



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 have 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 Chair and Chief Executive



Thank you for taking the time to read our 2019/20 Quality Account, reflecting upon another busy year. This is our first Quality Account under our new name of Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW). Prior to October 2019, we were known as Northumberland, Tyne and Wear NHS Foundation Trust. Following the transfer of Mental Health and Learning Disability services from the former Cumbria Partnership NHS Foundation Trust, we became Cumbria, Northumberland, Tyne and Wear NHS Foundation.

We spent a significant amount of time prior to the transfer of services working with our colleagues in Cumbria so that we could learn from each other and more importantly, plan together to continue to deliver high quality, safe care and improve our services across the whole Trust for our service users in the future.

We are presenting this Quality Account while going through undoubtedly the most challenging time the world has seen in recent times. The COVID-19 pandemic has had a profound impact on the world and has changed how we live, how we shop and travel, how we work, how we socialise and care for one another. People have never before had to think about their personal finances, wellbeing, physical health, the wider economy, climate change, and job security in such a difficult context.

COVID-19 has also brought about things we never thought we could do, or ever thought we would do. The way we think about others, the way we communicate and appreciate just 'seeing the face of a loved one' – albeit virtually. We have changed the way we work to alleviate the pressures on ourselves to travel with the spin off benefit of a positive impact on the climate crisis. We have learned: how resilient we can be; how to look after ourselves including exercise; how to use technology in new ways and how to appreciate the things that until now we may have taken for granted.

We would like to thank our service users and their carers who have helped us to respond to COVID-19 by adhering to the Government's call to stay at home, maintain social distancing and changing how you live so the NHS can continue to save lives.

We have set out in this document how we have performed against local and national priorities - including how we have progressed with our Quality Priorities for 2019/20. We have also set out in this document our Quality Priorities for 2020-21 and look forward to reporting our progress against these in next year's Quality Account.

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

We thank you all.



Ken Jarrold
Chairman



John Lawlor
Chief Executive

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

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

We were proud to see our services expand to include North Cumbria in 2019. We welcome nearly 1000 colleagues into our new North Cumbria locality.

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

This year we have focussed upon the following quality priorities:

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

Through 2020 we will be living with the ongoing impact of coronavirus, we need to ensure our service remain safe for our service users, carers and our staff. We continue to adapt how we deliver services due to coronavirus and ensure we continue to meet individual needs, ensuring our aim is always to achieve the best possible outcomes for those who need us.

Taking an individual approach has never been more important as we all work together to ensure we do our best for each other in what will be a very volatile and changing environment.



Dr Rajesh Nadkarni
Executive Medical Director



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

Statement of Quality from Council of Governors Quality Group



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

During 2019/20 the group received a number of presentations and updates from Trust representatives on varied topics including:-

- Talk first
- Autism Spectrum Disorder Services for Children, Adults and Learning Disabilities
- Recovery college
- Post bereavement support pathways
- Employment support
- Recovery focussed care
- Commissioning structure
- Evaluation of locality structures

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

Services from North Cumbria transferred to the Trust in October 2019 when we became Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust our new colleagues were welcomed into the group and now participate fully.

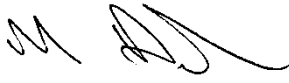
Members of the group have continued to attend the Trust Quality and Performance Committee and we have also played a valuable role in developing the 2020/21 Trust Quality Priorities.

In 2020/21 we will continue to monitor progress towards Quality Priorities and continue to participate in visits to Trust services.

Governors also complement engagement with service users and carers by being active members of the Service User and Carer Reference Group, the Service User & Carer Involvement & Engagement Group and in 2019/20 Together: Service User and Carer Involvement Strategy was published; the next step is ensuring that we embed and implement this strategy in everything we do.

The current situation that we find ourselves in has meant that we have had to find new ways in which to continue meaningful engagement, this has been made possible through the use of teams as a way of communicating and meeting.

All of these activities contribute to a thorough understanding by Governors of the issues impacting on the quality of services provided.



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

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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.



Last rated
26 July 2018

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating

Inadequate

Requires improvement

Good

Outstanding

Are services

Safe? Good


Effective? Outstanding

Caring? Outstanding

Responsive? Outstanding

Well led? Outstanding

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



Last rated
26 July 2018

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating

Inadequate

Requires improvement

Good

Outstanding

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

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

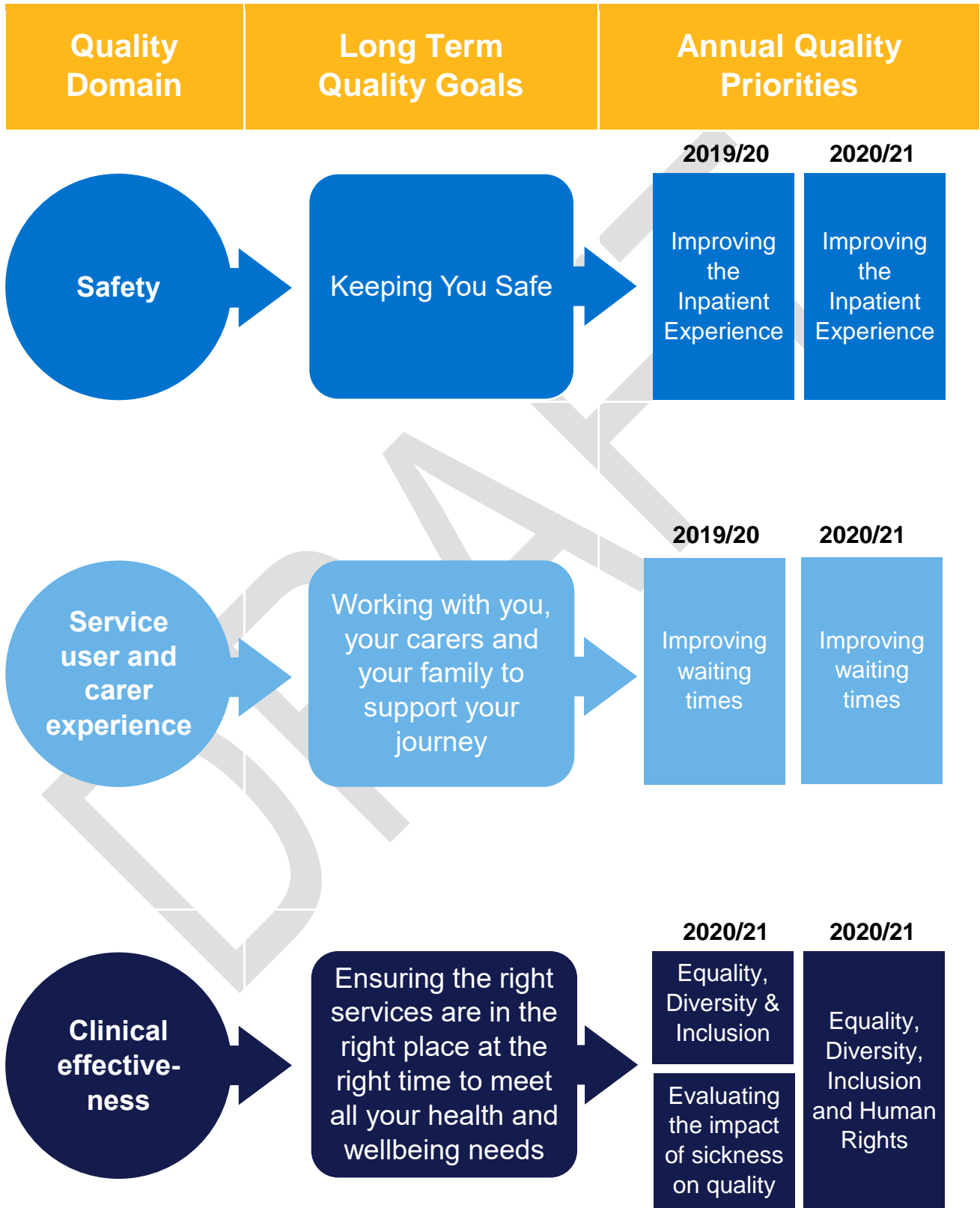
Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

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)

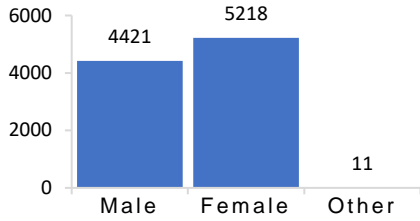
Clinical Commissioning Group (CCG)	2016/17	2017/18	2019/20
North Cumbria CCG	285	334	15316
North Tyneside CCG	12989	14132	15195
Northumberland CCG	30628	30943	30802
Newcastle & Gateshead CCG (Total)	40554	43497	43032
<i>Newcastle</i>	24214	26222	26374
<i>Gateshead</i>	16332	17256	16623
South Tyneside 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)

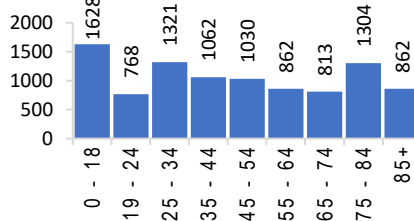
Figure 1: Gender, age and ethnic group breakdown of service users for our local CCGs

North Cumbria CCG

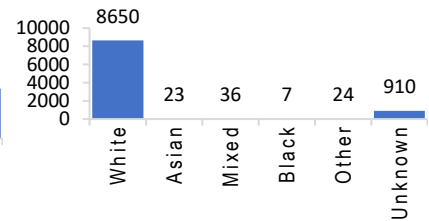
Gender Breakdown



Age Breakdown

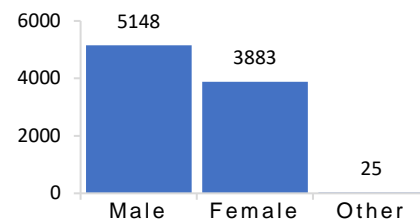


Ethnicity Breakdown

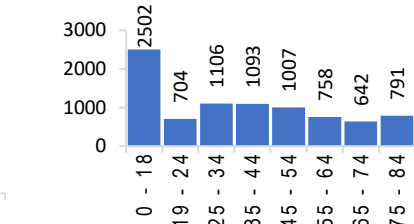


Northumberland CCG

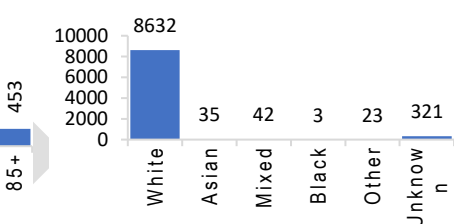
Gender Breakdown



Age Breakdown

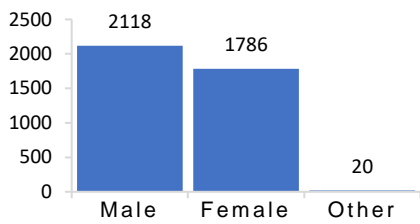


Ethnicity Breakdown

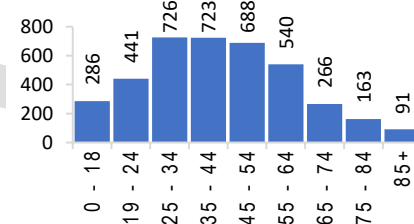


North Tyneside CCG

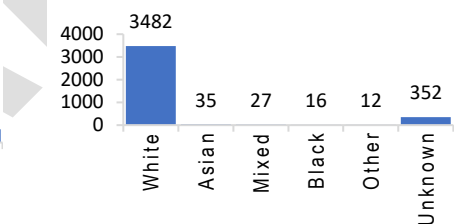
Gender Breakdown



Age Breakdown

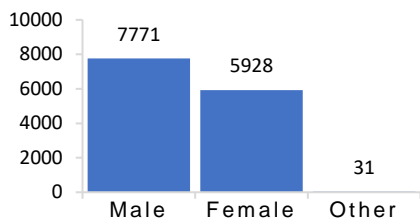


Ethnicity Breakdown

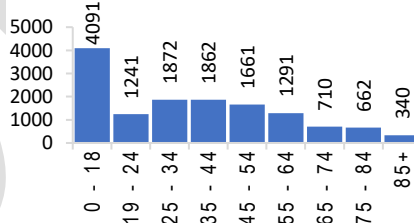


Newcastle Gateshead CCG

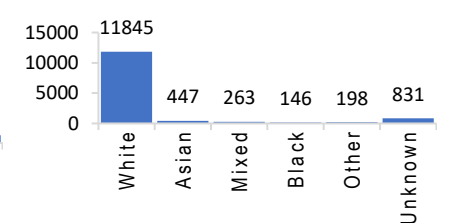
Gender Breakdown



Age Breakdown

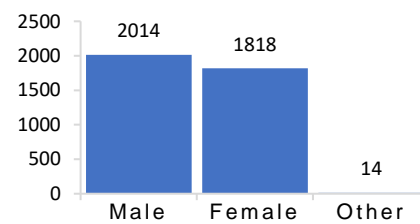


Ethnicity Breakdown

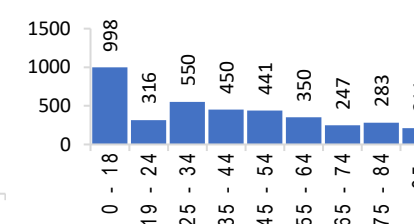


South Tyneside CCG

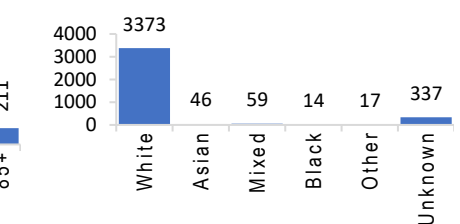
Gender Breakdown



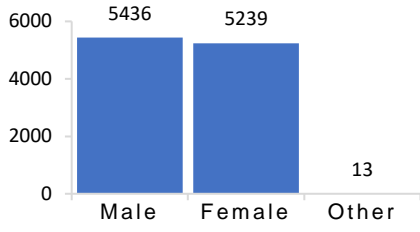
Age Breakdown



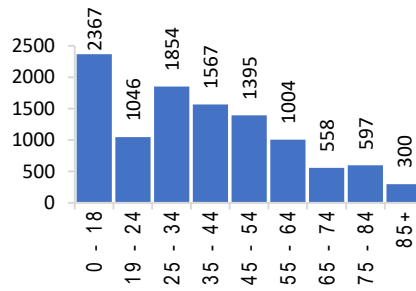
Ethnicity Breakdown



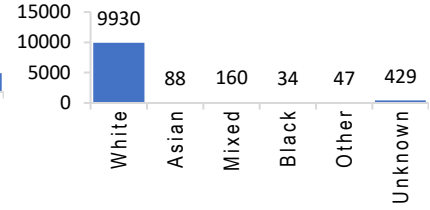
Sunderland CCG Gender Breakdown



Age Breakdown



Ethnicity Breakdown



Data source: CNTW

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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 and asked for comments on the following questions; 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

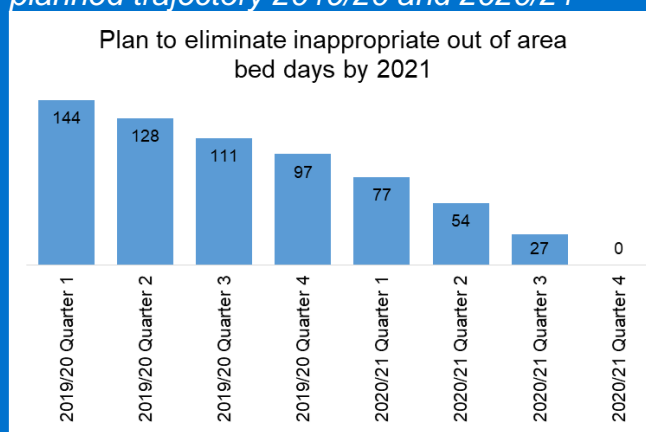


Table 3: Bed occupancy trajectories including leave, by quarter 2020/21. Excludes rehabilitation.

Service	Q1	Q2	Q3	Q4
Adults (Assessment & Treatment including PICU)	88%	94%	97%	100%
Older People	56%	64%	75%	84%

In 2020/21, we plan to maintain a stable level of bed occupancy in the adult acute pathway.

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 24	Improving waiting times see page 34
Clinical Effectiveness	
Equality, Diversity and Inclusion <ul style="list-style-type: none">• see page 53	Evaluating the impact of sickness on quality <ul style="list-style-type: none">• see page 55

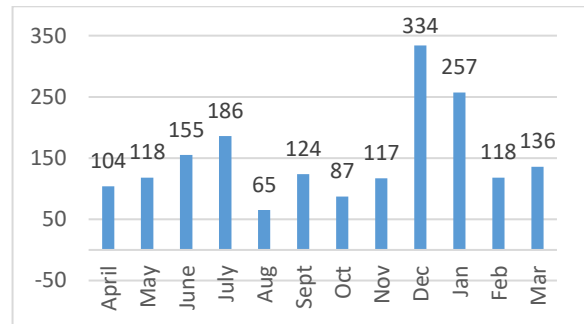
Improving the inpatient experience

We said we would:	<ul style="list-style-type: none"> a) Continue to monitor inappropriate out of area treatment days against plan. b) Implement reporting average patient days receiving out of area treatment within CNTW. c) Continue to monitor average bed occupancy on adult and older people’s mental health wards (including PICU - psychiatric intensive care unit) against the plan. d) Continue to monitor service user and carer experience on inpatient wards.
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Progress Partially Met

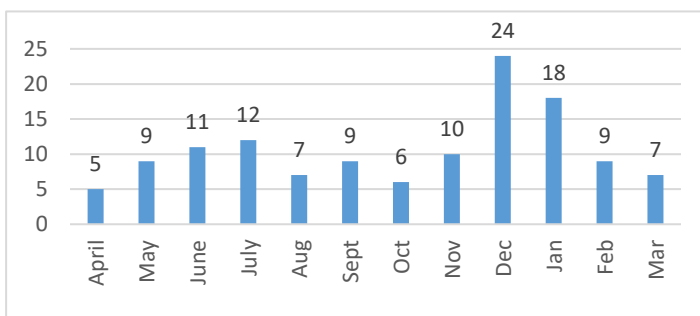
(1) The number of inappropriate out of area bed days during 2019/20 is shown in figure 3. The Trust experienced an increase in inappropriate out of area beds during December 19 and January 20. During this time there were national pressures for access to adult acute mental health beds

Figure 3: Number of inappropriate Out of Area bed days by month, 2019/20



Data source: CNTW

Figure 4: Number of service users in inappropriate Out of Area placements by month 2019/20



Data source: CNTW

(2) An approach to capture out of area placement bed usage within CNTW remains in development.

(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.

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

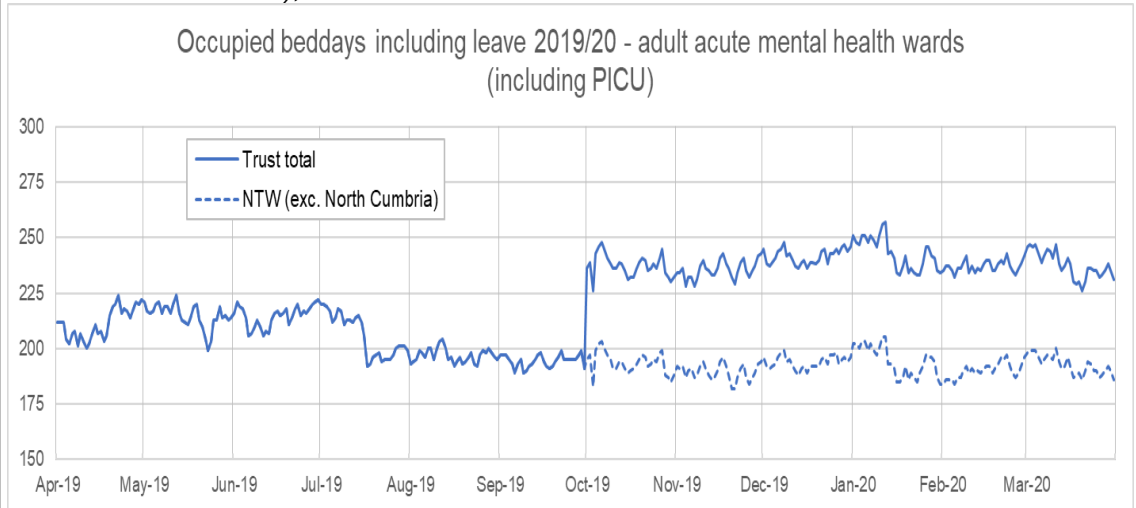
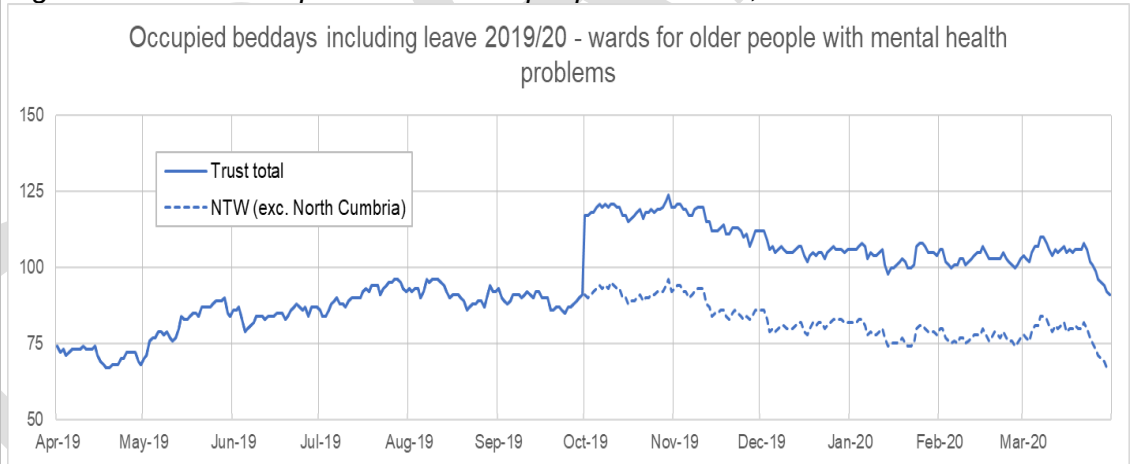


Figure 6: Number of inpatients for older people's services, 2019/20

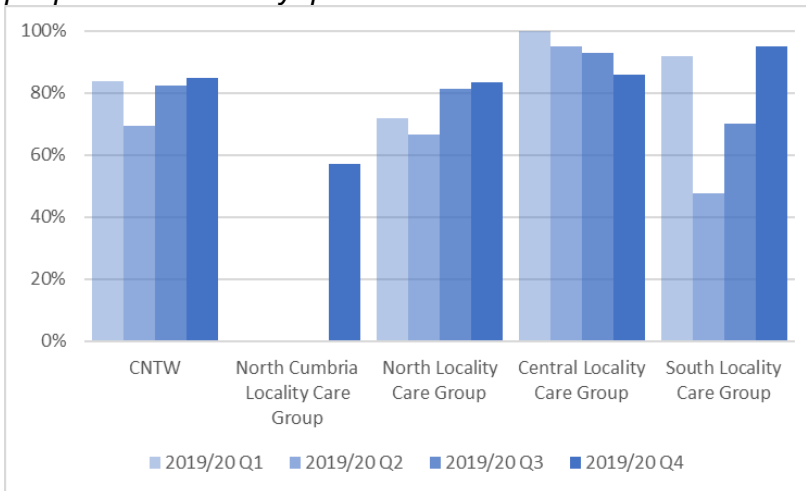


(4) Analysis of the Friends and Family Test recommend scores for adult (acute and PICU, exclude rehabilitation) and older peoples mainstream mental health wards April 2019 to March 2020.

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.....”

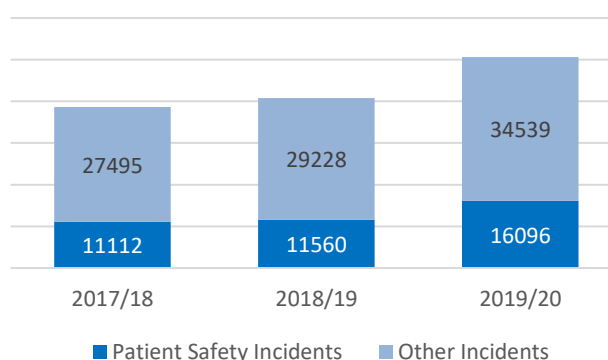
How has the Improving the inpatient experience Quality Priority helped support the Safety Quality Goal of Keeping You Safe?

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

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

By email: complaints@CNTW.nhs.uk

By phone: 0191 245 6672

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

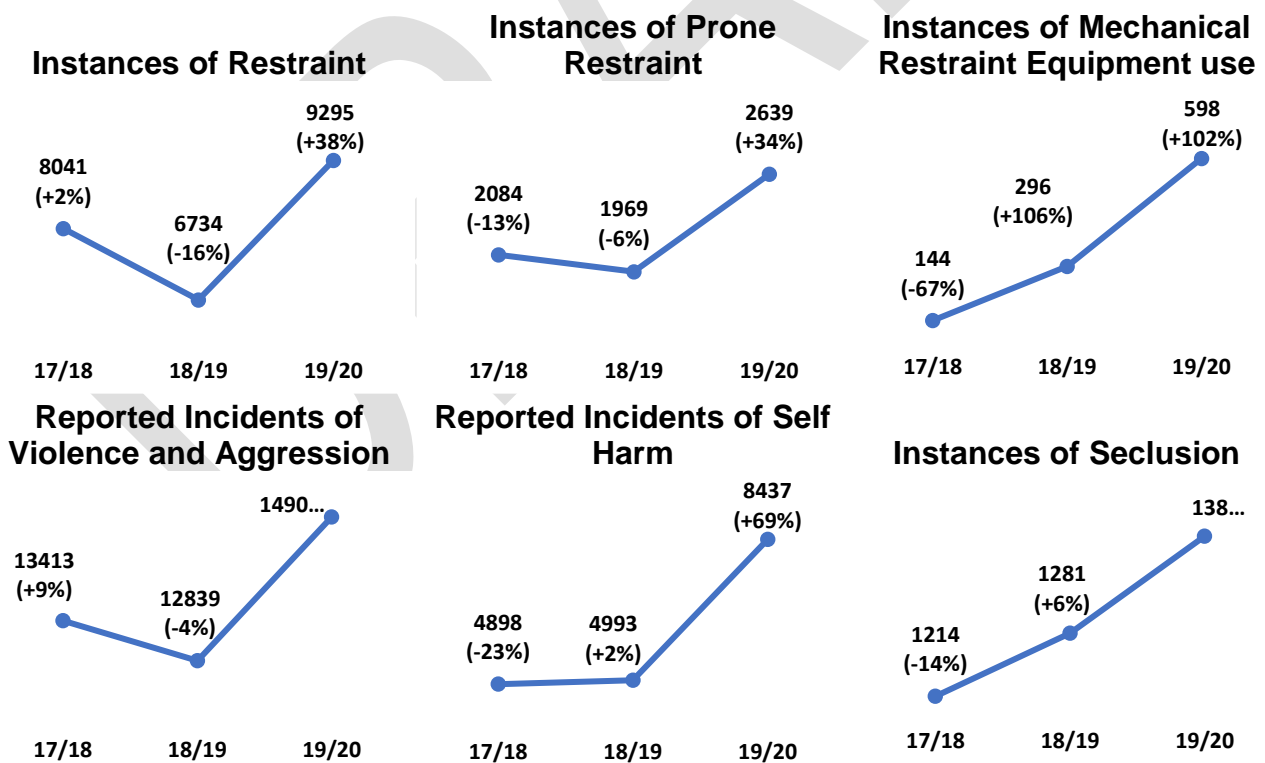
We have reviewed our approach to Duty of Candour, in light of the national publications on death reviews and have been applying this new approach since April 2017.

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 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.

CNTW 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"> <table border="1"> <caption>Number of service users waiting more than 18 weeks for first contact - non specialised services</caption> <thead> <tr> <th>Date</th> <th>Number of service users</th> </tr> </thead> <tbody> <tr> <td>31-03-19</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 1437 1872" style="border: 1px solid black; padding: 5px;"> <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
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												

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.

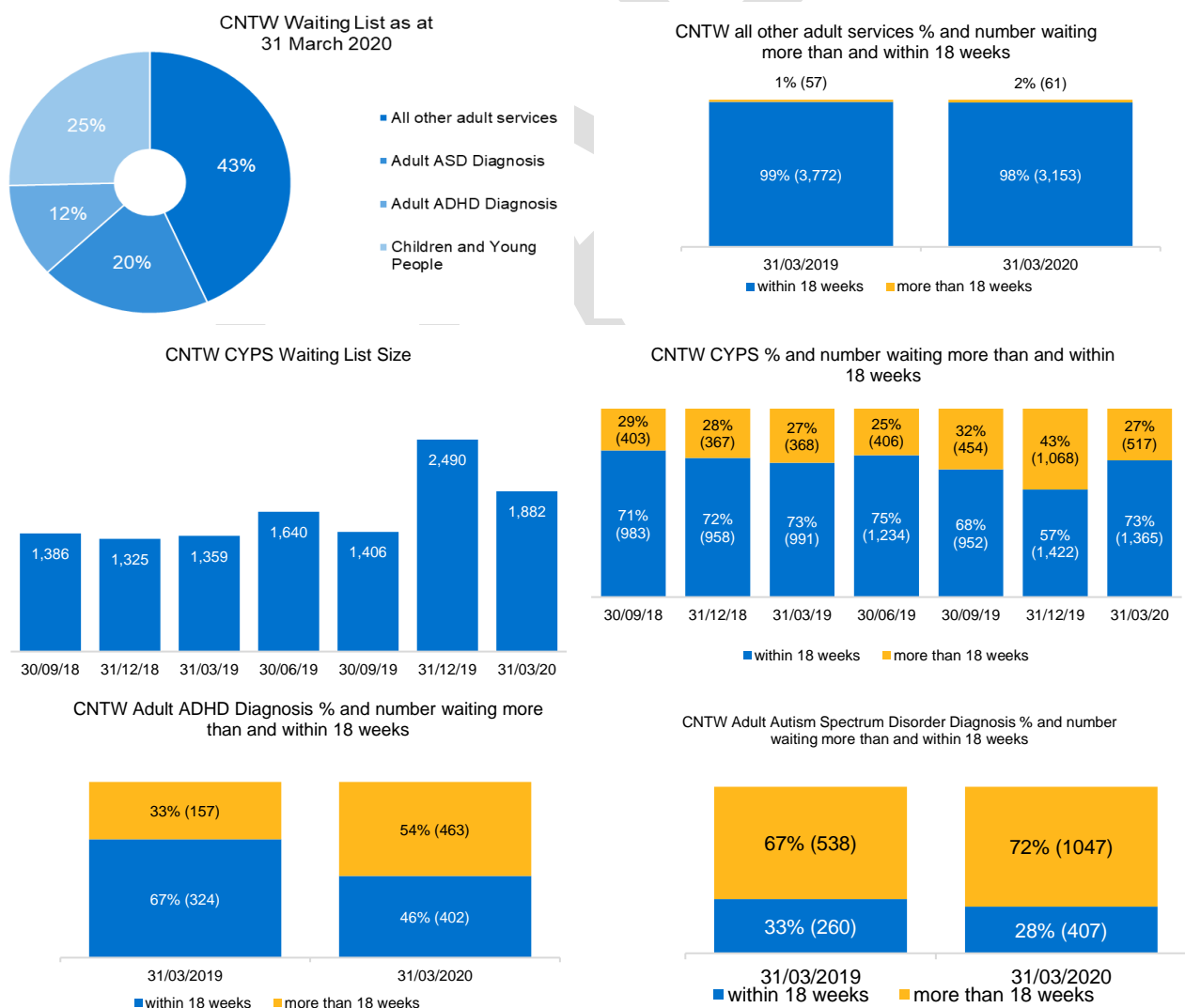
Trustwide waiting times analysis

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.

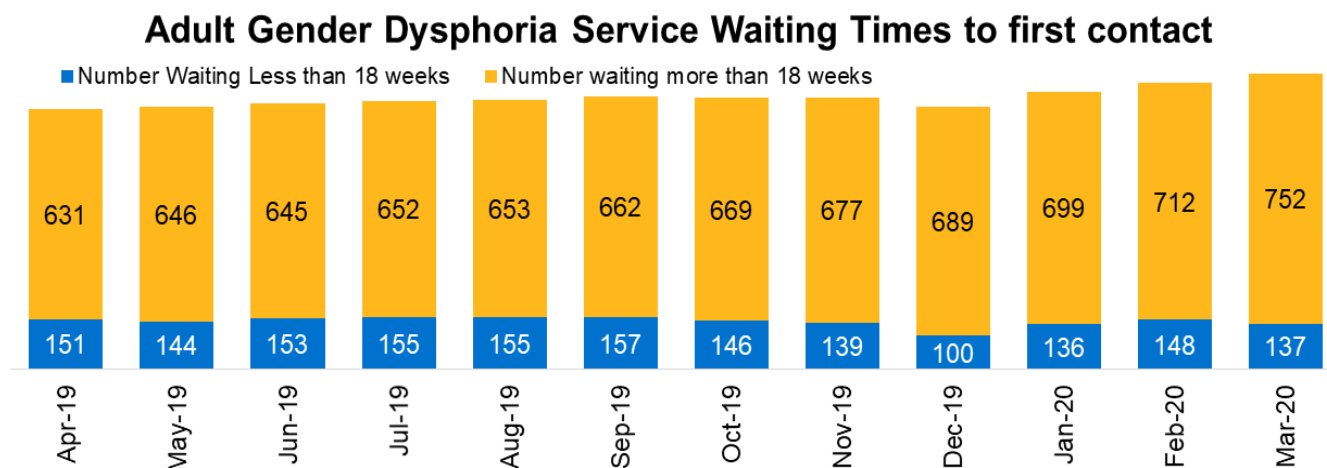
Figure 7a-f: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics



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
	% urgent cases starting treatment within one week of referral	95% by 2020/21	94.6%	
Children and young people with an eating disorder	% routine cases starting treatment within four weeks of referral			79.5%

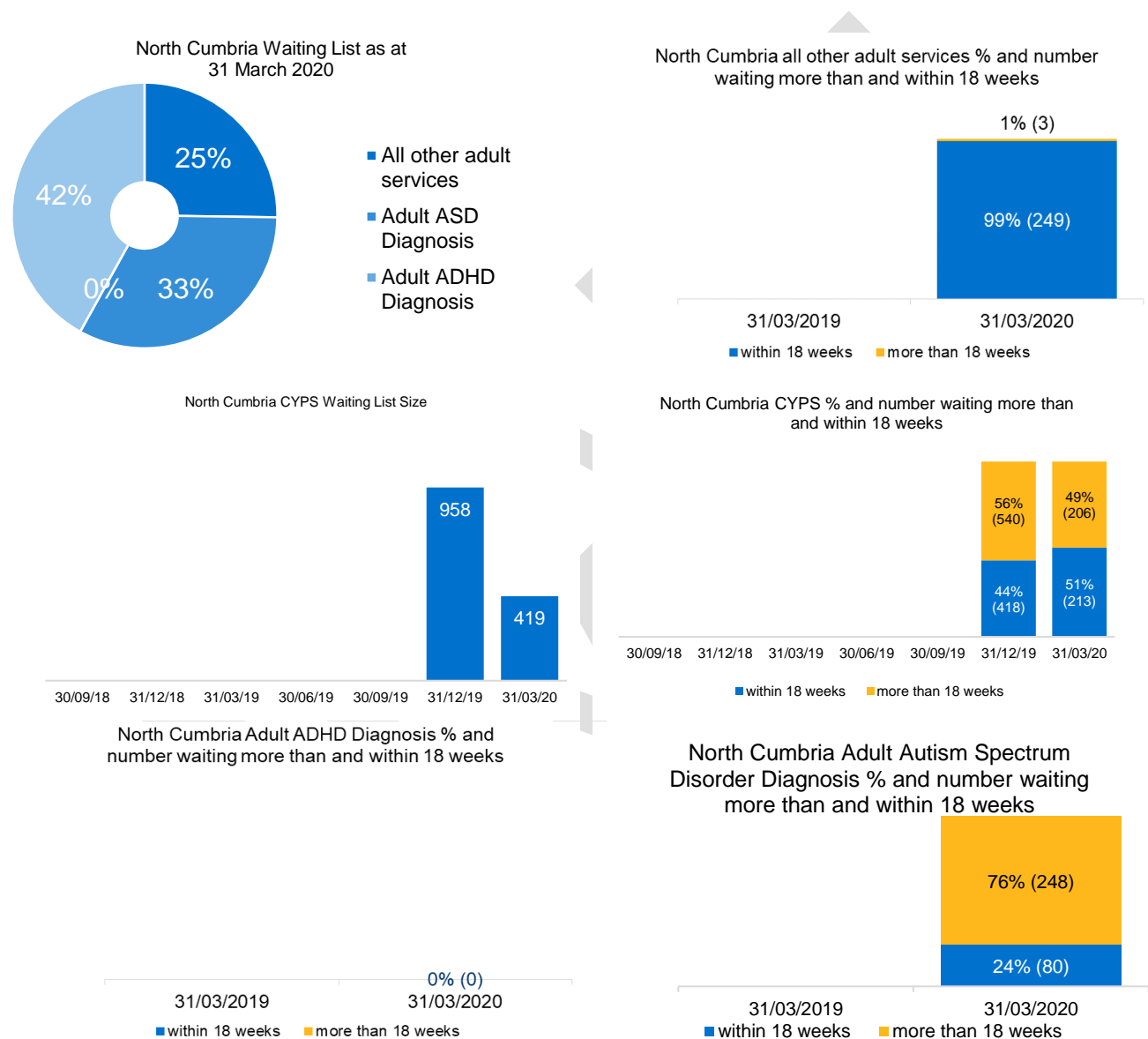
Data source: CNTW

*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 (CYPS) there has been a significant improvement in the overall numbers waiting for treatment.

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

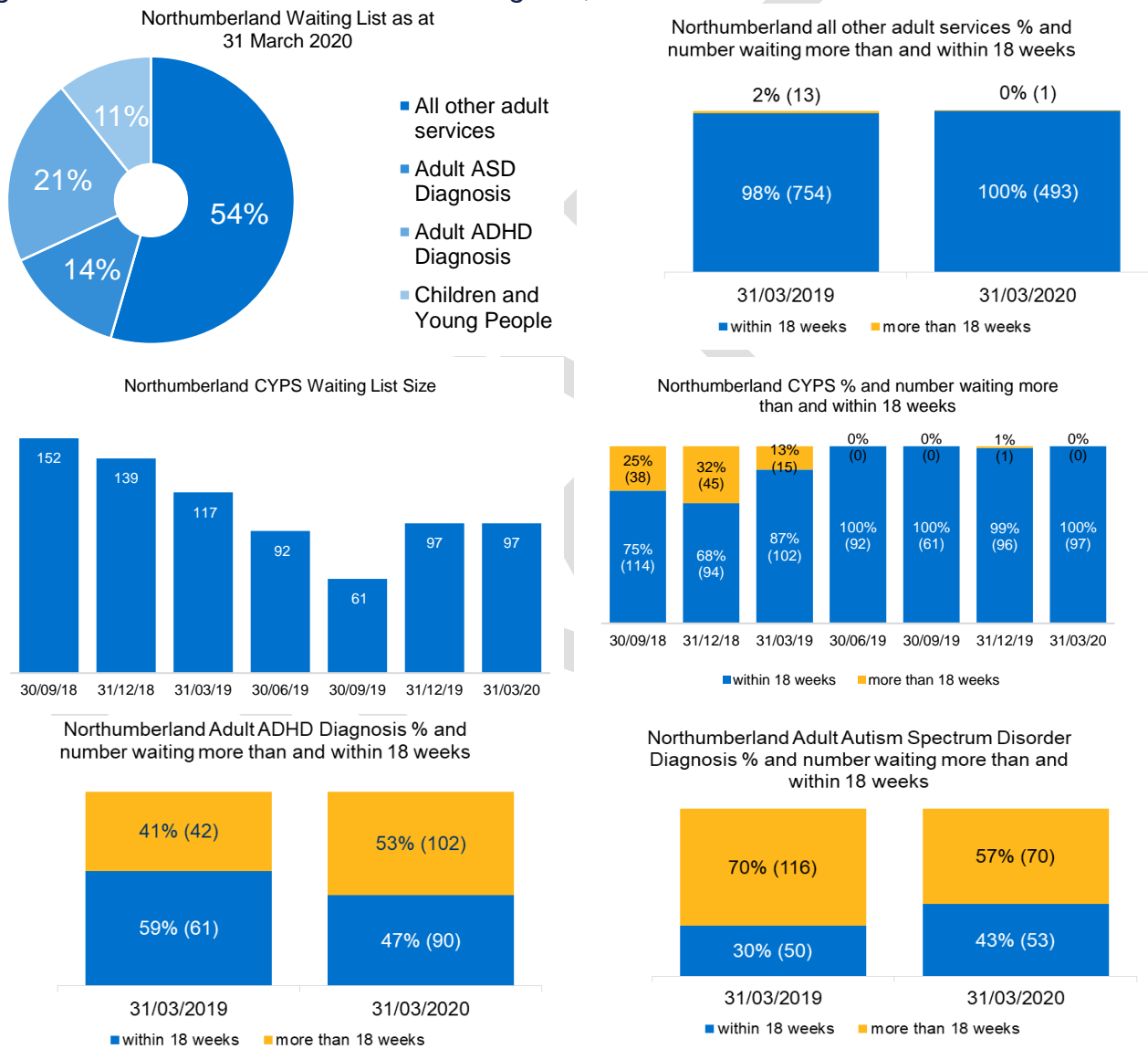


Data source: CNTW

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 2020 (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

Within services for 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.

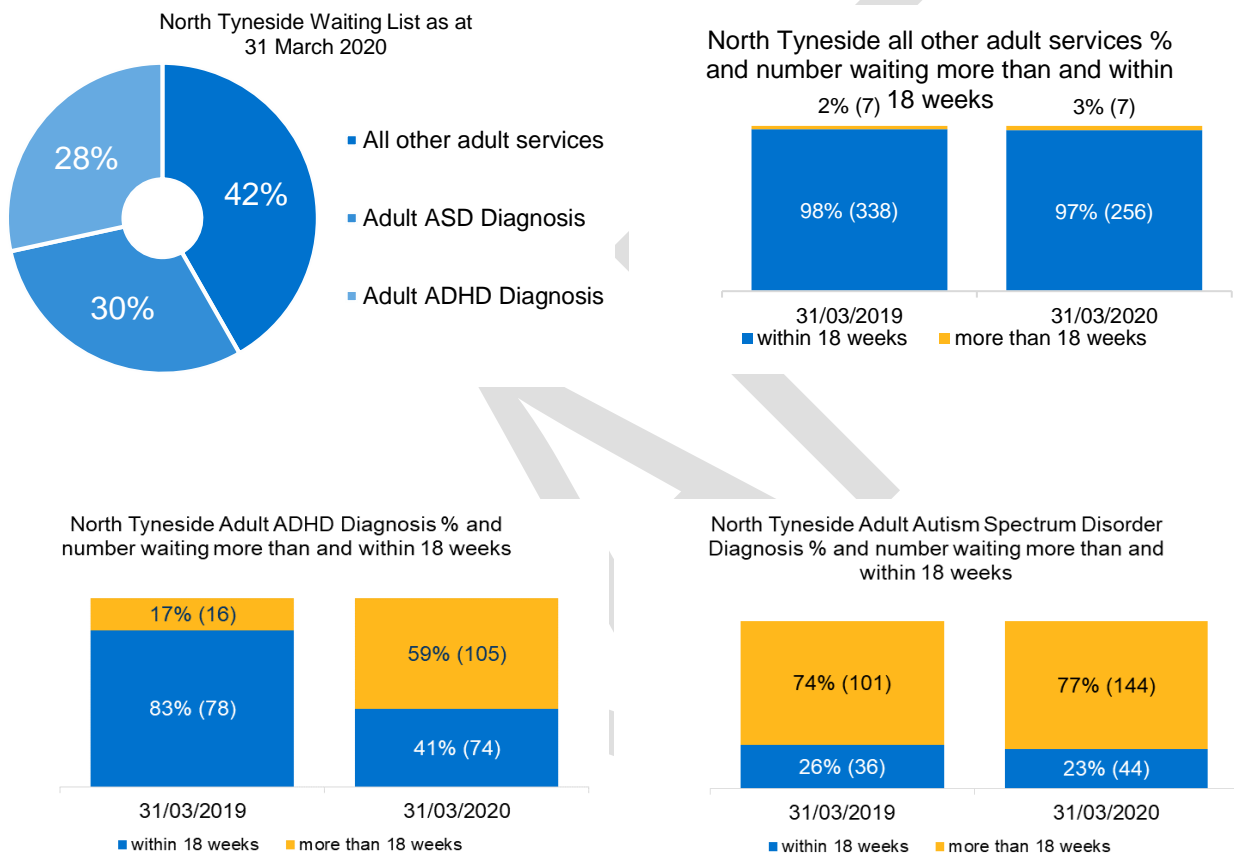
Figure 14a-f: Northumberland CCG waiting lists, assorted metrics



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:

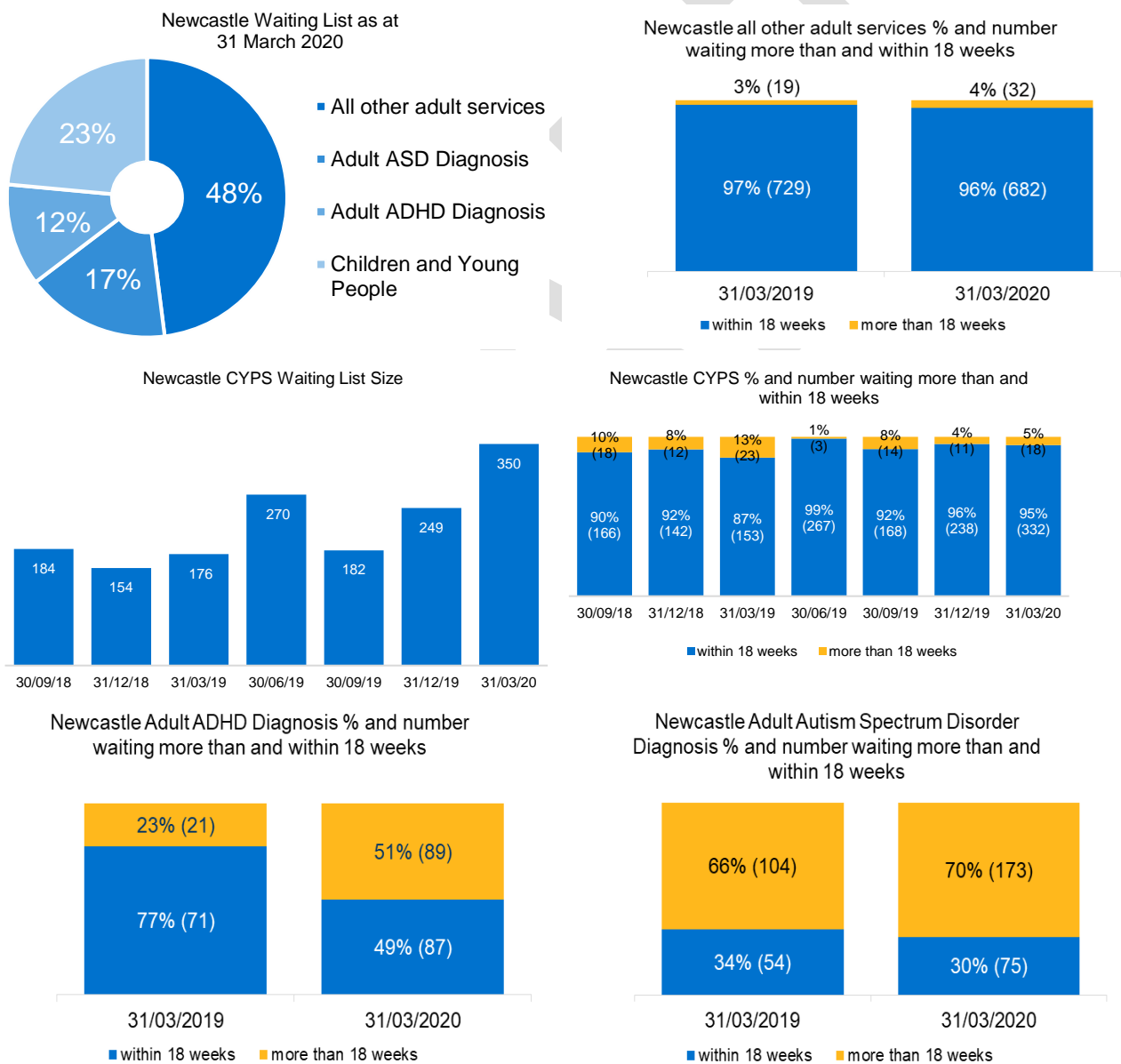
<https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mental-health-service-camhs/>

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



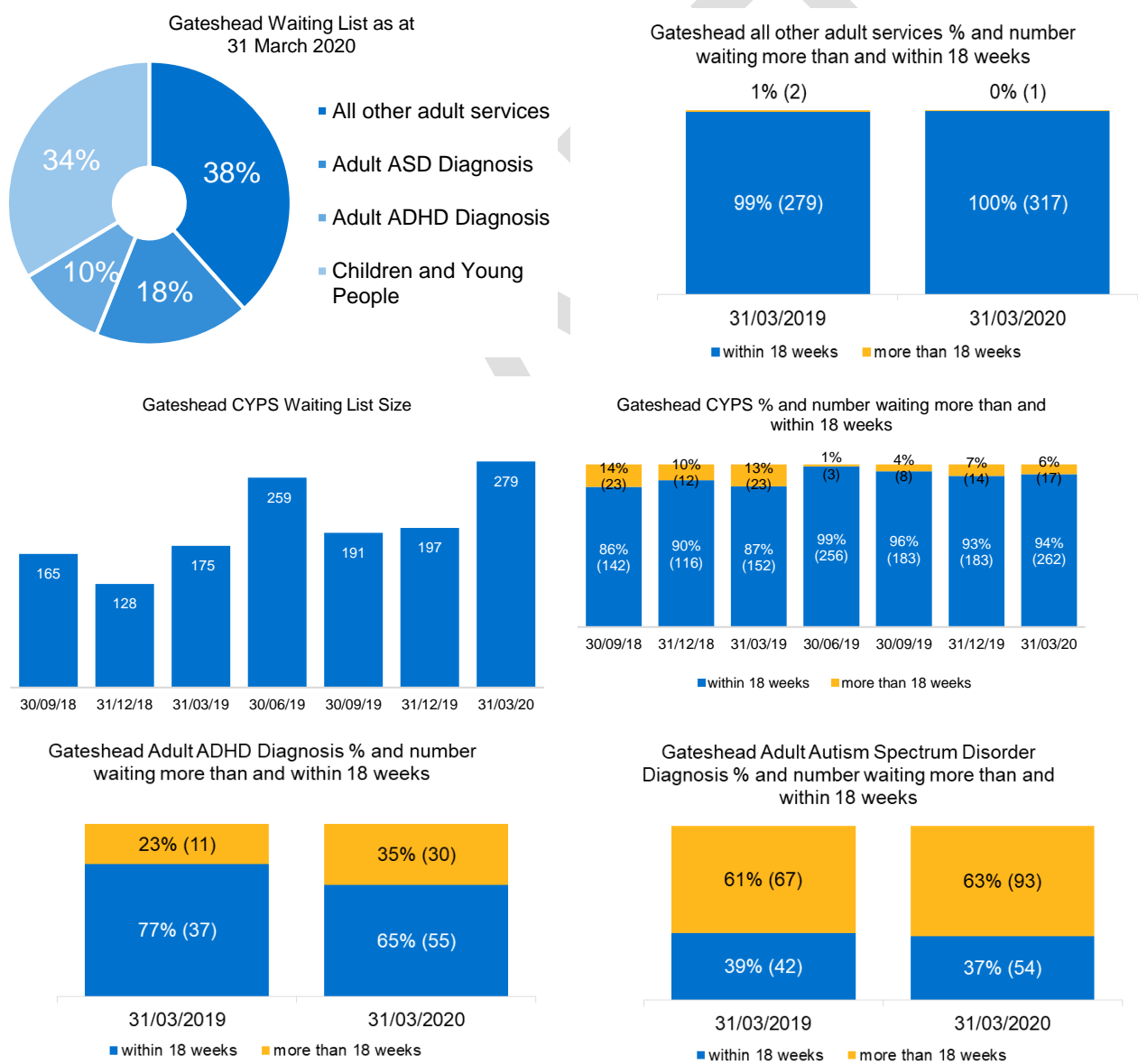
Data source: CNTW

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



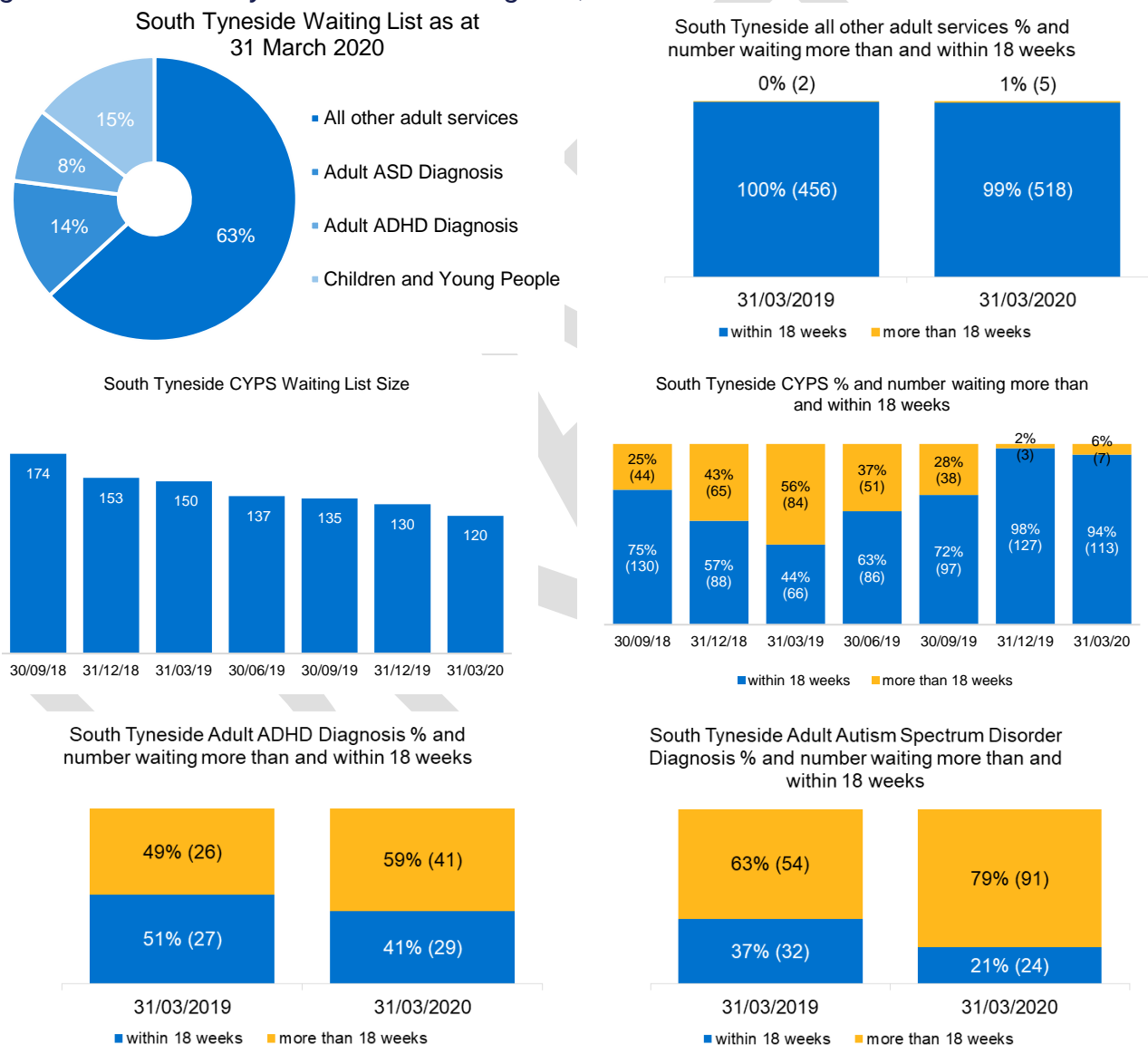
Data source: CNTW

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



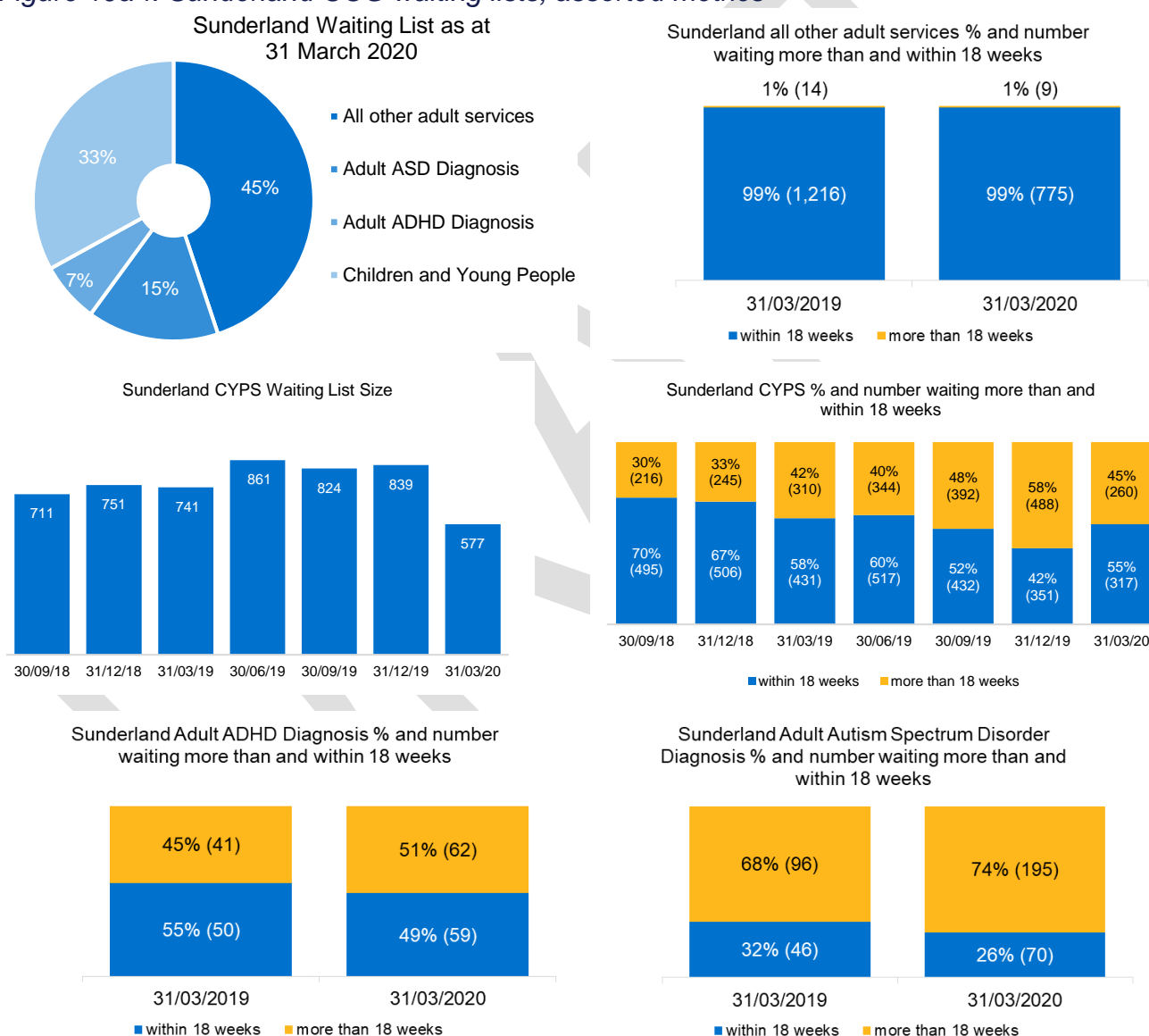
Data source: CNTW

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?

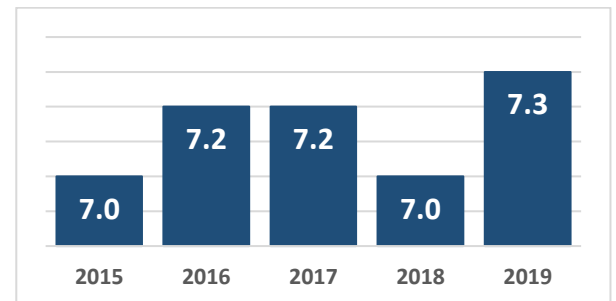
We aim to demonstrate success against this Quality Goal by improving the overall score achieved in the annual CQC survey of adult community mental health services and by reducing the number of complaints received. We will also review the feedback received from our Points of You survey which includes 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. CNTW’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 CNTW 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 CNTW 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 CNTW scores by survey section are shown below, highlighting that CNTW 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

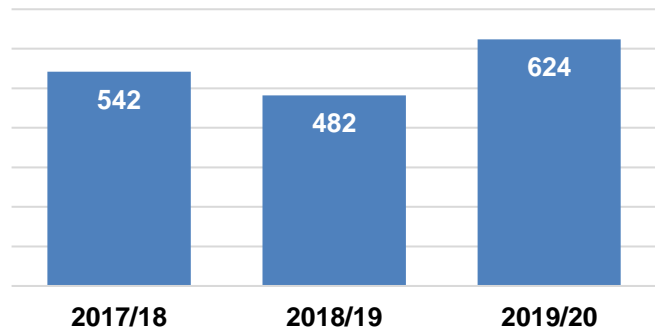
Figure 21: Number of complaints received 2016/17 to 2019/20

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

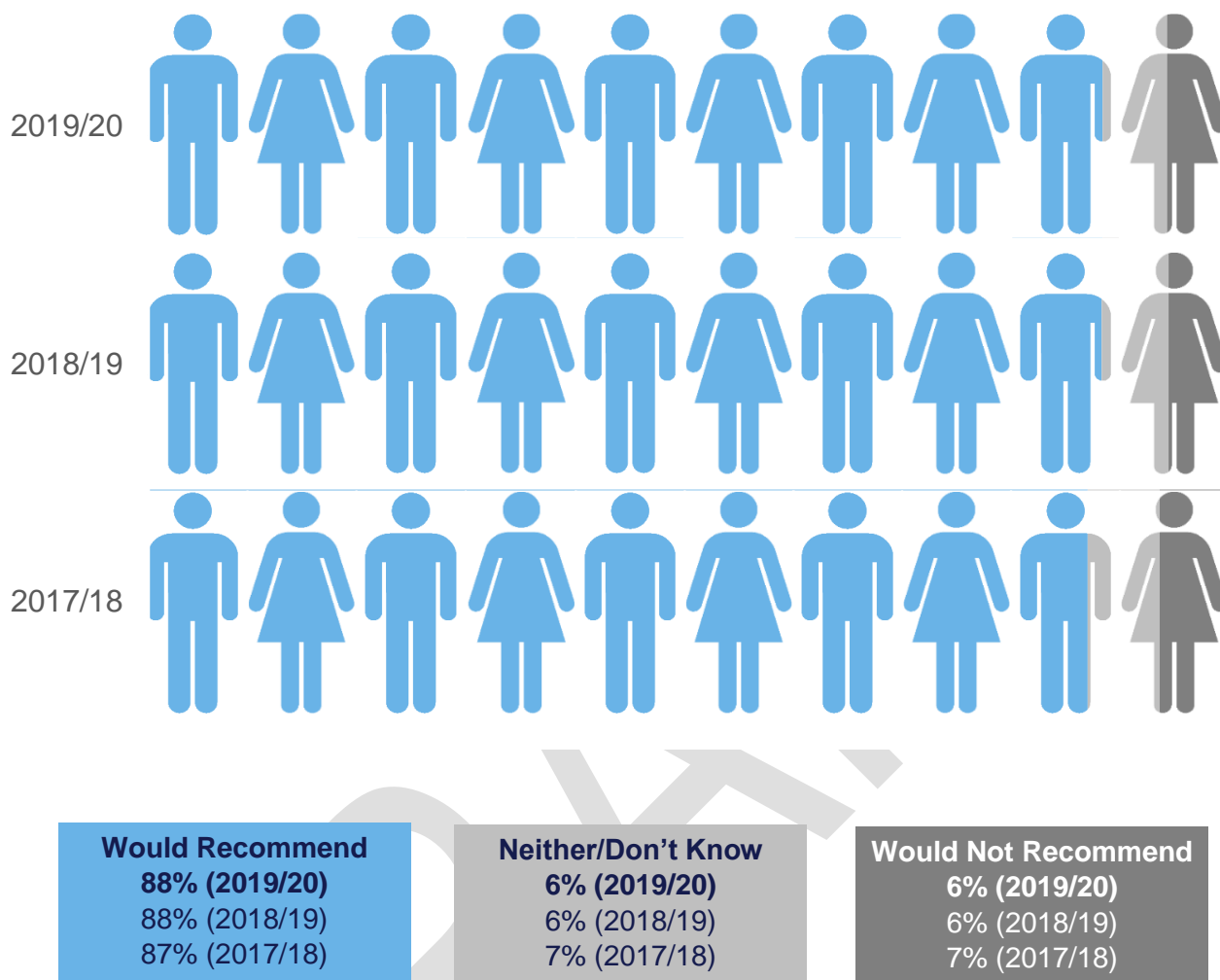
Friends and Family Test – Service Users and Carers

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

<p>We said we would:</p>	<p>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.</p>
<p>Progress</p>	<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.

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| | <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:

- Determine a methodology for conducting a comparative analysis of staff sickness absence rates.
- Establish a measure of “continuity of care” for community services.
- Undertake a comparative analysis of staff sickness absence rates and relevant factors for each locality care group.
- Highlight the impact of staff sickness on quality to relevant clinical areas.

Progress

Achieved

Methodology

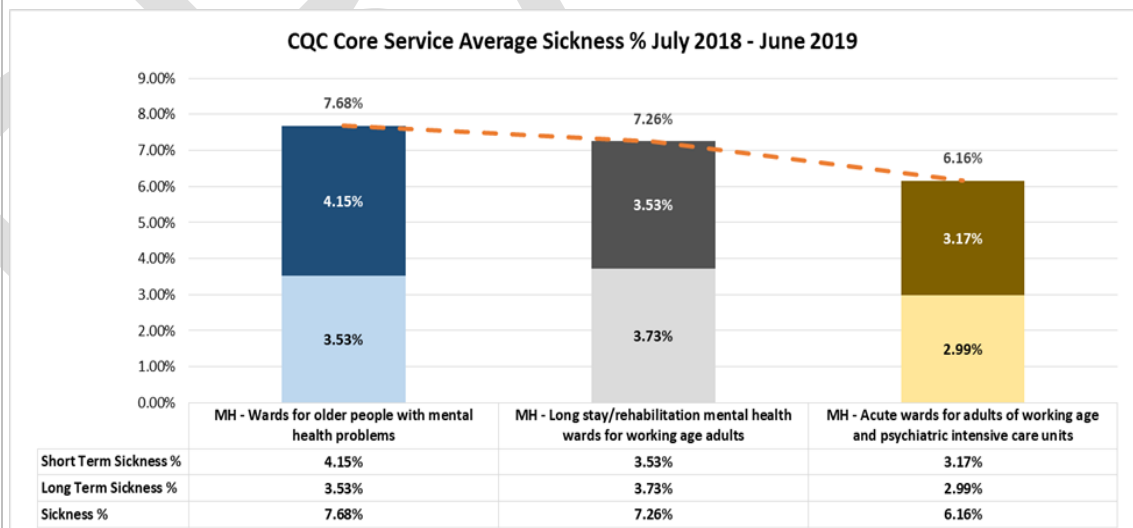
A methodology for the analysis of staff sickness absence rates on inpatient non specialist wards has been agreed using 3 months data to be analysed by the end of Quarter 2.

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

- a. Acute adult mental health wards (incl PICU)
- b. Wards for older people
- c. 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:

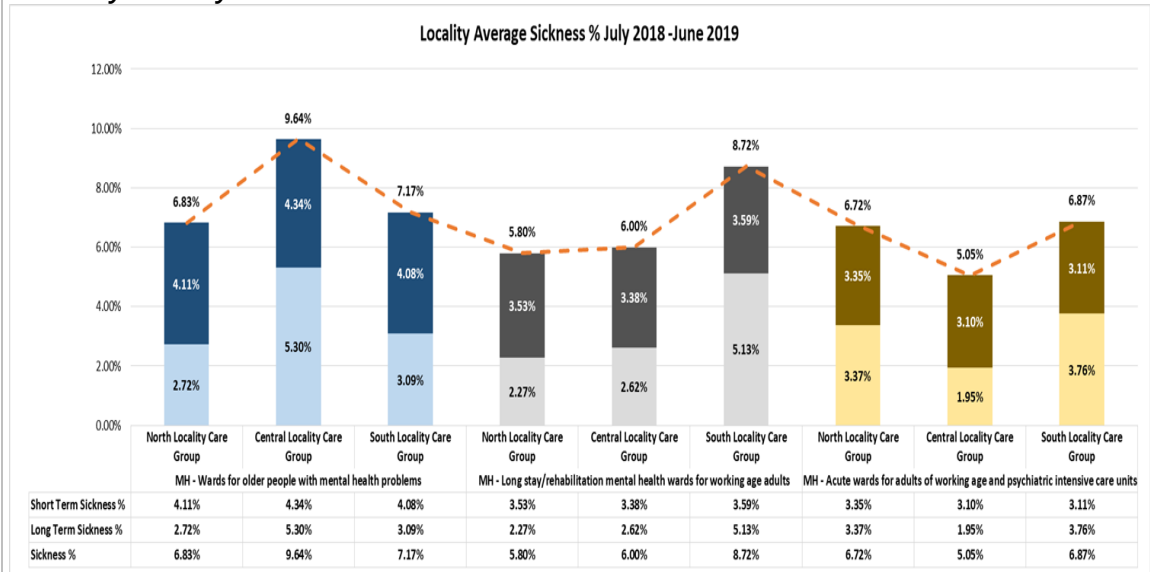
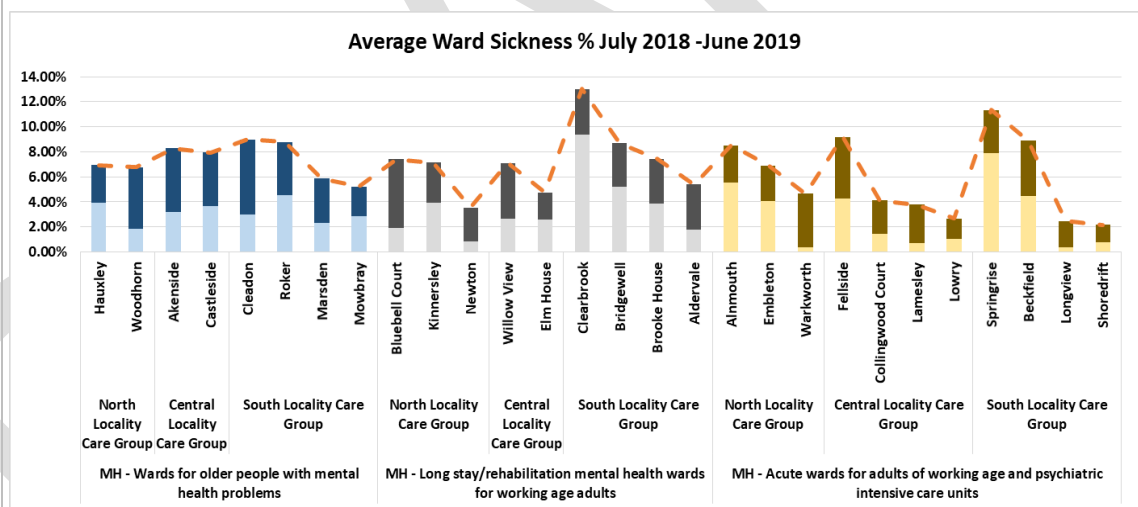


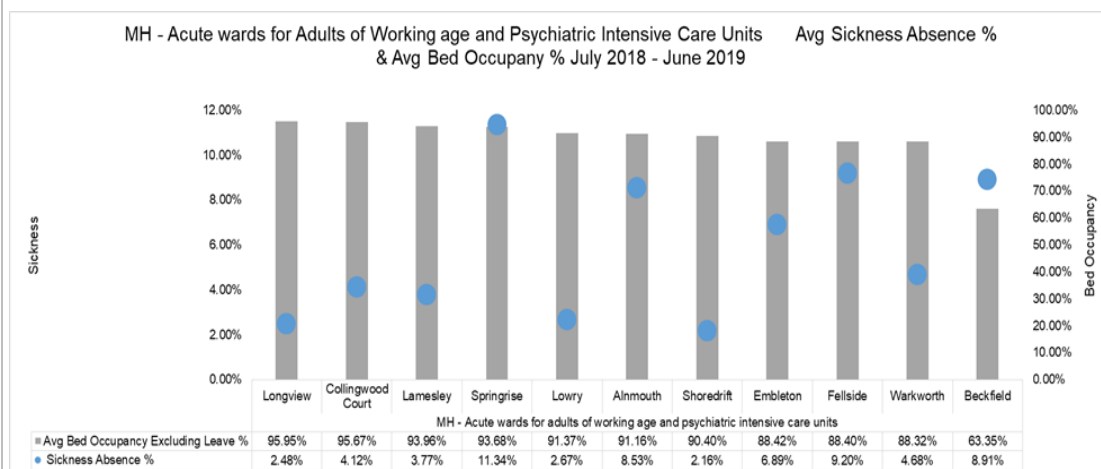
Figure 24: Adult Mental health wards sickness absence % July 2018 to June 2019 by ward:



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:



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 2019/20 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 2019/20 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 Locality Service Improvements

2019/20 has brought some significant achievements across all services within the **Neurological and Specialist Mental Health Services CBU**.

Recent trends in referrals to **Specialist Psychological Services (SPT)** show greater a number of people in the system who, because of their complex needs, have a need for more intensive and specialised treatments. Referrals have significantly increased to SPTs for both assessment and treatment. In order to continue to deliver highly effective tertiary psychological interventions in CBT, Psychotherapy and CAT therapy to adult service users SPT services have introduced a Single Point of Access (SPA). A systematic and consistent approach is taken for all referrals received by the service and decision making is a team effort which is consistent and transparent in the single point of access meeting. The meeting allows the opportunity for all referrals to be discussed so that professionals can collaboratively agree upon an outcome. The SPT teams are incredibly proud to have their application for the **RCPsych APPTS Accreditation approved**. The application achieved all the standards and is a real credit to the fantastic work of all the teams.

Community Services

IAPT

Single Point of Access

In January Sunderland Psychological Wellbeing Service (SPWS) participated in an RPIW that included CNTW, Sunderland Counselling Services, Washington MIND and Sunderland MIND which was to give consideration to the development of a single point of access regarding a Primary Care Mental Health Pathway to include 3rd sector GP Counselling.

This was to go live in April 2020 however due to Covid 19, this has been deferred temporarily. We do however continue to liaise with our 3rd sector partners and any new referrals received by Washington and Sunderland MIND services are re-routed to Sunderland Psychological Wellbeing Service as part of a single pathway.

All services will use SPWS instance of IAPTus creating a single electronic record for those patients access SPWS and GP Counselling. The managers and clinical leads from CNTW and 3rd sector have been working on a data sharing agreement which has been precluded by a Data Privacy Impact Assessment that has already been agreed by the Trust

SPWS are undertaking the triage assessments creating more counselling treatment resource thereby reducing waiting times for GP Counselling.
To date new processes have been agreed, most of which have been implemented.

CYPS

Looked After Children's Pathway

New pathway devised during 2019 and launched April 2020. The Pathway ensures young people who are Looked After access Mental Health services as a priority. The staffing team is a Multi-Disciplinary Team who all hold specific therapeutic qualifications to support the needs of the young people. The team offer consultation to partner agencies, bespoke psychological care into the residential children's homes, foster carer and psychological support and psychoeducation groups with partner agencies.
With the new pathway implemented we currently have no young people who are Looked After awaiting an appointment.

ADHD Pathway

Reviewed the ADHD post diagnostic pathway, all families prior to being prescribed medication will be encouraged to attend the Parent Factor Group. Whilst the young people are receiving medication and they require short term intervention CYPS have clinicians specifically within the ADHD pathway to offer a range of short term interventions to support the family/ young person within the community, this will ensure young people within CYPS access a timely service to meet their needs.

Adults

Online Consultation

Launched the use of online training across pathways in March, utilising online consultation to support service Improvement and Accessibility to services.

Older Adults, Adults & LD Pathway

During 2019/20 The South Locality Adult Mental Health Interface Meeting was established. This is a monthly clinical forum with senior representation from Inpatient, Community and Access Clinical Business Units. The purpose of the meeting is to provide a forum for the managers and leads within Adult Mental Health Services to meet on a regular basis to discuss any operational or clinical issues pertaining to their services. It aims to foster good working relationships and improved communication across services to support pressures collaboratively and to improve the patient experience by enabling smoother transitions throughout the pathway.

Access

South Tyneside and Sunderland CRHT introduced continuity to the home treatment team, whilst piloting the use of 5p's formulation and plan, as collaborative and patient centred care planning. This was positively received by staff, patients and carers.

The temporary merge of South Tyneside and Sunderland crisis teams enabled us to flexibly respond to patient need across the South locality and also enabled us to roll out the home treatment pilot to ensure that all of our patient's and carer's are given the opportunity to have true ownership over their care plan and treatment.

Inpatient

GP alliance service improvement

CNTW and Sunderland GP alliance are working together to provide General Practitioner and Practice Nurse Support for patients on the Hopewood Park and Monkwearmouth Site. The focus is on patients who have longer lengths of stay and those with acute and chronic physical health conditions. The sessions are for one morning per week alternating sites. Appointments can be requested by the Ward Team or Patient, a big success of the service is that the GP will come to the ward where the patient is an inpatient.

During the current COVID 19 pandemic both General Practitioners on Hopewood Park and Monkwearmouth have uplifted their hours to support the service. This has greatly assisted the inpatient teams on how they respond to the increasing physical health demands and needs of our patients. The General Practitioners have assisted with reviewing frailty scores and escalation plans. Working with staff, patients and carers to review individually how and when teams would escalate and what can be provided to prevent admission to Acute Care.

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

DRAFT

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)	<ol style="list-style-type: none"> 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. 5. Changes to RT policy to be communicated Trust wide. 6. NEWS 2 training and use following RT to be introduced. 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'. 8. Additional Trust re-audit of physical monitoring after RT has occurred in April 2019 and will be repeated in November 2019.
3 POMH-UK Quality Improvement Programme: Topic 18a The Use of Clozapine (CA-18-0013)	<ol style="list-style-type: none"> 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). 2. PPT-PGN-05 Safe Prescribing of Clozapine updated in April 2019 to aid concordance with standards. Ensure appropriate communication strategy. 3. Present findings to Medical Staffing Committee (and localities where appropriate) to encourage discussion about clozapine monitoring required and importance of documentation. 4. Present findings to Locality Quality and Safe subgroups to encourage discussion about monitoring being undertaken and documentation. 5. Findings to be presented to the Non-Medical Prescribing Group to inform work plan and strategy. 6. Information governance to be approached to consider adding consent to MIG access that would allow routine participation in POMH-UK QIPs. 7. POMH-UK Change Intervention re clozapine documentation on Summary Care Records to be shared with primary care colleagues at the regional MSO network
4 Quality of Comprehensive Health	<ol style="list-style-type: none"> 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
		<p>updated separately as for Mental Capacity Forms</p> <p>5. Disseminate the findings of this clinical audit with the Clinical Networks</p>
6	<p>Prescribing Observatory for Mental Health (POMH-UK) Topic 7f: Monitoring of Patients prescribed Lithium (CA-18-0028)</p>	<ol style="list-style-type: none"> 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	<p>National Audit for Care at the end of Life 2018 (NACEL) (CA-18-0001)</p>	<p>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</p>

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 CNTW are the 4th most research active mental health and disability trust in England based on the number of active research studies.

Goals agreed with commissioners

Use of the Commissioning for Quality & 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
72 hour Follow Up Post Discharge
<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>
Staff Flu Vaccinations
<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>
Alcohol and Tobacco Brief Advice
<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>
Healthy Weight in Adult Secure Services
<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'. CNTW 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>

Data source (Table to Table): [NHS England](#) and CNTW

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

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

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)	Bamburgh Clinic	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
	Stephenson	Ferndene
Quality Network for Inpatient CAMHS (QNIC)	Fraser	Ferndene
	Redburn	Ferndene
	Quality Network for Community CAMHS (QNCC)	Ferndene PICU
Alnwood		St Nicholas Hospital
ECT Accreditation Scheme (ECTAS)	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. CNTW 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

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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 <i>(2017/18 Q4 avg.per month)</i>								
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 <i>(31/03/2019)</i>	96.20% <i>(98.4%)</i>							
• Early intervention in psychosis services	2019/20 <i>(31/03/2019)</i>	74.20% <i>(90.7%)</i>							
• Community mental health services (people on care programme approach)	2019/20 <i>(31/03/2019)</i>	79.30% <i>(98.2%)</i>							
Data Quality Maturity Index	31.12.19 <i>(Q2 2017/18)</i>	92.70% <i>(95.8%)</i>							
IAPT- Proportion of people completing treatment who move to recovery	Mar-20 <i>Mar-19</i>	51.20% <i>(55.3%)</i>					51.40% <i>55.30%</i>		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 <i>(March 19)</i>	99.20% <i>(99.6%)</i>					100.00% <i>(99.6%)</i>		99.00%
18 weeks	Mar-20 <i>(March 19)</i>	99.90% <i>(99.8%)</i>					99.90% <i>(100%)</i>		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.

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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.

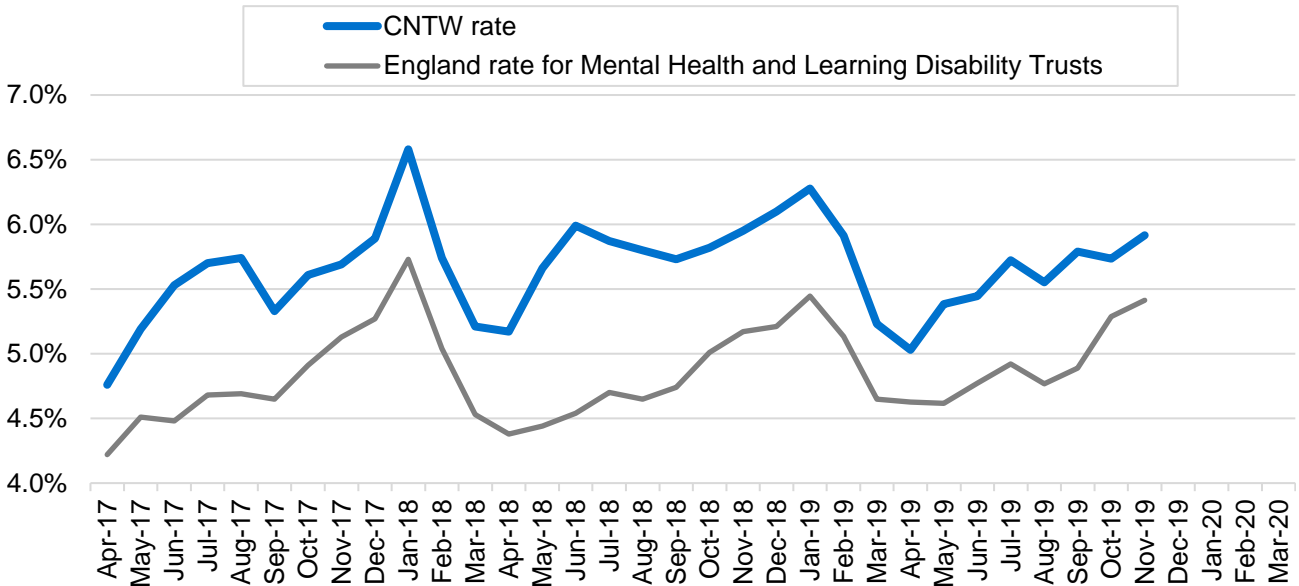
*Information Governance training calculated slightly differently to align with NHS Improvement requirements.

■	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



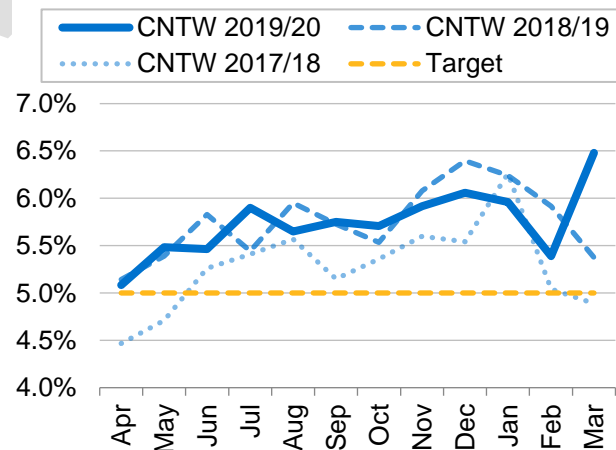
Data source: NHS Digital, Electronic Staff Record. Data includes CNTW Solutions, a wholly owned subsidiary company of CNTW.

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	
	CNTW	Benchmarking Group	CNTW	Benchmarking Group	CNTW	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.

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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 CNTW 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/ Monkwearmouth 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 CNTW.

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 CNTW
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.cntw.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
 - feedback from governors
 - feedback from local Healthwatch organisations
 - feedback from overview and scrutiny committee
 - the trust's Annual review of complaints information which was presented to the Board within the Safer Care (Quarter 4) report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the 2019 national patient survey
 - the 2019 national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment dated
 - 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

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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.

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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 108.
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.

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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:

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