

Council of Governors General Meeting held in Public

18 June 2020, 10:30 to 12:30
via Microsoft Teams

Agenda

1. Welcome and Introductions

Welcome to the Council of Governors meeting held in public.

Verbal

The big issues considered within this agenda are:

Ken Jarrold, Chair

- * Covid-19 - situation update
- * Cumbria - 9 month update
- * CQC Inspection report

2. Apologies for absence

Verbal

Ken Jarrold, Chair

3. Minutes for approval - 11 March 2020

Enclosure

Ken Jarrold, Chair



Final KJ Draft Minutes of the Council of Governors
Meeting 11 March 2020 Final KJ.pdf

(9 pages)

4. Matters arising not included on the agenda

Verbal

Ken Jarrold, Chair

5. Declarations of Interest

Verbal

Ken Jarrold, Chair

Business Items

6. Chair's Report

Verbal

Ken Jarrold, Chair

7. Chief Executive's Report

Verbal

John Lawlor, Chief Executive

8. Governance arrangements

Enclosure

Debbie Henderson, Deputy Director of
Communications and Corporate Affairs

9. Review of the Terms of Reference for Council of Governors meetings

Enclosure

Debbie Henderson, Deputy Director of
Communications and Corporate Affairs



Terms of Reference COG & Governor Groups JC
WIP 26.05.2020.pdf

(11 pages)

10. Provider License Self Certification (FT4(8))

Enclosure

Debbie Henderson, Deputy Director of
Communications and Corporate Affairs



Provider License Self-Cerr CoG training 2019-
20.pdf

(4 pages)

11. Quality Account update

Enclosure

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance



CoG - Quality Account 19-20 Draft paper.pdf

(2 pages)



Quality Account 19-20 v1.9.pdf

(112 pages)

12. Governors' Questions

Note: Questions relating to the agenda and papers may be asked at the meeting.

Verbal

For issues not covered by this meeting, questions must be submitted at least 3 working days in
advance by emailing corporateaffairs@ntw.nhs.uk

Ken Jarrold, Chair

Governor Feedback, including:

13. Feedback from Governor Representatives on Board Committees

13.1. Feedback from Resource and Business Assurance Committee

Verbal

Victoria Bullerwell & Bob Waddell,
Governor Representatives

13.2. Feedback from Audit Committee

Verbal

Victoria Bullerwell, Governor
Representative

13.3. Feedback from Quality and Performance Committee

Verbal

Margaret Adams & Anne Carlile,
Governor Representatives

13.4. Feedback from Mental Health Legislation Committee

Verbal

Fiona Grant & Denise Porter Governor
Representatives

14. Feedback from Governors Working Groups and Committees

Verbal

Committee Representatives/ Working
Group Chairs

14.1. Update from the Nominations Committee

Verbal

Ken Jarrold/ Margaret Adams, Co-
Chairs

14.2. Update from the Governors Steering Group

Verbal
Ken Jarrold, Chair

14.3. Update from the Governors Quality Group

Verbal
Margaret Adams, Chair

15. Feedback from External Events and Meetings

15.1. Feedback from the Governor Advisory Committee

Verbal
Anne Carlile

Items for information (discussion by exception only)


16. Board of Directors Minutes:

Enclosure
Ken Jarrold, Chair


16.1. 4 December 2019

 12. BoD mins 04.12.19 public.pdf (9 pages)

16.2. 5 February 2020

 01. 5 February 2020 PUBLIC Board minutes APPROVED.pdf (12 pages)

16.3. 4 March 2020

 02. 4 March 2020 PUBLIC Board minutes APPROVED.pdf (12 pages)

17. Any other business

Verbal
Ken Jarrold, Chair

Break

Big Issue Items

18. Covid-19 Situation Update

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

 COVID Update - May 2020.pdf (11 pages)


19. Cumbria 9 month update

Verbal
David Muir, Group Nurse Director

20. CQC Inspection Report

Enclosure
Lisa Quinn, Executive Director of
Commissioning and Quality Assurance
/ Gary O'Hare, Executive Director of
Nursing & Chief Operating Officer

 CoG - LD Focussed Inspection Report - June 20.pdf (3 pages)

 CoG - LD Focussed Inspection Report - June 20 Appendix.pdf (17 pages)

21. Date, time and venue of next meeting:

The next Council of Governors General meeting held in public Tuesday, 15 September 2020 via Microsoft Teams

Ken Jarrold, Chair

Draft Minutes of the Council of Governors Meeting
Wednesday, 11 March 2020 from 10.00 am – 12.00 pm
Keswick House, St Nicholas Hospital

Present:

Ken Jarrold	Chair
Margaret Adams	Public Governor, South Tyneside
Tom Bentley	Public Governor, Gateshead
Evelyn Bitcon	Public Governor, Cumbria
Stephen Blair	Public Governor, Newcastle, Rest of England and Wales
Victoria Bullerwell	Staff Governor, Non-Clinical
Anne Carlile	Carer Governor, Adult Services
Revell Cornell	Staff Governor, Non-Clinical
Andrew Davidson	Service User Governor, Learning Disability Services
Fiona Grant	Service User Governor, Adult Services (Lead Governor)
Cllr Maria Hall	Appointed Local Authority Governor, Gateshead Council
Cath Hepburn	Public Governor, North Tyneside
Felicity Mendelson	Local Authority Governor, Newcastle City Council
Annie Murphy	Voluntary Services Governor, Moneywise UK
Denise Porter	Voluntary Services Governor, Rethink Mental Illness
Fiona Regan	Carer Governor, Learning Disability Services
Prof Jacqui Rodgers	University Governor, Newcastle
Janice Santos	Carer Governor, Children and Young People's Services
Bill Scott	Public Governor, Northumberland
Bob Waddell	Non-Clinical Staff Governor

In Attendance:

Dr Les Boobis	Non-Executive Director
Darren Best	Non-Executive Director
Jennifer Cribbes	Corporate Affairs Manager
James Duncan	Deputy CEO/Director of Finance
Anna Foster	Deputy Director, Commissioning and Quality Assurance
Debbie Henderson	Deputy Director, Communications and Corporate Affairs
Wendy Pinkney	Corporate Affairs Officer (notes)
Ellie Redshaw	Apprentice
Michael Robinson	Non-Executive Director

Public:

Mark Eltringham	Public Governor, TEWV
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Apologies:

David Arthur	Non-Executive Director
Kat Boulton	Service User Governor, Children & Young People's Services
Russell Bowman	Service User Governor, Neuro Disability Services
Paula Breen	Non-Executive Director
Colin Browne	Carer Governor, Older People's Services
Kevin Chapman	Staff Governor, Clinical
Alexis Cleveland	Non-Executive Director and Deputy Chair
Cllr Wilf Flynn	Appointed Local Authority Governor, South Tyneside Council
Cllr Margaret Hall	Appointed Local Authority Governor, North Tyneside Council
Claire Keys	Staff Governor, Clinical

Mary Laver	Service User Governor, Older People's Services
John Lawlor	Chief Executive Officer
Dr Rajesh Nadkarni	Executive Medical Director
Gary O'Hare	Executive Director of Nursing and Operations
Denise Porter	Appointed Governor, Rethink Mental Illness
Lynne Shaw	Acting Executive Director of Workforce and Organisational Development
Peter Studd	Non-Executive Director

1. Welcome and Introductions

Ken Jarrold introduced the meeting and welcomed those in attendance. He invited Fiona Grant, Lead Governor, following a period of absence to address the Council at her request.

A special welcome was extended to Evelyn Bitcon, newly appointed Shadow-Public Governor for Cumbria.

2. Apologies for absence

Apologies received for absence were as recorded above.

3. Minutes for approval

The minutes of the meeting held on 7 November 2019 were agreed to be a true and accurate record of the meeting.

Approved:

- The minutes of the meeting held on 7 November 2019 were agreed as an accurate record.

4. Matters arising not included on the agenda

There were no matters arising.

5. Declarations of Interest

There were no conflicts of interest declared for the meeting.

Business Items

6. Chair's Report

- Coronavirus** – Ken Jarrold advised on the Trust's response to the virus, including teleconferences with NHS England 2-3 times a week around emergency preparedness. As well as weekly internal meetings chaired by Anne Moore, Group Nurse Director, the Trust is also linking up with external organisations. Although isolation pods are not in place at present, these may be necessary in future weeks. Following the National Director of Mental Health, Claire Murdoch's first webinar, it was proposed that NHS mental health staff may have to assist in home testing, if required. Other actions include appropriate patient discharges into the community, identifying deteriorating patients, drug supplies, general public health advice, dealing with challenges in the supply chain and a scale down or cancellation of large events and non-essential and face-to-face training and meetings. Ken advised there are also Covid19 meetings in each ICP.

Fiona Regan, Carer Governor, raised the issue of visitors to wards and James Duncan advised this is being monitored on an ongoing basis, including consideration of further measures, such as skyping and teleconferences, to limit the amount of contact. Victoria Bullerwell advised of a review meeting regarding service users and staff on 12th March and that NTW Solutions are holding daily lunchtime meetings.

- b) **Cumbria Services** – Ken referred to his January visit to North Cumbria and the concerns raised by staff. Ken advised that the response from the Executives had been constructive, with discussions held to resolve the issues raised.
- c) **Budget Day** - Ken felt that the present situation was a difficult and huge challenge for the new Chancellor, involving massive economic disruption.
- d) **Professor Sir John Burn** – Ken spoke of an excellent Harveian Oration delivered in December by Prof Burn, Chair of Newcastle Hospitals and a renowned Geneticist, entitled Production and Prevention in the genomic era. Ken had raised with Prof Burn the link between mental illness and genetics. A pdf copy is available and Governors may access this link via Ken and any questions can be conveyed for a subsequent response.

Discussion followed around the topic and implications of individuals being aware of a possible future genetic illness, with those present offering both positive and negative examples for consideration.

Ken thanked individuals for relaying their personal accounts and for their comments.

Resolved:

- **The Council of Governors received and noted the Chair's Report**

6.1 Composition of the Council of Governors

- 6.1.1 Ken Jarrold spoke to his paper, congratulating the governors who were newly elected and re-elected at the last round of Governor Elections and who commenced their terms of office on 1 December 2019. Ken outlined the difficulties experienced securing nominations from the two Cumbria constituencies and the subsequent expressions of interest received following the extended deadline date. Ken referred to the Council of Governors meeting on 7 November and the agreed proposal to invite the interested individuals to join the Council as non-voting shadow governors, with a view to them standing for a statutory governor position in the October 2020 elections.
- 6.1.2 Ken advised that following detailed discussion at the 11th February Governors Engagement meeting, regarding the appointment of a Children and Young People's Governor Advisor, it was agreed that although this position would not represent a statutory role as a Governor nor hold a voting position, the governors would benefit from the appointment.

Ken therefore asked the Council of Governors to approve the following appointments until 30 November 2020:

- Evelyn Bitcon as Shadow Public Governor for Cumbria
- Janet Folland as Shadow Clinical Staff Governor for North Cumbria

Ken then asked the Council to approve the proposal to appoint until 30 November 2020.

- Jack Wilson as Governor Advisor for the Children & Young People's Services and Chair of the Youth Forum.

The Council of Governors approved all three appointments and Ken personally congratulated and formally welcomed Evelyn Bitcon present, and Janet Folland and Jack Wilson to the Council of Governors.

Approved:

- **The Council of Governors approved the appointments of Evelyn Bitcon, Janet Folland and Jack Wilson to the Council of Governors.**

7. Chief Executive's Report

Ken Jarrold stated that John Lawlor had sent his apologies for today's meeting, as he was in Scandinavia working with the National Children's Commissioner, observing good practice. Ken invited James Duncan, as Deputy Chief Executive, to speak to the Chief Executive's report on John's behalf.

James referred to the Annual Staff Excellence Awards, scheduled for 27 March, advising that as this was a gathering of 450 staff members, action may be required in the next couple of weeks to defer the event, in view of the present Coronavirus pandemic.

James alluded to the recent visit of Wendy Burn from the Royal College of Psychiatrists, which had received good feedback. Wendy spoke very positively about the Trust.

James spoke of the recent very positive French Embassy visit and impressive conversations held, leading to positive ongoing relationships.

James referred to the ongoing work of the ICS and the outcome of the Marmot report, which he believed was an indictment of society today. This revealed the social inequalities over the past 10 years. Although not specific to the NHS, the potential role of the NHS was acknowledged. He added that there was hope in conversations taking place collaboratively, with GPs and Local Authorities, plus the Police, Housing and Employment. James also stated that there had been a change in housing conditions in the Gateshead area but added that it was almost impossible to see cause and effect.

Fiona Regan raised the issue of fast food outlets in Gateshead and James stated that the Gateshead team was strong and actively looking at this issue. Discussion around issues in the Gateshead area followed with Cllr Maria Hall commenting on the complexity of issues not just concerning health.

James commented on the staff survey results which were overall reasonably stable and relatively good but stated that there was no place for complacency, with pressures and impact on morale needing to be closely monitored.

Following a question relating to Cumbria from Evelyn Bitcon, James stated that the results referred to the old NTW workforce and did not include Cumbria, as the survey was representative of the pre-October transfer. Evelyn Bitcon highlighted past problems associated with Cumbria and the importance of parity of esteem and planned to link up with Janet Folland in future.

James stated that items 6 and 7 were very good briefings with a good overview and focus on mental health services in the wider context of the NHS.

James referred to the Hill Dickinson report and confirmed that Newcastle are working in collaboration. He added that the business case for the Cedar development had been approved with two conditions, one of which had since been met. James informed that the national team noted that the CEDAR Business Case was one of the best they had seen and

praised staff involved for their good work. Final approval of Full Business Case would be due in September 2020 with commencement of work in 2022.

Ken Jarrold summed up discussions and highlighted the following:

1. Ken offered congratulations to James Duncan and all staff involved on the Cedar project.
2. Ken expressed concern regarding the lack of the appointment of an independent Chair of the ICS.
3. Ken stated that Cumbria Acute Trust is in a difficult situation involving quality, finances, staff etc. He has been asked to assist in the process of appointing a new Chair.
4. Ken felt that the Marmot report was very disappointing. He referred to the Dame Sally Davis, former Chief Medical Officer, interview and her reluctance to complain to the government regarding austerity.

Ken thanked James for delivering the Chief Executive's report.

8. Governors' Questions

There were no questions raised by Governors.

9. Annual Declarations of Interest

Deferred.

10. Membership Strategy Plan

Debbie Henderson spoke to her presentation, outlining the vision for membership and engagement. Debbie referred to her paper and highlighted different areas of the plan to enhance better engagement, then invited governors to discuss and offer any ideas or suggestions.

Evelyn Bitcon asked about the Cumbria members' transfer process. Debbie advised that due to data protection laws, all previous Cumbria Trust members had been sent an individual letter asking if they wished to transfer their membership to CNTW but the response had been very poor. Debbie stated that as lots of ideas had been suggested in the meeting for better engagement and ways to boost membership, Governors were asked to submit their comments to the Corporate Affairs office by email and these would be considered and incorporated into the plan.

Stephen Blair asked if an email group could be set up to enable governors to pass information to each other and it was agreed that the possibility of setting up secure email address with an nhs.net option would be considered.

Ken Jarrold expressed thanks to Debbie Henderson, Jennifer Cribbes and Wendy Pinkney for their work on the plan and advised that they would work with public governors to support them in the community.

Governor Feedback, including:

11 Feedback from Governor Representatives on Board Committees

11.1 Feedback from Resources and Business Assurance Committee

Bob Waddell, Governor Representative, provided a verbal update to inform the Council of Governors that following attendance at meetings, he was happy to provide reassurance that the committee is operating well and fulfilling their Terms of Reference.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Resource and Business Assurance Committee**

11.2 Feedback from Audit Committee

Victoria Bullerwell, Governor Representative, had nothing to report from this committee. Victoria advised of her struggle to attend meetings regularly, as they were late in the day.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Audit Committee**

11.3 Feedback from Quality and Performance Committee

Margaret Adams, Governor Representative, provided a verbal report from the last meeting when the focus had been on waiting times, as well as a useful presentation from Vida Morris regarding work in the Northumberland area and the Talk First process, with a positive outcome for service users. Margaret also advised that waiting times in South Tyneside had dropped but not in the Sunderland area.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Quality and Performance Committee**

11.4 Feedback from the Mental Health Legislation Committee

As Denise Porter, Governor Representative, was not present, Michael Robinson reported that there would be a review of the Mental Health Act in the next year.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Mental Health Legislation Committee**

12. Feedback from Governors Working Groups and Committees**12.1 Update from Nominations Committee**

Ken Jarrold, provided a verbal report, including information on the national guidance of pay for Non-Executive Directors, explaining that the Trust is not hugely out of line.

Ken advised that he had been approached by a number of individuals interested in becoming a Non-Executive Director, which he felt was optimistic for future vacancies.

Approved:

- **The Council of Governors received and noted the update for the Nominations Committee**

12.2 Update from the Governors Steering Group

Ken stated that the focus had been mainly on the membership strategy plan and setting topics for governor meetings for the rest of the year.

Approved:

- **The Council of Governors received and noted the update for the Governors Steering Group**

12.3 Update from the Governors Quality Group

Margaret Adams provided a verbal update on the business of the Governors Quality Group, informing that the group had recently received two presentations, one from Dr Uri Torres on suicide and one from Anna Foster on pending changes to the Points of You process.

Approved:

- **The Council of Governors received and noted the update for the Governors Quality Group**

13. Feedback from External Events and Meetings

13.1 Feedback from the Governor Advisory Committee

Anne Carlile provided a verbal update on the last Governors' Advisory Committee meeting, which she had been asked to Chair, including concern about Brexit, the NHS Chair and NED Appraisal, Development and Remuneration Frameworks, the NHS National Policy route, future roles of governors in Trusts, the Governor Focus June conference and how Trusts work.

Ken Jarrold assured the Council that any changes to the role of Councils of Governors would be challenged, as the Council is a very positive way of linking to the local communities and the only form of local democracy in the NHS.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Governors' Advisory Committee**

14. Feedback from the Service User and Carer Reference Group

Margaret Adams provided a verbal update, informing the meeting that the Service User and Carer Reference Group continued to hear interesting presentations from people with lived experience; the last one involving a mother and carer son. Margaret added that the meeting continues to attract a lot of people, including from Cumbria, and encouraged governors to attend. .

15. Board of Directors Minutes

15.1 Board of Directors Minutes – 2 October, 6 November and 4 December 2019

Ken Jarrold advised that the minutes of the Board of Directors meetings were enclosed for information. There were no questions raised by Governors relating to the minutes.

Resolved:

- **The Council of Governors received and noted the minutes of the Board of Directors meetings held on 2 October, 6 November and 4 December 2019.**

16. Any other business

CLlr Maria Hall, as an external Service Director, stated she had recently attended a talk given by a service user, which was very powerful. Maria said this information is subsequently being used in training sessions in social work. She also expressed concern regarding a 46% increase in Gateshead for people awaiting a diagnosis, resulting in commissioning being stretched and a need for early intervention.

Ken acknowledged these concerns, stating that transition between services affecting service users and carers were very challenging. He added that looking at ways of supporting people on waiting lists would be discussed at the June meeting.

Janice Santos commented on difficulties experienced in schools with parent/teacher engagement when a child is waiting to be diagnosed, and Jacqui Rodgers stated that research revealed that there are real issues around waiting lists for children and diagnoses, with schools not always able to respond to needs.

Ken Jarrold advised on future topics and discussion included the Voluntary Sector and the need to talk about capacity levels of interaction before circulating information to those on waiting lists, and support being needed for the whole process for autism diagnosis.

There being no further business to discuss, the Chair declared the meeting closed.

Big Issue Items

17. Quality Priorities

Anna Foster spoke to her paper stating that the quality priorities are on the Trust website. Anna outlined the background to the annual process and noted that Governors were required to choose a quality priority to be subject to audit testing. The paper included four options to be considered and invited governors to vote for their preferred option. She added that last year, governors chose 'Improving the Inpatient experience', which will be audited separately. Governors then discussed each priority before voting via the paper copy.

Action:

- **Anna to collect and collate the voting papers.**
- **The result of the votes was for 'waiting times'.**

18. Annual Plan and Finance update

James Duncan spoke to his presentation, outlining the 'managing the money' plan for 2019/20. Examples included the cost of running Clinical Business Units (CBUs), cost of corporate and support services, NTW Solutions, buildings and equipment, and one off measures and rewards, as well as income for the Cedar project generated from Learning Disability bed closures.

James advised on how the Trust was performing, highlighting some pressures in key areas, with a need to achieve the right balance with Commissioners.

James provided a comparison of the Trust's plans for 2020/21, including a reminder of the Long Term Plan Goals and explaining that the operational plan will include a full year effect of the Cumbria transfer financial position.

James advised of some of the challenges ahead, including treatment targets and sustainability within the workforce. The real focus will be on people and how to support them to provide suitable services and develop new ways of working, with the priority being the development of new models for delivering community support.

Ken Jarrold commented on the development of services since the closure of asylums. Ken said that, although CNTW does a good job, the current models of service do not work for everyone. Discussion ensued around the present model for Children and Young People not working and not being sustainable, whether it is helpful to discharge large numbers of service users from care without a clear understanding of continuing support and whether community mental health teams will be able to continue to operate with their present resources.

James referred to progress being made in reviewing models of service, with co-production being the key. He emphasised that although a lot of work is involved, it is a really exciting opportunity.

19. Date, Time and venue of the next meetings:

Council of Governors Engagement Session – Thursday, 9 April 2020
10.00 am -12.00 pm, Keswick House, St Nicholas Hospital, Newcastle, NE3 3XT

Council of Governors meeting held in public – Thursday, 14 May 2020
10.00 am -12.00 pm, Keswick House, St Nicholas Hospital, Newcastle, NE3 3XT

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Council of Governors Meeting

Meeting Date:

Title and Author of Paper:

Council of Governor Terms of Reference

Paper for Debate, Decision or Information:

Decision

Why is this paper coming to the Council of Governors?

It is good practice to review the Council of Governors Terms of Reference on an annual basis to ensure they are up to date.

Council of Governors held in Public meeting

- Amendments have been made to the membership section of the terms of reference to reflect the changes in the Trust's Constitution that was approved by the Council of Governors on 10 September 2019.

Frequency of Meetings.

- Due to the COVID-19 Pandemic in 2020 it has been necessary to defer/cancel a number of Council of Governor and sub-group meetings. Meetings as stated in the Terms of Reference will be reinstated as soon as possible;

Annual General Meeting / Annual Members Meeting

- The General Annual Meeting/Annual Members meeting has been deferred due to COVID-19. The annual report, accounts and auditor's report on the accounts must be presented to the council of governors at an Annual General Meeting of the council of governors/Annual Members Meeting (paragraph 28, Schedule 7 of the 2006 Act). This meeting of the council of governors should be convened within a reasonable timescale after the end of the financial year but must not be before the annual report and accounts have been laid before Parliament. Parliament have not yet confirmed the date to lay the 2019/20 accounts. Therefore the meeting has not yet been re-arranged.

The Council of Governors is responsible for approving its Terms of Reference.

Council of Governors Meetings held in Public Terms of Reference

Purpose
<p>The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, Monitor's "Code of Governance" and Monitor's "Your statutory duties, a reference guide for NHS foundation trust governors. Each foundation trust must have a constitution, which defines how it will operate from a governance perspective.</p> <p>The general duties of the Council of Governors are: (1) to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, which includes ensuring the Board of Directors acts so that the Trust does not breach the terms of its licence. (2) to represent the interests of the members of the NHS foundation trust as a whole and the interests of the public.</p>
Membership
<p>Trust Chair</p> <ul style="list-style-type: none"> • 33 37 Governors as outlined in the constitution. These include: • Six Seven Public Governors • Six Service User Governors • Six Carer Governors • Five Seven Staff Governors • Six Seven Appointed Local Authority Governors • Two Appointed Governors from the Community and Voluntary Sector • Two Appointed Governors from Universities
Officer Attendance
<p>Chief Executive Executive Director(s) as appropriate Deputy Director of Communications and Corporate Affairs Corporate Affairs Manager Corporate Affairs Officer Senior Independent Director (NED) Other Non-Executive Directors Others as invited for specific agenda items</p>
Deputies
<p>As per the Constitution, no deputies (governors) unless formal arrangement for approved leave of absence. Deputies allowed for attendees.</p>
Chair Arrangements
<p>Chair: Trust Chair. Vice Chair if absent. Then Senior Independent Director. Then another NED. If inappropriate for any of the above to act as Chair, then the Lead Governor.</p>
Secretarial Support
<p>Chief Executives Directorate</p>
Quorum
<p>As per the Constitution, one third of members i.e. in post at the time of the decision including at least 50% from the Public and Service User and Carer's constituencies and one Governor from the Staff constituency.</p>

Frequency of Meetings
<p>The Constitution states:</p> <ul style="list-style-type: none"> • Meetings no less than 4 times per year. • In addition, a general meeting no later than 30 September to receive and consider the annual accounts, audit report and the annual report. <p>Meetings scheduled for March, May, September and November, with the Annual Members meeting scheduled for July, and a joint meeting with the Board of Directors in December. Each meeting to last 2 - 2.5 hours. No set part of the day.</p>
Decision Making / Voting
As per appendix A.
Key Outputs
As per appendix B.
Linkages to other meetings and groups
<ul style="list-style-type: none"> • Trust Board of Directors • Audit Committee • Nominations Committee
Governance, rules and behaviours
<p>Compliance with the Constitution (which includes the Council of Governors standing orders, which includes voting arrangements), Monitor's Code of Governance and Monitor's Your Statutory Duties.</p> <ul style="list-style-type: none"> • Members to speak through the Chair, addressing the Chair using that title. • Meetings will start and end on time • Agenda items may be varied to accommodate priority and/or emerging issues. • Papers should not be used where a verbal update / slides will suffice • Papers are to have a maximum length of 4 sides of A4; a long document may be included as an appendix but people will not be expected to read it, unless specifically directed to. • Authority to cancel meeting: Chair • Acknowledge Board responsibilities and not veto their decisions or otherwise obstruct the implementation of agreed actions and strategies. • Decision making / voting – see appendix A
Sub Groups
<p>Governors Quality Group Governors Steering Group (including Membership) Governors Audit Working Group Governors Constitution Group</p>
Monitoring
The committee will review its performance annually against its Terms of Reference.
Completed & Review date
<p>Approved: May 2019 Review Date: May 2020</p>

Appendix A - Decision Making / Voting

Decisions require more than 50% of governors voting at a quorate meeting, unless the Constitution states otherwise. The summary below is cross referenced to the Trust constitution.

More than 50% of governors voting

Constitution paragraph	Item
19	Referral to the panel
26	Appoint the Chair and other Non-Executive Directors
26	Appoint the Vice Chair - following a recommendation from the Board
29.2	Approve (or not) any new appointment of a Chief Executive
35.1	Decide the remuneration and allowances, and other terms and conditions of office, of the Chair and the other Non-Executive Directors
39	Appoint and, if appropriate, remove the Trust's auditor
42.7	Approve any proposal to increase the proportion of the Trust's total income earned from non-NHS work by 5% a year or more
45	Constitution changes - along with Board approval and members vote at the Annual Members meeting for changes to the duties of the Council of Governors
46	Significant transactions
	Appointment of the Nominations Committee Deputy Chair and members
	Appointment of Lead Governor

75% of governors voting:

Annex 6 – 2.1.3	Termination of a governor's term of office on the grounds stated in the Constitution.
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50% of all governors:

46	Merger, acquisition, separation or dissolution
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75% of all governors:

26	Removal of the chair and other NEDs
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Appendix B - Key Outputs

1. Representing members and the public.

- Seek the views of members and the public and feedback relevant information to the Board or to individual directors / managers as appropriate.
- Report to members on the performance of Trust.
- Approve the membership engagement strategy.

2. Holding the Non-Executive Directors individually and collectively to account for the performance of the Board, supported by:

- Receive the agenda of Board meetings.
- Receive the approved minutes of Board meetings,
- Be equipped by the Trust with the skills and knowledge required to perform governor duties.
- Receive the annual report of the Audit Committee on the work, fees and performance of the Auditor.
- Receive the Annual Report and Accounts and the report of the Auditor. The

- Annual Report includes the Quality Account.
- (f) Receive reports on (i) the performance of the Trust against agreed key financial, operational, quality and regulatory compliance indicators and stated objectives, (ii) assurance, and (iii) sectoral or strategic issues.
 - (g) Participation in opportunities to review services and environments such as PLACE (Patient Led Assessment of the Care Environment) inspections / quality reviews / local activities and evaluations of service user / carer experience.
 - (h) Use information obtained through the above sources to monitor performance and progress against key milestones in the strategic and annual plans and to hold the non executive directors to account for the performance of the Board.
 - (i) If considered necessary (as a last resort) in the fulfilment of this duty, obtain information about the Trust's performance or the directors' performance by requiring one or more directors to attend a Council of Governors' meeting.

3. Chair and Non Executive Directors - Appoint / re-appointment, determine remuneration and allowances, and other terms and conditions and if appropriate, removal, including the approval of associated policies and procedures. The power of removal should only be exercised after exhausting all other means of engagement with the Board. Consider recommendations from the Nominations Committee. The Council of Governors should input into the Board's appointment of a senior independent director.

4. Chief Executive - Approve the appointment of the Chief Executive.

5. Auditor - Appoint and, if appropriate, remove the Auditor.

- (a) Appoint and, if appropriate, remove the Auditor. This includes:
 - Agree processes with the Audit Committee.
 - Consider joint recommendations from the Audit Committee and the Council of Governor's audit working group.
 - Appointment - receive approved terms of engagement from the Audit Committee and agree with the Audit Committee on the length of appointment.
 - Removal – receive the findings of investigation and consultation from the Audit Committee.
- (b) Approval of the policy on the engagement of the auditor to supply non audit services and associated delegation of its activation to the Audit Committee.
- (c) Receive annual report from the Audit Committee on (i) the engagement letter and fee, (ii) the Annual Management Letter, and (iii) an assessment of the auditor's work and fees commenting on whether the work is of sufficiently high standard and the fees are reasonable and including a recommendation with respect to the retention of the auditor.

6. Strategy, planning, reorganisations

- (a) Provide feedback on the development of the strategic direction of the Trust to the Board, as appropriate.
- (b) Where the forward plan contains a proposal that the Trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the proposal will interfere or not in the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purpose of the health service in England). Notify the Board of its determination.
- (c) Approve or not approve increases to the proposed amount of income derived

from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust.

- (d) Approve or not approve proposals from the Board for mergers, acquisitions, separations and dissolutions.
- (e) Approve or not approve proposals for significant transactions as defined in the constitution.

7. Constitution and compliance

- (a) Jointly approve with the Board amendments to the constitution, subject to any changes in respect of the powers, duties or role of the Council of Governors being ratified at the Annual Members Meeting.
- (b) Notify Monitor, via the Lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence if these concerns cannot be resolved at local level.

8. Governors:

- Approve membership of the Nominations Committee, working groups and representatives on joint working groups set up by the Board, and any other appropriate involvement by governors, and receipt of subsequent reports.
- Approve the appointment of the Lead Governor.
- Approve the removal of office of a governor.
- Approve jointly with the Board the procedure for the resolution of disputes and concerns between the Board and the Council of Governors.

9. Collective evaluation of performance

Monitoring:

The Council of Governors will review its performance annually against its terms of reference

Council of Governors: Nominations Committee

Purpose
As per the Trust Constitution, the Council of Governors shall establish a committee of its members to be called the Nominations Committee to discharge those functions in relation to the appointment and removal of the Trust Chair and Non-Executive Directors and their remuneration and allowances and other terms and conditions. The committee should comply with Monitor's 'Code of Governance' and Monitor's 'Your statutory duties: a reference guide for NHS FT Governors'.
Membership
Trust Chair One Public Governors Two Service User and/or Carer Governors One appointed Governor One staff Governor Two any other Governor
Members to be appointed by the Council of Governors with each member's re-appointment being subject to review after three years.
Officer Attendance
Trust Secretary or a deputy
Chair Arrangements
The trust Chair and a governor from the public, service user and carer constituencies will co-chair the Committee. The Governor co-chair will chair the Committee on occasions when there is a potential conflict of interest if the Committee is chaired by the Trust Chair.
On those occasions where it is inappropriate for the Trust Chair to chair the meeting and the Governor Co Chair is not present, a chair will be selected from those governors present with governors from the public, service users and carers constituencies taking precedent.
Secretarial Support
Chief Executives Directorate
Quorum
Any four members
Frequency of Meetings
At least annually and at such other times as required to fulfil its duties as the Committee Chair shall decide.
Should the Chair of the Committee following a request from at least three of its members, decline to call a meeting then they shall have the right to requisition a meeting by notice to the Trust Secretary indicating the matter or matters to be discussed. The Trust Secretary shall then convene the meeting.
Key Outputs
As per appendix A.
Linkages to other meetings and groups
Reports to Council of Governors
Governance, rules and behaviours
<ul style="list-style-type: none"> Compliance with the Constitution (which includes the Council of Governors standing orders), Monitor's Code of Governance and Monitor's Your Statutory

Duties

- A member shall not disclose to any third party a matter dealt with by or brought before, the committee without the committee's permission until that committee has reported to the Council of Governors or has otherwise concluded action on the matter. Furthermore a member of the Committee shall not disclose any matter to a third party if the Council of Governors or committee resolves that it is confidential.
- Authority to see any information it requires from any employee of the Trust in order to perform its duties and to obtain outside legal or other professional advice on any matters within its terms of reference.
- All members are expected to attend wherever possible.

Appendix A – Key Outputs

- Criteria and process: agree the criteria and process for the selection of candidates for Trust Chair or other Non-Executive Directors (NEDs) having first consulted with the Board of Directors and having regard to such views as may be expressed by the Board of Directors.
- Short list of suitable candidates: seek by open advertisement and other means candidates for office to assess and select for interview such candidates as are considered appropriate and in doing so the Committee shall be at liberty to seek advice and assistance from persons other than the members of the Committee or Council of Governors e.g. Search Adviser. Ensuring they can pass the CQC Fit and Proper Person Test
- Recommendation(s) for appointment: after interviewing, make recommendation to the Council of Governors as to potential candidates for appointment as Trust Chair or other NED.
- Recommendation(s) for remuneration and allowance and other terms and conditions: consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Trust Chair and other NEDs. Levels of remuneration for the Trust Chair and other NEDs should reflect the time commitment and responsibilities of their roles.
- Recommendation(s) for removal: investigate the matter including any allegations against the Trust Chair or NED, where appropriate, following the steps and principles outlined in Monitor's Your Statutory Duties, and in particular legal advice on the legality of any removal and the process for it should be sought throughout. The Committee should present its finding on the investigation and consultation to the Council of Governors
- Reporting: the Committee Chair shall report to the Council of Governors on its proceedings after each Nominations Committee meeting on all matters within its duties and responsibilities. Where the Committee is reporting the names of selected candidates this will be conducted in private session, after the exclusion of the press and public, to allow a Governor the opportunity to make a comment which might be inappropriate in the setting of a public meeting
- Annual performance appraisal: determine the process and receive (i) the appraisal of the Trust Chair from the Senior Independent Director and (ii) the continuing effectiveness of each NED from the Trust Chair.

In exercising its powers relating to the appointment of the Trust Chair and NEDs, the Committee shall follow the principles outline in Monitor's Your Statutory Duties, including:

- Ongoing review of job role and person specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies.

- Consideration of his/her other significant commitments.
- Ensure that the independence criteria set out in Monitor's Code of Governance is satisfied.
- Length of tenure as specified per the Code of Governance.
- Where a reappointment, consider the outcome of the annual performance appraisal, any changes in the candidates other significant commitments and the opportunity to refresh the Board of Directors.
- Where an appointment, consider the appropriateness of obtaining external advice and support – note approval for recruitment is delegate from the Council of Governors through these terms of reference.

When considering the appointment or re-appointments of NEDs, the views of the Chair and the Board of Directors should be taken into account on the qualifications, skills and experience required for each position in order to identify suitable candidates and regularly review the structure, size and composition of the Board and make recommendations for change where appropriate.

Sub Groups

None

Monitoring

The committee will review its performance annually against its Terms of Reference.

Completed & Review date

Approved: May 2019

Review Date: May 2020

Council of Governors: Quality Group

Purpose		
The group provides a specific focus on quality and will add value to what already exists within the Trust, reporting directly to the Council of Governors on quality issues and making recommendations. Quality in this context explores the clinical effectiveness, safety, carer and patient experience of our services.		
Membership		
Two Public Governors	Two Service User Governors	
Two Carer Governors	One Staff Governor	
<ul style="list-style-type: none">• Whilst the core membership is shown above, all members of the Council of Governors are encouraged to attend.• Other members can be co-opted to the group for specific projects.		
Officer Attendance		
<ul style="list-style-type: none">• Deputy Director, Commissioning and Quality Assurance (or deputy)• Deputy Director, Communications and Corporate Affairs (or deputy)• Other officers may be requested to attend.		
Chair and Deputy Chair		
Chair: Margaret Adams		
Deputy Chair: Anne Carlile and Russell Bowman		
Quorum		
Any four of the core named membership.		
Core membership: Two Public Governors	Two Service User Governors	
Two Carer Governors	One Staff Governor	
Frequency of Meetings		
Bi Monthly		
Reporting		
Minutes (or draft minutes) to the Council of Governors meeting		
Key Responsibilities		
<ol style="list-style-type: none">1. Quality Accounts - Contribute to the development of the Trust Quality Account and ensure that the published Quality Account accurately reflects the experience of Trust service users and carers.2. Quality Priorities -In recognition of the value of Governor involvement in Quality Accounts it is felt that this could be strengthened by the group considering and supporting the annual Quality Priorities. The group would look to understand and be actively involved in selected priorities and could make recommendations to support leads to achieve the priorities.3. Other specific quality agenda areas identified by the Council of Governors.4. The Group will maintain a relationship with the Trust Quality and performance Committee via an observer attending the Q&P Committee.		
NB: it should be noted that this Group is not an appropriate route to raise individual issues. For advice on highlighting issues please contact the Chief Exec’s Office.		
Approved and Review Date		
Approved: September 2019		
Review Date: September 2020		

Council of Governors: Steering Group Terms of Reference

Purpose
To keep under review the work of the Council of Governors and to make recommendations as necessary.
Membership
<ul style="list-style-type: none"> • Trust Chairman • Lead Governor • One representative from each of the governor Committees and groups • others as agreed with the Chair
Officer Attendance and Support
<ul style="list-style-type: none"> • Deputy Director of Communications and/or Corporate Affairs, Corporate Affairs Manager and/or Corporate Affairs Officer
Chair
Trust Chair
Quorum
Chair plus three other members
Frequency of Meetings
At three times per year and others as required.
Key Responsibilities
<ul style="list-style-type: none"> • To coordinate and progress the work of Committees and Groups established by the Council of Governors. • To advise the Chair on matters for inclusion in the agenda of formal meetings and/or topics for discussion at Engagement Sessions. • To be responsible for the membership strategy and ensure that the Council of Governors communicates appropriately with its membership.
Reporting
Summary report to the Council of Governors full meeting
Completed & Review date
Approved: May 2019 Review Date: May 2020

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Council of Governors

Date: 20 May 2020

Title and Author of Paper: Provider License Self-Certification FT4(8)
Annual Board Statement - Training of Governors

Paper for Debate, Decision or Information: Decision

Why is this paper coming to the Council of Governors?

The Board of Directors is required to sign a Board Statement, having regard to the views of the Governors, confirming that during the financial year recently ended (2019/20) the Trust has provided the necessary training to its Governors to ensure they are equipped with the skills and knowledge they need to undertake their role. The statement has to be submitted by the end of June.

The paper attached summarises the evidence to support the completion of the Statement by the Board of Directors.

The Council of Governors is asked to confirm that they are happy to recommend to the Board of Directors, completion of the Board Statement confirming that the Trust provided the necessary training to its Governors during 2019/20.

What will happen as a result of the Council of Governors contribution?

The Board of Directors will review the evidence provided to support the completion of the Board Statement and take note of the Governors response.

Training of Governors Statement

The Board is satisfied that during the financial year most recently ended (2019/20) the Trust has provided the necessary training to its Governors, as required in section 151 (5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Evidence:

The Trust's Council of Governors includes both elected and appointed governors. The Trust values their role and is committed to ensuring they are equipped with the skills and knowledge they need to undertake their role through the provision of appropriate training and development.

This includes:

- An induction programme for newly appointed Governors;
- Individual meetings with the Chair, on appointment to identify their areas of particular interest and existing skills, and on-going one to one meetings with the Chair;
- The provision of a Governor Handbook, including (i) general and Trust information and signposting to other resources, e.g. the Trust Constitution, Monitor's Code of Governance, etc, (ii) Council of Governors role and signposting to other information, e.g. Monitor's reference guide on governors' statutory duties, Council of Governors' committees' and groups' terms of reference, and (iii) Board of Directors' information, e.g. Board terms of reference, Trust governance arrangements, etc. The handbook is issued to governors on induction and involves an overview of the contents;
- Council of Governors' engagement sessions on specific / pertinent issues, were held during 2019/20 and focused on the following topics:
 - East London Foundation Trust shared learning;
 - CEDAR Programme update (Care Environment Development and Re-provision);
 - Health Literacy;
 - Neurological Services update;
 - A Year Ahead.
- Presentations and facilitated discussions at the Council of Governor Meetings on specific subjects, these included:
 - North Cumbria update;
 - Annual Plan and Finance update;
 - Research and Development;
 - Quality Priorities;
 - Quality Account;
 - Staff Survey update;

- NTW Solutions update;
 - Trust constitution;
 - Service User and Carer Involvement Strategy;
 - Recovery Colleges update;
 - Membership strategy.
- Involvement in Council of Governors' Committees and Working Groups enabling them to gain specific skills and knowledge, these include the Nominations Committee and Quality Sub-Group;
 - All Trust committees have Governor Representatives who contribute to the meetings and ask questions. The representatives then provide feedback at the Council of Governors meetings held in public to improve the flow of information and provide assurance;
 - Attendance at key Trust Events, e.g. 'Quality Priorities Event', Collective Leadership Events and Annual Members Meeting to learn more about the Trust;
 - Visits to wards and departments, conducting Patient-led assessments of the care environment (PLACE);
 - Governors from East London Foundation Trust (ELFT) attended the Council of Governors Engagement meeting in April 2019 to share their journey in relation to introducing their people participation team and improving governor involvement;
 - Providing management briefings out with Council of Governors meetings, e.g. weekly communications briefing to keep governors up to date with Trust activity, opportunities for training, media interest, development and involvement where appropriate;
 - Governors have attended NHS Providers Governor Workshops, including Effective Chairing for Governors and Member and Public Engagement;
 - Providing external information and guidance, e.g. from the CQC, foundation trust network etc.

The Council of Governors meetings for 2019/20 were as follows:

- 14 May 2019
- 10 September 2019
- 7 November 2019
- 11 March 2020

The Council of Governor' Engagement Sessions for 2019/20 were as follows:

- 4 April 2019
- 4 June 2019
- 10 October 2019
- 11 February 2020

The Steering Group has the opportunity to discuss and agree the agendas for both formal meetings and engagement sessions, and all governors are invited to suggest topics for future development opportunities.

Signed on behalf of the Board of Directors, and having regard to the views of the Governors.

Signature

Name

Capacity

Date

Signature

Name

Capacity

Date

Report to the Council of Governors
18th June 2020

Title of report	Draft Quality Account – for consultation
Report author(s)	Julie Robson, Corporate and Quality Governance Manager
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Strategic ambitions this paper supports (please check the appropriate box)

Work with service users and carers to provide excellent care and health and wellbeing	x	Work together to promote prevention, early intervention and resilience	x
To achieve “no health without mental health” and “joined up” services	x	Sustainable mental health and disability services delivering real value	x
To be a centre of excellence for mental health and disability	x	The Trust to be regarded as a great place to work	x

Board Sub-committee meetings where this item has been considered (specify date)

Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)

Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)

Equality, diversity and or disability	x	Reputational	X
Workforce	X	Environmental	x
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to – non compliance with regulatory requirements

Executive Summary

We are seeking views on our Draft 19-20 Quality Account.

The document includes final progress against the 2019-20 quality priorities and also introduces the quality priorities for 2020-21 which were approved by the Trust Board in March 2020:

Safety:	Improving The Inpatient Experience
Service User & Carer Experience:	Improving Waiting Times
Clinical Effectiveness:	Equality, Diversity & Inclusion and Human Rights (in relation to the core values of fairness, respect, equality, dignity and autonomy (FREDA))

Revised Deadline for publishing Quality Account 2019-20

Update 1 May 2020: Regulations making revisions to quality account deadlines for 2019/20 are now in force. While primary legislation continues to require providers of NHS services to prepare a quality account for each financial year, the amended regulations mean there is no fixed deadline by which providers must publish their 2019/20 quality account. NHS England and NHS Improvement recommends for NHS providers that a revised deadline of 15 December 2020 would be appropriate, in light of pressures caused by COVID-19. Draft quality accounts should be provided to stakeholders (for 'document assurance' as required by the quality accounts regulations) in good time to allow scrutiny and comment. For finalising quality accounts by 15 December, a date of 15 October would be reasonable for this; each trust should agree this with their relevant stakeholders.

NHS providers are no longer expected to obtain assurance from their external auditor on their quality account/quality report for 2019/20. NHS foundation trusts are not required to include a quality report in their annual report for 2019/20.

Recommendations

The final version of the Quality Account will be taken for approval at a future meeting of the Trust Board. Council of Governors are asked to provide any comments on this draft Quality Account by 10th July 2020 to qualityassurance@ntw.nhs.uk.

Julie Robson
Corporate and Quality Governance
Manager

Lisa Quinn
Executive Director of Commissioning
and Quality Assurance

12th June 2020



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Quality Account

Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

2019/20



Caring | Discovering | Growing | **Together**

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



Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2019/20 in numbers:

88%

The proportion of 7,000 service users and carers who responded to the Friends and Family Test and would recommend our services in 2019/20 an increase of 1% point compared with the previous year. The mental health average national score in March 2019 was 90%

150

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

1 of 6

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

80%

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

56%

The response rate to the 2019 staff survey, which was 2% points above the national average and 11% points lower than the previous year

53,500

The number of service users cared for by the Trust on 31 March 2020

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Map

Main hospital sites



Part 1

Welcome and Introduction to the Quality Account

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was formed in 2019 when the mental health and learning disability services in North Cumbria were transferred to Northumberland, Tyne and Wear NHS Foundation Trust, we are one of the largest mental health and disability organisations in the country and has an annual income of more than £380 million.

We provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.7 million people in Cumbria and the North East of England. We employ over 7,000 staff, operate from over 70 sites and provide a range of comprehensive services including some regional and national services.

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

- Northgate Hospital, Morpeth (numbered 1 on the map on page 6)
- St. George's Park, Morpeth (2)
- St. Nicholas Hospital, Newcastle upon Tyne (3)
- Walkergate Park, Newcastle upon Tyne (4)
- Ferndene, Prudhoe (5)
- Monkwearmouth Hospital, Sunderland (6)
- Hopewood Park, Sunderland (7)
- Carleton Clinic, Carlisle (8)

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

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

What is a Quality Account?

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

We welcome the opportunity to outline how we have performed over the course of 2019/20, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

To help with the reading of this document we have provided explanation boxes alongside the text, and some examples of service user and carer experience.

This is an “explanation” box

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

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

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

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

Statement of Quality from the Chief Executive



John Lawlor
Chief Executive

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

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



Dr Rajesh Nadkarni
**Executive Medical
Director**



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

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Statement of Quality from Council of Governors Quality Group



Margaret Adams

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

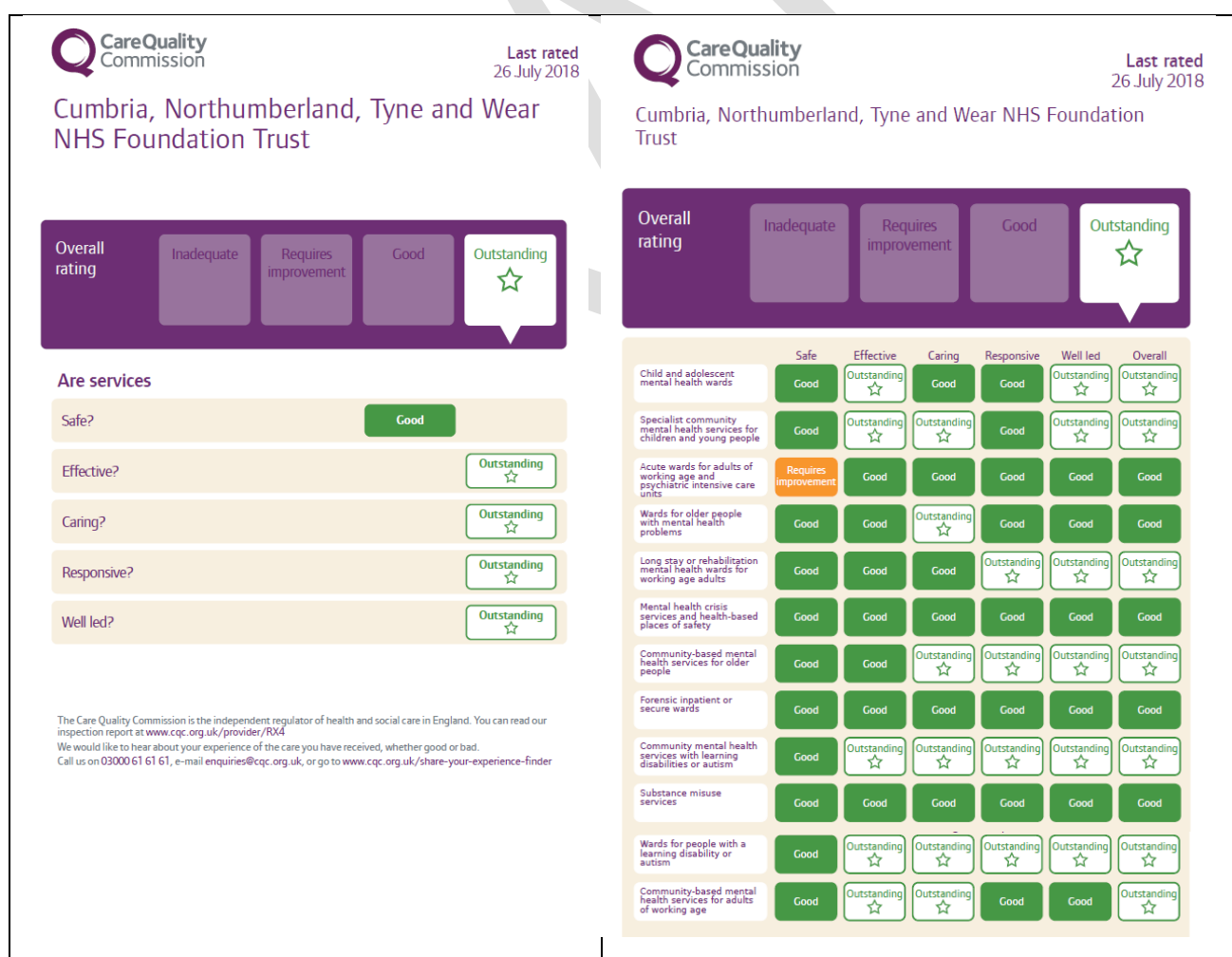
Care Quality Commission (CQC) Findings

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 six Mental Health and Disability Trusts in the country to be rated as such, as at 1 April 2019.

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

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

Mental health and learning disability services from North Cumbria transferred to the Trust on 1st October 2019 and with those services accepted 38 areas of improvement that had been identified by CQC at previous inspections which we are looking to address. CQC have notified the Trust that ratings will not be aggregated for a period of 2 years.



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

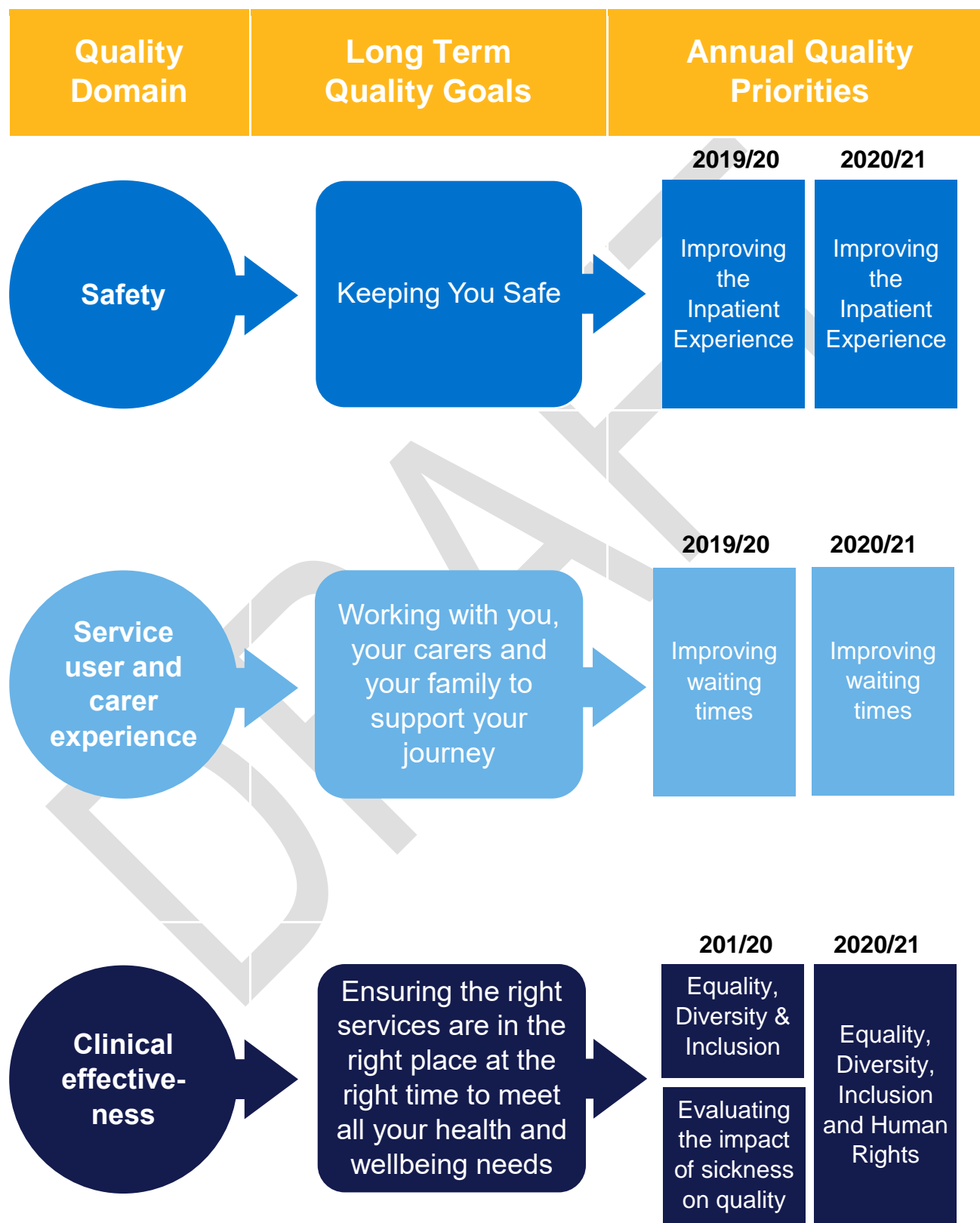
Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

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 1 below shows the number of current service users as at 31 March 2020 by locality, and Table 2 shows the total number of referrals in the year. Both tables have a comparison to the previous 2 years and the increase in referrals received is mainly attributable to investment in crisis, psychiatric liaison, street triage and substance misuse services.

Table 1: Service Users by locality 2017/18 to 2019/20 (data source: CNTW)

Clinical Commissioning Group (CCG)	2016/17	2017/18	2019/20
North Cumbria CCG	287	304	9650
North Tyneside CCG	4013	4161	3924
Northumberland CCG	9671	9274	9056
Newcastle & Gateshead CCG (Total)	13195	13405	13730
<i>Newcastle</i>	8533	8659	8904
<i>Gateshead</i>	4662	4746	4816
South Tyneside CCG	3713	3735	3846
Sunderland CCG	9711	9917	10688
Durham Dales Easington & Sedgefield CCG	474	526	537
North Durham CCG	633	721	705
Darlington CCG	110	130	138
Hartlepool & Stockton CCG	193	217	235
South Tees CCG	223	270	283
Other areas	349	426	747
Total Service Users	42572	43086	53539

Table 2: Total referrals by locality 2017/18 to 2019/20 (data source: CNTW)

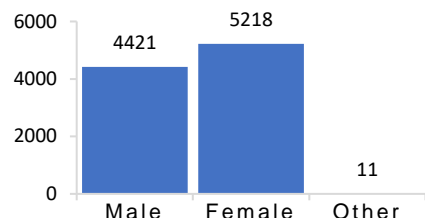
Clinical Commissioning Group (CCG)	2016/17	2017/18	2019/20
North Cumbria CCG	285	334	15316
North Tyneside CCG	12989	14132	15195
Northumberland CCG	30628	30943	30802
Newcastle & Gateshead CCG (Total)	40554	43497	43032
<i>Newcastle</i>	24214	26222	26374
<i>Gateshead</i>	16332	17256	16623
South Tyneside CCG	17402	17533	16252
Sunderland CCG	47007	50192	47489
Durham Dales Easington & Sedgefield CCG	1635	1698	1748
North Durham CCG	1185	1242	1169
Darlington CCG	107	121	97
Hartlepool & Stockton CCG	222	232	186
South Tees CCG	181	212	199
Other areas	1181	1280	2089
Total Service Users	153376	161416	173574

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

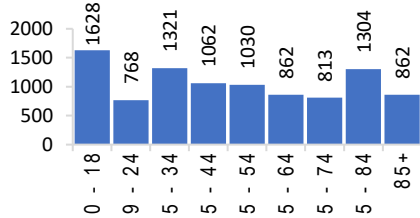
Figure 1: Gender, age and ethnic group breakdown of service users for our local CCGs

North Cumbria CCG

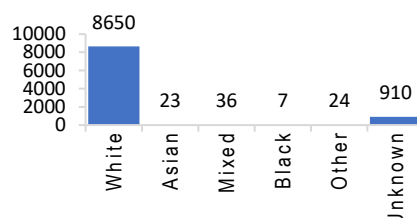
Gender Breakdown



Age Breakdown

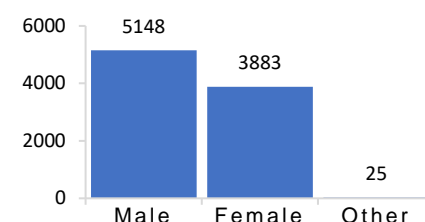


Ethnicity Breakdown

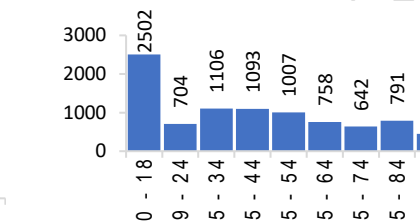


Northumberland CCG

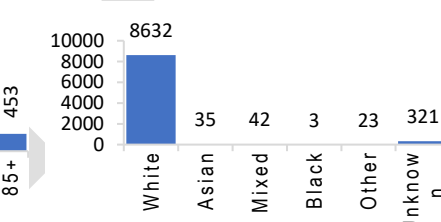
Gender Breakdown



Age Breakdown

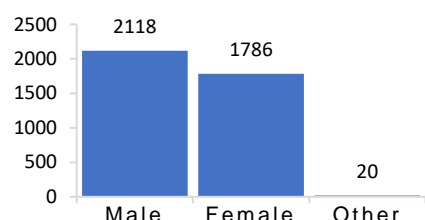


Ethnicity Breakdown

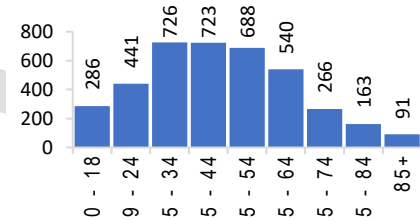


North Tyneside CCG (see page 38 for more information on services in North Tyneside)

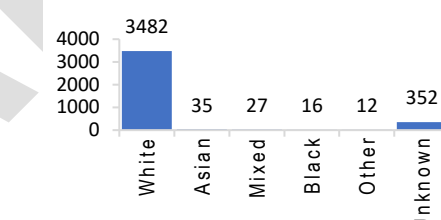
Gender Breakdown



Age Breakdown

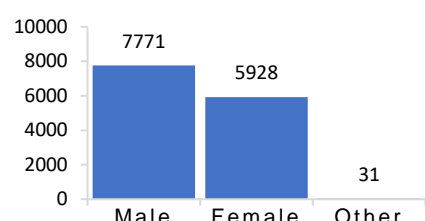


Ethnicity Breakdown

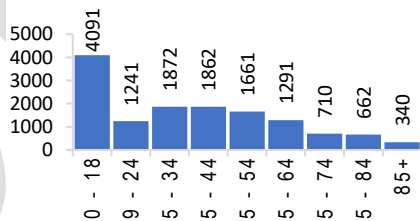


Newcastle Gateshead CCG

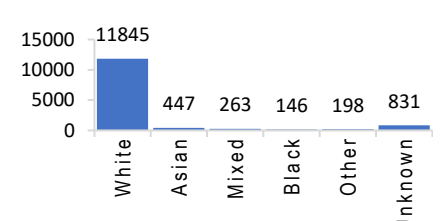
Gender Breakdown



Age Breakdown

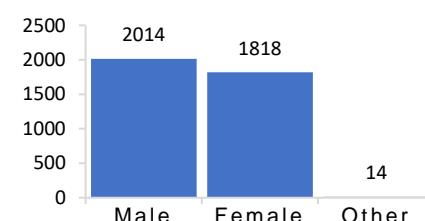


Ethnicity Breakdown

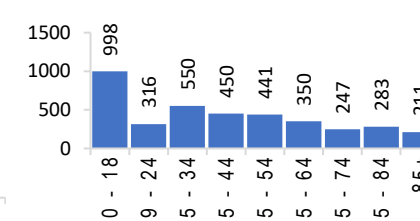


South Tyneside CCG

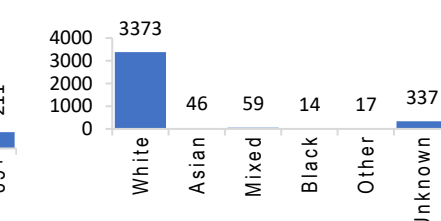
Gender Breakdown



Age Breakdown

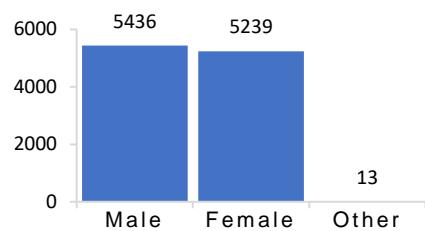


Ethnicity Breakdown



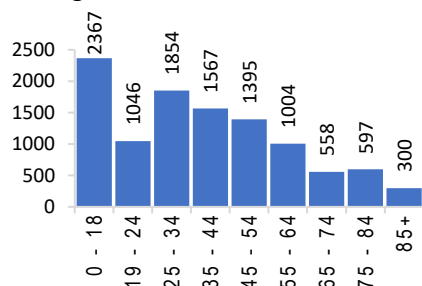
Sunderland CCG

Gender Breakdown

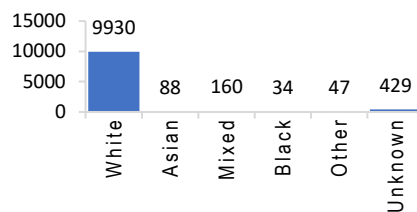


Data source: CNTW

Age Breakdown



Ethnicity Breakdown



Part 2a

Looking Ahead – Our Quality Priorities for Improvement in 2020/21

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2020/21.

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

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

An engagement process was undertaken from December 2019 to January 2020, inviting governors, service users, carers, staff, commissioners and other stakeholders to consider the development of a quality priority which would focus on Human Rights, it is envisaged that this would be appended to the existing quality priority relating to Equality, Diversity and Inclusion:



1. What is important to you with regard to fairness, respect, equality, dignity and autonomy?



2. Any other areas of concern for consideration as a quality priority?

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

These are the agreed Quality Priorities for the year 2020/21, and how we intend to achieve them:

Safety

Improving the inpatient experience

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

Continue to monitor average bed occupancy on adult and older people's mental health wards (including PICU - psychiatric intensive care unit) against the plan in 3.

Implement reporting average patient days receiving out of area treatment within CNTW.

Continue to monitor service user and carer experience.

Figure 2: Inappropriate out of area bed days planned trajectory 2019/20 and 2020/21

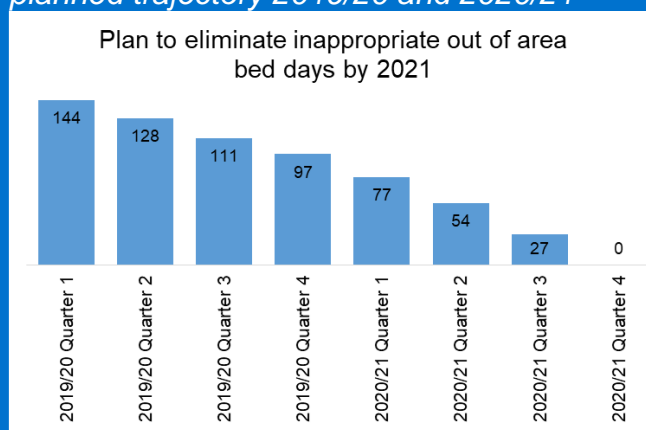


Table 3: Bed occupancy trajectories including leave, by quarter 2020/21. Excludes rehabilitation.

Service	Q1	Q2	Q3	Q4
Adults (Assessment & Treatment including PICU)	100%	100%	100%	100%
Older People	77%	77%	77%	94%

In 2020/21, we plan to maintain a stable level of bed occupancy in the adult acute pathway whilst reducing beds in line with the Newcastle/Gateshead CCG "Delivering Together" consultation.

In the older people's pathway, the planned occupancy rate increases in quarter 4 as a consequence of decommissioning existing empty beds. No increase in inpatient admissions is anticipated.

Service User & Carer Experience

Improving waiting times

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

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

Clinical Effectiveness

Equality, Diversity & Inclusion and Human Rights (in relation to the core values of fairness, respect, equality, dignity and autonomy (FREDA))

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

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

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

Implement masterclasses

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

Locality Groups to report progress against action plans

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

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

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

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

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

Part 2b

Looking back – Review of Quality Priorities in 2019/20 and their impact on our long term Quality Goals

In this section we will review our progress against our 2019/20 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goal**.

Our 2019/20 Quality Priorities were:

Safety	Service User & Carer Experience
Improving the inpatient experience <ul style="list-style-type: none">• see page 22	Improving waiting times see page 32
Clinical Effectiveness	
Equality, Diversity and Inclusion <ul style="list-style-type: none">• see page 52	Evaluating the impact of sickness on quality <ul style="list-style-type: none">• see page 54

Improving the inpatient experience

<p>We said we would:</p>	<ul style="list-style-type: none"> a) Continue to monitor inappropriate out of area treatment days against plan. b) Implement reporting average patient days receiving out of area treatment within CCNTW. c) Continue to monitor average bed occupancy on adult and older people's mental health wards (including PICU - psychiatric intensive care unit) against the plan. d) Continue to monitor service user and carer experience on inpatient wards. 																																																				
<p>Progress</p>	<p>Partially Met</p> <p>(1) The number of inappropriate out of area bed days during 2019/20 is shown in figure 3. The Trust experienced an increase in inappropriate out of area beds during December 19 and January 20. During this time there were national pressures for access to adult acute mental health beds</p> <div data-bbox="810 846 1401 922" data-label="Caption"> <p><i>Figure 3: Number of inappropriate Out of Area bed days by month, 2019/20</i></p> </div> <div data-bbox="847 927 1430 1249" data-label="Figure"> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of inappropriate Out of Area bed days</th> </tr> </thead> <tbody> <tr><td>April</td><td>104</td></tr> <tr><td>May</td><td>118</td></tr> <tr><td>June</td><td>155</td></tr> <tr><td>July</td><td>186</td></tr> <tr><td>Aug</td><td>65</td></tr> <tr><td>Sept</td><td>124</td></tr> <tr><td>Oct</td><td>87</td></tr> <tr><td>Nov</td><td>117</td></tr> <tr><td>Dec</td><td>334</td></tr> <tr><td>Jan</td><td>257</td></tr> <tr><td>Feb</td><td>118</td></tr> <tr><td>Mar</td><td>136</td></tr> </tbody> </table> <p style="text-align: right;">Data source: CNTW</p> <p><i>Figure 4: Number of service users in inappropriate Out of Area placements by month 2019/20</i></p> <div data-bbox="347 1420 1054 1731" data-label="Figure"> <table border="1"> <thead> <tr> <th>Month</th> <th>Number of service users in inappropriate Out of Area placements</th> </tr> </thead> <tbody> <tr><td>April</td><td>5</td></tr> <tr><td>May</td><td>9</td></tr> <tr><td>June</td><td>11</td></tr> <tr><td>July</td><td>12</td></tr> <tr><td>Aug</td><td>7</td></tr> <tr><td>Sept</td><td>9</td></tr> <tr><td>Oct</td><td>6</td></tr> <tr><td>Nov</td><td>10</td></tr> <tr><td>Dec</td><td>24</td></tr> <tr><td>Jan</td><td>18</td></tr> <tr><td>Feb</td><td>9</td></tr> <tr><td>Mar</td><td>7</td></tr> </tbody> </table> <p>Data source: CNTW</p> <p>(2) An approach to capture out of area placement bed usage within CNTW remains in development.</p> <p>(3) Average bed occupancy levels during 2019/20 have been monitored and compared with planned trajectories for the year, which take into account any planned bed closures. Bed occupancy trajectories do not include North Cumbria.</p> </div></div>	Month	Number of inappropriate Out of Area bed days	April	104	May	118	June	155	July	186	Aug	65	Sept	124	Oct	87	Nov	117	Dec	334	Jan	257	Feb	118	Mar	136	Month	Number of service users in inappropriate Out of Area placements	April	5	May	9	June	11	July	12	Aug	7	Sept	9	Oct	6	Nov	10	Dec	24	Jan	18	Feb	9	Mar	7
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Table 5 - During the year the number of available adult mental health beds (acute and PICU, exclude rehabilitation) reduced in Q3 in line with the Newcastle/Gateshead CCG "Delivering Together" consultation. As a consequence, the bed occupancy rate increased, and despite this being factored into the planned bed occupancy trajectory, the trajectory was exceeded (2% over the trajectory). As noted above, at a national level adult acute inpatient services experienced significant pressures during this period in 19/20. Complimentary to bed occupancy, Table 6 illustrates the number of occupied bed days, and it evident that over the year there has been a reduction in occupied bed days.

As within adult mental health inpatients services, the number of available beds in older peoples has reduced due to the decommissioning of existing empty beds in Q4. While the older peoples bed occupancy rate fluctuated during the year, the bed occupancy percentage as at the end of the year was under the planned bed occupancy trajectory (11% under the trajectory), with occupied bed days also at their lowest during Q4.

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

Table 4: Average % bed occupancy by locality care group and quarter, 2019/20

Average % Occupied Beds Including Leave	Adult mental health wards including PICU				Older People's mental health wards			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Bed occupancy trajectory (do not include North Cumbria)	100	100	100*	100*	72	77	77	94**
Trustwide (excluding North Cumbria)	102.1 %	100.7 %	102.5 %	102.8 %	74.8 %	85.5%	82.0 %	79.9 %
North	103.5 %	102.8 %	103.9 %	105.2 %	91.9 %	101.0 %	99.6 %	96.5 %
Central	102.7 %	102.4 %	101.8 %	102.3 %	90.9 %	98.2%	98.0 %	88.7 %
South	100.2 %	97.2%	102.0 %	101.5 %	63.9 %	76.1%	70.9 %	70.2 %
North Cumbria			83.8%	97.6%			91.9 %	95.1 %
Trustwide (including North Cumbria)	102.1 %	100.7 %	98.3%	101.8 %	74.8 %	85.5%	84.1 %	83.2 %

*Reduction in adult acute beds in line with the Newcastle/Gateshead CCG "Delivering Together" consultation.

**Reduction in older peoples beds due to the decommissioning of existing empty beds.

Table 5: Occupied mental health beds, 2019/20

Occupied Bed Days Including Leave	Adult mental health wards including PICU				Older People's mental health wards			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trustwide (excluding North Cumbria)	19,438	18,316	17,693	17,508	7,217	8,334	7,996	7,081

Average occupied beds per day	214	199	192	192	79	91	87	78
Trustwide (including North Cumbria)	19,438	18,316	21,908	21,772	7,217	8,334	10,410	9,417
Average occupied beds per day	214	199	238	239	79	91	113	103

Figure 5: Number of inpatients for working-age adult MH wards (acute and PICU, exclude rehabilitation), 2019/20

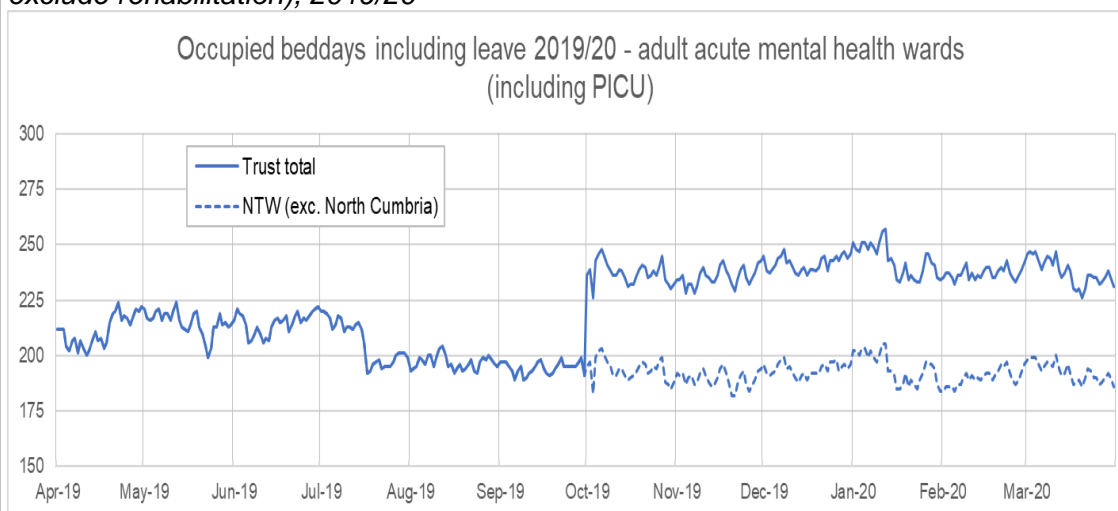
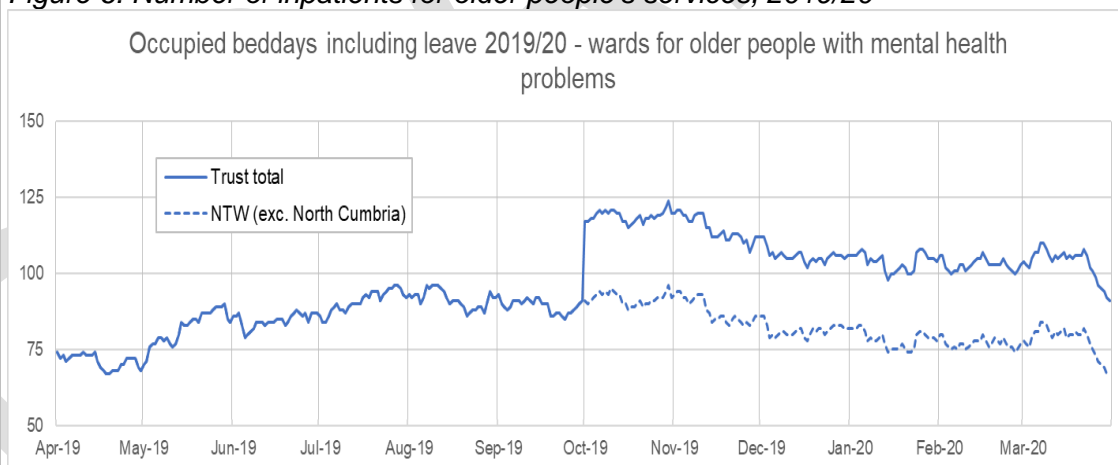


Figure 6: Number of inpatients for older people's services, 2019/20

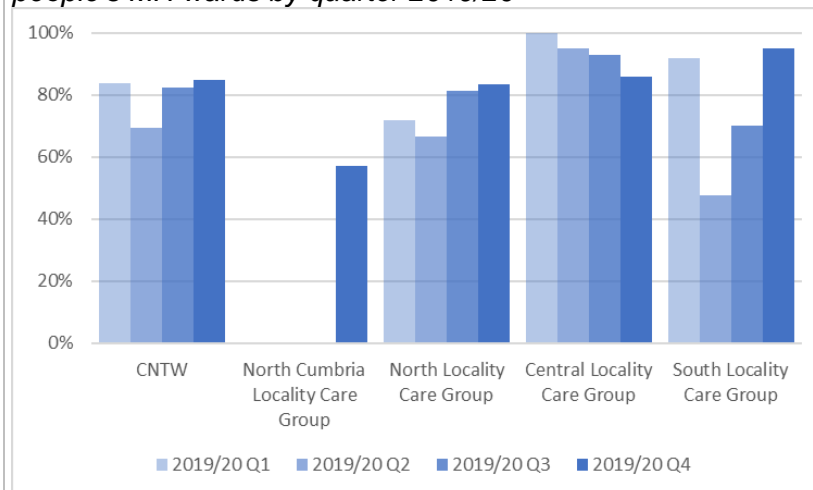


(4) Analysis of the Friends and Family Test recommend scores for adult (acute and PICU, exclude rehabilitation) and older peoples mainstream mental health wards April 2019 to March 2020.

Figure 7 shows the Friends and Family Test “recommend” score for each quarter of 2019/20. The results are based upon 237 surveys received; North Locality 90; South Locality 87; Central Locality 53; North Cumbria Locality 7. The South locality has received the greatest variation in scores.

Note that uptake of Points of You within some of the inpatient areas remains low, work is ongoing to encourage higher volumes of responses. For more information on Points of You please see pages 48 and 104.

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



There was one complaint received during the year, which was not a complaint about travelling to a ward, but a concern regarding whether an admission could be in Cumbria, which is far from home, due to the transfer of services from North Cumbria to Northumberland, Tyne and Wear NHS Foundation Trust. This complaint was responded to in line with the due processes.

“.....It truly is a team of medical professionals who work "together" to support patients and their cares following life changing events. When a support need is identified staff will refer you to the relevant specialist to ensure the right type of support / treatment is given when required. Thus helping recovery.....”

“.....The care I received has been excellent and tailored to my needs and wishes....”

“....I feel I was patronised and casually dismissed from the opportunity to be given any further practical help.....”

“....More communication is needed between service and service users / carers, find myself being the all to chase and call. Not a fantastic duty of care overall. As mentioned understand services are stretched, not a good experience for younger patients.....”

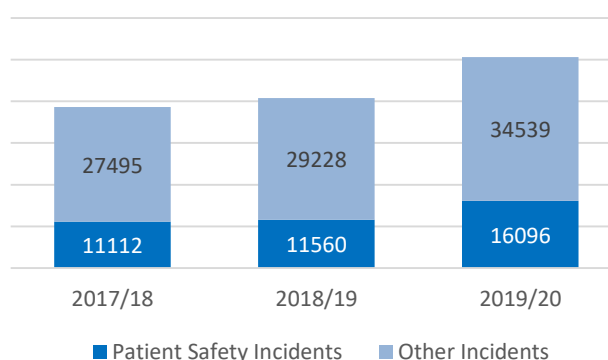
How has the Improving the inpatient experience Quality Priority helped support the Safety Quality Goal of Keeping You Safe?

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

Figure 4 shows the total number of patient safety incidents reported by the Trust over the past 3 years:

Compared with the previous year, there has been a 4% increase in the number of patient safety incidents. Patient safety incidents represent 32% of the total number of incidents reported for the year, which totalled 50635 (an increase of 8% from the previous year).

Figure 4: Number of reported **patient safety** incidents and total incidents 2017/18 to 2019/20



Data source: CNTW

Table 6: Number and percentage of **patient safety** incidents by impact 2017/18 to 2019/20

Number of Patient Safety incidents reported by impact:	2017/18		2018/19		2019/20	
No Harm	6584	59.3%	7344	63.5%	10537	65.5%
Minor Harm	3693	33.2%	3607	31.2%	4965	30.8%
Moderate Harm	751	6.8%	541	4.7%	526	3.3%
Major Harm	38	0.3%	43	0.4%	53	0.3%
Catastrophic, Death*	46	0.4%	25	0.2%	15	0.1%
Total patient safety incidents	11112	100%	11560	100%	16096	100%

Data source: CNTW

Note, annual totals for previous years may differ from previously reported data due to on-going data quality improvement work and to reflect coroner's conclusions when known. Data is as at 2 April 2020.

The “no harm” or “minor harm” patient safety incidents now account for 96% of reported patient safety incidents, with an increase in the number assessed as “no harm”.

Degree of harm in incident reports

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

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

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

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

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

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

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

Table 7: **Total** incidents 2019/20 for local CCGs, includes patient safety and non-patient safety incidents

Total incidents by locality	No Harm	Minor Harm	Moderate Harm	Major Harm	Catastrophic, Death*
NHS CUMBRIA CCG	1228	396	29	4	66
NHS NORTHUMBERLAND CCG	6856	1895	207	17	162
NHS NORTH TYNESIDE CCG	2276	590	69	6	96
NHS Newcastle Gateshead CCG	7953	2357	253	25	270
<i>Newcastle</i>	5881	1688	167	17	208
<i>Gateshead</i>	2072	669	86	8	62
NHS SOUTH TYNESIDE CCG	1913	574	87	10	106
NHS SUNDERLAND CCG	4596	1350	325	23	223
Total for local CCGs	23240	6865	959	84	921

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 921. 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 CCNTW 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@cCNTW.nhs.uk

By phone: 0191 245 6672

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

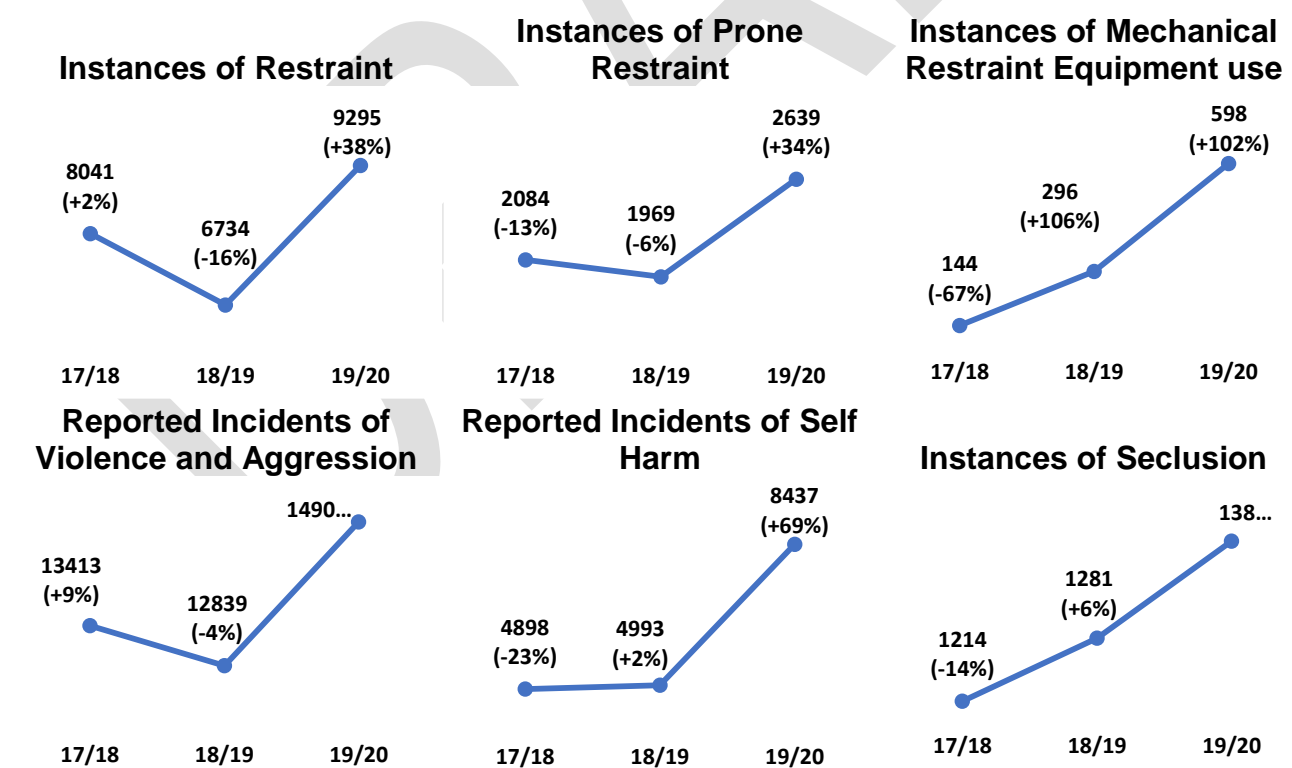
We have reviewed our approach to Duty of Candour, in light of the national publications on death reviews and have been applying this new approach since April 2017.

The Safer Care directorate supports clinical Locality Groups in delivering safe and high quality services to service users while also ensuring a safe working environment for all staff. The directorate comprises a number of corporate governance functions brought together under a single leadership team. These include: infection, prevention and control; safeguarding; health safety and security; emergency preparedness; and a number of staff recruitment and professional management activities. The directorate leads on the investigation of serious incidents; mortality reviews and learning from deaths; the dissemination of learning – both internal and external; and co-ordinates the complaints process.

The Learning and Improvement Group, and monthly Bulletin share learning across the organisation. Monthly and quarterly reports safer care reports inform the Locality Groups, Trust Board and Quality Review Groups of the safety profile of the Trust. This process has been advanced over the last year by the development of safer care dashboards which provide a near-time view of vital safety parameters and inform local and Trust wide decision making.

Positive and Safe Strategy - impact in numbers:

Figure 5: Talk 1st number of incidents (and change on previous year) 2017/18 to 2019/20



Data source: CNTW

The activity recorded during 2019 -20 has demonstrated increases in all categories when compared with last year's activity, there have been a number of in year issues which have contributed to this.

CCNTW have supported patients involved in both the Whorlton Hall and West lane closures, patients from both units have been transferred to our services. This involved rapid changes to environments and in some instances temporarily destabilised some of those patients whom were transferred.

Teams have worked flexibly and have rapidly adapted existing services and pathways to accommodate patient need, in some cases adding additional new clinical skills. It is pleasing to note that the patients involved have settled well and some have been discharged.

Following the merger with the former North Cumbria partnership an additional eight wards were added to the Trusts restrictive intervention dashboard in October simply this has added additional activity when compared with 2018 -19.

The Positive and safe strategy will be revised and launched in 2020 along with a revised Trust reducing restrictive intervention policy , successful pilots improving the sleep health of patients , body worn cameras , alternatives to the use of prone restraint and safety huddles undertaken in 2019 will be rolled out across 2020 and beyond.

Freedom to Speak Up

As the key to the delivery of safe and compassionate care, the Trust is committed to an open reporting culture about the quality of care, patient safety, or bullying. Staff are encouraged to embrace as normal practice the raising of concerns, speaking to their manager or in team meetings. They are further supported by the Freedom to Speak Up Guardian and a network of 33 Freedom to Speak Up Champions. Managers are required to also inform self-employed, contractors, agency staff, volunteers, or students/apprentices/trainees on placement, about the raising concerns process.

Every page of the staff Intranet gives Raising Concerns information, including details of how to raise concerns outside the Trust, giving details of (among others) the CQC and Public Concern at Work. Posters detailing how to contact the Freedom to Speak Up Guardian are widely distributed.

Concerns are responded to as locally as possible. Those hearing the concerns may instigate investigatory processes. Those hearing concerns are required to report back to those raising concerns about the outcome of any enquiry and any proposed remedial action. This is usually done in writing or in a feedback meeting, and may be done to individuals or staff groups.

As a matter of policy, staff who speak up are protected from detriment even if it later transpires that they were mistaken in their suspicions or belief. The Trust does not tolerate bullying, harassment or victimisation of anyone raising a concern, and such behaviour would be dealt with under the Trust's Disciplinary Procedure (including the possibility of dismissal).

Neil Cockling

Freedom to Speak Up Guardian

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Improving waiting times

<p>We said we would:</p>	<p>Continue to report waiting times to treatment for adult and OPS MH services</p> <p>Split CYPS waiting times reporting into pathways (using 2nd contact as treatment proxy), monitor and report using new format</p> <p>Continue to monitor and report Gender Dysphoria, adult ADHD diagnosis and adult ASD diagnosis waiting times</p>												
<p>Progress</p>	<p>Partially Met</p> <p>Nobody should wait more than 18 weeks for their first contact with a community service. In line with nationally reported 18 weeks data, we measure progress against this by looking at the waiting list at the end of the year, and calculating how many of those service users waiting had been waiting for more or less than 18 weeks at that point.</p> <p>Referrals which are regarded as a priority or emergency by the clinical team would not be expected to wait 18 weeks for first contact. The definition of what constitutes a priority or emergency referral differs per service.</p> <p>We encourage service users, carers and referrers to keep in touch with us while they are waiting for the first contact with a service, to manage risks and to ensure that we understand if anything about their situation changes.</p> <p>This year we have seen waiting times remaining stable within community services for adults and older people* with 61 people waiting more than 18 weeks for their first contact with a service at 31st March 2020, which is a slight increase of 5% when compared with the same date last year, when 57 people were waiting.</p> <p>Please note North Cumbria services data was included from 1st October 2019 following the merger of the organisations.</p> <p><i>Figure 6: People waiting more than 18 weeks for first contact for adult and older peoples community services*, 2019/20</i></p> <div data-bbox="363 1547 1050 1955"> <p>Number of service users waiting more than 18 weeks for first contact - non specialised services</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Number of service users</th> </tr> </thead> <tbody> <tr> <td>31-03-19</td> <td>57</td> </tr> <tr> <td>30-06-19</td> <td>38</td> </tr> <tr> <td>30-09-19</td> <td>30</td> </tr> <tr> <td>31-12-19</td> <td>71</td> </tr> <tr> <td>31-03-20</td> <td>61</td> </tr> </tbody> </table> </div> <div data-bbox="1107 1547 1439 1872"> <p>*excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services</p> </div> <p>Data source: CNTW</p>	Date	Number of service users	31-03-19	57	30-06-19	38	30-09-19	30	31-12-19	71	31-03-20	61
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31-12-19	71												
31-03-20	61												

Reported waiting times to access community services for children and young people have significantly improved in Northumberland and there has been large reductions in the number waiting in Newcastle and Gateshead – see overleaf for further information.

Note the methodology used to calculate waiting times for children and young people's services changed during 2019/20 whereby both face to face and indirect contacts are now included, and the second contact is classed as the proxy for entering treatment.

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.

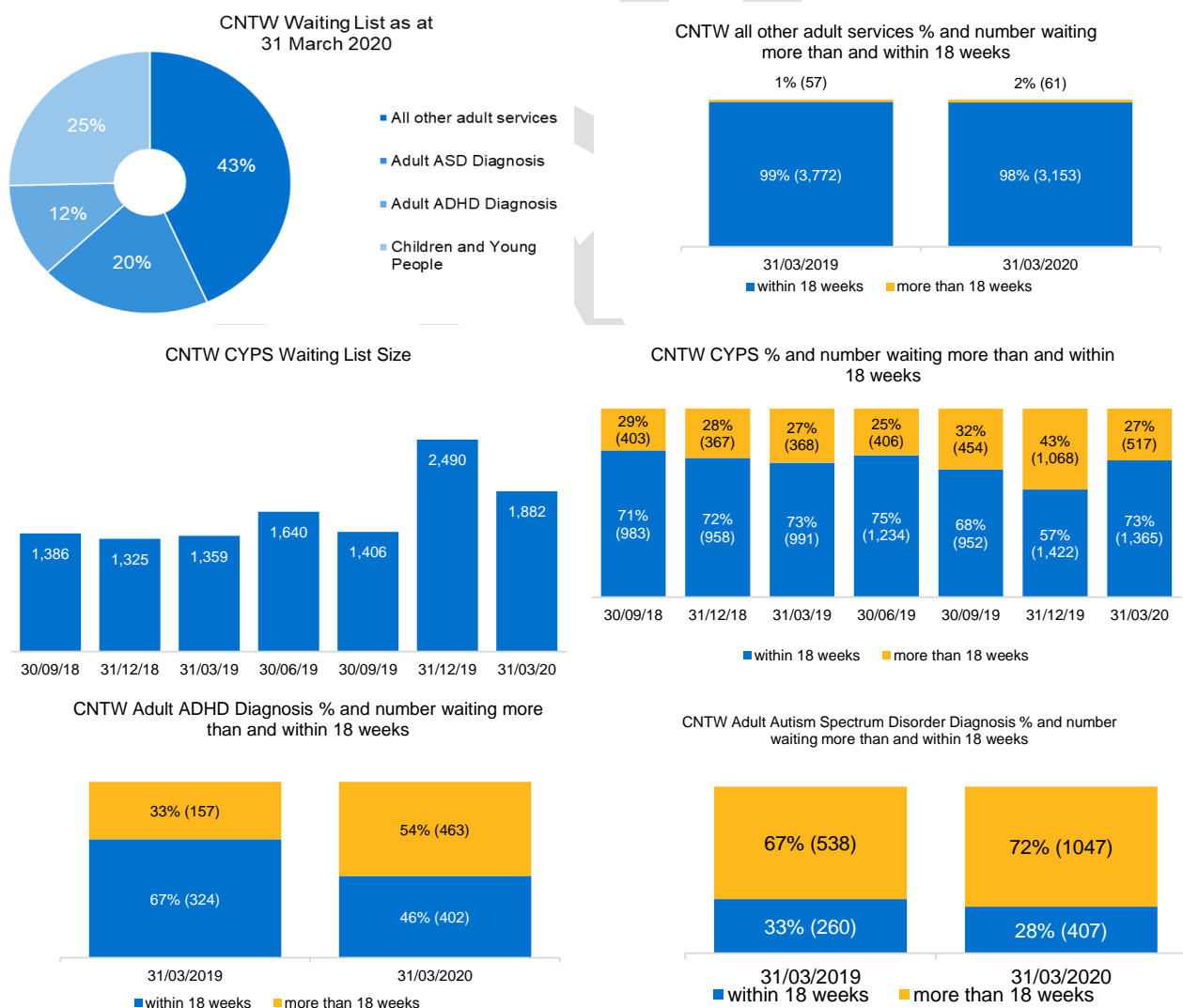
Trustwide waiting times analysis

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

The number of children and young people waiting for treatment has increased while the proportion waiting less than 18 weeks has remained stable at 73% at 31st March 2020. Please note that North Cumbria services have been included in this data from 1st October 2019.

There has been a significant increase to waiting times for the adult Attention Deficit Hyperactivity Disorder diagnosis service and for the adult Autism Spectrum Disorder diagnosis service.

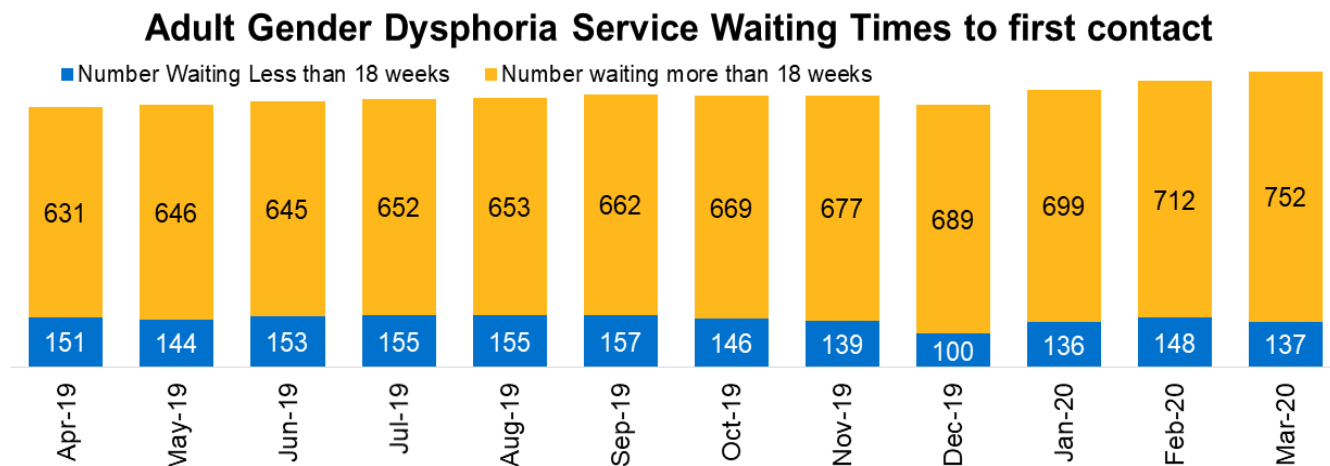
Figure 7a-f: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics



Data source: CNTW

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

Figure 8: Gender identity service waiting list 2019/20



Data source: CNTW

The overall waiting list for the adult Gender Dysphoria service has increased during the year, due to the sustained increase in referrals received. As at 31 March 2020, there were a total of 889 adults waiting to access the service, a 16% increase compared to the equivalent number as at 31 March 2019 (763).

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

Table 8: Five Year Forward View for Mental Health waiting times data 2019/20

Area	Waiting time measure	Minimum standard	CNTW data	Data period
Early Intervention in Psychosis (EIP) *	% starting treatment within two weeks of referral	53%	73.5%	April 2019 to March 2020
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	100% (NTW) 99.5% (Cumbria)	April 2019 to March 2020
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	95% by 2020/21	94.6%	April 2019 to March 2020
	% routine cases starting treatment within four weeks of referral		79.5%	

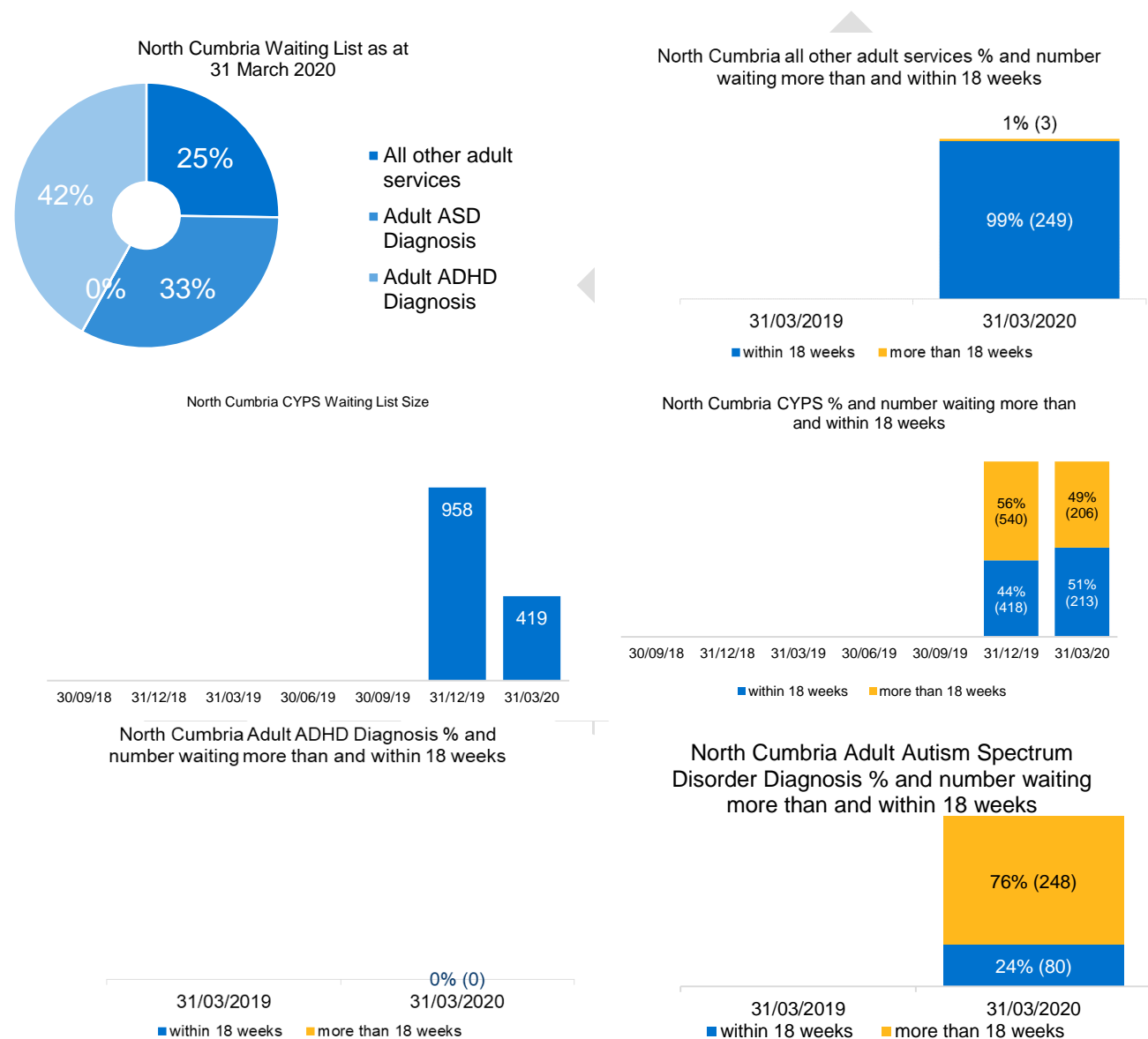
Data source: CNTW

*to note: Internal Audit response to EIP No issues. We normally sample 5 exceptions to the indicator, but were unable to do this remotely. However, the auditor did check that the 20 items sampled all related to first episode psychosis. Nothing there that should have been excluded. In addition, EIP has been subject to previous internal audit where we have tested the exception process with no issues found in the way that items are excluded from the indicator.

Waiting times analysis at locality level

In **North Cumbria**, services waiting times data has been included following the merger of the organisations from 1st October 2019. Waiting times have improved throughout the last six months and within Children and Young Peoples services there has been a significant improvement in the overall numbers waiting for treatment.

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

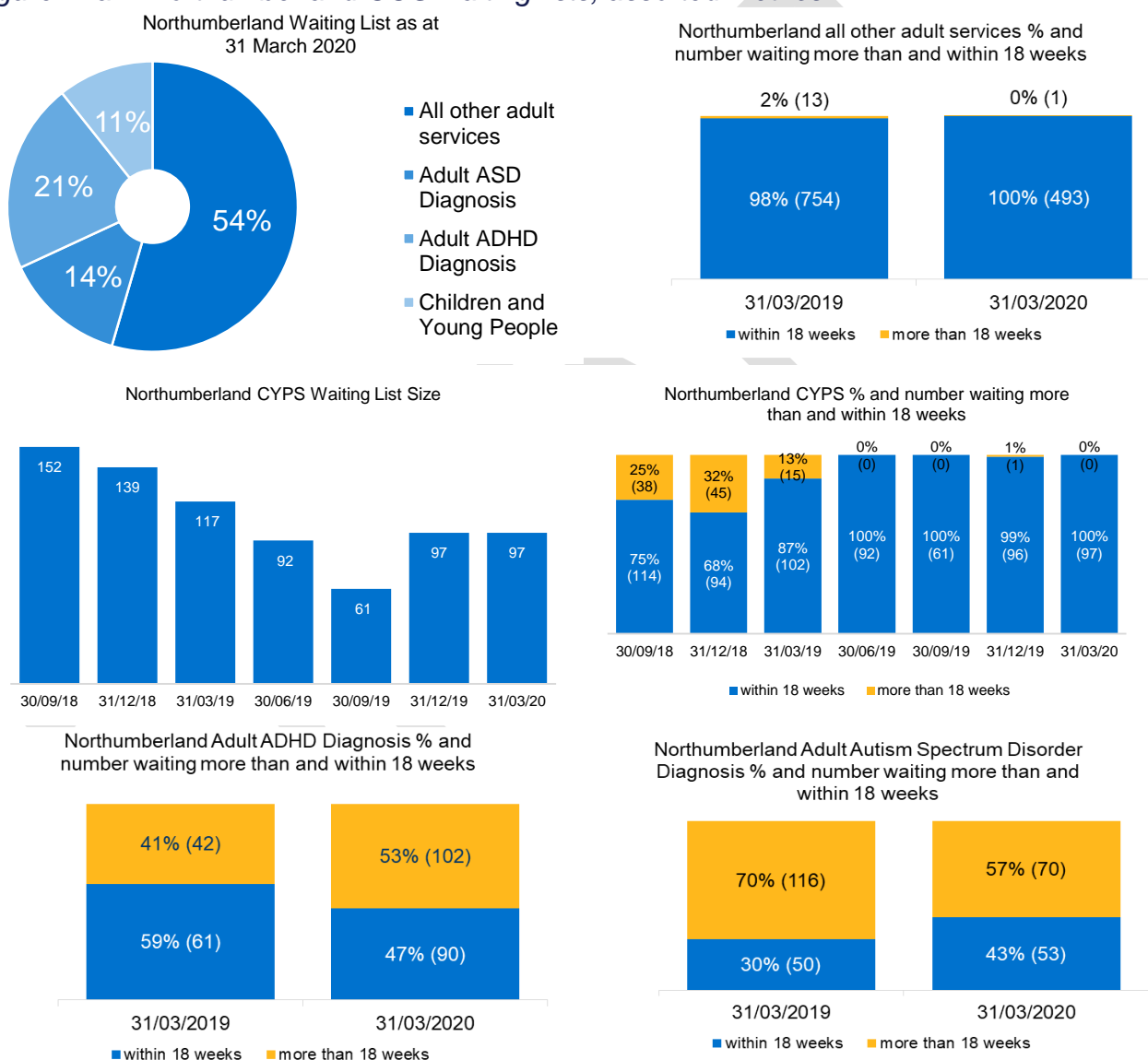


Data source: CNTW

In **Northumberland**, waiting times for adult services have reduced, with only 1 individual waiting more than 18 weeks for their first contact as at 31 March 2019 (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

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

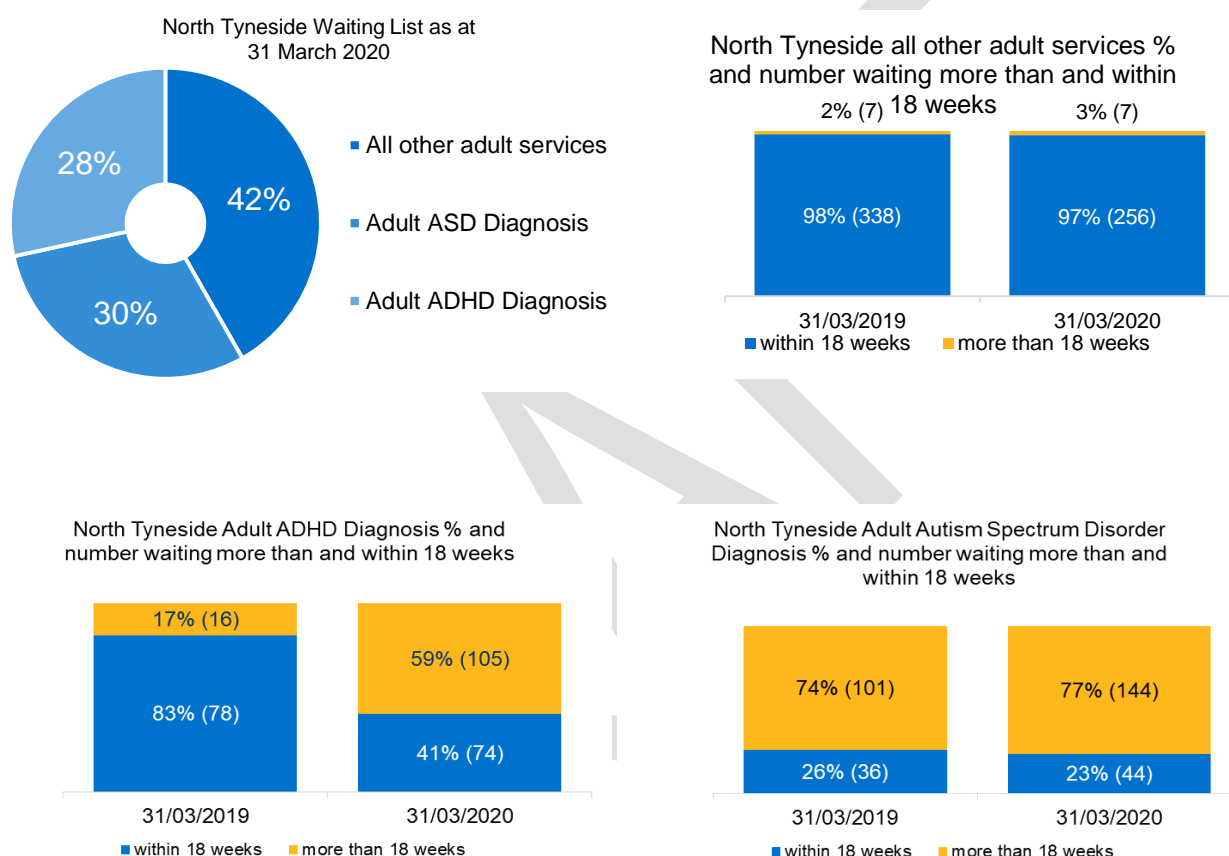
Figure 14a-f: Northumberland CCG waiting lists, assorted metrics



Data source: CNTW

In **North Tyneside**, the waiting times for adult services excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have remained broadly under 18 weeks and waits for adult ADHD (Attention Deficit Hyperactivity Disorder) services have lengthened significantly. There has been some increase in services users experiencing long waits within the adult Autism Spectrum Disorder diagnosis service.

Figure 15a-d: North Tyneside CCG waiting lists, assorted metrics



Data source: CNTW

Note there is no chart provided for community services for children and young people in North Tyneside as this service is provided by Northumbria Healthcare NHS Foundation Trust, not CNTW, for more information please see:

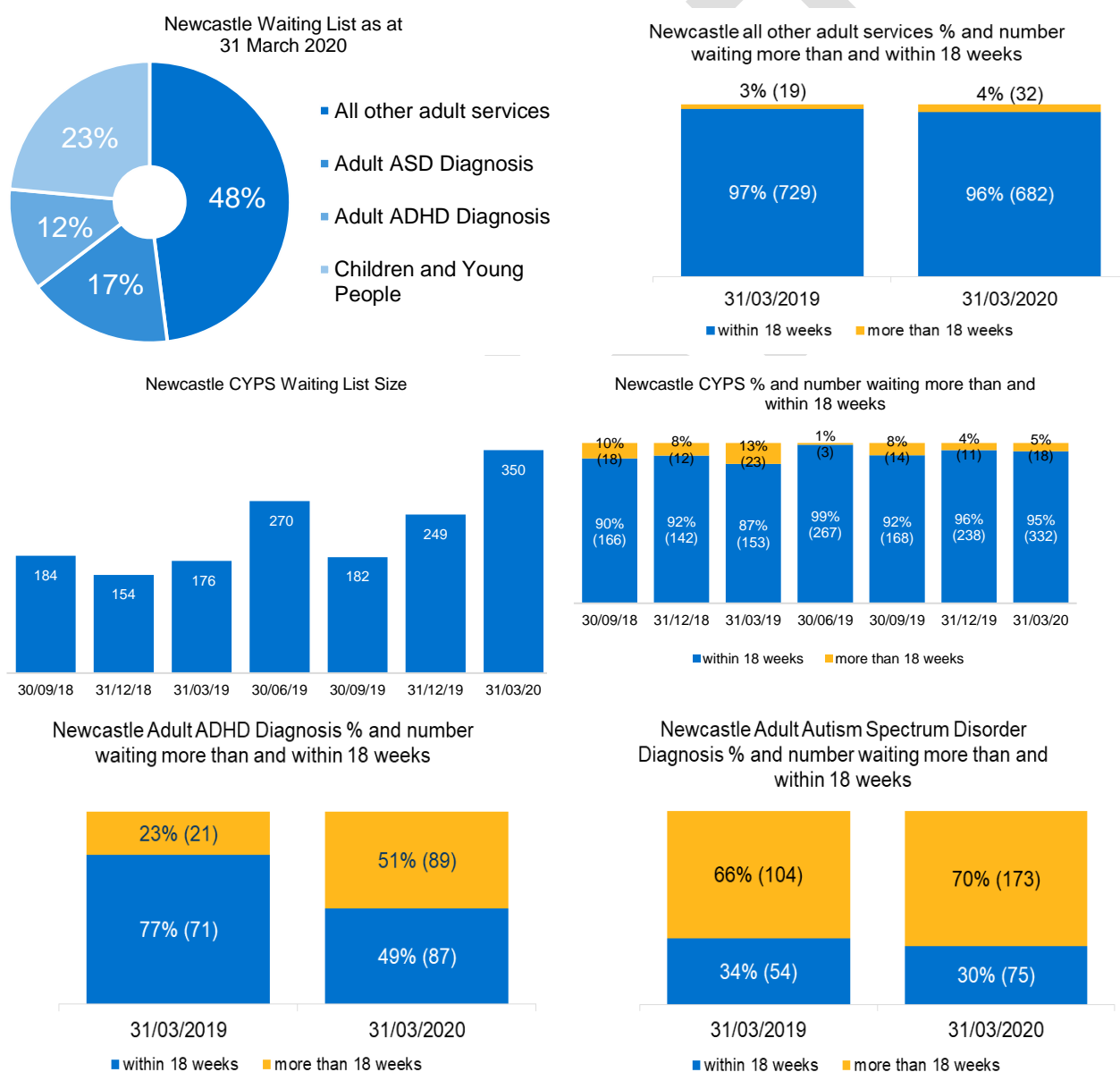
<https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mental-health-service-camhs/>

In **Newcastle**, the waiting times for adult services have increased slightly compared to last year where only a small number of service users have a long wait to be seen and these are mostly within specialist teams (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The number of Children and Young People waiting for treatment as at 31 March 2020 have increased throughout the year, although the *proportion* waiting more than 18 weeks has reduced.

There has been an increase in the waiting times for the adult attention deficit hyperactivity disorder diagnosis services and the adult Autism Spectrum Disorder diagnosis service.

Figure 16a-f: Newcastle locality waiting lists, assorted metrics



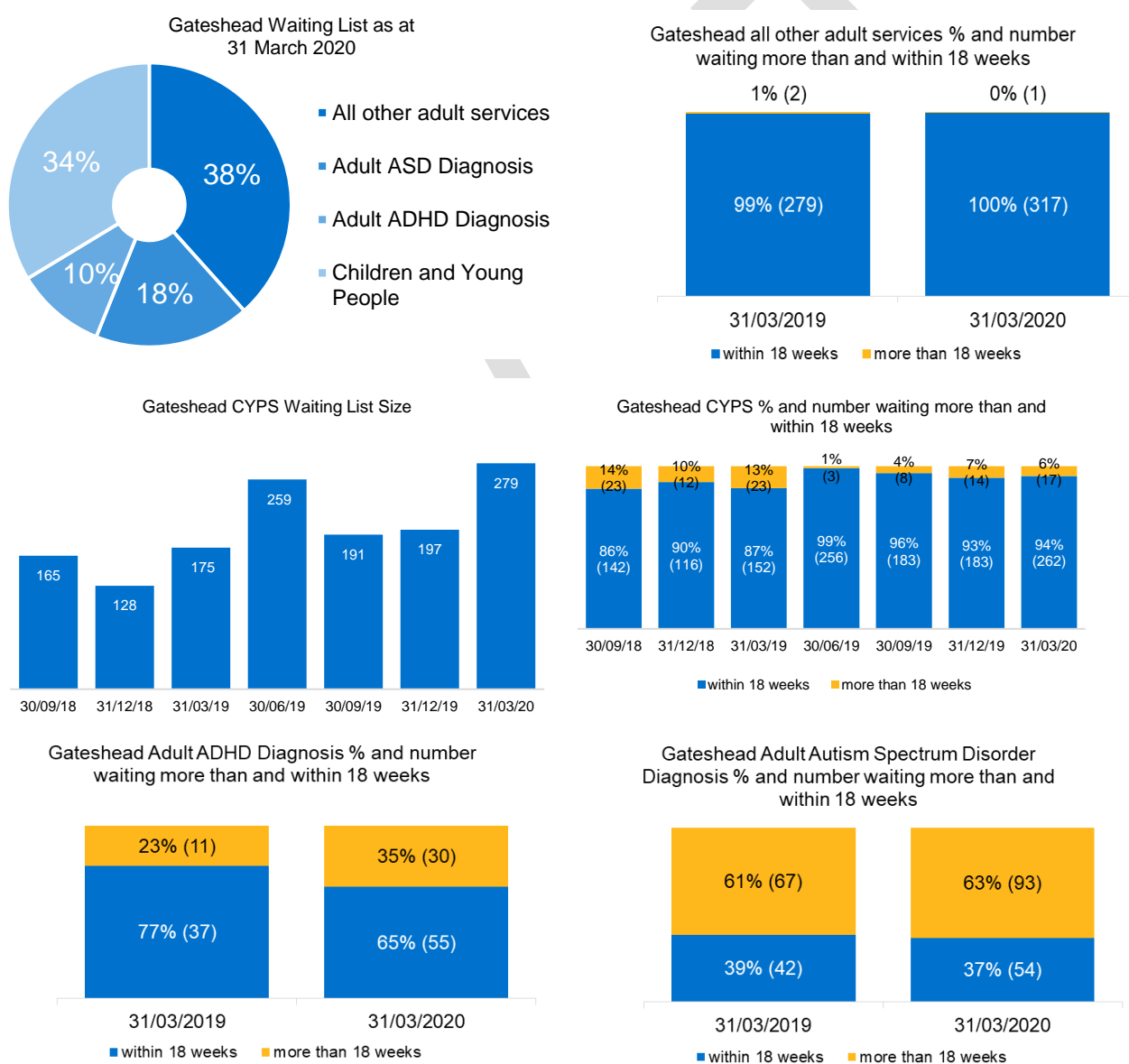
Data source: CNTW

In **Gateshead**, waiting times have been maintained throughout the year across adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The number of Children and Young People waiting for treatment as at 31 March 2020 have increased throughout the year but those waiting over 18 weeks has decreased.

There has been increases in the waiting times for the adult attention deficit hyperactivity disorder diagnosis services and for the adult Autism Spectrum Disorder diagnosis service.

Figure 17a-f: Gateshead locality waiting lists, assorted metrics



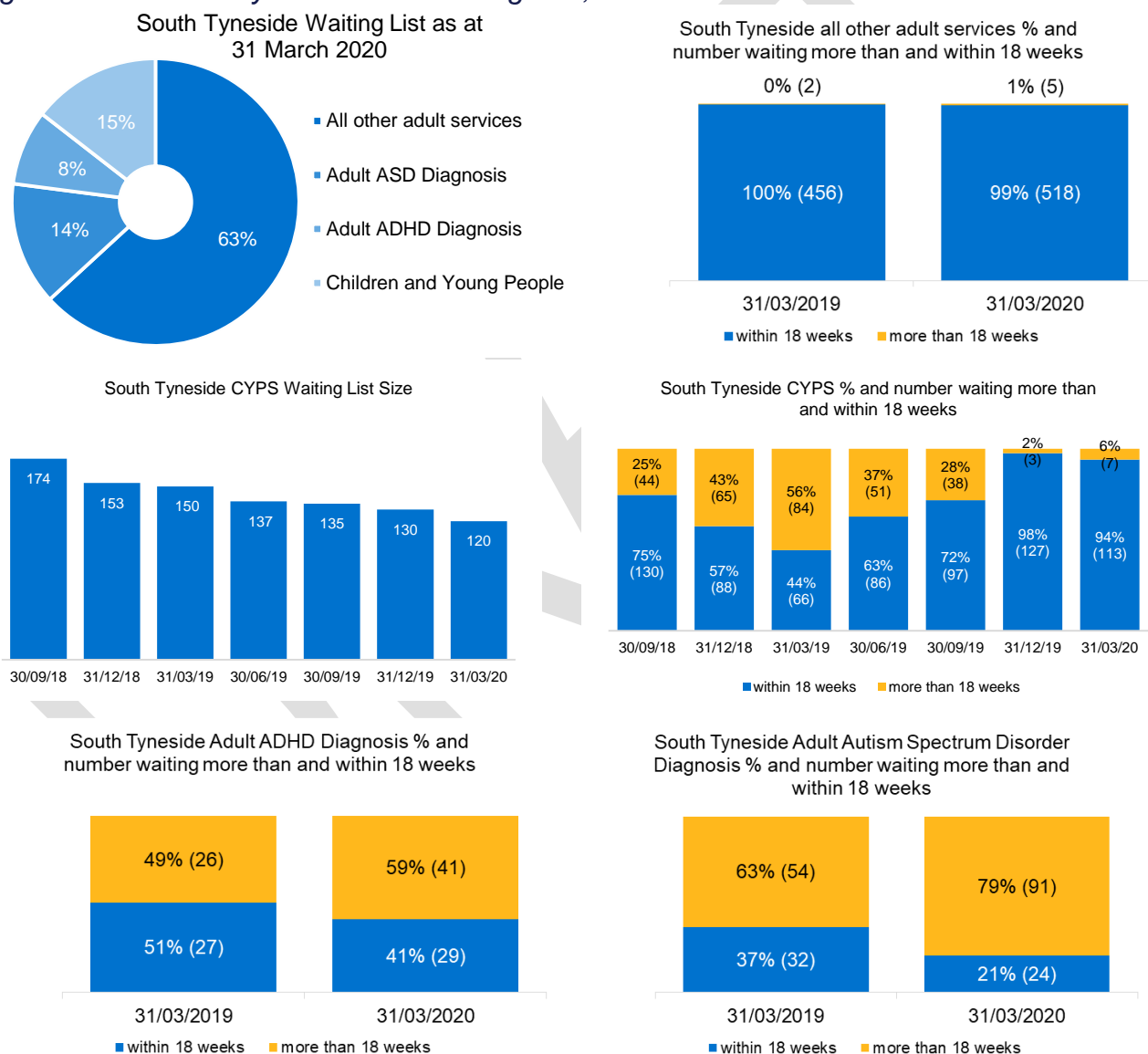
Data source: CNTW

In **South Tyneside**, there has been a marginal increase in the waiting times to first contact for adult services, with only 5 waiting more than 18 weeks (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

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

There has been an increase in waits to access the adult attention deficit hyperactivity disorder diagnosis service and those waiting to access the adult Autism Spectrum Disorder diagnosis service.

Figure 18a-f: South Tyneside CCG waiting lists, assorted metrics



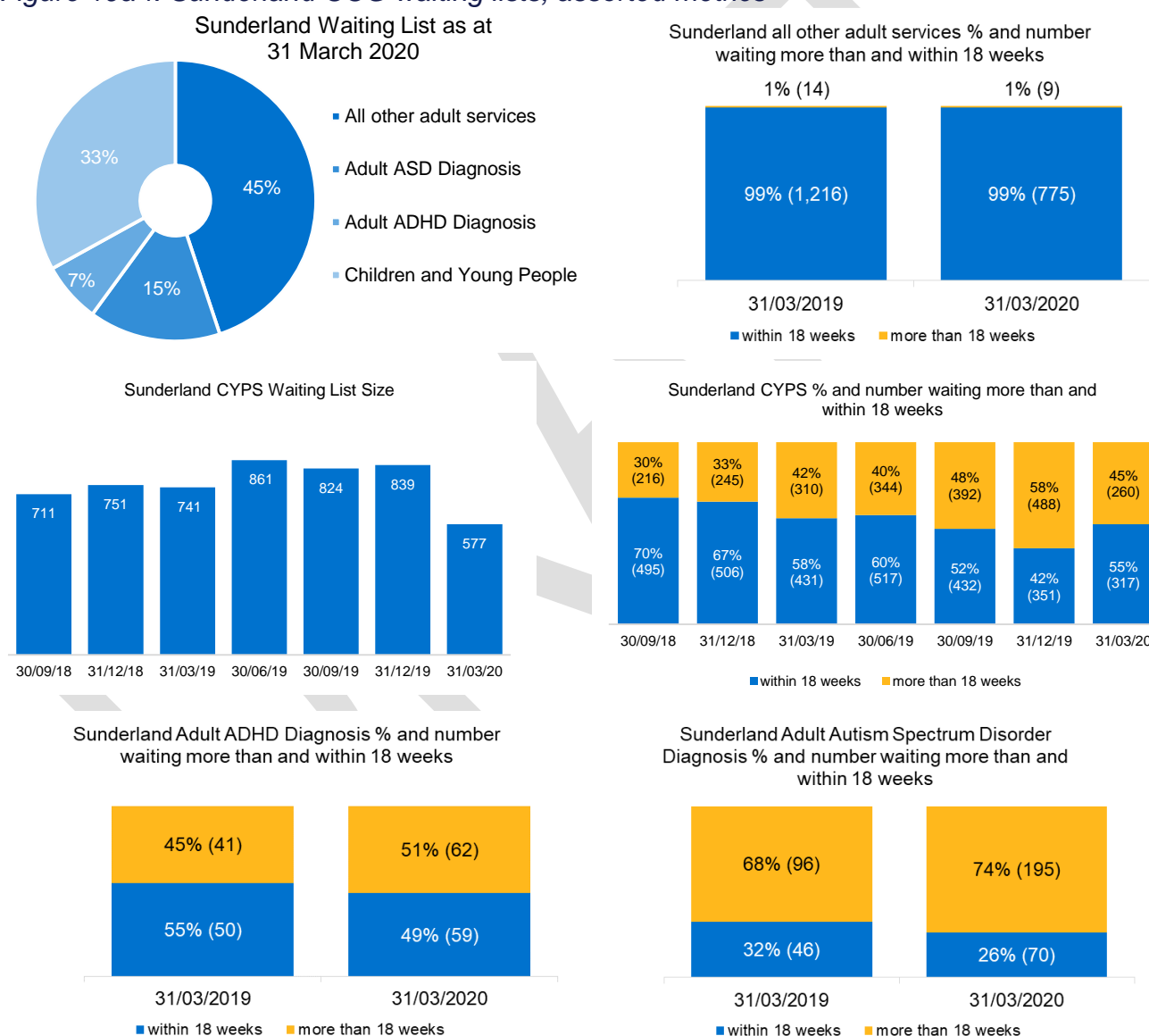
Data source: CNTW

In **Sunderland**, waiting times for adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have improved significantly.

Waiting times for children and young people have improved throughout the year, though there is still a large percentage waiting over 18 weeks to access the service at 31 March 2020.

There has been a marginal increase in waits to access the adult Autism Spectrum Disorder diagnosis service and the adult Attention Deficit Hyperactivity Disorder diagnosis service waits have lengthened.

Figure 19a-f: Sunderland CCG waiting lists, assorted metrics



Data source: CNTW

How has the Service User & Carer Experience 2019/20 Quality Priority helped support the Service User & Carer Experience Quality Goal to work with you, your carers and your family to support your journey?

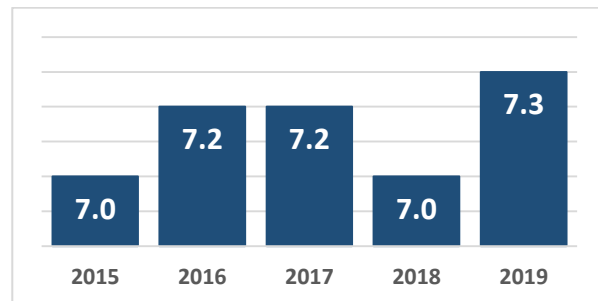
We aim to demonstrate success against this Quality Goal by improving the overall score achieved in the annual CQC survey of adult community mental health services and by reducing the number of complaints received. We will also review the feedback received from our Points of You survey which includes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

CQC Community Mental Health Service User Survey 2018

This national survey gathered information from over 12,000 adults across England who were in receipt of community mental health services between September 2018 and November 2018. CCNTW’s response rate was higher than the national response rate of 29%.

Overall, the Trust scored 7.3 (out of 10) in response to the question about overall experience of care. This was within the expected range for the Trust and the CNTW result for this question has been relatively static for the last four years (see Figure 20).

Figure 20: CNTW's overall experience of care score 2015 to 2019



Data source: [CQC](#)

When comparing results with other providers, CQC identifies whether a Trust performed “better”, “worse” or “about the same” as the majority of trusts for each question. The results were an improvement against the previous year and there were seven areas in 2019 where CCNTW performed better than other trusts to an extent that is not considered to be through chance. These related to the following questions:

- Were you given enough time to discuss your needs and treatment?
- How well does this person organise the care and services you need?
- Did you feel that decisions were made together by you and the person you saw during this discussion?
- Do you know who to contact out of office hours within the NHS if you have a crisis?
- Have the possible side-effects of your medicines ever been discussed with you?
- In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?
- Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

There were no areas where CCNTW performed worse than expected. Of the quantitative comments made by survey respondents the key themes relating to anything good about your care and what could be improved are shown below:

Is there anything particularly good about your care? Most responses were classified as Patient Care, or Values and Behaviours with many examples of good practice:-

- “Mental health nurse was very good and caring in June after my overdose. CPN, when eventually got to see one, was helpful.”
- “The memory clinic staff are patient, caring and very thorough.”

Is there anything that could be improved? Access to treatment, and commissioning were other main themes, which also overlap with waiting times, appointments and continuity of care.

- “Wait times are too long for talking therapies. Waiting times to see a psychiatrist, even for a med review is upwards of 6 months. There's a really high staff turnover in our area - so no continuity of care, and I've heard people are leaving because they are unhappy and very overstretched.”
- “My psychiatrist seems to change every 6 months, which is very frustrating. The Tranwell Unit closing down due to lack of funding is worrying.”

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

Table 9: National Mental Health Community Patient Survey results for 2017 to 2019

Survey section	2017 CNTW score (out of 10)	2018 CNTW score (out of 10)	2019 CNTW score (out of 10)	2019 lowest – highest question score	2019 Position relative to other mental health trusts
1. Health and Social Care Workers	7.8	7.4	7.6	6.0 - 7.7	About the Same
2. Organising Care	8.5	8.6	8.7	7.8 - 8.9	About the Same
3. Planning Care	7	7.2	7.1	6.3 - 7.6	About the Same
4. Reviewing Care	7.4	8	7.9	6.6 - 8.3	About the Same
5. Changes in who you see	6.7	6.4			About the Same
6. Crisis Care	6.2	7.3	7.6	5.6 - 7.8	Better
7. Medicines		7.5	7.5	6.2 - 7.7	About the Same
8. NHS Therapies (prior to 2019 was Treatments)		8	7.5	6.8 - 8.4	About the Same
9. Support & Wellbeing	5.1	5	4.8	3.6 - 5.5	About the Same
10. Overall Views of Care and Services	7.4	7.5	7.6	6.2 - 7.8	About the Same
11. Overall Experience	7.2	7	7.3	5.8 - 7.7	

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

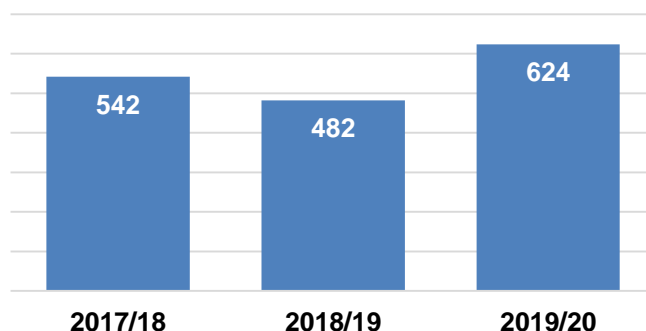
Complaints

Figure 21: Number of complaints received 2016/17 to 2019/20

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

Complaints have increased during 2019-20 with a total of 624 received during the year. This is an overall increase of 142 (23%) in comparison to 2018-19. The

biggest increase was in the Central Locality Care Group which saw an increase of 44 complaints (22%) followed by the North Locality Care Group which had an increase of 24 complaints (15%). The South Locality Care Group complaint rate remained relatively stable. The merger with North Cumbria mental health services on 1 October 2019 also added to the increase in complaints received, with North Cumbria Locality Care Group accounting for 66 complaints received between 1 October 2019 and 31 March 2020.



Data source: CNTW

Complaint categories which have significantly increased in comparison to 2018-19 are:

- Complaints related to access to treatment or drugs have increased by 211%
- Complaints related to prescribing have increased by 120%
- Complaints related to clinical treatment have increased by 117%
- Complaints related to appointments have increased by 116%
- Complaints related to admissions and discharges have increased by 61%
- Complaints categorised as other have increased by 425% (however to note these complaints were an extremely low number in 2018-19)

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

- Complaints related to patient care increased by 34%
- Complaints relating to communications decreased by 16%
- Complaints relating to values and behaviours increased by 5%

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 2016/17 to 2019/20

Complaint Category	2017/18	2018/19	2019/20
Patient Care	156	139	186
Communications	83	116	97

Complaint Category	2017/18	2018/19	2019/20
Values And Behaviours	107	86	90
Admissions And Discharges	37	23	37
Clinical Treatment	21	24	52
Appointments	32	19	41
Prescribing	31	15	33
Trust Admin/ Policies/Procedures Including Rec Man	17	22	14
Access To Treatment Or Drugs	10	9	28
Other	13	4	21
Facilities	7	9	6
Waiting Times	17	7	5
Privacy , Dignity And Wellbeing	4	6	7
Restraint	4		2
Staff Numbers	2	2	1
Integrated Care		1	2
Commissioning			1
Consent	1		
Transport			1
	542	482	624

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 2019/20 we responded to complaints in line with agreed timescales in 80% of cases. Table 12 indicates the numbers of complaints and the associated outcomes for the past three years:

Table 11: Number (and percentage) of complaint outcomes 2016/17 to 2019/20

Complaint Outcome	2017-18		2018-19		2019-20	
Closed - Not Upheld	168	31%	145	30%	145	23%
Closed - Partially Upheld	184	34%	159	33%	164	26%
Closed - Upheld	89	16%	85	18%	97	16%
Comment	3	1%	1	0%	3	0%
Complaint Withdrawn	50	9%	40	8%	60	10%
Compliment		0%		0%		0%
Decision Not To Investigate	4	1%	4	1%	20	3%
Patient Opinion		0%		0%	3	0%
Query Completed		0%	2	0%		0%
Still Awaiting Completion	11	2%	14	3%	83	13%
Unable To Investigate	33	6%	32	7%	49	8%
Total	542	100%	482	100%	624	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 that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Outcome of complaints considered by the PHSO, as at 31 March 2020 there were 12 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	1
Enquiry	8
Intention to Investigate	2
Notification of a Judicial Review on a PHSO decision – Trust classed as an 'interested party'	1

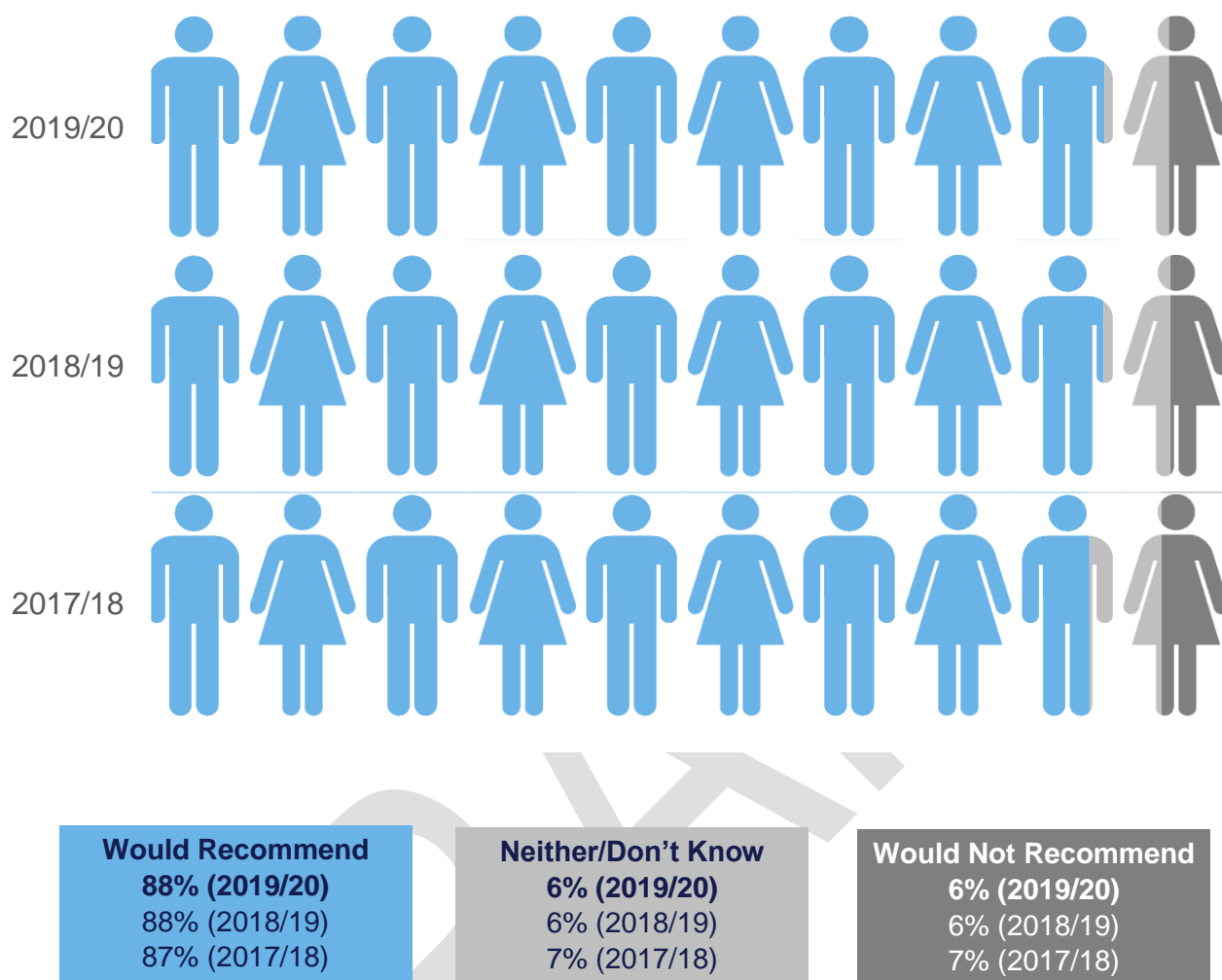
Friends and Family Test – Service Users and Carers

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

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

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

Figure 10: Percentage of respondents who would or would not recommend the services they received to their friends and family 2017/18 to 2019/20. Data source: CNTW



During 2019/20, around 6,500 responses to the Friends and Family Test question were received which was a 7% decrease in responses compared to 2018/19. Of respondents, 88% said they would recommend the service they received (rating of extremely likely or likely), this score has not changed compared to 2017/18. Six percent of respondents indicated they would not recommend the service they received (ratings of extremely unlikely or unlikely) which is also the same as 2018/19.

Points of You Survey

We use the Points of You survey to gather feedback from service users and carers about their experience of our services. For more information on Points of You please see page 104.

The below Table 12 shows the questions asked in the survey and the results for the past 3 years, in 2019/20 around 75% of feedback received was from service users and 25% was from carers. All question scores have increased compared with the previous year.

Table 12: Points of You question scores (out of 10), 2017/18 to 2019/20

Question	2017/18	2018/19	2019/20
How kind and caring were staff to you?	9.3	9.4	9.4
Were you encouraged to have your say in the treatment or service received and what was going to happen?	8.5	8.6	8.6
Did we listen to you?	8.8	8.9	8.9
If you had any questions about the service being provided did you know who to talk to?	8.5	8.5	8.5
Were you given the information you needed?	9.0	9.1	9.1
Were you happy with how much time we spent with you?	8.2	8.3	8.3
Did staff help you to feel safe when we were working with you?	9.1	9.2	9.2
Overall did we help?	8.6	8.7	8.7

Data source: CNTW

This data for 2019/20 can be displayed by service type, as per Table 13 below:

Table 13: Points of You responses by service type, April 2018 to March 2019




	Number of Responses 2019/20	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	6782	9.4	8.6	8.9	8.7	9.2	8.4	9.2	8.8
Neuro Rehab Inpatients (Acute Medicine)	112	9.7	8.6	8.9	9.0	9.4	8.5	9.4	9.3
Neuro Rehab Outpatients (Acute Outpatients)	533	9.9	9.4	9.5	9.4	9.7	9.1	9.8	9.5
Acute mental health wards for adults of working age and psychiatric intensive care units	161	8.7	7.0	7.4	8.3	8.4	7.1	7.9	7.8
Child and adolescent mental health wards	41	8.5	7.3	8.2	8.9	9.7	8.1	9.0	8.2
Community forensic mental health teams	52	9.3	8.9	9.4	7.9	9.2	8.1	9.1	8.6
Community mental health services for people with learning disabilities or autism	220	9.3	8.4	8.7	8.3	9.2	8.1	9.0	8.7
Community-based mental health services for adults of working age	1161	9.0	8.1	8.5	8.1	8.8	7.8	8.8	8.1
Community-based mental health services for older people	1792	9.7	8.9	9.2	8.7	9.5	8.7	9.5	9.2

	Number of Responses 2019/20	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Long stay/rehabilitation mental health wards for working age adults	42	9.3	8.0	8.6	9.5	9.7	8.3	9.0	8.6
Mental health crisis services and health-based places of safety	307	8.8	8.0	8.3	7.6	8.1	7.9	8.4	8.0
Mental health liaison services	97	9.7	9.2	9.5	9.2	9.4	8.9	9.4	8.9
Other specialist mental health services	20	10.0	9.6	9.8	10.0	10.0	9.6	9.9	9.3
Perinatal mental health services	77	9.9	9.4	9.5	9.9	10.0	9.1	9.6	9.5
Secure mental health wards/Forensic inpatients	24	8.2	6.5	6.9	8.6	7.7	6.9	7.4	7.6
Specialist community mental health services for children and young people	813	9.1	8.6	8.9	8.5	8.7	8.0	9.4	8.0
Substance Misuse Services	484	9.4	8.8	9.1	9.1	9.5	8.6	9.3	9.1
Wards for older people with mental health problems	78	9.7	8.1	8.4	8.7	8.7	8.5	9.1	9.4
Wards for people with learning disabilities or autism	32	9.5	7.7	8.1	9.0	9.0	8.4	8.5	8.9
Other	724	9.6	8.9	9.2	9.2	9.4	8.8	9.4	9.3

Data source: CNTW

Note: services with fewer than 10 responses for the period of 12 months have been excluded from the table above.

Key to colours in Points of You question scores:

		
Score 8-10 (highest score)	Score 6-7.9	Score 4-5.9

Equality, Diversity and Inclusion

We said we would:	To implement a trustwide approach working across Locality Groups, the Equality & Diversity Lead, CNTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group and Communications We will work with the staff networks for BAME, Disability, LGBT+ and the Mental Health Staff Network.
Progress	<p>Partially Met</p> <p>During 2019-20 we have achieved the following in relation to our Equality, Diversity and Inclusion quality priority. This quality priority will continue to be taken forward during 2020-21:-</p> <ul style="list-style-type: none">• A baseline of E&D information was shared with the locality groups. Conversations began in the Trust wide Equality, Diversity and Inclusion Steering Group to ensure that the information was used to raise awareness, develop links and ultimately to develop local action plans. We also advised our locality groups of local faith groups as part of this initiative. Local E&D plans began to emerge during the year and will continue to be developed in 2020/21, using the nationally recognised EDS2 to help plan those actions.• We used this database to establish links with local BAME forums. Through a recruitment event we linked in with many community groups and notably Spice FM the community radio station that can also reach beyond these forums. We also used our own staff network to widen our links.• We trained members of staff in the RCN cultural ambassador initiative. The ambassadors work in the Trust was launched at the March 2020 Nursing Conference. The ambassadors will not only work to ensure that BAME members of staff cultural differences are recognised as part of formal processes, but will also contribute to awareness raising for staff in masterclasses.• During the year we have launched masterclasses to raise awareness about LGBT+ issues and have also developed an allies' programme to help promote equality for staff who identify as LGBT+• A similar approach was adopted for Disabled Staff. We raised awareness of disability issues during disability awareness month and raised the Purple Flag on the International Day of Disabled People in December. An awareness programme was developed for staff that was due to be trialled in March 2020.• Work has taken place on RiO our electronic patient record programme, to ensure that we can monitor the sexual orientation of our service users in line with the Sexual Orientation Monitoring Information Standard. This will be rolled out with awareness training as part of the quality priority for year 2.

	<ul style="list-style-type: none"> • We have relaunched our staff networks with Executive sponsors for each and conducted an engagement exercise with staff in all localities with Equality and Diversity Speak Easy events taking place during quarter 4. The issues raised in these will shape our equality and diversity actions for 2020/21. Networks can now meet virtually through their closed Facebook groups and Skype/Microsoft Teams. The latter was successfully trialled for the Mental Health Welfare Network and was followed by the Disabled Staff Network extending its meeting attendance using this method too. • We have audited RiO as part of our work on ensuring that we are meeting the Accessible Information Standard. In response to the audit we have made further changes to RiO to better capture the requirements of service users that identify as requiring more accessible information. This change will be coupled with a PGN on the Accessible Information Standard that will be launched in early 2020/21. • During the year we published our Workforce Disability Equality Standard submission and action plan for the first time. This along with the Workforce Race Equality Standard action plan is monitored on a monthly basis at the Trust Equality, Diversity and Inclusion Steering Group to ensure that progress is being made. Our Equality and Diversity Lead has also worked with NHS Employers providing advice and guidance for the introduction of the Workforce Disability Equality Standard.
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Impact of Sickness on Quality

We said we would:	<p>Determine a methodology for conducting a comparative analysis of staff sickness absence rates.</p> <p>Establish a measure of “continuity of care” for community services.</p> <p>Undertake a comparative analysis of staff sickness absence rates and relevant factors for each locality care group.</p> <p>Highlight the impact of staff sickness on quality to relevant clinical areas.</p>
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Progress **Achieved**

Methodology

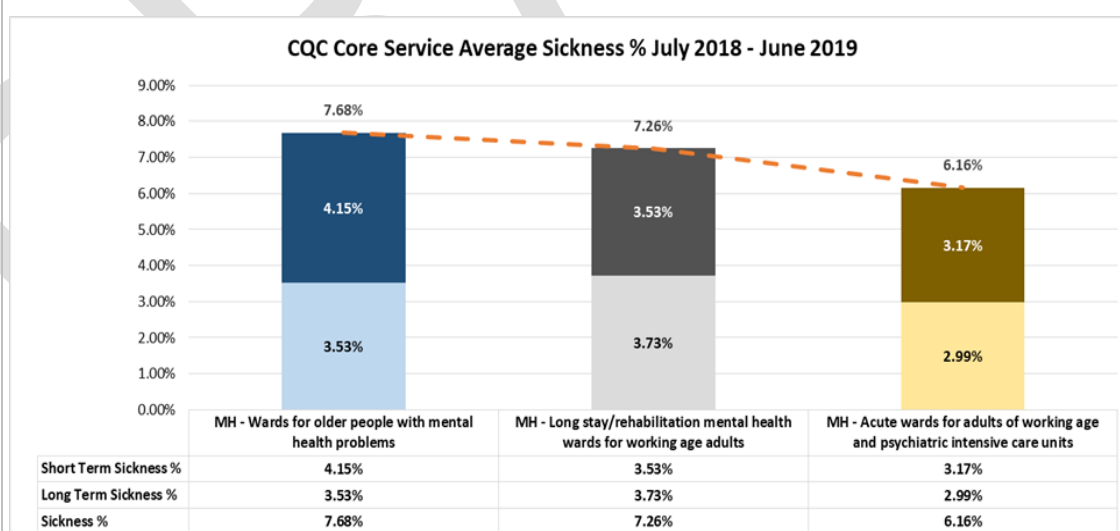
A methodology for the analysis of staff sickness absence rates on inpatient non specialist wards has been agreed using 3 months data to be analysed by the end of Quarter 2.

A review was undertaken of the sickness rate for the period across three adult mental ward types:

- Acute adult mental health wards (incl PICU)
- Wards for older people
- Rehabilitation wards.

All of these ward types had an overall average sickness absence rate for the year above the Trust standard of 5%, as demonstrated in the graph below:

Figure 22: CQC Core Service Average Sickness % July 2018 – June 2019



Further scrutiny of the data highlighted variation in sickness absence rates between localities and wards, with sickness rates ranging from 2.16% to 13.0% as shown in the graphs below:-

Figure 23: Adult Mental health wards sickness absence % July 2018 to June 2019 by locality:

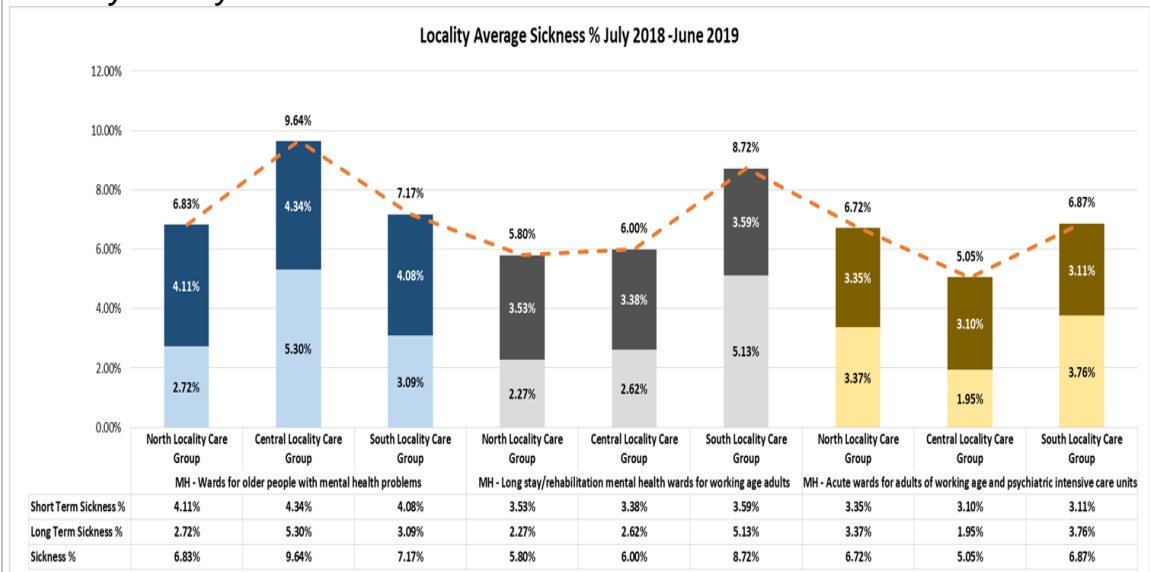
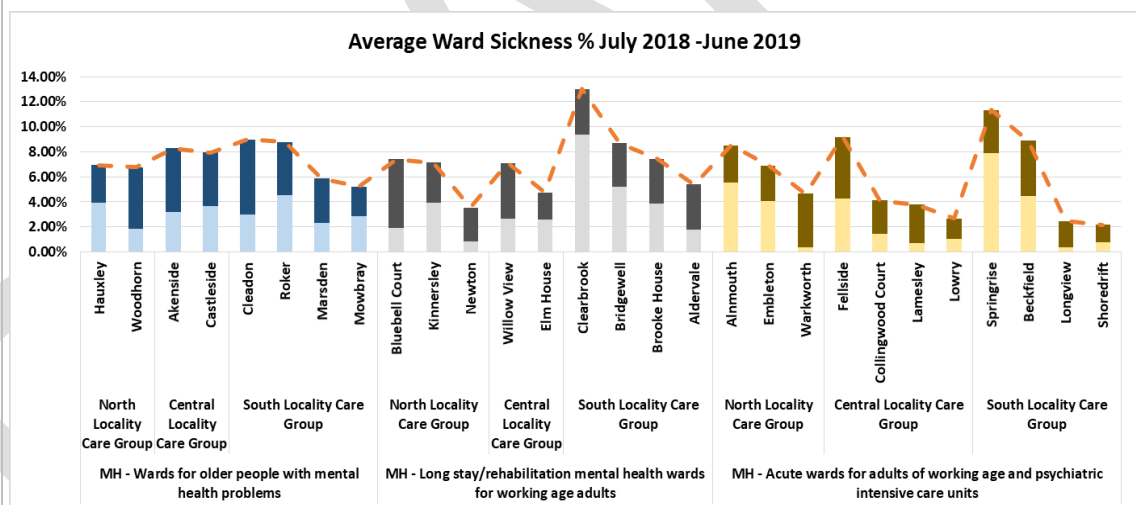


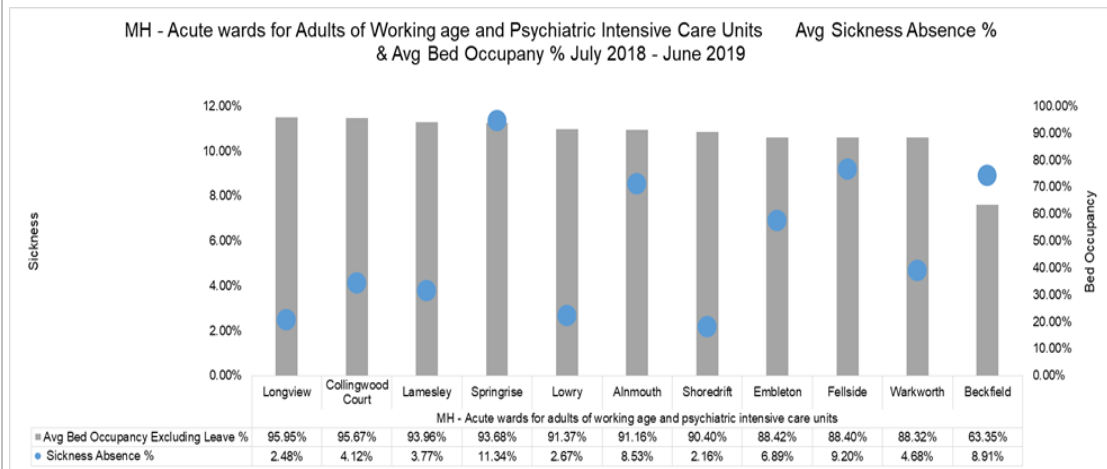
Figure 24: Adult Mental health wards sickness absence % July 2018 to June 2019 by ward:



An exercise was undertaken to compare bed occupancy rates and sickness absence rates across the adult acute wards. Two adult male acute mental health wards at Hopewood Park with similar bed occupancy and significantly different sickness rates for the period July 2018 to June 2019 were identified as suitable for further analysis as demonstrated in the chart below:

- i. Springrise 11.34%
- ii. Shoredrift 2.16%

Figure 25: Average sickness absence % and average bed occupancy % July 2018 to June 2019 by ward:



A review of relevant comparative data for both wards was undertaken, encompassing activity, service user and carer feedback, staff feedback, workforce data, restraint and incident data. Some of this data was extracted from the Provider information Request submitted to CQC in relation to the period October 2018-September 2019, a slightly different timescale.

The ward managers of each ward were also interviewed, to explore the clinical context and any other relevant factors to take note of.

Similarities between the two wards:



Springrise Ward



Shoredrift Ward

Budget:	25 WTE	25 WTE
Number of beds:	18	18
Average bed occupancy:	100%	101%
Percentage of staff who would recommend the Trust as a place to work:	67%	65%
Incidences of restraint:	81	78
Number of individuals subject to restraint:	32	33
Incidences of prone restraint:	22	20
Instances of seclusion:	79	73

Differences between the two wards:

Average vacancies:	0	5.5 WTE
Percentage of staff who would recommend the Trust as a place to receive treatment:	71%	65%
Number of admissions:	152	215
Average length of stay:	52 days	33 days
Total number of incidents:	392	634
Clinical Supervision rate:	95%	77%

Potential Indicators of Quality

Average sickness absence rate:	11.3%	2.2%
Short term sickness:	3.4%	1.4%
Long term sickness:	7.9%	0.8%
Qualified nursing %:	5.9%	2.5%
Unqualified nursing %:	17.3%	1.7%
Readmission rate:	13%	5%
Service user/carer Friends and Family Test Score	65%	91%

Findings

While the two wards have many similarities, Shoredrift ward experienced:

- a higher number of vacancies,
- a lower average length of stay, leading to higher admissions/throughput, and
- a higher number of incidents than Springrise ward.

Despite this, the ward had:

- a very high service user and carer Friends and Family test score,
- a lower rate of readmissions, and
- a low sickness absence rate.

Hence the data could suggest that the positive feedback and low readmissions on Shoredrift ward resulted from the low levels of sickness absence on the ward, however, it is not possible to directly attribute one to the other.

How have the two Clinical Effectiveness Quality Priorities helped support the Quality Goal of ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs?

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

Service Improvement and Developments throughout 2019/20

These are some of the key service improvements and developments that the Trust implemented during 2019/20:

NORTH CUMBRIA

NORTH LOCALITY

Primary Care Strategy

The North Locality Group Medical Director has been working internally and externally with key colleagues to help develop our Primary Care Strategy, which will function alongside other strategies to achieve the objectives of the Trust going forward. We continue to engage and work with our Primary Care Networks across the Locality.

New Care Models for CYP services

Transforming Care bed closures were successfully delivered to the agreed schedule. As per the approved reinvestment business case, the intensive community learning disability team is fully operational. There is significant under-occupancy of the remaining learning disability beds and plans are now in place, through CEDAR, to reconfigure bed stock at Ferndene to better reflect current and future anticipated demand.

Developments at Ferndene to support young people with eating presentations have progressed well, supported by a strong working relationship and a service level agreement with the Great North Children's Hospital. The progression of this innovative partnership arrangement has been shortlisted for the CNTW excellence awards. The resulting use of out of area eating disorder beds has reduced by 87% against the baseline.

Two significant new improvement projects were initiated in 19/20 and are progressing well. One project sees an increased focus on support to families and an on-going trial of parent peer support is receiving a lot of positive attention. The second will see the development of a "personality difficulties and complex trauma" pathway for young people and is already

gathering interest from services and individual clinicians across existing pathways with expert support from the Trust lead for Personality Disorders.

Clinical Case Management, which commenced in February 2019, is now well established as a key component of our services and has provided significant support to achieving a reduction in the reliance on inpatient beds. In 19/20 the New Care Model avoided over 5100 bed days and almost £3.6M of costs versus the baseline position, with all savings reinvested into the local health economy. The consistent and sustainable reduction in bed reliance led to our New Care Model being shortlisted, and subsequent runner up, for the Health Service Journal's Service Redesign award.

As part of NHS England's move to mainstream New Care Models (NCM), CNTW successfully bid to become a Provider Collaborative. Provider Collaboratives are an evolution of the New Care Models pilot and will see the NCM approach to specialised commissioning become business as usual. A key development in our transition will see an expansion of CNTW's commissioning function as we take on the role of lead provider in a new CYP collaborative which will include TEWV and may extend into the North Yorkshire region. The new Provider Collaborative is likely to launch in April 2021.

Northumberland

Universal Crisis Team

As part of the service improvements aligned to the Mental Health Five Year Forward View, and newly published NHS Long Term Plan, Northumberland CCG commissioned CNTW to expand the current crisis provision to a Universal Crisis Service to meet the needs of a broader cohort of the population. Therefore, ensuring a responsive service with an emphasis on providing timely and effective care for people of all ages experiencing a mental health crisis.

Over the year, the service has successfully expanded to a Universal Crisis Service offering an equitable 24/7 crisis provision across the county of Northumberland.

Children and Young People's Community Mental Health Services

In 2018/19 Northumberland was selected as one of the 12 Trailblazer sites to pilot a four-week waiting time standard to access children and young people's mental health services. Over the last year, Northumberland Children's and Young People's Community Mental Health Service has successfully continued to reduce waiting times to access evidence-based treatment for young people who require 'getting more help'. The Service operates within a multi-agency framework to ensure that children and young people are put on the right pathway for treatment and support, not only in a timely manner, but in the first instance.

Consultant Connect

Consultant Connect (telephone advice and guidance line) – Following a successful pilot we have now rolled out this initiative within Northumberland Adult Mental Health Services, providing advice and guidance for general enquiries as well as medication enquires. This has been extended to some Social Worker leads and we are considering extending this into our Children services.

North Tyneside

Mental Health Practitioners in Primary Care

Following the implementation of Mental Health Practitioners in Primary Care the Locality continues to work closely with GP's and key partners to ensure this initiative is embedded into everyday working practices.

Central Locality

Newcastle Treatment & Recovery (NTaR)

In December 2019, Newcastle Treatment & Recovery launched as an ageless, integrated drug and alcohol service supporting the residents of Newcastle-upon-Tyne. CNTW being lead provider in partnership with Changing Lives and Humankind.

The service provides:

- Early intervention and prevention
- Entry to the treatment service
- Assessment, Recovery Coordination and Treatment Interventions
- Recovery Support and aftercare

HMP Haverigg Drug & Alcohol Recovery Team (DART) service

In 2019 HMP Haverigg was re-categorised from Category C to Category D prison. The DART service has supported the residents and staff within the prison with the change in population and responded to the clinical needs of this new client group. The team utilised this opportunity to visit other similar establishments to increase their awareness of good practice examples to help inform the service provision moving forward.

Newcastle Gateshead Crisis Resolution Home Treatment Team

Following the merger of the Newcastle and Gateshead Crisis Teams in 2019, the new service has established itself as a cohesive service providing care to residents of both Newcastle and Gateshead. The team was received Home Treatment Accreditation Scheme (HTAS) re-accreditation from the Royal College of Psychiatry in early 2020. HTAS aims to ensure that people who experience mental health crises and their family/carers receive high quality care from their home treatment team, with fair access for all.

Electro-Convulsive Therapy (ECT) Team at Hadrian Clinic

In April 2020, received the ECT Team at Hadrian Clinic successfully completed their interim review; remaining accredited as part of the ECT Accreditation Service (ECTAS) by the Royal College of Psychiatrists. Achieving accreditation confirms that the demonstration a high level of compliance with our standards and receive positive feedback from the people that use the service. To maintain accreditation, services need to demonstrate a commitment to improving care.

In response to COVID-19 pandemic, Central Access CBU has:

- Introduced an Alternative to Emergency Department for those requiring support at Queen Elizabeth Hospital, Gateshead. This service is provided by Gateshead Psychiatric Liaison Team (PLT).
- Introduced an ageless Crisis Resolution Treatment Team including Children, Young People and Older Persons.
- Sought and secured alternative treatments to complement the current provision of ECT.
- Supported in the development of Psychiatric liaison Service for the Nightingale Hospital in Sunderland

South Tyneside and Sunderland Positive and safe in community services

A Positive and Safe launch event was held in November 2018 for the community services within our locality. This was a fantastic opportunity to find out about the success of the strategy within inpatient services and consider how we can transfer the learning and good practice to the community. Staff were keen to make a start on implementing interventions following the event; acknowledging that some service users move between inpatients to the community, therefore would recognise and understand the interventions.

We have commenced a Positive and Safe forum and each of our community teams have nominated Positive and Safe representatives. The enthusiasm from the teams has been fantastic, with staff making immediate changes and implementing interventions to improve the service user and carer experience. Examples were bringing in book cases and books for waiting areas as well as toys for children.

Lesson Learned Reflective Forum for Community services

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

Non-medical prescribing strategy

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

NICE Guidance Assessments Completed 2019/20

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2019/20 the Trust undertook the following assessments against appropriate guidance to further improve quality of service provided. Assessments were conducted against all published NICE guidance deemed relevant to the Trust

Table 14: NICE Guidance Assessments Completed in 2019/20

Ref	Topic Details / Objective	Compliance Status/ main actions
CG 26	PTSD	Partial compliance. 5 priority areas identified , including audits covering time elapsed between traumatic event(s) and referral, referral to treatment, Training to be identified to assess identification of cases, emergency planning process and response and an audit of training in recognition and differential diagnosis.
QS 154	Violent and aggressive behaviours in people with mental health problems	Compliant. An audit has been undertaken around Physical health monitoring where patients have been administered given rapid tranquillisation has been undertaken.
NG 69	Eating disorders: recognition and treatment	Partial compliance. The recent version of NICE-ED requires the delivery of a specific and narrow range of psychological treatments based on manuals in which we are not currently trained Increase in provision of community eating disorder services
NG 60	HIV testing: increasing uptake among people who may have undiagnosed HIV	Partial compliance. Trust to undergo a full review of services provided
QS 161	Sepsis	Compliant. Sepsis awareness not consistent - Sepsis tool should be used automatically but this can just be seen as yet another tool for nurses to complete. Further training materials produced and a Clinical Audit to be undertaken

Ref	Topic Details / Objective	Compliance Status/ main actions
NG 87	Attention deficit hyperactivity disorder	<p>Partial compliance. For Adult pathway there is a gap in psychological support (CYPS teams are compliant as have full MDT) to the team and evidence indicates CBT input would be beneficial;</p> <p>Part of longer term service improvement plan to include psychological interventions within adult pathway following discussions with commissioners to support the extra resource required.</p> <p>ADHD services will be included within trust's exploration of telehealth</p>
NG 103	Flu vaccination: increasing uptake	Compliant

Data source: CNTW

Part 2c

Mandatory Statements relating to the Quality of NHS Services Provided

Review of Services

During 2019/20 the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 174 NHS Services.

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all the data available to them on the quality of care in all 174 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 100 per cent of the total income generated from the provision of relevant health services by the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust for 2019/20.

Participation in clinical audits

During 2019/20, 17 national clinical audits covered relevant health services that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provides.

The national clinical audits eligible for participation by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2019/20 are shown in Table 15.

Table 15: National Clinical Audits in 2019/20

National Clinical Audits 2019/20	
1	National Clinical Audit of Psychosis (NCAP)
2	National Clinical Audit of Anxiety & Depression (NCAAD)
3	POMH-UK: Topic 16b: Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour in Acute Adult and Adult Secure Services
4	National Audit for Care at the end of Life 2018 (NACEL)
5	POMH-UK: Topic 18a The Use of Clozapine
6	Quality of Comprehensive Health Assessment Tool (CHAT) Assessments & Subsequent Care Planning
7	National Clinical Audit of Anxiety & Depressions (NCAAD) Spotlight Audit: Psychological Therapies
8	POMH-UK Topics 6d: Assessment of the side effects of depot/LAI antipsychotics
9	National Audit of Inpatient Falls (NAIF) Continuous Audit
10	POMH-UK Topic 7f: Monitoring of Patients prescribed Lithium
11	POMH-UK Topic 9d: Antipsychotic prescribing in people with a learning disability
12	National Clinical Audit of Psychosis (NCAP) 2019-2020: Spotlight Audit: Early Intervention in Psychosis Re-Audit

National Clinical Audits 2019/20	
13	POMH-UK Topic 19a (Baseline Audit) Prescribing antidepressants for depression in adults
14	POMH-UK Topic 17b: Use of depot/LA antipsychotic injections for relapse prevention
15	National Clinical Audit of Anxiety & Depression (NCAAD) Second Spotlight Audit Topic: Service User Experience (informed 04.09.19)
16	National Audit of Care at the End of Life (NACEL) Stage 3
17	FFFAP & NAIF Facilities Audit 19-20 (Jan-20)

Data source: CNTW and [HQIP](#)

During that period Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% of national clinical audits which it was eligible to participate in.

The national clinical audits that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust participated in, **and for which data collection was completed during 2019/20**, are listed below alongside the number of cases submitted to each audit, and as a percentage of the number of registered cases required by the terms of that audit if applicable.

Table 4: Cases submitted for National Clinical Audits 2019/20

National Clinical Audits 2019/20		Cases submitted	Cases required	%
1	National Audit of Inpatient Falls (NAIF) Continuous Audit (CA-18-0025)	Continuous audit process – cases are submitted as and when they occur	n/a	n/a
2	National Clinical Audit of Psychosis (NCAP) 2019-2020: Spotlight Audit: Early Intervention in Psychosis Re-Audit (CA-19-0010)	CNTW: 333 North Cumbria: 85	418	100%
3	Prescribing Observatory for Mental Health (POMH-UK) Topic 19a (Baseline Audit) Prescribing antidepressants for depression in adults (CA-19-0018)	Sample Submitted: 28	n/a	100%
4	Prescribing Observatory for Mental Health (POMH-UK) Topic 17b: Use of depot/LA antipsychotic injections for relapse prevention (CA-19-0020)	Sample Submitted: 208	n/a	100%
5	National Clinical Audit of Anxiety & Depression (NCAAD) Second Spotlight Audit Topic: Service User Experience (CA-19-0025)	No additional data collection required – data already submitted from NCAAD to be used	n/a	n/a

Data source: CNTW and [HQIP](#)

The reports of 7 national clinical audits were reviewed by the provider in 2019/20, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Table 17: Actions to be taken in response to National Clinical Audits

Project		Action
1	National Clinical Audit of Psychosis (CA-17-0017)	<ol style="list-style-type: none"> 1. Core Physical Health form to be amended to incorporate interventions made 2. Task and Finish Group working on other aspects of the form before going live 3. 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 4. Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving, to be undertaken 3 and 6 months from go-live date 5. Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient 6. RiO change request form to be submitted for the additional question 'Have they been given written information about their prescribed medication' 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, and also the offer of CBTp to be considered in CPA reviews with service users
2	POMH-UK: Topic 16b Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour in Acute Adult and Adult Secure	<ol style="list-style-type: none"> 1. Results to be shared with relevant clinical groups and Associate Directors for dissemination and sharing with clinical staff Communicate need for a prompt debrief and update of the patient's care plan following RT. 2. Medical fellow to assist with actions regarding updating of care plans following RT. 3. To review the potential to include within ward electronic boards.

Project		Action
	Services (CA-17-0033)	<p>4. Post-RT monitoring requirements and methods reviewed and included within recently revised RT policy and as part of the actions following CQC visit in 2018.</p> <p>5. Changes to RT policy to be communicated Trust wide.</p> <p>6. NEWS 2 training and use following RT to be introduced.</p> <p>7. Results to be shared with relevant clinical groups and Associate Directors for dissemination and sharing with clinical staff of the importance after RT for the assessment of mental and behavioural state, physical and documentation, including refusals, and also the need for increased monitoring for patients identified as 'at-risk'.</p> <p>8. Additional Trust re-audit of physical monitoring after RT has occurred in April 2019 and will be repeated in November 2019.</p>
3	POMH-UK Quality Improvement Programme: Topic 18a The Use of Clozapine (CA-18-0013)	<p>1. Audit summary to be produced for the Safer Care Bulletin and MOC Newsletter reminding staff of clozapine standards. To be distributed to all medics (including junior doctors).</p> <p>2. PPT-PGN-05 Safe Prescribing of Clozapine updated in April 2019 to aid concordance with standards. Ensure appropriate communication strategy.</p> <p>3. Present findings to Medical Staffing Committee (and localities where appropriate) to encourage discussion about clozapine monitoring required and importance of documentation.</p> <p>4. Present findings to Locality Quality and Safe subgroups to encourage discussion about monitoring being undertaken and documentation.</p> <p>5. Findings to be presented to the Non-Medical Prescribing Group to inform work plan and strategy.</p> <p>6. Information governance to be approached to consider adding consent to MIG access that would allow routine participation in POMH-UK QIPs.</p> <p>7. POMH-UK Change Intervention re clozapine documentation on Summary Care Records to be shared with primary care colleagues at the regional MSO network</p>
4	Quality of Comprehensive Health	1. CDDFT to establish protocol and enable access

Project	Action
<p>Assessment Tool (CHAT) Assessments & Subsequent Care Planning (CA-18-0015)</p>	<ol style="list-style-type: none"> 2. List of documents to be devised from all agencies and sent to SAN Referrals 3. Duty Managers to be briefed to ensure requests are made for documents when looking at referrals 4. Review new health care standards in relation to information sharing 5. Information where appropriate to be pre populated 6. Integrated escalation procedure to be developed 7. Audit process to be devised and put in place 8. Briefing session to be performed with Duty Managers to ensure consistency 9. Co-ordination of completion CHAT discharge summary 10. Check completion, accuracy and confirm who information is being sent to 11. Health Staff to be briefed on guidance 12. Governance Board to look at following recommendations to overcome separate documentation
<p>5 Prescribing Observatory for Mental Health POMH-UK Topics 6d: Assessment of the side effects of depot/LAI antipsychotics (CA-18-0020)</p>	<ol style="list-style-type: none"> 1. Raise awareness of audit findings via MOC Newsletter briefing and/or Safer Care Bulletin 2. Investigate training of band 4 staff to ensure this covers appropriate physical health monitoring parameters 3. Obtain a level of assurance from CBUs, through the Quality Standard Groups, as to what level of depot reviews patients are receiving, be that via prescribers or support staff. The MOC agreed that the results suggested further learning should be introduced around the whole holistic review of a patient 4. Consider amendments to RiO Physical Health Documentation pages to include: <ul style="list-style-type: none"> • Links to GASS or LUNSERS as appropriate • Confirmation of side effects being absent • Ability for individual sections on physical health forms to be

Project		Action
		updated separately as for Mental Capacity Forms 5. Disseminate the findings of this clinical audit with the Clinical Networks
6	Prescribing Observatory for Mental Health (POMH-UK) Topic 7f: Monitoring of Patients prescribed Lithium (CA-18-0028)	1. Raise awareness of Quality Improvement Programme findings via Safer Care Bulletin. 2. Remind clinical staff of the importance of recording biochemical test results in RiO and escalating erroneous results via MOC Newsletter article. 3. Raise awareness of importance of reviewing calcium levels via MOC Newsletter. 4. Roles and responsibilities of prescribing team with respect to pre-lithium counselling to be set out in MOC Newsletter article. 5. Raise awareness of importance of more frequent lithium monitoring in patients with pre-existing risk factors via MOC Newsletter. 6. Consider lithium policy amendment to highlight risk of teratogenicity and author MOC Newsletter article. 7. Consider policy amendment to refer clinical teams to the Cockcroft-Gault calculation where patients are receiving high-risk therapies such as lithium. 8. MOC Newsletter article to raise awareness of RiO lithium forms and importance of completion
7	National Audit for Care at the end of Life 2018 (NACEL) (CA-18-0001)	Stage 1 of this audit was an Organisation Position Statement - MH involved in 18-19 for first time. Stage 2 is not applicable to MH. There is a MH Reference Group looking at how Stage 3 will work for MH Services and we are taking part in this. Stage 3 will be undertaken during 19-20

Data source: CNTW

Additionally, 17 Priority clinical audits were reviewed by the provider in 2019/20 and the details can be found in **Appendix 2**.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in 2019/20 that were

recruited during that period to participate in research approved by a research ethics committee was 1949. This is a 35% decrease on last year's recruitment figure.

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

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

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

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

Goals agreed with commissioners

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

A proportion of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2019/20 and for the following 12 month period are available electronically at www.CNTW.nhs.uk.

For 2019/20, 3.4m of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6.0m in 2018/19. The reduction in the 19/20 value is due to a lower CQUIN % applied nationally).

CQUIN Indicators

All CQUIN requirements for 2019/20 are fully delivered for quarters 1 to 3 and pending agreement for quarter 4. A summary of CQUIN indicators for 2019/20 are shown in [Table](#) to [Table](#) below, with a summary of the actions completed for each indicator.

Note that the CQUIN indicators are either mandated or developed in collaboration with NHS England and local Clinical Commissioning Groups (CCGs). The range of CQUIN indicators can vary by commissioner, reflecting the differing needs and priorities of different populations.

Table 18: CQUIN Indicators to improve Safety

CQUIN Indicators to improve Safety
<p>72 hour Follow Up Post Discharge</p> <p>The Trust was required to achieve 80% of adult mental health inpatients receiving a follow up within 72 hours of discharge from CCG commissioned services from October 2019.</p> <p>The Trust successfully met this target with 88.7% of patients who were discharged from adult inpatient care (CCG commissioned services) receiving a follow up within 72 hours of discharge during Q3 and Q4.</p>
<p>Staff Flu Vaccinations</p> <p>The Trust was required to achieve an 80% target for the number of frontline workers received the influenza vaccine. Over the period 1st September 2019 – 29th February 2020 the number of HCWs involved with direct patient care 5,623, there were 4,622 seasonal flu doses given, this a final percentage of 82.2%</p>
<p>Alcohol and Tobacco Brief Advice</p> <p>The Trust was successful in ensuring that over 90% of inpatient service users were screened for alcohol and tobacco use and if required provided with a brief intervention. The target of 80% in relation to access to specialist support and or medication was also met by the majority of inpatient wards with only minor improvements required to achieve full compliance.</p>
<p>Healthy Weight in Adult Secure Services</p> <p>Secure services were/are required to:</p> <ul style="list-style-type: none"> • Active implementation of change programme • Providers to demonstrate they are developing an understanding of what interventions are most likely to drive a healthy weight in this setting considering the advice of dieticians, healthier food provision and uptake (even where this may go beyond normal service requirements as set out in the NHS contract) • Evidence of progress made against programme including demonstration of changes made at corporate, service and patient level and impact on service baselines • Demonstrate active engagement and involvement in the work of the Adult Secure Clinical Reference Group Healthy Weight Task & Finish Group including its outputs and timeframes for delivery <p>For each Quarter</p> <ul style="list-style-type: none"> • Patient scores on Simple Physical Activity Questionnaire (SPAQ), BMI, and Warwick Edinburgh Mental Wellbeing Score (WEMWS) showing changes over time • Number of eligible patients receiving lifestyle intervention programme <p>This CQUIN is now an established Trust & CBU priority and links to the Long Term Plan for Secure CBU. During Q4, the patients' face to face focus groups will be temporarily suspended during the Covid 19 situation, however we will develop telephone and skype contact to promote and maintain momentum. Individual exercise programmes will be developed during the Covid 19 situation to ensure patient's levels of activities are closely monitored. We aim to develop a patient boot camp in conjunction with The Secure</p>

CQUIN Indicators to improve Safety

Recovery College, this will be co delivered by patients who have completed Gym training courses.

Feedback will continue to be gathered from all activities and data used to develop processes of evaluation, this will inform our sports and recovery courses as well as developing ward based activities which patients have identified as being helpful and meaningful. We will continue to train all staff and patients in 'A Weight Off your Mind'. CCNTW have recently promoted guided walks, we have embraced this way of working and have daily and evening mile walks in all of our services. At Northgate Hospital there are preliminary talks about developing a cycle path within our woodland area, this will be for staff and patients.

Monthly meetings will continue to be held to review and reflect on progress. Multi-disciplinary teams and clinical team's will review individuals health and wellbeing plans, they will also review team results to establish innovative ways of working to develop and maintain a environment which promotes health and wellbeing as an important aspect of clinical care. On a monthly basis two patient led focus groups have been meeting to review the progress for this CQUIN, experts by experience have reviewed all of the data and established a report with findings and new ways of working which should support 2020/21. These groups have called their report Men's Health and Wellbeing committee report. The governance group established by Dennis Davison has overseen and supported the committee in reviewing and feeding back all information, one of the committee representatives have attended the governance group to ensure communication is effective. 67 patients were asked to complete the required documentation, 13 % declined. This is a slight improvement since the reporting for the last quarter. A dietician has been appointed and will be in post in the next few months.

Table 19: CQUIN Indicators to improve Patient Experience

CQUIN Indicators to improve Service User & Carer Experience

Mental Health for the Deaf

In line with CQUIN requirements all service users are now offered 'All about Me' and Sunburst assessments are also completed for all service users. The service is an active member of the National Deaf Advisory Group and National Provider network.

Local Neuro-rehabilitation Inpatient Training

In line with CQUIN Requirements over 85% of relevant staff have undertaken catheter training. The service fell below the 85% target for Mental Health Act training with 74% of relevant staff completing training throughout the year. Until Q4 the service was on track to achieve the requirement however based on Trust guidance to reduce COVID 19 spread classroom training was suspended.

Table 20: CQUIN Indicators to improve Clinical Effectiveness

CQUIN Indicators to improve Clinical Effectiveness	
CAMHS Tier 4 Staff Training Needs	
<p>The aim of this programme has been to adopt and adapt where necessary appropriate team based training that will improve outcomes for children and young people.</p> <p>Early 2019/20 the Trust's Children and Young People's Inpatient Services (located at Ferndene and St Nicholas), undertook a formulation audit and training needs analysis to inform the development of a team based Training Programme.</p> <p>Based on the information, a Training Programme curriculum was designed and piloted during December 2019. Based on the evaluation feedback the Training Programme was adapted and was scheduled to be delivered to staff from February 2020.</p> <p>Due to the escalating COVID-19 pandemic, the scheduled Training Programme has been paused.</p>	
Use of specific Anxiety Disorder Measures in IAPT	
<p>Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the Anxiety Disorder Spectrum Measure (ADSM)</p> <p>Actual performance for the quarter is 67%.</p>	
Improved Data Quality Reporting/Interventions	
<p>IT systems have been improving over the course of 2019/20 and the Trust has aimed to achieve a 95% standard for the Mental Health Services Dataset (MHSDS) Data Quality Maturity Index (DQMI).</p> <p>The Mental Health Services Data Set (MHSDS) collects data from the health records of individual children, young people and adults who are in contact with mental health services.</p> <p>The MHSDS is used for:</p> <ul style="list-style-type: none"> • commissioning services • clinical audit • research • service planning • inspection and regulation • monitoring government policies and legislation • local and national performance management and benchmarking • national reporting and analysis <p>Throughout 2019/20 the Trust has been improving the data quality of the information in its clinical system and also enabled the national submission of additional data items.</p> <p>There is ongoing work to continue to improve data quality and reduce burden on clinical staff. On area of improvement relates to the recording of clinical interventions. Key clinical staff have volunteered from each specialty to help with this piece of work.</p> <p>Data source (Table to Table): NHS England and CCNTW</p>	

Statements from the Care Quality Commission (CQC)

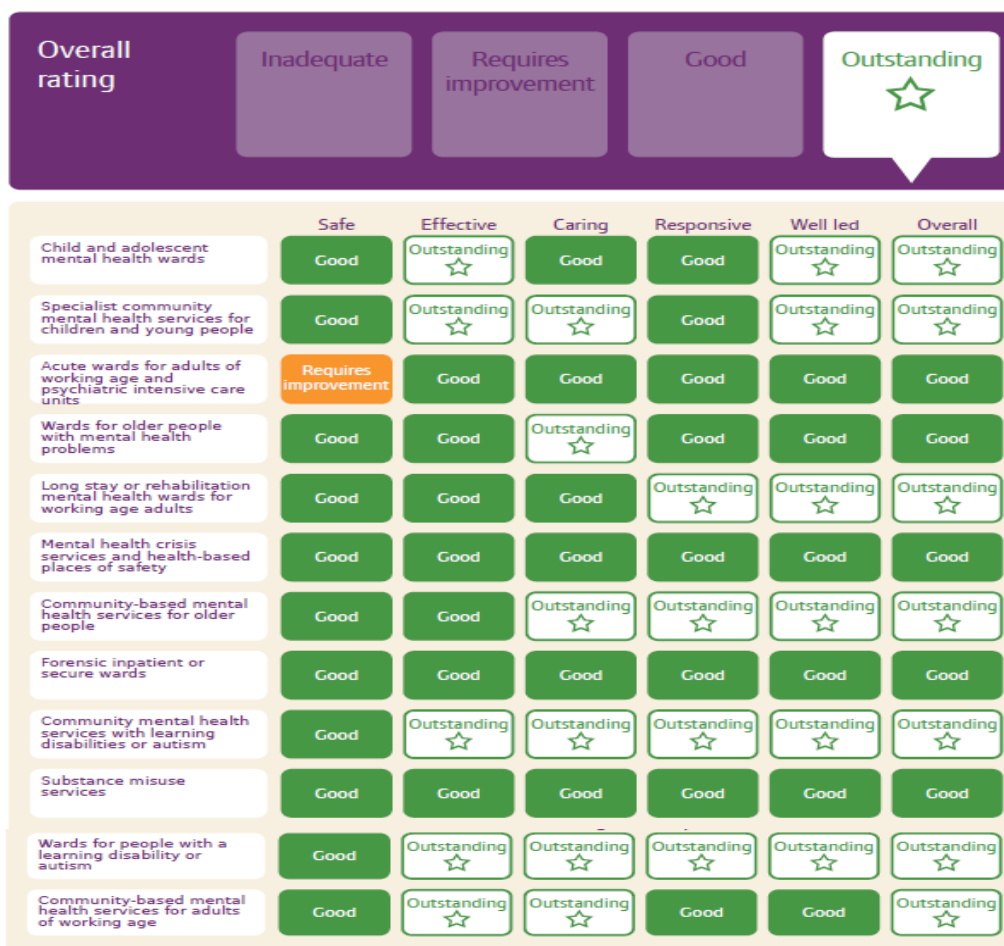
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services. The Care Quality Commission has not taken enforcement action against Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2019/20.

In March 2020 the CQC undertook a focussed inspection which involved visits to all of the wards for people with learning disability or autism. The findings from this inspection are awaited.



Last rated
26 July 2018

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.

48% of adult and older people's mental health wards have achieved the Accreditation for Inpatient Mental Health Services.

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

100% of children and young people's wards have are part of the national Quality Network for Inpatient Children and Adolescent Mental Health Services.

Table 21: Current clinical external accreditations (as at 31 March 2020)

External Accreditation	Ward/Department	Location
Accreditation for Working Age Wards (AIMS) Quality Network for Older Adult Wards (QNOAMHS)	Springrise	Hopewood Park
	Akenside	Campus for Ageing and Vitality
	Castleside	Campus for Ageing and Vitality
	Cleadon	Monkwearmouth Hospital
Quality Network for Psychiatric Intensive Care Unit (QNPICU)	Hauxley	St George's Park
Quality Network for Older Adult Wards (QNOAMHS) Accreditation for Rehabilitation Wards (AIMS)	Mowbray	Monkwearmouth Hospital
	Roker	Monkwearmouth Hospital
	Woodhorn	St George's Park
	Aldervale	Hopewood Park
Accreditation for Rehabilitation Wards (AIMS)	Bluebell Court	St George's Park
	Clearbrook	Hopewood Park
	Elm House	Elm House
Quality Network for Forensic Mental Health Services (QNFMHS)	Kinnersley	St George's Park
	Newton	St George's Park
	Willow View	St Nicholas Hospital
Quality Network for Forensic Mental Health Services (QNFMHS) Quality Network for Inpatient CAMHS (QNIC)	Bamburgh Clinic	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
	Stephenson	Ferndene
	Fraser	Ferndene
Quality Network for Community CAMHS (QNCC)	Redburn	Ferndene
	Ferndene PICU	Ferndene
ECT Accreditation Scheme (ECTAS)	Alnwood	St Nicholas Hospital
	Hadrian ECT Clinic	Campus for Ageing and Vitality
	ECT Treatment Centre	St George's Park

External Accreditation	Ward/Department	Location
Psychiatric Liaison Accreditation Network (PLAN)	Sunderland Psychiatric Liaison Team	Sunderland Royal Hospital
Home Treatment Accreditation Scheme (HTAS)	Northumberland Crisis Team	St George's Park
Home Treatment Accreditation Scheme (HTAS) Memory Services National Accreditation Programme (MSNAP) Accreditation for Psychological Therapies Services (APPTS)	Sunderland Crisis Team	Hopewood Park
	South Tyneside Crisis Team	Palmers Community Hospital
	Memory Protection Service	Monkwearmouth Hospital
	Sunderland Psychological Wellbeing Service (IAPT)	Monkwearmouth Hospital
	Sunderland and South Tyneside Psychological Services	Monkton Hall

Data source: CNTW

Data Quality

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

Table 22: 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. We will continue to develop and embed the Points of You dashboards. For more information on Points of You please see pages 48 and 106.
Data Quality Kite Marks	We will continue to roll out and review the use of data quality kite marks in quality assurance reports further.
Data Quality Group	We will implement a Trust wide data quality group.
Mental Health Services Dataset	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 Mental Health Services Dataset, NHS Improvement and the Care Quality Commission.

	We will continue to improve our data maturity index score and understand areas where improvement is required.
Consent recording	We will continue to redesign the consent recording process in line with national guidance and support the improvement of the recorded consent status rates.
ICD10 Diagnosis Recording	We will continue to increase the level of ICD10 diagnosis recording within community services.
Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and four factor analysis to support the consistent implementation of outcomes approaches in mental health.
Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements. We will monitor and improve our data quality in line with our CQUIN requirements, Specialised Mental Health and the Aggregate Contract Monitoring dataset.
Quality Priorities	We will continue to develop a robust reporting structure to support the quality priorities relating to waiting times and improving inpatient care.
Outcome Measures	We will enhance the current analysis of outcome measures focusing on reporting information back to clinical teams.

Data source: CNTW

North East Quality Observatory (NEQOS) Retrospective Benchmarking of 2018/19 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 2018/19 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 23 below:

Table 23: Nationally available Quality Account indicators for 2018/19

Quality Account Indicators	Target	England Average	Peer*	CNTW
1 Staff who would recommend the trust to their family/friends, 2018	-	3.70	3.71	3.84
2 FFT patients recommending service (%), Jan to March 2019		90.8	88.0	87.7
3 Admissions to adult urgent care wards gatekept by CRT (%) Q4 18/19	95	99.0%	98.9%	100.0%
4 Inpatients receiving follow up contact within 7 days of discharge (%) Q4 18/19	95	97.0%	96.0%	96.9%
5 Incidents for severe harm/death (%), 2018/19	-	1.0	1.6	0.6
6 EIP patients treated within 2 weeks (%), March 2019	50	81.3	67.3	81.3
7 Written complaints per 1000 FTEs, 2018/19		69.6	82.3	62.7
8 MHSDS - clients in settled accommodation (%) March 2019		62.5	50.0	52.0
9 MHSDS - clients in employment (%) March 2019		8.0	8.0	8.0

Data source: North East Quality Observatory

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

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

Learning from Deaths

The Serious Incident Framework (2015) forms the basis for the Trust's Incident Policy which guides/informs the organisation about reporting, investigating and learning from incidents including deaths. The Learning from Deaths policy supports and enhances this learning and investigation process. This is currently being reviewed in collaboration with other mental health and learning disability Trusts in the North of England. . This remains under review however the introductory version titled "The Patient Safety Incident Response Framework" is currently being piloted by the identified early adopters.

We report all deaths of people with learning disabilities who are service users to the Learning Disabilities Mortality Review (LeDeR) Programme for further investigation. CCNTW is represented on the regional LeDeR steering group and has implemented learning arising from the national programme within the Trust.

During 2019/20, 1,219 of Northumberland, Tyne and Wear NHS Foundation Trust's patients were reported to have died, with the majority of these being natural deaths in nature.

Qtr 1 – 254 (21%)

Qtr 2 – 235 (19%)

Qtr 3 – 290 (28%)

Qtr 4 – 384 (32%)

Of the 1,219 deaths, and in line with our Incident Policy – CNTW (O) 05 and our Learning from Deaths Policy – CNTW(C) 12, 212 of these deaths would fit the criteria for further investigation.

By 21st April 2020, the following investigations were carried out in each quarter, 61 in the first quarter; 33 in the second quarter; 56 in the third quarter and 62 fourth quarter, some of which remain under investigation and reports not completed due to the time frames.

Of the 477 Natural Cause deaths subject to an investigation, 35 have been subject to a Mortality Review with 24 completed and 11 currently outstanding.

One of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

1 representing 1.6% for the first quarter;

0 representing 0.00% for the second quarter;

0 representing 0.00% for the third quarter;

0 representing 0.00% for the fourth quarter.

13 investigations that were reported in the 18/19 reporting period where subsequently investigated and completed in the reporting period 19/20

These numbers have been estimated using the findings from Serious Incident investigations. Where there has been either a root or contributory cause found from the incident review then this has been used as a way to determine if the patient death may have been attributable to problems with care provided.

There is currently no agreed or validated tool to determine whether problems in the care of the patient contributed to a death within mental health or learning disability services so we are using this approach until such a tool becomes available. This means that currently mental health and learning disability organisations are using differing ways of assessing this. The Royal College of Psychiatrists has developed a mortality review tool which the Trust is now using along with other mental health and learning disability trusts. To note the

new/under pilot framework moves away from making such decision / comments to focus on the learning opportunities.

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

Never Event (wrong route of administration of prescribed medication)

The Never Event incident highlighted significant findings/learning that was felt to be contributory to the incident. The investigation identified deficiencies in the training provided to newly qualify nursing staff regarding the administration of parenteral medicines, leading to gaps in their knowledge around risk and to competency and confidence issues. As a result changes have been made to ensure these gaps are covered in conjunction with the training academy.

The use of the AUDIT (Alcohol Use Disorder Identification Test) Tool

Several incidents reviewed identified that clinical teams including Addiction services were not utilising this tool. Initially this was being reported as a documentation issue, however this is not the case this tool should be used to identify current alcohol use which may lead to an intervention that supports the pathway for the patient's care and treatment. This has identified the need for further training which has previously been provided and refresher/update training. This has linked to work done and presented at the Learning and Improvement Group by Addiction Services.

Veterans and Serving Soldiers

The lack of understanding of this patient pathway has come up in several cases reviewed. One particular case was reviewed jointly with the Ministry of Defence Therefore a Practice Guidance has been devised to address this, alongside a trust-wide presentation.

Medication Management/knowledge

Several cases reviewed identified gaps in knowledge in relation to certain drugs and their management:

Clozapine Management: Patient showing increasingly poor concordance, this not being explored at every opportunity, and therefore not discontinuing as per prescribing guidelines.

Naloxone: Not being offered as per standard.

Pregabalin: One investigation highlighted lack of awareness regarding a rare but potential risk of suicide following initiation.

Medication Pathways: One review highlighted the consideration required when prescribing for both pain management and mental health conditions.

ADHD Management: Availability of prescriptions, lack of drug testing kits.

Inflammatory Bowel Disease and prescribing: Medical histories not necessarily considered when prescribing.

All of the above have been addressed within local, trust wide learning forums, the use of the CAS system, Safer Care Bulletin and articles published by pharmacy.

Dissemination of Learning

Learning can be 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 check if any learning from deaths is put into practice. Changes made from learning are introduced into policies which are regularly reviewed. Training programmes are changed and updated following learning from incident investigation findings. Teams have learning at the top of their agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture. Learning groups use incident findings to inform their agendas to check out staff understanding of learning and the impact on their service areas.

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

CNTW has introduced a formal Learning and Improvement Group to monitor all of the above and evaluate the impact of actions identified from incident and complaint investigations. This meeting is chaired jointly by the Executive Director of Nursing & Operations and Executive Medical Director, and can be accessed by staff from across the Trust using Skype.

Investigations into deaths in 2019/20

1 death reviewed during 2019/20 is judged to be more likely than not to have been due to problems in the care provided to the patient.

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

NHS Number and General Medical Practice Code Validity

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data for April 2019 to February 2020.

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

99.7% for admitted patient care; and 99.3% for outpatient care.

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

99.6% for admitted patient care; and 99.8% for outpatient care.

Data Security and Protection Toolkit attainment

In light of the national pandemic, the DSPT submission has been moved from 31st March 2020 to 30 September 2020.

Clinical Coding error rate

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20 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 2019 was presented to the CNTW Trust board in May 2020. The report is reproduced in Appendix 3.

Performance against mandated core indicators

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

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

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

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

Table 24: 7 day follow up data 2017/18 to 2019/20 (higher scores are better)

7 day follow up %	2017/18				2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CNTW	96.0%	97.5%	97.4%	97.7%	97.1%	96.5%	96.7%	96.9%	96.5%	95.1%	91.7%	
National Average	96.7%	96.7%	95.4%	95.5%	95.8%	95.7%	95.5%	95.8%	95.1%	94.5%	95.5%	
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Lowest national	71.4%	87.5%	69.2%	68.8%	73.4%	83.0%	81.6%	83.5%	86.1%	77.9%	86.3%	

Quarter 4 data will not be collected and published by NHS England due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS.

Data source: [NHS England](#)

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

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - we have established, robust reporting

systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement.

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

Table 25: Gatekeeping data 2017/18 to 2019/20 (higher scores are better)

Gate-Keeping %	2017/18				2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CNTW	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.0%	
National Average	98.7%	98.6%	98.5%	98.7%	98.1%	98.4%	97.8%	98.1%	98.2%	98.2%	97.1%	
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Lowest national	88.9%	94.0%	84.3%	88.7%	85.1%	81.4%	78.8%	88.2%	84.0%	91.2%	80.0%	

Quarter 4 data will not be collected and published by NHS England due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS.

Data source: [NHS England](#)

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

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

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

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

Table 26: NHS staff survey data (question 21d), shown against benchmarking group

% Agree or Strongly Agree	2017	2018	2019
CNTW %	68%	69%	67%
National Average %	61%	61%	62%
Highest national %	87%	81%	76%
Lowest national %	42%	38%	38%

Data source: [Staff Survey Coordination Centre](#)

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

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

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

Table 27: Community Mental Health survey scores, 2017 to 2019

Health and social care workers	2017	2018	2019
CNTW	7.6	7.4	7.7
National Average	7.2	7.1	7.2
Highest national	8.0	7.7	7.8
Lowest national	6.0	5.9	6.2

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

Data source: [CQC](#)

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

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

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

Table 28: Patient Safety Incidents, National Reporting and Learning System

Indicator	Performance	2017/18 Apr-Sep	2017/18 Oct-Mar	2018/19 Apr-Sep	2018/19 Oct-Mar	2019/20 Apr-Sep	2019/20 Oct-Mar
Number of PSI reported (per 1,000 bed days)	CNTW	43	44	48	49	59	
	National average	48	46	51	57	63	
	Highest national	127	97	114	119	130	
	Lowest national*	16	15	25	15	17	
Severe PSI (% of incidents reported)	CNTW	0.4%	0.3%	0.4%	0.4%	0.3%	
	National average	0.3%	0.3%	0.3%	0.3%	0.3%	
	Highest national	2.0%	2.1%	2.1%	2.1%	2.3%	
	Lowest national*	0.0%	0.0%	0.0%	0.0%	0.0%	
PSI Deaths	CNTW	0.5%	0.2%	0.3%	0.1%	0.1%	

Indicator	Performance	2017/18 Apr-Sep	2017/18 Oct-Mar	2018/19 Apr-Sep	2018/19 Oct-Mar	2019/20 Apr-Sep	2019/20 Oct-Mar
(% of incidents reported)	National average	0.7%	0.8%	0.8%	0.7%	0.6%	
	Highest national	3.4%	3.9%	2.3%	3.7%	2.2%	
	Lowest national*	0.0%	0.0%	0.1%	0.0%	0.0%	

Data source: [NHS Improvement](#) Data for October 2019 to March 2020 will be published on later in the year.

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

Part 3

Review of Quality Performance

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

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

NHS Improvement Single Oversight Framework

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

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

Individual trusts are “segmented” by NHS Improvement according to the level of support each trust needs. In 2019/20 CNTW has been assigned a segment of “1 – maximum autonomy”.

Table 29: Self-assessment against the Single Oversight Framework as at March 2020 (previous years data in brackets where available)

	Period	Trustwide	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	South Tyneside CCG	Sunderland CCG	North Cumbria CCG
Patient Safety Quality Indicators								
Admissions to adult facilities of patients under 16	2019/20 (2018/19)	0 0	0 0	0 0	0 0	0 0	0 0	0
CPA follow up - proportion of discharges from hospital followed up within 7 days	Sept 19 - Mar 20 (2018/19)	93.50% (96.8%)	95.10% (95.3%)	96.90% (99%)	95.70% (97.9%)	98.90% (95.1%)	98.80% (97.8%)	84.50%

Inappropriate Out of Area Placements <i>average bed days per month</i>	2019/20 (2017/18 Q4 avg.per month)							
Clinical Effectiveness Quality Indicators								
% clients in settled accommodation	2019/20 (2018/19)	71.70% (80.7%)	83.30% (82.8%)	77.60% (80.9%)	83.30% (84.5%)	80.00% (77.9%)	80.60% (81.4%)	35.30%
% clients in employment	2019/20 (2018/19)	6.80% (6.7%)	7.20% (5.9%)	7.60% (8.7%)	8.20% (7.2%)	7.40% (9%)	6.00% (5.2%)	5.30%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
• Inpatient wards	2019/20 (31/03/2019)	96.20% (98.4%)						
• Early intervention in psychosis services	2019/20 (31/03/2019)	74.20% (90.7%)						
• Community mental health services (people on care programme approach)	2019/20 (31/03/2019)	79.30% (98.2%)						
Data Quality Maturity Index	31.12.19 (Q2 2017/18)	92.70% (95.8%)						
IAPT- Proportion of people completing treatment who move to recovery	Mar-20 Mar-19	51.20% (55.3%)					51.40% 55.30%	51.00%
Service User Experience Quality Indicators								
RTT Percentage of Incomplete (unseen) referrals waiting less than 18 weeks*	2019/20 (2018/19)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	100% (100%)	
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	2019/20 (2018/19)	73.50% (79.6%)	74.60% (66.7%)	82.50% (75.3%)	92.50% (80.8%)	54.20% (92.2%)	96.70% (98.6%)	49.00%
IAPT Waiting Times to begin treatment – incomplete								
6 weeks	Mar-19 (March 19)	99.20% (99.6%)					100.00% (99.6%)	99.00%
18 weeks	Mar-20 (March 19)	99.90% (99.8%)					99.90% (100%)	100.00%

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

Performance against contracts with local commissioners

During 2019/20 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCGs). Table 30 below highlights the targets and the performance of each CCG against them for quarter four 2019/20 (1 January 2020 to 31 March 2020).

Table 30: Contract performance targets 2019/20 Quarter 4 (2018/19 Quarter 4 in italics)

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

The number of people who have completed IAPT treatment during the reporting period (50%)	n/a	n/a	n/a	51.40%	n/a	51.00%
				54.30%		
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	75.80%	81.80%	87.50%	86.70%	84.60%	52.10%
	72.10%	84.60%	77.80%	90.00%	92.90%	

Data source: CNTW

Note the figures above relate to quarter 4 average while the equivalent data in Table 29 on the previous page is for the whole of 2019/20.

Statutory and Mandatory Training for 2019/20

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

Table 31: Training position as at 31 March 2020

Training Course	Trust Standard	Position at 31/03/2018	Position at 31/03/2019
Fire Training	85%	90.1%	81.0%
Health and Safety Training	85%	95.8%	92.0%
Moving and Handling Training	85%	92.3%	88.2%
Clinical Risk Training	85%	77.5%	72.0%
Clinical Supervision Training	85%	87.9%	72.7%
Safeguarding Children Training	85%	92.6%	92.8%
Safeguarding Adults Training	85%	94.5%	83.7%
Equality and Diversity Introduction	85%	95.1%	93.6%
Hand Hygiene Training	85%	94.0%	90.7%
Medicines Management Training	85%	91.4%	82.1%
Rapid Tranquillisation Training	85%	91.2%	86.1%
MHCT Clustering Training	85%	87.7%	61.3%
Mental Capacity Act / Mental Health Act / DOLS Combined Training	85%	78.1%	67.0%
Seclusion Training (Priority Areas)	85%	94.1%	82.6%
PMVA Basic Training	85%	79.4%	66.2%
PMVA Breakaway Training	85%	90.0%	75.2%
Information Governance Training	95%	95%*	84.9%

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

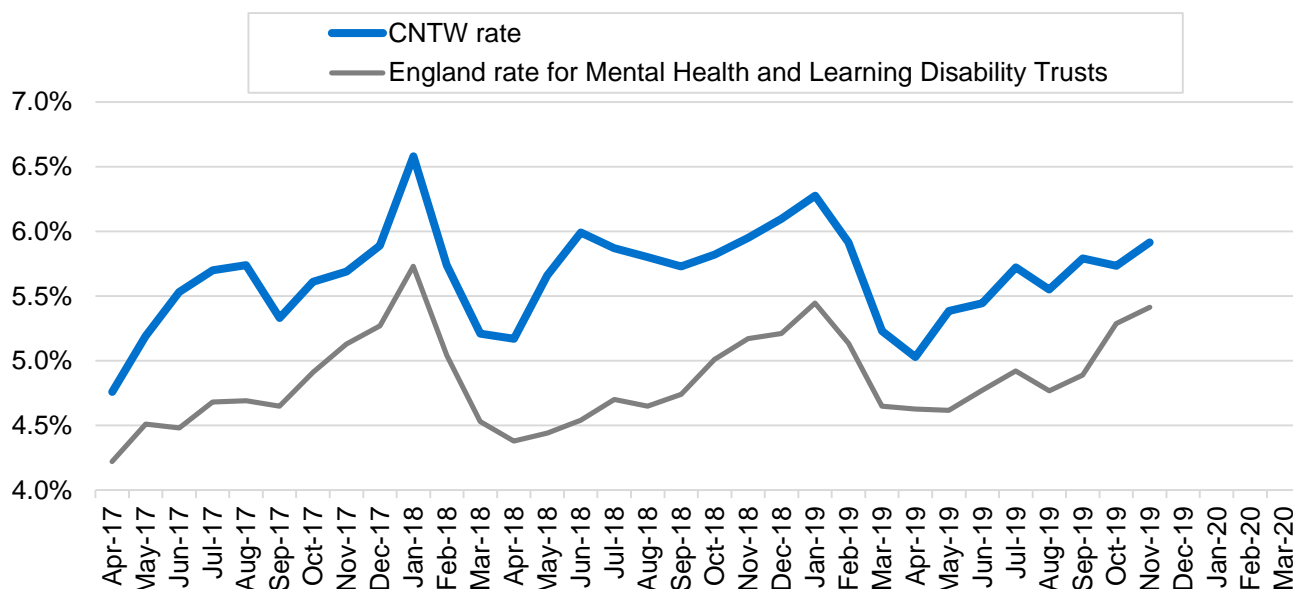
*Information Governance training calculated slightly differently to align with NHS Improvement requirements.

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

Staff Absence through Sickness Rate

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

Figure 26: Monthly staff sickness, CNTW and national, April 2017 to November 2019



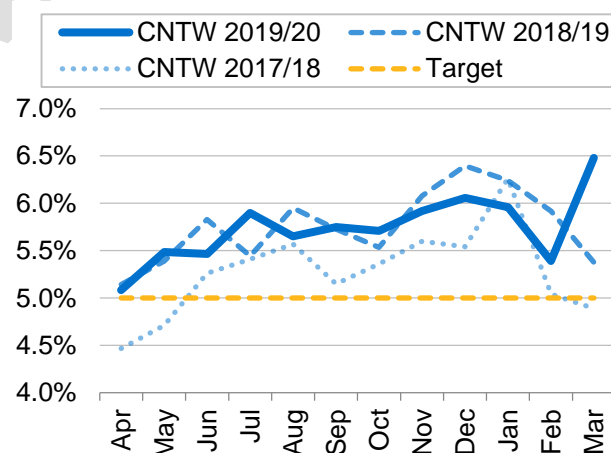
Data source: NHS Digital, Electronic Staff Record. Data includes CNTW Solutions, a wholly owned subsidiary company of CNTW.

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

The Trust is continually reviewing the Wellbeing and Health Agenda ensuring it is taking into account the differing needs of the staff as well as incorporating best practice and both Local and National Wellbeing agendas.

The Trust is working with staff and partners to revise Wellbeing and Health policies and is working with its new occupational health provider who commenced with the Trust in December 2019. There will be an increased focus on supporting staff mental health including looking at the impact the Covid-19 pandemic has had on staff.

Figure 27: CNTW Sickness (in month) 2017/18 to 2019/20



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

We continue to hold the Better Health at Work, continuing excellence award.

Staff Survey

Since 2010 the Trust has adopted a census approach to the Staff Survey, seeking views from all staff. Whilst the results listed here are relating to the National Survey (based on a sample), our action planning also takes into account the findings from our census report as well as themes identified from the comments received.

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

Table 32: NHS staff survey responses 2017 to 2019

Response rate	2017	2018	2019
Trust	64%	67%	56%
National Average (Mental Health/Learning Disability)	52%	54%	54%

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

Table 33: Response scores by theme, Staff Survey 2017 to 2019

Theme	2017		2018		2019	
	CNT W	Benchmarking Group	CNT W	Benchmarking Group	CNT W	Benchmarking Group
Equality, diversity and inclusion	7.5	7.2	7.5	7.2	7.5	7.3
Health and wellbeing			6.6	6.2	6.5	6.3
Immediate managers	5.9	5.5	5.9	5.7	6.0	5.8
Morale	7.5	7.3	7.5	7.3	7.5	7.4

Theme	2017		2018		2019	
	CNT W	Benchmarking Group	CNT W	Benchmarking Group	CNT W	Benchmarking Group
Quality of appraisals	8.3	8.0	8.2	7.9	8.3	8.0
Quality of care	8.9	9.2	9.1	9.3	9.1	9.3
Safe environment – bullying and harassment	7.0	6.7	7.0	6.7	7.1	6.8
Safe environment – violence	7.1	7.0	7.1	7.0	7.1	7.0
Safety culture					7.1	7.0
Staff engagement	7.5	7.2	7.5	7.2	7.5	7.3
			6.6	6.2	6.5	6.3

Data source (Table 32 and Table 33): [Staff Survey Coordination Centre](#). Data includes CNTW Solutions, a wholly owned subsidiary company of CNTW.

Actions

The following are actions under consideration

- Continue to identify any concentrations of staff reporting discrimination. Actions to form part of Equality Diversity and Inclusion Group work.
- Continue to prioritise the issue of reported physical deterioration and stress at work and analyse ways in which we can meet problems.
- Look to reinforce the positive view of commitment from staff and being aware that this should not come at a cost to their own health and wellbeing.
- Continue to prioritise the development of line managers. Consider how this links directly to some of the other areas covered in the survey.
- Ensure that line managers are able to make the link between the Trust's goals and how staff fit in with this.
- Ensure that managerial and supervisory roles include the duty to give feedback to staff including both positive and negative comments as appropriate.
- Improve staff involvement in changes that happen in their area of work. Communication is key.
- Consider how all staff can be made to feel more involved in decision making processes and having more control over how they carry out their work.
- Continued focus on appraisals cycle.
- Ensure that patient experience data is regularly shared with staff to highlight areas which are positive as well as areas for improvement.
- Continue to promote awareness of the need to report incidents of violence, harassment, bullying and abuse and ensure that staff are aware of the process around this.
- Identify the location of spikes in Harassment, Bullying and Abuse from patients and the public / Managers and other colleagues.

-
- Explore support groups and de-briefing sessions.
 - Continue to ensure that staff are aware of the policy and process for raising concerns about unsafe clinical practice and are provided with reassurance about how these would be handled to encourage and reassure staff that their concerns will be treated seriously and with transparency.
 - Ensure that team members have shared objectives and that these are communicated effectively and understood.

DRAFT

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.

DRAFT

APPENDICES

Appendix 1

CQC Registered locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2020.

Table 34: CQC registered locations

Location	Regulated Activities			Service Types							
	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	●	●	●			●		●			

Service Types:

CHC – Community health care services

LDC – Community based services for people with a learning disability

LTC – Long-term conditions services

MHC – Community based services for people with mental health needs

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

PHS – Prison healthcare services

RHS – Rehabilitation services

SMC – Community based services for people who misuse substances

Data source (Table 34): [CQC](#)

Appendix 2

Priority clinical audits undertaken in 2019/20

Table 35: Priority clinical audits undertaken in 2019/20

Board Assurance		
1	CA-17-0022	NICE (Implementation) CG28: Depressions in CYPS
2	CA-18-0016	NICE (Implementation) Ante and Postnatal Mental Health incorporating Contraception (CG192 & QS129)
3	CA-18-0023	NICE (Implementation) CG103: Audit of Clinical Practice against Delirium Standards
4	CA-19-0006	Lower Urinary Tract Infections: audit of compliance to Trust and NICE guidance (QS 90)
5	CA-19-0008	NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust
6	CA-17-0030	CYPSS CPA Care and Treatment audit
7	CA-18-0006	Care Coordination Audit - North Locality
8	CA-18-0007	Care Coordination Audit - Central Locality
9	CA-18-0008	Care Coordination Audit – South Locality
10	CA-18-0010	Medicines Management: Safe and Secure Medicines Handling (MMRA)
11	CA-18-0011	Systems in place to monitor the management of Controlled Drugs (CDs)
12	CA-18-0022	Audit of Benzodiazepine and Z-drug prescribing in 3 CTTs against the BNF guidelines and Trust PPT-PGN-21)
13	CA-18-0026	Medicines Reconciliation
14	CA-18-0029	Physical Health Monitoring following Rapid Tranquilisation
15	CA-19-0001	Seclusion 18-19
16	CA-19-0029	Cumbria Children & Young People's Service Care Co-ordination Audit Aug-19 (Pilot)
17	CA-19-0011	Clinical Audit of unallocated cases awaiting treatment

Data source: CNTW

Appendix 3

Annual report on safe working hours: doctors in training

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from 2nd August 2017 are on the New 2016 Terms and Conditions of Service. There are currently 142 trainees working into CCNTW with 132 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 23 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching Fellows. (Total 165). WEF 1st October 2019 North Cumbria Trainees have been added to the Report.

Introduction

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

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

High level data

Number of doctors in training (total): 142 Trainees (at December 2019)

Number of doctors in training on 2016 TCS (total): 132 Trainees (December 2019)

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 MedW Team

Amount of job-planned time for educational supervisors: 0.5 PAs per trainee

Trust Guardian of Safeworking: Dr Clare McLeod

Exception reports (with regard to working hours)

Table 36: Working hours exception reports received

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

Work schedule reviews

During the year there have been 69 Exception Reports submitted from Trainees all for hours and rest throughout 2019; the outcome of which was that TOIL was granted for 42 cases, 7 no action required and payment was made on 15 occasions. 5 cases remain open. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings (Agency)

Table 37: Locum bookings (agency) by department

Specialty	Q1	Q2	Q3	Q4
Hopewood Park			1	2
Gateshead	5			1
NGH		1		
RVI				
SNH				
CAMHS				
LD				
SGP		1	1	1
South of Tyne				
North of Tyne			2	
Total	5	2	4	4

Table 38: Locum bookings (agency) by grade

Grade	Q1	Q2	Q3	Q4
FT2				
CT1-3	14	9	5	2
ST4+		3	4	1
Total	14	12	9	3

Table 39: Locum bookings (agency) by reason

Reason	Q1	Q2	Q3	Q4
Vacancy	4	2	1	4
Sickness/other	1		3	
Total	5	2	4	4

b) Locum work carried out by trainees

Table 40: Number of locum shifts worked by trainees

Area	Q1	Q2	Q3	Q4	Total
SNH	20	8	13	31	72
SGP	16	39	47	18	120
Gateshead/MWH	13	14	26	24	77
Crisis	5	10	2	n/a	17
Hopewood Park	9	10	15	28	62
RVI	2	1	18	14	35
NGH	9	3	9	3	24
Cumbria	0	0	0	0	0
North of Tyne	6	1	11	17	35
South of Tyne	10	11	17	13	51
Total	90	97	158	148	493

c) Vacancies

Table 41: Vacancies by quarter

Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	1		2	
	GP	1			
	FY2				2
SNH	CT	6		7	3
	GP	2		1	
SGP	CT	16	1	21	8
	GP	3			
RVI	CT	2		1	
	GP	2		2	1
Hopewood Park	CT	8		13	5
	GP	7		2	
	FY2	1			
Gateshead/MWH	CT	2	1	7	1
	GP	5		1	
	FY2			2	
Total					

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

Emergency Rota Cover

Table 42: Emergency Rota Cover by Trainees

Reason	Q1	Q2	Q3	Q4
Vacancy		11	2	
Sickness/Other	1	12	16	30
Total	1	23	18	30

d) Fines

There were no fines during the last year.

Issues Arising:

The numbers of Exception Reports has increased from 2018, with 69 submitted in 2019 in comparison to 36 in 2018.

The majority of Exception Reports continue to be closed with TOIL. In 2019, 42 were closed with TOIL and 15 by payment for the extra hours.

There have been 88 IR1s submitted for Insufficient Medical Handover in 2019. In 2018, there were 17 IR1s in the period May-December; so this represents a relative increase.

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

There was an increase in the number of times Emergency Rota cover was necessary, from 55 in 2018 to 70 in 2019.

The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased very slightly from 482 in 2018 to 493 in 2019. However, there were bigger relative increases on the SGP rota (95 to 120) and the Gateshead/ Monkswearmouth rota (29 to 77).

Actions Taken to Resolve These Issues:

The numbers of Exception Reports received would be seen as moving towards a more representative picture. However, numbers remain lower than would be expected, most notably amongst higher trainees. There is a low rate of reporting generally, with reasons cited as trainees being concerned about potential repercussions, that it won't result in changes, uncertainty about the process, the time taken to complete the documentation as well as the continued culture of staying late.

The profile of Exception Reporting continues to be raised at Trust induction, through the forum and in meetings with trainees. We have looked to address the perceived barriers to reporting, by talking about the positive outcomes from Exception Reports (e.g. highlighting a busy post or change in workload which has been addressed with a successful supportive outcome), reminders of the process and provision of screen shots of how to complete the documentation and discussion about the guidance of when it is appropriate to submit an exception report.

The majority of Exception Reports continue to be closed with TOIL which is encouraging.

The Guardian and the Medical Staffing team meet with trainees every month, arranged at times which coincide with teaching. These visits are rotated between SGP, CAV and HWP in addition to attendance at the trainee forum in Carlisle on 20th November 2019.

The number of IR1s for Insufficient Medical Handover at admission has increased in 2019 in comparison to 2018, with the numbers for each month being fairly stable (approximately 7-8 per month). Each report submitted is sent to the Guardian, the DME and to Medical

Staffing. The reports are reviewed and followed up by the DME and collated to share with clinical staff throughout the Trust and discuss at each GoSW forum, as well as updates to MSCs at regular intervals. The Guardian, with one of the core trainees, has met with the crisis teams in Sunderland and Newcastle/Gateshead to promote medical handover and update on progress made. We plan to meet with the Northumberland crisis team and the liaison teams as well as follow up our meetings to update teams on progress. The stability of numbers would seem to reflect the increasing completeness of reporting and the addition of reports from Cumbria (since October 2019) balanced with an overall fall in numbers of admissions without handover.

A working group has met three times, with a smaller group meeting a further twice to consider the best use of the money that the Trust was allocated having adopted the BMA Fatigue and Facilities charter. This has also been discussed at the GoSW forum and opinions of trainees sought by email. It was noted that some on-call facilities are better equipped than others and it has been agreed that providing equipment to improve all the on-call facilities so that they are all similarly equipped would be the best way to spend the money to the benefit of all trainees. Medical Staffing have collated information about the equipment in each on-call facility and we plan to purchase futons/sofa-beds for rest periods, televisions, lap tops and coffee machines. The Cumbria trainees had, prior to the merge, collated a list of priorities which have been incorporated. The on-call facilities at the Carlton Clinic in Cumbria are to be moved, but we have assurance that any new items purchased through the Fatigue and Facilities monies can be stored until the new mess is established. We have costed and ordered the agreed items and will plan thereafter how to spend any surplus in advance of the end of the financial year.

Emergency rota arrangements come into place if there is a gap in the on-call rota that is not filled by lunchtime on the day of the shift. I am confident that Medical Staffing make every effort and spend considerable attention and time to try to fill vacant shifts but sometimes this does not prove possible. On the occasions when this does occur, the other members of the on-call team are informed as well as the night coordinators; in addition following feedback from trainees, the ward managers will now also be informed so that they can help in prioritisation of work and Medical Staffing will give trainees notice in advance that there is a possibility of the emergency rota arrangements being implemented. On every occasion that the emergency rota arrangements are necessary, there is a monitoring process to ensure that patient care is not compromised and to date there have been no concerns raised about patient safety. Emergency rota arrangements are monitored and discussed though the GoSW forum and there are now discussions taking place about alternatives to the on-call arrangements which would serve to avoid such situations altogether and also provide additional training opportunities which will be explored further in a working group.

Summary

With the merge of CNTW and North Cumbria in October 2019, we now have an additional 20 trainees within CCNTW.

Work is ongoing to increase the completeness of Exception Reporting and change the culture of under-reporting. It is encouraging to see the increase in numbers of Exception Reports over the last year.

We will continue to encourage trainees to report episodes of Insufficient Medical Handover and promote good practice and feedback progress to clinicians throughout the Trust. I hope that the stability we have seen in this year will progress to an actual fall in numbers of reports submitted and for the balance to shift with continued more complete handover but with a reduction in numbers of episodes.

The process of allocating the funds from the BMA Fatigue and Facilities charter is progressing well and we expect that the orders will be made for new equipment to improve and standardise the on-call facilities throughout the Trust in advance of the next financial year.

I am confident that all efforts to avoid emergency rota arrangements are in place, and the process remains under review. There have been no risks to patient safety as a result of implementing the emergency rota, but these shifts are stressful to trainees. As a result of recent feedback, some additional changes have been made to reduce this stress. Consideration is being made to a change to the on-call rotas which potentially would provide additional training opportunities as well as reduce the need for the emergency rota arrangements.

Dr Clare McLeod
Guardian of Safe Working for CCNTW
January 2020

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 10 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, and 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.cCNTW.nhs.uk/poy, or via a postal survey.

The questions we ask are:

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment?
2. How kind and caring were staff to you?
3. Were you encouraged to have your say in the treatment or service received and what was going to happen?
4. Did we listen to you?
5. If you had any questions about the service being provided did you know who to talk to?
6. Were you given the information you needed?
7. Were you happy with how much time we spent with you?
8. Did staff help you to feel safe when we were working with you?
9. Overall did we help?
10. Is there anything else you would like to tell us about the team or ward? (You can also use this space to tell us more about any of the questions on this survey)

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 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- 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 2019 to May 2020
 - papers relating to quality reported to the board over the period April 2019 to May 2020
 - feedback from commissioners dated May 2019
 - feedback from governors dated May 2019
 - feedback from local Healthwatch organisations dated May 2019
 - feedback from overview and scrutiny committee dated May 2019
 - 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, dated April 2019
 - the 2019 national patient survey
 - the 2019 national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2019
 - CQC inspection report dated 26/07/2018
- 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

29 May 2020



Ken Jarrold

Chair

29 May 2020



John Lawlor

Chief Executive

DRAFT

Appendix 6

Limited Assurance Report on the content of the Quality Account

Information not required to be included within the Quality Account 2019/20 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 2019/20. 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 a NHS foundation trust. For NHS foundation trusts, there is no formal requirement for a limited assurance opinion or governors' report.

DRAFT

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
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
Commissioner	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality
Clinician	A healthcare professional working directly with service users. Clinicians come from a number of healthcare professions such as psychiatrists, psychologists, nurses and occupational therapists.
Cluster / Clustering	Mental health clusters are used to describe groups of service users with similar types of characteristics.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
CPA	Care Programme Approach – a package of care for some service users, including a care coordinator and a care plan.
CRIS	Clinical Record Interactive System allows researchers to conduct research using the large amount of information from electronic patient records

CTO	Community Treatment Order
CYPS	Children and Young Peoples Services – also known as CAMHS
Dashboard	An electronic system that presents relevant information to staff, service users and the public
DOLS	Deprivation Of Liberty Safeguards – a set of rules within the Mental Capacity Act for where service users can't make decisions about how they are cared for.
Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage
ECT	Electroconvulsive therapy
EIP	Early Intervention in Psychosis
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so
Freedom to Speak Up	Encouraging and supporting staff to raise concerns at work, based on recommendation from Sir Robert Francis' Freedom to Speak Up Review in response to the Mid-Staffordshire scandal.
Friends and Family Test (FFT)	A process for people who use NHS services to provide feedback on their experience.
FTE	Full-Time Equivalent, a unit of employment that accounts for some people working part-time
Gatekept	Gatekeeping involves assessing the service user before admission to hospital to consider whether there are alternatives to admission
GP	General Practitioner – a primary care doctor
HDAT	High Dose Antipsychotic Therapy
HQIP	The Healthcare Quality Improvement Partnership promotes quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
ICD10	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses
Integrated Care System	A collaborative arrangement where NHS organisations, local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
LD	Learning Disabilities
LeDeR	The Learning Disabilities Mortality Review Programme aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.
Lester Tool	The Lester Positive Cardiometabolic Health Resource provides a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in service users with psychosis receiving antipsychotic medication.

LGBT	Lesbian, Gay, Bisexual, and Transgender
MHCT	Mental Health Clustering Tool – a computerised system used in clustering
Multimorbidity	Relating to service users with several co-occurring diseases
NHS	National Health Service – the publicly funded national healthcare system for England
NHS Improvement	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
Single Oversight Framework	An NHS Improvement framework for assessing the performance of NHS Foundation Trusts (replacing the Monitor Risk Assessment Framework)
NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement
NICE	National Institute for Health and 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
CNTW	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Out of area placements	Service users admitted inappropriately to an inpatient unit that does not usually receive admissions of people living in the catchment of the person's local community mental health team.
Pathway	A service user journey through the Trust, people may come into contact with many different services
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 104.
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.
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.

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 Choices website (www.nhs.uk). If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing qualityassurance@CNTW.nhs.uk or calling 0191 246 6935.

Printed copies can be obtained by contacting:

Commissioning and Quality Assurance Department

St Nicholas Hospital
Jubilee Road, Gosforth
Newcastle upon Tyne
NE3 3XT

Tel: 0191 246 6935

**Minutes of the meeting of the Board of Directors held in public
Held on 4 December 2019, 1.30pm – 3.30pm
In Boardroom, St Nicholas Hospital, Jubilee Road, Gosforth, NE3 3XT**

Present:

Ken Jarrold, Chairman
David Arthur, Non-executive Director
Darren Best, Non-Executive Director
Dr Leslie Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director
John Lawlor, Chief Executive
James Duncan, Deputy Chief Executive/Executive Finance Director
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

Governors in attendance:

Margaret Adams, Public Governor
Anne Carlile, Carer Governor
Fiona Regan, Carer Governor
Bob Waddell, Staff Governor

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Kate Bradley, Shadow Non-Executive Director
Jennifer Cribbes, Corporate Affairs Manager
Anna Foster, Deputy Director of Commissioning and Quality Assurance
Chris Rowlands, Equality and Diversity Lead
Evelyn Bitcon, Member of the Public

1. Service User/Carer Experience

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to a Peer Support Worker who was in attendance to share his personal experience as a Service User. He shared his journey from being a service user to an employed Peer Support Worker in the Trust and specifically expressed appreciation to a nurse who had supported him. John Lawlor and Rajesh Nadkarni commented on the use of language and particularly liked his suggestion of the term connection seeking.

Ken Jarrold expressed his thanks for sharing his story which was said to be very well presented and a wonderful start to the Board meeting.

2. Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance.

There were no apologies for absence.

3. Declarations of Interest

There were no additional conflicts of interest declared for the meeting.

4. Minutes of the meeting held 6 November 2019

Fiona Regan requested an amendment to the minutes on page 4 to include that Allan Fairlamb would send further information to her on the response rate of people with a Learning Disability and/or Autism via e-mail. Fiona confirmed that this action had been completed and she had received the information.

The minutes of the meeting held on 6 November 2019 were considered and agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 6 November 2019 were agreed as an accurate record**

5. Action list and matters arising not included on the agenda

24.10.18 (19) Board Assurance

Debbie Henderson provided an update in relation to the action and explained that a paper which included the draft guidance for Board Reporting, revised summary sheet for Board papers and a review of the Board cycle would be circulated to the Board of Directors for comment prior to implementation.

07.08.19 (19) Safer Staffing Levels including 6 monthly skill mix review

Gary O'Hare provided an update and confirmed that the Board would receive a revised paper at the February Board of Directors Meeting.

22.05.19 (10) Committee Terms of Reference

Les Boobis, Chair of the Charitable Funds Committee queried the timings of the action and Debbie Henderson confirmed that the Terms of Reference would be reviewed at the Charitable Funds Committee meeting in January and presented to the Board meeting in February.

6. Chairman's remarks

Ken Jarrold provided a verbal update and highlighted that the NHS nationally and CNTW were currently facing a difficult few months due to pressure on services. Ken

explained that CNTW is a strong organisation with established values that are easy for staff to identify with. Ken referred to the service user story which demonstrated that the values are practised throughout the organisation. Ken explained that the Trust's commitment to living the values will help us to get through the difficult times.

7. Chief Executive's report

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. Further information was provided on the Trieste visit, Staff Recognition Scheme and Joint Committee on Human Rights.

John explained that the Trieste health system is a World Health Organisation exemplar site and that a small number of colleagues from CNTW had visited to understand how their health system works. It was explained that the Health system focuses on human rights, respect and responsibility and was built to support people in their own community.

John further referred to the development of Primary Care Networks (PCNs) and explained that a number of different models are currently being explored to develop the PCNs.

Rajesh Nadkarni brought the Board's attention to the Mental Health Economics Collaborative section and urged Board members to read the recently published a report 'A new approach to complex needs, Primary Care Psychological Medicine'. Rajesh explained that the report is focused on a new Primary Care Psychological Medicine Service in Nottingham which has made a positive difference to the quality of life for service users.

Finally, John provided further detail in relation to section 11 of the report on the Joint Committee on Human Rights. It was explained that there is currently a high profile national focus on human rights and a number of practical and legislative changes had been proposed which are considered to be urgently needed.

In response to a question raised by Michael Robinson in relation to the use of personal health budgets, John Lawlor explained that the use of personal health budgets are flexible. Therefore, they may potentially be used for Recovery College activity.

Resolved:

- **The Board received the Chief Executive's report**

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance Report (Month 7)

Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for October 2019 (month 7) to update the Board on issues arising in the month and progress against quality standards. Lisa made the Board aware that this

is the first report that includes information from North Cumbria and that some information had been displayed to show the split between the former NTW services and Cumbria services as previously requested by the Board.

Lisa referred to the impending CQC well-led inspection and explained that Mental Health Reviewer activity had been increasing as a consequence. It was confirmed that all actions were being managed by the Mental Health Legislation Committee and Business Delivery Group.

Anna Foster provided a verbal update to inform the Board of the recently published CQC Community Mental Health Survey report. It was explained that the former CPFT services were within the expected range with one area being lower than expected. Anna explained that this may be a result of the area having no peer support worker in that area. In terms of former NTW services, the indicators were as expected with the exception of 7 areas which were better than expected. Anna highlighted that the results for NTW had improved from the previous year.

James Duncan spoke to the finance section of the report and confirmed that the Trust is currently ahead of plan and in line with the control total. However, it was highlighted that the Trust's level of agency spend is currently above the trajectory spend set by NHS Improvement. It was explained that there have been a number of significant pressures that had contributed to the over spend such as pressures within Learning Disability and Children's services.

In response to a question raised by Les Boobis regarding recruitment in Cumbria, Gary explained that there is currently a reliance on the use of agency workers in the Cumbria locality due to historical difficulties in recruiting staff into substantive positions. In response to a question raised by Darren Best, Gary O'Hare advised that a skill mix review will be completed that includes Peer Support Workers.

In response to a question raised by Margaret Adams, Gary O'Hare confirmed that a paper would be presented at a future Board meeting that proposes that each adult acute ward has a peer support worker.

Peter Studd referred to the Mental Health Review visit reports and asked if they were re-visits. Lisa Quinn explained that every ward with a detained patient is reviewed annually and a follow up is conducted to ensure that actions have been completed. Gary O'Hare further explained that the Trust's Business Delivery Group are now working through all actions and that each action had been allocated to a Group Nurse Director to ensure they are completed.

Ken Jarrold highlighted the importance of the Board focusing on supporting staff on the front line due to the pressures that they are facing. It was requested that the Board receive some presentations on staff stories at future Board meetings.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report for Month 7**

Action:

- **The Board to receive presentations from staff to share their story**

9. Safer staffing levels

Gary O'Hare spoke to the enclosed report that included the exception data and analysis of all wards against Trust agreed Safer Staffing levels for the period July to September 2019 (Quarter 2). Gary explained that the Board will receive a new multi-disciplinary version of the report that will include staff from allied health professions and psychologists at the next Board of Directors meeting in February.

Resolved:

- **The Board received and noted the Safer staffing levels report for the Quarter 2 period.**

Workforce

10. Workforce update (Q2)

Lynne Shaw spoke to the enclosed Workforce update report for the Quarter 2 period and provided further information relating to international recruitment, CNTW talent management approach, new occupational health provider People Asset Management (PAM) and Dying to Work Charter.

Ken Jarrold referred to section 4 of the report and highlighted the importance of the Collective Leadership Programme. Ken explained that a significant benefit may be gained by developing those in Band 6 and 7 roles, who manage staff in the patient facing roles.

Rajesh Nadkarni made the Board aware that cohort 4 of the Trust's Clinical Leadership programme had commenced and was being held in Cumbria.

In response to a question raised by Peter Studd, Lynne Shaw confirmed that the apprenticeship levy could be used to support individuals to gain a Masters level qualification.

In response to a question raised by David Arthur, Gary O'Hare advised that there are approximately 84 nurses currently on the apprentice scheme. Gary further explained the local investment in nurse training which will result in more nurses graduating from local universities in the next 3-4 years.

Resolved:

- **The Board received and noted the Workforce Update Report for quarter 2**

11. Strategic Workforce Planning update

Lynne Shaw spoke to the enclosed Update on Strategic Workforce Planning report to update the Board on work that had been undertaken to date with regards to the production of a five year Trust Strategic Workforce Plan.

Les Boobis referred to the projection of clinical staff for 2024. Lynne Shaw explained that the figure would continue to change over time to more accurately reflect the workforce projection. James Duncan highlighted that a lot of work must be done on workforce planning as the projection demonstrates an expected reduction of clinical staff across the ICS.

In response to a question raised by Paula Breen, Debbie Henderson explained that a section on financial risk would appear on the new Board paper summary sheet. Lisa Quinn added that the Board summary sheet had been developed to incorporate everything that is on the Trust's risk appetite.

Resolved:

- **The Board received and noted Strategic Workforce Planning update**

Strategy and Policy

12. Equality and Diversity Strategy update

Chris Rowlands, Equality and Diversity Lead spoke to the enclosed report to update the Board on progress made against the Trust's Equality and Diversity strategy. Further information was provided in relation to the introduction of Recite to improve the Trust's accessible information, ongoing work to ensure a representative and supported workforce and priorities for the coming year.

Lynne Shaw explained that to enable us to support our staff, it is important that the protected characteristics data in Electronic Staff Record (ESR) is accurate. It was noted that the staff data that had transferred from Cumbria was more accurate and that work would be completed to understand how they captured the information to enable us to learn how we can do this better.

Lynne further explained that the Trust is working with BAME members of staff to understand what it is like to work in CNTW. The importance of understanding cultural needs was briefly discussed.

Regulatory

13. Charity Annual Report and Accounts 2018/19 for approval

Les Boobis spoke to the enclosed Charity Committee Annual Report and Accounts and reminded the Board members of their statutory responsibility as trustees of the Charity. Les advised that Mazars had conducted a full independent review and audit on the annual report and accounts of the Charity and there were no issues to report.

The Board were made aware that the name of the Charity had since been amended to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Charity. However, the funds from the former Cumbria Partnership Trust had not yet transferred to CNTW due to the way the funds had been previously allocated by CPFT.

Les further made the Board aware that the Trust had been unsuccessful in appointing a fundraiser into the vacant position and explained that the job description and banding of the post was currently under review.

Approved:

- **The Board approved the Charity Annual Report and Accounts 2018/19**

14. Treasury Policy for Approval

James Duncan spoke to the enclosed Treasury Policy that was presented for approval and referred to changes in the policy that had been highlighted for ease of reference. James explained that the Resource and Business Assurance Committee had reviewed the policy in detail at its meeting held on 30th October 2019 and recommend that the Board approve the policy.

Approval:

- **The Board approved the Treasury Policy**

Minutes/papers for information:

15. Committee updates

Alexis Cleveland provided a verbal update on the work of the Quality and Performance Committee and explained that staff members from each of the localities had been asked what they were currently concerned about. Alexis highlighted that the common themes were those being focused upon by the Board; including waiting times and staff recruitment.

Alexis further explained that a discussion took place within the Committee in relation to the CQC must do action plans and how improvement can be measured to ensure the Trust is fulfilling the intended improvements.

There was no further updates from Committees that required escalation to the Board.

Resolved:

- **The Board approved the Treasury Policy**

16. Council of Governor issues

Ken Jarrold highlighted the very good attendance at the last Council of Governors' meeting. Ken explained that each Governor had received a letter thanking them for their support in their role as a Governor. The letter also included reference to their responsibilities for attending formal meetings.

Ken secondly provided an update on the outcome of the Trust's recent Governor Elections and advised that some new Governors would be in attendance at the Joint Council of Governors and Board of Directors meeting on the 10 December 2019.

Finally, Ken informed Board members of a recent Governors' meeting that was held jointly between a small number of CNTW Governors and North Cumbria Integrated Care NHSFT Governors. Debbie Henderson explained that the purpose of the meeting was to explore ways of working closely with Acute Trust colleagues on Governor and Membership activities.

Evelyn Bitcon commented on the need to ensure parity of esteem between mental health and physical health.

17. Any Other business

There was no other business to discuss.

18. Questions from the public

Fiona Reagan raised a question in relation to the use of bank and agency staff and asked what plans the Trust has in place to reduce the number of bank and agency workers used. Including plans to recruit permanent members of staff and reduce current staff sickness absence.

Gary O'Hare explained that there is a huge amount of working being undertaken to recruit to vacant posts, including monthly panels and overseas recruitment. Gary explained that this will improve the staffing situation.

Paula Breen shared her experience of the challenges when recruiting staff in Cumbria and explained that the labour market is particularly challenging. Evelyn Bitcon supported this and explained that due to the historical reputation it is difficult to recruit to positions in Cumbria.

Gary O'Hare added that the recent international recruitment had resulted in a number of high quality applicants and that individuals are being trained to masters level in Mental Health.

Fiona Reagan further questioned the increase in use of bank and agency staff within Learning Disability Services and asked if there was a selection criteria applied when accepting a member of staff from a staff bank or agency.

Gary O'Hare explained that currently there is not a cohort of people who can be recruited who specialise in Learning Disabilities. However, the Trust has been working with Health Education England and Teesside University who are running regular programmes to enable individuals to qualify in Learning Disabilities.

Fiona expressed that she was very concerned with regard to barriers in communicating for bank or agency staff where English was not their first language and the risks associated with this for both the staff and patients.

Gary O'Hare explained that all Bank and Agency staff are subject to rigorous processes to ensure that they are fit to work in healthcare environments. However, it was recognised that gaining permanent members of staff would be the ideal situation.

John Lawlor explained that there is currently work ongoing to introduce a certificate of competence for individuals who are working with young people. John further highlighted that it is sometimes necessary to make the choice between using an agency member of staff or delivering a service with an unsafe staffing level. In such circumstances it is necessary to use agency staff, provided they meet necessary standards.

Ken Jarrold, summed up and explained that it is ultimately the decision of the service manager to make a judgement on the staffing requirement in their area.

Date and time of next meeting: Wednesday, 5 February 2020, 1:30pm to 3:30pm, Conference Rooms, Ferndene, Prudhoe.

**Minutes of the meeting of the Board of Directors held in public
Held on 5 February 2020, 1.30pm – 3.30pm
In Conference Room 1& 2, Ferndene**

Present:

Ken Jarrold, Chairman
David Arthur, Non-executive Director
Darren Best, Non-Executive Director
Dr Leslie Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director
John Lawlor, Chief Executive
James Duncan, Deputy Chief Executive/Executive Finance Director
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

Governors in attendance:

Margaret Adams, Public Governor
Evelyn Bitcon, Shadow Governor
Revell Cornell, Staff Governor
Fiona Regan, Carer Governor

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Kate Bradley, Shadow Non-Executive Director
Jennifer Cribbes, Corporate Affairs Manager
Damian Robinson, Group Medical Director Safer Care

1. Service User/Carer Experience

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to the team from the Mental Health and Deafness Service who were in attendance to share an overview of the service and the experience of a service user.

The service user commenced by sharing their personal journey, experience of services, challenges and barriers. Information was provided on Cognitive Analytic Therapy (CAT) and the service user provided an overview of their experience with CAT therapy. The CAT Therapist explained how the learning gained from CAT Therapy was valuable to both the Service User and themselves who learned a lot from working with a deaf person and was very grateful for this experience. Further

information was provided in relation to Wellness Recovery Action Planning (WRAP) and current barriers experienced by deaf people, particularly in relation to the reliance on telephones to access information or services.

James Duncan thanked the service user for sharing their experience and highlighted some further difficulties by explaining that certain words do not exist in sign language, in particular medical terms which can cause barriers when communicating with a deaf person about health issues. James asked what the Board could do to make improvements. It was explained that an IAPT Service for deaf people would be a significant improvement. The current process to access services through a GP appointment was explained. A number of difficulties and barriers faced was highlighted, including use of telephones to obtain a GP appointment and a lack of interpreters during appointments. Therefore, people who need help might not be assessed correctly, which is impacting on a reduced number of referrals being receive into services.

Lisa Quinn highlighted that there are also tangible things that can be done in the Trust, including ensuring that all fire alarms have flashing lights.

Ken Jarrold expressed his thanks to the team for sharing their story.

Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance.

There were no apologies for absence.

2. Declarations of Interest

There were no additional conflicts of interest declared for the meeting.

3. Minutes of the meeting held 5 February 2020

The minutes of the meeting held on 4 December 2019 were considered and agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 4 December 2019 were agreed as an accurate record**

4. Action list and matters arising not included on the agenda

07.08.19 (19) Safer Staffing Levels including 6 monthly skill mix review

Gary O'Hare provided an update and confirmed that the Board would receive a revised paper at the next quarterly Board of Directors Meeting.

Alexis Cleveland requested that all actions have completion dates added prior to the next meeting.

Matters Arising

Lynne Shaw made the Board aware that a further meeting has been set up with the Investors in People Assessor next week and explained that the feedback will be reviewed alongside the staff survey results and an update on actions will be provided to the Board in April.

5. Chairman's remarks

Ken Jarrold provided a verbal update and highlighted that the Board papers enclosed demonstrate a service under pressure. Ken reminded the Board that he had now completed 2 years as Chairman of the Trust and over that time the pressures have become greater. Ken explained that although there is a lot to be grateful for bed availability, waiting times and pressure on staff are a concern. Ken explained that the NHS has begun to see a return of professional compromise which is linked with low morale. Ken continued to explain that professional compromise occurs when staff are going home not feeling they have been able to deliver the service that they would have liked to.

Ken further made the Board aware that he had recently visited 8 teams in Cumbria and had been very impressed by the staff he met on the visits.

Chief Executive's report

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. Further information was provided on the publication of the National Planning Guidance, Trust Strategy and Long Term Plan, National Tariff, Funding Bill and Commission for equality in Mental Health.

In response to a question raised by Michael Robinson, James Duncan explained that the Trust is taking a developed approach to the development of the long term plan and ensuring that all of the clinical business units, corporate services, support services, service users and carers are fully involved.

Resolved:

- **The Board received the Chief Executive's report**

Quality, Clinical and Patient Issues

6. Safer Care Report (Quarter 3)

Damian spoke to the enclosed safer care report for the quarter 3 period. It was explained that the increase in complaints from the transfer of services had not been as significant as expected.

The Board was made aware that the Trust had received 2 Regulation 28 reports that are published by a coroner with the purpose of providing an organisation with information and learning for the prevention of future deaths. It was explained that one of the reports had been received that was related to the death of a person using services in the former Cumbria Partnerships Trust and had been sent to CNTW to

apply the learning. The other report was explained to have related to ambulance triage and had been sent to all organisations for the purpose of wider learning.

In response to a question raised by Alexis Cleveland, Damian confirmed that all regulation 28 reports are published in the public domain.

Damian highlighted an increase in trends in relation to the Trust use of restraint and advised that work was ongoing to understand the restraint trends as requested by John Lawlor, Chief Executive.

Damian provided an update in relation to Infection Prevention and Control standards and confirmed that the Trust had achieved the 80% target for flu vaccinations.

In response to a question raised by Alexis Cleveland, Damian confirmed that the increase in complaints was a result of the additional activity due to the transfer of services from North Cumbria and not a result of any underlying issues in Cumbria. Gary further confirmed that there were no complaints that are out of trend.

In response to a question raised by Lisa Quinn, Damian confirmed that all complaints are discussed at the Trust's weekly Business Delivery Group meetings.

Michael Robinson questioned why the Ombudsmen had reopened a case. Damian explained that occasionally cases are reopened when the claimant has not been happy with the response. Damian agreed to explore the reason why the case had been reopened and contact Michael with the reason.

Resolved:

- **The Board received and notes the Safer Care Report (Quarter 3)**

Action:

- **Damian Robinson to provide Michael Robison with the reason that the ombudsmen case had been reopened.**

7. Safer staffing levels

Gary O'Hare, spoke to the enclosed report to provide the Board with an update in relation to safer staffing levels and skill mix analysis for the quarter 3 period. Gary commenced by explaining that the Board will receive a new version of the report that will include a detailed analysis of the multi-disciplinary team, including allied health professions and psychologists, in the near future.

Gary brought the Board's attention to page 4 of the report and explained that the high staffing levels for Edenwood were a result of clinical need, including having a patient in long term segregation and providing cover to the adjacent ward that was previously the Acorn ward.

Alexis Cleveland advised that the Trust's Quality and Performance Committee had reviewed the figures in detail and suggested that further narrative is added to the reports to explain any significantly high staffing levels.

Resolved:

- **The Board received and noted the Safer staffing levels report for the Quarter 3 period**

8. Service User and Carer Experience Report (Q3)

Lisa Quinn presented the results of the Service User and Carer Experience Report for quarter 3 and advised that the scores were similar to those in the rest of the country. However, our best satisfaction scores are received from the 55 year old and above group and the worst received from the 0 to 18 year old group. Lisa further explained that the highest amount of feedback is obtained through mailshots.

Lisa made the Board aware that the quarter 4 report will be provided in the same format. However, following reports will change due to a national change to the Friends and Family test. Lisa further highlighted that work is ongoing to implement the feedback process for services in North Cumbria and explained that the Trust is aiming to include North Cumbria data from 1st April 2020 to align with implementation of the new Friends and Family Test.

Resolved:

- **The Board received and noted the Service User and Carer Experience Report for the Quarter 3 period.**

9. Commissioning and Quality Assurance Report (Month 9)

Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for December 2019 (month 9) to update the Board on issues arising in the month and progress against quality standards. Lisa made the Board aware that the report includes information from North Cumbria and that some information had been displayed to show the split between the former NTW services and Cumbria services as requested by the Board.

Lisa referred to the increase in the number of Out of Area Treatment bed days and explained that Gary O'Hare is conducting a review of waiting times. Gary advised that there had been a number of workshops held across the Trust to understand themes and improve access. Gary further made the Board aware that there had been a significant reduction in waiting times in January.

Fiona Regan referred to the section within the executive summary relating to resolved and unresolved issues following a Mental Health Act Reviewer visit on Rose Lodge and requested further information on the issues. Lisa Quinn agreed to provide Fiona with further information as requested.

Fiona Regan stated that the staff on Rose Lodge are not clear about the service provision, with some confirming that Rose Lodge is a service for people with autism and others stating it is not a service for people with autism. Fiona stated that the purpose of Rose Lodge needs to be clarified. Lisa Quinn explained that Rose Lodge is a Learning Disability Service. However, the commissioning model for the service is currently being reviewed.

James Duncan spoke to the finance section of the report and confirmed that the Trust is currently on plan and in line with the control total. James gave credit to all the teams and the Groups across CNTW who have contributed to the delivery of the plan. James further highlighted that further discussions will be held with the Board over the coming months to understand how the underlying gap will be managed during 2020/2021.

Peter Studd referred to the staff sickness figures which had increased during the previous month and explained that the amalgamation of figures from Cumbria and NTW Solutions, which both have lower staff sickness levels, would have reduced the overall position. Therefore, the increase is more significant. Lynne explained that every Trust in the region had a similar increase in staff sickness during the month. Lynne agreed to explore the data in more detail and provide further feedback at a future Board meeting.

Peter Studd requested further information in relation to the delays for staff commencing employment in the Trust as a result of the Trust's requirement for staff to attend a 2 day Induction programme. John Lawlor explained that the Trust had designed a different model to resolve the problem, which involves staff completing the statutory and mandatory training online prior to commencing with the Trust and then attending a half day mandatory induction.

Gary O'Hare explained that a lot of work had been conducted to develop electronic versions of the statutory and mandatory training that people can complete prior to them commencing employment in the Trust.

In response to a question raised by Margaret Adams, John Lawlor assured Margaret that the Trust values training would remain as part of the half day face to face induction.

Lynne Shaw explained regional work that is being conducted to develop a staff passport system where the statutory and mandatory training completed by staff who are moving from other NHS Organisations can be accepted to prevent duplication.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report for Month 8 & 9**

Action:

- **Lisa Quinn to provide Fiona Regan, Governor with further information of Rose Lodge resolved and unresolved issues following the Mental Health Act Reviewer visit.**
- **Lynne Shaw to explore staff sickness data and provide feedback at a future Board meeting.**

10. Visit Feedback Themes

Gary O'Hare presented the report to update the Board on visits that had been undertaken by senior leaders during the quarter 3 period. Gary explained that there

had been a number of visits undertaken and referred to the feedback included in the report which highlighted both good practice and challenges in some services.

Fiona Regan referred to page 4 of the report and expressed concerns relating to the section that stated that a client on a ward with an autism diagnosis had been in Long Term Segregation for 18 months, due to being unable to be safely managed with other clients. Fiona referred to the Human Rights Act and questioned why the Trust had allowed the client to be in segregation for so long. Gary O'Hare explained that it is an extremely complex case that is reviewed on a regular basis to ensure the Trust is continuing to deliver the right care. Fiona further stated that she feels the case should be investigated further and that appropriate mechanisms must be in place for such cases. Gary O'Hare explained that the Trust has robust processes and standards in place for the case which are reported and reviewed on a regular basis.

Resolved:

- **The Board received and noted the Visit Feedback Themes Report**

11. Community Mental Health Survey

Lisa Quinn spoke to the enclosed CQC Community Mental Health Survey report to inform the Board of the recently published results. Lisa explained that the report contains both Cumbria Partnership NHS Foundation Trust (CPFT) and Northumberland, Tyne and Wear NHS Foundation Trust (NTW) results. Lisa explained how the results are reported by categories, 'you are the same, worse or better than everyone else'. Lisa highlighted that both CPFT and NTW had higher response rates than the national average.

It was explained that the former NTW services had no areas scored as worse. However, CPFT had been scored worse on 1 area relating to peer support and service user by experience. Lisa explained that there had been no peer support workers in Cumbria and confirmed that CNTW would be recruiting Peer Support workers into services in North Cumbria. It was further highlighted that CPFT had been scored the same as everyone else for all other areas and NTW had been scored the same as everyone else with the exception of 7 areas which had been scored better than everyone else. Lisa referred to the appendix of the report that detailed all scores. It was explained that when measuring the overall scores, NTW had ranked the 5th highest in the country.

Resolved:

- **The Board received and noted the Community Mental Health Survey**

Workforce

12. NTW Solutions and CNTW Gender Pay Gap Report

Lynne Shaw spoke to the enclosed reports and reminded the Board members that legislation had been introduced in April 2019, which made it statutory for organisations with 250 or more employees to report annually on their gender pay gap and publish statutory calculations every year to show the size of the pay gap

between male and female employees. Lynne further reminded Board members of the six key requirements and highlighted the section of the report that included a comparison against 2017 and 2018's gender pay gap report outcomes, the identified actions and proposed actions.

In response to a question raised by Les Boobis, Lynne explained that the report is required to be published in accordance with the requirements which state how the percentages are to be calculated and published.

Resolved:

- **The Board received and noted the NTW Solutions and CNTW Gender Pay Gap Report**

Strategy and Policy

13. CEDAR Outline Business Case

James Duncan spoke to the enclosed CEDAR Outline Business Case presented to the Board for approval. James provided further information and confirmed that there had been no significant changes to the Business Case from the versions that had been reviewed at previous Board meetings. James provided further information on the process, timescales involved, requirement for treasury approval and planning permission. It was explained that the programme had been progressing exceptionally well and the work of the CEDAR Team was commended.

Peter Studd reiterated James' comments and commended the CEDAR Team for their hard work. Peter further made the Board aware of a potential risk as the offer received for the land on the Northgate site had been less than the evaluation. Therefore, a formal tender process will be commenced to obtain the best price.

In response to a question raised by Paula Breen, James confirmed that he was confident that the capital costs up to Full Business Case of £9.5m were realistic and deliverable.

In response to a question raised by Les Boobis, James advised that the market for land sale was so changeable that it was difficult to guess how much shortfall there may be from the land sale.

In response to a question raised by Paula Breen in relation to the impact on other Capital Projects should the land sale from Northgate not achieve the required income for the CEDAR project. James explained that there may be an impact on the Capital programme. However, the Capital programme is being managed very carefully and will continue to be under close scrutiny to ensure the capital is spent according to need and priority.

Fiona Regan referred to the planned housing development on the Northgate site and expressed concerns in relation to the plans, stating that patients with autism and high sensory needs require access to explore the outside.

James Duncan confirmed that the Trust had conducted a significant amount of work to ensure the plans and layout of the site will consider the needs of all service users and ensure privacy. James reiterated that the access to outside space had been considered and welcomed Fiona to join the planning group alongside other service user and carers.

Margaret Adams provided further assurance stating that each building that the Trust has built in recent years has fully involved and incorporated the views of service users and carers.

Approved:

- **The Board received and approved the CEDAR Outline Business Case**

Regulatory

14. Board Assurance Framework and Corporate Risk Register, (Q3)

Lisa Quinn spoke to the enclosed Board Assurance Framework and Corporate Risk Register update for the quarter 3 period and commenced by making the Board aware that a full review of the Trust's risk appetite would be conducted at a Board Development meeting in the near future.

Lisa confirmed that all risks had been reviewed by the relevant sub-committees the week prior and that all risks that had exceeded the Trust's current risk appetite during the period had been reviewed at the Corporate Decisions Team Risk meeting.

Alexis Cleveland requested further clarification on how the management of risk is audited within the Trust. Lisa Quinn and David Arthur confirmed that the review of risks is part of the Internal Auditor programme and confirmed that Internal Audit are currently auditing the risk management system and how risks have been transferred from North Cumbria. It was confirmed that the completed audit report will be reviewed by the Audit Committee.

Approved:

- **The Board received and noted the Board Assurance Framework and Corporate Risk Register, (Q3)**

15. NHS Long Term Plan and Planning Guidance (Operational Plan)

James Duncan spoke to the enclosed NHS Long Term Plan report and provided an update on the progress made to date. It was explained that workshops had been held to ensure that staff, service users and carers had been involved with the development of the plan.

James requested the Board's approval to continue to develop the Trust-wide strategy and Long Term Delivery Plan for submission to the Board in the autumn. The Board approved the recommendation as requested.

Ken Jarrold referred to the expectation that every Integrated Care System (ICS) will have a Partnership Board and Independent Chair. However, the North East and Cumbria ICS currently does not have a Partnership Board or an Independent Chair. Ken advised that he would follow up on this issue.

In response to a question raised by Ratnu Vaidya (Medical Student in attendance as a member of the public), John Lawlor explained that the impact of the Long Term Plan will result in all services such as social care, acute care, mental health and learning disability care being more integrated. John further explained that there will be more focus on mental health care, learning disability care and human rights.

Rajesh Nadkarni further explained that individual clinicians will be expected to have a good understanding of an individual's physical and mental health needs regardless of their speciality.

Lisa Quinn added that the long term plan also focuses on evidence based practice and expectations across the UK. Lisa explained that not all Mental Health services in the UK have 24/7 Crisis Teams so the expectation would be that all services across the UK will deliver the best services in the future.

Ken Jarrold explained that the last decade had been the worst in terms of investment in NHS, Local Authority, Police and other public services although investment has been announced, we have a legacy of 10 years of neglect.

Approval:

- **The Board received and noted the NHS Long Term Plan and Planning Guidance (Operational Plan)**

16. Quarterly Report to NHS Improvement and Submissions

Lisa Quinn referred to the enclosed report to highlight to the Board the information submitted to external regulators for the quarter 3 period. Lisa explained that all issues had been a full item on today's agenda.

Ken Jarrold highlighted that the Trust remains in segment 1 which should be celebrated as it allows the Trust to continue operating with maximum autonomy.

Approval:

- **The Board received and noted the Quarterly Report to NHS Improvement and Submissions**

17. CQC Must Do Action Plans

Lisa Quinn spoke to the enclosed report to update the Board on the progress made on the Trust's CQC must do actions.

Lisa referred to the report and progress made on the 3 NTW actions received from the 2018 inspection and made the Board aware that following the transfer of services from Cumbria Partnership NHS FT (CPFT), the Board are requested to accept 38

must do actions from the CPFT CQC inspection that related to the services transferred. Lisa explained that this results in a total of 41 must do actions.

Lisa explained that the Trust's CQC Steering Group are currently reviewing the actions and requested the Board approval to formally accept the actions and progress them.

Approved:

- **The Board approved the request to accept the 38 CQC actions.**

Resolved:

- **The Board received and noted the CQC Must Do Action Plan report.**

Minutes/papers for information:

18. Committee updates

There were no further updates from Committees that required escalation to the Board.

19. Council of Governor issues

Ken Jarrold referred to the Council of Governors induction meeting held the week before which has gone very well and highlighted that the recently appointed Governors were of a very high calibre for which he was very grateful for. Ken thanked Debbie Henderson and Wendy Pinkney for designing and organising the induction, Chris Cressey, Alan Fairlamb and Alane Bould for their informative presentations and Margaret Adams and Bob Waddell for presenting their experience as a CNTW Governor. Ken reiterated that he was grateful to everyone involved who made the induction a success.

20. Any Other business

Damian Robinson provided an update on the current Wuhan coronavirus outbreak and confirmed that there are still only 2 confirmed cases in the UK. It was explained that the Trust's Safer Care Team, Infection Prevention and Control Team and Emergency Preparedness and Response Team are closely monitoring the outbreak daily and are meeting weekly. In response to a question raised by Les Boobis, Damian confirmed that the requirement for all hospitals to have an isolation pod only applied to acute care hospitals and not to mental health hospitals.

Ken Jarrold made the Board aware that Chris Whitty had been appointed as the UK government's new Chief Medical Officer.

Debbie Henderson provided an update in relation to the Trust's current flu vaccination target and confirmed that the Trust had now met and exceeded the target as the compliance rate was now in excess of 81%.

There was no other business to discuss.

21. Questions from the public

Evelyn Bitcon referred to Ken Jarrold's Chair's update on the Governors Induction and reiterated that it was a very good induction and was very welcomed by new Governors.

Date and time of next meeting: Wednesday, 4 March 2020, 1:30pm to 3:30pm, Conference Room, Northgate.

**Minutes of the meeting of the Board of Directors held in public
Held on 4 March 2020, 1.30pm – 3.30pm
In Conference Room, Northgate**

Present:

Ken Jarrold, Chairman
David Arthur, Non-executive Director
Darren Best, Non-Executive Director
Dr Leslie Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director
John Lawlor, Chief Executive
James Duncan, Deputy Chief Executive/Executive Finance Director
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

Governors in attendance:

Denise Porter, Voluntary Sector Governor
Anne Carlile, Carer Governor
Revell Cornell, Staff Governor
Bob Waddell, Staff Governor
Evelyn Bitcon, Shadow Governor

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Jennifer Cribbes, Corporate Affairs Manager
Chris Rowlands, Equality and Diversity Lead
Dr Sharma, Consultant Psychiatrist, Specialist Children & Young Peoples Services
CBU

1. Service User/Carer Experience

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to Dr Sharma from the Specialist Adolescent Mood Disorder Service and parents of services users who were in attendance to share an overview of the service and their experiences.

Dr Sharma commenced by providing an overview of the services and showed a video developed by service users regarding their transition from the Children and Young People's Service to Adult Services.

Parent Carers in attendance shared their personal journeys and experiences of their children's transition from Children and Young People's Services into Adult Services. Issues highlighted included the number of times their child had to share their story with healthcare professionals, difficulty in accessing services, the referral process, medication, lack of support and awareness from GPs, lack of parent and carer involvement due to data protection law and reliance on Crisis Services. Potential solutions and wishes were shared which included an umbrella service that looked after individuals from birth to natural death, a Child and Adolescent Mental Health Service for young people to the age of 25, easy access to services at a time of need and parent involvement.

Finally, Dr Sharma spoke to a presentation and provided an overview of current issues and solutions.

Ken Jarrold expressed his thanks to all involved for sharing their story.

Alexis Cleveland referred to conversations in a Board meeting held earlier that morning in relation to integrated care and highlighted the need to influence commissioners and partners so that services are not automatically transitioned at the age of 18. Alexis raised the importance of commissioners and providers listening to the people who are using the services when redesigning pathways.

James Duncan thanked everyone in attendance for sharing their story and their honesty. James referred to the gaps in the services that had been shared and explained that the Trust would consider and take action to make improvements.

Gary O'Hare explained that the transition between services had been reviewed in the past. However, he acknowledged that the pathway is still not correct. Gary highlighted the need to remodel services to care for young people up to the age of 25.

In response to a question raised by Rajesh Nadkarni, Dr Sharma explained that the experiences are not unique to CNTW and confirmed that similar practice is experienced nationally.

Gary O'Hare highlighted that not every young person will need to be in services until the age of 25 and some will be able to transition at 18 with the support of Children and Young People's services alongside for a period of maybe 6 months during the transition. Gary raised the importance of listening to the young people and their families when planning a transition between services.

Lisa Quinn apologised for the negative experiences that they had faced and explained that the Trust can take action and make improvements in the areas identified. Lisa explained that similar experiences in relation to service transition had occurred within Eating Disorder Services. Lisa advised that there is now a national mandate for change and explained that services will be reviewed and improved to meet the needs of those we serve.

John Lawlor further apologised for the negative experiences they have had and advised that there is currently a national focus on transition between services and

pathways. John explained that parent champions are currently being recruited to participate in the national work and invited those in attendance to join the group.

Paula Breen referred to their contact with GP services and apologised for their experience. Paula explained that GPs have targets to meet in relation to mental health care and highlighted that there may be an opportunity to work alongside Primary Care Networks to improve the position.

Darren Best thanked those for sharing their story which was said to be very emotion provoking. Darren raised the need for service providers and commissioners to think differently when designing services ensuring that services meet the needs of the service users. Darren requested that the matter be dealt with urgently and kept under review by the Board.

Ken Jarrold again thanked everyone for attending and sharing their stories and acknowledged that the information shared would be taken very seriously and carefully considered.

Ken reiterated the offer that John made to those in attendance to become involved with national work on service redesign.

Finally, Ken thanked Dr Sharma for the invite to attend the next event held by the Specialist Adolescent Mood Disorder Service in May.

2. Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance.

There were no apologies for absence.

3. Declarations of Interest

There were no additional conflicts of interest declared for the meeting.

4. Minutes of the meeting held 5 February 2020

The minutes of the meeting held on 5 February 2020 were considered and agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 5 February were agreed as an accurate record**

5. Action list and matters arising not included on the agenda

06.11.19 (13) Freedom to Speak Up Report

Lynne Shaw provided a verbal update and explained that during the previous month, she had met with Les Boobis, Non-Executive Director Lead for Freedom to Speak Up and Neil Cockling, Freedom to Speak Up Guardian to explore the value of

developing a Freedom to Speak Up Strategy. Lynne advised that they have agreed to develop a short strategy that includes the Trust's aim and vision. Lynne explained that the draft strategy will be presented to the Board at the meeting in May.

06.11.19 (12) Staff Friends and Family Test

Gary O'Hare provided a verbal update and advised that work was ongoing to explore the impact that automated messages potentially have on people who contact services by telephone. Gary agreed to update the Board at the meeting in May.

Matters Arising

There were no matters arising.

6. Chairman's remarks

Ken Jarrold explained that there were no new updates for the Board as current issues had been shared at meetings held earlier that morning or are on this agenda as a separate item.

7. Chief Executive's report

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. Further information was provided on the Annual Staff Excellence Awards, visit from the French Embassy and recently published Marmot Report.

John explained that the French Embassy had visited Hopewood Park on the 21st February and were particularly impressed with the work conducted by the Trust to develop roles for non-medics. John further highlighted that the Trust had found the work they do through their delivery units extremely interesting. It was confirmed that the Trust would continue to develop an ongoing relationship with the French Embassy.

John referred to the section of the report on the Marmot Report and explained that the report findings have highlighted health inequalities in the North East of England. The Board agreed that the findings of the Marmot Report should be discussed in detail at a future Board Development meeting.

Gary O'Hare referred to the current Coronavirus outbreak and explained that a letter from NHS Emergency Preparedness and a briefing had been shared with the Board. Gary explained that there are daily calls taking place at a regional level to monitor the situation and that the Trust is ensuring it is compliant with a number of areas as stated within the letter. Gary advised that a detailed update will be provided to the Board at the next meeting.

In response to a question raised by Peter Studd, Bob Waddell explained that the NHS have been directed to not stock pile any supplies and that NHS Supply Chain will be monitoring this. Bob confirmed that there is currently no problem with access to stock. Bob further explained that the Trusts Supplies Team is looking at ways to monitor the use of internal current stock from the central stores. David Arthur raised the importance of keeping stock levels under review.

Gary O'Hare made the Board aware that a number of Trust staff had been identified to deliver some home testing.

Finally, John Lawlor made the Board aware that the Trust had held a larger Leadership event the day prior with a number of staff across the Trust in attendance. John explained that the event provided the opportunity for staff to reflect on current and future challenges and opportunities. It was explained that personal, Board and Organisational actions were developed. John explained that the event had been very well received. John further extended a thank you to Ken Tooze, Consultant for supporting the event and the organisation development of the Trust over the last few years. John explained that it will be the last event that Ken Tooze will support the Trust with as he is retiring at the end of the month.

Resolved:

- **The Board received the Chief Executive's report**

Action

- **Board to hold a Development Meeting on the Marmot Report**
- **Board to receive a paper at the next meeting on the Coronavirus outbreak.**

Strategy and Policy

8. Climate Emergency Declaration for approval

James Duncan spoke to the enclosed report that requests the Board's approval to declare a climate and ecological emergency. James referred to a detailed presentation delivered at a previous Board of Directors development meeting and explained that the Trust has recognised the need to make the declaration and has subsequently set up a sub group of the Corporate Decisions Team to focus on Climate. James referred to the statement enclosed and asked for the Board's approval to make the declaration, embed clinical and ecological considerations into all decision making and add climate emergency to the Trust's Board Assurance Framework and Corporate Risk Register.

Alexis Cleveland referred to the aspiration that the Trust had set to deliver net zero carbon emissions by 2040 and asked if that was soon enough. In response, James Duncan explained that 2040 had been selected as other organisations in the region had also chosen 2040. Furthermore, the Trust wanted the aspiration to be achievable.

Peter Studd, Non-Executive Director and Chair of the Resource and Business Assurance Committee confirmed that he was happy for the committee to be responsible for work conducted in association with the Climate Emergency. Peter further stated that a programme structure and plan would be required to drive the work as well as a dedicated member of staff and detailed communication plan on climate issues. James supported Peter's view and explained that climate and

ecological issues need to be embedded into everything the Trust does. James further explained that the Trust can support climate change work by educating staff who can make changes in their personal lives and also influence friends and family to become more environmentally friendly.

Darren Best stated that he fully supported the activity in becoming more environmentally friendly and reducing carbon emissions. However, was uncertain if the word 'emergency' was the correct word to use in this situation.

Rajesh Nadkarni referred to the words emergency and declaration and explained that the words are synonymous with the way young people feel. Therefore, if we do not use those words, it will give out the message that we are not taking the situation seriously when the reality is that we are taking it very seriously.

David Arthur expanded on the power of influence that the Trust has and explained that our vision and expectations should be communicated with our partners and supply chain to ensure they share the same vision.

James Duncan made the Board aware that climate change is a priority of the Integrated Care System and that it is important to use the words 'Climate Emergency Declaration' as it demonstrates solidarity with our partners.

Les Boobis made the Board aware that he had recently returned from Antarctica and had witnessed first-hand the devastating effect on our planet. Les explained that we have to act now and explained that young people are really concerned about the climate which is in turn, provoking anxiety.

Ken Jarrold summed up the conversation and provided assurance that the climate emergency declaration would not impact on the Trusts focus on other high priority areas such as care provision and access to services. Ken confirmed that the Board approved the declaration and recognised that the words used are to show solidarity and support. It was agreed that the Resource and Business Assurance Committee would be the responsible sub-committee of the Board and keep the Climate Change work under review.

Approved:

- The Board approved the proposed statement to declare a climate and ecological emergency.

Resolved:

- The Board agreed to consider the social and environmental impact of decisions.
- The Board agreed to pursue opportunities to demonstrate strong leadership and use the organisation's influence to promote sustainability.
- The Board agreed that the Resource and Business Assurance Committee will be the responsible Board Sub-Committee.

- The Board agreed to add a risk to the Board Assurance Framework/Corporate Risk Register (as appropriate) highlighting the risks to CNTW generated by climate and ecological change.

Regulatory

9. CEDAR Programme Board Terms of Reference for approval

Peter Studd spoke to the enclosed CEDAR Programme Terms of Reference and advised that amendments had been made to reflect the requirements of the Outline Business Case and refine the membership to ensure key individuals are included. Peter further made the Board aware that there had been no changes to the previously agreed delegated authority.

Alexis Cleveland questioned if a specific reference to the Climate Emergency declaration should be included within the Terms of Reference.

Peter Studd made the Board aware that the social and environmental impact had been fully considered throughout the planning and design stage of the CEDAR Programme.

James Duncan further confirmed that the CEDAR Board and Corporate Decisions Team Climate Group were fully focused on supporting the climate and ecological issues. It was agreed that reference to the Climate Emergency Declaration would be added to the Terms of Reference.

Approved:

- Subject to the inclusion of reference to the Climate Emergency Declaration, The Board approved the CEDAR Board Terms of Reference

10. CEDAR Project – Outline Business Case update

James Duncan provided a verbal update to the CEDAR Outline Business Case that had been approved by the Board on the 5 February 2020. James explained that an error had been identified in the Outline Business Case on page 110, as it had stated that 'The asset will be owned by the Trust's subsidiary company NTW Solutions which forms part of the Trust's Group accounts.' James confirmed that this is incorrect and should have been removed from the OBC. Instead, the Outline Business Case should have stated that 'The impacts on the balance sheet are an increase in building and equipment assets as a result of this capital project sitting on the Trust's balance sheet as the assets will be owned by the Trust.'

Approved:

- The Board approved the amendment to correct the Outline Business Case.

Quality, Clinical and Patient Issues

11. Commissioning and Quality Assurance Report (Month 10)

Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for January 2020 (month 10) to update the Board on issues arising in the month and progress against quality standards.

Lisa referred to a section of the report that provided detail in relation to the five Mental Health Act reviewer visit reports received since the last report. Further detail was provided in relation to the actions unresolved from previous visits. Lisa explained that the Mental Health Legislation Committee would review the issues raised and processes to provide assurance.

Lisa referred to section 6 of the report on waiting times and highlighted that a small improvement had been made since the previous month. Lisa explained that there is still a lot of work that will be conducted to reduce the current waiting times.

Lisa further referred to section 7 of the report on training standards and highlighted that the Trust had still not achieved the 75% standard.

Finally Lisa brought the Board's attention to the out of area bed days reported in January. Lisa explained that there had been a small improvement in the number of inappropriate days during the month.

James Duncan spoke to the finance section of the report and confirmed that he is confident that the Trust will deliver on plan at the end of the financial year in line with the control total.

In response to a question raised by Peter Studd in relation to agency spend, James Duncan explained that the increase in agency spend is a result of the current pressure across the whole of the system. James further explained that a significant amount of work had been completed to use alternative staff resources. Without this, the agency spend would have been even higher. Gary O'Hare supported James' explanation and further affirmed that the current pressure and lack of qualified staff was an ongoing issue. Gary referred to a recent recruitment event in Cumbria and advised that approximately 33 nursing staff had been appointed, 8 of which were qualified. Gary explained that as a result of this, there will be a reduction in future in the use of agency staff.

Peter Studd referred to the Mental Health Review visits and highlighted the unresolved actions that were remaining from previous visits. Peter raised concerns in relation to the actions having not been addressed and requested that the Board receive feedback to confirm that actions following Mental Health Review visits have been resolved.

In response to a question raised by Les Boobis in relation to the trajectory figure for agency spend, James Duncan confirmed that the trajectory had not changed following the transfer of services from North Cumbria.

Gary O'Hare referred to the waiting times for Children and Young People's Services and explained that further focused work would be conducted in Sunderland to understand the figures. Gary further explained that there were a significant amount of referrals received from the Sunderland area in comparison to other areas covered by the Trust. Lisa Quinn advised that she had shared this information with the ICS Clinical Lead and would send a briefing to the Board on this matter.

Ken Jarrold summed up the conversation and noted the pressure on beds, waiting times and staff.

Resolved:

- The Board received and noted the Commissioning and Quality Assurance Report for Month 10

Action:

- Lisa Quinn to share a briefing to the Board on waiting times for Children and Young People's Services in Sunderland.
- Board to receive feedback to provide assurance that actions arising from Mental Health Review visits have been resolved.

12. Controlled Drugs Annual Report

Dr Rajesh Nadkarni spoke to the enclosed Controlled Drugs and Accountable Officers Annual Report 2018/19 to update the Board on the developments in the management of controlled drugs during 2018/19, including the Trust's position in relation to compliance with statutory guidance and legislation.

Alexis Cleveland advised that the Trust's Quality and Performance Committee had received regular updates and assurance from Tim Donaldson, Chief Pharmacist and Controlled Drugs Accountable Officer during the year.

Resolved:

- The Board received and noted that the requirements of the regulations concerning the safe and secure management and use of controlled drugs were met during the year

Workforce

13. Workforce Report

Lynne Shaw spoke to the enclosed Workforce Report to update the Board on key work and developments across the Trust.

Lynne referred to the section of the report on the Registered Nurse Degree and highlighted that there are now a total of 79 staff completing the Registered Nurse Degree Apprenticeship. Lynne explained that these staff will become qualified in the next 3 to 4 years.

Lynne explained that the Trust is aware that a number of senior staff could possibly retire in the near future. In line with our Talent Management framework 12 candidate commenced a Senior Leader Apprenticeship (level 7 Masters) in January.

Lynne further referred to the recent Partnership Day and explained that the event was attended by regional trade union officials, staff side colleagues, Executive Directors, Locality Directors/Associate Directors and workforce staff. Lynne explained that the event had been very positive and reflected on the partnership work over the past year and looked how the partnerships could be further developed in the future. Lynne advised that joint areas of work to focus on during 2020 had also been agreed. Lynne further advised that the Trust had also signed the Dying to Work Charter which demonstrates the Trust's commitment to working with Unions to support staff with a terminal illness.

Peter Studd referred to a recent article that stated that some NHS Trusts had failed to spend the apprenticeship levy and asked about the Trust's position in relation to this. Gary O'Hare confirmed that CNTW had spent all of the apprenticeship levy money.

Ken Jarrold referred to item 7 of the report on the 'Internal Moves Pilot'. It was explained that the pilot involves allowing staff to move to a new area of the Trust in which they would like to work without the necessity of going through a formal process. It was further explained that the purpose is to retain highly skilled staff and support them with future career aspirations and development.

Resolved:

- The Board received and noted the Workforce Quarterly Update Report

14. Staff Survey

Chris Rowlands delivered a presentation to update the Board on the results of the 2019 NHS Staff Survey. Chris explained that the results had been themed and further detail was presented on the national staff survey results and Trust staff survey results. Further detail was provided on specific themes including areas of decline, improvement and areas that had remained the same. Chris explained that the results will be analysed further and an update of the Trustwide actions will be presented at a future Board meeting.

Alexis Cleveland raised concerns in relation to the response rate which had reduced in comparison to the previous year. A number of potential reasons were considered including a change in delivery method in some areas who had changed from paper surveys to electronic versions, a slightly shorter period to complete the survey and it coinciding with one of the busiest clinical periods for the Trust.

Paula Breen referred to the downward trend in health and wellbeing scores and highlighted that she was aware that organisations in other sectors nationally had also seen a reduction in health and wellbeing scores. Therefore, a national trend may be emerging that is not unique to the NHS.

In response to a question raised by Les Boobis relating to the national range for scores, Chris advised that further analysis will be completed and included in the information presented at a future Board meeting.

Lisa explained that the staff survey data can be analysed in detail by each area and as a result of this, when reviewing her own area, it is understood that the reduction in completion rates were a result of the significant pressure that her team were under during that period.

Lynne made the Board aware of the next steps which include reviewing the priority areas. Lynne further highlighted that although there are small improvements in some areas such as management support, bullying and harassment, these are still areas that the Trust feels are a priority and will continue to work on to improve further. Lynne provided an example of current work ongoing to look at equality and diversity in the recruitment process and staff internally promoted.

David Arthur referred to the separate sub-groups in the Trust for each of the protected characteristics and asked if it would be better to join the groups to look at human rights as a whole as it is recognised that separate groups can also create barriers. Lynne acknowledged David's view and explained that the groups had designed the format and set themselves up and are self-regulated. Therefore, this would need to be considered during any review of the networks.

Ken Jarrold summed up the conversation and it was agreed that the Board would receive further information on response rates, national range and protected characteristics at a future meeting.

Resolved:

- The Board received and noted the Staff Survey Results

Action:

- Board to receive further detailed analysis on the staff survey results at a future meeting

Minutes/papers for information:

15. Committee updates

There were no further updates from Committees that required escalation to the Board.

16. Council of Governor issues

There were no Council of Governor issues.

17. Any Other business

Ken Jarrold referred to the service user and carer presentation at the beginning of the meeting and explained that it had been a very impactful presentation that would need to be reflected on and carefully considered.

Anne Carlile added that the experiences shared were familiar and that the transition from children and young people's services to adult services were a concern for NHS services nationally.

Les Boobis referred to the Trust moving to an episodic care model and shared concerns that more people may be discharged from services and find it difficult to regain access to services if they relapse.

Ken Jarrold further highlighted issues with the language used in the NHS specifically the word discharge which can result in individuals feeling abandoned.

Evelyn Bitcon made the Board aware that issues relating to transition from services and parental access to their child's health information had been problematic for a number of years. Evelyn raised the complexity of cases where an individual has a diagnosis of autism or learning disability with a mental health condition on top.

Ken Jarrold highlighted that a well-cared for service user may access a few hours of a healthcare worker's time, whereas the carers role is 24 hours per day 7 days per week.

Anne Carlile referred to the Service User and Carer forum supported by the Trust and how it can provide a level of support to all carers.

There was no other business to discuss.

18. Questions from the public

There were no questions from members of the public in attendance.

Date and time of next meeting: Wednesday, 1 April 2020, 1:30pm to 3:30pm, Conference Room, Ferndene.

Council of Governors
18th June 2020

Title of report	COVID-19 update
Report author(s)	Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer/Emergency Planning Executive Lead

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	x
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	N/A	Executive Team	N/A
Audit	N/A	Corporate Decisions Team (CDT)	N/A
Mental Health Legislation	N/A	CDT – Quality	N/A
Remuneration Committee	N/A	CDT – Business	N/A
Resource and Business Assurance	N/A	CDT – Workforce	N/A
Charitable Funds Committee	N/A	CDT – Climate	N/A
CEDAR Programme Board	N/A	CDT – Risk	N/A
Other/external (please specify)	N/A	Business Delivery Group (BDG)	N/A

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability		Reputational	X
Workforce	x	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	x	Service user, carer and stakeholder involvement	X
Board Assurance Framework/Corporate Risk Register risks this paper relates to			
N/A			

Coronavirus (COVID-19)
Report for the Council of Governors meeting
18th June 2020

1. Executive Summary

This report provides an overview of actions and activity in response to the COVID-19 pandemic. The Trust is managing these circumstances under Surge Emergency Planning and Emergency Infection Prevention Control measures through the Gold Command structure. This process has ensured that we have been able to provide continuous daily updates to our workforce on the key issues and decisions relating to COVID-19.

Our priority has been to ensure we continue to provide safe, effective care and treatment to our patients, and to ensure any control measure protect patients and staff during the response. As an organisation we have also supported the Integrated NE&C System in response to pressures in other sectors. The Pandemic system approach has also highlighted the opportunity to deliver services differently, work differently and speed up collaborative responses.

It is important to note that the response and assurances have continued to be delivered at pace, not only in response to the multiple changes in guidance and its relevance for CNTW, but to ensure a prompt system response.

This report provides assurance to the Council of Governors on the actions taken by the Trust to ensure business continuity and the delivery of safe care and support for our service users, carers, local communities and staff.

2. National update

Since the beginning of the pandemic, government and scientific advice has changed, often daily, with the specific objective of combatting the virus with a focus on minimising transmission. The main message via the daily ministerial updates has been to continue to promote lockdown measures and promote social distancing so that the NHS may continue to work, save lives and keep everyone safe, including the patients we care for.

This has affected every individual in the country in terms of how they work, live, socialise, travel, engage with their loved ones and has, and clearly will, impact on their health and wellbeing. We are starting to see the psychological effects of these measures and have been instrumental in supporting the system to ensure emotional health and wellbeing actions are built on.

3. **CNTW Update**

As part of the emergency planning arrangements, we have continued with a 'Gold Command' based in St Nicholas Hospital led by Gary O'Hare, Executive Director of Nursing and Chief Operating Officer and lead for Emergency Planning. Gold Command is supported by:

- COVID-19 Incident Management Group (comprised of Group directors, director leads from corporate and support services) – daily meetings now alternate days;
- COVID-19 Operational Teams – daily calls
- COVID-19 ICS-wide calls service specific (i.e., communications, workforce, CEO, Executives) to ensure we're sharing practice and approaches across the wider system where appropriate to do so

This process has ensured business continuity and a rapid response to a changing national picture. To demonstrate actions taken by the structure above and to provide overall assurance the report includes key areas of update. These are:

- Infection Prevention and Control and PPE Measures
- Situation reporting and Quality Standards
- Service change processes
- Virology Screening and Testing
- Impact on Workforce
- Communications

4. **Infection Prevention and Control measures and Personal Protective Equipment (PPE)**

As the understanding of COVID-19 has developed, guidance on required infection prevention and control measures has been published, updated and refined by Public Health England to reflect the learning. This continuous process has enabled organisations respond in an evidence-based way to maintain the safety of patients, services users and staff.

In addition to daily IMG briefings via the DIPC, Daily IPC Meetings have been held with the DIPC, IPC team, Safer Care leads for PPE, Communications lead and Group Nurse Directors from each locality.

This has enabled and supported rapid responses to:

- changing National or MHLDA specific IPC guidance,
- targeted support / to clinical teams such as cohorting, isolation, management of V&A and restraint, complex cases and review of environmental concerns

- distribution, supply and use of PPE
- implementation of Patient and staff testing for COVID-19
- confirmation of CNTW Aerosol Generating Procedures and Fit testing of staff for FFP3 masks

All PHE guidance has been updated on IPC and PPE for all health and care settings. This guidance will be made available via the Trust's COVID-19 Daily Communications bulletin as well as direct engagement using Teams.

The Trust has been working closely with NHSE/I regarding the supply and safe use of NHS PPE. Given the national pressures on PPE available supply and distribution the National Supply and Distribution Resource Team was established to co-ordinate the limited and specific range of items separately to the usual NHS Supply Chain. The intention was to support rapid and equitable daily supply, based on daily stocktakes. In practice this process has been a major challenge for CNTW along with many other organisations to secure the required and sustained availability of PPE. This has been escalated via daily and organisational sitreps.

As a result, requests for mutual aid have been significant and daily escalations for gloves, aprons and masks continues. The procurement of items from local companies has assisted with supply. There have been no instances where staff have not had the required PPE or been in a position where re-use has been required. The IPC Team works daily with multi professional clinical leads to ensure PPE is worn correctly to ensure safe practice for both staff and patients.

5. **Clinical Ethical Forum COVID-19**

The Clinical Ethical Forum was established within the first few weeks of the COVID-19 pandemic to assist with clinical decision making within services. Membership of the group includes executive directors, clinicians and subject matter experts. The group is chaired by Dr Rajesh Nadkarni, Executive Medical Director.

Over the past few weeks topics discussed at the forum;

- The ethical implications of the disparity between national guidance in relation to resuscitation between the Resus Council and Public Health England.
- Ethical implications of delaying diagnosis in dementia patients due to lack of imaging.
- Ethical implications of the Corona Virus Act in relation to restraint within mental health settings.
- Ethical considerations in virtual (remote) patient consultations.
- Ethical aspects of publishing details of patients or staff members who have died following COVID infections.

Following discussions at the Clinical Ethical Forum a range of actions have emerged including additional guidance supporting decision making in services and establishment of task and finish groups to develop guidance in areas which was previously lacking.

6. COVID19 situation reporting and quality standards

Patient specific COVID19 activity

Since 22 March when the first CNTW inpatient received a positive test result, CNTW has reported a total of 104 patients with COVID-19. The majority (94) of these cases have since recovered, and 74 of these patients remain in CNTW inpatient care. *(nb all figures are as at 19th May 2020).*

A further 119 patients have received negative test results, to date, 40 of these tests were as a result of admission and discharge screening, and the remainder were symptomatic inpatients.

Sadly, ten patients with positive COVID-19 test results, many of whom were on end of life pathways, have died. Three of the deaths occurred in acute trusts, and seven on Ruskin and Woodhorn Older People's wards.

All deaths in CNTW beds have been reported via the national system, and are included in the national deaths reported data, which now displays deaths of mental health and learning disability patients.

Daily SitRep reporting

All trusts are required to submit information summarising staff absence, bed availability and numbers of COVID-19 positive patients to NHS Digital every day. A specific mental health and learning disabilities submission is now in place, allowing the data to be split between mental health and learning disability services.

A separate daily data collection has also been implemented, providing a service-level summary of cases and bed availability for specialised inpatient services commissioned by NHS England. To date, CNTW has not had any reported positive cases in any of these services.

Other national data collection requirements include staff testing numbers and PPE stocktake data.

There are several published datasets and analytical tools which provide helpful summaries and benchmarking comparisons, these are provided via NHS Digital and NHS England/Improvement.

A suite of management information tools has been rapidly developed within CNTW, to provide timely, accurate information to brief the Incident Management Group, Gold Command and inform decision making.

Examples of these are:

- A daily slidepack summarising patient, staff and activity data and trends
- A real time staff absence dashboard available to all managers
- A variety of automated reports & dashboards to support gold command

Quality standards across the organisation have continued to be monitored via the daily dashboards and a weekly update provided to senior managers. The Executive Director of Commissioning & Quality Assurance has been regularly sharing updates with commissioners and regulators on the Trust's COVID-19 incident response.

7. Patient and Staff Testing

Patients Admission and discharge screening

The Trust commenced patient admission and discharge screening on the 28th April. Screening on admission has enabled wards to manage the patient as a presumptive positive case, putting isolation measures in place utilising effective PPE pending result. Patient results are usually received back within 24 hrs and depending on the results manage the care and treatment of the patient within the ward effectively

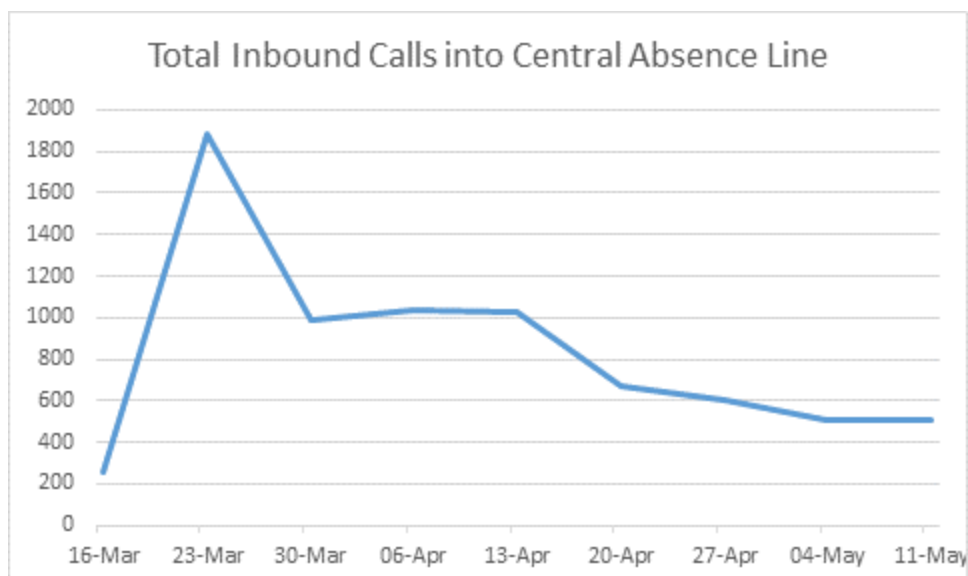
Discharge screening has supported transfers into Care Homes and other hospital and home situations where other vulnerable or shielding individuals may reside. This is supporting the proactive public health approach to potential transmission

Managing staff absence during COVID-19

Since the start of the pandemic, the Trust experienced significant staff absence (including those staff who are shielding) with a peak in April and a decreasing trend since then, with current absence due to COVID-19 at 32% of total staff absences, which is lower than the average for similar Trusts in the region.

To support the proactive management of COVID-19 related staff absence, from 16th March the Central Absence Reporting line was established to manage the reporting of **all** staff absence across the Trust. It is resourced using senior workforce leads and senior clinical managers from across the Trust providing a consistent approach to managing sickness whilst also supporting staff providing clinical advice and regular welfare calls.

The absence line is operating seven days per week, between the hours of 7am – 8pm and has to date taken over 7,000 calls.



Staff Testing

On 29th March, NHSE/I issued correspondence confirming that testing capacity for NHS staff was increasing. A testing programme to support staff to be at work will begin this week with a view to expanding testing to cover as many staff as possible, as quickly as possible. CNTW took a bold step and decided to initial our own approach to testing staff supported by the Regional Testing Cell in collaboration with Queen Elizabeth Hospital.

Working in conjunction with the Central Absence Line the testing of symptomatic staff and household members (index case) has since then been taking place across all our localities. This proactive approach has resulted in setting up three CNTW testing sites at Carleton Clinic, St Nicholas Hospital and Hopewood Park. In addition, we also recognised the difficulty in accessing but also the debilitating nature of COVID-19 and simultaneously supported staff and household members by operating mobile testing units for those staff unable to travel. To date we have tested over 750 staff and household members.

Appointments for testing are booked through the Central Absence line who also receive the results for staff and household members from the laboratory usually within 24 hours. Senior clinical staff then contact the staff or household member's directly providing results as well as offering support and reassurance.

CNTW Staff / Household Member Testing				
Staff / Household member	Positive		Negative	
	197	26%	558	74%

To support patient pathways and system testing capacity CNTW have also offered this service to our partner organisations and more recently offered some capacity to support the testing of symptomatic key workers including care home staff.

Contact Tracing and Antibody Testing plans are due to be announced this week and our testing capability in the form of trained available staff has been organised to enable flexible responses to the next steps once announced

8. Service Change Process during the COVID-19 Pandemic

The Trust has continued to receive national guidance on managing capacity and demand within inpatient and community mental health, learning disabilities and autism services.

The safety and well-being of our service users continues to be our priority and we took decisions to safely augment service delivery using other modalities e.g. reducing face to face appointments to minimise the potential of any infection. We also offer telephone appointments for assessments, reviews and consultation.

As the pandemic began to unfold it was evident that services would need to change quickly in order to comply with the new government guidelines and restrictions. It was essential that a clear governance process was embedded to ensure that any changes to services were reviewed, agreed and communicated to service users, carers, staff, partners and regulators so there was clear understanding of the impact not only for patient safety and experience but for access to Mental Health and Learning Disability services within CNTW.

A Service Change Panel was convened which included the Medical Director, Executive Director of Nursing and Chief Operating Officer, Deputy Chief Operating Officer & Group Director supported by Commissioning and Quality Assurance.

Services were asked to complete a service change request form which highlighted the key quality impacts of the change, including safety, risk, staffing changes and potential impact to other services including Primary Care and other key stakeholders. The services were assessed and challenged to ensure the quality impacts were understood and an agreement for timescales and review were determined. This information would then be utilised to inform commissioners and other key partners and ensure a clear governance and audit process was embedded.

As the pandemic surge began to ease it has become clear that we would need to begin to stand up services, understanding that these would need to be delivered following the government restrictions, but also recognising in some cases the changes to services may have had a positive impact to patient care and experience. It was essential not to lose that learning and

return to previous ways of working, the agreed governance process for change requests was utilised again to reinstate and re-establish services that had changed.

9. Impact on workforce

We are supporting our workforce to ensure a balance between sustaining our services and supporting those members of staff who may be living with someone who may be symptomatic, or indeed may be symptomatic themselves.

The organisation was able to take advantage of the national initiatives and subsequently supporting frontline services by:

- Expediting the process for NHS recruitment to get staff quickly into post by reducing the employment check process
- Redeployment of corporate staff and staff working from to support front line services
- Letter to those who have left the NHS over past three years requesting them to consider returning to work
- Deploying 3rd year student nurses in funded band 4 posts working with close supervision and registering onto the Nurse Bank. This experience has been very positively received by both students and clinical teams

The Trust has taken a whole system approach to supporting psychological wellbeing of staff and service users in the COVID-19 pandemic acute and recovery phases. Drawing on guidance and learning from the psycho-social impact of mass trauma events to inform an effective support system. Significant resources for our own staff have now been offered to the ICS and Care Home sectors.

These processes are being revisited in line of the declining position of positive community transmission nationally and consideration of stepping up services

10. COVID actions in relation to Black Asian and Minority Ethnic patients and staff

There is evidence and growing concerns about the disproportionate impact of COVID-19 on BAME NHS staff mirroring the impact on BAME general population in the UK whereby COVID-19 presentation has necessitated significant need for critical care support and/or resulting in a higher proportion of COVID deaths

The Trust has recently written to our BAME colleagues advising them of a number of initiatives we are putting in place over the coming weeks to support their health, wellbeing and safety and to ensure that they are safe and supported during this difficult time.

As part of this we took the decision to include BAME colleagues into the vulnerable and 'at risk' group and are asking managers to have conversations with all BAME colleagues as they would for all colleagues who fall within the vulnerable group.

We have **further** updated our risk assessment and guidance to support managers with these conversations to ensure they understand the concerns and needs of our BAME colleagues and their families. Managers are having conversations with each individual member of their BAME staff group and ensure the completion of the associated risk assessment takes place as a matter of priority. Where necessary, Occupational Health referrals will be made.

Staff who are involved in CPR and emergency responses are being Fit Tested to use FFP3 masks to minimise the risk of transmission during these events

11. **Vitamin D**

To prevent vitamin D deficiency in all adults, particularly in people at higher risk of developing vitamin D deficiency i.e. BAME groups, shielding patients or those unable to access regular safe sun exposure, a CAS Alert has been issued to support prescribing advice for inpatient and community patients

Staff who are at higher risk of vitamin D deficiency, including BAME/shielding staff, and who have concerns have been advised to consult with their GP to discuss screening for vitamin D deficiency. The Trust is also currently in discussion with its occupational health providers about whether they are able to offer this service.

12. **Communications**

From week commencing 16th March the COVID19 Gold Command Team have been issuing daily email updates to all staff across the Trust (with additional measures in place to ensure that messages are disseminated by Line Managers and teams to those staff who do not frequently access emails). Communications have included NTW Solutions Limited. Live events have also been screened weekly enabling the Executive Team to engage with staff across the organisation on issues of concern as well as share good practice.

We have developed a dedicated page on our intranet to support our staff during this difficult time. Members of our workforce are having to work differently including: working from home, often on their own in their household, working in different localities and departments, and some moving from non-clinical to clinical settings and acknowledging the impact of this on our workforce, we have developed a weekly Staff Wellbeing Bulletin (AWISH) containing details of all emotional, psychological and wellbeing support for staff.

It goes without saying that the information available in the public domain and the support for people while self-isolating, social distancing and dealing with personal impact of COVID-19 has been and still is overwhelming. We have worked hard during the period to ensure the information and support we provide is up to date, understandable and more importantly reliable.

A dedicated COVID19 page on the Trust's website has been developed containing up to date information, guidance, advice and support for service users, carers and the general public and we are continually developing this as we go.

We have also worked closely with the North East and North Cumbria Zero Suicide Alliance and Every Life Matters, a charity based in Cumbria to develop a booklet on how to look after ourselves during the pandemic. The booklet has been delivered to every household across the North East and North Cumbria region and has been very well received.

Since the beginning of the pandemic we have also seen evidence of the positive impact of collaboration and partnership working across the system and this has included the establishment of the 111 Mental Health Support Service and the launch of the Trust's whole system offer of access to psychological wellbeing support to health and care staff across the whole system (including GP's, nursing homes, social care, acute providers, ambulance service and our third sector partners).

13. The Next Phase

Whilst this paper covers the Trust response to the COVID-19 pandemic, the organisation is now moving into the "next phase" which will be led by John Lawlor, Chief Executive, who will provide updates on progress to the June and July Board of Directors.

Attached to this paper are three appendices which set the direction for Mental Health services in response to the COVID19 pandemic:

- Appendix A: Mental Health Priorities Letter – 26th March 2020
- Appendix B: COVID-19: Immediate establishment of 24/7 urgent NHS mental health telephone support, advice and triage letter – 3rd April 2020
- Appendix C: Second phase of NHS response to Covid-19 – 29th April 2020

Recommendation

The Council of Governors Board are asked to receive this report for assurance on the measures taken to date

Gary O'Hare
Executive Director of Nursing and Chief Operating Officer
Emergency Preparedness, Resilience and Report Lead

**Report to the Council of Governors
18th June 2020**

Title of report	CQC focussed inspection of wards for people with learning disability or autism – Final Inspection report
Report author(s)	Julie Robson, Corporate and Quality Governance Manager
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	x	Work together to promote prevention, early intervention and resilience	x
To achieve “no health without mental health” and “joined up” services	x	Sustainable mental health and disability services delivering real value	x
To be a centre of excellence for mental health and disability	x	The Trust to be regarded as a great place to work	x

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	18.05.20
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability	x	Reputational	X
Workforce	X	Environmental	x
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to

CQC focussed inspection of wards for people with learning disability or autism Final Inspection Report

Council of Governors

18th June 2020

1. Executive Summary

Between the 4th and 12th March 2020 the CQC undertook a series of unannounced visits as part of a focussed inspection to three wards across the Trust within the core service wards for people with a learning disability or autism:-

Mitford – Northgate Hospital (North Inpatient CBU)

Rose Lodge – Hebburn (South Inpatient CBU)

Edenwood – Carleton Clinic (North Cumbria Inpatient CBU)

These services were inspected to find out whether improvements to deal with concerns about some complex care issues were being addressed after a period during which the CQC had been monitoring progress. The CQC also needed to check on the quality of services due to other concerns raised about this core service.

The final report from the focussed inspection was received by the Trust on 26th May 2020 (a copy has been included as appendix 1).

The final report shows the overall rating for this core service has changed from “outstanding” to “good”.

2. Findings

The unannounced focused inspection looked at specific areas of the following key questions which have been rated as follows:-

Safe **Requires Improvement** (a change from Good in previous report)

Effective **Outstanding** (report states that CQC did not look at all the key lines of enquiry for the effective domain and as result we did not rate this key question)

The CQC inspectors have highlighted six ‘must do’ areas for improvement and a further four ‘should do’ areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that the patients in long term segregation and seclusion have the appropriate safeguards in place in accordance with the Mental Health Act Code of Practice and these are documented clearly in patients’ records. Regulation 13.1
- The trust must ensure that the environment at Edenwood is improved including the provision of specialist furniture which meet the needs of the patient using this service. Regulation 13.1

- The trust must review and reduce the use of mechanical restraint within their learning disability services and ensure that its use is in line with best practice guidance and the appropriate authorisation and recording is in place. Regulation 17.2 (a)
- The trust must ensure that risk assessments are regularly updated to reflect current risk and needs of patients Regulation 12.2 (a)
- The trust must ensure that care plans contain the relevant supporting information, reflective of current need, regularly updated and that staff are aware of these and follow plans accordingly Regulation 9.3 (b)

Following a challenge from the Trust in the factual accuracy report the CQC have removed the following as a must do and is has been included as a should do action:-

- The trust must ensure that all staff receive learning disability and autism training. Regulation 18.2 (a)

Action the provider **SHOULD** take to improve

- The trust should ensure that audits are reviewed to ensure they are fit for purpose and that actions taken to address any noncompliance identified by the audit process are documented clearly.
- The trust should ensure that staff and patient debriefs take place after incidents, and that they are clearly documented and recorded.
- The trust should ensure that staff comply with the Mental Capacity Act by completing the relevant assessments to support their decisions and that these are documented within patient records.
- The trust should ensure that staff receive regular and timely supervision to support them with their roles.

An action plan to address the issues raised in the report will be developed and monitored through the Trust's governance process.

Recommendations

Council of Governors are asked to note the content of this report.

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Name of Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

12 June 2020

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Wards for people with a learning disability or autism






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Ratings

Overall rating for this service

Good 

Are services safe?	Requires improvement 
Are services effective?	Outstanding 
Are services caring?	Outstanding 
Are services responsive?	Outstanding 
Are services well-led?	Outstanding 

Summary of findings

Wards for people with a learning disability or autism

Good 

Summary of this service

We conducted a focused inspection of wards for people with a learning disability or autism at three locations run by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. As part of this inspection, we visited the following wards;

Mitford Ward – Northgate Hospital, Morpeth

Rose Lodge – Hebburn

Edenwood – Carleton Clinic, Carlisle

We inspected these services to find out whether improvements to deal with concerns about some complex care issues were being addressed after a period during which we had been monitoring progress. We also needed to check on the quality of services due to other concerns raised with us about the services inspected.

The last inspection of the Learning Disability and Autism wards was completed in September 2016, which included Rose Lodge. These services were rated as outstanding overall. Edenwood was not included in this inspection as this service was transferred to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust on 1 October 2019. Mitford Ward was not included within this inspection as this service opened in November 2016.

At our last inspection of this core service in September 2016 we rated the key questions of safe as good and effective as outstanding. Although we did not look at all the key lines of enquiry on this inspection, we did find sufficient evidence that the services inspected were in breach of the Health and Social Care Act (regulated activities) regulations 2014 and as a result the rating for the safe key questions has been changed to requires improvement. We found some areas of concern in the effective key question; however, we did not have sufficient evidence to re-rate at this inspection and therefore the rating for this key question remains outstanding. The ratings for caring, responsive and well led remain unchanged as we did not inspect these key questions.

Our overall rating of this service went down. We rated it as good because:

- Managers did not always ensure that staff had the range of skills needed to provide high quality care and did not always fully support staff with supervision or team meetings.
- Staff did not always assess and manage risks to patients and themselves well. Risk assessments were not always kept up to date and did not always reflect the current patient need. The management of long-term segregation and seclusion, and the use of mechanical restraint, did not always meet with best practice.
- Staff did not always develop holistic, recovery-oriented care plans informed by a comprehensive assessment. Staff did not always follow physical healthcare plans in place for patients and were not always aware of the content of these.
- Staff did not always demonstrate clear understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and did not always act in line with the Mental Health Act Code of Practice.

However:

- Staff had received basic training to keep people safe from avoidable harm.

Summary of findings

- The wards were generally safe and clean, with enough nursing and medical staff, who knew the patients. The ward staff participated in the provider's restrictive interventions reduction programme and understood how to anticipate and de-escalate challenging behaviour.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff undertook functional assessments when assessing the needs of patients and provided a range of treatment and care for patients based on national guidance and best practice.
- The ward team included the full range of specialists required to meet the needs of patients on the ward.

Background to this Inspection:

We conducted a focused inspection of wards for people with a learning disability or autism at three locations run by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. We inspected these services to find out whether improvements to deal with concerns about some complex care issues were being addressed after a period during which we had been monitoring progress. We also needed to check on the quality of services due to other concerns raised with us about the services inspected. We visited the following locations;

Mitford Ward, Northgate Hospital, Morpeth - Mitford Ward is a 15-bed ward for patients with a primary diagnosis of autism. At the time of inspection there were two patients being nursed in long-term segregation on the ward.

Edenwood, Carleton Clinic – Edenwood had been closed to admissions and was continuing to be used to nurse one patient with a learning disability and complex needs in long-term segregation. Other patients who had previously been cared for at Edenwood had been transferred to another ward on the site which continued to provide learning disability assessment and treatment services to this patient group. Edenwood came under the management of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust from Cumbria Partnership NHS Foundation Trust on 1 October 2019.

Rose Lodge, Hebburn – Rose Lodge is a mixed-sex 12-bed assessment and treatment ward for patients with a learning disability. There was one patient being nursed on the ward in long-term segregation and one patient being nursed in seclusion on the ward.

The wards are registered to provide the following regulated activities;

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

The last inspection of the Learning Disability and Autism wards was completed in September 2016, which included Rose Lodge. These services were rated as outstanding overall. Edenwood was not included in this inspection as this service was transferred to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust on 1 October 2019. Mitford Ward was not included in this inspection as this service was opened in November 201.

We conducted an unannounced focused inspection looking at specific areas of the following two key questions:

- Is it safe?
- Is it effective?

During the inspection visit, the inspection team:

- visited three wards at three different locations, looked at the quality of the ward environment and observed staff caring for patients

Summary of findings

- spoke with the ward managers and clinical leads of each ward
- spoke with 21 other staff members across the three wards, including doctors, speech and language therapists, nursing assistants, nurse specialists and occupational therapists
- reviewed four long-term segregation records
- reviewed one set of seclusion records
- observed three long-term segregation reviews
- spoke with four patients
- observed one music therapy session
- looked at 10 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the wards.

Is the service safe?

Requires improvement



At our last inspection of this core service in September 2016 we rated the key question of safe as good. Although we did not look at all the key lines of enquiry on this inspection, we did find evidence that the services inspected were in breach of regulation and as result the rating for the safe key question has been limited to requires improvement.

Our rating of safe went down. We rated it as requires improvement because:

- Wards were not always well equipped, well furnished, well maintained and fit for purpose. At Edenwood, the ward had been appropriately furnished but was damaged regularly by the patient being nursed in long-term segregation. The patient had access to section 17 leave, however, was unable to access outdoor space directly from the ward. The patient's leave had been suspended for a two-week period in January 2020, resulting in the patient not having access to fresh air for this time. The environment at Edenwood was sparse with a bare concrete floor and minimal furnishings despite concerns having been raised in November 2019. The trust had made progress with making adaptations to the environment, but the trust's estates did not have clear timescales in place as to when works were to be completed regarding the floor and access to outdoor space.
- Staff did not always assess or manage risks to patients well. Patients' risk assessments were not always reflective of patients' current need and were not always kept up to date. At Mitford Ward, ward managers did not have accurate oversight of the usage of mechanical restraint on the ward. At Rose Lodge, post-incident review forms were not always completed after uses of mechanical restraint and group director level authorisation was not always clearly recorded for uses of mechanical restraint.
- Staff on Mitford Ward and at Rose Lodge did not always review episodes of long-term segregation in line with the Mental Health Act Code of Practice or record clearly the frequency and outcome of reviews they had done.

However:

- The service had enough nursing and medical staff, who knew the patients well.
- Staff had the skills required to implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Summary of findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Is the service effective?

Outstanding ☆

At our last inspection of this core service in September 2016 we rated the key question of effective as outstanding. We did not look at all the key lines of enquiry for the effective domain and as result we did not rate this key question.

We found the following issues of concern;

- Care plans did not always meet the needs of patients and were not always personalised, holistic and strength based. Care plans did not always include the required information for staff to correctly support patients' in the management of their physical healthcare. At Mitford Ward and Rose Lodge, staff were not always aware of the content of patients' physical healthcare plans and did not always follow these.
- Managers did not always use audits to make improvements. Audits in place at both Mitford Ward and Rose Lodge were not effective as they did not always identify issues. Actions taken to address non-compliance or areas of improvement were not always clearly recorded or documented.
- Managers did not always support non-medical staff through regular clinical supervision of their work. Staff at Edenwood and Rose Lodge were not always able to leave their duties on the ward to complete supervision sessions.
- Managers did not always make sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Staff did not always have access to training regarding learning disabilities and autism and were not always experienced in working with this patient group.

However:

- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies and providing support for self-care.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. We saw evidence within patient records across all three wards visited of regular multi-disciplinary input into patients' care.
- Managers provided an induction programme for new staff.

Our rating of caring CHOOSE A PHRASE. We rated it as CHOOSE A RATING because:

Our rating of responsive CHOOSE A PHRASE. We rated it as CHOOSE A RATING because:

Detailed findings from this inspection

Is the service safe?

Safe and clean environment

The wards were generally safe and clean. Rose Lodge and Mitford Ward were well furnished, well maintained and fit for purpose, however, we had concerns about the environment for the patient cared for at Edenwood.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. We reviewed the ward environment of Edenwood, Mitford Ward and Rose Lodge. At Mitford Ward repairs were scheduled to be made to a patient's flat which was not currently in use as the patient had been moved to the seclusion room on the ward to allow repairs to take place. There had been delays in the repairs being done by an external contractor meaning that the patient could not return to the environment as quickly as planned. Staff at Mitford Ward told us that they were able to report any issues with the ward environment to the nurse in Charge or Ward Management who would be able to escalate these to the trust's estates team.

Staff could not always observe patients in all parts of the wards due to the layout of the environment at all three of the wards visited. This risk was mitigated via observation levels which were allocated to patients dependent on their level of need and the risk they presented. We reviewed patients' observation levels at all three of the wards visited and patients were observed with a minimum of one to one staffing.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe using observations. There was closed circuit television across all three wards. This was not routinely monitored by staff but was used as an aid to review incidents and there were appropriate policies and procedures in place to manage this.

Staff across all three wards had easy access to alarms but patients did not always have easy access to nurse call systems. At Mitford Ward, patients did not have access to nurse call alarm systems within their individual flat areas but call alarms were present in communal areas on the ward. We raised this with the trust who provided a response outlining the rationale for not including nurse call alarms at Mitford Ward in the individual flat areas. Alarms had not been installed to ensure a low stimulus environment by reducing any protruding wall mounts (e.g. power sockets, light switches) to ensure the environment did not cause unnecessary distress to patients. The trust outlined that patients at Mitford Ward received a bespoke package of care and due to the level of need of the patients within the service, staff support was present twenty-four hours a day.

Maintenance, cleanliness and infection control

Ward areas at Rose Lodge and Mitford Ward were visibly clean, well maintained, well-furnished and fit for purpose. During the inspection of Mitford Ward, it was noted that although two of the patient bedrooms (of which only one was in use) were visibility clean they both had a strong, unpleasant odour. We raised this within the feedback to the ward management at the time of inspection.

At Edenwood, the ward environment was sparse. This was due to the specific needs of the patient being nursed on the ward and the challenges they presented to the service on maintaining furniture and fitting in the ward. The lounge had no floor covering. There was a bench type seat with bare wood and no padding to sit on. In the bedroom, there was a bare mattress on the floor. These issues had previously been raised as a concern following a Mental Health Act monitoring visit in November 2019. Specialist flooring had been identified as the most suitable option to address issues with the flooring, however this could not be installed without the ward being vacated which would cause significant

Detailed findings from this inspection

distress to the patient. Staff told us that alternative flooring samples were on order and that the flooring would be replaced. The trust's estate team did not have a clear timescale for completion of this work. Staff had ordered a specialist bed and specialist sofa which both had a 12-week lead-time. Staff told us they expected these to be delivered in the two weeks following our inspection.

At Edenwood, there was an outside area that at the time of the inspection could not be accessed by the patient being nursed on the ward as this space had not been adapted to meet the needs of the patient. The patient had been regularly utilising section 17 leave; however, this had been suspended for a two-week period in January 2020 that meant during this time the patient did not have access to fresh air or outside space. We raised this with the trust who provided a response stating that the estates team had been contacted to attend the ward to review the outdoor area and assess the changes that would need to be made to make the space suitable and safe to be used by the patient, however the trust's estate team did not have a clear timescale for the completion of the changes to be made.

Staff made sure cleaning records were up-to-date. The wards were cleaned daily by housekeeping staff who kept records of the tasks they had completed.

Staff followed infection control policy, including handwashing. There were hand cleaning gels at entrances to the ward.

Seclusion room

The seclusion rooms on all three wards allowed clear observation, two-way communication and all had a toilet and a clock.

Safe staffing

The service had enough nursing and medical staff, who knew the patients although not all had received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Across all three wards there had been a reliance on bank and agency staff. Staff sickness levels at Rose Lodge were 15% for January 22% for February and at the time of the inspection there were two band 5 vacancies, and five band 3 vacancies. This had resulted in an increase in the use of agency staff at the service.

At Edenwood for February agency staff usage was at 35% for day shifts and 27% for night shifts.

At the time of the inspection, Edenwood had one band 6 vacancy, 3 band 5 vacancies as well as 0.6 WTE band 4 occupational therapist post and 0.4 WTE psychologist post vacant. The trust had acted to mitigate the risk of this and provide stability to patients. At Edenwood, the trust had secured temporary contracts with named bank and agency staff to provide some consistency in staff working onto the ward, and to offset the impact of some vacancies and staff sickness. At Rose Lodge and Mitford Ward, management requested specific agency staff to work on the ward who were familiar to the service to ensure consistency in their staff team.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Agency staff at all three wards visited completed a local induction at the service.

Managers accurately calculated and reviewed the number and grade of nurses and nursing assistants for each shift. Across all three wards, managers ensured that there was an appropriate mix of grades and skills within staff teams on shift. Staffing levels across all three wards met the trust's designated safer staffing levels.

Ward managers could adjust staffing levels according to the needs of the patients. At Rose Lodge, the ward manager had been authorised to recruit 10% above their establishment level in order to be able to respond to patient need. At Mitford Ward, staffing levels were discussed as part of multi-disciplinary team meetings and care programme approach meetings and could be adjusted where required.

Detailed findings from this inspection

Patients had regular one to one sessions with their named nurse and where patients presented with complex needs they were allocated core staff teams to work with them.

Patients rarely had their escorted leave, or activities cancelled, even when the service was short staffed. Staff at Mitford Ward and Rose Lodge told us that management would re-allocate staff to ensure leave could be facilitated.

The service had enough staff on each shift to carry out any physical interventions. Managers at both Mitford Ward and Rose Lodge ensured that there were sufficient numbers of staff present on shift trained in mechanical restraint to respond to incidents where this was required. Staff who had recently been redeployed to Rose Lodge told us they did not always feel confident in using their prevention and management of violence and aggression training as this was not something used frequently in their previous service. We raised this with the ward manager who told us that a programme was in place to refresh all staff members prevention and management of violence and aggression training.

Some staff at Rose Lodge told us that they did not always feel safe when working on the ward. Staff at Rose Lodge told us that they had concerns about being able to respond to incidents in a timely manner. The service did not have a clear protocol for how staff would respond when staff alarms were activated. Staff felt that this may lead to feeling compromised between maintaining their observations for allocated patients or responding to incidents. The service was in an isolated location, however the ward manager stated that staff could seek support from other services if this was required.

Staff were not always able to share key information to keep patients safe when handing over their care to others. At Rose Lodge, staff told us that the 10-minute hand over was insufficient to convey any changes to care plans, current risks, incidents and patient's presentation. We saw evidence at Rose Lodge that patient's daily handover sheets did not always accurately reflect their presentation. At Mitford Ward, staff told us that the Situation, Background, Assessment and Recommendation (SBAR) process formed a key part of handovers. Staff told us that additional time after handover had been arranged so that staff allocated to observations with patients' with more complex needs could discuss patients' handover in more detail.

Medical staff

All of the wards visited had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

Mandatory training

Staff had not always completed and kept up to date with their mandatory training. Managers did not always monitor mandatory training and did not always alert staff when they needed to update their training. At Edenwood, the figures regarding mandatory training compliance were low. We raised this with the trust who provided an update outlining that the trust was aware of this issue and had agreed a six-month period of reviewing all quality and training standards from the date of the acquisition of Edenwood. This review was ongoing at the time of the inspection and that this had been agreed with wider stakeholders.

At the time of the inspection, the trust had recently introduced an enhanced training standard in 2020 which included a programme of mechanical restraint training in addition to the current PMVA training. At Mitford Ward, training for mechanical restraint was only at 27%. The trust outlined that compliance across all services was not expected until December 2020 and mitigated the impact of this by ensuring that staffing rotas were managed to ensure there were sufficient staff on shift trained in mechanical restraint to respond to incidents safely. We reviewed a list of all staff members trained in mechanical restraint at the time of our inspection alongside incident reports relating to episodes of mechanical restraint. We found that not all staff listed as being involved in the incidents of mechanical restraint had been trained in MRE. We raised this with the trust who reviewed the individual training records of staff, which detailed these staff members had been trained in mechanical restraint. We raised this as a concern that there were discrepancies between the list provided and individual staff training records.

Detailed findings from this inspection

The mandatory training programme was comprehensive and met the needs of patients and staff. The trust's mandatory training programme included the relevant health and safety modules, safeguarding training and combined Mental Health Act, Mental Capacity Act and Deprivation Liberty Safeguards training.

Assessing and managing risk to patients and staff

Staff did not always assess and manage risks to patients and themselves well. The ward staff participated in the provider's restrictive interventions reduction programme, however the management of long-term segregation, seclusion, and the use of mechanical restraint, did not always meet with best practice. Staff had developed and implemented positive behaviour support plans and understood how to anticipate and de-escalate challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, but these were not reviewed regularly and were not always updated to reflect changes in risk.

Staff always used a recognised risk assessment tool. The functional analysis of care environments (FACE) risk assessment tool was used by staff across all three wards that we visited.

Management of patient risk

Staff were not always aware of and did not always deal with specific risk issues. We reviewed 10 patient records across all the wards visited which all contained a risk assessment. At Rose Lodge, we found that the risk assessment for two patients' had outlined specific risks relating to the patient's – but there were no corresponding care plans in place. We also reviewed the risk assessment for one patient which had not been updated since September 2019. Another patient was identified as having a speech and language therapy care plan on their daily handover sheet but there was no care plan present within the patient's record. We raised this with staff who told us that this was no longer a risk for the patient and that the risk assessment for the patient had not been updated to reflect this.

Staff did not always identify and respond to any changes in risk to, or posed by, patients. Staff were not always provided with the most up to date information relating to patient risk, as care plans and risk assessments were not always kept up to date, meaning that there were discrepancies between staff understanding of patient's risk and how to manage this versus the actual risk presented by patients. At Mitford Ward, in order to mitigate this risk, paper copies of patients' positive behavioural support plans were kept in files outside of each patient's flat to be used by staff allocated to observations. These did not always contain the most up to date version of plans and were not always reflective of current need and risk.

We reviewed documentation on all three wards regarding the four patients being cared for in long-term segregation. At Mitford Ward, we reviewed documentation that outlined that the most recent three-monthly review for a patient in long-term segregation had not taken place. At Rose Lodge, we reviewed documentation for a patient in long-term segregation that did not include documentation to support that weekly multi-disciplinary reviews or monthly independent reviews had been taking place. We raised this with the ward management at both Rose Lodge and Mitford Ward as the correct safeguarding measures had not been applied for those patients being cared for in long-term segregation.

Staff at Rose Lodge told us they were allocated to four-hour long periods of observation and sometimes spent their entire shift on eyesight level observations, which they found draining and challenging. The trust policy stated that staff should not be allocated to continuous periods of observation higher than general level for longer than two hours.

Use of restrictive interventions

Detailed findings from this inspection

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. There were trust-wide restrictions in place at all three wards visited. Staff at all three wards told us that aside from the trust-wide restrictions, any other restrictions in place for patients were assessed, implemented and reviewing on an individual basis.

The trust lacked oversight of the use of mechanical restraint. At Mitford Ward when reviewing incidents relating to mechanical restraint that involved the use of belts and soft cuffs for January 2020 – March 2020, the inspection team noted that four incidents had been reported and documented within patients' progress notes with corresponding incident numbers. Four of these incidents had not pulled through into the main dashboard. We highlighted the issues with the dashboard system with the trust, who responded by submitting a request for this data to be audited.

On Mitford Ward, we reviewed a mechanical restraint care plan for one patient. Within the care plan, there was no documentation regarding the deployment of soft cuffs to be used in an episode of mechanical restraint, and the deployment strategies only outlined the usage of four belts. We reviewed incident details relating to episodes of mechanical restraint we noted that soft cuffs had been used by staff to restrain the patient. There was no documented rationale as to why the usage of cuffs had been deployed alongside the four belts and that director level authorisation for the usage of soft cuffs had not been documented.

At Rose Lodge, we reviewed two post-incident review forms relating to incidents of mechanical restraint on the ward. We found issues with the forms not always being completed in full with the required detail, forms did not always document if a group level director had been contacted for authorisation and that this had been obtained and that staff and patient debriefs did not always take place after incidents of mechanical restraint and debriefs were not always recorded. There had been a further incident of mechanical restraint on the ward, however a post-incident review form had not been completed and it was not clear that director level authorisation had been sought for this usage of mechanical restraint.

Staff at all three wards told us that they attempted to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff across all three wards were able to detail de-escalation techniques that they used with patients to ensure that restraint was only used as a last resort. At Rose Lodge, we saw that activity boxes had been placed around the ward for staff to access quickly to use and offer activities as a method of de-escalation.

At Rose Lodge, we reviewed documentation in relation to a patient that was being cared for in seclusion at the time of the inspection. Staff were able to provide a verbal rationale as to why seclusion had not yet ended, however the corresponding documentation did not reflect the rationale that had been provided. Seclusion observation records and daily handover notes did not contain detail to support the rationale for seclusion to continue.

We reviewed documentation on all three wards regarding the four patients being cared for in long-term segregation. At Mitford Ward, we reviewed documentation and the most recent three-monthly review for a patient in long-term segregation had not taken place. At Rose Lodge, the documentation for a patient in long-term segregation did not include detail of the weekly multi-disciplinary reviews or monthly independent reviews. We raised this with the ward management at both Rose Lodge and Mitford Ward as we were concerned the correct safeguarding measures had not been applied for those being nursed in long-term segregation.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff kept up to date with their safeguarding training. Staff received training on how to recognise and report abuse, appropriate for their role. All staff at Mitford Ward and Rose Lodge completed safeguarding adults Level 1 and Level 2 as well as safeguarding children training Level 1 and Level 2 as part of their mandatory training package. Staff undertook a refresher course of their safeguarding training every three years.

Detailed findings from this inspection

Staff could give clear examples of how to protect patients from harassment and discrimination. Staff at all three wards explained the importance of understanding patients on an individual basis and that they would be vigilant for changes in patients' presentation or any change to their normal behaviour.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff across all three wards referred safeguarding concerns to the local authority safeguarding team and advised other relevant agencies such as commissioners and police when needed. Staff displayed a good level of knowledge of the safeguarding procedure and were able to clearly identify their point of contact for escalating concerns. Staff felt comfortable and able to raise concerns with the nurse in charge or ward manager if required.

Staff made safeguarding referrals when patients were cared for in long-term seclusion. At Rose Lodge, safeguarding referrals had been submitted regarding the patient who was being cared for in seclusion at the time of the inspection. At Mitford Ward, we reviewed long-term segregation documentation that outlined regular communication and updates being provided to clinical commissioning groups regarding ongoing episodes of long-term segregation.

Staff access to essential information

Staff did not always have easy access to clinical information, and it was not always easy for them to maintain high quality clinical records. Staff at Mitford Ward used entirely electronic systems, but staff at Edenwood and Rose Lodge used a combination of electronic and paper records. Records were stored securely across all three wards as a secure electric computer system was used and where paper record were kept these were stored in locked offices.

At Mitford Ward, we found that the paper copy of a patient's positive behavioural support plan that was located outside of patients' individual flat area was not the most up-to-date version. We raised this with staff as we questioned how staff allocated to observations for patients would be able to access the most recent version of patients' positive behavioural support plans. Staff actioned this by replacing the positive behavioural support plan with the most recent version. Staff told us that they were able to access laptops on the ward and that the allocated time for handover was sufficient to discuss patient's needs and any changes in presentation and risk.

At Rose Lodge, we reviewed a patient's record that did not include a positive behavioural support plan. We raised this with staff who were able to provide a copy of the positive behavioural support plan from another staff members computer. Staff highlighted that this was where the plan had been stored, but it was not clear if this had been saved on a shared drive that all staff could access or saved locally to the staff member's laptop.

Is the service effective?

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of patients who would benefit. Care plans did not always reflect the assessed needs and were not always personalised, holistic and strengths based.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. We reviewed 10 sets of care records across three wards and saw that staff assessed the physical and mental health of all patients on admission.

Staff developed a care plan for each patient that met their mental and physical health needs however staff were not always aware of care plan contents and did not always follow these accordingly. We found issues with six of the ten records that we reviewed across the three wards visited. At Mitford Ward, we reviewed a patient's care plans that instructed staff to use supplementary documents to help the patient communicate as they used their own specific versions of gestures and signs that differ from Makaton (a language programme to help hearing people with learning or communication difficulties). These supplementary documents were not kept on file for staff to use and it was unclear how staff were communicating with the patient in a way they understood.

Detailed findings from this inspection

Positive behaviour support plans were present and supported by a comprehensive assessment. We reviewed 10 sets of patient records, in which a positive behaviour support plan was present. Plans were reflective of patient need and provided staff with clear strategies as to how to support patients. Staff understood patients' positive behavioural support plans and were able to provide the identified care and support. Staff across all three wards demonstrated a good understanding of what support individual patients required, how they would identify changes in presentation and were able to outline the strategies that they would use to de-escalate situations.

However, staff did not always regularly review and update care plans and positive behaviour support plans when patients' needs changed. At Rose Lodge, we reviewed a positive behaviour support plan for a patient that had identified areas of risk, but no corresponding care plans were in place to manage these. At Mitford Ward, we observed care and treatment being delivered that was not in line with patient's care plans regarding the management of constipation. Staff informed us that this was no longer an issue for the patient, but that their care plan had not been updated to reflect this being discontinued.

Best practice in treatment and care

Staff provided a range of care and treatment suitable for the patients in the service. Patients across all three wards visited had access to psychological therapies, activity sessions on a one-to-one basis such as music and dance therapy and group-based activity sessions. Staff did not always support patients with their physical health and did not always follow patients' physical healthcare plans. Ward Managers completed audits but did not always use these to make improvements.

Staff delivered care in line with best practice and national guidance. Staff across all three wards told us that they followed NICE guidance when delivering care and treatment to patients within services.

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. We reviewed 10 sets of patient records that documented regular physical health checks taking place during the patient's admission to the ward.

Staff made sure patients had access to physical health care, including specialists as required. Staff met patients' dietary need and assessed those needing specialist care for nutrition and hydration. Where required, patients had been assessed by a Speech and Language Therapist and plans were developed to assist patients who may be at risk from aspiration and/or choking. At Mitford Ward, we saw evidence in patients' daily notes of involvement with dieticians to look at calorie intake and changes in weight.

However, staff were not always aware of patients' physical health needs or their physical health care plans. At Mitford Ward, care plans stated that staff should follow a supporting document for the management of patients' physical health condition which outlined the signs and symptoms staff were required to be mindful of. This supporting document was not present within the patient file and staff were not aware of the steps outlined to support the patient in their care plan. At Rose Lodge we found issues relating to staff's awareness and adherence to physical health care plans. We reviewed care plans that detailed staff were required to measure the leg of a patient to manage their oedema, but we saw no evidence to demonstrate that this was taking place.

Managers did not always use results from audits to make improvements. At Mitford Ward, we reviewed audits in relation to long-term segregation documentation which had not identified that a three-monthly review had been missed for a patient. At Rose Lodge, we reviewed audits relating to long-term segregation documentation and found that audits had not regularly recorded the dates of the last weekly MDT review and monthly independent review, audits had only partially been complete for the first two weeks of February, that two audits were missing for the last two weeks of February and that details of actions taken to rectify issues identified by the audit process had not been documented.

Skilled staff to deliver care

Detailed findings from this inspection

The ward team included the full range of specialists required to meet the needs of patients on the ward. Managers had not ensured that staff had the range of skills needed to provide high quality care and did not always fully support staff with supervision or team meetings. However, managers provided an induction programme for new staff and offered some opportunities for them to update and develop their skills.

Staff teams across all three wards included occupational therapists, speciality doctors, speech and language therapists, psychologists and positive behavioural support nurses.

Managers did not always make sure staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. At Edenwood and Rose Lodge, staff told us that they had not received any specific training relating to learning disabilities and/or autism. We asked the trust for further information relating to specific learning disability training provided to staff at Edenwood and the trust provided a response outlining that all substantive staff at Edenwood received positive behaviour support training that has been delivered by the trust Band 7 lead in positive behavioural support. At Mitford Ward staff received a service specific induction package that included a personal skills passport containing a short introduction relating to autism, learning disability, challenging behaviour and mental health.

Staff at Rose Lodge raised concerns with us regarding the skills and experience of agency staff working on the ward. Staff had concerns that agency staff were not always familiar with the patient group, were not willing to work with more complex patients and were not always effective in de-escalating situations. We raised these concerns with the trust, who provided a response outlining the mechanisms in place to ensure that agency staff had the required skills needed to work at the service. The trust had implemented a process of three-monthly audits of those agencies which were used regularly and involved checking a random sample of employee information. Managers at Mitford Ward and Rose Lodge told us that they requested specific agency staff who were familiar with the service in order to ensure consistency within the staff team. We reviewed a sample of staff rota's for Mitford Ward and Rose Lodge that reflected the use of regular agency staff and that there was consistency in the staff team. At Edenwood, a high percentage of agency staff were recruited via a specific agency who supplied Disclosure and Barring Service checks and training records directly to the ward for the agency staff who were working in Edenwood.

Managers gave each new member of staff a full induction to the service before they started work. We reviewed the local induction protocol at Mitford Ward and Rose Lodge, which provided an essential overview checklist to be completed at the start of staff's first shift on the ward. Agency and bank staff were included in the local induction.

Managers did not support non-medical staff through regular supervision of their work. At Edenwood, staff were not receiving regular supervision. In February 2020, supervision compliance was low at 25%. Ward managers and staff at Edenwood told us that staffing capacity and the complexity of the patient on the ward meant that staff could not be released from the ward to participate in supervision sessions. At Rose Lodge, supervision compliance for January was 43%. Staff at Rose Lodge stated that they were unable to leave their duties on the ward to complete their supervision sessions.

Managers' made sure staff attended regular team meetings or were given information from those they could not attend. However, at Rose Lodge, bank staff told us that they were not always included within team meetings or provided with regular supervision sessions. Bank staff at Rose Lodge felt this had a negative impact on them, meaning they didn't always feel that they were considered as part of the team at the service.

Managers gave examples of where staff had received any specialist training for their role and gave them the time and opportunity to develop their skills and knowledge. At Rose Lodge, management told us that they were able to provide ad-hoc training sessions to address any gaps in knowledge or provide additional support, this included sessions from

Detailed findings from this inspection

positive behavioural support leads from within the service, and sessions on topics such as autism and epilepsy. At Mitford Ward, managers told us that when new patients were admitted to the ward, this would be used as an opportunity to identify any training needs and had previously taken this opportunity to do training around tissue viability and Makaton.

Multidisciplinary and interagency teamwork

Staff held regular multi-disciplinary meetings to discuss patients and improve their care. We reviewed ten sets of patient records across the three wards visited that demonstrated regular discussion and input from the wards' multi-disciplinary team.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff on the whole demonstrated that they understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Staff received and kept up to date with training on the Mental Health Act and the Mental Health Act Code of Practice. Mental Health Act training was included as part of the trust's mandatory training programme and staff undertook a refresher course of this module every three years. At the time of our inspection we were unable to review current compliance figures regarding training at Edenwood due to an ongoing review of quality and training standards. At Rose Lodge, 85% of clinical staff were compliant with Mental Health Act training. At Mitford Ward, 83% of staff were compliant with Mental Health Act training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff at all three wards we visited told us that they felt comfortable approaching the nurse in charge on shift or ward manager to seek support for queries relating to the Mental Health Act and the Code of Practice. Staff knew who their Mental Health Act administrators were and knew how to approach them to ask them for support. The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Policies and supporting documents regarding the Mental Health Act were available electronically and easily accessed from the trust's website. However, staff did not always complete and document the appropriate reviews for patients in long-term segregation and seclusion to ensure the appropriate safeguards were in place in accordance with the Mental Health Act Code of Practice. Also, mechanical restraint was not always used in line with best practice guidance and the appropriate authorisation and recording is in place.

Staff explained to each patient their rights under the Mental Health Act but did not always record these within the patient's notes when this had been completed. Informal patients were not aware that they were able to leave the ward at will. We spoke with one patient at Rose Lodge who had recently been made informal who was not aware that they were able to leave the ward should they wish to.

Good practice in applying the Mental Capacity Act

Staff did not always support patients to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff were aware of the trust's policy for the Mental Capacity Act 2005 but did not always assess and record capacity clearly for patients who might have impaired mental capacity in relation to some specific decisions. At Rose Lodge, we reviewed a patient's record who had restrictions in place regarding the usage of cutlery, mobile phone usage and management of finance. There were no corresponding capacity assessments in place to support the rationale for these restrictions. We reviewed another patient record that did not contain any information regarding the assessment of capacity whilst they had been detained on the ward. At both Rose Lodge and Mitford Ward we reviewed patients' records and found that care plans were in place to assist patients with their personal care but that there was no corresponding best interest decision or capacity assessment present to support this.

Staff received and kept up to date with training in the Mental Capacity Act and demonstrated good understanding of the five principles. Mental Capacity Act training was included as part of the trust's mandatory training programme, for which

Detailed findings from this inspection

staff undertook a refresher course every three years. At the time of our inspection we were unable to review current compliance figures regarding training at Edenwood due to an ongoing review of quality and training standards. At Rose Lodge, 85% of clinical staff were compliant with Mental Capacity Act Training. At Mitford Ward, 83% of staff were compliant with Mental Capacity Act Training.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff were aware of and knew how to access. Policies and supporting documents regarding the Mental Capacity Act and Deprivation of Liberty Safeguards were available electronically and easily accessed from the trust's website.

Staff knew where to get advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff at all three wards we visited told us that they felt comfortable approaching the nurse in charge on shift or ward manager to seek support for queries relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff did not always support patients to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff did not always assess and record capacity to consent clearly each time a patient needed to make an important decision. At Rose Lodge we reviewed two patients' records and Mitford Ward we reviewed two patients' records and found that care plans were in place to assist patients with their personal care but that there was no corresponding best interest decision or capacity assessment present to support this.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that the patients in long-term segregation and seclusion have the appropriate safeguards in place in accordance with the Mental Health Act Code of Practice and these are documented clearly in patients' records. **Regulation 13.1**
- The trust must ensure that the environment at Edenwood is improved including the provision of specialist furniture which meet the needs of the patient using this service. **Regulation 13.1**
- The trust must review and reduce the use of mechanical restraint within their learning disability services and ensure that its use is in line with best practice guidance and the appropriate authorisation and recording is in place. **Regulation 17.2 (a)**
- The trust must ensure that risk assessments are regularly updated to reflect current risk and needs of patients **Regulation 12.2 (a)**
- The trust must ensure that care plans contain the relevant supporting information, reflective of current need, regularly updated and that staff are aware of these and follow plans accordingly **Regulation 9.3 (b)**

Action the provider **SHOULD** take to improve

- The trust should ensure that audits are reviewed to ensure they are fit for purpose and that actions taken to address any noncompliance identified by the audit process are documented clearly.
- The trust should ensure that staff and patient debriefs take place after incidents, and that they are clearly documented and recorded.
- The trust should ensure that all staff receive learning disability and autism training.
- The trust should ensure that staff comply with the Mental Capacity Act by completing the relevant assessments to support their decisions and that these are documented within patient records.
- The trust should ensure that staff receive regular and timely supervision to support them with their roles.

Our inspection team

The team comprised of three CQC inspectors, one CQC assistant inspector and one specialist advisor who was a registered learning disability nurse.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	