the change in approach to transitions across the trust, with continuous improvement actions agreed. • Recruitment to any agreed Primary Care Network (PCN) posts and commence evaluation; commencement of training roll out for other teams to complete ASD assessment. • Commission the new primary care model. Agree on going funding for 3rd sector peer support workers.
<p>Evidence of Impact:</p>
<ul style="list-style-type: none"> • All mainstream Adult and Older Peoples Services having first contact within 18 weeks. • All CYPS referrals receiving treatment within 18 weeks. • Reduction in ASD and ADHD waits • Reduction in waits for Gender services.

Quality Priority 3: Service User and Carer Experience – Support service users and carers to be heard.	Lead: Elaine Fletcher
<p>Support service users and carers to be heard by improving processes and promoting person-centred approaches through:</p> <ul style="list-style-type: none"> • Promoting an inclusive approach to positive patient engagement and responsiveness. • Co-production of refreshed digital enablers for patients and carers • Monitor and respond to feedback themes 	
Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):	
<ul style="list-style-type: none"> • Develop action plan through engagement with peers and service users. • Respond to ‘You Said – We Did’ test feedback. Making changes to the process to promote easy user function, reducing the clinical time spent producing the poster. 	
Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):	
<ul style="list-style-type: none"> • Implementation of actions. • Develop communication strategy for ‘You Said – We Did’ roll out, including through The Bulletin and through discussion in locality meetings. 	
Planned future actions to be taken Trust-wide during Quarter 3 (October, November & December):	
<ul style="list-style-type: none"> • Implementation of actions. • Roll out ‘You Said – We Did’ poster process to all wards and teams. 	
Planned future actions to be taken Trust-wide during Quarter 4 (January, February & March):	
<ul style="list-style-type: none"> • Implementation of actions. • Evaluate roll out of ‘You Said – We Did’, identifying teams not using it and offering support. 	
Evidence of Impact:	
<ul style="list-style-type: none"> • Reduction in people offering negative feedback around feeling listened to/heard. • Increase in wards and teams using You Said - We Did poster. 	

Quality Priority 4: Clinical Effectiveness – Equality, Diversity, Inclusion and Human Rights (in relation to the core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA)).	Lead: Lynne Shaw and Dr Rajesh Nadkarni
Implement a Trustwide approach working across Locality Groups. The Equality & Diversity Lead, CNTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group and Communications and Staff Networks.	
Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):	
<ul style="list-style-type: none"> • Implementation of Inclusive Recruitment measures. • Implementation of inclusive recruitment measures. • Implement Respectful Resolution Pathway. • Scope current activity and develop priority areas of engagement • Trauma Informed Care presentation to take place at BDG. • HOPEs proposal to be presented at BDG, focusing on training, communication and practice. • Empower presentation to take place at CDT. • Roll out of HOPEs training commencing in pilot areas. • After Trauma Informed Care proposal is accepted, begin recruitment and develop the team, and identify pilot areas. • Continued development of the communications strategy. • Continued planning of raising awareness of FREDA/Rights Based Approaches across CNTW. Linking with other Trust initiatives and rolling-out communications and awareness materials. 	
Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):	
<ul style="list-style-type: none"> • Review locality information (including census) to better understand population demographics. • Train staff to be Hate Crime Champions. • Mechanism to be established to capture reporting to the Police. • Locality plans to improve engagement in these areas. • Positive & Safe team to plan and deliver awareness sessions incorporating Human Rights and Trauma Informed Care. • Trauma Informed Care pilots to commence in pilot areas. 	
Planned future actions to be taken Trust-wide during Quarter 3 (October, November & December):	
<ul style="list-style-type: none"> • Implement actions to attract applicants from under-represented groups. • Monitor the efficacy of the Inclusive Recruitment measures. • Implement leading with Values training. • Roll out of Disability Equality Training provided by Difference North East. • HOPEs training rolled-out in all pilot areas, learning to be consolidated and shared. • Development of a Trauma Informed Care network. 	

Planned future actions to be taken Trust-wide during Quarter 4 (January, February & March):

- Report on efficacy of Inclusive Recruitment measures, recommend adjustments where required.
- Implement Respectful Resolution Pathway.
- Training strategy for Trust-wide HOPEs plan of implementation in all areas.
- Trauma Informed Care roll-out of training in pilot areas completed, with learning consolidated and shared to inform a Trust-wide strategy.

Evidence of Impact:

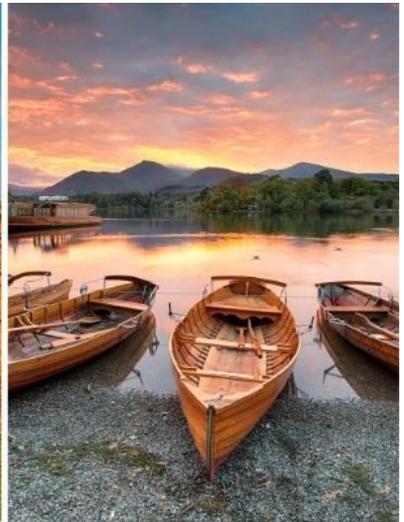
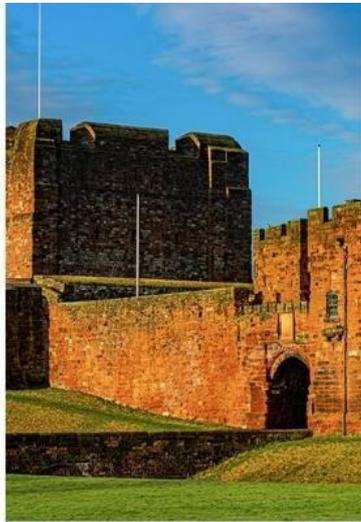
Equality, Diversity and Inclusion

- Improvement in Workforce Race Equality Standard Metrics particularly in terms of 'appointment after shortlisting' and staff experience
- Reduction in disciplinary/grievance cases relating to bullying and harassment, values and behaviours
- Improvement in Workforce Disability Standard metrics in terms of staff experience
- Staff survey and Quarterly staff survey results

Empower

- Reduction in restrictive practices.
- Reduction in incidents, staff sickness absence and an increase in well-being.

PART 2b



Part 2b

Looking back: Review of Quality Priorities in 2021-22 and their impact on our long-term Quality Goals

In this section we will review our progress against our 2021-22 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goals**.

Our 2021-22 Quality Priorities were:



Quality Priority 1: Safety - Improving the inpatient experience

We said we would:

This Quality Priority has three elements:

1. Monitoring inappropriate out of area treatment days.
2. Monitoring average bed occupancy on adult and older people's mental health wards (including Psychiatric Intensive Care Units (PICU)) against The Royal College of Psychiatrists recommendation - occupancy rate of 85% as optimal for effective care.
3. Monitor service user and carer experience feedback.

What we did:

Progress – Partially Met

(1) Increased referrals into services, staffing problems associated with both COVID and recruitment difficulties, delayed transfers of care and refurbishment work all mean CNTW is experiencing significant pressure and as such have inappropriate out of area placements(OAPs) at this present time.

CNTW managed to maintain zero inappropriate OAP bed days until July 2021. At the end of the Quarter 3 CNTW had 618 (586) inappropriate out of area bed days. By the end of Quarter 4 this has risen to 1,472 inappropriate out of area bed days of which 574 days relate to older adults. Note that the figures include individuals who are placed out with CNTW beds but may still be within the CNTW geographical footprint. For example within Northumbria Healthcare or Gateshead Health NHS Foundation Trusts. This is particularly relevant for the Older Adult population.

The back drop remains of reduced bed numbers in the Trust and a pressurised national picture.

CNTW continues to monitor out of locality inpatient stays focussing particularly on patients travelling in excess of 50 miles.

The pie chart below shows the numbers of patients travelling east to west and west to east in excess of 50 miles to an inpatient bed showing that the trend to March '22 continues from that reported in Quarter 3 with approximately 70% of the journeys being made from west to east. The graph highlights the total number of patients travelling more than 50 miles for an inpatient bed and the bed types. The chart highlights once again the pressures on the adult acute beds and the fluctuating nature of those pressures.

*note figure in red are previously reported totals and have been updated following a quality check.

Chart 1. Patients travelling over 50 miles between December 2020 and March 2022

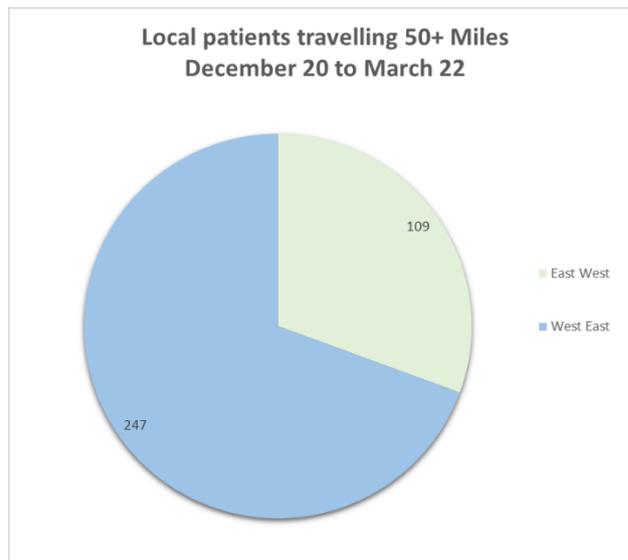
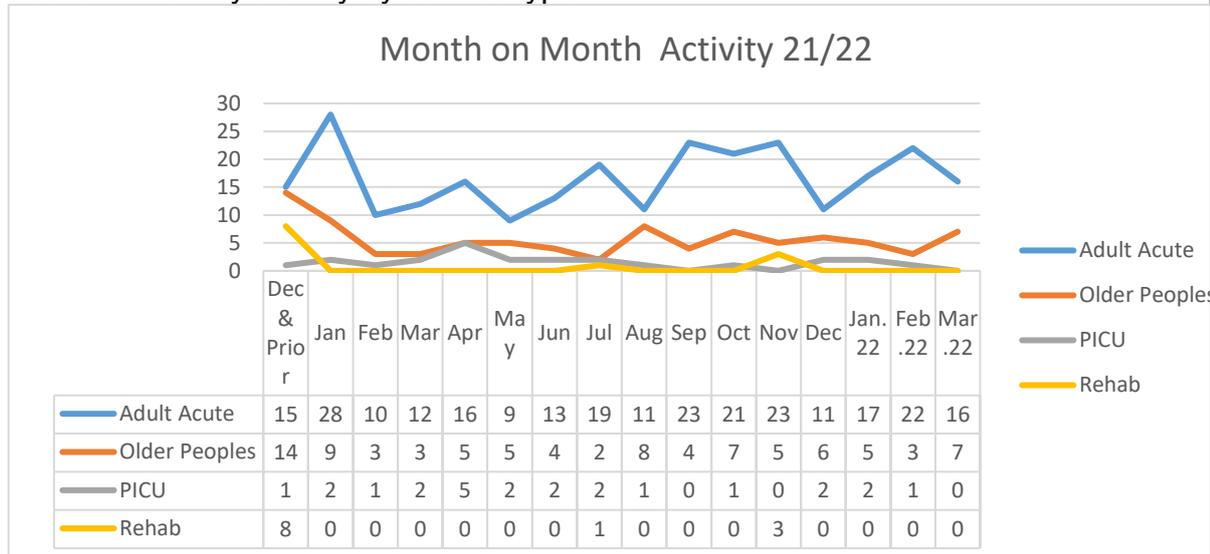


Table 4. Monthly activity by service type



(2) Average bed occupancy levels have continued to be monitored and compared with The Royal College of Psychiatrists (RCPsych) recommended 85% optimal occupancy rate.

Table 4 shows during the year, the average bed occupancy against commissioned beds across the Trust's adult acute wards decreased each quarter. Please note the temporary closure of the Psychiatric Intensive Care Unit Rowanwood has had a marked impact on the reduction in the average bed occupancy for North Cumbria and consequentially the Trust. The average bed occupancy against commissioned beds across the Trust's older adult wards increased each quarter during 2021-22.

Table 5. Average % Bed Occupancy by Locality Care Group by Quarter

	Adult acute mental health wards - % Occupied Beds Including Leave based on Commissioned Beds				Older peoples mental health wards - % Occupied Beds Including Leave based on Commissioned Beds			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trustwide	98	94	93	91	63	69	71	73
North	105	105	105	105	69	69	70	72
Central	93	88	93	94	54	61	60	65
South	103	103	105	107	81	67	67	68
North Cumbria	94	83	65	50	90	89	100	100

(3) Service user and carer feedback was monitored and reported on during the year. Reports to board and quality groups through a service users and carer experience report supported localities and individual teams to be reactive throughout the year.

Most feedback from service users and carers was offered through the Points of You (PoY) survey. Feedback was received 3,291 times through this mechanism. 71% (2,347 PoY) of this feedback came directly from service users. A further 8% (260 PoY) was offered by people supporting service users to fill out the survey, this offered people with a learning disability and autistic people more opportunity to feedback their experience.

Figure 2 below shows the average Friends and Family Test (FFT) score for the quarters across the year 2021-22 and is a score out of 10. The question is 'Overall, how was your experience with our service?', the responses available range from very good to very poor, there is also an opportunity to give a verbal response to the question. Quarter 4 is highlighted as this quarter had the biggest increase of the four quarters. There was a rise in each quarter across the year.

Average FFT Score 2021-22 8.56 (out of 10)

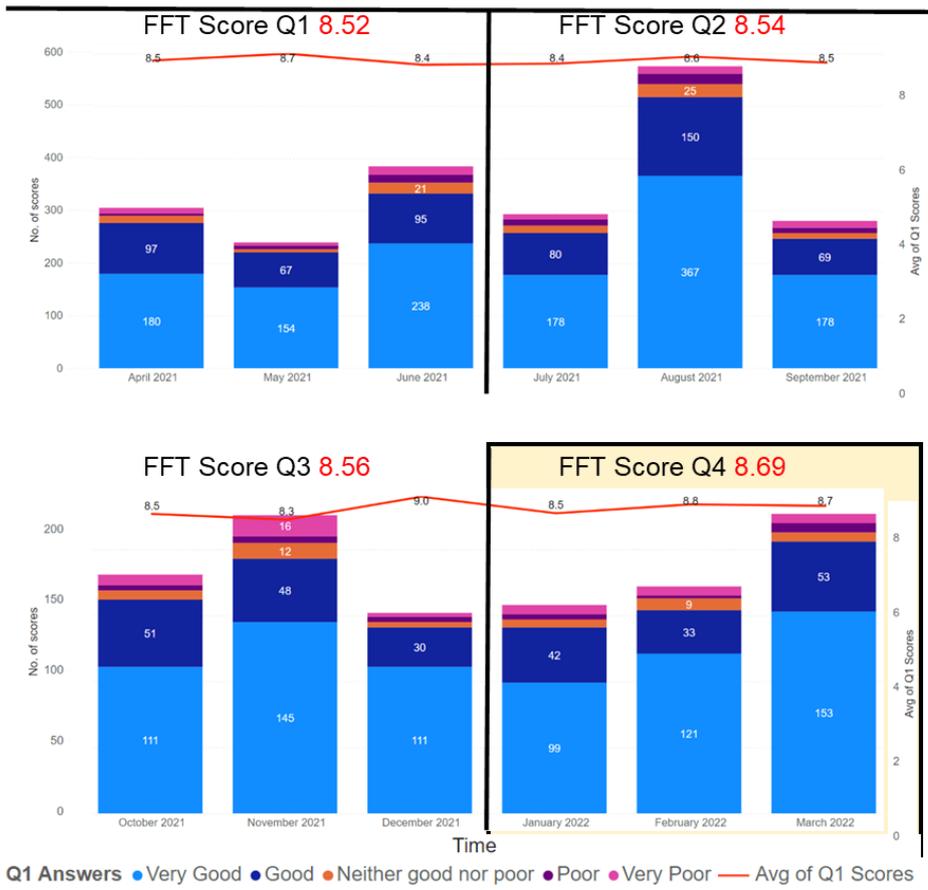


Figure 2. Average FFT score by year and quarter 2021-22

Quality Priority 2: Improving Waiting Times

We said we would:

1. Monitor and report waiting times to treatment for adult and older people's mental health services against the 18 week standard.
2. Report Children and Young People's Services (CYPS) waiting times by pathways (using 2nd contact as treatment proxy).
3. Monitor and report Gender Dysphoria, Adult Attention Deficit and Hyperactivity Disorder (ADHD) and Adult Autism Spectrum Disorder (ASD) waiting times.

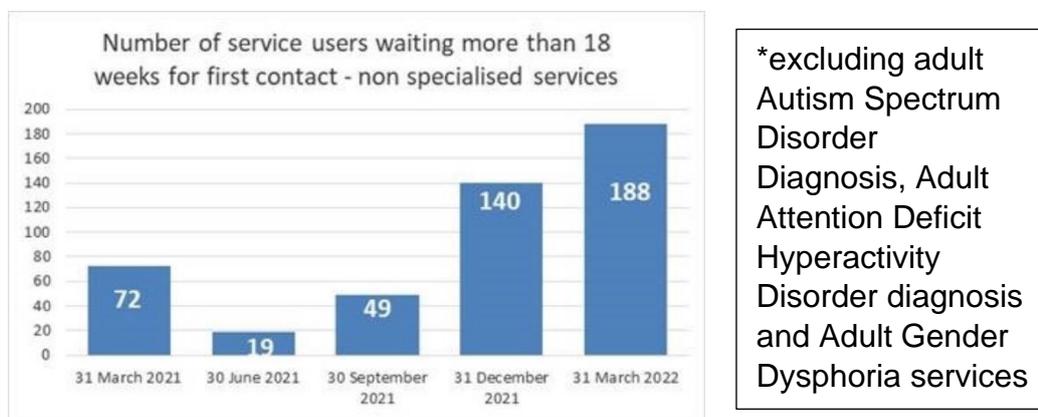
What we did:

Progress – Partially Met

Nobody should wait more than 18 weeks for their first contact with a community service. In line with nationally reported 18 weeks data, we measure progress against this by looking at the waiting list at the end of the year, by calculating how many of those service users waiting had been waiting for more or less than 18 weeks at that point.

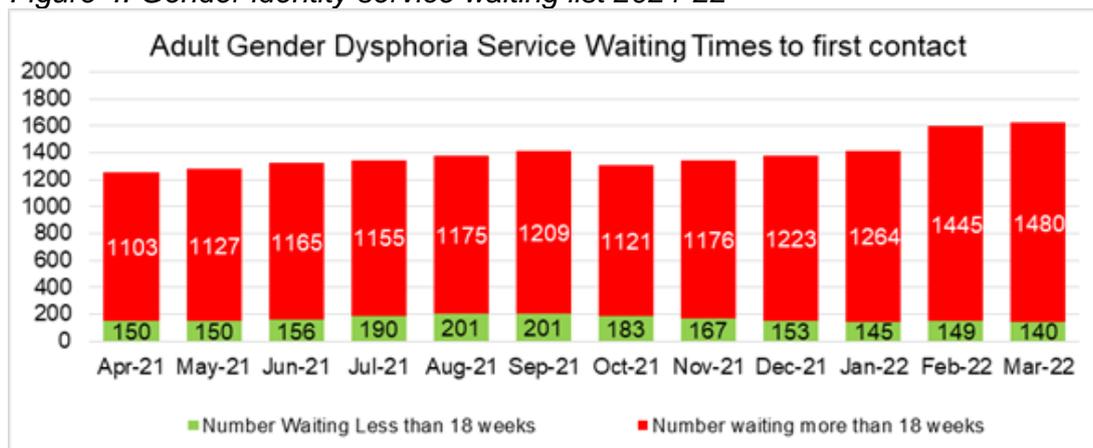
Referrals which are regarded as a priority or emergency by the clinical team would not be expected to wait 18 weeks for first contact. The definition of what constitutes a priority or emergency referral differs per service.

Figure 3: People waiting more than 18 weeks for first contact for adult and older peoples community services, 2021-22*



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 4: Gender identity service waiting list 2021-22



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*

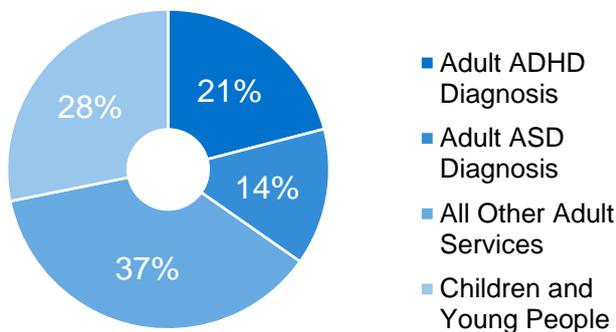
All service users are provided with contact numbers for out of hours services and a leaflet for their local Crisis Team with a verbal explanation or discussion about the services available. Whilst on the waiting list, service users are contacted monthly for a telephone review which consists of, updating 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

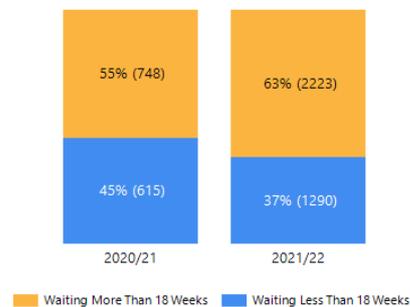
The charts below show the waiting times position Trustwide, as at 31 March 2022 and compared to the previous year. The number of adults waiting more than 18 weeks for services has seen an increase from 101 (this day 2021) to 288 in the year (excluding Adult Autism Spectrum Disorder Diagnosis, Adult Attention Deficit Hyperactivity Disorder diagnosis and Adult Gender Dysphoria services). CYPS services continue to see increased pressure leading to a significant increase in children and young people waiting over 18 weeks.

Figure 5 a-f: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics

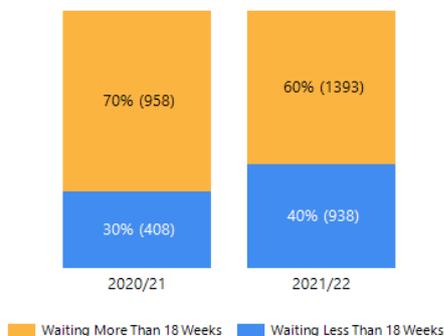
CNTW Total Waiting List as at 31 March 2022



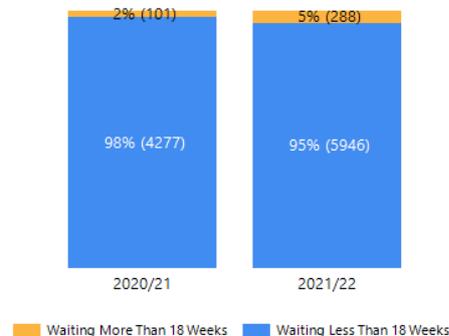
CNTW Adult ADHD Diagnosis % and number waiting more and less than 18 weeks at financial year end



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



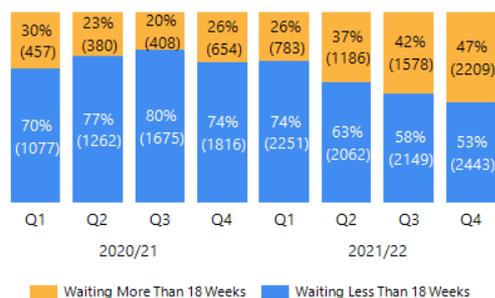
CNTW All Other Adult Services % and number waiting more and less than 18 weeks at financial year end



CNTW CYPS waiting list size at financial quarter end



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



CNTW data for waiting time standards:

Table 6: Waiting time standards data 2021-22

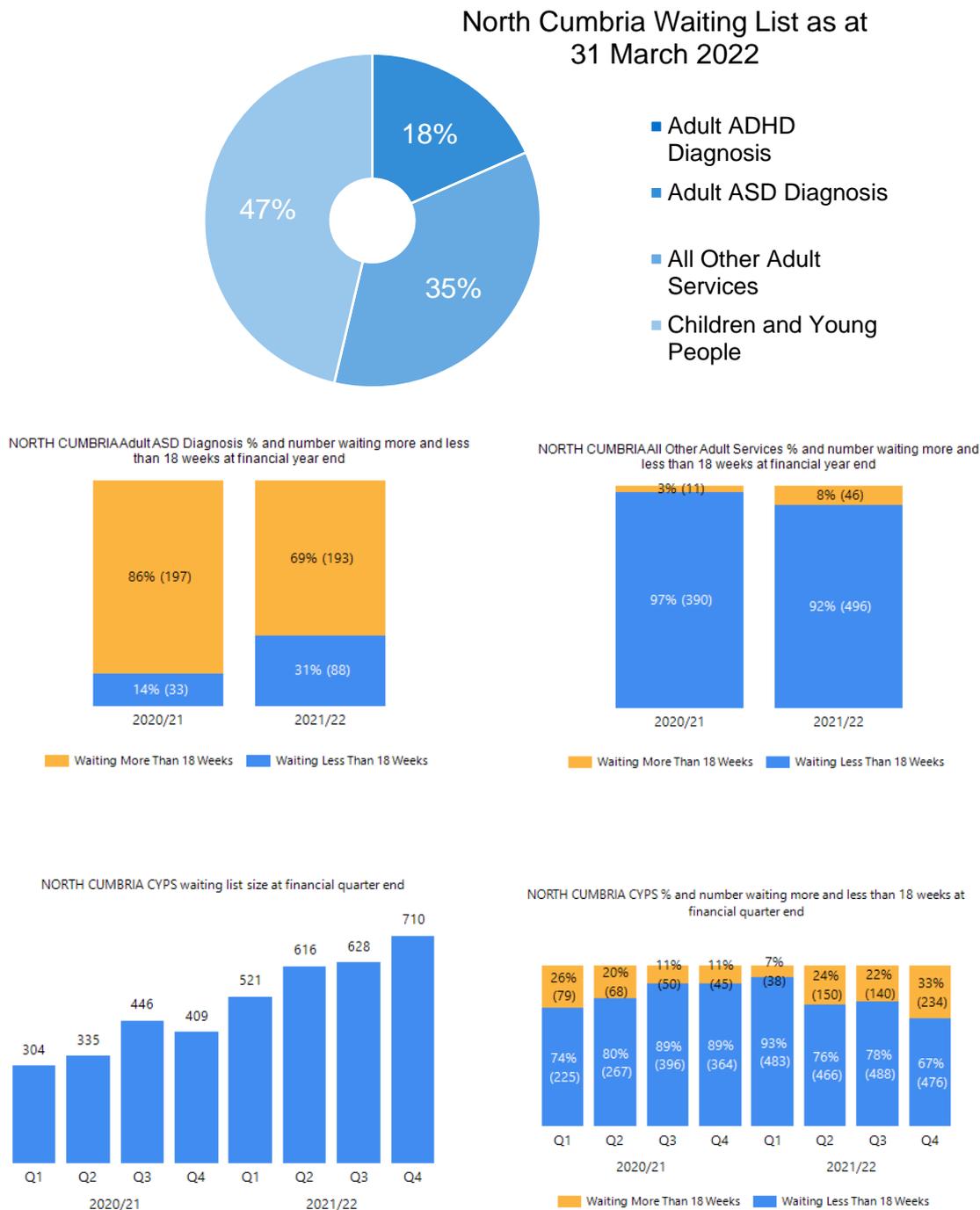
Area	Waiting time measure	Minimum standard	CNTW data	Data period
Early Intervention in Psychosis (EIP) *	% starting treatment within two weeks of referral	53%	77.8%	April 2021 to March 2022
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	99.1%	April 2021 to March 2022
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	95% by 2020/21	95.5%	April 2021 to March 2022
	% routine cases starting treatment within four weeks of referral		75.7%	



Waiting times analysis at locality level

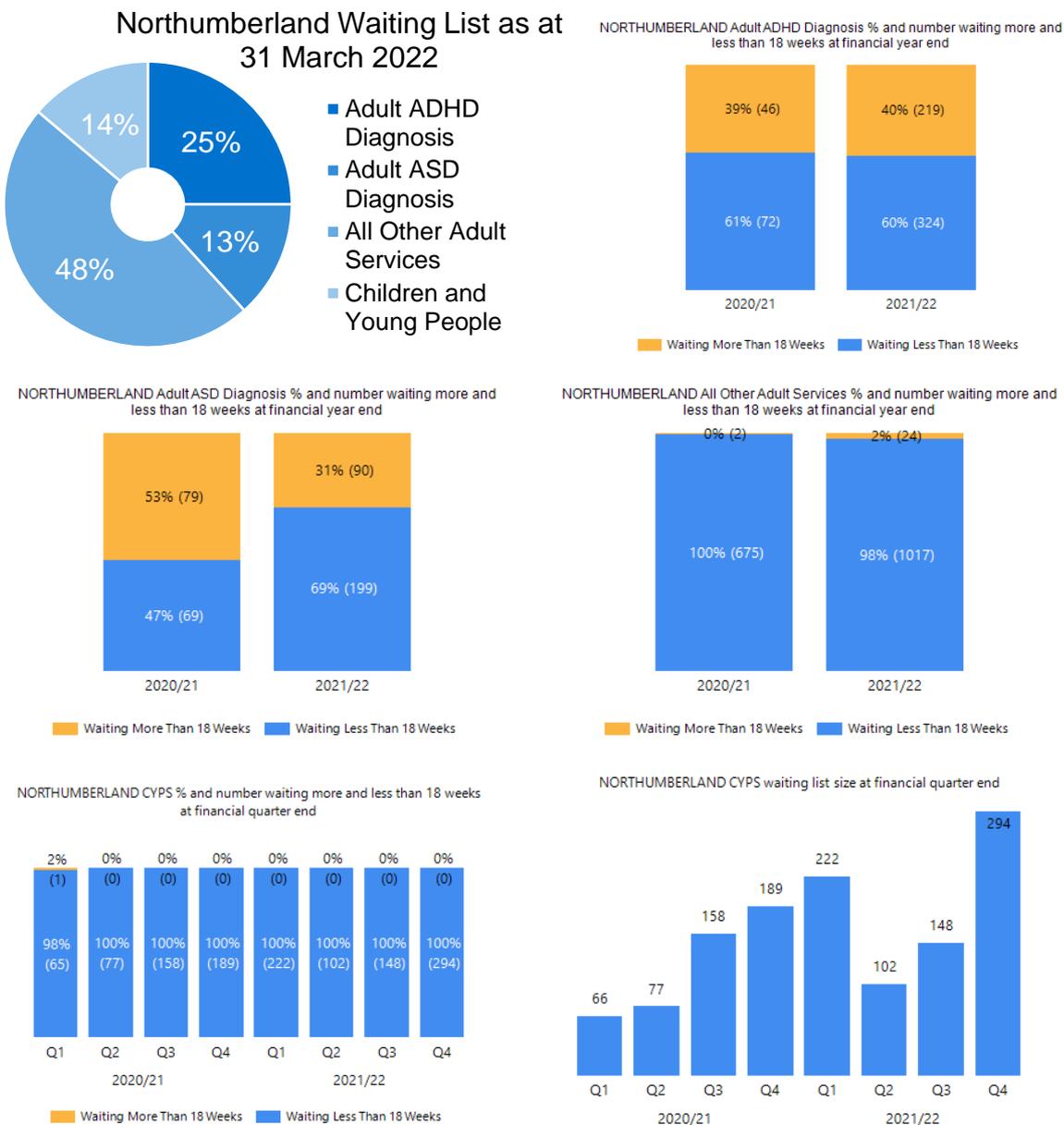
North Cumbria has seen an increase in people waiting over 18 weeks for all adult service, however ASD services saw a marginal decrease in the people waiting over this time. CYPS services continue to see a month on month increase in referrals leading to increased pressures and waits.

Figure 6 a-e: North Cumbria CCG waiting lists, assorted metrics



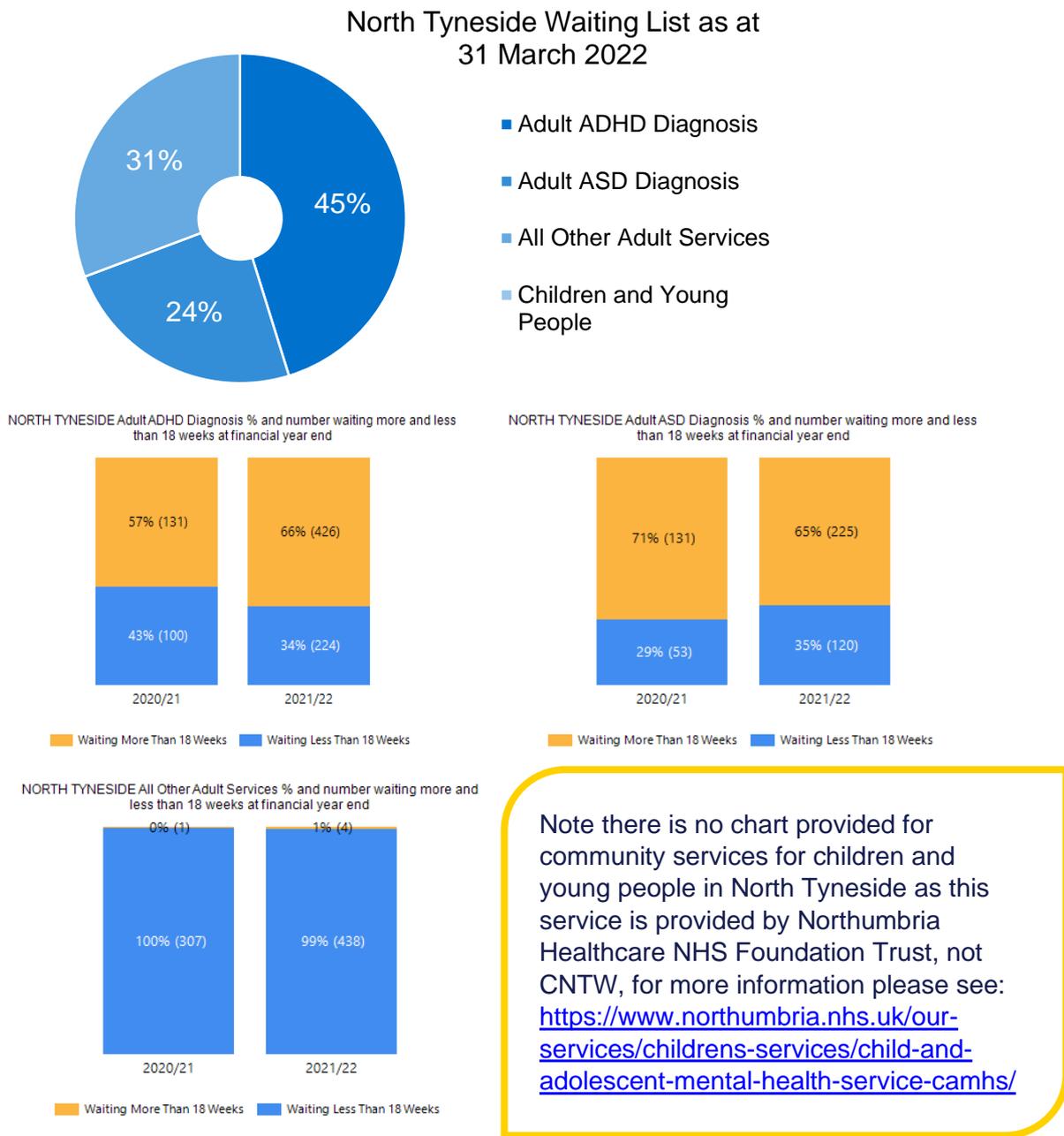
In Northumberland, there was an increase in people waiting over 18 weeks for all services with the exception of CYPS services, who have maintained no waiting past 18 weeks since quarter 1 2020-21 when one individual waiting over this timescale.

Figure 7 a-f: Northumberland CCG waiting lists, assorted metrics



In North Tyneside, there was a significant increase in those waiting more than 18 weeks for Adult ADHD services. There was an increase in those waiting for Adult ASD services. Adult mental health services saw an increase in people waiting for services, however 1%(4 people) saw their wait go over 18 weeks during 2021-22.

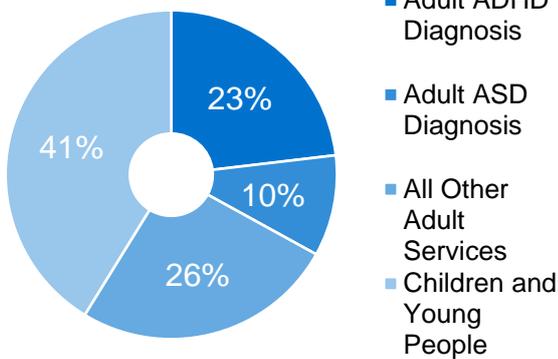
Figure 8 a-d: North Tyneside CCG waiting lists, assorted metrics



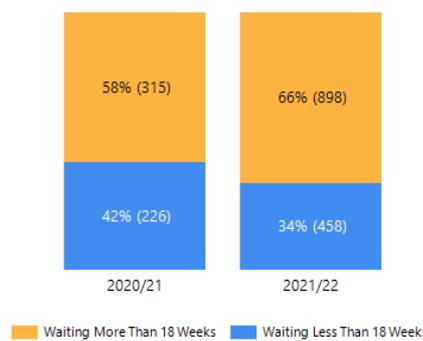
In Newcastle and Gateshead, there were increased pressures on services that led to more people waiting more than 18 weeks for access to treatment. Adult ASD saw a reduction in the percentage waiting over 18 weeks and a marginal increase in people, this is due to a marked increase in referrals to the service.

Figure 9 a-f: Newcastle and Gateshead locality waiting lists, assorted metrics

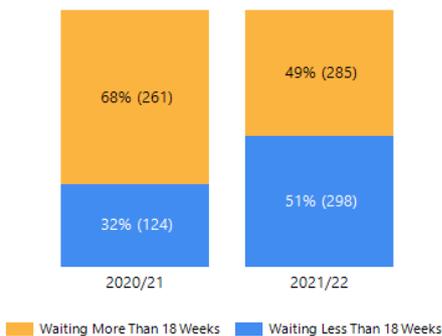
Newcastle Gateshead Waiting List as at 31 March 2022



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



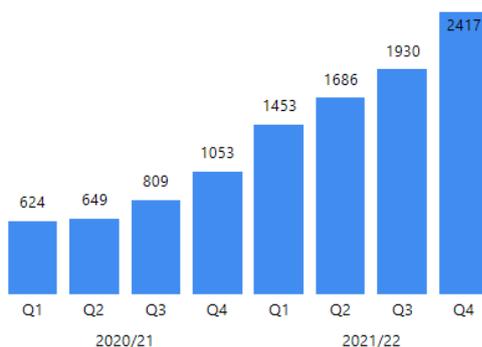
NEWCASTLE GATESHEAD Adult ASD Diagnosis % and number waiting more and less than 18 weeks at financial year end



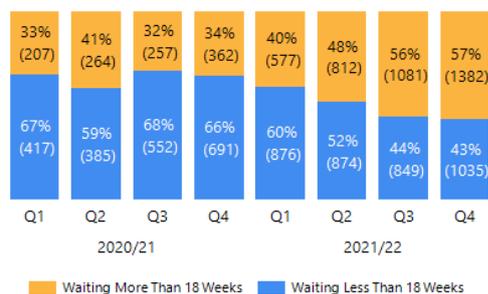
NEWCASTLE GATESHEAD All Other Adult Services % and number waiting more and less than 18 weeks at financial year end



NEWCASTLE GATESHEAD CYPS waiting list size at financial quarter end



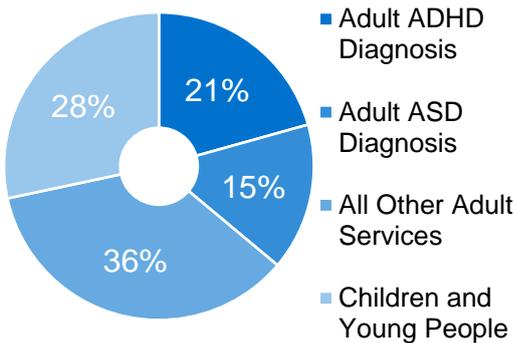
NEWCASTLE GATESHEAD CYPS % and number waiting more and less than 18 weeks at financial quarter end



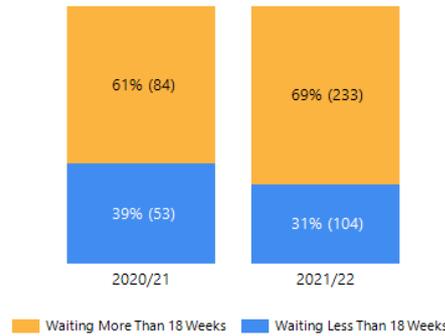
In South Tyneside, Adult ASD and ADHD services saw an increase in people waiting for treatment and waiting over 18 weeks for treatment, this was against the backdrop of increased referral in to these services and pressures on services from the coronavirus pandemic. Adult mental health services continued to have low levels of people waiting more than 18 weeks for treatment with two people waiting over this time across the whole of 2021-22.

Figure 10 a-f: South Tyneside CCG waiting lists, assorted metrics

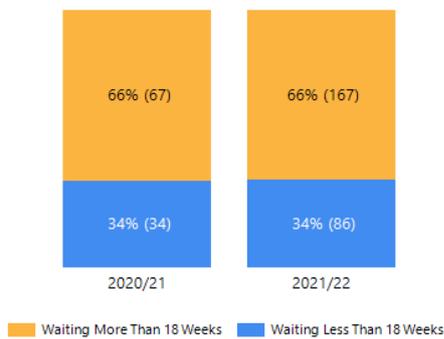
South Tyneside Waiting List as at 31 March 2022



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



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



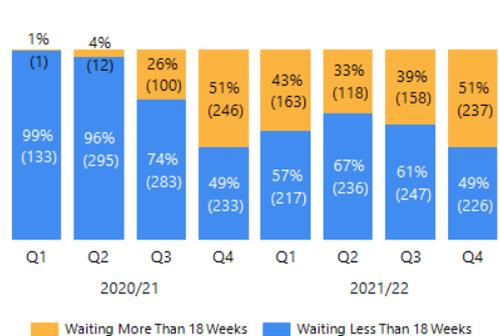
SOUTH TYNESIDE All Other Adult Services % and number waiting more and less than 18 weeks at financial year end



SOUTH TYNESIDE CYPs waiting list size at financial quarter end



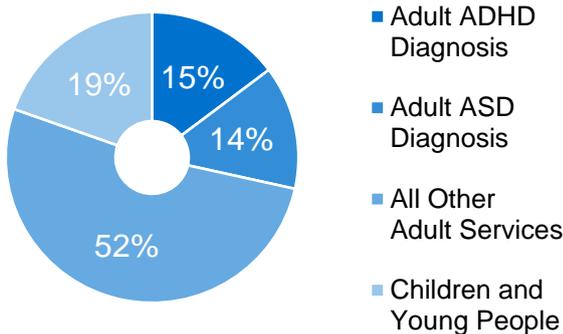
SOUTH TYNESIDE CYPs % and number waiting more and less than 18 weeks at financial quarter end



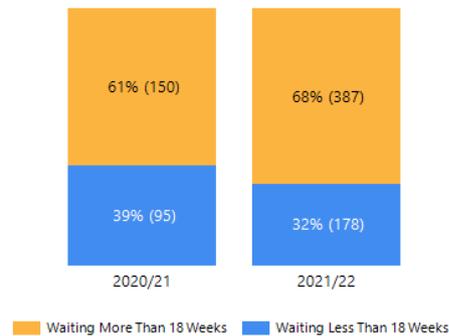
In **Sunderland**, waiting times for adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have increased during 2021-22, this had led to more people waiting more than 18 weeks for treatment. Adult ASD and ADHD service have seen an increase in referrals leading to more people waiting for treatment. This is the same picture in CYPS services, where coronavirus pressure on staffing have coincided with an increase in referrals.

Figure 11 a-f: Sunderland CCG waiting lists, assorted metrics

Sunderland Waiting List as at 31 March 2022



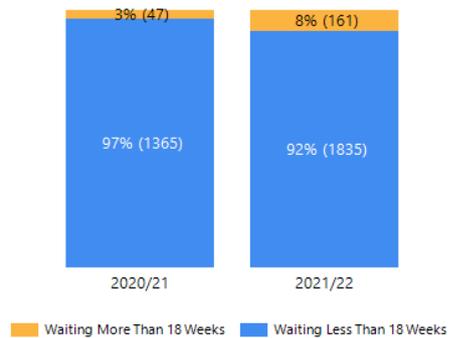
SUNDERLAND Adult ADHD Diagnosis % and number waiting more and less than 18 weeks at financial year end



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



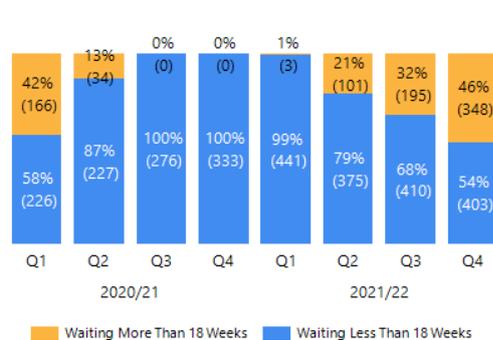
SUNDERLAND All Other Adult Services % and number waiting more and less than 18 weeks at financial year end



SUNDERLAND CYPS waiting list size at financial quarter end



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



Data source: CNTW

Quality Priority 3: Service User and Carer Experience - Increasing time staff are able to spend with service users and carers

We said we would:

1. Promote person-centred care (face to face/telephone contact/zoom or Teams contacts)
2. Identify and remove tasks that can be removed, that do not add value to the service user or carer experience.
3. Develop and deliver Quality Improvement (QI) plan through task and finish groups.

What we did:

Progress – Partially Met

Summary

This quality priority has attracted extensive positive attention over the year. From the outset the quality priority has been discussed and actioned by a range of experts by experience, non-clinicians and clinicians. The outputs from this quality metric to date, have included an extensive analysis of quantity of contact and quality of patient contact, and qualitative feedback what 'good' contact looks like in both community and inpatient setting.

The outputs from Phase 1 have resulted in real change in the way things are done, as detailed below.

Phase 1

Following an analysis of data and engagement, clarity was provided on the following themes:

- How well we are undertaking Carers Assessment as part of the treatment pathway, this displayed variation between areas.
- The amount of time available to work with patients both in the community and inpatients, this highlight improvements in this area.
- Contact consistency within some pathway was lower depending on the type of interventions patients access as part of their care plan.

It became clear during phase 1 that there was a need for a method for a feedback loop to colleagues regarding the level of carer assessments and the level of contact that was occurring with patients. The changes that were identified aimed at supporting management supervision to provide a consistent method for those working with patients. As a result the outcome from this phase included the following elements to be added to the Patient Tracker to support supervision:

- Latest Getting to Know You Form Date: The Getting To Know You form is the carer assessment. This now allows health care professionals to easily identified those patients allocated to them who have one of these in place. Team leaders are able at service level to understand their current completion rate and any variation within the team, thus support individual supervision and increase the level of carer assessment.

- Total Service Attended Appointments: From the date of referral, teams are able to identify if they are offering the appropriate number of patient contacts depending on the pathway type. This improvement aims to support teams in determining if they are offering the right level of care at all times and at the correct level of intensity.
- Last attend direct contact: This was added as a result of the analysis undertaken by this quality metric, to assist health care professionals to ensure patients are, from referral date, being contacted routinely as per the currently pathway they are accessing.

Three additional quality areas were also identified following the analysis which are still underway.

- Therapeutic activity hours on inpatients settings are challenging to identify from our current practice. An improvement has been identified to increase the level of compliance in this area, ensure patients on patients currently accessing care within an inpatient setting are being offer therapeutic hours and are spending time with staff.
- The impact of the changes to the Care Programme Approach (CPA). The CPA has had a central role in the planning and delivery of secondary care mental health services for almost 30 years. The principles underlying the CPA are sound and there has been some excellent work over the years in implementing and in improving it. However, the approach to CPA will change from April 2022, an assessment of how this will impact on time to care will made.
- The impact of the CNTW Digital Health Update, this involves Design and implementation of new RIO functions, supporting RIO form improvements to reduce the data burden and agreeing new processes for Rio – “What to complete when”. As such, an assessment of how this will impact on time to care will made.

Phase 2

Following the completion and delivery of the work above, the group led by patients with experience reflected on the core deliverables of the quality priority and if we were set to deliver the three core elements.

A new design proposal was put forward, this included increasing the level of patient experience captured from underrepresented groups and the ‘so what’ following this feedback.

This would include making best use of existing patient engagement process, to broaden the access to the opportunities to feedback to a greater proportional of patients and what if any adaptations are required to ensure the broadest possible participation.

Monitoring has been discussed, the best metric to monitor the improvement in quality will be developed. Numerous options are available and are currently under discussion. Part of the programmed of work will be to be identified during 22/23 includes agreeing the best way to monitor the patient listing and action, under

discussion are the desired outcomes are to be improved, these include:

- Increasing the volume of patient feedback
- Increasing patient feedback from currently underrepresented groups
- Increasing patient feedback from service types
- Increasing the 'so what' You Said We Did feedback loop.

Next steps

Phase 2 delivery over 2022/2023 will require the peer support group to identify new key individuals within the trust to help support the development of this quality priority. It has been identified that the development of this quality priority will require the skills and experience of a member of CNTW staff(s) that can successfully bring about change and rollout a new internal service within the trust.

During the initial stage, the priority will be to assess the potential scope of services. Is likely to involve a new analysis of data to form a current baseline. During Q1 a plan will begin to emerge of the detailed steps required.

Quality Priority 4: Equality, Diversity, Inclusion and Human Rights (in relation to the core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA))

We said we would:

1. Better health outcomes for service users.
2. Improved service user access and experience of services.
3. Champion understanding and support inclusion of diversity.
4. Raise awareness of and promote human rights and human rights based approaches.

What we did:

Progress – Partially Met

Making Recruitment/Progression More Inclusive

We had hoped to begin to implement the recommendations of this work during quarter 4, however staffing pressures due to the pandemic during this quarter has delayed the work. Some planning for implementation has taken place and the work is on the Equality Diversity Inclusion action plan for implementation during the early months of 2022-23.

Tackling Discrimination - Part of the Respect Campaign

During Quarter 4. Workforce and Organisational Development Staff were due to receive training on Respectful Resolution during one of their regular professional development sessions. Due to pandemic pressures the session had to be postponed and is now scheduled to take place in May 2022.

Improving Disciplinary and Grievance Processes

During Quarter 4 staff involved with managing the disciplinary and grievance processes received a training update from the RCN. The RCN also trained a further 8 members of staff from CNTW to be cultural ambassadors during this quarter.

Review and Cleanse all Data to Ensure Staff Disability is Recorded Appropriately -This work was completed during Quarter 3.

Empower Programme

The Empower Programme was established to develop a culture of service user empowerment and the reduction of restrictive interventions across CNTW, led jointly by Dr Rajesh Nadkarni and Gary O'Hare.

There are 4 approaches which form Empower, each with a dedicated lead:

- Trauma Informed Care (Angela Kennedy)
- HOPEs (Anthony Deery)
- Positive & Safe (Ron Weddle)
- Human Rights (Vida Morris/Ian Thorpe)

The Board meets on a monthly basis to discuss defined pieces of work, which will have direct positive impact on patients and service users within CNTW.



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 7. Patient Safety incidents impact 2019-20 to 2021-22

Number of Patient Safety incidents reported by impact:	2019-20		2020-21		2021-22	
	Count	Percentage	Count	Percentage	Count	Percentage
No Harm	10537	65.5%	12917	67.9%	11751	57%
Minor Harm	4965	30.8%	5255	27.7%	7224	35%
Moderate Harm	526	3.3%	734	3.9%	1496	7.3%
Major Harm	53	0.3%	85	0.4%	74	0.4%
Catastrophic, Death	15	0.1%	16	0.1%	85	0.4%
Total patient safety incidents	16096	100%	19007	100%	20630	100%

Note, annual totals for previous years may differ from previously reported data due to on-going data quality improvement work and to reflect coroner's conclusions when known. Data is as at 31st March 2022.

The “no harm” or “minor harm” patient safety incidents account for 92% of reported patient safety incidents.

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 8: **Total** incidents 2021-22 for local CCGs, includes patient safety and non-patient safety incidents

	No Harm	Minor Harm	Moderate Harm	Major Harm	Catastrophic, Death	Total
NHS CUMBRIA CCG	3777	1518	204	23	323	5845
NHS GATESHEAD CCG	2405	1094	246	14	87	3846
NHS NEWCASTLE NORTH AND EAST CCG	3353	1319	232	19	150	5073
NHS NEWCASTLE WEST CCG	3277	1119	234	12	130	4772
NHS NORTH TYNESIDE CCG	3984	1658	345	18	136	6141
NHS NORTHUMBERLAND CCG	8431	2913	579	17	231	12171
NHS SOUTH TYNESIDE CCG	2886	1136	228	20	144	4414
NHS SUNDERLAND CCG	5588	2179	496	18	263	8544
Grand Total	31702	12393	2533	137	1463	48228

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 1583. There is more information on Learning from Deaths on page 77.

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

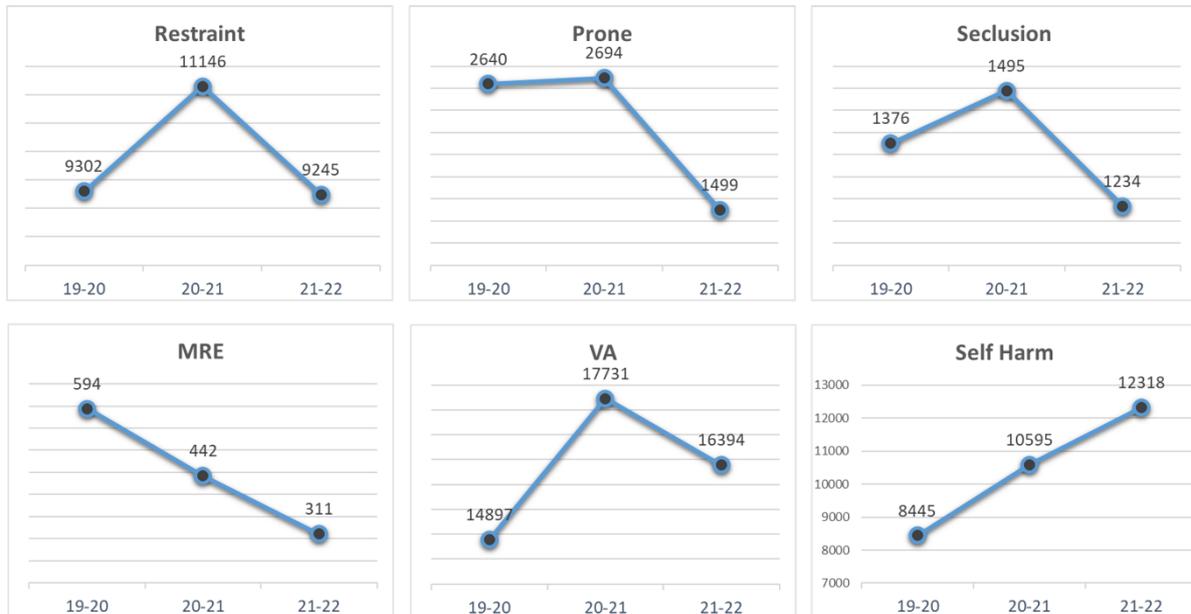
By email: complaints@CNTW.nhs.uk

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



Graph 1a-f. Yearly figures 2019-20 to 2021-22

The Trust can report positive (some significant) reductions based on 2020-21 in comparison to 2021-22, in relation to the application of restrictive practices its particularly positive given the extreme pressures clinical teams have been experiencing and the limitations managing COVID can bring to mental health settings relating to communication and activities, there follows

An overview of the broad range of work the Positive and safe team have been involved in this year.

- Developed Trust wide Strategy.
- Where members of national CQC expert reference group and presented at various events and forums nationally.
- Developed Trust compliance with Mental health unit use of force act (mentioned within DOH guidance document regarding the use of data).
- Talk 1st restraint reduction initiative is entering its 6th year.
- Annual report in development, all groups are provided quarterly insight reports focussing on trends within specific areas.
- Developing sensory training and awareness across Trust.
- PAUSE training development and delivery.
- Cohort model ongoing., Talk 1st clinics have been re started all wards are visited on a regular basis.
- Supporting Empower programme, Supporting HOPES model roll out.
- Continue to roll out deployment of safety pods across Trust,
- Members of long term segregation panel.
- Delivering bespoke training and development across the Trust.

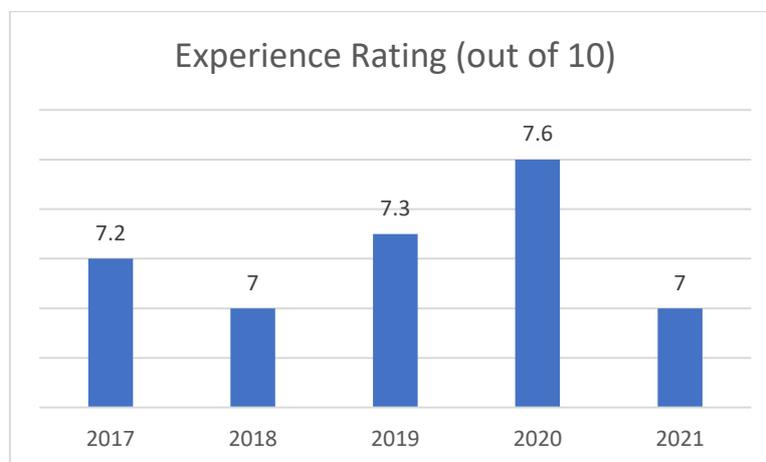
- Second year of delivering Post Graduate Certificate in reducing restrictive interventions, in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North Cumbria University.
- Undertook Oxehealth Digital Care assistant evaluation, supporting development of rollout strategy.
- Undertook pilot of body worn cameras.
- Undertaking and developing research projects across Trust, involved in developing towards safer services document.

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”.

People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between 1 September 2020 and 30 November 2020. For more information on the sampling criteria for the survey, please refer to the sampling instructions detailed in the ‘Further information’ section. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2021.

Graph 2 CNTW’s overall experience of care score 2017 to 2021



Overall the Trust scored 7 (out of 10) in response to the ‘overall experience of care’ question. This was reduction on the score in both of the previous two years.

The Trust had a competition rate of 28%, this was 351 of the 1250 people invited to complete the survey. The average for the 54 Trusts providing mental health services was 26%

The CQC has highlighted the following areas as key areas to improve service users experience:

Support with work: service users being given help or advice with finding support for finding or keeping work.

Crisis care help: services users getting the help needed when they last contacted the crisis team.

Decisions in care: service users feeling that decisions were made together when reviewing care.

NHS Talking Therapies: service users being involved in deciding what NHS talking therapies to use.

Other areas of life: service users care agreements taking into account other areas of their life.

The CQC also highlighted the areas where service user experience is best:

Review of care: service users meeting with NHS mental health services to discuss how their care is working.

Crisis care contact: service users knowing who to contact out of hours in the NHS if they have a crisis.

Who organises care: service users being told who is in charge of organising their care and services.

Medicines review: NHS mental health services checking how service users are getting on with their medicines.

Friends/Family involvement: service user's family/someone close to them is involved in their care as much as they like.

The survey is made up of 11 sections. Table xx below shows the average score for each section and how this compares with the previous year, with the year before that included to show any trends for each section.

*note that section 9 Feedback, was introduced in 2020. Although the score is low this year and last year, it remains about the same as the average for all Trusts. All service users who have not opted out receive our 'Points of You' survey to their preferred address on an annual basis if they remain a service user to a particular service for more than a year.

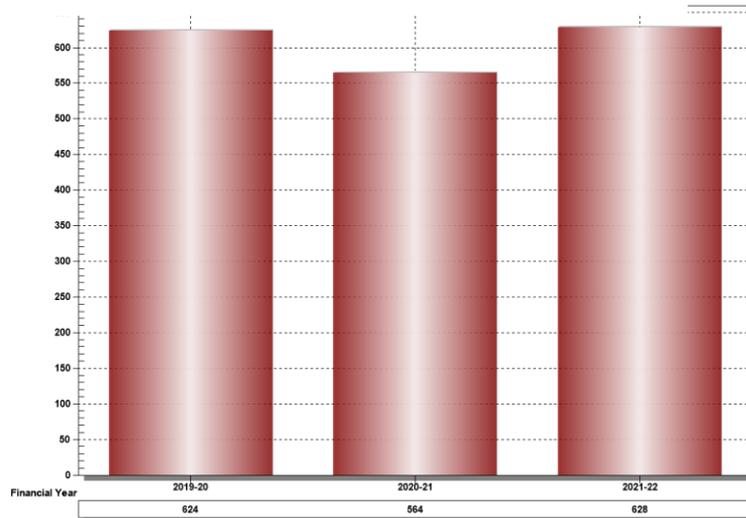
Table 9. National Mental Health Community Patient Survey results for 2019 to 2021

Survey section	2019 CNTW score (out of 10)	2020 CNTW score (out of 10)	2021 CNTW score (out of 10)	2021 Position relative to other mental health Trusts
1. Health and Social Care Workers	7.6	8	7.4	About the same
2. Organising Care	8.7	8.9	8.7	About the same
3. Planning Care	7.1	7.2	6.8	About the same
4. Reviewing Care	7.9	8.1	7.6	About the same
5. Crisis Care	7.6	7.3	8.1	About the same
6. Medicines	7.5	7.5	7.5	About the same
7. NHS Therapies (prior to 2019 was Treatments)	7.5	8	7.4	About the same
8. Support and Wellbeing	4.8	5.4	4.9	About the same
9. Feedback	*	3.2	2.3	About the same
10. Overall Views of Care and Services	7.6	7.9	7.4	About the same
11. Overall Experience	7.3	7.6	7	About the same

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.

Figure 12: Number of complaints received 2019/20 to 2021/22



Data source: CNTW

Complaints have increased during 2021-22 with a total of 628 received during the year. This is an overall increase of 63 complaints (10%) in comparison to 2020-21. South Locality Care Group accounted for 29% of the complaints received, followed by Central with 27%, North with 22% and North Cumbria with 19%. The other 3% of complaints related to the non clinical directorates.

In comparison to 2020-21 figures, the number of complaints received has increased in all four localities.

- North Cumbria there was an increase of 14% (17)
- North there was a 13% increase (18)
- South there was a 10% increase (19)
- Central there was a 4% increase (7)

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

- Complaints related to patient care increased by 31%
- Complaints relating to communications decreased by 9%
- Complaints relating to values and behaviours increased by 9%

Complaint categories which have significantly increased in comparison to 2020-21 are:

- Complaints related to waiting times have increased by 88%.

Complaint categories which have significantly decreased in comparison to 2020-21 are:

- Complaints related to admissions and discharges have decreased by 25%
- Complaints related to appointments have decreased by 33%

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 10: Number of complaints received by category 2019/20 to 2021/22

Complaint Category	2019/20	2020/21	2021-22
Patient Care	185	134	195
Communications	96	98	89
Values And Behaviours	90	85	93
Admissions And Discharges	37	56	42
Clinical Treatment	52	28	32
Appointments	41	32	22
Prescribing	33	30	28
Trust Admin/ Policies/Procedures	15	41	41
Access To Treatment Or Drugs	28	26	31
Other	21	13	17
Facilities	7	13	9
Waiting Times	5	4	18
Privacy , Dignity And Wellbeing	7	4	4
Restraint	2	0	4
Staff Numbers	1	0	3
Integrated Care	2	0	0
Commissioning	1	0	0
Consent	0	1	0
Transport	1	0	0
Total	624	565	628

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 2021/22 we responded to complaints in line with agreed timescales in 83% of cases.

Table 11 indicates the numbers of complaints and the associated outcomes for the past three years:

Table 11: Number (and percentage) of complaint outcomes 2019/20 to 2021/22

Complaint Outcome	2019-20		2020-21		2021-22	
Closed - Not Upheld	165	26%	153	27%	149	24%
Closed - Partially Upheld	199	32%	176	31%	176	28%
Closed - Upheld	112	18%	90	16%	96	15%
Complaint Withdrawn	67	11%	58	10%	64	10%
Decision Not To Investigate	24	4%	35	6%	49	7%
Still Awaiting Completion	0	0%	0	0%	70	11%
Unable To Investigate	57	9%	51	10%	30	5%
Total	624	100%	563	100%	634	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 31 March 2022 there were 27 cases ongoing and their status at the time of writing is as follows:

Table 12. Outcome of complaints considered by the PHSO

Request for records	12
Enquiry	10
Intention to Investigate	3
Notification of a Judicial Review on a PHSO decision – Trust classed as an ‘interested party’	1
Draft reports received	1

NICE Guidance Assessments Completed 2021-22

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2021-22 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.

1. NICE Baseline assessments previously undertaken (2)

The following baseline assessments were undertaken and reported as partially compliant in 2020-21. They have now been fully implemented in 2021-22.

Ref	Topic Details/Objective	Compliance Status/Main Actions
NG146	Workplace health: long-term sickness absence and capability to work	Initial Compliance: Partial Submitted for Action Plan Monitoring: 01/11/2020 Fully Implemented: 01/08/2021 Signed-off at CEC as closed: 10/09/2021
NG150	Supporting Adult Carers	Initial Compliance: Partial Submitted for Action Plan Monitoring: 06/04/2021 Fully Implemented: 10/09/2021 Signed-off at CEC as closed: 10/09/2021

2. NICE Baseline Assessment undertaken (1)

The following baseline assessment was undertaken and action plan monitoring commenced in 2021-22.

Ref	Topic Details/Objective	Compliance Status/Main Actions
NG144	Cannabis-based medicinal products	Initial Compliance: Partial Submitted for Action Plan Monitoring: 10/12/2021 Deadline for fully implemented action plan: 01/12/2022 There are 11 recommendations relating to this guidance, and relevant to CNTW. The Trust demonstrated no compliance to NICE Guidance with only 2 out of 11 (18%) recommendations met. The action plan was developed in conjunction with pharmacy staff, and it will address issues relating to: <ul style="list-style-type: none"> • Gaps in the provision of services • Shared care agreements • Rationale for prescribing / not prescribing • Knowledge of current Trust Policy relating to controlled drugs and other related PGNs The deadline for full implementation of the action plan is 01/12/2022

3. NICE Baseline Assessments Fully Implemented (15)

The following baseline assessments were fully implemented and closed in 2021-22.

Ref.	Topic Details/Objective	Compliance Status/Main Actions
NG200	COVID-19 Rapid Guideline: vaccine-induced immune thrombocytopenia and thrombosis (VITT)	<p>Initial Compliance: Partial. Fully Implemented: 06/10/2021</p> <p>The baseline assessment demonstrated that five recommendations were met fully (25%) and 8 (42%) were met partially out of a total of 19 recommendations.</p> <p>Main actions and date of completion:</p> <ul style="list-style-type: none"> • CAS Alert to be issued Trustwide (04/10/2021) • Medics work book to be updated (06/10/2021) <p>The baseline assessment and fully implemented action plan were submitted to BDG on 15/02/2022 and closed</p>
CG90	Depression in adults: recognition and management	<p>Initial Compliance: Partial Fully Implemented: 30/03/2022</p> <p>On assessment, the trust was considered to be fully compliant with 77 of the recommendations.</p> <p>A further 26 recommendations assessed that the trust was partially compliant. The baseline assessment and fully implemented action plan were submitted to BDG on 15/02/2022 and closed</p>
QS198	Suspected Neurological Conditions: Recognition & Referral	<p>Initial Compliance: Compliant No action plan required</p> <p>Key Findings:</p> <p>There are systems in place in relation to:</p> <p>a) Suspected dystonia in adults</p> <p>b) Referral pathway and systems are in place in relation to Hallpike manoeuvre</p> <p>c) Functional neurological disorder (FND) is currently not seen within CNTW services; if a suspected, the service supports referral for appropriate assessment</p> <p>d) The assessment identified that all seen within the service have a definite diagnosis and care tailored to individualised care for adults</p>

Ref.	Topic Details/Objective	Compliance Status/Main Actions
		The baseline assessment and action plan was signed-off at CEC on 11/02/2022 and closed
NG188	COVID-19 Rapid Guideline: Managing the Long-Term Effects of COVID-19	<p>Initial Compliance: Compliant No action plan required</p> <p>There were a total of 46 guidelines in this guidance, with 26 (56.5%) not relevant to the Trust.</p> <p>Of the remaining 20 recommendations, the assessment demonstrated full compliance as follows:</p> <ul style="list-style-type: none"> • 9 relevant (19.5%) • 11 partially relevant (24%) <p>The baseline assessment and action plan was signed-off at CEC on 11/02/2022 and closed</p>
QS200	Supporting adult carers	<p>Initial Compliance: Partial Full Implementation: 26/11/2021</p> <p>The assessment identified the five quality statements were all relevant to CNTW. The assessment demonstrated partial compliance on assessment. The action plan covered:</p> <p>a) Supporting and encouraging people to recognise their role and rights as carers is essential in respect of their safety and well-being (as well as that of the service user) and service user experience. Complete 14/05/2021</p> <p>b) Safety and wellbeing of the carer and also the service user. Complete 14/05/2021</p> <p>c) Retention of staff/staff absence and wellbeing issues. Complete: 26/11/2021</p> <p>The baseline assessment and action plan was signed-off at CEC on 10/12/2021 and closed</p>
QS202	NICE Workplace Health: Long-Term Sickness Absence & Capability to Work	<p>Initial Compliance: Compliant No action plan required</p> <p>The baseline assessment confirmed the quality statement is relevant to CNTW, and the Trust has systems in place to support absence management.</p> <p>The baseline assessment and action plan was signed-off at CEC on 12/11/2021 and closed</p>

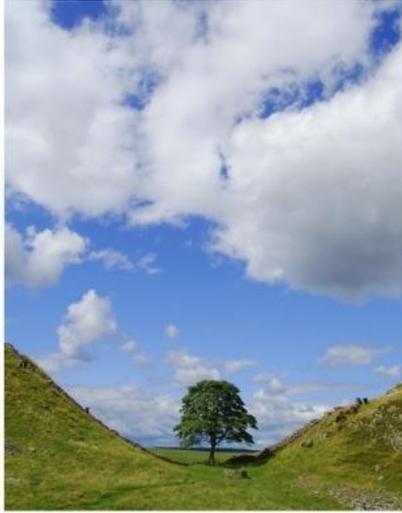
Ref.	Topic Details/Objective	Compliance Status/Main Actions
QS201	Venous Thromboembolism in Adults	<p>Initial Compliance: Compliant No formal action plan required</p> <p>Of the 5 quality statements, 3 are relevant to CNTW and are covered in PGN v4 Dec-20: AMPH-PGN-01 Venous Thromboembolism - Reducing the Risk and AMPH-PGN-02 Appendix 01 NICE Reducing the Risk of Deep Vein Thrombosis</p> <p>The baseline assessment was signed-off as complete at CEC on 10/12/2021 and closed.</p>
QS194	Decision making and mental capacity	<p>Initial Compliance: Compliant No action plan required</p> <p>Of the 4 quality statements, all are relevant to CNTW. The Trust are compliant with each one. Evidence is provided by some, but not limited to, the following CNTW Policy & PGNs:</p> <ul style="list-style-type: none"> • CNTW(C)05 Consent to Examination or Treatment Policy and associated consent forms • CNTW(C)40 Dignity in Care Policy • CNTW(C)49 End of Life Care Policy • CNTW(C)34 V05.1 Mental Capacity Act 2005 Policy and associated appendices <p>The baseline assessment was signed-off at CEC on 10/09/2021 and closed</p>
NG108	Decision making and mental capacity	<p>Initial Compliance: Compliant No action plan required</p> <p>As above at QS194</p>
QS183	Physical Activity: Encouraging Activity in the Community Quality Statement 4: Workplaces	<p>Initial Compliance: Compliant No action plan required</p> <p>The baseline assessment demonstrated full compliance with this standard and provided the following information, and more, as part of the evidence submission:</p> <p>a) The Trust has adopted the Health and Wellbeing Approach (star) and is a holistic approach to a person's wellbeing.</p> <p>b) A calendar of events has been linked to the elements of the star and in response to staff feedback and looking at ways in which we can provide some practical support</p>

Ref.	Topic Details/Objective	Compliance Status/Main Actions
		<p>c) Recently established links with Rise who are supporting us with things like the daily workplace mile and initiative to encourage staff who use public transport to get off the bus a stop early and take the 10 minute walk instead</p> <p>d) The “Thrive” website is being launched soon which will focus on all things staff-related.</p> <p>The baseline assessment was signed-off as complete at CEC on 10/09/2021 and closed.</p>
QS147	Healthy workplaces: improving employee mental and physical health and wellbeing	<p>Initial Compliance: Partial Fully Implemented: 10/09/2021</p> <p>An initial review confirmed relevance to CNTW of all four quality statements and baseline assessment commenced in Sep-18. The action plan covered issued such as:</p> <ul style="list-style-type: none"> a) Health and wellbeing actions monitored 6 monthly at CDTW and through Health and Wellbeing strategy. (Strategic Aim 4) b) CBUs ensure that there is a strategic approach to staff wellbeing and included in service development plans. c) Minimum of an annual team wellbeing/team building event. d) Support opportunities for coaching, support and mentoring for staff's own and others' wellbeing e) Regular 1:1 time – support and guidance for managers to help unpick health and wellbeing issues in supervision f) Continue to support managers with Leadership and Management Skills training. g) Ensure different opportunities for staff to engage formally and informally <p>The baseline assessment was submitted to CEC on 01/11/2018, with a deadline for implementation of the action plan as 01/01/2021.</p> <p>This was delayed due to issues relating to the pandemic and it was fully implemented on 10/09/2022.</p> <p>The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed</p>
NG148	Acute kidney injury: prevention, detection and management	<p>Initial Compliance: Partial Fully Implemented: 01/06/2021</p>

Ref.	Topic Details/Objective	Compliance Status/Main Actions
		<p>The action plan which was fully implemented on 01/06/2021 included:</p> <ul style="list-style-type: none"> • Promotion of 'Think Kidneys' Resource • Information disseminated via COVID-19 Workbook <p>The baseline assessment and action plan was signed-off at CEC on 10/09/2021 and closed</p>
NG56	Multimorbidity: clinical assessment and management	<p>Initial Compliance: Partial Fully Implemented: 28/09/2021</p> <p>Key recommendations linked to the development pathways with primary care to manage long term conditions, including input to Physical Health Care, which covers:</p> <ul style="list-style-type: none"> • Supporting developments in primary care • Improving access • Meeting the needs • Engagement and communication Lodge, Monkwearmouth and Hopewood Park. <p>The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed</p>
QS53	Anxiety disorders	<p>Initial Compliance: Partial Fully Implemented: 14/09/2021</p> <p>This baseline assessment was originally undertaken in 2018</p> <p>The action plan built upon continuing work including, but not limited, to:</p> <p>a) Continue with in house training and supervision in Graded Exposure and CBT informed skills for anxiety disorders to ensure ongoing treatment availability and standards.</p> <p>b) Explore and imbed e-pathways that will support and formalise the existing stepped care approach for Community Treatment Teams</p> <p>c) Suggest a clinical audit to ascertain benzodiazepine prescribing for the anxiety diagnosis</p> <p>The baseline assessment was submitted to CEC on 01/11/2018, with a deadline for implementation of the action plan as 01/01/2021.</p>

Ref.	Topic Details/Objective	Compliance Status/Main Actions
		<p>This was considerably delayed due to issues relating to the pandemic and it was fully implemented on 10/09/2021.</p> <p>The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed</p>
QS14	Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services	<p>Initial Compliance: Partial Fully Implemented: 08/10/2021</p> <p>The baseline assessment demonstrated almost full compliance with NICE Guidance, with 43 recommendations (out of 45) being met.</p> <p>To address this, the action plan looked at:</p> <p>a) Review of new Points of You to be undertaken, which was completed 30/04/2021</p> <p>b) Review Points of You Questions, which was being undertaken within other work across the Trust, and completion of this was approved at CEC on 08/10/2022</p> <p>The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed</p>

Part 2c



Part 2c

Mandatory statements relating to the quality of NHS services provided

Review of services

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 2021-22 that were recruited during that period to participate in research approved by a research ethics committee was 2752. This is a 44% decrease on last year's recruitment figure.

The Trust was involved in 40 clinical research studies in mental health, dementia, learning disability and neuro-rehabilitation related topics during 2021-22, of which 34 were National Institute for Health Research (NIHR) portfolio studies. This is a 32% decrease from last year's figure but related to the impact of the pandemic in which we focussed on designated clinical research studies on the "Urgent Public Health" portfolio (4 studies and 647 recruits).

During 2021-22, 75 clinical staff employed by the trust participated in ethics committee approved research.

We have worked hard to become further integrated into regional research infrastructures and we now host the NIHR Applied Research Collaboration for North East and North Cumbria (ARC NENC) and are a partner in Newcastle Health Innovation Partners (NHIP, the Academic Health Science Centre for the North East). Through these collaborations we aim to be influential in improving the health of the people in the communities we serve.

Participation in National Clinical Audits

During 2021-22, **16 national clinical audits** covered relevant health services that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provides. In **5 cases**, the audit was not undertaken by clinical audit, as the information is submitted centrally. **One** audit, relating to Physical Health in Mental Health Hospitals, was misidentified as being part of the Medical & Surgical Clinical Outcome Review Programme, so there were no submissions.

Acronym	Full Title
NCAP	National Clinical Audit of Psychosis
NAIF	National Audit of Inpatient Falls
POMH-UK	Prescribing Observatory for Mental Health-UK
NAD	National Audit of Dementia

The **11 national clinical audits** eligible for participation by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2021-22 are shown in the table 14 below:

Table 13. National Clinical Audits during 2021-22

National Clinical Audits 2021/22 HQIP Directory	
1	CA-21-0015 POMH-UK Topic 19b Prescribing antidepressants for depression in adults
2	CA-21-0014 POMH-UK Topic 1h & 3e Prescribing high dose and combined antipsychotics
3	CA-21-0016 POMH-UK Topic 14c Alcohol detoxification
4	CA-19-0010 NCAP Re-Audit of EIP Services 19-20
5	CA-20-0006 NCAP Re-Audit of EIP Services 20-21
6	CA-20-0023 NCAP Spotlight Audit 20-21: Physical health and employment
7	CA-21-0031 NCAP Re-Audit of EIP Services 21-22
8	CA-18-0025 NAIF Continuous Audit
9	CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3
10	CA-20-0016 National Audit of Dementia – Spotlight Audit: Community- Based Memory Clinical Services
11	Physical Health in Mental Health Hospitals (CNTW did not participate)

During the period (2021-22) Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust were registered in **91%** of national clinical audits in which it was eligible to participate.

There were 5 National Audits not on HQIP directory for 21/22 that were carried over.

CA-20-0026 POMH-UK Topic 18b: Use of Clozapine

CA-20-0005 POMH-UK Topic 20a: Improving the quality of valproate

CA-19-0007 POMH-UK Topic 9d: Antipsychotic prescribing in people with LD

CA-19-0037 NAIF Facilities Audit 19-20

CA-20-0029 NAIF Facilities Audit 20-21

There were **15 National Clinical Audits** that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust participated.

Table 14. National Clinical Audits during 2021-22

National Clinical Audits		Cases Submitted	Cases Required	%
1	CA-18-0025 NAIF Continuous Audit	n/a	-	n/a
2	CA-19-0037 NAIF Facilities Audit 19-20	n/a	-	n/a
3	CA-20-0029 NAIF Facilities Audit 20-21	n/a	-	n/a
4	CA-19-0036 National Audit of Care at the end of Life Stage 3*	-	-	-

5	CA-21-0014 POMH-UK Topic 1h & 3e Prescribing high dose & antipsychotics**	-	-	-
6	CA-19-0007 POMH-UK Topic 9d: Antipsychotic prescribing in people with LD**	-	-	-
7	CA-20-0016 National Audit of Dementia Community- Based Memory Services	195	195	100%
8	CA-19-0010 NCAP Re-Audit of EIP Services 19-20	394	379	104%
9	CA-20-0006 NCAP Re-Audit of EIP Services 20-21	393	394	99%
10	CA-20-0023 NCAP Spotlight Audit 20-21: Physical health and employment	100	-	100%
11	CA-21-0031 NCAP Re-Audit of EIP Services 21-22	423	-	100%
12	CA-21-0015 POMH-UK Topic 19b Prescribing antidepressants: Adults	103	-	100%
13	CA-21-0016 POMH-UK Topic 14c Alcohol detoxification	22	-	100%
14	CA-20-0005 POMH-UK Topic 20a: Improving the quality of valproate	122	-	100%
15	CA-20-0026 POMH-UK Topic 18b: Use of Clozapine	218	-	100%

* (CA-19-0036) No eligible patient records (no deaths within the Trust that met the criteria of the audit sample) for the NACEL audit. The documents submitted were:

- Hospital/Site overview
- Quality Survey
- Audit Summary

** Where no data is recorded, this data collection has either not begun data collection, or it is still underway

The reports for four (4) of national clinical audits were reviewed by the provider in 2021-2022, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust with the following agreed actions.

Table 15. Reviewed Clinical Audits during 2021-22 with agreed actions

Project	Actions
<p>1 CA-19-0010 NCAP Re-Audit of EIP Services 19-20 This is part of a programme of audits that come under the National Clinical Audit of Psychosis which began in 17-18. (The action plans for each subsequent audit have been combined with the original action plan)</p>	<ol style="list-style-type: none"> 1. Core physical health form to be amended to incorporate intervention 2. Presentations to be made to CMT to provide clarity around responsibilities when abnormal lipids and glucose results are found, and how to record interventions made 3. Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving 4. Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient 5. Presentations to be made to CMT to highlight the requirement to provide and record written information having been provided when prescribing antipsychotic drugs (in the form and the clinic letter). 6. Audit of patient records on intervention - to provide assurance that changes have been embedded and performance is improving 7. SNOMED recording is to be introduced to EIP as part of the MHSDS. This could be extended to other services to capture offer and provision of CBTp. 8. Ongoing consideration of how the Trust can improve access to CBTp and provide the resources to meet this demand. 9. Annual reviews of services (NCAP) and service based reviews should identify provision in services of CBTp. 10. Also offer of CBTp to be considered in CPA reviews with service users.
<p>2 CA-20-0005 POMH-UK: Topic 20a: Prescribing Valproate This is part of a programme of audits that are set by the Prescribing Observatory for Mental Health-UK. This is the</p>	<ol style="list-style-type: none"> 1. MOC Newsletter article to promote good valproate prescribing habits 2. Summary of POMH-UK Topic 20a QIP to be published in Safer Care Bulletin 3. Feedback to colleagues undertaking review of PPT-PGN-25 to strengthen guidance on early treatment review 4. Addition to RiO Core Clinical Documentation page 'Side-Effect Rating Scales' with specific valproate side effect rating scale 5. Development of a Valproate Documentation section on RiO (under Service Specific Files> Physical Treatment> Valproate Documentation

Project	Actions
<p>first audit (a) to be undertaken in this topic relating to the prescription of valproate.</p>	<p>6. Share findings with Valproate Oversight Committee who are coordinating the locality CBU action plans from BDG-S December 2020.</p> <p>7. Share findings with Q&P along with Cumberledge government response when available</p> <p>8. Undertake Q4 2021/22 Baseline clinical audit of PPT-PGN-25 (CA-21-0040)</p> <p>9. Bring national Shared Care Protocol for valproate use in women and girls of childbearing potential to MOC and Valproate Oversight Group when finalised</p> <p>The topic is due to be re-audited in Q4 of 21-22.</p>
<p>3 CA-20-0006 NCAP Re-Audit of EIP Services 20-21 This is part of a programme of audits that come under the National Clinical Audit of Psychosis which began in 17-18. The action plan for each subsequent audit has been combined with the original action plan. The following is the current action plan for the topic.</p>	<p>1. Core physical health form to be amended to incorporate intervention</p> <p>2. Presentations to be made to CMT to provide clarity around responsibilities when abnormal lipids and glucose results are found, and how to record interventions made</p> <p>3. Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving</p> <p>4. Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient</p> <p>5. Presentations to be made to CMT to highlight the requirement to provide and record written information having been provided when prescribing antipsychotic drugs (in the form and the clinic letter).</p> <p>6. Audit of patient records on intervention - to provide assurance that changes have been embedded and performance is improving</p> <p>7. SNOMED recording is to be introduced to EIP as part of the MHSDS. This could be extended to other services to capture offer and provision of CBTp.</p> <p>8. Ongoing consideration of how the Trust can improve access to CBTp and provide the resources to meet this demand.</p> <p>9. Annual reviews of services (NCAP) and service based reviews should identify provision in services of CBTp.</p> <p>10. Also offer of CBTp to be considered in CPA reviews with service users.</p>

Project	Actions
<p>4 CA-20-0026 POMH-UK: Topic 18b: Use of Clozapine This is part of a programme of audits that are set by the Prescribing Observatory for Mental Health-UK. This is the second audit (b) to be undertaken in this topic relating to the use of Clozapine.</p>	<ol style="list-style-type: none"> 1. Audit summary to be produced for the Safer Care Bulletin or MOC Newsletter reminding staff of clozapine standards. To be distributed to all medics (including junior doctors). 2. PPT-PGN-05 Safe Prescribing of Clozapine updated in December 2020 to aid concordance with standards. Ensure appropriate communication strategy 3. Present findings to Locality Quality and Safe subgroups to encourage discussion about monitoring being undertaken and documentation 4. Findings to be shared with group looking at GIRFT with use of clozapine. Group to consider specific clozapine initiation team/service (perhaps virtually). 5. Findings to be presented to the Non-Medical Prescribing Group to inform work plan and strategy 6. Chief Clinical Information Officer to be approached with a request that HIE access be granted for the purposes of POMH quality Improvement Programmes 7. Business Development Group to nominate senior clinician to lead on re-audit of findings due to identified risk scores. Clinical Audit team to provide support 8. POMH-UK Change Intervention re clozapine documentation on Summary Care Records to be shared with primary care colleagues at the regional MSO network

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 the Coronavirus pandemic.

CQUIN Indicators

There has been no requirement to report on CQUIN Indicators during 2021-22. Reporting has recommenced in quarter 1 of 2022-23 and will be reflected in the 2023 Quality Account.

Statement 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.

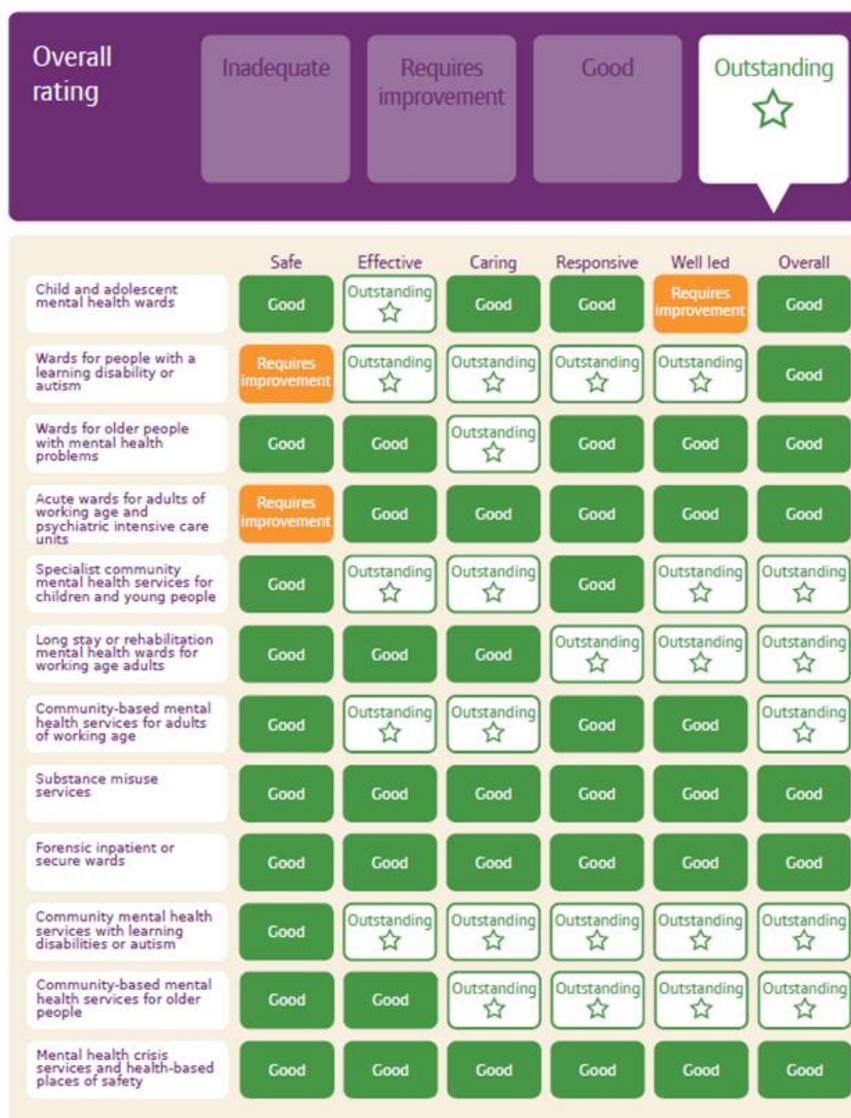
During 2020, the CQC conducted two focused inspections: 1) wards for people with a learning disability or autism and 2) child and adolescent mental health wards. Areas of improvement were identified and we are addressing all identified areas with action plans in place. The focused inspections affected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

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Cumbria,
Last rated
15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust



External Accreditations

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

Table 16: Current clinical external accreditations (31st March 2022)

External Accreditation	Ward/Department	Location
Accreditation for Working Age Mental Health Services (QNWA)	Hadrian	Carleton Clinic
	Lowry	Campus for Ageing and Vitality
Accreditation for Older Adult Wards (QNOAMHS)	Castleside	Campus for Ageing and Vitality
	Cleadon	Monkwearmouth Hospital
	Woodhorn	St George's Park
Accreditation for Rehabilitation Wards (AIMS Rehab)	Aldervale	Hopewood Park
	Clearbrook	Hopewood Park
	Newton	St George's Park
Accreditation for Forensic Mental Health Services (QNFMHS)	Bamburgh Clinic	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
Accreditation for ECT Therapy Clinics (ECTAS)	Hadrian ECT Clinic	Campus for Ageing and Vitality
	ECT Treatment Centre	St George's Park
Accreditation for Crisis Resolution and Home Treatment Team (HTAS)	Newcastle and Gateshead Universal Crisis Team	Ravenswood
	Northumberland and North Tyneside Universal Crisis Team	St George's Park
Memory Clinics (MSNAP)	Sunderland Memory Protection Service	Monkwearmouth Hospital
Accreditation for Psychological Therapy (APPTS)	Centre for Specialist Psychological Therapies	Walkergate Park
Accreditation for Perinatal Community Teams (Perinatal)	Community Perinatal Mental Health Team	St Nicholas Hospital
	North Cumbria Perinatal Community Mental Health Team	Brookside Centre

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 2022-23 the Trust will build upon actions already taken to ensure that we continually improve the quality of information we provide.

Table 17: Actions to be taken to improve data quality

Clinical Record Keeping	We will continue to monitor the use of the RiO clinical record system, learning from feedback and incidents, measuring adherence to the Clinical Records Keeping Guidance and highlighting the impact of good practice on data quality and on quality assurance recording. We will continue to improve and develop the RiO clinical record system in line with service requirements.
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.
Mental Health Services Dataset (MHSDS)	We will continue to understand and improve data quality issues and maintain the use of national benchmarking data. We will seek to gain greater understanding of the key quality metric data shared between MHSDS, NHS Improvement and the Care Quality Commission. We will improve our data maturity index score and understand areas where improvement is required.
ICD10 Diagnosis Recording	We will continue to increase the level of ICD10 diagnosis recording across community services.
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

North East Quality Observatory (NEQOS)

Retrospective Benchmarking of 2020-21 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 2020-21 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 18:

Table 18: Nationally available Quality Account indicators for 2020-21

Data source: North East Quality Observatory

Summary of selected nationally available indicators for 2020/21

	Quality Account Indicators	England value	Peer median	CNTW
1	Theme: Quality of care NHS Staff Survey (2021)	7.5	7.4	7.5
2	Overall experience - Community MH Survey (2021)	6.8	6.8	7.0
3	Theme: Safety culture NHS Staff Survey (2021)	6.9	6.9	7.2
4	National patient safety alerts actioned (%), 2020/21	62.5	62.5	100.0
5	Serious Incidents closed within 60 days (%), 2020/21	37.8	50.5	97.9
6	NRLS Incidents for severe harm/death (%), 2020/21	1.0	1.3	0.5
7	EIP patients treated within 2 weeks (%), March 2021	73.4	75.0	72.0
8	Written complaints per 1000 FTEs, 2020/21	12.9	11.9	15.3
9	MHSDS - CPA clients in settled accommodation (%) March 2021	63.0	45.0	54.0
10	MHSDS - CPA clients in employment (%) March 2021	8.0	7.0	8.0

- Notes:
1. all of the data is from nationally published data sources
 2. Peer includes data for (Birmingham & Solihull, Cheshire & Wirral, Lancashire, Essex, Oxford, SLAM, Sussex, TEWV)
 3. England values are the median with the exception of the Staff Survey and the EIP waits where the figures are the England average
 4. data from the Community MH Survey is for Autumn 2020, published in November 2021

Learning from deaths

The Serious Incident Framework (2015) continues to form 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 then published for use by 'early adopter trusts'. The review of the early adopter version of the framework was delayed as a result of the Covid pandemic, but in December 2021 an Evaluation of the early adopter pilot was published and the 'Revised Patient Safety Incident Response Framework' is now due for publication in June 2022. The publication will be accompanied by a preparation guide and a number of PSIRF templates to assist organisations to transition to PSIRF over a 12 month period. 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.

During 2021/22, 1583 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. The total number of reported deaths is a reduction overall in comparison to the 2020/21 period which saw 1724 death reported.

- Qtr. 1 – 351 (22%)
- Qtr. 2 – 368 (23%)
- Qtr. 3 – 449 (28%)
- Qtr. 4 – 415 (26%)

Of the 1583 deaths, and in line with our Incident Policy (CNTW(O)05) and our Learning from Deaths Policy (CNTW(C)12), 404 of these deaths fit the criteria for further review. 69 were investigated as a Serious Incident review, 174 as a Local After-Action Review, 111 as a mortality review and 50 as 72 hour / Table Top reviews.

During 2021/22 the following investigations were carried out in each quarter, 100 in the first quarter; 84 in the second quarter; 109 in the third quarter and 111 in the fourth quarter, some of which remain under investigation due to the time frames allowed for thorough review. This reflects an increase in cases reviewed compared with the period 2020-21 (370).

LeDeR

We continue to report all deaths of people who are service users with an established diagnosis of learning disability to the LeDeR (Learning from lives and deaths –people with a learning disability and autistic people) programme for further investigation. CNTW are represented on the regional LeDeR steering group. As the name suggests this programme of reporting and review has now been expanded and CNTW will now be reporting deaths where a service user has an established diagnosis of Autism. In 2021/22 CNTW reported 52 deaths for LeDeR review between April 1st 2021 and March 31st 2022.

Mortality reviews

All natural cause deaths of patients receiving care from CNTW services that are incident reported continue to be 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 55 mortality reviews have been completed and discussed at the Mortality Review Panel between April 1st 2021 and March 31st 2022. This included incidents from the 20/21 reporting period.

Of the 55 cases reviewed 42 highlighted good care and treatment, 5 highlighted excellent care and treatment, 3 adequate care and treatment. Where opportunities for learning and improvement were identified this was shared with the relevant associate director for sharing and actions where appropriate. 5 Cases following review at the mortality review panel were deemed to require further investigation and were escalated to Local After Action review level. 2 of these LAAR's have been completed and 3 are in the review process. None of the deaths identified concerns that were felt to have been contributory to the death.

Serious Incident reviews

During 2021/22 there were 91 incidents presented at the Serious Incident review panel. Some investigations that were reported in the 20/21 reporting period were subsequently investigated and completed in the reporting period 21/22. Many of the findings within the investigations were identified as additional learning or incidental findings however out of the 91 incidents 52 findings were identified as significant. To note more than one significant finding may have been identified per serious incident.

The Serious incident Panel ensures that all learning identified has specific, measurable, achievable, realistic and time focussed actions to address and remedy the learning with the service then expected to complete a quality impact review at 3 and then 6 months to foster a culture of embedded learning.

It has also been identified within the review that specific areas/teams have received a higher number of significant findings from the investigations and within these localities the Trust are keen to provide assurances that there are service improvement plans in place to address these findings and actions.

Overall themes of Learning

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

Involvement of carers/others

A number of incidents identified learning related to the involvement of carers/other, specifically pertaining to the failure to complete the Getting to Know you document. This should be completed with the person who is identified as the main carer/supporter. To note it was often the case that although this document was not completed the investigation often found evidence that carers had been involved in care and treatment and this was documented within the progress notes. A further common area of learning identified, was an omission to complete Duty of Candour after an incident occurred and in some cases this was due to contact details for carers not being kept up to date. Carer engagement was also noted in some cases as an area for learning which highlighted that on occasion clinical teams did not always fully engage carers in the care and treatment being delivered to a service user. The Trust continue to deliver carer awareness training and emphasise the importance of carer involvement. The Trusts Suicide Prevention training package which is currently under review and being updated also reiterates this message.

Risk Assessment

Several serious incidents and After-Action reviews highlighted issues with the expected risk assessment documentation not being updated, risk in all domains not always being fully considered by clinicians, two separate risk assessments being in use by clinical services and risk scoring being under rated.

The Trust continues to engage in reviews of the risk documentation currently used by the organisation and a review of the Suicide prevention training which includes our service user involvement bank is underway which will continue to support staff in the complex task of assessment of risk.

Communication

The quality of communication was found to be an area of learning and in one specific serious incident investigation was a significant finding. The case involved a service user transferred from an inpatient ward to a care home. It was identified that communication between ward staff relating to a pressure sore was poor and this subsequently led to poor quality communication with the care home. A number of learning points also pertained to our communication with GP's often being poor specifically the absence of a discharge summary from services or an assessment summary being sent in a timely manner or at all.

Care Delivery

Several serious incidents and After-Action reviews highlighted issues with Care delivery. Within this category appointment frequency was an identified area for learning. One specific serious incident investigation identified that a service user was receiving an extended period of assessment by two teams and this led to significant delays in appointments being offered. Another area for learning which links to service users being offered appointments is

the allocation process. It was noted that at times there was a delay in the allocation of a CPN, in one case this was due to the consultant psychiatrist taking on the role as Lead professional which inadvertently delayed the allocation of a non-medical lead professional for 4 months. A further key area of learning within care delivery was in relation to MDT discussions. In one serious incident it was identified there were possible missed opportunities to discuss a service user's presentation and escalation in risk with the wider multi-disciplinary team.

Record keeping

The updating or completion of core documentation was the top sub category within record keeping, with clinicians often updating progress notes with assessments and plans of care but omitting completion of purpose specific documentation. In addition, care planning quality was a further area identified for improvement which again highlighted that specific care planning documentation often lacked the level of detail and quality required. Progress notes were also in some cases not detailed with pertinent information regarding mental state and the next planned contact with services as would be expected.

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 continues to share learning via 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 also utilises 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. These webinars were paused for a time as a result of the impact of the Covid-19 pandemic and plans are in place to reintroduce them in the near future.

Embedding Learning

The Trust has recently concluded a Pilot exercise involving 2 of its clinical localities aimed at improving the effectiveness of its action plans. When an action plan is complete the relevant locality is tasked with undertaking the following:

1. Producing a qualitative statement about impact of the completed actions, (this will include any reflections on actions that did not have the desired effect).
2. Submit supporting evidence for both the actions and impact statement.
3. Identify key indicators it will use to measure sustained progress and the governance process that will monitor these.

From January 2022 this new process was rolled out across the remaining 2 clinical localities and is now a Trust wide requirement following completion of Serious Incident investigation action plans.

The next 12 months

The Safer Care directorate are currently reviewing incident review processes and the associated policies and practice guidance notes in preparation for the publication of the Patient Safety Incident response framework. This new NHS framework is due for publication in June 2022 and leading up to June 2023 CNTW will be working towards implementation of this new framework.

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 2022.

The percentage of records in the published data which included the patient's valid NHS number was: **99.7%**

The percentage of records in the published data which included the patient's valid General Medical Practice Code was: **99.9%**

Data Security and Protection Toolkit attainment

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trusts DSPT 2020-21 submission was published on 30 June 2021 with all standards met. The deadline for the DSPT submission for 2021-22 is now the 30th of June 2022.

Clinical Coding error rate

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021-22 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 2021 was presented to the CNTW Trust board in January 2022.

The report is reproduced in Appendix 3

Performance against mandated core indicators

In early 2021 there was a mandated requirement from NHS England and NHS Improvement for all NHS Trusts to replace the Staff Friends and Family Test (FFT) with a Quarterly Staff Survey (QSS).

The first QSS took place in July 2021 but was subsequently replaced for quarter three by the annual Staff Survey, then a further QSS took place in January 2022. The QSS is administered by People Pulse via an online survey and portal (though NHSE/I).

The score from staff who completed the QSS on both occasions indicated that the majority of respondents would recommend the Trust as a place to work.

Staff Survey 2021

The survey opened on 30th September and closed on 26th November, an eight-week period for completion. 7020 members of staff were eligible to take part in the survey, 3175 staff completed the survey giving an overall response rate of 45%.

For 2021 we went back to a mixed delivery mode, with ward-based locality staff having the option to complete a paper copy of the survey. Of the 3175 responses received 82% were electronic and 18% were paper.

The 2021 response rate is down 5 percentage points on our response rate of 50% in 2020. The 2021 median response rate for Mental Health and Learning Disability Trusts was 52%. This is the first time in five years that we have a below average response rate, however we have seen a drop in response rate year on year since 2018 when our response rate was 66.5% - the highest response rate in our comparator group.

Table 19. Response rate to staff survey 2019-21

Response Rate	2019	2020	2021
Trust	56%	50%	45%
National average (Mental Health and Learning Disability)	54%	49%	52%

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.

Table 20: Community Mental Health survey scores, 2019 to 2021

Health and social care workers	2019	2020	2021
CNTW	7.7	7.6	7.3
National Average	7.2	7.2	6.9
Highest national	7.8	7.8	7.8
Lowest national	6.2	6.1	6
Score out of 10, higher are better. Scores based on same two questions used in 2019 Data source: CQC			

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.

During 2020-21 the Trust has worked to make feeding back experience more accessible for more of our service users and carers. This has been done through engaging and listening to the needs of people accessing services and developing an internet page that has all feedback options with an explanation to support people to make the best choice for their needs, available here: [Ways to offer feedback - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust \(cntw.nhs.uk\)](#)

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 2021/22 CNTW has been assigned a segment of “1 – maximum autonomy”.

Table 21: Self-assessment against the Single Oversight Framework as at March 2021

		Trustwide	Ncle Gates	Northumberland	North Tyneside	South Tyneside	Sunderland	N Cumbria
% in settled accommodation	2021/22	76.1	81.8	80.1	81.5	75.2	71.1	66.3
% in employment	2021/22	9.2	10.3	11.2	9.5	5.5	3.9	10.9
Cardio Metabolic								
		Trustwide	Ncle Gates	Northumberland	North Tyneside	South Tyneside	Sunderland	N Cumbria
Inpat wards	31.03.2022	99.2						
EIP	31.03.2022	89.9						
CMHT	31.03.2022	96.9						
DQMI	Dec-21	93						
IAPT Recovery	Mar-22	59.4					63.1	53
RTT % incomplete waiting less than 18 weeks	2021/22	99.8	100	99.5	99.1	100	100	
EIP	2021/22	77.8	82	74.6	78.4	85.5	83.8	67.5
IAPT 6 weeks	Mar-22	99.1					98.7	100
18 weeks%	Mar-22	100					100	100

Performance against contracts with local commissioners

During 2021-22 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCGs). Table 22 below highlights the targets and the performance of each CCG against them for quarter four 2020-21 (1 January 2022 to 31 March 2022).

Table 22: Contract performance targets 2020/21 Quarter 4

Performance against contracts	Quarter 4	Ncle Gates	Northumberland	North Tyneside	South Tyneside	Sunderland	N Cumbria
CPA review 12 months	Quarter 4	94.2	97.8	93.9	92.3	95.8	73.4
CPA Risk Assessment	Quarter 4	94.6	98	95.7	96.6	98.1	88.1
CPA Crisis & Contingency	Quarter 4	89.3	95	91.5	92.5	95.1	80.7
Number inpatients followed up within 72 hours	Quarter 4	88.2	96.2	85.7	100	95.8	90.4
DTOCs	Quarter 4	5.9	7.1	2.4	12.3	11.2	21.9
RTT referrals waiting less than 18 weeks	Quarter 4	100	100	98.1	100	100	
Valid NHS number	Quarter 4	100	100	100	100	100	100
Valid ethnicity	Quarter 4	91.8	95.9	88.1	92.6	96.6	92.3
Number of people who have completed IAPT Treatment	Quarter 4					63.1	53.7
EIP		76.9	62.5	85.7	87.5	90	87.5

Statutory and Mandatory Training for 2021-22

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 2022-23.

Table 23: Training position as at 31 March 2022

Training Course	Position at 31/03/2021	Position at 31/03/2022
Fire Training	83%	82.8%
Health and Safety Training	90.4%	91.5%
Moving and Handling Training	87.3%	89%
Clinical Risk Training	81%	72.3%
Clinical Supervision Training	76.6%	77.4%
Safeguarding Children Training	87.5%	81%*
Safeguarding Adults Training	89.8%	86.6%
Equality and Diversity Introduction	91.5%	91%
Hand Hygiene Training	86.8%	88.8%
Medicines Management Training	83.9%	84.4%
Rapid Tranquillisation Training	77.8%	79%
MHCT Clustering Training	59.1%	57.2%
Mental Capacity Act/Mental Health Act/DOLS Combined Training	65.2%	61.3%
Seclusion Training (Priority Areas)	67.1%	69.6%
PMVA Basic Training	24.3%	38.2%
PMVA Breakaway Training	69.3%	71.3%
Information Governance Training	82.2%	86.4%

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

*Not including level 3 which is only available to registered clinical staff.

*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 13: Monthly staff sickness, CNTW and national, October 2018 to September 2021

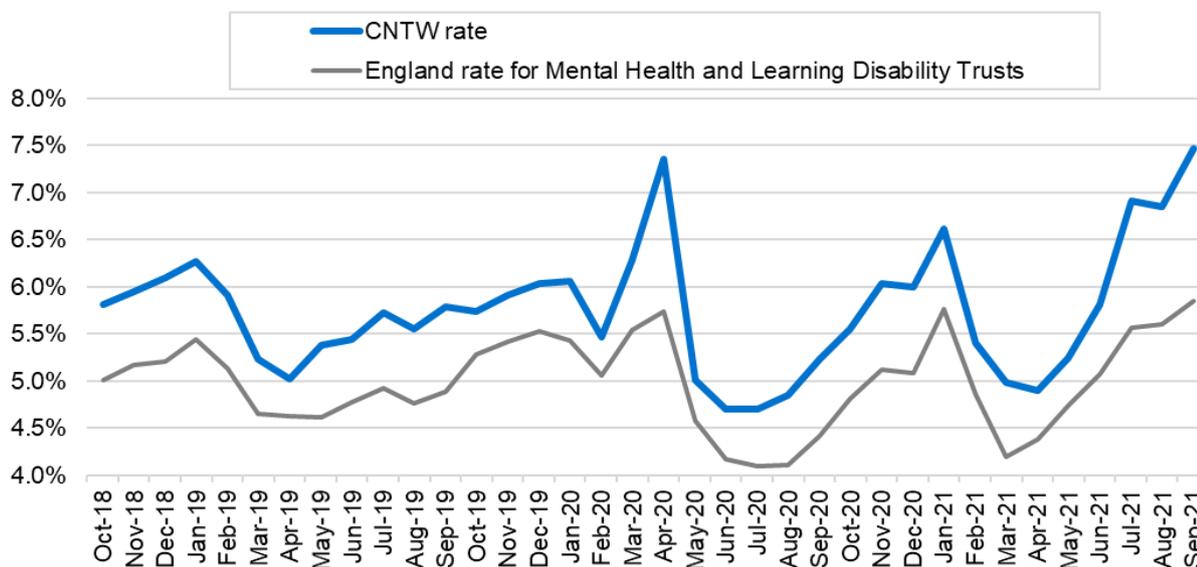
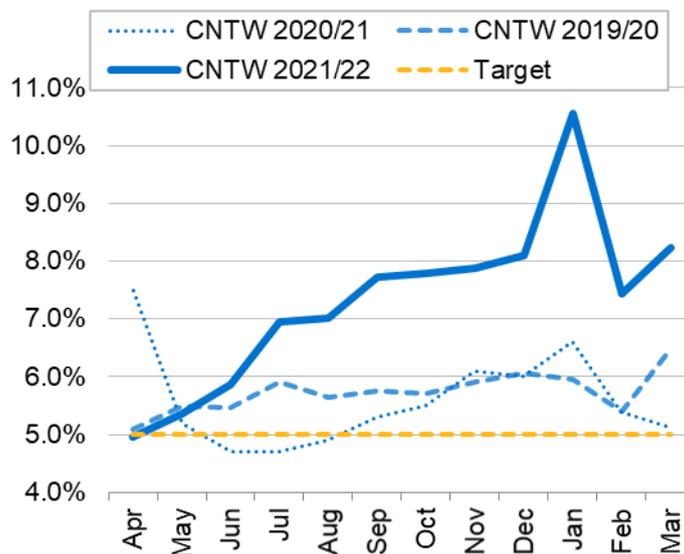


Figure 14: CNTW sickness rates 2021-22 against target, including position for 2020-21 and 2019-20



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

The Trust continues to monitor sickness absence levels carefully, recognising the impact on service user care and wellbeing of our staff. As witnessed nationally and regionally, our staff have also faced significant challenges throughout the course of the COVID-19 pandemic, with escalating sickness absence due to COVID and isolation rules. As we think ahead to the future, we know there will be a lasting impact upon staff wellbeing and the way we deliver our services, and we recognise this as a priority within the Trust Annual Plan.

In spring 2021, the Trust launched the Health and Wellbeing Star, replacing the former Health and Wellbeing strategy. The Star depicts an inclusive and diverse health and wellbeing offer that is available to staff within the organisation, delivered in partnership with subject experts, and in line with the vision set out within the NHS People Plan and People Promise.

The Trust has developed and implemented Wellbeing conversations for all line managers to have with their staff in order to support health and wellbeing both in and out of work. Over the last 12 months, and into the year ahead, the wellbeing offer for staff has, and will continue to increase, with support for financial wellbeing and education delivered via Barclays, mid-career workshops, wobble rooms, Schwartz rounds, menopause support for staff and line managers, guided walks to support emotional wellbeing, cycle to work scheme, in house staff psychological support service, and an ongoing calendar of health and wellbeing events. Staff can also access support through the regional Wellbeing Hub including smoking cessation and drug and alcohol support.

In recognition of the support offered to staff and the need to streamline the way in which staff and line managers can access this, the THRIVE website and branding was created. THRIVE can be accessed internally and externally, sets out our health and wellbeing support, incorporating development and sign posting, and is intended to support staff to access the services they need, as well as promoting the Trust as a 'great place to work'.

The staff absence line has continued for staff to report all absences and arrangements are made for staff testing for Covid 19 where applicable. A review of Occupational Health provision is underway and a tender process will take place in summer 2022, which will ensure the delivery of a robust occupational health service to the trust and our staff.

The Trust has retained the Better Health at Work, Maintaining Excellence Award and work is underway with health champions to enhance the role they undertake across services.

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

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



Corroborative statement from 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 2021/22

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 2021/22 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 recognise that this has been another difficult year for the NHS due to the impact of the COVID-19 pandemic. The CCGs acknowledge the Trust's continued response to the pandemic and would like to take this opportunity to thank all staff for their positive reaction to the unprecedented challenges this brought. It is fully acknowledged that the pressures of the pandemic resulted in significant challenges with staffing and service delivery, which impacted on the Trust's ability to fully meet this year's quality priorities, with all four being partially met.

The CCGs would, however, like to commend the Trust on the successful introduction of new services including adult community eating disorders and post diagnostic support for patients with dementia. As well as this, the Trust have fully participated in the community transformation process and the integration of primary mental health workers into Primary Care Networks and have collaborated closely in the development of the autism partnership board. The close partnership working with primary care clinical leads and GPs on issues such as older people and crisis services has been invaluable and Trust staff have been consistently approachable and willing to work in partnership to look at service development. The CCGs have been working with the Trust to support the ongoing challenges associated with the provision of inpatient assessment and treatment beds for adult autism and look forward to continuing to work collaboratively to support effective provision.

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 continued to be held on a virtual basis during 2021/22 which created significant efficiencies in terms of staff time and continued the improved attendance at meetings seen in 2020/21. QRG meetings are a helpful and constructive forum for discussing and reviewing quality issues and it is hoped this collaborative working relationship will continue as an integral part of the new Integrated Care Board (ICB) arrangements.

The Trust is congratulated for being one of only seven Mental Health and Learning Disability Trusts in England to be rated as '*outstanding*' by the Care Quality Commission (CQC), as at 1 April 2022. The CCGs note the Trust's plans to address areas for improvement identified by the CQC during focused inspections in 2020 and from the adoption of the 38 recommendations which transferred from North Cumbria, 12 of which are noted to have been completed. The CQC progress updates will undoubtedly continue to be monitored within the new ICB quality assurance structures.

In 2021/22, the Trust's long term quality goal of 'Keeping You Safe' through the annual quality priority of 'Improving the Patient Experience' was again partially met. The CCGs recognise the problems the Trust faced from the combined pressures of COVID related staff absence, recruitment issues, delayed transfers of care, improvement and refurbishment works. The negative effect this has had on inappropriate out of area placements and bed occupancy has been significant, however the CCGs hope that the increases seen across the year can be managed more effectively in a post-COVID environment with support from collaboration across the ICB.

The CCGs are pleased to note the continued improvement on the Friends & Family Test (FFT) score across the year and the continued uptake of the 'Points of You' service user and carer experience survey. However the CCGs would have liked to have seen more details on the number of respondents by service, examples of service improvements and lessons learned as a result of the valuable comments gathered by these patient experience measures.

The CCGs note that the Trust has again partially met their 'Improving waiting times' quality priority. Overall, it is concerning to note that there have been increases in the number of service users waiting more than 18 weeks across a range of services, including Adult Attention Deficit Hyperactivity Disorder (ADHD) Diagnosis, Adult Autistic Spectrum Disorder (ASD) diagnostic services, all other adult services and Children and Young People's Services (CYPS), when compared to the previous year. Whilst the unique circumstances of the last 24 months and resulting increased pressures on services has undoubtedly contributed to this it is encouraging to see the comprehensive plans and actions in place for 2022/23 to improve the position across the Trust.

It is noted that the CYPS has experienced unprecedented pressures in terms of the volume of referrals, however it is positive to see the number of patients waiting more than 18 weeks

in Northumberland has remained at zero since Q2 2020/21. There has been positive performance against the Trust's Five Year Forward View for Mental Health waiting time standards. However, the waiting time standard for children and young people with an eating disorder starting treatment within four weeks was again not met this year, with a decline in performance noted from 79.5% in 2019/20 to 75.7% in 2020/21. We would like to see an improvement in this waiting time standard during the coming year.

Although the third quality priority of 'Increasing time staff are able to spend with service users and carers' was only partially met, the CCGs are pleased to hear of the positive attention that this priority has attracted over the year. The volume of work undertaken over the first two phases of the programme is significant and the focus on leadership of the project through patient experts and broadening participation to include under-represented groups is very encouraging. Commissioners look forward to hearing how the You Said We Did feedback loop has increased the volume and quality of patient feedback and how this has improved the Trust services.

The CCGs note that there has been limited progress made with the 'Equality, Diversity, Inclusion and Human Rights' quality priority and acknowledge the reasons for this. It is positive to note that there are plans in place to take this important work forward into 2022/23 including the implementation of inclusive recruitment measures, the roll out of HOPEs training, a reduction in restrictive practices through the Empower Programme and the development of a Trauma Informed Care Network.

The Trust experienced an 8% increase in reported patient safety incidents during 2021/22 which further builds on the positive reporting and safety culture demonstrated in the previous year. The overall number of complaints received increased by 10% compared to the previous year, with increases seen across all four localities. Of particular note is the significant 88% increase in complaints received about waiting times which likely correlates to the reported increases in the number of patients waiting more than 18 weeks to access services.

As in previous years, the CCGs consider that there would be great value in the Trust including within the quality account examples of actions taken, recommendations made and service improvements which have been implemented as a result of complaints received. It is noted that the inclusion of several examples of lessons learned and actions taken from serious incidents, alongside the quality impact assessment reviews for ensuring that learning is embedded, provide robust assurance of the Trusts learning culture.

The CCGs are pleased to note the reductions in the majority of measures within the Positive and Safe programme such as in restraint, seclusion, violence and aggression and medical restraint equipment (MRE). It is concerning that there continues to be significant increases in the episodes of self-harm in Trust services, rising from 4,993 in 2018/19 to 12,318 in 2021/22. The CCGs considers it would have been helpful to include in the report the rationale behind this increase and details of the plans in place to reduce the incidence of self-harm.

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.

Following on from the partial Trust compliance with the NICE baseline assessments in 2020/21 for workplace health: long term sickness absence and supporting adult carers it is positive to see that these have both been fully implemented. The Trust is commended in its full compliance with all other relevant areas of NICE guidance, with the exception of one guideline for 'Cannabis based medicinal products' which has a deadline for full implementation of the action plan by December 2022. The CCGs would also like to see an increased focus on implementation of physical health management, following on from the baseline assessment and action plan signed off for on NG56.

It is acknowledged that throughout 2021/22 the significant pressures and challenges on NHS services continued and this impacted on many organisations' ability to meet their statutory and mandatory training requirements. However, it is of concern that the Trust's end of year position shows nine training courses which are categorised as red in terms of compliance. In addition, concerns have been raised with the Trust via the QRG meeting with regards to poor compliance with Safeguarding Adults Level 3 training and an action plan to improve this position has been provided. It had been hoped that training compliance would improve from last year's position but unfortunately this has not been the case, again due to pressures arising from the COVID pandemic that can be seen in rising staff sickness rates. As services return to business as usual, it is expected that compliance will improve, and the Trust will be able to provide commissioners with the assurance that staff are able to deliver the fundamental aspects of their roles safely.

It is acknowledged that the pandemic has had a significant effect on staff and the Trust is to be commended for the variety of assistance and initiatives offered to help support staff and promote their health and wellbeing. The Trust launched the Health and Wellbeing Star in Spring 2021 which provided an inclusive and diverse health and wellbeing offer for all staff, both in and out of work. It is extremely positive to see that the wellbeing offer will continue to increase into the year ahead and there is an ongoing calendar of health and wellbeing events planned. It is positive to see that the Trust retained the Better Health at Work and Maintaining Excellence Awards and there is ongoing work with the health champions to enhance their role.

The CCGs welcome the specific quality priorities for 2022/23 highlighted in the Quality Account and look forward to receiving progress updates on the priorities which have been carried forward and further developed from last year. These are appropriate areas to target for continued improvement and link well with the 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 2021/22. 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 commissioners look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2022/23.

Annie Topping

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

Lesley Young Murphy

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

Julia Young

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

Ann Fox

Executive Director of Nursing, Quality & Safety
NHS Sunderland CCG

Jeanette Scott

Executive Director of Nursing, Quality and Safety
NHS South Tyneside CCG

Louise Mason Lodge

Director of Nursing & Quality
North Cumbria CCG

Statement for inclusion in CNTW NHS Foundation Trust Quality Account

Based on Gateshead Care, Health and Wellbeing OSC's knowledge of the work of the Trust during 2021-22 we feel able to comment as follows:-

Quality Priorities for 2022-23

OSC is supportive of the Trust's proposed Quality Priorities for Improvement.

Progress Against Quality Priorities for 2021-22

OSC expressed its thanks to all the Trust's staff and volunteers for its excellent work in continuing to make some real improvements in quality and safety whilst still facing significant operational challenges as the Trust recovers from the impact of the Covid 19 pandemic eg Positive and Safe Strategy – Impact – there have been significant improvements in reducing restrictive practices within the Trust such as restraint, prone and seclusion which is particularly noteworthy given the pressures that Teams and clinicians have been working under. The Trust has ALSO retained the Better Health at Work Maintaining Excellence Award and the NHS Improvement Single Oversight Framework which identifies NHS providers potential support needs across 5 themes and trusts are “segmented” according to the level of support each Trust needs identifies CNTW is segmented as 1 – maximum autonomy. In addition, in the area of Adult ASD – there has been a reduction in those waiting over 18 weeks in spite of an increase in referrals.

Waiting Times

OSC was concerned to see that waiting times were rising and service users were waiting over 18 weeks in a number of areas and sought to understand what plans were in place to address the situation. OSC was informed that as demand had increased significantly work was being carried out within the new ICS to actively engage with partners such as local authorities, CCGs and the third sector to better sign post individuals to the support they need and put in place earlier access to help within communities such as mental health nurseries in GP surgeries. OSC was assured that Gateshead was not an outlier in terms of numbers and all areas had seen an increased number of referrals. OSC considered that it would be important for the Trust to ensure that the third sector continues to be robust enough to take on the signposting role outlined and that it works with partners to help ensure social prescribing initiatives they are working with are adequately resourced.

It was also queried whether there had been any work carried out to understand why demand was increasing and whether this was a consequence of the pandemic or some section of unmet needs. OSC was advised that it was likely to be a combination of both, however, overall, there was a correlation with the Covid 19 pandemic. In response the Trust's offer had changed and the Trust had embraced the provision of digital services which many service users had found valuable and meant some individuals were accessing services they had not accessed before

CQC Inspection Outcomes

OSC noted that the Care Quality Commission has not taken enforcement action against CNTW NHS Foundation Trust during 2021-22.



Northumberland County Council

Lisa Quinn, Deputy Director of Commissioning
& Quality Assurance

By email - qualityassurance@ntw.nhs.uk

Your ref:

Our ref: CA/OSC/QA/22/4

Enquiries to: Chris Angus

Email: Chris.Angus@northumberland.gov.uk

Tel direct: (01670) 622604

Date: 12 May 2022

Dear Ms Quinn

CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST ANNUAL PLAN AND QUALITY ACCOUNT 2022/23

Statement from Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee

The Health and Wellbeing Overview and Scrutiny Committee welcomes the opportunity to submit a commentary for inclusion in your Annual Plan and Quality Account for 2022/23 as presented to the committee in draft, and about our ongoing engagement with the Trust over the past year.

At the meeting on 3 May 2022, we received a presentation on your draft Quality Account for 2021/22 and your priorities for 2022/23. At that meeting we also received a presentation from the North East Ambulance Service on their account and Newcastle upon Tyne Hospitals NHS Foundation Trust. Before this we received a presentation from Northumbria Healthcare NHS Foundation Trust. We believe that considering all four Trusts' Quality Accounts close together provides a good joined up picture of the many NHS services in Northumberland and enables us to provide effective scrutiny.

From the information you have provided to the committee over the past year, including the presentation about your draft 2022/23 Quality Account, we believe the information provided is a fair and accurate representation of the services provided by the Trust and reflects the priorities of the community. Members also support your priorities for improvement planned for 2022/23.

Following receipt of your Annual Quality Account 2021/22 and future priorities for 2022/23 the Committee would like to thank you for the comprehensiveness of this account. The Committee wished to outline the following points:

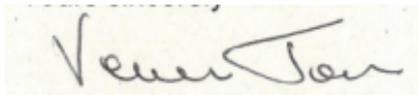
- In relation to a query regarding Quality Priority 4: reducing disciplinary/grievance cases relating to bullying and harassment, it was confirmed that this target had been set following the staff survey results. Members were disappointed this needed to be a priority but support CNTW in their efforts to combat it.
- Understood there had been an increase in referrals and waiting times across all pathway services due to the pandemic.

- The improvement of inpatient experience by removing barriers to admission and discharge was welcomed. It was hoped the measures put in place would improve partnership working, improve ward standards and create added value to patient care especially older people and those with learning disabilities. This would also help improve waiting times.
- Members were pleased to hear that the Trust was confident that waiting times would improve following the review of the Adult Autism Diagnostic Service and the Adult Attention Deficit Hyperactivity Disorder Service pathways.

We would appreciate if we could diarise when you will attend to give next year's equivalent Quality Account and future priorities presentation. I would be grateful if you could confirm whether the OSC's meeting on Tuesday 2 May 2023 (beginning at 1.00pm) would be suitable please?

If I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink on a light-colored background. The signature appears to read 'Veronica Jones' in a cursive style.

Councillor Veronica Jones
Chair, Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee

Dear Lisa,

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2021/22 – 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 2021/22, which we discussed at our meeting on 19 May 2022. 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.

In relation to progress against your 2021/22 priorities, we make the following points:

- We note that there has been a big increase in service users within the last year, and that there is no more funding forthcoming from central government to respond to that. We were advised that the Trust will be focusing on reducing waste within systems, becoming leaner, and working with partners to look at what support they can provide and develop a smarter whole system offer, and we hope to see the benefits of that approach being reflected in next year's report.
- We recognise that Covid has contributed to the recent increases in service users, both because there has been more discussion about mental health in the media and because of the impact of the pandemic and of lockdowns on people's mental and physical wellbeing. We discussed whether there had been any increase in people presenting with anxiety disorders, and we were interested to learn about work that is taking place to provide mental health triage within larger GP surgeries, as this is often where patients first present.
- We note that there has been an increase in young people presenting with eating disorders, and we were pleased to hear that staff at the Ferndene site are receiving additional training, such as in bolus feeding, to be able to respond to that. We have requested that a more detailed report be brought to one of our future meetings to look at the impact of increases in both young people and adults with eating disorders, and at the provision of service for that within Newcastle.
- We are concerned that bed occupancy rates on acute mental health wards is currently well above the target of 85%, although we recognise this is due to increasing pressure on those services. We did also query why bed occupancy rates

for older people's mental health wards were so much lower and we note that a response to that is to be circulated to us.

- We are pleased to learn that patient safety incidents within an inpatient setting have decreased, along with use of physical restraint which has been a concern of the Committee for some time. We did query why natural causes were included within the 'Catastrophic Death' category of patient safety incidents as conflating death from heart attack with death from suicide, for example, made it difficult to determine exactly what was happening within that category.
- We are concerned that incidents of self-harm are continuing to increase year-on-year, with a significant increase over the last 12 months. We recognise that there is likely to be a link to reduced resilience levels as a result of the impact of the pandemic, and we hope to see improvements in this in next year's report.
- We recognise that there has been a continued increase in requests for treatment from ASD, ADHD and Gender Dysphoria services, but we are concerned that the number of people waiting over 18 weeks for those services remains high, in particular for ADHD services where it has more than tripled. We were pleased to hear that alternative delivery methods for treatment in ASD services, such as online consultations, seem to be having a positive impact and we hope to see the learning from that being rolled out across other services over the coming year. We also note that the Trust is also working with partner organisations to offer better support to people who are on the waiting lists. We would like to see a further information about this when you present your mid-year update to the Committee in November.
- We discussed the increase in people presenting for gender dysphoria services and note that one likely reason for that is greater awareness and visibility of the subject within recent years. We were advised that gender dysphoria treatment is a long process for someone to go through, in part because of the level of mental health care and support that is provided to ensure patients are able to make the correct decisions for themselves, and that the small amount of resource available for the service means that waiting times for treatment are long. We are reassured to learn that patients are provided with an initial assessment before being placed on the waiting list, and we note that there is a piece of work ongoing to review feedback from those patients and identify what support should be provided to people whilst they wait. We look forward to seeing more information about this in next year's report.
- We are concerned about the support available to patients who are waiting a long time for treatment, and we were interested to learn about a piece of work that is taking place to look at DNA (Did Not Attend) rates for different services and to establish the reasons for that. We note that there is to be a trial in North Cumbria of a core clinical team who would make regular contact with patients on waiting lists to offer them support and prepare them for their first appointment. We look forward to seeing an update on this, and any plans to roll it out more widely across the Trust, in next year's report.

- We requested further information about how easy it would be for a patient to dispute the outcome of an assessment for urgency of treatment, and we note that this is to be circulated to us.

In relation to 2022/23 priorities, we agree with the proposed continuation of Quality Priorities 1 (Improving the Inpatient Experience), 2 (Improving Waiting Times) and 4 (Equality, Diversity, Inclusion and Human Rights) into 2022/23 to enable the work in those areas to be fully completed. We also agree that it is sensible to adapt Quality Priority 3 to respond to the current main concerns of patients and carers, which are about being heard and having a voice in the care that is delivered. In addition, we would like to make the following points.

- Quality Priority 1: We note that the Trust will be continuing to monitor movement of inpatients in excess of 50 miles, and we were advised at our meeting of the negative impact that longer distance moves can have in terms of patients being able to maintain regular contact with friends and family. We hope to see a reduction in the number of inpatients being moved more than 50 miles in next year's report.
- Quality Priority 2: We welcome the ambitious plans for ADHD, ASD and Gender services but note that this could be hindered by staff shortages, with recruitment of staff remaining an issue not just for the Trust but also nation-wide. We are pleased to hear about the proactive and innovative approaches being taken to improve recruitment rates and we hope to see some positive outcomes from this in next year's report.
- Quality Priority 4: We would like to see unions being actively included in the work to improve disciplinary and grievance procedures.

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 course of the pandemic. We look forward to seeing this continue.

Yours sincerely



Cllr Wendy Taylor
Chair, Health Scrutiny Committee

30 May 2022

Dear Lisa

Quality Account for year ending 31 March 2022

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

Overall, we considered the report gives a good account of the services provided by the Trust over the year of continuing pandemic constraints. The document is detailed but easy to read, logical and clear throughout. Once again, using Plain English with very few acronyms, the glossary and the explanation boxes are helpful.

Mental health services continue to be a concern to the people of Northumberland, especially those for young people. Our Quarterly Trends Reports highlight the issues raised with us and include co-ordination of services, waiting times, accessing and navigating the different services, including people with drug and alcohol problems. Parents of children with autism are also reporting concerns about access to support and we will be seeking ways to work with CNTW and other stakeholders to understand more about this issue in 2022/23.

With regards to the progress in 2021/22 the increase in waiting times over 18 weeks, except for Children and Young Peoples Services is noted.

We recognise the pressures on all services including Complaints, but we would hope the number awaiting completion will be addressed as soon as practicable.

For the Quality Priorities for 2022/23, we agree with the decision to focus on priorities from previous years which it has not been possible to complete. The progress which has been achieved is to be commended and we welcome the focus on Priority 3 to increase feedback from underrepresented groups. We welcome the decision to change the Patient Care Quality Priority in response to service user and carer feedback. The summary action plans for each priority have clear measures which will help people to gauge progress in the next report. We welcome the focus on the transition for young people to adult services and the review of the Adult ADHD pathways.

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

Appendix 1

CQC Registered Locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2022.

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	●	●	●			●		●			
Acklam Road 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

Appendix 2

Table 24: Local Clinical Audits undertaken in 2021-22

National (4)		
1.	CA-19-0010	National Clinical Audit of Psychosis (NCAP) 19-20 EIP Re-Audit
2.	CA-20-0005	Prescribing Observatory for Mental Health (POMH-UK): Topic 20a: Prescribing Valproate
3.	CA-20-0006	National Clinical Audit of Psychosis (NCAP) 20-21 Re-Audit of EIP Services
4.	CA-20-0026	Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of Clozapine
NICE Priorities (1)		
5.	CA-20-0002	NICE (Baseline Assessment) QS188 Coexisting Severe Mental Illness and Substance Misuse
Trust Priorities (14)		
6.	CA-18-0003	Clinical Supervision
7.	CA-19-0033	Caseload Management - Central
8.	CA-19-0035	Safeguarding
9.	CA-20-0024	Weight management when prescribing antipsychotics - Central Locality
10.	CA-20-0025	Adherence to ECTAS Standards on Time to re-orientation following (TTR) Post ECT
11.	CA-20-0027	Transition Referrals to the Adult ADHD team via CYPS
12.	CA-20-0030	Prescribing Valproate in Child-Bearing Women in Under 18s:
13.	CA-20-0031	Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21)
14.	CA-21-0001	CPD audit for AHPs
15.	CA-21-0002	Physical Health Monitoring following Rapid Tranquilisation
16.	CA-21-0003	CNTW(C)54 Domestic Abuse (MARAC) Policy
17.	CA-21-0010	Long Term Segregation
18.	CA-21-0011	Seclusion Annual audit 20-21
19.	CA-21-0023	The safe use of opiates within CNTW (PGN-PPT-PGN 18)
Medicines Management Priorities (3)		
20.	CA-19-0017	Safe Prescribing and Administration of Insulin (PPT-PGN-06)

21.	CA-20-0014	Audit of Benzodiazepine and Z-drug Prescribing (PPT-PGN-21) Inpatients
22.	CA-20-0021	Medicines Reconciliation
Locality Priority (North Cumbria) (2)		
23.	CA-20-0018	Care Coordination Audit – North Cumbria Children & Young People’s Services Re-audit
24.	CA-20-0020	Care Planning Quality Audit - North Cumbria
Locality Priority (South) (1)		
25.	CA-20-0022	Consultant review audit
CBU Priority (South) (2)		
26.	CA-20-0028	Core Assessment audit within South Tyneside CTT
27.	CA-21-0021	Getting to Know You Process and recording within Adult Services

Appendix 3

Annual Report on Safe Working Hours: Doctors in Training

Executive summary

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 several 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 many of these trainees, also due to current recruitment challenges several of the senior posts are vacant.

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from are on the New 2016 Terms and Conditions of Service. There are currently 152 trainees working into CNTW with 142 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 10 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Clinical/Research Fellows.

High level data

- Number of doctors in training (total): 152 Trainees (as at December 2021)
- Number of doctors in training on 2016 TCS (total): 142 Trainees (December 2021)
- 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 Med Education Team
- Amount of job-planned time for educational supervisors: 0.5 PAs per trainee
- Trust Guardian of Safe working: Dr Clare McLeod

1. Risks and mitigations associated with the report

- 67 Exception Reports raised during the year
- 25 Agency Locums booked during the period covering vacant posts and sickness
- 694 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 71 occasions during the period the Emergency Rotas were implemented
- 46 IR1s submitted due to insufficient handover of patient information

Table 25. Exception reports (with regard to working hours)

Exception Reports Received							
Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest	Total Education
CT1-3	Gateshead/MWH	20	1	8	8	33	4
CT1-3	St George's Park	0	0	3	0	3	0
CT1-3	NGH	0	0	1	0	1	0
CT1-3	RVI	0	0	0	0	0	0
CT1-3	St Nicholas	0	0	0	0	0	0
CT1-3	Hopewood Park	0	0	0	2	2	0
CT1-3	Cumbria	0	0	0	5	5	0
ST4+	North of Tyne	2	0	1	5	8	0
ST4+	South of Tyne	2	0	6	0	8	0
ST4+	CAMHS	0	1	2	0	3	0
Total		24	2	21	20	63	4

Work schedule reviews

During the year there have been 67 Exception Reports submitted from Trainees 63 for hours and rest and 4 for education throughout 2021; the outcome of which was that TOIL was granted for 25 cases, 3 cases were no action required, payment was made on 29 occasions and 10 were not agreed.

- i) Table 26. Locum bookings
Agency

Locum bookings (agency) by department				
Specialty	Q1	Q2	Q3	Q4
GHD/MWM	0	2	1	0
SGP	3	2	1	6
NGH	0	2	1	0
Cumbria	0	0	3	0
SNH	3	0	0	1
Total	6	6	6	7
Locum bookings (agency) by grade				
	Q1	Q2	Q3	Q4
F2	0	4	1	0
CT1-3	6	2	5	7
ST4+	0	0	0	0
Total	6	6	6	7
Locum bookings (agency) by reason				
	Q1	Q2	Q3	Q4
Vacancy	6	6	6	7
Sickness/other	0	0	0	0
Total	6	6	6	7

a) Table 27. Locum work carried out by trainees

Area	Number of shifts worked Q1	Number of shifts worked Q2	Number of shifts worked Q3	Number of shifts worked Q4	Total for Year 2021
SNH	40	26	17	23	106
SGP	30	12	17	16	75
Gateshead/MWH	1	41	25	7	74
Hopewood Park	21	28	37	6	92
RVI	67	25	7	42	141
CAV	2	4	11	4	21
Cumbria	4	15	41	25	85
North of Tyne	21	12	4	8	45
South of Tyne	3	22	15	11	51
CAMHs	0	4	0	0	4
Total	189	189	174	142	694

* 56 shifts were offered at an enhanced rate of £50 for 1st & £60 for 2nd On call rotas

* 91 of the sickness cases were related to COVID/Isolation

b) Table 28. Vacancies

Vacancies by month					
Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	2			2
	GP				
	FY2		2	2	
SNH	CT	2			2
	GP				
SGP	CT		2	3	
	GP				
Hopewood Park	CT				
	GP				
	FY2		4	3	
Gateshead/MWH	CT		2	3	
	GP				
	FY2				
Cumbria	CT		2		
	GP	4			4
	FY2				
Total		8	12	11	8

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

c) Table 29. Emergency Rota Cover

Emergency Rota Cover by Trainees					
		Q1	Q2	Q3	Q4
Vacancy		3	2	1	0
Sickness/Other		17	17	6	16
Total		20	19	7	16

- *The NOT & SOT Higher trainees rotas & North Cumbria Junior Doctor Rota cannot be collapsed as such and cover was arranged as follows by Consultants:
- NOT: 4 Twilights & 1 Long day covered by Consultants
- SOT: 2 Twilight shifts covered by Consultants
- Cumbria: 4 nights covered by Consultant
- Total = 11 shifts

d) Training Rota Cover

The training rota doctor can be asked to cover a gap in the standard rota to prevent the use of the emergency rota cover with the provision of alternative opportunities for this training.

Table 30. Training Rota Cover by First on-call Trainees

	Rota	Q1	Q2	Q3	Q4
Sickness/Other	SGP			0	2
	SNH			0	0
	RVI			1	0
	GHD/MWM			2	2
	Cumbria			0	0
	HWP			1	0
	NGH			3	1
Total				7	5

NB: Data on training rota was only gathered from Q3 onwards

e) Fines

There were 0 fines during the last year due to minimum rest requirements between shifts not being met due to finishing twilight/weekend shifts late.

To note: The fine money held by the Guardian of Safer Working has been spent on biscuits and tea/coffee/hot chocolate for on-call rooms after discussion and agreement at the GoSW forum in September.

Issues Arising:

The numbers of Exception Reports have slightly decreased from 69 submitted in 2020 to 67 reported in 2021

For 2021 the majority of Exception Reports were closed mainly with payment made to 29 trainees and TOIL given to 25 trainees.

There have been 46 IR1s submitted for Insufficient Medical Handover in 2021. In 2020, there were 83 IR1s which represents a significant decrease.

There was an increase in the number of times Emergency Rota cover was used, from 47 in 2020 to 71 in 2021. Covid related absences has also had an impact on the use of emergency rotas. This includes isolation, awaiting pcr tests etc.

The implementation of the training rota in August 2020 has had a positive impact during the covid pandemic in the reduction of the use of emergency rotas for night shifts and weekends. However it is worth noting that the training rota does not cover twilights. This rota is an additional Trust-Wide rota where the first on call doctors contribute on Weekends & Nights. The trainee's 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 & Bank Holidays on the St Georges Park. 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 from 642 in 2020 to 694 in 2021.

The Trust was awarded £60k to support training during the Covid pandemic. This has been used to provide laptops to allow access for remote teaching and to fund additional psychotherapy training that was disrupted during Covid.

Actions Taken to Resolve These Issues:

Exception Reporting

The number of Exception Reports has decreased in comparison to 2020, 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.

For this year, the majority of Exception Reports in CNTW has been closed with payment for 29 trainees and Time Off in Lieu (TOIL) (25). 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 Carleton Clinic where there is an agreement with the LET for re-numeration rather than TOIL.

The profile of Exception Reporting continues to be raised and encouraged at induction, the GoSW forum with trainees. 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 decreased from the numbers in 2020 which is encouraging. 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

There has been a substantial increase in the need for the Emergency Cover Rota in 2021. 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 there is no compromise to patient care. The number of times that this provision is necessary is discussed and monitored through the GoSW forum; it can be a concern 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 also provides a means of covering any vacant shifts 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 a considerable number of shifts covered by internal locums for absences due to sickness, adjustments or rota gaps, and isolation and Covid.

The Trust 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 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 in the main

increased with this and this is something we need to consider through the forum continuing in some format 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. There was a delay in distribution of equipment but this has now been completed.

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? (Friends and Family Test Question)
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 2021-22 and supporting guidance Detailed requirements for quality reports 2021-22
- 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 2021 to May 2022
 - papers relating to quality reported to the board over the period April 2021 to May 2022
 - 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 2021 national patient survey
 - the 2021 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



A handwritten signature in black ink that reads "Ken Jarrold".

Ken Jarrold CBE
Chair



A handwritten signature in black ink that reads "James Duncan".

James Duncan
Chief Executive

Appendix 6

Limited Assurance Report on the content of the Quality Account

Information not required to be included within the Quality Account 2021-22 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 2021-22. 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 cannot 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 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.

Printed copies can be obtained by contacting:

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