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Gateshead Council

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Tuesday, 17 May 2022 at 1.00 pm in the Council Chamber Civic Centre Gateshead

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for absence**
2	**Minutes of last meeting** (Pages 3 - 12) The minutes of the last meeting held on 5 April 2022 are attached for approval.
3	**QUALITY ACCOUNTS 2021- 22** (Pages 13 - 226) Report of Sheena Ramsey, Chief Executive and Alice Wiseman, Director of Public Health (attached). Representatives of Gateshead Health NHS FT and CNTW NHS FT will provide the OSC with a presentation in respect of their respective Quality Accounts. Appendix 1 – Gateshead Health NHS FT Quality Account 2021- 22. Appendix 2 – CNTW NHS FT Quality Account 2021- 22

Contact: Helen wade email helenwade@gateshead.gov.uk, Tel: 0191 433 3993, Date: Monday, 9 May 2022

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 5 April 2022

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, W Dick, K Ferdinand, R Mullen, I Patterson, J Wallace, P McNally, M Hall, J Gibson, Diston, H Haran, J McCoid and D Robson

IN ATTENDANCE: Councillor(s):

APOLOGIES: Councillor(s): B Goldsworthy, M Goldsworthy, A Wheeler and K McClurey

CHW216 MINUTES OF LAST MEETING

The minutes of the last meeting held on 1 February 2022 were approved as a correct record.

CHW217 WORK TO ATTRACT AND RETAIN GP'S IN GATESHEAD - PROGRESS UPDATE

Dr Dominic Slowie, Medical Director, NHS NewcastleGateshead CCG and Lynne Paterson, Portfolio Lead Gateshead System, NewcastleGateshead CCG provided the Committee with a presentation on this matter.

Dr Slowie advised the OSC that it was important to be aware that over the last twenty years there had been relative disinvestment in general practice and primary care. The Health Foundation had carried out a piece of work examining the expansion of the medical workforce across the NHS and found that there had been a doubling of the hospital workforce whilst the GP workforce had stood still. The explanation for this position was that this focus on increasing the hospital workforce had been to drive forward specific initiatives put in place to tackle waiting lists which had been successful.

Dr Slowie stated that post pandemic the priority was again about recovering performance in relation to waiting lists and incentives were being put in place to drive this forward but these were potentially at the expense of GP practices and mental health and community services.

Dr Slowie also advised that it was important to understand Gateshead's position compared with that of the rest of the country. Dr Slowie indicated that the optimal doctor to patient ratio was 1 GP to 1800 patients who would be able to offer approx. 25 appointments per day. Dr Slowie confirmed that GP practices in Gateshead were able to offer this doctor to patient ratio whereas the national picture was 1 GP to

2000 patients which suggests that Gateshead is in a relatively good place.

However, Dr Slowie advised that over the last 20 years GP's were being faced with much more complex care as a result of an increase in individuals long term conditions and more complex mental health needs. As a result, demand has increased. Therefore whilst the number of GP appointments in Gateshead has gone up this has been counterbalanced by the rise in demand.

Alongside this Dr Slowie advised that it was increasingly difficult to recruit into GP practice due to a range of complex reasons. Becoming a GP is currently not seen as an attractive career and he advised that there was increased burn out amongst GP's many of whom were working late into the evenings. Other challenges were levels of sickness absence and levels of early retirement as a result of financial disincentives related to GP pensions.

Dr Slowie advised the Committee that it was important to remember that GPs have never been formally part of the NHS but are independent contractors. The positives of this position mean that GPs have the autonomy to make the necessary changes to respond to patient needs and go the extra mile when delivering care. Dr Slowie informed the Committee that a recent consultation paper " At your Service…….? has argued to bring GP's into the NHS and have a salaried service. However, Dr Slowie stated that the downside of such an approach might be that being a GP in such circumstances was seen as a job which finished at a particular time of day. Dr Slowie considered that there was evidence of a difference in culture amongst some salaried GPs and contracted GPs.

Dr Slowie advised that in Gateshead GP practices have always fared well in terms of feedback within the national patient survey. However, for the first time satisfaction is starting to tail off.

Dr Slowie considered that media attention seems to be focused in a positive way in relation to surgical interventions but appears to have a less positive focus in relation to general practice.

Lynn advised that Committee that her role within the CCG was new. Previously there had been one workforce lead for NewcastleGateshead CCG however, Lynn advised she had now been appointed to act as the workforce lead for Gateshead alone.

Lynn advised that there were a number of factors which had impacted on access to GP services in Gateshead and in relation to recruitment and retention of GPs.

Over the last 10 years there had been an increase of approximately 5000 patients who were older and required more complex care which is managed by primary care. There were also large pockets of deprivation within the population of Gateshead which has impacted on health and wellbeing and particularly mental health leading to large waiting lists for support. Alongside this there are large pockets which are more affluent. Therefore, GPs in Gateshead had been asked to look at the population health of the patients in their practice in order to tailor services to meet their needs

Covid had also had a major impact on the services GPs could provide as a result of

- Lack of testing for staff
- Home visiting – hot home visiting took twice as long having to change PPE at every visit
- Seeing hot patients in hot practices
- Delivering the vaccine programme and flu programme at the same time
- Staff sickness, shielding staff and staff burnout – restricting services offered

Lynn advised that in Gateshead the CCG is approximately 6 WTE GPs short across all their Primary Care Networks (PCNs), which equates to approx. 600 appointments each week and this was before the issues of Covid had an impact.

Lynn stated that work had also focused on maintaining key priorities such as looking after cancer patients and avoiding disruption to their services and in relation to management of patients with complex care and long term conditions as well as those with Learning Difficulties and other health check-ups for vulnerable and complex patient groups.

Lynn advised that GP practices were working towards getting back to 'normal' / 'new normal' but unfortunately were not there yet as practices are still having staffing problems that impact services.

Lynn stated that the CCG has been using OPEL scoring 0-4, to enable it to support practices with issues impacting on service deliv awaiting further info on ery via extra care appointments. Lynn indicated that practices are also
Covid Testing and IPC guidance and how this will impact on delivery. In the meantime the CCG has been listening to what staff have told them during the pandemic in relation to what has worked well and what could be better.

Lynn noted that during the pandemic staff had found that some patients who had been reluctant to access services had gone on line which was positive

Lynn indicated that she is working on a long - term programme for recruitment and retention of GPs in Gateshead. However. Lynn advised that in this regard the picture across the rest of the country was also not good as many young people studying medicine do not see, recognise or fully understand the role of primary care. Lynn indicated that this was a fundamental flaw which needed to change. Lynn stated that what was needed was to make primary care an attractive place to work and explore the perks of working in this area over secondary care or having a balance of both for fulfilment within an individual's career.

Lynn noted that a Golden handshake scheme was currently in place for both new GPs and other staff as an incentive to working in areas where it was difficult to recruit such as primary care. Lynn advised that currently there were 12 healthcare professions which were eligible for the scheme, which is due to end in March 2023 - GPs, nurses, pharmacists, pharmacy technicians, physiotherapists, paramedics, midwives, dietitians, podiatrists, occupational therapists, mental health practitioners and physician associates.

In terms of making Gateshead an attractive place to work was being progressed in

relation to

- An online induction platform for all those coming to work in Gateshead in primary care, voluntary organisations that support primary care and local authority staff. To ensure everyone in Gateshead is working together
- Work with current GPs to create specialities of interest which support that PCN and the wider system.
- Creating staff benefits for Gateshead Primary Care Staff, similar to other large NHS organisations.
- Creating a flexible workforce

Funding had been secured for a flexible workforce hub for the next 24 months plus which would assist all practices in the Gateshead to get support for GPs, nurses and admin staff vacancies. Consideration was also being given as to whether this could be expanded to support social care.
Lynn advised that the recruitment for the hub had been successful and they had several skilled staff that were part of the regional vaccination programme signed up to support current gaps in workforce.

The 5year plan would involve the recruitment of GPs and closer links with universities, placement programmes and work experience with two practice development nurses to support recruitment and retention. The CCG was also looking to upskill other roles within GP practices, such as non-clinical admin and HCA roles, Career start nurses and Advance Nurse Practitioner (ANP) programmes. The OSC was advised that there are currently 16 ANP in Gateshead. The OSC was informed that within primary care there were other highly skilled roles in Pharmacies and Practices, thanks to the Additional Role Reimbursement Scheme (ARRS) in Primary Care Networks all of which can help to alleviate pressures on the system.

In 2022/23 the CCG would continue to rise to the challenges of restoring services, meeting new care demands and reducing the care backlogs that are a direct consequence of the pandemic. The CCG would also accelerate plans to grow the substantive workforce and work differently as well as focusing on the health, wellbeing and safety of staff and use the learning from the pandemic to rapidly and consistently adopt new models of care that exploit the full potential of digital technologies.

Lynn advised that over the summer months they would be promoting the Pharmacy First programme and would be looking at care navigator roles to help support patients to navigate where they needed to be. The CCG had also received funding to work directly in schools to run master classes with staff in relation to epilepsy, asthma and diabetes so that they would be able to support children with these issues.

The Chair queried whether it was possible for the CCG to try and attract medical students to work in Gateshead whilst they were studying at University.

Lynn advised that it was possible and they used the Golden Handshake scheme to secure new people. The CCG was also working closely with Universities and schools to hold events/ job fayres where they could highlight the benefits of being in a GP practice in Gateshead.

The Chair queried whether this was just scratching the surface of the problem given the current level of demand from patients and consequent impact on GPs and other health colleagues.

Dr Slowie stated that in addition to the work outlined by Lynn it was worth noting that many GP practices were also teaching practices and take medical students and the hope was to expand this offer. The aim being that students have positive experiences within placements and are then more likely to consider a career in general practice within Gateshead.

The Chair considered that this was an excellent approach.
Lynn advised that the CCG was also working with the voluntary sector to support patients via social link prescribers in Edberts House. Within each GP practice social link prescribers would have referrals from GPs in relation to patients who needed support in relation to social support and wellbeing rather than medical issues.

The OSC noted that they had received a presentation from Sarah Gorman at Edberts House in relation to the work on social prescribing.

The OSC noted that reference had been made to patients attending A&E when they should be going to their GP. The OSC considered that there were probably examples of patients going to their GP when they should have gone to A&E and patients going to their GP instead of to a pharmacy etc The OSC queried if there were any figures in relation to the numbers of patients going to the wrong place? The OSC recalled a scheme where patients with minor illnesses were re-directed to pharmacies.

The OSC was advised that the Pharmacy scheme was still ongoing and patients were being advised to attend pharmacies for their repeat prescriptions and emergency medicines. The CCG was also looking to put together a patient group directive for Urinary Tract Infections (UTI's) to be dealt with via pharmacies. The work with pharmacies was relieving the pressures on both secondary and primary care and had saved approximately 3000 appointments since Christmas.

Lynn advised that she would send more data through to the OSC after the meeting.

The Chair queried whether there was any reluctance on the part of patients to attend pharmacies due to having to pay for prescriptions.

Lynn advised that if patients have their medications reimbursed they would still receive these free if they went to a pharmacy.

The Chair queried if this was widely known.

Lynn advised that it wasn't and this was one of the areas where they needed to improve.

The OSC noted that it had heard about the work to retain GPs in Gateshead and queried how this fit with the position across the rest of the country.

Dr Slowie stated that currently Gateshead was faring better than other parts of the country as there were not huge amounts of turnover and GP practices were fairly well established and had positive relationships with commissioners. In addition, the health and care system was well integrated and there were opportunities for GP practices to be involved in teaching and training. However, an area of difficulty related to GP pensions. Once GP pensions exceed a certain amount the levels of taxation are so heavy that GP's in their mid 50's are being advised to retire as if they don't they will be penalised. This has been forcing an exodus of GP's who could have continued to work for a further 10 years. Dr Slowie advised that the Government was looking into this issue.

Dr Slowie advised that one of the advantages of the Hub which Lynn had referred to was that it offered part – time remote work which might prove attractive to those who were retired etc. Dr Slowie advised that there had been quite a bit of interest in this.

The OSC noted that reference had been made to navigating the health and care systems and noted that these had changed rapidly in recent years making it more difficult for patients to know where to go and potentially leading to some patients withdrawing from the system. One member of the OSC also expressed concern that the government might be using the complexity of the system to cover a plan to privatise the NHS and move towards an American system where healthcare was paid for and requested further information on who were NHS GP's and who private contractors.

Dr Slowie clarified that all GP's are independent contractors and those who are employed rather than being partners at a practice are employed by the practice. Each practice has an NHS contract. The independent status of GP's means that they have more autonomy over matters such as quality etc. However, GP practices are monitored and if it is considered that quality standards are being breached at any practice notices will be issued against the practice.

The OSC noted the focus on integration within the health and care system and asked what GP's views as a profession were in relation to this contractual position and whether this was likely to create any barriers to attracting more people into general practice.

Dr Slowie stated older GP's tended to be more protective of the position of GP's as independent contractors and partners in a practice whereas some younger GP's were more attracted to salaried positions as they have tended not to have the same level of responsibilities. Dr Slowie advised that the balance appears to be shifting in favour of the latter.

The OSC queried whether pharmacies were able to prescribe antibiotics to individuals. Dr Slowie advised that this would depend upon the condition of the person in question. Dr Slowie stated that a pharmacy would, with a patient's permission be able to view a patient's summary care record which would identify any repeat prescriptions and would be able to prescribe this medication. However, if a patient was seeking medication for a condition outside of that scenario then they would need to see their GP.

The OSC noted the position re care navigators but highlighted that patients may not always be confident that these individuals know what they are talking about.

Lynn advised that this another area where the CCG needs to carry out further work in terms of messaging to the general public as all care co-ordinators have received training for their role.

A representative from Healthwatch Gateshead noted that Gateshead along with other areas has a Pharmacy Needs Assessment and queried whether shifting more work to pharmacies was just a case of shifting a problem from one place to another and whether a study of capacity had been carried out with pharmacies.

Lynn advised that the local Pharmacy Board had identified that pharmacies in Gateshead have the capacity to deal with the work being referred to them. Lynn advised that the advantages of pharmacies are that recruitment takes less time and as a result of the extended opening hours pharmacies have the capacity to see more patients throughout a day and at weekends.

Dr Slowie stated that they were aiming for right care at right place first time and he advised that all PCN's have a clinical pharmacist, first contact mental health worker and a physio.

The representative from Healthwatch Gateshead highlighted that in terms of messaging it was important to manage public expectations as not all pharmacies are equal and only some have additional services.

Lynn advised that referral pathways would take members of the public to the pharmacies that meet their needs.

The Chair on behalf of the OSC, thanked Dr Slowie and Lynn for an excellent presentation.

CHW218 GATESHEAD SYSTEM COVID -19 UPDATE

The OSC received a presentation from Steph Downey, Director of Adult Social Care providing an update from the Gateshead system on the position in relation to Covid 19.

The update focused on epidemiology, vaccination uptake / rates, the impact of Covid 19 / work being progressed to tackle Covid 19 and associated backlogs in both primary and acute, community settings and mental health settings and the impact of Covid 19 on social care commissioning and capacity, safeguarding and workforce issues within adult social care.

The OSC noted that a key issue was that Covid 19 cases were rising across all ages

to the end of March but were then decreasing. However, it was likely that the decline in figures since the end of March was linked to the end of free testing as of the beginning of April.

The OSC noted that there seemed to be a higher uptake of the vaccine in more rural wards as opposed to urban wards and queried whether there were access issues.

The OSC was informed that access was not an issue and this was a result of individuals' understanding of the benefits of having the vaccine. As a result more work was to take place in relation to the benefits of the vaccine and myth busting via social media. There were also 500 Covid Community Champions and 4,500 young Covid Champions passing on key information.

The OSC was also informed that there is a Community Vaccine bus which will be carrying out visits in June to deliver Covid 19 vaccines and the dates of the visits to specific communities could be shared with the OSC so they could promote.

The OSC queried whether focusing on those who had yet to take up the vaccine was to the detriment of those who wanted to access the vaccine. The OSC was informed that the two programmes were delivered by different staff.

RESOLVED That the information be noted.

CHW219 HEALTHY WEIGHT WORK IN GATESHEAD - PROGRESS UPDATE

Natalie Goodmand and Louise Harlandson, Gateshead Public Health Team provided the OSC with an overview of the scale of the problem in relation to child and adult obesity within Gateshead and the healthy weight work being carried out in Gateshead across the life-course as part of a whole system approach.

The Committee received an update on progress in relation to healthy weight work which was being focused through :-

- The Gateshead Healthy Weight Alliance
- Local Healthier Food Advertising Policies – these had been halted as a result of Covid 19 but were now being progressed again.
- The Healthy Weight Declaration – this work had also recommenced after being dormant due to Covid 19.
- Training on Healthy Weight /Nutrition via Making Every Contact Count Champions in Gateshead cascading messages to communities and colleagues in relation to 14 lifestyle topics / signposting to specialist advice or support
- Wellbeing Walks Programme
- Support to Public Health England in the development of a healthy weight intelligence tool and testing the tool at a local level.
- Work with the Office of Health Improvement and Disparity (OHID) and Teeside University in relation to the approach to hot food takeaways and the food environment during Covid and the approach following the expiry of the temporary legislation.
- 20 Minute Neighbourhoods

- The Spatial Planning Core Strategy
- The CCG/ Local Authority Group review of current services and approaches to healthy weight across the system
- Active Travel and Social Prescribing
- Making Every Contact Count(MECC) training sessions delivered to primary care focusing on how to have conversations around lifestyle topics such as physical activity,healthy weight and nutrition
- Regional Work – "A Weight off your Mind" led by CNTW NHS FT to support people with lived experience of mental health conditions and / or learning disabilities maintain a healthy weight.
- The multi-partnership Maternal Healthy Weight Group focusing on work around healthy weight during pregnancy and potential interventions
- Integrated Care System Core20plus Funding
- The 0-19 years Growing Health Team of health visitors and school nursing services.
- Implementation of the HENRY programmes
- Active Mums sessions at Saltwell Park and Winlaton Mill
- PHD Research projects in Gateshead
- Gateshead School Sports Partnership
- ESCAPE Pain pilot within the workplace.

A member of the OSC noted that the data indicates that breastfeeding rates in Gateshead are better than the regional average. However, the member of the OSC considered that the figures may be skewed as a result of a high proportion of mothers in the Jewish community breastfeeding and they highlighted an example of a poor support available for pregnant women and breastfeeding and indicated that they considered improvements could be made in this area.

The OSC was advised that in January 2022 a mapping exercise had been carried out for 0-19 Services which had highlighted a number of gaps and so they had brought a range of professionals together including a paediatric consultant to support as part of the Gateshead Healthy Weight Alliance. This had already led to work in relation to consistent messaging around the range of support available to residents of Gateshead so it was anticipated that this should help to change the position.

The OSC highlighted the letter sent out to parents of young pupils regarding their weight and considered that the messaging could be improved.

The OSC was informed that it was acknowledged that the letter as it stood could create barriers and this was an issue which had been raised regionally and Gateshead, along with Newcastle and Sunderland was looking to address this and at how parents could be supported.

The OSC queried how the issue of young pupils bringing in junk food in their lunch boxes could be tackled. The OSC was advised that the mini health champions in schools were tackling this through specific messaging to help young pupils understand what is in food and help them influence adults within their families.

RESOLVED That the information be noted and the views of the Committee on the progress made to date be fed back to the Service.

CHW220 OSC WORK PROGRAMME

The OSC was informed of the position in relation to the current work programme for 2021-22 and the current position / next steps in the development of the work programme for the municipal year 2022-23.

The OSC considered the emerging issues for this OSC and agreed that given the number of issues suggested that some of these matter should be dealt with outside of the OSC work programme for 2022-23 as follows:-

- Temporary Medical Aids (Briefing to councillors from the Equipment Service)
- Assistive Technology Pilots (Show and tell to be arranged for councillors on a date to be confirmed)
- Activity Based Care Models (Briefing to councillors and an invite to CHW OSC to visit on a date to be confirmed)
- Watergate Court – (Chair and Vice Chair of CHW OSC to be invited to official opening and a briefing to be provided subsequently to councillors).
- How the physical and mental health of carers is considered / supported and any good practice adopted (Briefing to councillors on the Carers Service)

The OSC considered that the remaining emerging issues should form part of their work programme for 2022-23 with some issues being grouped together where appropriate.

It was noted that it was proposed that the emerging issue in relation to Breastfeeding would form part of the Families OSC work programme for 2022-23 and members of this Committee would be invited to the meeting which considered this matter as part of a joint scrutiny exercise.

RESOLVED i) That the work programme for 2021-22 be noted.

ii) That the work programme for 2022-23 be developed taking account of the issues identified by the OSC as outlined above.

Chair……..……..

Gateshead Council

Care, Health and Wellbeing Overview and Scrutiny Committee
17 May 2022

TITLE OF REPORT: **Quality Accounts 2021 - 22**

REPORT OF: **Sheena Ramsey, Chief Executive and Alice Wiseman, Director of Public Health**

Summary
The OSC is invited to comment on the Quality Accounts for Gateshead Health NHS Foundation Trust, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

Background

High Quality Care for All, published in June 2008, proposed that all providers of NHS Care should produce Quality Accounts to provide the public with information on the quality of care they provide with a view to enhancing public accountability and ensuring a focus on improving quality.

Subsequently, the Department of Health produced legislation which places a legal duty on providers of NHS Services to publish Quality Accounts as part of a new Quality Framework which was brought into force in April 2010.

The accounts are to be published annually in June and they cover healthcare services for the previous financial year. The accounts outline:-

- what an organisation is doing well
- where improvements in service quality are required
- what an organisation's priorities for improvement are for the coming year
- what actions an organisation intends to take to secure these improvements
- how the organisation has involved people who use their services, staff and others with an interest in their organisation in determining their priorities for improvement

The requirement to produce Quality Accounts initially only applied to those NHS providers who deliver acute, mental health, learning disability and ambulance services. It did not apply to primary care services and community healthcare services. Providers of primary care and community services were brought into the process during 2011.

Commissioners are required to provide a corroborative statement in provider Quality Accounts as to whether or not they consider the document contains accurate information. The CCG is expected to check accuracy of data in so far as it relates to information supplied to it as part of its contractual obligations – but not any other data.

Role of OSCs and Healthwatch

As part of the Quality Accounts process, providers are required through regulations to send a draft of their Quality Account to the appropriate Overview and Scrutiny Committee. Regulations currently specify that the "appropriate" Overview and Scrutiny Committee means the Overview and Scrutiny Committee of the local authority in whose area the provider has its registered or principle office located.

Overview and Scrutiny Committees, along with Healthwatch, are invited, on a voluntary basis, to review the Quality Accounts of relevant providers and supply a statement commenting on the Account– based on the knowledge they have of the provider.

Draft Quality Accounts for Gateshead Hospitals NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are attached at Appendices 1 and 2.

Taking account of the OSC's work during the previous year the OSC may wish to comment on the following for each respective account:-

- the Quality Account
- whether they believe that the Account is representative
- whether it gives comprehensive coverage of the provider services
- whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

Providers are required to include any statement supplied in their published Quality Account and any narrative provided should be published verbatim (subject to maximum word limits). Providers are required to give OSCs at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication.

The OSC is asked to note that Northumberland Tyne and Wear NHS Foundation Trust is currently only obliged statutorily to consult with Newcastle Health Overview and Scrutiny Committee as its head office is based in Newcastle. However, the Trust is adopting a partnership approach to this issue and has widened its consultation process to other local authority Overview and Scrutiny Committees in areas which receive the Trust's services.

A representative of Healthwatch Gateshead has been invited to attend the meeting and provide verbal comments on the respective Quality Accounts.

Recommendations

The Committee is asked to comment on the respective Quality accounts of Gateshead NHS Hospitals Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

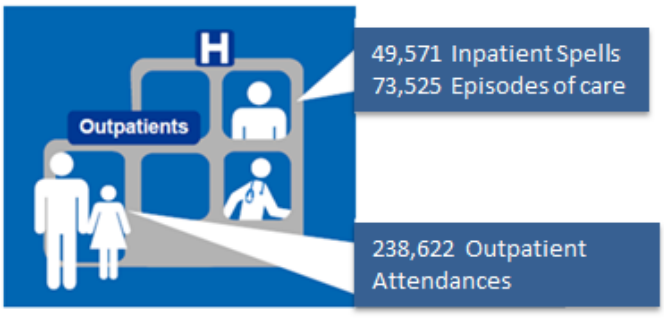
Contact: Angela Frisby **Ext**: 2138

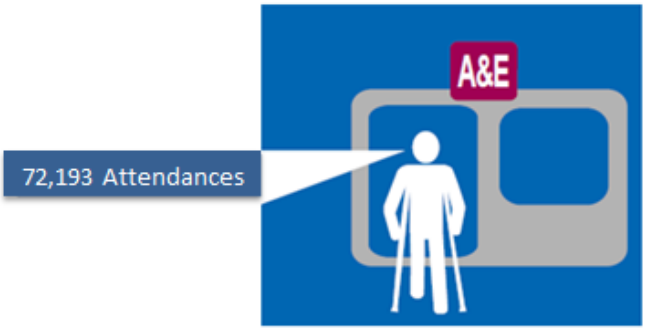
Gateshead Health
NHS Foundation Trust

Quality Account

Gateshead Health NHS Foundation Trust 2021/22

Gateshead Health NHS Foundation Trust at a glance... [data to be updated in May 2022 when available]





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Part 1

Quality Account – Chief Executive's Statement

Statement on Quality from the Chief Executive

On behalf of the Trust Board and staff working at Gateshead Health NHS Foundation Trust, I am delighted to introduce you to our Quality Account for the year 2021/22, which highlights our continued dedication to improving all aspects of quality for patients and staff.

The last 12 months have been difficult, however the importance that colleagues have placed on ensuring we continue deliver safe, compassionate, effective care and improved patient experience has been clear throughout. We cannot get away from the fact that Covid-19 has had a very significant impact on the NHS here in Gateshead and across the country and we have seen how it has stretched services and people to near breaking point. As a Board we have been continually impressed and humbled by the strength and resilience of our brilliant staff and volunteers, their commitment, creativity, and determination despite the challenges they have faced. I am so proud of how they have responded and continue to keep themselves, our patients, and the community safe. It is a remarkable achievement for this organisation that in a year of so much change and difficulty, our people have continued to improve the services that we provide and have taken great strides forward. The contents of this report should be considered against the background of the continuing pandemic; however, we recognise there are still some areas where improvement is ongoing and will continue working to fully achieve these.

During the year, because of Covid-19, many of our targets were halted. For example, the CQUINs we traditionally need to achieve to receive funding have been paused temporarily and the Care Quality Commission (CQC) continued its pause on inspections. However, within the Trust, we have not taken the focus away from our own quality targets, even when we have not been required to report on them. Now more than ever, the quality of the services that we provide to our local community is of paramount importance to me and to the whole organisation.

As we look back on the past year and ahead to the future, we need to take stock of what we learned during the pandemic, how this will influence what we do in the future, and how we can keep on track with implementing all the things we have set out to achieve. We are currently developing our new Trust Vision and Strategy and at its heart will be people - both our people within the Trust and the people we serve.

Our Quality Account Priorities for 2022/23 include for the first time a section on our people where we have identified areas where our staff have told us we need to enhance their experiences when working within the Trust. Alongside this, we continue to include priorities that encompass patient experience, patient safety and clinical effectiveness so that together we can support safe, high quality patient focused care as we continue to develop services which provide for the communities we serve, both now and in the future. To the best of my knowledge the information presented in this report is accurate and represents a balanced view of the quality of services that the Trust provides. I sincerely hope that you find it informative and that you enjoy reading about our quality achievements in what has been an extraordinary year.

Signed
Mrs Y Ormston
Chief Executive

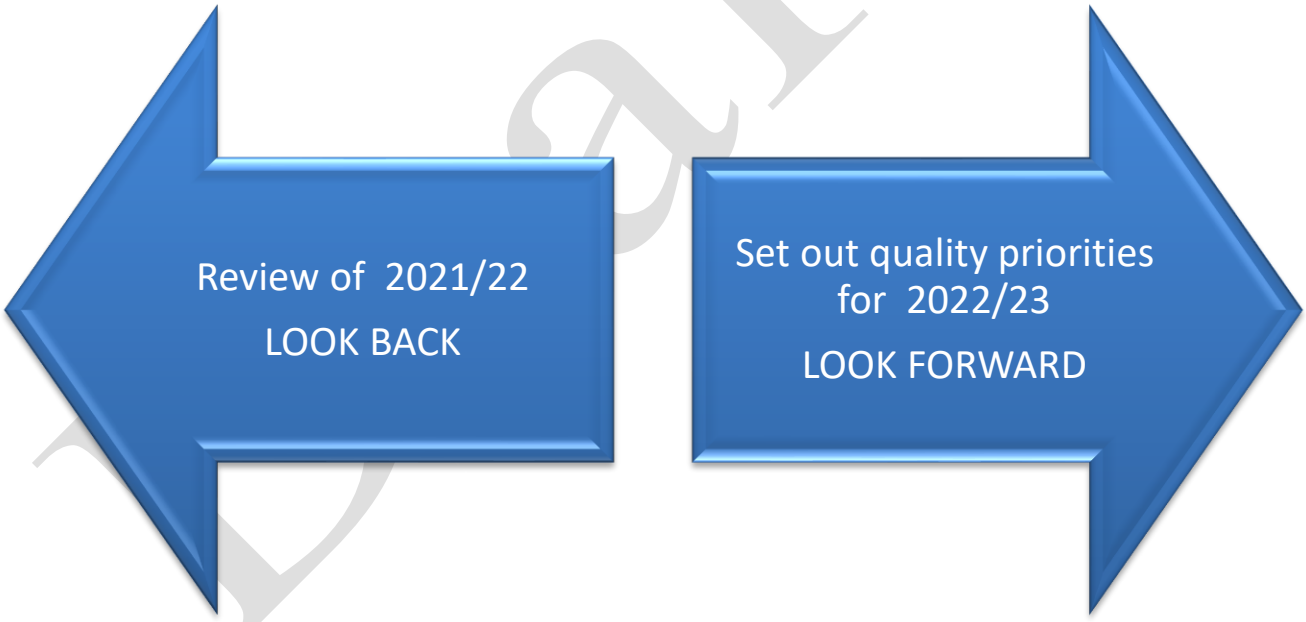
Date:

What is a Quality Account?

The NHS is required to be open and transparent about the quality of services provided to the public. As part of this process all NHS hospitals are required to publish a Quality Account (The Health Act 2009). Staff at the Trust can use the Quality Account to assess the quality of the care we provide. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: www.nhs.uk.

The dual functions of a Quality Account are to:

- Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2021/22.
- Outline the quality priorities and objectives we set ourselves going forward for 2022/23.



Part 2

Quality Priorities

2. Priorities for Improvement

2.1 Reporting back on our progress in 2021/22

In our 2020/21 Quality Account we identified nine quality improvement priorities that we would focus on. This section presents the progress we have made against these.

PATIENT EXPERIENCE:

Priority 1: **We will ensure that we have effective ways of receiving feedback from our patients, their relatives and carers which will lead to demonstrable improvements in practice.**

➢ What did we say we would do?

- We will review and revise the Patient Advice and Liaison Service (PALS) and complaints processes.
- We will re-establish a programme for collecting real-time patient feedback in clinical areas.

➢ Did we achieve this?

- We achieved this Quality Account priority.

➢ Progress made:

- The initial stages of a Rapid Process Improvement Workshop (RPIW) commenced in Quarter 1 with the aim of revising the PALS and complaints processes. This included Process Mapping and demonstrated a clear alignment between PALS and formal complaints. The use of a RPIW was discussed and a decision was made that it was not the most effective model to use as the core requirement was collaborative working when a complaint was also a patient safety incident. A revised Complaints and Concerns Policy was ratified in September 2021.
- There was a need to consider wider processes when looking to revise the PALS and complaints process such as patient safety incidents. A team away day was held in November 2021, and this highlighted areas which need to be included to ensure that there is an effective complaints process in place that is aligned to that of incident investigations. In Quarter 4, a Patient Safety Triangulation Meeting was initiated and as part of this, complaints that may also be patient safety incidents are discussed as a multidisciplinary team.
- Volunteers have been supporting the Practice Development Team completing questionnaires with patients on the wards as part of the Care Quality Assurance Framework (CQAF). This is an ongoing real-time programme of work. Any comments or concerns on the questionnaires are placed on Datix and shared with the relevant team/s
- Each day (except weekends) the Patient Experience Volunteers visit the wards and spend time talking to patients. This enhances patient experience. If a patient raises any concerns, the volunteers will feedback to the Ward Sister and/or patient experience team and concerns are logged, or comments forwarded to the team/department for early resolution.
- During the Hidden Disabilities Week, the volunteers asked patients (with their consent) to record what their hidden

disabilities were to give us as an organisation an understanding of those patients who would require support. Sunflower lanyards and pin badges were also available.

- The electronic Friends and Family Test (FFT) went live across the Trust (across inpatients, outpatients, and the Accident & Emergency) except for the Community and Maternity. The FFT is now an automated telephone text service system, this is an 'opt out' process – there is a tick box on patient administration system with the patient contact details for this to be amended should the patient does not want to take part in test message FFT. Where patients do not have access to a smart phone, they still can provide real-time feedback on wards using Friends and Family cards, which is by exception only. The cards are collected from each ward/area's FFT box at the end of each month.

Next steps:

- We are currently looking at how we can triangulate Patient Experience data such as PALS, formal complaints and the FFT, with patient safety data such as incidents and staffing data for wards and departments.
- The Patient Experience team are working collaboratively with both the Community Business Unit and Maternity and are looking to implement a digital FFT option in 2022/23.

Priority 2: We will ensure that patients, relatives, and carers have the best experience possible when they are receiving our care

What did we say we would do?

- Following the success of the NHS England 'Always Events®' collaboration in one pilot, we will spread the use of the methodology as a tool to understand what is important to patients.

Did we achieve this?

We partially achieved this Quality Account priority.

Progress made:

- In-house training on Always Events® had previously been facilitated across the Trust. This was stood down due to COVID-19. The first stage of Always Events® is the capture of patient experience feedback and data. Multiple projects have been facilitated by the Patient Experience team which have generated a large amount of patient feedback and data through other means excluding Always Events®.
- Co-design workshops are discussed in Priority Three, and these demonstrate collaborative working to make improvements to ensure that patients, relatives, and carers have the best experience possible when they are receiving our care.

Next steps:

- The in-house training package around Always Events® will be considered alongside the Trust's wider improvement and transformation plans. An improvement handbook is anticipated to be developed.

Priority 3: **We will ensure that patients, relatives, and carers are engaged in our Quality Improvement work and that patient, relative and carer involvement is embedded as business as usual across the organisation.**

What did we say we would do?

- We will build on our patient, relative and carer involvement work to ensure their voice and contribution is included in all aspects of quality improvement and delivery of care.

Did we achieve this?

We partially achieved this Quality Account priority.

Progress made:

- Co-design workshops have been facilitated by the Patient Experience team. An example of the impact of this was one held with cancer services which resulted in over 50 patient stories and over 25 improvement ideas being generated between patients and staff at the point of care. Measuring, understanding, and improving patients' experiences is of central importance to the Trust, and rather than doing things 'to' or 'for' patients, we aimed to work with them as equal partners. This cannot be considered as an optional extra but must be considered a core component in everything we do. This co-design workshop provided:
    - a focus on designing experiences, not just improving performance, or increasing safety
    - put patient experiences at the heart of the service improvement effort - but not forgetting staff
    - a space where staff and patients do the designing together (co-design rather than re-design)
    - and, in the process, improving day-to-day experiences of giving and receiving the care, and the way they feel about those experiences.

- Recent evidence also suggests positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, and positive associations between patient experience and self-rated and objectively measured health outcomes.
- The Head of Quality and Patient Experience has worked with the Trust's Deputy Director Corporate Services and Transformation to consider how co-design workshops and wider methods to ensure that patient voice and contribution is included in all aspects of quality improvement and delivery of care and how it can be built into the Trust's strategy around quality improvement and ultimately, business as usual.

Next steps:

- Further areas have expressed an interest in holding a co-design workshop. These workshops will be facilitated by the Patient Experience team as required and workshops are planned within maternity services and in gynae-oncology in Quarter 1 of 2022/23.
- The Head of Quality and Patient Experience and Deputy Director Corporate Services and Transformation will continue to work collaboratively to discuss collaborative working across portfolios and how patient voice and contribution is included and will be delivered across the Trust.

PATIENT SAFETY:

Priority 4: **We will ensure there is a positive safety culture within the organisation in which openness, fairness, accountability and learning from high levels of incident reporting is the norm**

What did we say we would do?

- We will implement the Patient Safety Incident Response Framework (PSIRF).

Did we achieve this?

- The national patient safety team has not yet implemented the PSIRF as full evaluation from early adopter sites is underway and trusts were advised not to change over any of their processes. It is anticipated that the new framework will be implemented gradually from Summer 2022.

Progress made:

- The national patient safety team have advised that the revised Patient Safety Incident Response Framework (PSIRF) is expected to be published in June 2022 and that Trusts are not to introduce any changes before then. Following the publication of the revised framework, trusts will be asked to begin to prepare for the transition from the Serious Incident Framework to PSIRF. This is anticipated to be a gradual process. The national team have advised that all tools, templates, and guides will be revised based upon the feedback given from early adopter sites.
- The Patient Safety Team has introduced thematic analysis of low and no harm incidents to reports which are shared with the Trust: the table below demonstrates the top ten categories of low and no harm incidents currently open within the Datix system.

	Clinical Support & Screening	Surgical Services	Medical Services	Community Services	Nursing, Midwifery & Quality	QE Facilities	Digital	People and OD	Chief Operating Officer	Total
Patient falls	3	24	200	11	0	0	0	0	0	238
Infection prevention & control	1	0	115	3	10	0	0	0	1	130
Delay / failure to treat / monitor	9	58	30	10	2	0	0	0	0	109
Medication	23	18	39	11	1	0	0	0	0	92
Discharge or transfer issue	5	19	40	2	2	2	0	0	1	71
Communication failure	7	19	12	3	3	4	4	2	0	54
Pressure damage	0	3	20	28	0	0	0	0	0	51
Staffing / resource issue	1	2	27	0	1	2	0	2	1	36
Appointment issues	14	11	5	1	3	0	0	0	0	34
Patient information (inc patient records)	3	7	6	2	0	0	3	0	0	21

- Datix also has the capability to provide further information regarding each of these patient safety incidents: this detail will inform focused quality improvement work in specific areas where these incident categories are most prevalent.

- The monthly learning bulletin is now implemented into practice and captures the learning from serious incidents. This is distributed across the Trust via the Comms team through QE Weekly.
- All staff can access the national eLearning courses for patient safety via their 'My Learning' page on ESR, however this is not currently mandated. There are two levels and one specifically for the Trust board and senior leadership teams.

Next steps:

- To develop a process for sharing the thematic analysis of low and no harm incidents across the organisation.
- To ensure that the electronic Learning Library is established during the first quarter of 2022/23 to ensure a repository of information pertaining to learning from incidents is available for all staff to access.
- Promotion of the eLearning packages for patient safety through Comms; preceptorship sessions and local patient safety meetings. To explore the capacity of mandatory training to incorporate patient safety training within these sessions.

Priority 5: We will promote a just, open, and restorative culture across the organisation

What did we say we would do?

- We will implement and embed all principles of a just culture across the organisation.

Did we achieve this?

- We achieved this in part.

Progress made:

- We have recently established a Culture Programme Board, which will report directly through to the Transformation Board, with the aim of driving this agenda forward and provide Board assurance on progress. The embedding of a just and restorative culture will form one of the primary workstreams and planning is currently underway to establish the lead for this work and determine our approach.

Next steps:

- The current cohort attending the training delivered by Northumbria University is almost through the programme and we are currently reviewing funding options to ensure a range of leaders are able to attend. The timeline for this work will extend into 2023 and beyond.

Priority 6: We will ensure that our patient discharge processes are safe and effective.

What did we say we would do?

- We will ensure that the principles and requirements of the recently published national discharge requirements are realised

Did we achieve this?

- Our discharge processes are following the national discharge requirements, and this is reflected in our improvement plan and work is ongoing to continuously improve our discharge processes.

Progress made:

- An 'improving the patient journey task and finish group' was established to focus on hospital discharge, reporting into the Unscheduled Care Programme Board. The programme has several workstreams including ward ways of working, 7 day working/discharge and operational site management as phase 1 priorities with discharge to assess as a phase 2 priority.
- A standardised board round process has been developed to support timely discharge and a pilot is underway across two medical wards to support the ward ways of working workstream. This will be extended to focus on the development of standardised ward processes in line with guidance from the Royal College of Physicians.
- Implementation of whiteboards across all ward areas to support the ward ways of working workstream is currently underway.
- A review of the Discharge Lounge model and pathways is underway to understand any potential opportunities for expansion.
- Currently scoping the 7-day working/discharge workstream which includes criteria led discharge.
- Developed whiteboards for operational site management both front and back of house.
- Business Continuity plans developed to support site management as well as an operational site resilience policy.
- Business Case for Discharge Coordinators approved and recruitment to these posts almost complete.
- We have worked closely with the Emergency Care Improvement Support Team (ECIST) to review patient pathways and discharge across the organisation. ECIST have provided recommendations which we have incorporated into our transformation plans.

Next steps:

- To continue progressing the defined workstreams as part of the improving the patient journey task and finish group.

CLINICAL EFFECTIVENESS:

Priority 7: **We will ensure the care that we provide to our patients is consistent with recognised best practice, leading to improved outcomes for patients (falls)**

What did we say we would do?

- We will reinstate the falls collaborative to ensure falls can be prevented wherever possible

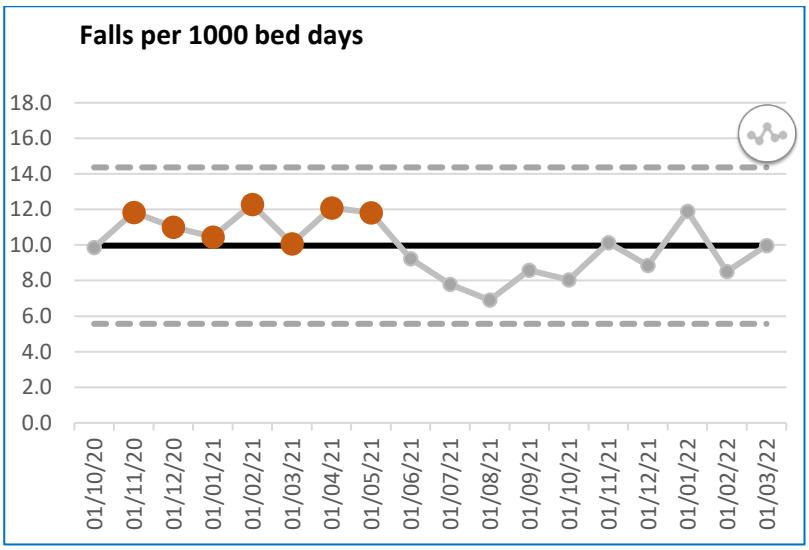
Did we achieve this?

- Whilst the data does show a small reduction in the rate of harmful falls, this is not a significant change. It is difficult to assess given the influence of the pandemic in terms of beds occupancy and patient acuity compared to 2020/21.

Progress in 2021/22:

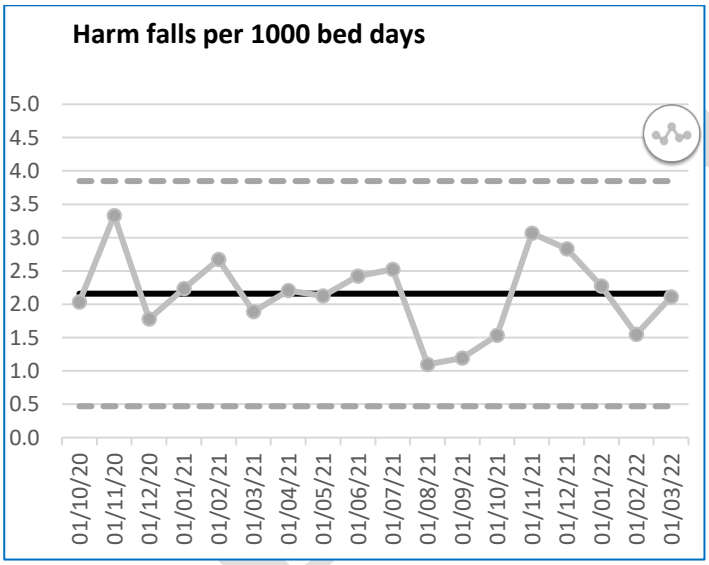
- Prevention of falls improvement initiatives have commenced within one area of the Trust so far: Cragside.
- In June 2021, one of the Practice Development Nurses was asked to support the reduction of falls in the area. In analysing the data and working in collaboration with all staff on the unit a quality improvement initiative was developed to support quality improvement in clinical practice, which included the following pieces of work:
    - One of the key drivers was education for staff, patients, and visitors. Due to visiting restrictions and suspension of family forums, it has been difficult to provide education to visitors. However, information on falls prevention is given verbally and has been introduced into the welcome pack.
    - Liaison with family members of the most appropriate footwear to use as research has highlighted this will reduce the incidence of falls.
    - Staff have received formal education from the Falls team as well as informal training specifically for patients who have fallen or have recurring falls.
    - Patient's falls risks are discussed in the safety huddle by the multidisciplinary team and subsequent actions are agreed and cascaded to the whole team.
    - The pathway for staff referrals to the physiotherapy team has been agreed and shared appropriately.
    - When developing the education programme, it was highlighted that the patient's cognition and medication will have an impact and increase their falls risk. Therefore, the programme had input from the Specialist dementia nurses and the ward pharmacist, which was well received and evaluated positively.
    - The quality of the completion of appropriate falls documents i.e., risk assessment, post falls checklist, was inconsistent. Therefore, this was addressed in the education programme, along with a reminder that all patients require a lying and standing blood pressure to be undertaken.
- There have been no significant harms reported since the quality initiatives commenced however the opportunity has been taken to do a review of patients who had multiple falls.
- In terms of Trust wide improvement work has been ongoing to convert the post fall protocol from paper-based capture to electronic data capture on Nervecentre
- Lying and standing blood pressure is now captured on Nervecentre this now includes patients where this is recorded in the Accident & Emergency.
- A clinical audit was undertaken to determine whether if it is predicted at the front door which patients are at higher falls risk then measures can be put in place in a timelier fashion with the ultimate goal of preventing in-patient falls. The results of the audit conclude that there is some compelling data which suggests the low and no harm falls should form part of the toolkit to prevent further in-patient falls.

Data for 2021/22:



	2020-21	2021-22	Change
Falls	1415	1525	+7.8%
Falls rate per 1000 bed days	10.36	9.51	-8.2%

A reduction of 10.3% was observed in the Harm falls rate per 1000 bed days.
Common cause variation observed in the harm falls rate over the previous 18 months.



	20-21	21-22	Change
Harm Falls	318	335	+5.3%
Harm falls per 1000 bed days	2.33	2.09	-10.3%

➢ Next steps:

- The Trust Falls Prevention Group will be reinstated in 2022/23 to ensure a collaborative approach to falls prevention.
- Rapid reviews/debrief to be explored in relation to harmful falls to allow learning to be identified in real time and improvements implemented straight away.
- Explore options for mandatory training for all clinical staff in falls prevention.

Priority 8: We will ensure the care that we provide to our patients is consistent with recognised best practice, leading to improved outcomes for patients – pressure damage

What did we say we would do?

- We will reduce the number of Trust (hospital and community) acquired pressure damage by 10%

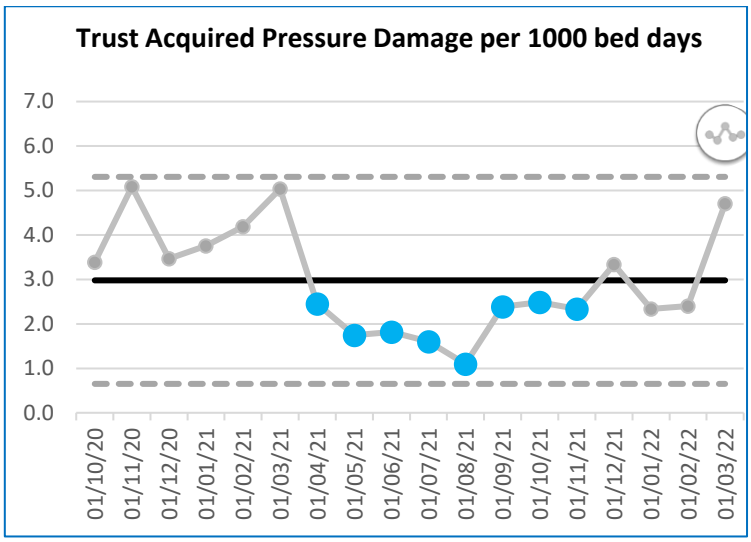
Did we achieve this?

- Yes, we achieved this priority.

Progress in 2021/22:

- Implementation of the Surface, Skin inspection, Keep moving, Incontinence, and Nutrition (SSKIN) bundle in community.
- Guideline devised to assist staff in nursing patients who are reluctant to comply with pressure ulcer prevention and management techniques.
- Pocket guides provided regarding the classification of pressure damage.
- All community dressings are provided via a Dressings Platform instead of individual pharmacies.
- Additional training has been delivered to complement our in-housing training sessions.
- A Pressure Ulcer Safety Huddle Rapid Review Tool (Push Tool) has been devised to identify any omissions in care concerning all Trust related Deep Tissue Injuries / Unstageable damage and Category 3 and Category 4 damage and implemented within the hospital setting A Rapid review meeting will take place within 72 hours of the injury being validated. Any omissions in care that are not related to themes and trends will be escalated to Serious Incident Panel.
- A baseline assessment of the SSKIN Bundle audit has been undertaken across the Trust highlighting inconsistencies with the recording wound assessments and positional changes.
- Weekly SSKIN bundle audits have been re-establishment across the ward areas using paper-based format. This is now in the final stage to move towards electronic capture and will be implemented during Quarter 1 of 2022/23.
- The Digital Transformation Team and the Tissue Viability Service have been developing an electronic solution to the Wound Management Booklet which will be available on Nerve Centre. The Wound Management Booklet will also be redesigned so it can be used on EMIS in the Community. Development of this is within the final stages and will be implemented within Quarter 1 of 2022/23.
- Safety Cross Boards across the hospital site have been re-established incorporating the number of harm free days. (Ward 1 / Ward 11 / Ward 22 have achieved over 365 days harm free care).
- The Pressure Ulcer Collaborative has been re-established on Ward 14A and preliminary work has started on Critical Care (Red and Yellow Zone) using the Model of Improvement Methodology. The collaborative will continue to be rolled out in areas with the highest incidence of harm.

Evidence of achievement:



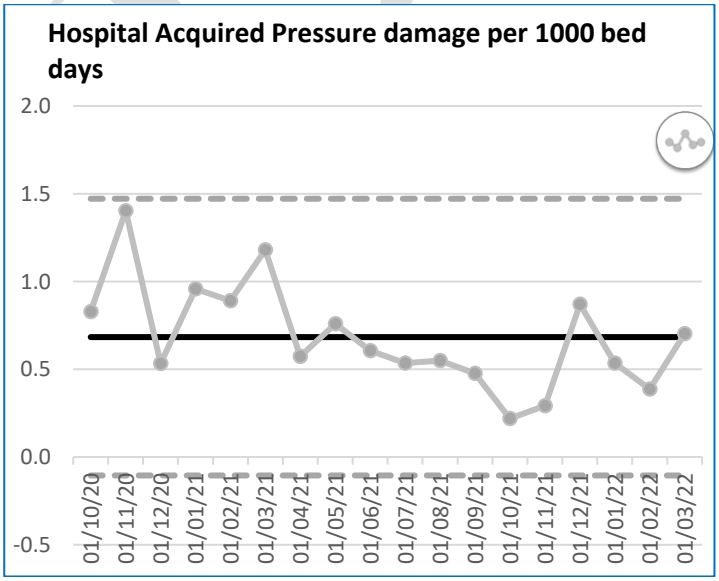
Comparing 2020-21 to 2021-22. Trust acquired pressure damage rate for 2021-22 is 2.41 per 1000 bed days compared 3.81 per 1000 bed days for the equivalent previous period, demonstrating a 37% reduction in the rate.

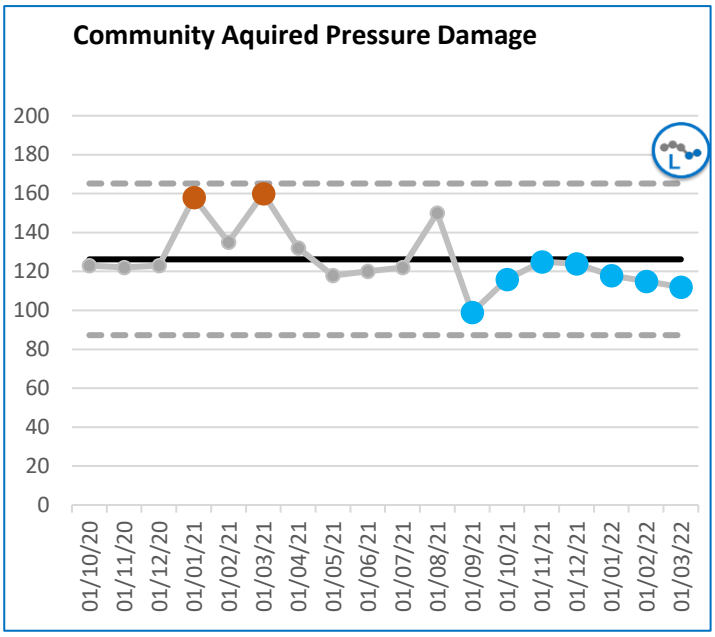
The was a significant reduction in the Trust acquired pressure dame rate between April and November 2021 identified by eight consecutive months below the 18 month mean.

	2020-21	2021-22	Change
Trust acquired pressure damage rate per 1000 bed days	3.81	2.41	-37%
Hospital acquired pressure damage per 1000 bed days	0.84	0.54	-36%
Community acquired pressure damage (monthly average)	130	121	7%

A 7% reduction was observed in the monthly average number of grade 2 and above pressure damage incidents.

Special cause variation (low) identified in the number of community acquired pressure damage incidents (Grade 2 and above) with seven consecutive months below the 18 month mean signifying improvement during that period.





Next steps:

- SSKIN bundle to move to electronic capture by Quarter 1 of 2022/23.
- Wound Management Booklet to be available on Nervecentre by Quarter 1 of 2022/23
- Intentional Rounding chart to be available on Nervecentre to capture positional changes for patients by the end of Quarter 2 2022/23.
- Pressure Damage Collaborate to continue to be rolled out to the areas where the is the highest incidence of pressure damage.

Priority 9: **We will review and revise our level 1 mortality review process, providing families, carers, and staff the opportunity to identify themes for improvement and to highlight areas of good practice and excellent care**

What did we say we would do?

- We will ensure that at least 80% of patient deaths will have received a level 1 review within 60 days

Did we achieve this?

- The waves of the Covid-19 pandemic impacted on the number of mortality reviews taking place, therefore we did not achieve our aim of 80% of deaths being reviewed within 60 days of death.

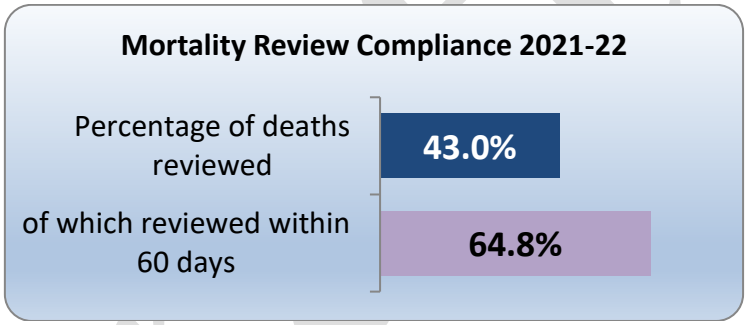
Progress in 2021/22

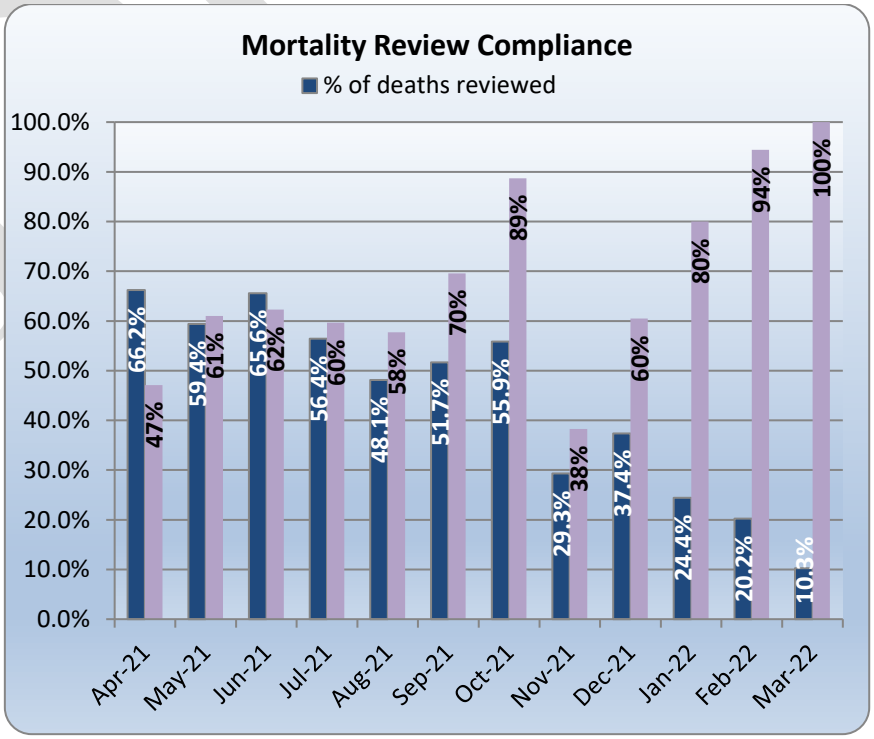
- The number of level 1 reviews carried out by the ward teams has significantly decreased since the onset of the pandemic in March 2020. The Medical Examiner Service was implemented within the Trust in September 2020, and since then the team have been working towards reviewing all deaths. The Medical Examiner team flag cases where they deem there to be issues with the quality and safety of patient care to the Mortality Council for the appropriate scrutiny and escalation for a patient safety investigation should it be necessary. Therefore, going forward, the

Medical Examiner review will become the 'level 1' review and in addition to their existing review the Hogan and NCEPOD scores will be added. Ward teams will still have the opportunity to review the deaths in their areas to ensure all good practice, learning and any improvement required is captured and disseminated to the ward team.

- Audit One carried out an audit of the Mortality Review process in late 2021, the outcome was 'Reasonable' assurance and recognised the duplication of the level 1 undertaken by the ward teams and the Medical Examiner review. An action plan has been developed to take forward the recommendations from the audit, and a Mortality Review Task & Finish Group convened with representation from key stakeholders across the Trust. The remit of the group is to implement the actions arising from the Audit One recommendation which will encompass; revising the Learning from deaths policy, ensuring the process align with other functions such as patient safety investigation and complaints and finally, reviewing the various electronic systems that are currently in use.
- In terms of sharing learning from mortality reviews, this is carried out via a number of routes namely, annual/quarterly learning bulletin triangulated with patient safety investigations and complaints, a six-monthly overview report to the Trust Board, a monthly Mortality Council learning bulletin and speciality level learning presented annually at the Mortality & Morbidity Steering Group.

- Data for 2021/22





- Next steps:
- Continue to work through the recommendations from the Audit One report, with a view to launching a new Learning from Deaths policy by the end of Quarter 1 2022/23.

2.2 Our Quality Priorities for Improvement 2022/23

PATIENT EXPERIENCE				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
Reinvigorate the Volunteers Service	Increase volunteer number by 100	New recruitment drive Develop new volunteer's communications materials	Volunteer numbers will increase by 100	ESR data
	Full evaluation of the 'Response Volunteer Programme' and 'Patient Experience Volunteer Programme'	Volunteer and staff engagement events and surveys Patient feedback	Evaluation report for both programmes and associated action plan (as needed)	Monitor via bi-annual reports
	Develop a contingency plan for the recruitment and mobilisation of external volunteers	Work collaboratively with external stakeholders to develop an external volunteer staff base as needed e.g., further Covid-19 wave	Contingency plan will be in place	Contingency plan will be in place (and this will be evaluated if it is utilised)
Understand and improve the experiences of service users with Learning Disabilities and Mental Health needs	Ensure we identify service users	Review flagging and alert system to identify patients	Increase in the number of service users with flag and alert	Medway and EMIS BI reports
	Understand the experiences of service users with Learning Disabilities and Mental Health needs and look at where improvements can be made	Co design work with service users to identify and implement where improvement can be made	Evidence that improvements have been made based on feedback from service users with Learning Disabilities and Mental Health needs	A minimum of one co-design workshop or improvement event will be held with this cohort of patients and point of care staff across 2022/23

	Review patient information leaflets to identify core areas where easy read leaflets are needed	Mechanism to be implemented to enable staff to request a leaflet in easy read format	Increase the number of easy read leaflets	Patient Information Leaflet database and Trust website leaflet data
		Explore the procurement of a software license with NHS approved images for easy read leaflets		
		Develop a section on the Trust website where easy read leaflets are accessible for service users	Trust website will have a section where leaflets are held	
	Provide easy read appointment letters	Develop template for use by Bookings and Referral team	Easy read appointment letter template will be implemented	Audit of the use of easy read appointment letters
		Review flagging system of AIS on Medway and EMIS to ensure that easy read is an available option for communication	Easy read will be an option for communication recorded and flagged on Medway and EMIS	Medway and EMIS BI reports
	Increasing biopsychosocial assessments to a minimum of 60%	Staff will be reminded of the biopsychosocial assessments that should be completed/under what circumstances	The number of biopsychosocial assessments will increase to meet or exceed the target	This will be monitored via the CQUIN
		Review NICE guidance CG133	A multidisciplinary team will review the NICE guideline	Nice Guidance Compliance Monitoring
Working with patients as partners in improvement	Demonstrate that we value to contribution of our patient partners	Consider developing a Trust policy and process aligning with NHS policy 'Reimbursing expenses and paying involvement payments'	New policy developed	Implementation of the policy

	Ensure the patient partner voice is heard	Inviting patients to sit on operational sub-groups and participation in ward accreditation visits	Patient will be within the core membership of a minimum of 5 operational sub-groups across the Trust	Number of patients on operational sub-groups
	To provide a forum for staff to seek feedback, engagement, and involvement from patient partners	Work collaboratively at an ICS level with the Gateshead PLACE team and reinvigorate the existing patient panels	The Trust will be a core member of all patient panels and Trust staff will be invited to join the appropriate panels to seek feedback, engagement, and involvement from patient partners	Number of forums attended by the Trust
				Number of projects taken to patient forums by Trust staff for patient feedback, engagement, and involvement
STAFF EXPERIENCE				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will focus on the health and wellbeing (HWB) of our staff	Being responsive to staff feedback	HBW check ins will achieve a minimum of 80%	Number of HBW check ins will have increased, and this will reflect in staff feedback	Monitored through the People and OD Committee
		Review of Occupational Health and resolve key issues around progressing the appointment of staff into posts	A review will have been undertaken and action plan implemented as deemed appropriate	Monitored through the People and OD Committee
		Increase the uptake of Flu vaccination amongst point of care healthcare staff to 70%	Increase in the number of point of care healthcare staff vaccinated against Flu	This will be monitored via the CQUIN
		HWB Initiatives will be rolled out across	Evidence that HWB Initiatives	Monitored through the People and OD

		the Trust e.g., Out of Hours catering	have been rolled out across the Trust in response to staff feedback	Committee
		Seek feedback e.g., bi-annually that health and wellbeing initiatives meet the needs of staff, can progress at pace, can be sustained into the future, and are evaluated	Evidence of staff engagement events with staff feedback generated	Monitored through the People and OD Committee
		Develop and publish a HBW Strategy	A HBW Strategy will have been published	Progress updates against the Health and Wellbeing Strategy will be provided on minimum of a bi-annual basis
We will advocate for equality, diversity, and inclusion for all of our staff	Demonstrate progress in meeting the Workforce Disability Equality Standard (WDES) recommendations	Adopt a program of review and development to include recommendations for change across all of the ten WDES indicators	Progress will be demonstrated in working towards achieving the WDES recommendation	WDES recommendations monitored through the People and Organisational Development Committee
		Incorporate data from the WDES outcomes and develop a specific WDES action plan indicating all areas that need improvement	WDES action plan will be implemented	
	Demonstrate progress in meeting Workforce Race Equality Standard (WRES) recommendations	Adopt a program of review and development to include recommendations for change across all of the nine	Progress will be demonstrated in working towards achieving the WRES recommendation	WRES recommendations monitored through the People and OD Committee

		WRES indicators		
		Review and refresh the policy around Recruitment and Selection	A revised policy will be implemented around Recruitment and Selection	
		Undertake a Race Disparity Audit	A Race Disparity Audit will have been undertaken and action plan implemented as deemed appropriate	
		Engage with external development programmes	Evidence that Black, Asian and minority ethnic (BAME) staff members have had opportunities to engage with external development programmes	
		Work towards a Zero Tolerance policy	A Zero Tolerance Policy will be in place	
	Staff inclusion and ensuring all professional voices are heard (e.g., Allied Health Professionals (AHP), pharmacy, community, staff networks)	Hold a Nursing, Midwifery and AHP Conference	Nursing, Midwifery and AHP Conference will go ahead in 2022/23	Diversity of attendees at the conference and conference evaluation
		As part of the Trust's strategic workforce plan, complete a self-assessment around AHP workforce including a review of Electronic Staff Record (ESR) AHP data	Implement an action plan as deemed appropriate	Monitoring of Trust action plan
		Take part in the National Workforce Supply project	We will have taken part in the National Workforce Supply project and identified any relevant learning	Participation in the National Workforce Supply project

			for the Trust	
		Establish an AHP Leads Forum	Forums will be established	Number of forums that take place and assurance reports/annual review
		Establish a minimum of five Subject Area Forums or Task and Finish Groups		
		Hold awareness raising events covering a broad range of professions e.g. 'A day in the life of' and take part in National AHP Day	Awareness raising events will go ahead	Number of awareness raising events and diversity of professions featured
	Increase the number of professional development opportunities	Development and implementation of a Fellowship Scheme including AHP Fellows, Nursing Fellows and Midwifery Fellows, led by the Trust's Chief Nurse and Professional Lead for Midwifery and AHPs	5-10 staff members (who are within 5 years of professional registration and AFC Band 5-7) will take part in the fellowship scheme	Number of staff members taking part in the Fellowship Scheme from a diverse range of professions
We will promote a just, open, and restorative culture across the organisation (priority carried over)	We will implement and embed all principles of a just culture across the organisation	Board Development Sessions around just culture	Staff will be empowered to speak up and identify risks to safety without fear of punitive response which will facilitate better outcomes for patients	Monitoring of staff survey results and any other safety culture assessment tools through the SafeCare/Risk and Safety Council and the People and OD Committee
		As part of the People Portfolio Board, we will establish a Leadership and OD Programme of which Just Culture will be a core strand of work		
		The Trust's Patient Safety Specialists will work with the People and OD team to ensure a Just Culture guide		

		(or equivalent) is developed and formally adopted and built into the Trust's Human Resource (HR) and patient safety policies		
		We will ensure the safety sections of our recently published NHS Staff Survey results are reviewed and discussed, and triangulated with patient experience data and patient safety data in order to identify actions needed to improve patient safety culture		

PATIENT SAFETY				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
To maximise safety in maternity services through the implementation of the Ockenden Recommendations	To fully implement all seven immediate and essential actions	We will comply with the Ockenden Recommendations	We will comply with the Ockenden Recommendations	Self-assessment against the Ockenden Recommendations
Staffing	We will calculate clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, will guide us in our safe staffing decisions	Implementation of the Safer Nursing Care Tool (SNCT) Implement standardised Trust branded staffing display boards across all wards We will implement safe staffing reviews in other areas as suitable tools become available to us	Understanding of the link between patient acuity and dependency, workload, staffing and quality and demonstrating improvements over 2022/23	Organisational Nurse Sensitive Indicators (NSI) to monitor the impact of staffing on the quality of patient care and outcomes through triangulated staffing reports
	Recruit 50 Nurses within 12 months	International Recruitment Staffing Task and Finish Group	50 Nurses will be in post at Gateshead Health NHS Foundation Trust	Number of vacancies filled
Undertake improvement work to agree a safe method of processing clinical results	By March 2023 we will use recognised improvement methodology to design and agree a process for the safe management of clinical results across the organisation	Audit One to undertake audit of current processes and identify areas for improvements Commission a Rapid Process Improvement Workshop by end of Q2 to understand current processes and define which types of results should be reviewed, by who and define	New policy agreed and ready to be launched on 1st April 2023	Key Performance Indicators (KPIs) identified for various types of results and who will review and in which timescales

		timescales		
		Consultation with key stakeholders		
		Using change methodology (Plan Do Study Act cycles) test proposed concept on key areas		
		Develop Trust Wide Policy outlining expectations for all staff reviewing results, with KPIs identified for various types of results		
CLINICAL EFFECTIVENESS				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will revisit the core fundamental standards of care	We will revisit the core fundamental standards of care	Band 7 and Matron Development	Band 7's and Matron's feel confident in the promotion/ management and escalation around core fundamental standards of care	Number of Band 7 and Matrons who have taken part in development opportunities
				Evaluation of development programmes
			Improvements to the core fundamental standards of care	Trust CQC Compliance Tracker Document
		A revised programme of Environmental Audits will be implemented	Revised programme of Environmental Audits will have been implemented and an associated action plan for improvement will be made and monitored	Monitoring paper to the SafeCare/Risk and Safety Council
				Trust CQC Compliance Tracker Document
		Implementation of the Trust's CQC Monitoring	Assurance of compliance with the Fundamental	Trust CQC Compliance Tracker Document

		approach	Standards and CQC Regulations	
We will encourage, help, and support all staff to engage with research	We will embed research into our ways of working	Review how we notify staff of research projects that can be accessed	Increase in the number of staff actively involved in research	Number of staff actively involved in research
		To develop a research newsletter and web-based resource for staff		
		To ensure that support is available in staff that are interested in undertaking research		
We will support the continual improvement of clinical record keeping (both paper and electronic) throughout the Trust	Review and reinstate a revised programme of documentation audits	Review documentation audit criteria/ methodology	Documentation audit will be reimplemented and improvements will be identified and actioned	Monitoring via the SafeCare/Risk and Safety Council
		Review audit policy/Standard Operating Procedure (SOP)		
		Review monitoring approach		
		Consider triangulation of this data		

2.3 Statements of Assurance from the Board

During 2021/22 the Gateshead Health NHS Foundation Trust provided and/or sub-contracted 31 relevant health services. The Gateshead Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services. The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by Gateshead Health NHS Foundation Trust for 2021/22.

Participation in national clinical audits 2021/22

During 2021/22, 40 national clinical audits and four national confidential enquiries covered relevant health services provided by Gateshead Health NHS Foundation Trust.

During that period Gateshead Health NHS Foundation Trust participated in 90% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Gateshead Health NHS Foundation Trust was eligible to participate in during 2021/22 are listed below.

The national clinical audits and national confidential enquiries that Gateshead Health NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit title	Participation	% of cases submitted/number of cases submitted
Case Mix Programme	Yes	784 cases submitted no minimum requirement
Elective Surgery (National PROMs Programme)	Yes	Data not yet available
Pain in Children (care in Emergency Departments)	Yes	5 cases submitted no minimum requirement
National Audit of Inpatient Falls	Yes	23 cases submitted no minimum requirement
National Hip Fracture Database	Yes	334 cases submitted no minimum requirement
Learning Disabilities Mortality Review Programme NHS England	Yes	6 cases submitted no minimum requirement
National Pregnancy in Diabetes Audit	Yes	Data not yet available
National Diabetes Footcare Audit	Yes	106 cases submitted no minimum requirement
Adult Asthma Secondary Care	Yes	Data submission remains open until 30/05/2022

Chronic Obstructive Pulmonary Disease Secondary Care	Yes	Data submission remains open until 30/05/2022
Pulmonary Rehabilitation-Organisational and Clinical Audit	Yes	Data not yet available
National Audit of Cardiac Rehabilitation	Yes	Data not yet available
National Audit of Care at the End of Life	Yes	100% (40/40)
National Audit of Dementia	Yes	Data collection was suspended due to the pandemic
National Cardiac Arrest Audit	Yes	66 cases submitted
National Audit of Cardiac Rhythm Management	Yes	Data not yet available
Myocardial Ischaemia National Audit Project	Yes	251 cases submitted no minimum requirement
National Heart Failure Audit	Yes	163 – no minimum requirement
Audit of Patient Blood Management & NICE Guidelines	Yes	100%
National Emergency Laparotomy Audit	Yes	100%
National Oesophago-gastric Cancer	Yes	60 – no minimum requirement
National Bowel Cancer Audit	Yes	224 – no minimum requirement
National Joint Registry	Yes	Data not yet available
National Lung Cancer Audit	Yes	247 cases submitted no minimum requirement
National Maternity and Perinatal Audit	Yes	Data not yet available
National Neonatal Audit Programme	Yes	100%
National Paediatric Diabetes Audit	Yes	127 cases submitted no minimum requirement
National Prostate Cancer Audit	Yes	156 cases submitted no minimum requirement
National Vascular Registry	Yes	Data not yet available
National Outpatient Management of Pulmonary Embolism	Yes	100%
National Smoking Cessation	Yes	Data not yet available
Sentinel Stroke National Audit Programme	Yes	Data not yet available
Serious Hazards of Transfusion Serious Hazards of Transfusion	Yes	9 cases submitted no minimum requirement
Trauma Audit & Research Network	Yes	Data not yet available
National Inpatient Diabetes Audit	Yes	Data collection was

		suspended due to the pandemic
National Audit of Breast Cancer in Older Patients	Yes	Data not yet available
National Audit of Seizures and Epilepsies in Children and Young People	No	Capacity within the specialty and too resource intensive
Inflammatory Bowel Disease Audit IBD Registry	No	Resources required out way benefits of taking part
National Diabetes Core Audit	No	Medway extraction impossible and too resource intensive
National Early Inflammatory Arthritis Audit	No	Capacity within the specialty and too resource intensive

Participation in National Confidential Enquiries 2021/22

Enquiry	Participation	% of cases submitted
Child Health Clinical Outcome Review Programme National	Yes	Data not yet available
Confidential Enquiry into Patient Outcome and Death	Yes	Data not yet available
Learning Disabilities Mortality Review Programme NHS England	Yes	Data not yet available
National Confidential Inquiry into Suicide and Safety in Mental Health	Yes	Data not yet available

The Trust utilises clinical audit as a process to embed clinical quality at all levels in the organisation and create a culture that is committed to learning and continuous organisational development. Learning from clinical audit activity is shared throughout the organisation.

The reports of [to be confirmed] national clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2021/22 and Gateshead Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Cardiac Arrest Audit (NCAA)

During this time a total of 162 calls were raised and this includes cardiac arrest, respiratory arrest, calls for urgent help, false calls, and unknown events. 66 of these calls were for cardiac arrest and related to 63 individuals – three patients having had cardiac arrests twice. These patients still met the criteria for inclusion within the NCAA database and any reports relating to this time frame will have referred to 66 episodes.

Our report trends relating to patient profiles changed during Covid-19 in that we were noticing younger patients having cardiac arrest. Our outcomes are still poor when compared to other participating Trusts however we are being compared to other Trusts who maybe cardiac centres or include Accident & Emergency cardiac arrest events. These are excluded from our audit and generally have better outcomes than ward based deteriorating patients.

Actions:

- We have carried out detailed forensic audits on patients who have raised concerns and two in particular were presented at the Mortality & Morbidity Steering Group.
- Fluid balance has been included within Nerve Centre this issue will improve.
- Continue with participation in the national audit

National Audit of Inpatient Falls (NAIF)

From January 2019 NAIF changed to become a continuous audit of in-patient falls resulting in in-patient hip fractures, one of the most severe harm events occurring as a result of falling. The records are cross linked with the National Hip Fracture Database (NHFD) which is part of the same audit programme. The National NAIF report 2021 (data from January 2020 to December 2020) was released in Autumn 2021. This year more focus was placed on immediate post fall checks, in line with NICE Quality Standard 86. Key post fall findings included two thirds of patients were checked for signs of injury before being moved from floor and 62% were assessed by a medical professional or equivalent with 30 mins of a suspected severe harm fall. However, it took an average of two hours for a patient with a suspected fractured neck of femur to receive analgesia. Nationally there were low rates of transfer of patient from the floor with flat lifting equipment (26%).

In terms of the local trust level report (released July 2021) the output from the facilities section of the audit was as follows: Positives: access to flat lifting equipment, reporting all inpatient fractured neck of femurs as severe harm, regular reporting of falls rates and falls per 1000 bed days, MDT led falls working group and written information for patients about falls.

Areas to improve: no mandatory falls training for all clinical staff (in 50% trusts this is the case), no walking aid policy for seven-day access to walking aids, no bed rail audit carried out in the past 12 months, not clear who the is the designated executive and non -executive director for falls in the trust. Latest trust Key Performance Indicators (based on 21 cases over the past 12 months to the end of November 2021): Checked for signs of injury before moved from the floor – 90% (NAIF overall 76%). Used a safe manual handling method to move the patient from the floor – 86% (NAIF overall 86%). Medical assessment within 30 minutes of a fall – 33% (NAIF overall 68%) – need to understand why this is lower than expected

Actions

- Falls risk assessment and post falls assessment to be moved from paper copy to Nervecentre
- Ensure Enhanced Care assessment is effective at identifying those at high risk of falling
- Aim to have rapid review/ hot debriefs post an inpatient fractured neck of femur to help provide real time feedback and learning and the inform the Datix/patient safety investigation process
- Business case for inpatient falls nursing team (currently not in place)
- Look at mandatory training of all clinical staff in falls prevention and assessment

The Case Mix Programme (CMP) 2021/22

The Case Mix Programme is an audit of patient outcomes from adult and general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales, and Northern Ireland. It is run by the Intensive Care Audit and Research Centre (ICNARC). Data is collected on all patients admitted to the Critical Care Unit. Data on various outcomes and process measures are then compared with the outcomes from other Critical Care Units in the UK. In addition to the well-established CMP audit, ICNARC have more recently introduced a Process Audit for Covid-

19 patients, which examines the therapies given to Covid-19 patients before and during their Critical Care admission. In the past 12 months the Critical Care Unit have uploaded data on 784 patients to the CMP and have continued to contribute data to the Covid-19 Process Audit. The increased frequency of data submission requested by ICNARC in response to the Covid-19 pandemic has continued with data uploads required daily at times of high Covid-19 activity. CMP/ICNARC continue to publish Quarterly Quality Reports (QQR) for each individual critical care unit. Our most recent QQR, including data up to the end of Q3 21/22 shows strong performance in admission and discharge from Critical Care with a reduction in the number of delayed discharges. Our overall standardised mortality rate was at the higher end of the normal range, but the reports advise caution in interpreting mortality rates due to the impact of Covid-19. Mortality for patients with a predicted mortality of <20% was in the middle of the normal range.

Plan for the next 12 months:

- The software used to collect patient data and produce data exports for CMP is changing to a web-based database system from 1st July 22. There is training planned to provide the required knowledge and familiarise staff with the system prior to its go-live date.
- Continue to collect and submit data to Intensive Care National Audit and Research Centre (ICNARC)/CMP.
- Continue to collect and submit data to the Covid-19 Process Audit.
- Ongoing education of ward clerks and nursing/medical staff regarding the correct entry of data, assisted by the ICNARC data clerk.
- Use the QQR to ensure timely identification of any areas of deterioration in performance and address these when they occur.
- Continue to share QQR and other CMP/ICNARC data with relevant teams within the Trust.

- **National Heart Failure Audit**

The number of cases submitted for 2021/22 is reduced compared to pre-Covid-19 data input. This is due to a variety of issues due to the Covid-19 pandemic. Specialist heart failure input for patients admitted with heart failure has been proven to improve outcomes in reducing in-hospital and post hospital mortality and reducing re-admission with heart failure. However, a surge in outpatient referrals and reduced workforce due to redeployment to ward areas during staffing crisis has led to many in patients with heart failure not being picked up or reviewed by the heart failure nursing team. Therefore, the number of cases submitted will not reflect Hospital Episodes Submitted data. Specialist follow up within two weeks of discharge is a measure that has been difficult to meet due to the backlog from Covid-19 and staffing shortage within the team. Heart failure input also needs to be stepped up front of house in order to avoid unnecessary admission to hospital.

Actions:

- Specialist Heart Failure pharmacist successfully appointed
- Plans to establish heart failure specialist nurse input into Same Day Emergency Care programme
- Plan to re-establish heart failure day unit providing ambulatory heart failure management
- Increase in-patient services in order to reduce the number of patients with heart failure being missed

- **National Audit of Care at the End of Life**

This is a comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals, community hospitals and mental health inpatient providers in England, Wales, and Northern Ireland. The Trust's overall result is excellent, with summary scores exceeding the national average in 10 out of 12 domains. This is in line with our previous results in 2018 and 2019, though scores cannot be directly compared due to changes made to the data collection domains. The below-average score for of 7.5 (compared with 8.1 nationally) reflects the fact that we were amongst a minority of 40% of Trusts that do not have a face-to-face Specialist Palliative Care advice service (doctor and/or nurse) available eight hours a day, seven days a week. Our End-of-Life Education program (including induction, mandatory training, and communication skills) was, however a strength in this area. Though not captured in the summary scores, the case note review demonstrated that the possibility of dying was recognised promptly, with time from admission to recognition less than 48 hours in 54% of Gateshead's submission, compared with 32% nationally. In 62.2% of Gateshead's submission, recognition occurred at least 48 hours prior to death, compared with 47.6% nationally.

Actions

- The audit report will be shared with the Trust End of Life Steering Group and Mortality and Morbidity Steering Group and will contribute to ongoing evaluation of strategic, clinical, and training priorities.
- The Specialist Palliative Care Team is embarking on a piece of work with the Transformation team, to explore options for seven day working.
- The Specialist Palliative Care education team is promoting palliative and end of life care training and education opportunities, via its bespoke prospectus of local events and study days.
- Training in the use of the Caring for the Dying Patient Document will continue, with plans for a full re-launch later this year when it becomes digitalized.
- The Specialist Palliative Care team will maintain visibility and accessibility on the hospital wards, utilizing systems such as Nerve Centre to proactively identify patients who may be dying. It will also participate in the Seeking Excellence in End-of-Life Care (SEECare) Audit to assess whether further work is required to support generalist provision of end of life care.
- The Trust will continue to participate in the National Audit on Care at the End of Life

- **Audit of Patient Blood Management (PBM) & NICE Guidelines**

PBM is a multidisciplinary, evidence-based approach to optimising the care of patients who might need a blood transfusion. The deployment of PBM initiatives reduces inappropriate transfusion, which improves patient safety, reduces hospital costs, and helps to ensure the availability of blood components when there is no alternative. Audit of PBM practice is vital to help us to understand the quality of care and to indicate where corrective measures are needed. The standards for this audit were adapted from those issued in NICE QS138: Quality Statement 1: People with iron deficiency anaemia are treated with iron supplementation before surgery. National 665/1131 (59%) (Trust 77.8%) of the patients who were known to have iron deficiency anaemia prior to being admitted for surgery were treated with iron before surgery. The precise reasons for not treating the remainder of the patients were not captured in this audit.

Actions • The audit shows a solid foundation for good practice and suggests hospitals need to understand what barriers may exist to improving practice and revise their procedures to implement the four Quality Statements for blood transfusion • Continue to Participate in the national audit programme.
• **Elective Surgery (National PROMs Programme)** Awaiting further information
• **National Pregnancy in Diabetes Audit** Awaiting further information
• **National Diabetes Footcare Audit** Awaiting further information
• **Pulmonary Rehabilitation-Organisational and Clinical Audit** Awaiting further information
• **National Audit of Cardiac Rehabilitation** Awaiting further information
• **National Audit of Dementia** Awaiting further information
• **National Audit of Cardiac Rhythm Management** Awaiting further information
• **Myocardial Ischaemia National Audit Project** Awaiting further information
• **National Emergency Laparotomy Audit** Awaiting further information
• **National Joint Registry** Awaiting further information
• **National Maternity and Perinatal Audit** Awaiting further information
• **National Neonatal Audit Programme** Awaiting further information
• **National Paediatric Diabetes Audit** Awaiting further information
• **National Outpatient Management of Pulmonary Embolism** Awaiting further information
• **National Smoking Cessation** Awaiting further information
• **Sentinel Stroke National Audit Programme** Awaiting further information
• **Trauma Audit & Research Network** Awaiting further information
• **National Audit of Breast Cancer in Older Patients**

Awaiting further information

The reports of [to be confirmed] local clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2021/22 and Gateshead Health NHS Foundation Trust intends to take actions to improve the quality of healthcare provided. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of our services:

Business Unit	Speciality	Actions identified
General Surgery	Trauma & Orthopaedics	Completion of the Nottingham Hip Fracture Score (NHFS) in the Trauma & Orthopaedic Department The audit showed 12% of high-risk patients had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussion by the surgical team (36% had a pre-existing DNACPR, 20% by medical team and remaining 32% did not have a DNAR on discharge). 60% of high-risk patients had their surgery discussed with the family. Higher NHFS in patients who died versus patients who survived. Need to improve compliance of NHFS completion. Room for surgical team to increase engagement in DNACPR discussions and escalation planning for high-risk patients. The trust needs to ensure all patients with a consent form 4 are discussed with family and that patients that are high risk, and patients with consent form 1 have this offered to them. Actions: • Clerking booklet required updating with NHFS information included this has now been completed. • An electronic application on Nervecentre needed to be created, this has now been achieved and is currently awaiting implementation. • Re-audit in 2022
Medicine	Care of the Elderly	Auditing the accurateness of fluid balance documentation, appropriate escalation and thereafter management of negative fluid balance. The audit showed that 37% did not have accurate fluid balance documented 36% of patient with a poor fluid balance were not escalated as such Incorrect fluid prescribing for clinical/individual need in 25% of cases. Areas for improvement to be made are accuracy and uniformity of paper fluid charts, incorporation of Intravenous Therapy IVT) and Nasogastric (NG) feeds onto all fluid charting and an escalation system in nerve centre for fluid balance problems with patients. Actions: • A new uniform paper chart is currently in development to be trialled to improve the recording of fluid balance. • A re-audit will be undertaken once the new electronic tool has been developed.
Surgery	General Surgery	Compliance with Antimicrobial Guidance in Surgical Patients Results showed 28 surgical inpatients in total, 16 of which were

		prescribed antibiotics. Only 3/16 patients prescribed antibiotics had an appropriate end date. Less than 20% concordance with trust guidelines. Majority of patients had no defined course length prescribed on the system, room for significant improvement, less than 20% concordance with trust guidelines. Actions: • Staff require a teaching session on antimicrobial stewardship and should include these audit results in a presentation, this was undertaken in November 2021. • Posters have been developed in the doctors' offices as a visual prompt.
General Surgery	Trauma & Orthopaedics	NEON* Regional Audit: Audit of mortality following inpatient falls and fractured neck of femur (NOF) (*Northeast Orthogeriatric Network) Compliance with national standards was 100% however, compliance with local standards required improvement. Previous inpatient fall is common in those with inpatient neck of femur (NOF) fracture (52%). Previous fragility are predictors of increased rate of inpatient NOF fracture (35%). Toilet / bathroom are common sites of inpatient NOF fracture (34%) Majority of NOF fractures occur between 5pm and 8am when less staff around. Majority of these patients were frailer and more cognitively impaired. Staff need to be reminded of the guidelines on falls. Need to understand the importance of previous falls and use as an opportunity to address and risk factors Actions: • Audit findings have been presented to Trust Falls Group, NEON and Care of the Elderly SafeCare meeting. • Update the Trust Guideline for falls - this has been done and is awaiting final ratification.
Surgery	Critical Care	Emergency drug bag and airway bag checks on critical care This audit has shown that relatively simple changes have improved our practice. The emergency airway and drug bags are now being regularly checked and re-stocked if needed. This allows us to have confidence that all the necessary equipment is there and in-date for a potential emergency. Discussion with the senior team whether the contents of the bags should be amended as there are as an example three different muscle relaxants including atracurium which rarely gets used. Actions: • Update the bag contents once agreed • Re-audit in six months to ensure practices are upheld and the process continues to improve
Clinical Support & Screening	Diagnostic Imaging	Audit of yield and complications of ultrasound-guided neck biopsy (non-thyroid) Ultrasound guided neck lesion sampling is considered as a low-risk out-patient procedure without any special preparation or precautions. Investigation of one case of severe bleeding prompted this audit to confirm risk: benefit ratio and help produce a patient

		information leaflet. 18/94 (19%) of the adequate samples were benign. Some (e.g., salivary lesions) were confirmed benign at resection and some (e.g., presumed reactive nodes) had no further relevant "events" on ICE/OpenNet and thus presumed benign. Two cases with fluorodeoxyglucose (FDG) positive nodes on positron emission tomography (PET) in context of proven primary malignancy were still regarded with suspicion for clinical management. Two cases went on to develop lymphoma in axillary nodes. This gives a crude feel for the predictive value of a benign biopsy. Actions: • Finalise patient information leaflet • Reinforce preference for core biopsy of nodes rather than fine needle aspiration (FNA) if possible and appropriate • Re-audit

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Gateshead Health NHS Foundation Trust in 2021/22 that were recruited during that period to participate in research approved by the Health Research Authority (HRA) was 2,407 [to be updated when final figures released].

Recruitment by Managing Specialty	Total
Ageing	8
Anaesthesia, Perioperative Medicine and Pain Management	9
Cancer	54
Cardiovascular Disease	2
Critical Care	53
Dementias and Neurodegeneration	188
Diabetes	2
Gastroenterology	4
Health Services Research	28
Hepatology	31
Infection	554
Mental Health	90
Metabolic and Endocrine Disorders	40
Musculoskeletal Disorders	13
Public Health	32
Reproductive Health and Childbirth	1172
Respiratory Disorders	92
Stroke	9
Surgery	9
Trauma and Emergency Care	17
Total	**2,407**

The Trust continues to demonstrate its commitment to improving the quality of care it offers and making its contribution to wider health improvement.
In line with National Institute for Health and Care Research (NIHR's) Restart Framework, here are the 3 key aims:

1. The restart of paused NIHR research that was underway in the healthcare system prior to the COVID-19 'surge'
2. The Commencement of 'new' NIHR research, and
3. The prioritisation of resources in the NIHR Clinical Research Network (CRN) and NIHR infrastructure more broadly

The Trust restarted the paused and commenced new research following the guiding principles, preconditions, study prioritisation and local and national roles set out in the framework.

However, running alongside the Restart Framework, the Trust also worked tirelessly on the COVID-19 Urgent Public Health (UPH) studies to gather the necessary clinical evidence to inform national policy and enable new diagnostic tests, treatments, and vaccines to be developed and tested for COVID-19. The Trust ran the following studies: RECOVERY, PANCOVID, GenOMICC, MERMAIDS, The Psychological Impact of COVID-19 Pandemic, PIM-COVID and ISARIC.

ISARIC

The ISARIC / CCP-UK Study (formerly the Novel Coronavirus Study) is a data collection study (Protocol Tier 0) to accelerate the collective understanding of COVID-19 to help improve patient care and inform public health policy.

ISARIC would go on to recruit over 280,000 participants across the Nation. By March 2022 Gateshead had recruited **2,017** participants.

RECOVERY
Randomised Evaluation of COVID-19 Therapy

The RECOVERY trial is the world's largest clinical trial into treatments for COVID-19, with more than 45,800 participants across 205 trial sites in the UK.

The RECOVERY Trial is one of the new "Platform Trials" a trial comparing multiple treatments at the same time using a single protocol. This allows new treatments to be added and ineffective treatments to be dropped throughout the course of the trial.

The RECOVERY Trial (led by Oxford University) found one of the world's first COVID-19 treatments, Dexamethasone. This cheap, readily available steroid was shown to reduce deaths of hospitalised COVID-19 patients by one third.

The press releases and publications about the results for each drug tested on the RECOVERY Trial can be found at: https://www.recoverytrial.net/results

By March 2022, Gateshead had recruited **207** participants.

GenOMICC is an, open, collaborative, global community of doctors and scientists trying to understand and treat critical illness with the aim of identifying the specific genes that cause some people to be susceptible to specific infections and consequences of severe injury. Identifying these genes will help use existing treatments better and assist with the design of new treatments to help people survive critical illness.

GenOMICC is the largest study of its kind anywhere in the world and Gateshead Health NHS Foundation Trust has consistently been the highest recruiting sites in the United Kingdom.
GenOMICC has gone on to recruit over 18,000 participants. By March 2022, Gateshead had recruited **99** participants.

PAN-COVID is a global registry of women affected by COVID-19 in pregnancy and their babies, to guide treatment and prevention.

COVID-19 outbreak will affect thousands of pregnant women globally and evidence is limited on its impact on pregnancy and neonates. There is a need to collect clinical experience of COVID in pregnancy and the neonates to inform the global community about the natural history of the disease and guide improvements in clinical care and public health.

It is hoped that the research will help scientists gain a better understanding of how coronavirus affects early pregnancy, fetal growth, prematurity, and virus transmission to the baby.

MERMAIDS
Multi-centre EuRopean study of MAjor Infectious Disease Syndromes

The aim of this European study is to find out why some people become sicker than others when they have an acute respiratory infection. More information about how different people respond to the agents that cause respiratory disease will allow better prediction on how bad the infection is likely to be and to develop treatments specific to that particular patient. This could reduce disease severity and the risk of complications and also reduce the need for hospital admission.

Blood samples will be analysed to observe individual gene activity (the process by which the instructions in our genes are converted into a product, such as a protein) and compared with samples

from people with different risk factors. This will provide detailed information on how the body responds to infection and the effects of different risk factors.

MERMAIDS has gone on to recruit over 1,100 participants across 36 sites. By March 2022, Gateshead had recruited **92** participants.

The Psychological Impact of COVID-19 Pandemic: An International Survey

The Psychological Impact of COVID-19 Study aimed to explore the outbreak and the resultant restrictions in terms of behavioural, emotional, and social factors.

The general public including Health Professionals and those with pre-existing mental health conditions were invited to complete an online survey in the hope that this would enable the identification of vulnerable groups who may experience more extreme or differing impacts to the rest of the population.
The study has recruited over 188,000 participants across 400 sites. By March 2022, Gateshead had recruited **238** participants.

Psychological IMpact of COVID-19
PIM-COVID

The aim of the PIM-Covid study is to assess the short- and long-term psychological impact on patients who have survived an admission to intensive care due to COVID-19, and identify possible predictors of anxiety, depression, and trauma symptoms in this patient group.

By March 2022 Gateshead had recruited **12** participants.

BE PART OF RESEARCH

The Chief Nursing Officer (CNO) for England, launched the Strategic Plan for Research in November 2021 in conjunction with NHS England and NHS Improvement. The plan is for all nurses working in health and social care, (whether they are already or thinking about getting involved in research), colleagues in academia and the third sector and all those who support research. It has been developed in partnership with stakeholders across the health and care system including the Innovation, Research and Life Sciences Group within NHS England and NHS Improvement.
It sets out the CNO's ambition to "create a people-centred research environment that empowers nurses to lead, participate in, and deliver research, where research is fully embedded in practice and professional decision-making, for public benefit". This plan complements the ambitions set out in Saving and improving lives: the future of UK clinical research delivery and will form part of NHS England and NHS Improvement's contribution to the delivery of this vision.

Fulfilling this ambition will strengthen and expand nurses' contribution to health and care research of global significance. This provides the scientific basis for: the care of people across the lifespan, during illness and through to recovery and at the end of life, preventing illness, protecting health, and promoting wellbeing.

The Research Team also delivered training to the Foundation Doctors to highlight why research is important within the NHS, why it is important to ask the new questions and why we need evidence-based practice. The training session proved extremely popular and will continue to be delivered to subsequent Foundation Doctors.

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

A proportion of Gateshead Health NHS Foundation Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals agreed between Gateshead Health 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. A monetary total of £0 of the Trust's income in 2021/22 was conditional upon achieving quality improvement and innovation goals due to their suspension as part of the NHS Covid-19 funding regime.

Registration with the Care Quality Commission (CQC)

Registration with the Care Quality Commission (CQC) Gateshead Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2021/22.

Gateshead Health NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

There were no unannounced inspections by the CQC in 2021/22, there was one Mental Health Act (1983) Monitoring visit to Cragside in September 2021.

Data Quality

Gateshead Health NHS Foundation Trust recognises that it is essential for an organisation to have good quality information to facilitate effective delivery of patient care, and this is essential if improvements in the quality of care are to be made.

Gateshead Health NHS Foundation Trust submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS Number was:	Trust %	National %
Percentage for admitted patient care*	99.9%	99.7%
Percentage for outpatient care*	99.8%	99.8%
Percentage for accident and emergency care†	99.1%	96.0%

Which included the patient's valid General Medical Practice Code was:	Trust %	National %
Percentage for admitted patient care*	99.8%	99.7%
Percentage for outpatient care*	99.8%	99.6%
Percentage for accident and emergency care†	99.8%	98.6%

* SUS+ Data Quality Dashboard - Based on the April-21 to March-22 - SUS+ data at the Month 11 inclusion date extracted on the 17th of March 2022

†ECDS DQ Dashboard from Thursday 1st April 2021 up to and including Thursday 31st March extracted on Monday 4th April

Key

	The Trust % is equal or greater than the National % valid
	The Trust is up to 0.5% below the National % valid
	The Trust % valid is more than 0.5% below the National % valid

Information Governance Toolkit

Gateshead Health NHS Foundation Trust's Information Governance Assessment Report overall score for 2021/22 graded as – submission deadline is 30th June 2022 – therefore results are not available for this publication.

Standards of Clinical Coding

Gateshead Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Gateshead Health NHS Foundation Trust will be taking the following actions to improve data quality: -

- A full review of the Data Quality Strategy Group was completed on the Performance, Planning, Analytics and Information department away day and new weekly, monthly and quarterly meetings are to be organised and held to align good data quality with accurate reporting and performance
- Continual development of our Data Quality Metrics to ensure all appropriate indicators are covered and aligned to national and local quality indicators.
- Continue with daily batch tracing to ensure the patient demographic data held on our Patient Administration System (PAS) matches the data held nationally.
- Robotic automation software has been implemented and now has a number of live automations which focus on ensuring quality of data across all of our systems
- Circulate weekly patient level reports to allow the clinical services to fully validate 18 week and cancer pathways. A real time dashboard for 18 weeks validation has been developed with the services which no longer require them to wait until reports are circulated. Insource reviewed our 18 weeks process and positive feedback was provided on both data quality and the ability to report live dashboards.
- Spot check audits to randomly select patients and correlate their health record information with that held on electronic systems.

- Continue to work with the admin leads throughout the Trust to promote and implement data quality policies and procedures to ensure that data quality becomes an integral part of the Trust's operational processes.
- Work with NHSI and NHSE to continue provide accurate, complete and good quality data sets with the aim of reducing some of the duplicated reporting requirements that the Trust are asked to submit

2.4 Learning from Deaths

During 2021/22, there were 1169 patient deaths within Gateshead Health NHS Foundation Trust. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 239 in the first quarter;
- 298 in the second quarter;
- 342 in the third quarter;
- 290 in the fourth quarter.

* Seasonal increases in mortality are seen each winter in England and Wales.

In early April 2022, 503 case record reviews and 59 investigations have been carried out in relation to 1169 of the deaths included above.

In 34 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 166 in the first quarter;
- 165 in the second quarter;
- 141 in the third quarter;
- 56 in the fourth quarter.

Zero deaths representing 0% of the patient deaths during the reporting period is 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:

- 0 representing 0% for the first quarter;
- 0 representing 0% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter;

These numbers have been estimated using the Trust's 'Reviewing and Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and National Confidential Enquiry into Patient Outcome and Death (NCEPOD) overall care score following case note review by the consultant led team that was responsible for the patient at the time of death.

Summary of learning/Description of Actions:

Patient pathways
Patients with known specialist conditions to be taken to the most appropriate Accident & Emergency for treatment where there are the specialist teams with the relevant training to provide the best treatment. This was shared with the ambulance trust who are reviewing their current vascular surgery pathway to ensure that were a patient is already under the care of a service for AAA should be taken directly to that Trust to avoid delay of urgent treatment

Clinical Care

A number of reviews have demonstrated issues related to nutrition in patients who were kept nil by mouth due to medical issues and did not receive adequate nutrition. It was highlighted that patients determined to be obese still require appropriate nutrition and that these patients can be protein deficient. Individual cases are fed back to Nutrition and Dietetics team. The Nutrition and Dietetics team are now represented on the Mortality Council and are able to provide specialist input into the discussions at the meeting.

Communication

Good practice noted within this theme

Evidence of advanced care planning documents, regular palliative care review, discussions with family, recognition of end of life and communication with the Palliative Care Team. Issues have been highlighted with the process for the use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs) is not being followed appropriately for patients with a learning disability as has the timeliness of carrying out Mental Capacity Acts and Deprivation of Liberty (DoLs) assessments. The role of the Lead Nurse for Learning Disabilities and the support that can be provided will be promoted. An audit of all learning disability deaths that occurred between June and December 2021 to determine level of compliance with DNACPR process will be carried out. Amendments have been made to the DNACPR policy

Visiting restrictions

There have been several cases where families were unable to see their loved ones due to Covid-19 restrictions. There was evidence of poor communication with family members who should have been contacted on a regular basis by telephone calls or limited visits. Some areas have expressed concerns about poor Wi-Fi signal at times. Patient experience volunteers were introduced not only to support patients keep in touch with their loved ones via iPads, emails etc., but also to provide company and a listening ear for patients. Further initiatives to support patients and their families with Letters to a loved one, letters to a friend were introduced.

Discharge

Issues were highlighted in terms of discharge processes. Review planning and timing of discharges, to prevent inappropriate discharges late at night. Ensure that discharges to nursing homes are appropriate in terms of the nursing home having the appropriate set up to care for patients at end of life. Ensure good communication and handover to care homes and discharge of elderly patients, particularly around medication

Documentation

Issues highlighted around the quality of documentation. Ensure the sensitive recording of decision making by patient's when they do not wish to undergo treatment options offered. Ensure that when undertaking a review for another specialty, the time of the review is documented in the patient record

All conversations had with and about patients should be clearly documented in the patient records.

Heart Failure Deaths

In response to national data, a sample of heart failure deaths were reviewed; themes identified were use of telemetry, need to expand heart failure team and heart failure pathways. Actions will include more widespread use of telemetry both in cardiology ward and other areas in medicine. A business case being formulated by the heart failure specialist clinical lead to expand their services. Availability of ECHO within 24 hours of admission. Early review by cardiologists or care of the elderly consultants

with specialised interest in heart failure. Clear guidelines for juniors when some of these patients are approaching end of life and do not need aggressive fluid and diuretic management. Involvement of palliative teams in the care of this group of patients. Admit or transfer patients with heart failure to the cardiology wards whenever possible.

Assessment of the Impact:

140 case record reviews and 86 investigations were completed after 1st April 2021 which related to deaths which took place before the start of the reporting period. 0 representing 0% of the patient deaths before the reporting period are 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 Trusts 'Reviewing and Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and NCEPOD overall care score following case note review by the consultant led team that was responsible for the patient at the time of death.

2.5 Seven Day Hospital Services

The Trust has fully implemented priority standards five (access to diagnostics) and six (access to consultant directed interventions) from the 10 clinical standards as identified via the seven-day hospital services NHS England recommendations.

For clinical standard eight (ongoing review) at the time of last review we had 100% compliance for those requiring twice daily review. We have increased our consultant cover on Care of the Elderly wards at the weekends and were above 90% compliance for once daily review for patients in during weekdays (96%) but below 90% for weekends (83-87%) (April 2018, Seven Day Self-Assessment Tool).

For clinical standard two (specialty consultant review within 14 hours) we were 76% compliant (April 2018) across all seven days. We have identified arrival of patients between 4-8pm as a problem area. We introduced an extra twilight registrar shift to improve flow (August 2018) and held a weeklong improvement event in March 2019 to look at flow in the Emergency Admissions area. We have introduced a seven-day frailty front of house assessment to reduce admission and plan discharge. There is ongoing system work within Gateshead to look at frailty across all parts of the health and social care sector with which we are fully engaged.

The Covid-19 pandemic delayed further work around this agenda and we had to temporarily adapt our ways of working considerably during this time. As we come out of the pandemic, we are looking at our model of care, especially around non-elective care, and this may affect compliance with the standards as set in the original NHSE recommendations

We had moved to the Board assurance approach for assessing compliance with the seven days standards and presented the first (test) template to the Board in January 2019. We have incorporated aspects of the seven-day audit work (standards two & eight) into our ongoing regular notes audit (from February 2019) and will assess if this gives us the required data to give assurance around

performance. This audit work has also been suspended during the Covid-19 pandemic and will be reassessed as we recover from the pandemic and revise our model of care.

2.6 Freedom to Speak Up

As a result of Sir Robert Francis QC's follow up report to his Mid Staffs Report, all NHS Trusts are required to have a Freedom to Speak Up Guardian (FTSUG). Gateshead Health NHS Foundation Trust is committed to achieving the highest possible standards/duty of care and the highest possible ethical standards in public life and in all its practices. We are committed to promoting an open and transparent culture to ensure that all members of staff feel safe and confident to speak up. The FTSUG is employed by the Trust but is independent and works alongside Trust leadership teams to support this goal. The FTSUG reports to the Board and the People and Organisational Development Committee twice per year, as well as continuing to report to the National Guardian Office on a quarterly basis. Our FTSUG supports the delivery of the Trust's corporate strategy and vision as encapsulated in our ICORE values. As well as via the FTSUG, staff may also raise concerns with their trade union or professional organisations as per our FTSU Policy. When concerns are raised via the FTSUG, the Guardian commissions an investigation and feeds back outcomes and learning to the person who has spoken up. The FTSUG is actively engaged in profile raising and education in relation to this role. The FTSUG now reports directly to the Chief Executive and has regular meetings with the Director of People and OD and the NED responsible for FTSU.

2.7 NHS Doctors and dentists in training – annual report on rota gaps and the plan for improvement to reduce these gaps

The Trust Board via the People & Organisational Development Committee receives quarterly reports from the Guardian of Safe Working summarising identified issues, themes, and trends. The exception report data are scrutinised by the Medical Workforce Group with representation from all business units and actions to support areas and reduce risk/incident levels identified on a quarterly basis. These actions are escalated to the People & Organisational Development by exception when it is deemed necessary due to difficulty in reaching local resolution.

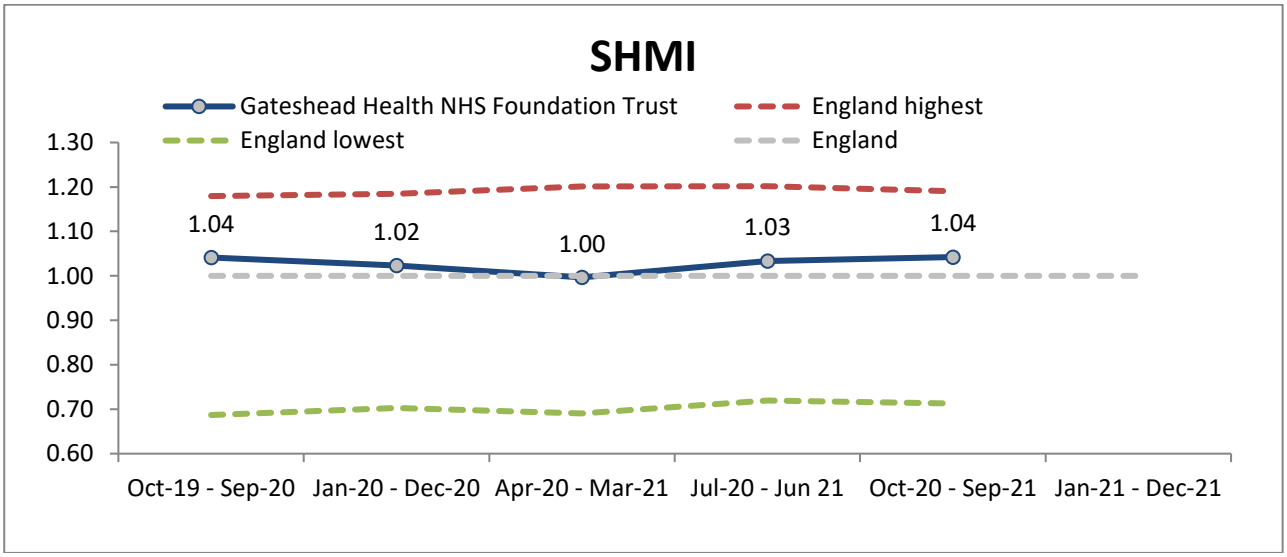
The Trust Board via the People & Organisational Development receives an annual report from the Guardian of Safe Working which includes a consolidated report on rota gaps and actions taken by the Medical Workforce Group. This report is provided to the Local Negotiating Committee (LNC) by the Guardian of Safe Working and the LNC representation at the Medical Workforce Group.

2.8 Mandated Core Quality Indicators [Awaiting last Quarter to include]

(a) SHMI (Summary Hospital-level Mortality Indicator)

SHMI	Oct-19 - Sep-20	Jan-20 - Dec-20	Apr-20 - Mar-21	Jul-20 - Jun 21	Oct-20 - Sep-21	Jan-21 - Dec-21
Gateshead Health NHS Foundation Trust	1.04	1.02	1.00	1.03	1.04	
England highest	1.18	1.18	1.20	1.20	1.19	
England lowest	0.69	0.70	0.69	0.72	0.71	
Banding	2	2	2	2	2	

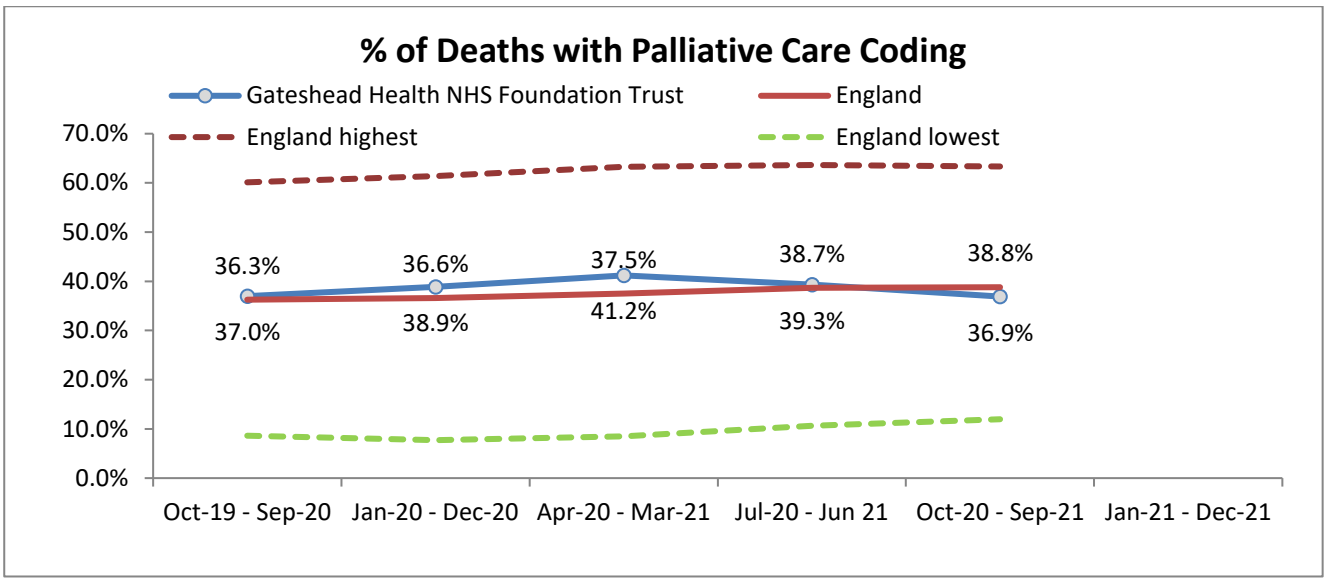
Source: www.digital.nhs.uk/SHMI



(b) The percentage of patient deaths with Palliative Care coded at either diagnosis or specialty level

% Deaths with palliative coding	Oct-19 - Sep-20	Jan-20 - Dec-20	Apr-20 - Mar-21	Jul-20 - Jun 21	Oct-20 - Sep-21	Jan-21 - Dec-21
Gateshead Health NHS Foundation Trust	37.0%	38.9%	41.2%	39.3%	36.9%	
England highest	60.1%	61.4%	63.3%	63.6%	63.3%	
England lowest	8.6%	7.7%	8.5%	10.6%	12.0%	
England	36.3%	36.6%	37.5%	38.7%	38.8%	

Source: www.digital.nhs.uk/SHMI



Gateshead Health NHS Foundation Trust considers that this data is as described for the following reasons:

- The Summary Hospital-level Mortality Indicator (SHMI) reports death rates (mortality) at a Trust level across the NHS in England and is regarded as the national standard for monitoring of mortality. For all SHMI calculations since October 2011, mortality for the Trust is banded 'as expected'. The Trust reviews its SHMI monthly at the Mortality and Morbidity Steering group.

Gateshead Health NHS Foundation Trust has taken the following actions to improve the indicator and percentage in (a) and (b), and so the quality of its services, by:

- The Trust continues to review cases for individual diagnosis groups where the SHMI & HSMR demonstrates more deaths than expected or an alert is triggered for a diagnosis group. The Trusts mortality review process can be used to review the Hogan preventability score & NCEPOD quality of care score and interrogate the narrative from the review to identify specific learning or learning themes.
- In response to a national alert, an extraordinary Mortality Councils have been set up to review a sample of heart failures deaths.
- The Trust reviews the clinical coding for alerting diagnosis groups to determine whether the appropriate diagnosis was assigned and to refine the coding where appropriate.
- The Trust continues to review palliative care coding and to ensure palliative care is recorded for all cases where this is appropriate and has seen the level of palliative care increase over the last 12 months

Patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care

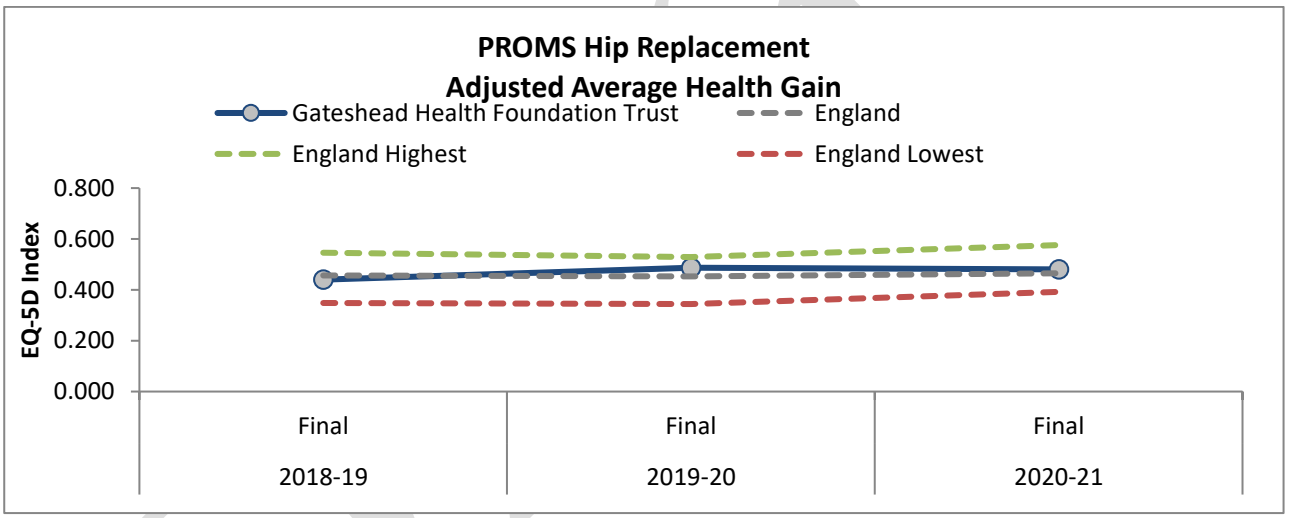
In March 2020, the collection was suspended due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response. This indicator is not included because of the suspension and has not yet been reinstated.

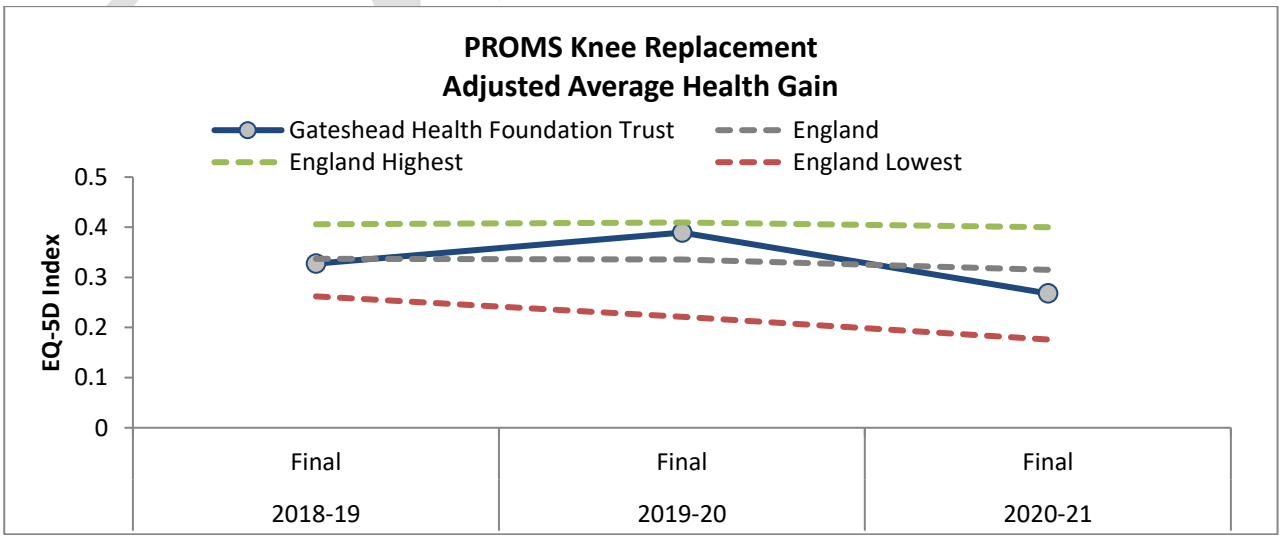
PROMs (Patient Reported Outcome Measures) for Hip Replacement and Knee Replacement:

Hip Replacement Adjusted average health gain EQ-5D index	2018-19 Final	2019-20 Final	2020-21 Final
Gateshead Health Foundation Trust	0.440	0.487	0.481
England	0.457	0.453	0.465
England Highest	0.546	0.529	0.576
England Lowest	0.348	0.344	0.392

Knee Replacement Adjusted average health gain EQ-5D index	2018-19 Final	2019-20 Final	2020-21 Final
Gateshead Health Foundation Trust	0.327	0.389	0.268
England	0.337	0.335	0.315
England Highest	0.406	0.409	0.400
England Lowest	0.262	0.221	0.176

Source: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms





Gateshead Health NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

- The Trust performance for PROMS score in 2020-21 has decreased for both hips and knees. The Trust scores are within common cause variation from the England average therefore neither statistically better nor worse.
- Procedure volumes were reduced due to Covid, any outliers are likely to skew data negatively. For patients who were waiting longer, it is likely that more complexity to their case contributed to their outcomes.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:

- Data continues to be shared and discussed in the regional Orthopaedic Alliance group as part of a Getting it Right First Time (GIRFT) review across all regional providers.
- The trust is an integral part of the newly formed North East and North Cumbria orthopaedic alliance as part of the pandemic recovery programme and is working within this group to achieve a centrally agreed shared data set for the group to develop shared learning and reductions in unwarranted variation.

Emergency Readmissions within 30 Days

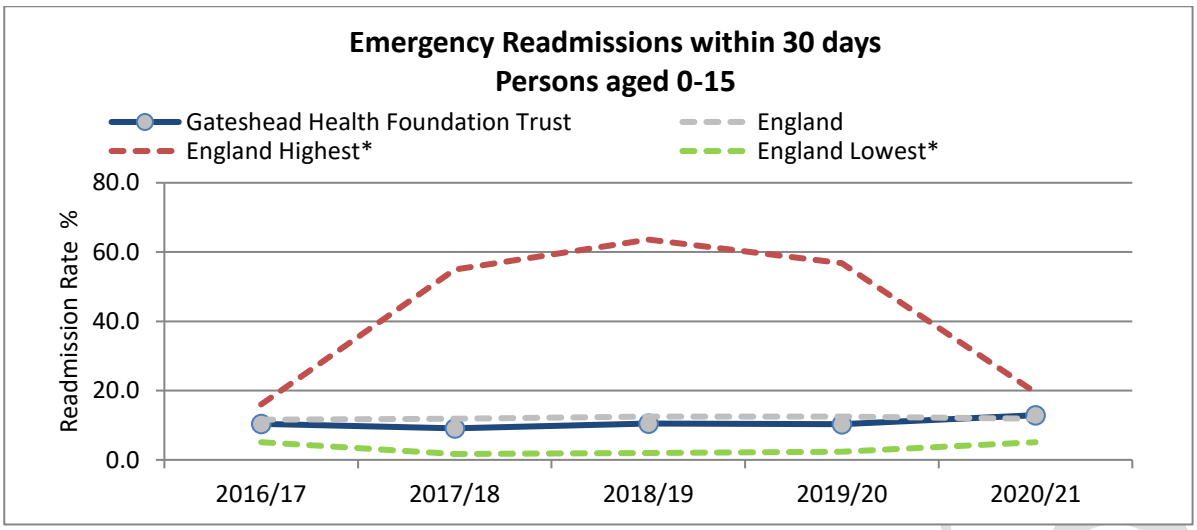
- Aged 0 – 15yrs

Emergency readmissions within 30 days of discharge from hospital Persons aged 0-15	2016/17	2017/18	2018/19	2019/20	2020/21
Gateshead Health Foundation Trust	10.4	9.1	10.5	10.3	12.9
Banding	W	B1	B5	B5	W
England	11.6	11.9	12.5	12.5	11.9
England Highest*	16	54.9	63.6	56.8	19.5
England Lowest*	5.1	1.7	2.0	2.4	5.1

B1 = Significantly lower than the national average at the 99.8% level

B5 = Significantly lower than the national average at the 95% level but not at the 99.8% level

W = National average lies within expected variation (95% confidence interval)
*Excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e., below 200).



Gateshead Health NHS Foundation Trust considers that the data is as described for the following reasons:

- Whilst Emergency readmission rates have increased slightly in 2020/21, they have broadly remained static over the last five years, tracking 'Significantly lower' or within than the national average in each of the last six years. The increase this year remains within the expected variation from the national average.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcomes, and the quality of its services, by:

- The Trust will continue to monitor performance and undertake further investigations/actions should the increase in rates continue.

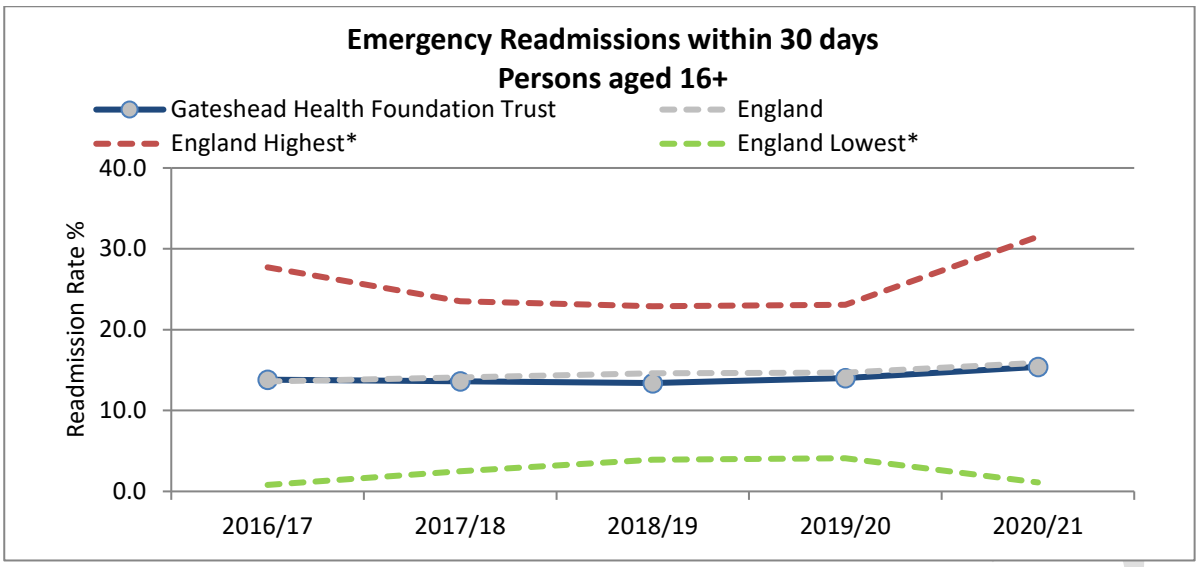
- Aged 16 years or over

Emergency readmissions within 30 days of discharge from hospital Persons aged 16+	2016/17	2017/18	2018/19	2019/20	2020/21
Gateshead Health Foundation Trust	13.8	13.6	13.4	14.0	15.4
Banding	W	W	B1	B5	W
England	13.6	14.1	14.6	14.7	15.9
England Highest*	27.7	23.5	22.9	23.1	31.5
England Lowest*	0.8	2.5	3.9	4.1	1.1

B1 = Significantly lower than the national average at the 99.8% level

B5 = Significantly lower than the national average at the 95% level but not at the 99.8% level

W = National average lies within expected variation (95% confidence interval)
*excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e., below 200).



Gateshead Health NHS Foundation Trust considers that the data is as described for the following reasons:

- Emergency readmission rates have risen slightly in 2020/21 however remain in line with the national average. We continue to work on our transformation agenda and believe current levels reflect the various actions taken and initiatives listed below.

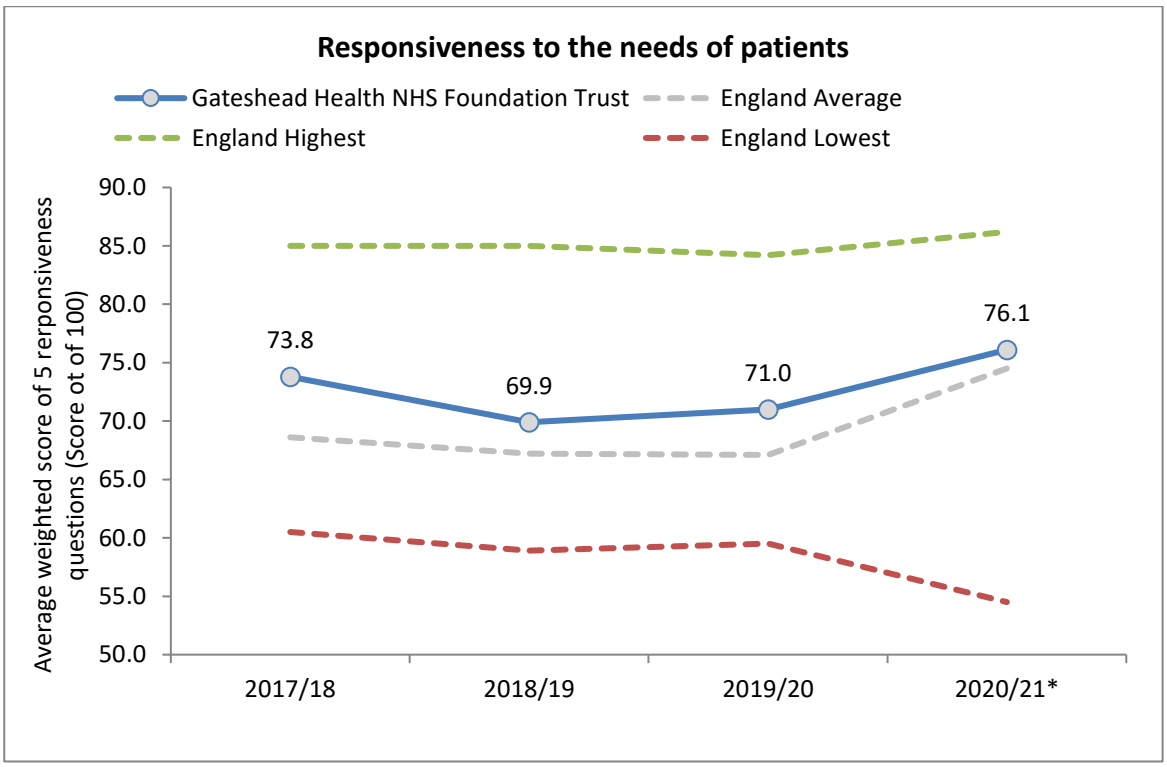
Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcomes, and the quality of its services, by:

- Local monitoring of readmissions by ward and speciality to ensure that there is oversight of outlying areas.
- Reviews of readmissions that highlight failed / inappropriate discharges to better understand where practices can be improved and help ensure lessoned are learned.
- Successfully appointed a number of Discharge Coordinators across the Trust to improve discharge arrangements for patients and more robustly ensure patients' needs are met on discharge.
- Established a new Same Day Emergency Care (SDEC) Unit, which focuses on reducing patient admissions into hospital. We are looking to expand this service to include additional pathways of care and are working closely with colleagues in Primary Care to improve our services for patients.

Trust's responsiveness to the personal needs of its patients

Responsiveness to the personal needs of patients	2017/18	2018/19	2019/20	2020/21*
Gateshead Health NHS Foundation Trust	73.8	69.9	71.0	76.1
England Average	68.6	67.2	67.1	74.5
England Highest	85.0	85.0	84.2	86.2
England Lowest	60.5	58.9	59.5	54.5

*March 2022 - As of the 2020-21 survey, changes have been made to the wording of the 5 questions, as well as the corresponding scoring regime, which underpin the indicator. As a result, 2020-21 results are not comparable with those of previous years.
The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals. (Score out of 100) Patient experience measured by scoring the results of a selection of questions from the National Inpatient Survey focusing on the responsiveness to personal needs



Gateshead Health NHS Foundation Trust considers that this data is as described for the following reason:

- The data supplied by NHS Digital and is consistent with internal data reviewed on a monthly basis of patient feedback of their experience.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

- Continuing to encourage patients and carers in taking part in robust multi-disciplinary care discussions where the patient can discuss their individual needs as an inpatient.
- Continuing to collect feedback from patients, carers and relatives through a variety of different sources including the Friends and Family Test which has recently been enhanced through a digital text messaging option for patient feedback in addition to Friends and Family Test cards, service level patient experience questionnaires as well as a through the collection of patient stories and co-design workshops by the Patient Experience Team which has led to service level action plans for improvement.
- The Patient Involvement Forum has been stood down during Covid-19, but this has utilised email and post to ensure service developments are responsive to patient needs.
- We continue to closely monitor our patient experience reporting and provide updates through the Patient Public Carer Involvement and Experience Group (PPCIEG) and the SafeCare/Risk and Patient Safety Council.
- Within the Patient Experience Team, a Rapid Process Improvement Workshop (RPIW) has commenced in response to complainant feedback and the new Parliamentary and Health Service Ombudsman (PHSO) which are being piloted in sites across the UK. The aim is to provide a quicker, simpler, and more streamlined complaint handling service, with a strong focus on early resolution by empowered and well-trained staff. There will also be a strong emphasis on senior leaders regularly reviewing what learning can be taken from complaints, and how this learning should be used to improve services.

- Implementing a series of Business Unit level improvements following patient engagement and involvement demonstrating our responsiveness to individual needs. This includes an initiative launched by our Safeguarding team with the introduction of grab bags which will include essential items for people who have fled domestic abuse situations and following PALs and Complaints feedback, introducing a 'Give and Go' service at the main entrance of the Queen Elizabeth Hospital, allowing friends and family members to deliver essential belongings to the main entrance for patients while they are in our hospital.

Percentage of staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

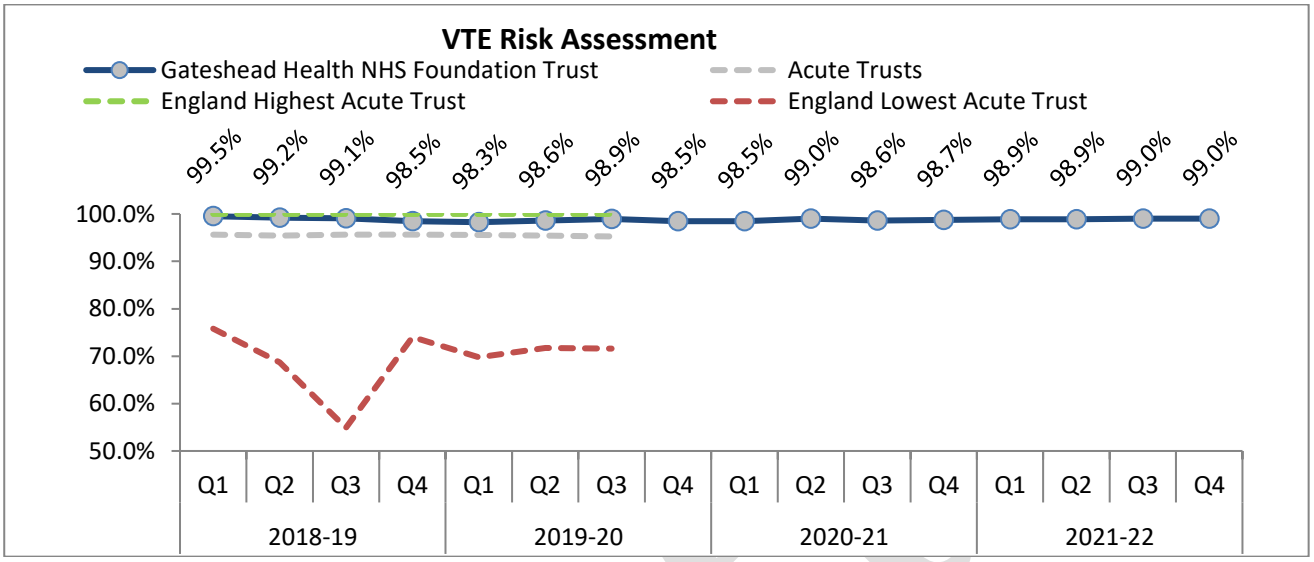
The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

[To be removed – Replaced by the Peoples Pulse to be included within the People and development section]

Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism

Year	Quarter	Gateshead Health NHS Foundation Trust	England Highest Acute Trust	England Lowest Acute Trust	Acute Trusts
2018-19	Q1	99.5%	100.0%	75.8%	95.6%
	Q2	99.2%	100.0%	68.7%	95.4%
	Q3	99.1%	100.0%	54.9%	95.6%
	Q4	98.5%	100.0%	74.0%	95.6%
2019-20	Q1	98.3%	100.0%	69.8%	95.6%
	Q2	98.6%	100.0%	71.7%	95.4%
	Q3	98.9%	100.0%	71.6%	95.3%
	Q4	98.5%	Collection suspended to release capacity to manage COVID-19 and yet to be reinstated		
2020-21	Q1	98.5%			
	Q2	99.0%			
	Q3	98.6%			

	Q4	98.7%	
2021-22	Q1	98.9%	
	Q2	98.9%	
	Q3	99.0%	
	Q4	99.0%	



The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

- Gateshead Health NHS Foundation Trust Compliance with DVT risk assessment has reached 95% in all areas of the hospital which use the JAC prescribing site and reassurance have been gained regarding robust assessment in Critical Care which use a paper documentation. A customised area has been set up on Datix in order to report cases of Hospital Acquired Thrombosis

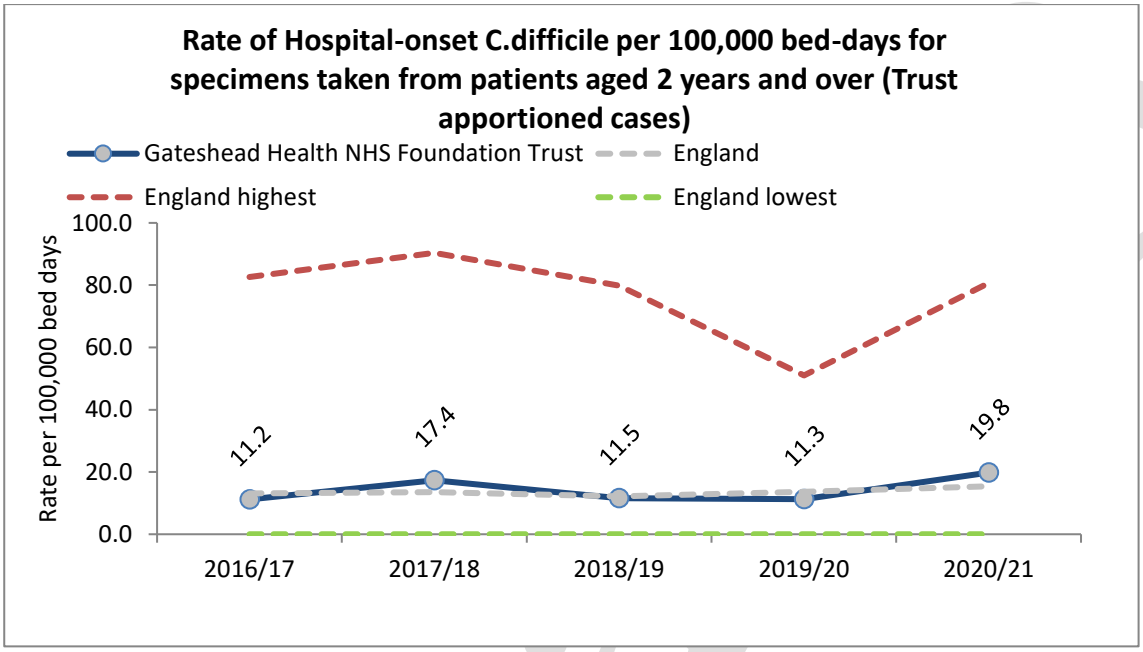
The Gateshead Health NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services, by:

- A Venous Thromboembolism Committee meet regularly to update all guidelines and raise awareness of deep vein thrombosis and pulmonary embolism and the impact on health. Education of junior doctors and nursing staff have been commenced with regular sessions in the Clinical Leads Nursing meeting and SafeCare meetings. The intranet has been updated with these guidelines and an e-learning module for this has been set up with the help of the Practice and Development Team.
- All new NICE guidelines are monitored on a monthly basis and the relevant updates sent to the respective teams

The rate per 100,000 bed days of cases of *Clostridium difficile* infection (CDI) reported within the Trust amongst patients aged 2 or over

Rate of Hospital-onset C. difficile per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	2016/17	2017/18	2018/19	2019/20	2020/21
Gateshead Health NHS Foundation Trust	11.2	17.4	11.5	11.3	19.8
England highest	82.6	90.4	79.8	51.0	80.6
England lowest	0.0	0.0	0.0	0.0	0.0
England	13.1	13.6	12.2	13.6	15.4

Source:https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data



Source:https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data

- Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or even fatal, infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Reduction of CDI continues to present a key challenge to patient safety across the Trust, therefore ensuring preventative measures and reducing infection is very important to the high quality of patient care we deliver.
- The Trust reports Healthcare associated CDI cases to PHE via the national data capture system against the following categories:
  - Hospital onset healthcare associated (HOHA): cases that are detected in the hospital 2 or more days after admission (where day of admission is day 1)
  - Community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks.
- Nationally the financial sanctions for CDI have been removed and the 'appeals' process no longer in use, and the expectation that organisations will perform local review of cases.
- The Trust is required under the NHS Standard Contract 2021/22 to minimise rates of Clostridioides difficile (C. difficile) so that it is no higher than the threshold level set by NHS England and Improvement.
- For 2021/22 GHNFT reported thirty-two (32) cases of healthcare associated CDI against the threshold of forty-two (42). Twenty-two (22) hospital onset healthcare associated, and ten (10) community onset healthcare associated cases.

- The Trust has reported a yearly reduction in CDI cases following the introduction of the revised categories. In 2019/20 the Trust reported forty-five (45) healthcare associated CDI and in 2020/21 reported forty (40) healthcare associated CDI, a reduction of five (5) cases and demonstrating an 11% improvement. In 2021/22 the Trust reported thirty-two (32) healthcare associated CDI, a reduction of eight (8) cases from the previous year and as such a 20% improvement. From the introduction of the revised reporting classifications for CDI, the Trust has demonstrated an 29% reduced incidence of healthcare associated CDI.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services by using the following approaches:

- An internal review is held for all healthcare associated CDI cases, supported by root cause/human factors review as necessary, where good practice and lessons learnt can be identified. The learning is then linked, if appropriate, to the key themes of sample submission, antimicrobial prescribing, documentation, patient management and human factors. The good practice and lessons learnt are then cascaded back to through the internal safe care mechanisms.
- Where there is an increased incidence of CDI associated with a particular clinical area, a multidisciplinary meeting will review all the cases collectively, consider if any cross infection may have occurred then formulate and enable an action plan to address any shortcomings identified.
- When there is an increased incidence of CDI cases associated with a particular clinical area Ribotyping is arranged with the Clostridium difficile Ribotyping Network (CDRN) to determine if cross infection has taken place.
- The Diarrhoea Assessment Management Pathway (DAMP) tool provides guidance for clinical staff managing those patients experiencing loose stools, and has been assimilated into the suite of electronic documents available on Nerve Centre
- Enhanced personal protective equipment is worn when caring for patients with suspected infective diarrhoea.
- Patients are risk assessed and prioritised, ensuring those patients requiring a level of isolation are identified.
- To enhance antimicrobial stewardship Trust guidelines are developed to reflect the national five-year antimicrobial resistance strategy.

Patient Safety Incidents per 1,000 bed days	Apr 19 – Sep 19		Oct 19 - Mar 20		Apr 20 – Mar 21*	
Organisation	Gateshead Health NHS Foundation Trust	Acute (non-specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non-specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non-specialist) Organisations
Total number of incidents occurring	3,111	815,852	2,929	838,722	4,638	1,550,306
Rate of all incidents per 1,000 bed days	37.0	N/A	34.8	N/A	35.3	N/A
Number of incidents resulting in Severe harm or Death	27	2,524	19	2,536	75	6,828
Percentage of total incidents that resulted in Severe harm or Death	0.87%	0.31%	0.23%	0.30%	1.62%	0.44%

Source:www.england.nhs.uk/patient-safety/organisation-patient-safety-incident-reports/
*NRLS Organisational workbooks now published annually whereas previously these were six-monthly

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

** NB previous figures relate to 6-month time periods and the latest data covers a 12 month period.

- The table above demonstrates a decrease in the overall reporting of patient safety incidents to the NRLS in 2020-2021. This is felt to be related to peaks and troughs in demand throughout this full year of pandemic activity. Dips in reporting during period of high pressure were responded to by shortening the reporting form to ensure data capture was simplified.
- During periods of high demand and pressure to enable delivery of optimised front-line care, members of the patient safety team were redeployed to support front line and Covid specific services. One output from these redeployments was and inability to maintain incident review functions at the same levels as previously. Subsequent analysis of incident in the system highlighted the need to implement processes for early review of incidents to assess if the reported level of harm was correct, and to determine the correct proportionate onward investigation. This process is now in place in the form of a weekly MDT. Subsequent review of incidents remaining as severe harm and death shows that after robust review for this time period, there are 58 incidents currently reported in these categories for the year 2020-2021, and whilst this is higher than twice the previous six months but is congruent with the numbers for twice the reported incidents in April-October 2019, which covers the increased demands seen during the winter months

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services:

- Training is to be offered in a variety of mediums to meet the needs of a wide variety of learners within the Trust. This will include going forward face to face interactive sessions, sessions via TEAMS and an e-learning package is currently under development.
- Current systems for reporting and investigation are being maintained as the new launch post COVID-19 of the Patient Safety Incident Response Framework (PSIRF) is anticipated to for June 2022. The outputs from early adopter sites is that this launch will include a range of templates for investigations that are nationally standardised and local amendments will not be allowed. This will enable national standards for investigations and data collection and is anticipated to incorporate the pillars on which the strategy is based including patient and family involvement, a systems and processes approach to investigations and just and restorative culture principles for staff and patients.
- A GAP analysis will be undertaken following the launch with an action plan agreed to meet the expected implementation date of June 2023
- Scoping and implementation of thematic analysis of no harm, low harm and near miss incidents is being undertaken to enable identification of themes and trends that will enable corrective systems actions to prevent incidents with greater patient harms
- Re-invigoration and strengthening of the falls work within the Trust to enable the digitisation of risk assessments and improve analysis of falls data for local systems actions.

Part 3

Review of Quality Performance

Review of quality performance

‡ Denotes that this indicator is governed by standard national definitions

2021/22 has been a successful year in relation to the three domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

The following sections provide details on the Trust's performance on a range of quality indicators. The indicators themselves have been extracted from NHS nationally mandated indicators, and locally determined measures. Trust performance is measured against a mixture of locally and nationally agreed targets. The key below provides an explanation of the colour coding used within the data tables.

	Target achieved
	Although the target was not achieved, it shows either an improvement on previous year or performance is above the national benchmark
	Target not achieved but action plans are in place

Where applicable, benchmarking has been applied to the indicators using a range of data sources which are detailed in the relevant sections. The Trust recognises that benchmarking is an important tool that allows the reader to place the Trust performance into context against national and local performance. Where benchmarking has not been possible due to timing and availability of data, the Trust will continue to work with external agencies to develop these in the coming year.

3.1 PATIENT SAFETY

Reducing Harm from Deterioration:

Safe Reliable care	2019-20	2020-21	2021-22	Target
HSMR	115.0	107.0	118.3*	<100
SHMI Period	Apr-19 to Mar-20	Apr-20 to Mar-21	Jan-21 to Dec-21	
SHMI	1.06	1.00	1.03	<=1
SHMI Banding	As Expected	As Expected	As Expected	As expected or lower than expected
SHMI - Percentage of provider spells with palliative care coding (contextual indicator)	2.3%	2.7%	2.2	N/A
Crude mortality rate taken from CDS	1.73%	2.32%	1.83%	<1.99%
Number of calls to the CRASH team	143	113	164	N/A
Of the calls to the arrest team what percentage were actual cardiac arrests	45.5%	38.1%	40.2%	N/A

Cardiac arrest rate (number of cardiac arrests per 1000 bed days)	0.52	0.83	0.41	N/A
Hospital Acquired Pressure Damage (grade 2 and above)	105	115	87	Year on year Reduction
Community Acquired Pressure Damage (grade 2 and above)	1462	1565	1451	N/A
Number of Patient Slips, Trips and Falls	1519	1415	1525	N/A
Rate of Falls per 1000 bed days	8.70	10.36	9.51	Reduction (<8.5)
Number of Patient Slips, Trips and Falls Resulting in Harm	329	318	335	N/A
Rate of Harm Falls per 1000 bed days	1.89	2.33	2.09	Reduction (Less than <2.25)
Harm Falls Rate Change	13.5% reduction	23.6% Increase	10.3% Reduction	Reduction (Less than <2.25)
Ratio of Harm to No Harm Falls (i.e., what percentage of falls resulted in Harm being caused to the patient)	21.7%	22.5%	22.0%	Year on Year reduction

*HSMR figures are April 2021 to January 2022

Reducing Avoidable Harm:

Reducing Avoidable Harm		2019-20	2020-21	2021-22	Target
Medication Errors	No Harm	440	529	620	N/A
	Minimal Harm	63	75	84	N/A
	Moderate Harm	5	4	4	<8
	Severe	1	2	1	0
	Death	0	1	0	0
	Total	509	611	709	N/A
Never Events		4	2	0	0
Patient Incidents per 1,000 bed days		44.66	46.52	38.92	N/A
Rate of patient safety incidents resulting in severe harm or death per 100 admissions		0.11	0.19	0.15	N/A

Infection Prevention and Control:

Infection Prevention & Control	2019-20	2020-21	2021-22	2021-22 Objective
MRSA bacteraemia apportioned to acute trust post 48hrs	1	0	0	0
MRSA bacteraemia rate per 100,000 bed days	**0.57**	**0**	**0**	0
NB: *Clostridium difficile* Infections (CDI) post 72hr cases	**45**	**40**	**32**	**<=42**
Clostridium difficile Infections (CDI) rate per 100,000 bed days	**25.65**	**29.28**	**20.58**	-

Infection Prevention & Control	2019-20	2020-21	2021-22

Hospital Onset Healthcare Associated C.difficile per 100,000 occupied overnight beds	12.54	17.72	14.15

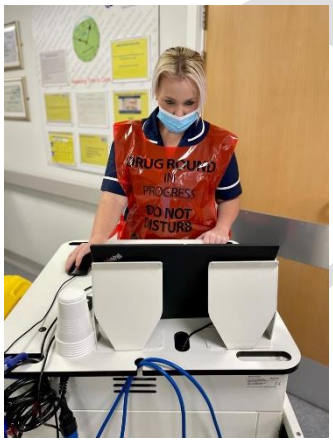
Other Indicators:

Other Indicators	2019-20	2020-21	2021-22	Target	Benchmark
Percentage of Cancelled Operations from FFCE's†	0.54%	0.24%	0.55%	0.80%	1.00%**
Percentage of Patients who return to Theatre within 30 days (Unplanned / Planned / Unrelated)	3.85%	4.40%	4.89%	Improve Year on Year	N/A
Fragility Fracture Neck of Femur operated on within 48hrs of admission / diagnosis	96.3%	93.9%	92.7%	90%	N/A
Proportion of patients who are readmitted within 28 days across the Trust*	9.13%	10.43%	11.20%	Improve year on year	N/A
Proportion of patients undergoing knee replacement who are readmitted within 30 days*	6.55% 15 Patients readmitted	5.66% 6 Patients readmitted	6.21% 10 Patients readmitted	Improve Year on Year	N/A
Proportion of patients undergoing hip replacement who are readmitted within 30 days*	6.00% 15 patients readmitted	7.34% 8 patients readmitted	9.83% 17 patients readmitted	Improve Year on Year	N/A

* Figures taken from Healthcare Evaluation data (HED) and provide full financial years for 2018-19, 2019-20, 2020-21 and April 2021 to December 2021
† FFCE's refer to First Finished Consultant Episodes. A patient's treatment or care is classed as a spell of care. Within this spell there can be a number of episodes. An episode refers to part of the treatment or care under a specific consultant, and should the patient be referred to another consultant, this constitutes a new episode.
** Q3 2021-22 national position www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/

Medication Safety:

Medicines Safety Roadshow



A roadshow was held by the Surgical Business Unit in March 2022. Information displayed to encourage learning from common error themes, short quizzes, infusion pumps, charts for PCAs/epidurals etc. Flip charts were used to allow visitors to highlight their reflections around medicine safety issues. There were around 60 visitors to stand, including nurses, students, junior doctors, consultants, anaesthetists, ODPs, Pharmacists, pharmacy technicians and managers.

Biodegradable red tabards were launched at the roadshow. This was identified as a learning point from a medication error whereby the nurse was distracted whilst administering a high-risk medication.

Distractions whilst carrying out safety critical tasks such as administering medicines increases the risk of things going wrong and is a common problem cited in incident reporting. We all come to work to do a

great job for our patients and we hope that the red tabards will be a visual reminder to all members of the MDT that disturbances should be avoided during such tasks and to support our safety culture.

Safeguarding Children and Adults

The Safeguarding of children and vulnerable adults has remained a priority throughout the Covid-19 pandemic. There has been a national picture of increased safeguarding in particular mental health issues for children and adults and an increase in incidents of domestic violence. These figures are reflected in the numbers of cause for concerns and referrals coming through to the safeguarding teams and in response to this we have undertaking various pieces of work.

- We continue to provide monthly updates within the QE Weekly providing valuable updates on current safeguarding issues and promotes training opportunities.
- The Adult and Children Safeguarding teams provide monthly safeguarding link meetings where up to date safeguarding information can be shared with the safeguarding link representatives from each ward or practice area within the trust.
- Within the quarterly Safeguarding Committee, we bring the lived experiences of service users by sharing patient stories at every meeting.
- Safeguarding during Covid-19 has created additional pressures for staff, and we have Health and Wellbeing ambassadors within the teams. There are also guidance and links available on the safeguarding staff zone pages for staff who have experienced any challenging or distressing safeguarding cases.
- During Covid-19 access to face-to-face safeguarding training was limited so several onsite training days have been made available for staff within the trust. These have been well received by staff and have focused on domestic abuse, county lines and knife crime which have all been very contemporary during the pandemic.
- The Adult Safeguarding team have worked with Community Services, including infection control and tissue viability services to support the care homes during the pandemic.
- With the increase in domestic abuse, it was identified that there was a gap in service support so the safeguarding teams and charitable funds team are working together to provided grab bags which will include essential items for people who have fled domestic abuse situations.
- The children and adult teams have worked together to update trusts Safeguarding Exploitation Grooming and Risk Identifier tool (SEGRI) to include both vulnerable adults and children at risk sexual exploitation, criminal exploitation, and modern-day slavery.
- Young people who are care experienced have an increased likelihood of an unplanned teenage pregnancy therefore, the Looked After Children's team have linked up with Gateshead sexual health service to look at ways of improving access to sexual health services for young people.
- The Adults team are continuing to roll out training on capacity assessments in line with Mental Capacity Act legislation and in preparation for the change in legislation in relation to deprivation of Liberties planned for later this year.
- As part of safeguarding week, the childrens' and adults' team have created a resource file for all wards and departments, and they are being distributed throughout the organisation.

3.2 CLINICAL EFFECTIVENESS

Right Care, Right Place, Right Time

Other Indicators	2019-20	2020-21	2021-22	Target	Benchmark

Percentage of Cancelled Operations from FFCE's†	0.54%	0.24%	0.55%	0.80%	1.00%**
Percentage of Patients who return to Theatre within 30 days (Unplanned / Planned / Unrelated)	3.85%	4.40%	Awaiting Data	Improve Year on Year	N/A
Fragility Fracture Neck of Femur operated on within 48hrs of admission / diagnosis	96.3%	93.9%	Awaiting Data	90%	N/A
Proportion of patients who are readmitted within 28 days across the Trust*	9.13%	10.43%	11.20%	Improve year on year	N/A
Proportion of patients undergoing knee replacement who are readmitted within 30 days*	6.55% 15 Patients readmitted	5.66% 6 Patients readmitted	6.21% 10 Patients readmitted	Improve Year on Year	N/A
Proportion of patients undergoing hip replacement who are readmitted within 30 days*	6.00% 15 patients readmitted	7.34% 8 patients readmitted	9.83% 17 patients readmitted	Improve Year on Year	N/A

* Figures taken from Healthcare Evaluation data (HED) and provide full financial years for 2018-19, 2019-20, 2020-21 and April 2021 to December 2021

† FFCE's refer to First Finished Consultant Episodes. A patient's treatment or care is classed as a spell of care. Within this spell can be a number of episodes. An episode refers to part of the treatment or care under a specific consultant, and should the patient be referred to another consultant, this constitutes a new episode

** Q3 2021-22 national position www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/

Getting it Right First Time (GIRFT)

GIRFT is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. The programme undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

During 2021/22 there have been five 'deep dive' visits:

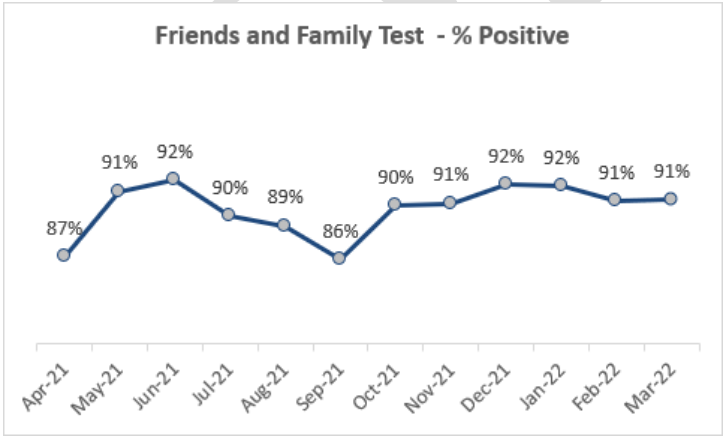
Speciality	Good practice/opportunities for improvement identified
Pathology Deep Dive	• Useful that labs are not culturing all urines. There has been significant work between microbiology and geriatricians in supporting this work since before covid. • Significant investment in transport services with temperature control and timely transport runs. • More work has occurred in supporting ED to improved quality of phlebotomy; seen as important across the teams. • More than 95% of tests are received electronically. **Opportunities for improvement have been identified in the following themes** • Review process for Test Profiles and blood cultures
Emergency Medicine Deep Dive	**Good practice** • Overall, the Accident & Emergency delivers excellent patient flow and outcomes with a fairly limited capacity to address the demand from its catchment population. • NHS Digital's Emergency Care Dataset (ECDS) data quality website shows that the Trust is in the top 40% of providers for completeness and validity and timeliness of data submission. **Opportunities for improvement have been identified in the following themes** • Flow and time metrics • Outcomes
Neurology Deep Dive	**Opportunities for improvement have been identified in the following themes** • Establishment of Acute Neurology Clinic

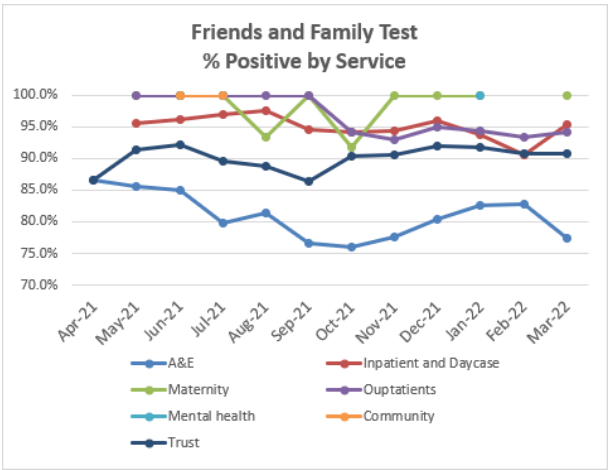
	• Liaison neurology (Ward referrals) • Management of inpatients with neurological disorders • Access to Neurophysiology/Neuroradiology • Opportunities to increase Research activity • Actively engage with the developing Integrated Care System (ICS) to promote the development of neurology services. The introduction of the ICS should reduce barriers that exist for collaborative working between trusts. The development of a neurology service at the Trust in collaboration with the regional service at RVI would be exactly the type of collaboration to benefit from the population-based approach within the ICS.
Paediatric Trauma & Orthopaedic Deep Dive	**Good practice** • Good networking with Newcastle and good referral pathways • Good day case recorded for elective and trauma • 100% Developmental dysplasia of the hip data recorded on Newborn and Infant Physical Examination database • Virtual fracture clinic in place **Opportunities for improvement** • Improve the general quality of coding and case capture • Audit the numbers of elbow and tibial fractures from the GIRFT data period • Review pathway for forearm and wrist manipulations. • Review the litigation claims and ensure the wider team are aware of them and that the learning is disseminated and embedded into practice
Lung Cancer	**Awaiting recommendations to be formally provided**

3.3 PATIENT EXPERIENCE

Friends and Family Test

Following a successful pilot of the Friends and Family Test (FFT) within A&E role out continued to all inpatient areas and outpatient areas. Electronic capture of the FFT has been partially rolled out within Maternity Services. Patients are able to be excluded from the electronic data capture by informing a staff member who can opt them out within Care Flow. Review confirms that more qualitative data is being shared than was previously collected by cards.





Additionally, the three protected characteristics data is being collected using the electronic method to ensure we are meeting our responsibility under the Accessible Information Standard. Respondents are asked –

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months? (include any issues related to age)

[ ] Yes – limited a lot
[ ] Yes – limited a little
[ ] No
[ ] Prefer not to say

Which of the following options best describes how you think of yourself?
[ ] Heterosexual or straight
[ ] Gay or lesbian
[ ] Bisexual
[ ] Other sexual orientation not listed
[ ] Does not know or not sure
[ ] Prefer not to say

How would you describe your ethnic group?
[ ] White
[ ] Mixed/Multiple Ethnic Group
[ ] Asian/British Asian
[ ] Black/African/Caribbean/Black British
[ ] Jewish
[ ] Other Ethnic Group
[ ] Prefer not to say

Feedback has continued to be reviewed monthly and provided to the relevant departments which ensures we are providing the best possible service to our patients.

The National Patient Survey Programme

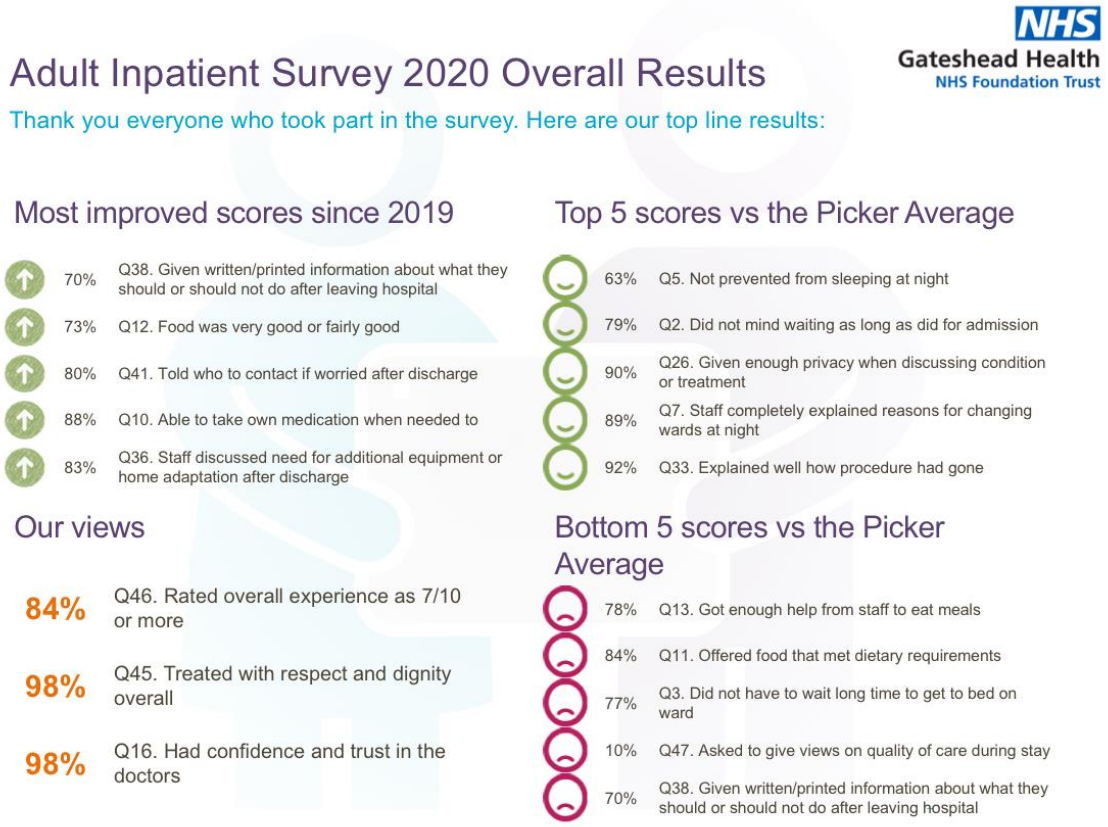
The National Patient Survey Programme comprises the annual Adult Inpatient Survey, Maternity Survey and Urgent and Emergency Care Survey. These national surveys are valuable sources of information on various aspects of our service and are used to measure and monitor our performance against Trusts locally and nationally.

Adult Inpatient Survey 2020

The National Inpatient Survey is undertaken every year. All eligible Trusts in England are required by the Care Quality Commission (CQC) to conduct the Survey. The Trust use an approved survey contractor called Picker and their comprehensive results report shows our results in comparison to the average of 75 other NHS Trusts (known as the "Picker Average" score). A total of 57 questions were asked in the 2020 survey. Our results include every question where our Trust received at least 30 responses (the minimum required). It is noteworthy that the survey data relates to care between January and July 2020 and improvements have already begun to be implemented since the survey took place.

1250 service users were invited to complete the survey and we received a response rate of 46%. This was slightly below our previous response rate from the National Inpatient Survey 2019 of 48% yet still above the national average of 45% for 2020.

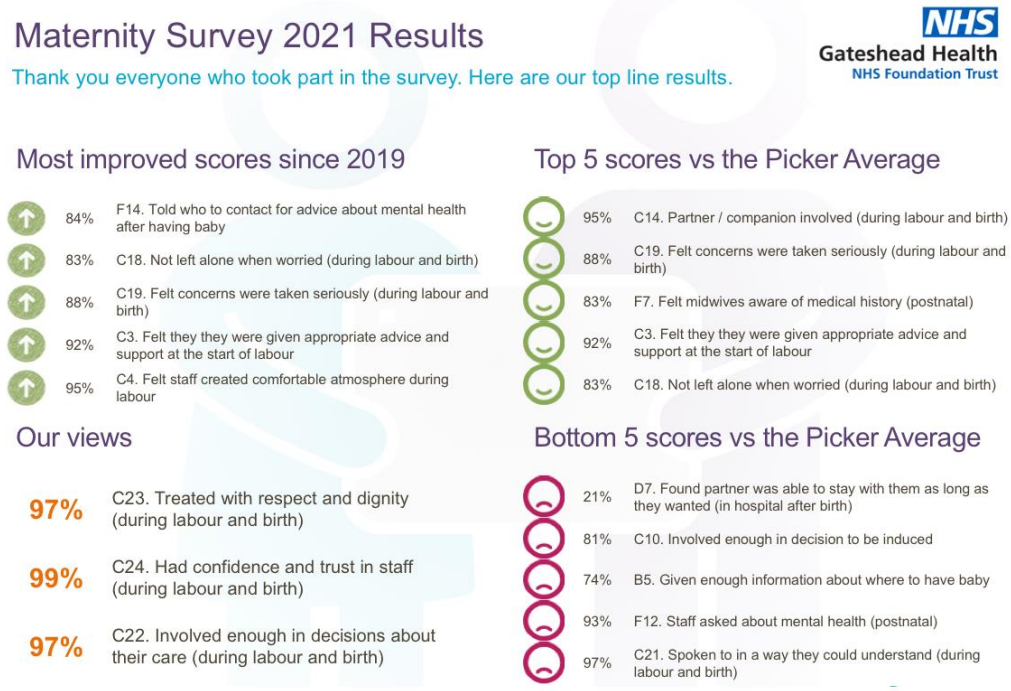
Compared to the national average, the Trust has received excellent results with six questions being better than other Trusts and 33 questions being about the same. A summary of our top line results is displayed on the following charts:



Maternity Survey 2021

All eligible Trusts in England are required by the CQC to conduct the Maternity Survey. 155 eligible patients responded to the survey in 2021. This gave us a response rate of 60% and this is above the average response rate of 54% of the other 66 trusts taking part in the survey and is significantly higher than our previous surveys response rate of 38%.

A total of 87 questions were asked in the 2021 survey, of these 52 can be positively scored. A summary of our top line results is displayed on the following charts:



Urgent and Emergency Care Survey 2020

All eligible Trusts in England are required by the CQC to conduct the Urgent and Emergency Care Survey. The Trust use an approved survey contractor called Picker. A total 65 questions were asked in the 2020 survey, of these 44 can be positively scored, with 32 of these which can be historically compared. For questions that can be compared across organisations, it is noteworthy that there are no areas where we scored significantly worse when compared with the national average. The North East Quality Observatory Service (NEQOS) provided benchmark results for the Trust on how we performed compared to other Trusts across the region. This showed that the Trust has scored the highest in the region for our Urgent and Emergency Care services. A summary of our top line results is displayed on the following charts:

NHS
Gateshead Health
NHS Foundation Trust

Urgent and Emergency Care Survey 2020

Type 1 Department Results

Thank you everyone who took part in the survey. Here are our top line results:

Most improved scores since 2018

- 70% Q39. Told side-effects of medications
- 84% Q41. Told who to contact if worried
- 92% Q9. Waited under an hour in A&E to speak to a doctor/nurse
- 89% Q47. Rated experience as 7/10 or more
- 97% Q5. Waited under an hour in the ambulance

Top 5 scores vs the Picker Average

- 73% Q30. Told how would receive the results of tests
- 61% Q43. Staff discussed transport arrangements before leaving A&E
- 70% Q39. Told side-effects of medications
- 84% Q41. Told who to contact if worried
- 84% Q40. Told about symptoms to look for

Our views

- **89%** Q47. Rated experience as 7/10 or more
- **98%** Q46. Treated with respect and dignity
- **96%** Q19. Had confidence and trust in the Doctors/Nurses

Bottom 5 scores vs the Picker Average

- 70% Q33_5. Saw the cleaning of surfaces
- 55% Q13. Able to get help whilst waiting
- 93% Q14. Spent under 12 hours in A&E
- 81% Q18. Doctor or Nurse discussed anxieties or fears about condition or treatment
- 93% Q6. Enough privacy when discussing condition

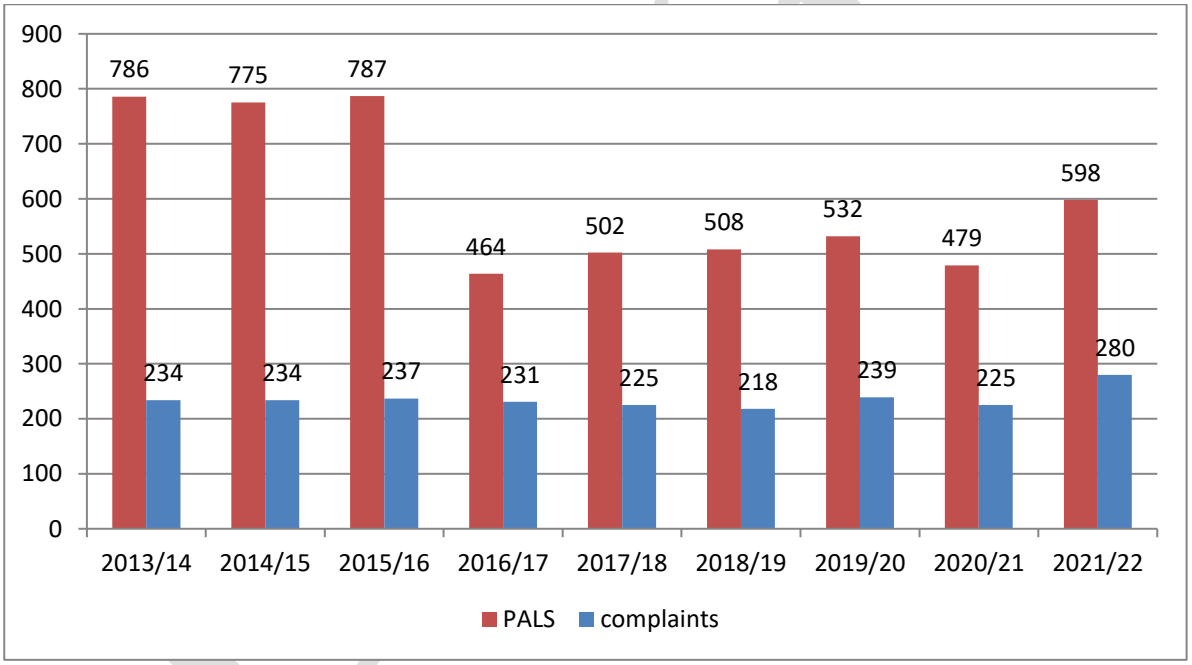
Listening to Concerns and Complaints, Compliments

The Trust acknowledges the value of feedback from patients and visitors and continues to encourage the sharing of personal experiences. This type of feedback is invaluable in helping us ensure that the service provided meets the expectations and needs of our patients through a constructive review.

For the year 2021/22 we received a total of 280 formal complaints. Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients, staff, and visitors as well as the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed because of their healthcare treatment when inpatients or outpatients of the Trust. It also involves apologising and explaining what happened to staff or visitors who have suffered harm. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers, staff and visitors and makes sure that openness, honesty, and timeliness underpins responses to such incidents.

The Patient Advice and Liaison Service (PALS) offer confidential advice, support, and information on health-related matters. They provide a point of contact for patients, their families, and carers.

Complaints and Concerns 2013 to 2022



During 2021/22 the top five main reasons to raise a formal complaint were in relation to:

- Communications - (54 complaints)
- Clinical treatment – Surgical Group (48 complaints)
- Clinical treatment – General Medical Group (47 complaints)
- Values and behaviours - (Staff) (35 complaints)
- Clinical treatment – Accident & Emergency (30 complaints)

Complaints Performance Indicators	Total 2021/22
Complaints received	280
Acknowledged within three working days	280
Complaints closed	279
Closed within agreed timescale (eight weeks)	89
Number of complaints upheld	217
Concerns received by PALS	598

Complaints Indicators	Total 2021/22
Number of closed complaints reopened	40*
Number of closed complaints referred to Parliamentary & Health Service Ombudsman	8

Outcome of complaints referred to Parliamentary & Health Service Ombudsman (PHSO)	Total 2021/22
Currently investigating	5
Complaints upheld	0
Part upheld	0
Declined to be investigated	2
Agreed actions with Trust (because of learning)	1

***Number of closed complaints reopened.**
In the year 2021/22 40 closed complaints were reopened. This compares to 25 in 2020/21. Reasons for reopening cases include where the complainant has additional questions/concerns.

As a result of complaints and concerns raised over the past year, several initiatives have been implemented.

In response to a complaint about post-natal care, including pressure sores, there will be focused improvement on the ward to raise awareness and standards within the maternity department relating to the formal assessment and prevention of developing skin trauma. The team are developing some clear assessment tools on their electronic records to support all staff in remembering to complete and record basic tasks. They are implementing a robust training and awareness programme around risk assessments with all the staff.

The maternity team will be making focused improvements to ensure mothers who have had epidurals have regular postnatal checks and pressure sore assessments. The team have now added this to morning safety huddles to raise awareness and ensure learning. The care of a mother with an epidural will also be highlighted within staff mandatory training when the planned pathways have been reviewed.

In response to a complaint regarding interaction with security at A&E, QE Facilities have mandated that all security staff attending the site to carry out the greeting role should attend a customer service and disability awareness course to ensure they can assist service users going forward.

Following a complaint in which a patient was upset that she attended the Gynaecology Rapid Access Clinic (RAC) with a full bladder to enable an ultrasound scan (as per the instructions on the invite letter), however no scan was provided, and she had to return later for this. After receiving the complaint, the department reviewed their clinic letters and implemented a new triage process so that women who are attending a clinic appointment without a same day scan slot receive a separate letter that does not have any details about scans or instruct them to arrive with a full bladder. This triage should also help to ensure that the most appropriate patients are prioritised for the same day scan slots. The department is trying to provide as many additional scan slots as possible, but this is challenging with such a rise in demand. The department is also working with GPs to ask them to arrange blood tests before patients are referred to RAC. They hope to implement this later in the year.

As a result of concerns raised regarding how hot it was in the scanning room in Women's Health, a total cost for the work has been provided and a funding stream has been identified by the department. The order for air conditioning equipment has now been placed and this should mitigate the ongoing issue when the warm weather arrives.

Following a concern raised regarding care received on Ward 8 - the Staff Nurse who attempted to administer further IV antibiotics was not aware that a decision had been made a few days prior to dilute the patient's antibiotics. To avoid this occurring again, specific details regarding patient's medication and their treatment plan will be digitally recorded and will be verbally handed over at each shift change.

3.4 Good News Stories – further stories and achievements to be added in here

Trust staff participated in a number of promotional, awareness raising and celebration events throughout the year.

Teams recognised with national awards

Team celebrating after being recognised as a top provider of clinical data for the fourth year in a row for the National Joint Registry Audit –providing information that helps support improvements in patient safety and standards of care.

A Big Well Done to the Community Mental Health Teams based at Bensham who were awarded an Accreditation from the Royal College of Psychiatry.

New wards and facilities opened

Our brand new stroke unit was officially opened in 2021/22.

Well done to all the team on the unit and staff across the Trust who worked hard to open this fabulous new facility - that will help stroke patients get better, quicker.

Our new Sunniside Unit was designed with the help of patients and their carers in the hope of revolutionising how they are looked after during mental health crises.

New Resuscitation training facility opened

3.5 Focus on staff

Health & Wellbeing

Gateshead Health NHS Foundation Trust delivers high quality care to our patients and service users from within the Gateshead community and further afield. We achieve this in no small part, thanks to the compassion, knowledge, commitment, and skills of our workforce.

The last two years have been extremely challenging for all NHS services nationwide, and our own organisation is no exception. We have faced a rapidly changing health landscape, worked at pace to implement innovative solutions to difficult challenges, and have done so with a workforce which is exhausted and depleted.

The people who make up our workforce have been nothing short of amazing during our pandemic response, stepping up in a way that no-one could have planned for. They have worked in ways and in roles that have stretched and challenged teams and individuals. They have done so in a way that has been supportive, collaborative and has shown real care for each other.

We know that where NHS organisations prioritise staff health and wellbeing, and actively include staff in developing work in this area, levels of engagement increase along with morale, loyalty, innovation and productivity.

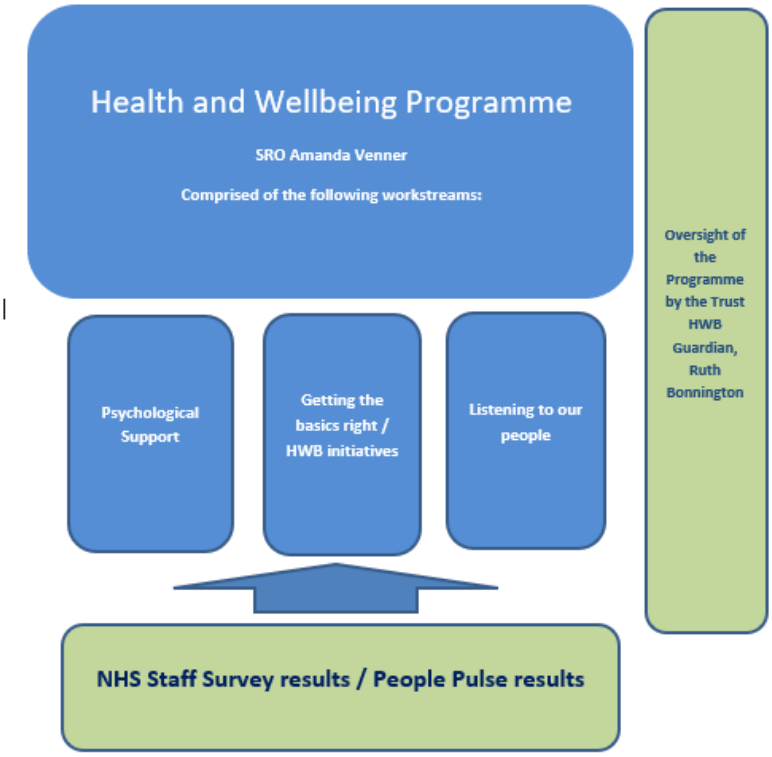
Our aim is to make Gateshead Health a happy and healthy place to work for everyone who works here. We want Gateshead to be a place where people want to come and work, and then choose to stay. If we can attract and retain high quality staff, it follows that patient care will be positively impacted.

As we hopefully move out of the worst stages of the Covid-19 pandemic we need to find a way to ensure the care and compassion our staff have shown to their patients and each other, continues to be shown to them.

In Spring 2021 a Health and Wellbeing Programme Board was established, reporting directly to the People and OD Portfolio Board. This Board aims to provide focus and a contextual understanding of the HWB challenges within the organisation, as well as drive forward specific work streams of activity. These work streams will evolve as we move throughout the period of this strategy, although the main focus will remain the health, safety and ability of our people to thrive at work.

In early 2022, a review of the work streams within the HWB programme plan was undertaken. Much of the initial work of the HWB Programme Board had focussed on supporting our people during the pandemic, and much of the output of those initial work streams has become 'business as usual'. At this stage in the pandemic recovery, it is right that the focus shifts to sustainability – how do we continue with the good work which has already happened to ensure that HWB support continues in a sustainable way throughout the organisation, and how do we ensure that we are focussed on the things which matter to our people.

This has then informed the new workstreams which sit within the HWB Programme Plan from April 2022 onwards:



To structure our aims and objective we have looked at the 7 areas of focus in the NHS England HWB framework

1. **Environment**

"*Workers need a work environment in which there is not only an absence of harmful conditions that can cause injury and illness, but one that supports healthy choices and offers resources to actively encourage healthy behaviour*" NHS Health and Wellbeing Strategic Overview, 2021

It has become apparent during the course of the pandemic response that some of our estate is not being utilised effectively. It is also acknowledged that there has been a significant impact on estate usage due to a large proportion of the workforce working from home.

Patients have high expectations of the environment in which they receive their care, and talented recruits know that they can choose to work in organisations where the environment supports their wellbeing.

For all of these reasons and more, a wide ranging estates strategy is currently being developed which will address all of these areas.

What have we already done?	We else will we do?
Installed a range of outside seating areas at both QEH and BGH sites, in areas which are shielded from visitors to both sites.	Open a Listening Space on site at QEH, offering a quiet reflective space for staff to use which is away from the work place. It will also offer a range of HWB activities for staff to access throughout the week, both during the day and early evening.
Improved the menu choices within the catering establishments at QEH, including healthier options such as vegetarian, vegan as well as specific dietary requirements e.g. halal, kosher.	Provide an innovative 24/7 catering offer on site at QEH, to enable staff who work out of hours to access hot food during all shifts.
Widened the range of menu options available at BGH to include more hot food options.	Improve the catering experience – both the environment and the menu choices – at BGH
	Improve the information we give to staff about healthy eating, allowing them to make healthy choices at work, but also to inform their choices at home.

2. Professional Wellbeing Support

The teams which support the wellbeing of the workforce are not simply limited to the Occupational Health and Wellbeing Team. However, these professional teams and services should be robust and effectively resourced, to enable appropriate expertise and involvement in the development of an integrated health and wellbeing strategy.

What have we already done?	We else will we do?
Undergone a full review of the Occupational Health Service, to expand to the Occupational Health and Wellbeing Service, ensuring a more holistic approach to support.	Introduce focussed psychology support, with the planned recruitment of a Clinical Psychologist for staff referrals, as well as supporting other areas with appropriate supervision e.g. Mental Health First Aiders.

	Additionally, review the support that Talkworks have provided since July 2020, which has been critical in supporting the psychological needs of our staff.
Consolidated the testing and vaccination services into their permanent 'homes'; vaccinations within Occupational Health and Wellbeing; testing within Pathology.	Reinvigorate the physiotherapy support for staff, with the recruitment of a Physiotherapist who will be focussed on staff referrals, and who will maintain string links with the Trust Physiotherapy service.
Maintained the PCAS service in a form that keeps our staff safe and offers the best advice and up to date guidance and PPE.	Ensure that on-site vaccinations for staff, including for Covid-19, remain available, or that suitable alternative options are provided as appropriate (for example, when demand for Covid-19 vaccination falls.)
Reviewed and improved the manager referral process into Occupational Health and Wellbeing, with full stakeholder involvement.	Agree the longer-term sustainability of the Health and Wellbeing Team, which is currently employed on a fixed term basis.

Data Insights

3. Data Insights

"*Good data and robust analysis are fundamental to knowing where to focus your health and wellbeing interventions…(and) enables you to measure whether they are having the desired impact or not*." NHS Health and Wellbeing Strategic Overview, 2021

We will continuously improve our understanding of the health and wellbeing needs of our people by the use of data and feedback. Historically we have had limited feedback in relation to HWB and have had limited engagement with the Staff Survey and Pulse surveys.

However, the most recent quarterly and annual staff surveys have both had highest ever response rates, following dedicated and focussed work to improve participation. This is a trend which we hope to continue as we ensure that the feedback loop is closed quickly, leading to an understanding amongst our people that taking the time to give us their views can make a difference to their employee experience.

What have we already done?	We else will we do?
Completed a local health needs assessment as part of our successful accreditation for the North East Better Health at Work Award.	Improve the participation rate of the quarterly Pulse Survey, acknowledging that 'survey fatigue' is a real thing, but understanding that this real time feedback is extremely valuable in determining local focus of effort.
Added a number of local HWB specific questions to the annual NHS Staff Survey.	Implement an effective feedback mechanism for emerging themes from the HWB Check-ins
Developed a HWB early Warning Dashboard, highlighting key areas of staff absence, including type specific absence, starters and leavers, and Occupational Health data.	Complete the NHS England HWB Framework self-assessment
Launched HWB Check-ins for all staff	Engage with staff networks and staff side directly to ensure that anecdotal evidence is heard and triangulated with more formal data.
Participated in the monthly (now quarterly) Pulse Survey	

4. Managers and Leaders

"Our managers and leaders are fundamental to creating positive and healthy working environments for our diverse NHS people. This includes the responsibilities of senior leaders, what healthy behaviours look like for the leaders across our organisations and the importance of skilled and supported managers in helping to build and sustain cultures of health and wellbeing." NHS Health and Wellbeing Strategic Overview, 2021

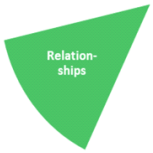
Often, the experience of an employee depends wholly on their relationship with their line manager. An organisation can have the best policies, procedures, health and wellbeing initiatives imaginable, but if the line manager does not lead from a position of compassion, then often those supportive policies cannot do the things they were intended to do.

There is an oft-quoted saying that 'people don't leave organisations, they leave poor managers'. Whilst the reality of that can be argued to be true or otherwise, it is widely agreed that when

employees don't feel valued by the managers in their organisation, engagement is lower, morale is lower, productivity suffers, sickness absence increases and staff turnover rates increase.

The wider leadership and management development work within Gateshead is being led by a newly formed OD Team, who will align to specific business units, and who will support Trust-wide development to develop our leaders and managers. It's important to note that this work will be a result of collaborative working throughout the People and OD Team, as well as with operational colleagues.

What have we already done?	We else will we do?
HWB Check-ins	Launch the 'Leading Well at Gateshead' Programme for all managers and leaders, with the golden threads of compassion and inclusivity woven through each element.
Delivered compassionate HWB conversation training to managers.	Encourage managers to role model behaviours such as planning and taking annual leave, not working excessive hours regularly and thus making it 'the norm' and taking regular breaks – acknowledging the importance of doing so.
Launched the new 'Managing Well at Gateshead' programme for managers, with the golden thread of HWB and ED&I woven through each element.	As part of the wider recruitment and retention work, aim to build capacity into rotas to enable staff to attend activities outside of the normal job role, such as training and HWB activities.
Started our Compassionate Leadership work, led by the OD Team, and encompassing work around a Just and Restorative Culture.	Aim to enable all Health and Wellbeing Ambassadors to have one hour each week of protected time, in order for them to carry out HWB activity.
Engaged our Chief Nurse as a Health and Wellbeing Ambassador for the Executive Team, as well providing leadership and 'permission' for this work amongst other teams.	Working with POD Leads, ask all business units to include HWB as a regular agenda item at Business Unit, Departmental and Team meetings.
	Ensure that as part of the Leading Well at Gateshead programme that managers understand that they have 'permission to act' in terms of supporting people in their teams.



5. Relationships

"Extensive evidence shows that having good-quality relationships can help us to live longer and happier lives with fewer mental health problems. Having close, positive relationships can give us a purpose and sense of belonging". NHS Health and Wellbeing Strategic Overview, 2021.

Just as supportive managers are vital to the overall employee experience, the relationships we have with our managers, our immediate colleagues, and with people from the wider organisation can all impact upon how happy we feel at work.

If relationships are strained, dis-trustful, antagonistic and unfriendly, then work becomes a place where we don't want to be. Conversely, if we feel supported by our colleagues, if we feel that we can be vulnerable and open to new ideas and ways of working, if we feel that we can be our true self at work, then it becomes a place where we can thrive.

Often we are told that Gateshead is like a family – but even the closest families have difficulties, and so when those difficulties arrive we need to be able to support our people to resolve differences in a mature and 'just' way.

What have we already done?	We else will we do?
Implemented our Trust ICORE values; Innovation, Care, Openness, Respect, Engagement; along with the associated desired behaviours	Review the Bullying and Harassment (B&H) support that we offer, including the B&H advisors. Ensure that if the service is useful and effective, that the advisors reflect the diversity of our workforce.
Continued to provide a bespoke internal mediation service, to provide support when relationships break down	Launch the 'Leading Well at Gateshead' programme, focussing on compassionate and inclusive leadership.
Launched the 'Managing Well at Gateshead' programme, with sessions focussed on areas such as behaviours, engagement, team development, and communication	Review the internal mediation service to understand the impact of that work, and whether it will be beneficial to train more staff to carry out this role.
Trained a number of cultural ambassadors who are available to support colleagues from our diverse	Develop a 'Just & Restorative Culture' at Gateshead, to ensure that a culture of fairness, openness and learning is felt by

workforce in areas such as disciplinary hearings.	all staff.
Continued to support the work of the Freedom to Speak Up Guardian, and promoted the service widely.	Develop a network of Freedom to Speak Up Champions who will be a touchpoint for staff to get signposting and support.

6. Improving personal health and wellbeing

"This section thinks about the proactive interventions and services that empower our NHS people to manage their own health and wellbeing. Personal health is more than the absence of dysfunction and disease. Mental and emotional health, physical health and a healthy lifestyle all contribute to an individual's health and wellbeing". NHS Health and Wellbeing Strategic Overview, 2021

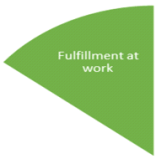
The development of a small but active HWB Team, has resulted in a range of activities becoming part of the day to day offering. There are regular engagement events (always covid dependent) and activities which our people are able to access as and when they have a specific need. This day to day activity enables our people to be proactive about their own wellbeing, and allows the organisation to respond in a timely way to the changing needs of our workforce.

Routes into self-help are promoted regularly, including from the regional ICS Staff Wellbeing Hub. A newly developed website will enable staff to access this signposting away from the workplace, enabling those staff who may find it difficult to access time at a PC during work time – or who simply prefer to access support in their own time.

This is about more than simply reducing sickness absence – an active HWB events calendar and routes into support will promote a healthy environment at work.

What have we already done?	**We else will we do?**
Focussed attention on Menopause support, including regular menopause peer support drop in sessions (the Menopause Café); offered training to staff and managers; developed guidance for staff and managers.	A number of staff will be trained as Menopause Champions, to be a point of contact for staff who may need to be signposted to further support. Develop a Menopause Policy, to ensure fair and consistent support across the Trust.
Worked with Citizen's Advice Gateshead to develop a direct access route into	Provide timely and responsive support to themes that emerge as the wider data

support, advice and guidance. This service enables staff to 'queue jump' and speak to an advisor within 24 hours of an enquiry.	collection work – from health needs assessments; from HWB Check-in themes; from Pulse survey results; from annual staff survey results.
Offered convenient, on-site access to vaccinations, not just for Covid-19, but flu and other relevant vaccines.	Develop a Working Carers Support Group, using the same model as the Menopause support group, to enable working carers to come together and offer peer support, as well as access professional support.
Partnered with Salary Finance to offer financial education, simple savings, and affordable loans, including short term loans – helping staff to avoid high interest 'pay day loans'.	The HWB Programme Board will explore whether it would be beneficial for all staff to have a personal HWB objective within their appraisal - linked to the HWB check-in.
Developed a comprehensive range of routes into self-help which is promoted on the HWB pages of StaffZone, as well as being produced as a resource for managers as part of the HWB Check-in Materials.	



7. Fulfilment at work

"Fulfilment at work encompasses not only the work we do on a day-to-day basis but a range of themes and activities that together form a critical component of an individual's health and wellbeing. This includes enabling the diversity of our NHS people to bring their whole self to work, enabling life balance, and helping our talented people reach their full potential". NHS Health and Wellbeing Strategic Overview, 2021.

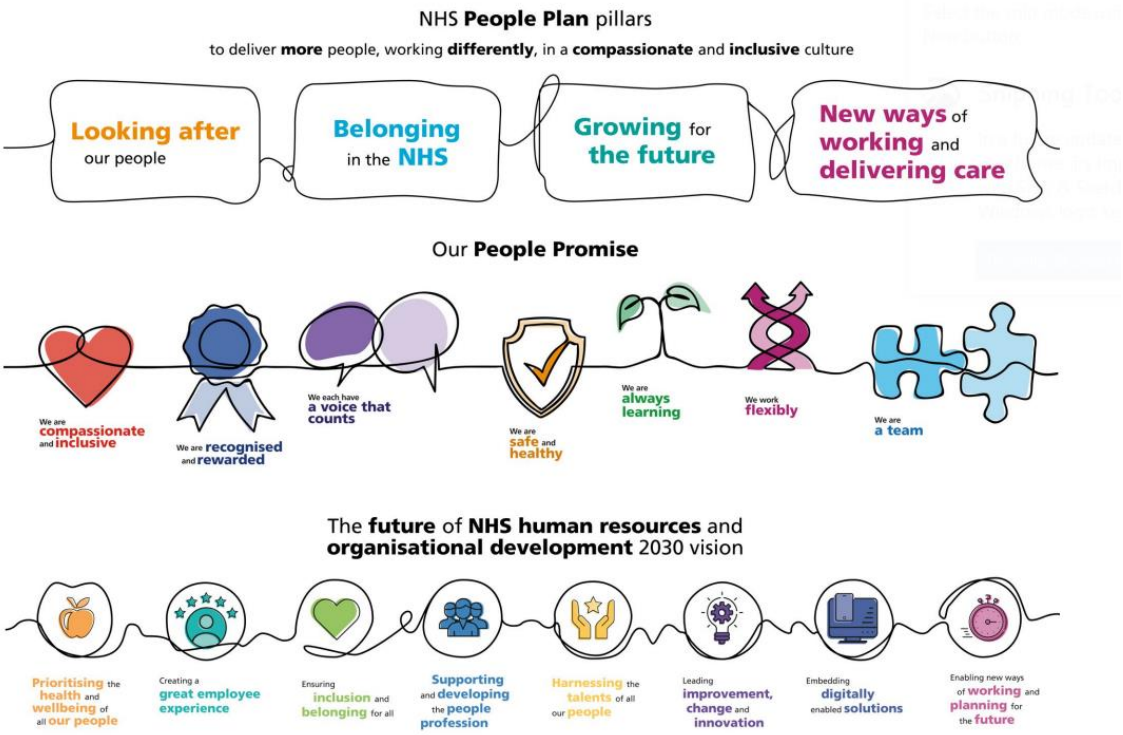
The health and wellbeing of our people is not a linear, one dimensional state. A holistic approach to health and wellbeing – as demonstrated by this framework – will ensure that we are supporting the whole person. An essential component of being able to thrive at work, and in life in general, is the feeling of being accepted as we are – so we must ensure that we have the processes in place which allow our people to thrive no matter their background. Our diverse workforce should each equally

have opportunities to grow and develop at work, bringing with them the richness of their experiences.

What have we already done?	We else will we do?
Three staff networks are now well established within the Trust, with a fourth in its infancy. Representatives from the networks support not only network specific work, but also have influence and stakeholder involvement with Trust-wide pieces of work.	Review our flexible working practices and enable our people to think differently about how they work.
Delivered a number of 'Thank you' events and gestures such as the free ice cream van, festive hampers, free drinks and snacks, and a £250 HWB bonus payment for every member of staff.	Design jobs which reflect the way in which a modern organisation works, embracing digital technology to enable more agile ways of working.
Recognise outstanding achievements in an annual award ceremony – The Star Awards – as well as smaller acts of behaviour or achievements which demonstrate people living our ICORE values day to day, with the monthly You're a Star process.	Continue to offer a range of activities to support staff morale including physical activities, support groups, and a range of other activities depending on staff interests. For example: Weekly choir; annual walking challenge; annual 5-a-side football tournament.
Launched Schwartz Rounds and Team Time, as a way for individuals and teams to examine the emotional impact of working in healthcare.	

The Future of NHS human resources and Organisational Development

In November 2021 the future of NHS human resources and Organisational Development report was published. Outlining a vision and actions that support the delivery of the four pillars of We are NHS: People Plan for 2020/2021 – action for us all and embeds the seven elements of our People Promise.



The report was co-created by those most impacted by our work: NHS staff and their representatives, leaders and members of the people profession itself. It sets out the vision for how the people profession will continue to maximise our collective contribution to the NHS and meet the needs of staff, patients and local communities over the coming decade and beyond – building a brighter future for all. The immediate priorities for organisations and systems are:

Supporting and developing the people profession Actions 2 and 3	• Develop professional development plans for their teams, optimising use of apprenticeship levy
Leading improvement, change and innovation Action 6	• Review allocation and distribution of people function resources to ensure alignment with the People Plan, NHS Long Term Plan and local system priorities • Create plans for system-level consolidated and simplified transactional people services
Embedding digitally enabled solutions Action 8	• Optimise the adoption of current people digital solutions • Create plans and commence action to align and harmonise digital strategies and solutions, across providers wherever possible, to enable more joined-up
Prioritising the health and wellbeing of all our people Actions 13 and 15	• Build health and wellbeing metrics into performance dashboards and consider them with the same scrutiny as operational and financial performance • Review and baseline the current health and wellbeing offer, including identifying which areas to enhance or evolve
Ensuring inclusion and belonging for all Actions 17 and 18	• Embed the overhauled recruitment processes to take account of EDI considerations • Ensure that all individuals, teams and organisations have measurable objectives on equality, diversity and inclusion, including all board members
Creating a great employee experience Actions 21 and 24	• Build employee experience metrics into performance dashboards • Develop strategies to make health and care the first choice for local employment
Harnessing the talents of all our people Action 29	• Proactively set the direction for talent management and start embedding the approach
Enabling new ways of working and planning for the future Actions 31 and 35	• Develop system workforce plans that align with local service and financial planning, HEE plans and the responsibilities set out in the guidance on the ICS people function • Lead action to address local supply issues, using the benefit of scale wherever possible and innovative approaches that broaden access to roles for the local community

The Executive Director and Deputy Director of People and OD were appointed in 2020/2021. As part of their appointment work begun to understand the current service offer within the Directorate, national, regional and local expectations on our teams moving forward and our capacity to deliver. Late 2021 saw 'Delivering Excellence In People Practice' consultation introducing a new operating model, placing customer facing POD teams at the heart of our Directorate, served by a core number of corporate specialist teams, together with additional investment for key elements of our portfolio, all within the lens of a united, customer focused service offer. We developed our new operating model taking account of Futures themes and as we move through 2022/23 we will work across our networks and internally to deliver the ambitions of 2030.

3.6 National targets and regulatory requirements

‡ The following indicators are all governed by standard national definitions

[data not available – to be added when it is available]

Annex 1: Feedback on our 2021/22 Quality Account

4.1 Gateshead Overview and Scrutiny Committee – [to be added once received]

4.2 Gateshead Clinical Commissioning Group – [to be added once received]

4.3 Healthwatch – [to be added once received]

4.4 Council of Governors – [to be added once received]

Annex 2: Statement of directors' responsibilities in respect of the quality account

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

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

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2021 to March 2022
    - papers relating to quality reported to the board over the period April 2021 to March 2022
    - feedback from commissioners dated – [TBC]
    - feedback from governors dated – [TBC]
    - feedback from local Healthwatch organisations dated – [TBC]
    - feedback from Overview and Scrutiny Committee dated – [TBC]
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 – [TBC]
    - the 2021 national patient survey – [TBC]
    - the 2021 national staff survey – March 2022
    - the Head of Internal Audit's annual opinion of the Trust's control environment dated – [TBC]
    - CQC inspection report dated CQC Inspections and rating of specific services dated 14/08/2019
- 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 and

- 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

Date: Chairman:

Date: Chief Executive:

Glossary of Terms

'Always Events®'
'Always Events®' are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. These can only be developed with the patient firmly being a partner in the development of the event, and the co-production is key to ensuring organisations meet the patients' needs and what matters to them.

Care Quality Assurance Framework (CQAF)
CQAF provides wards and departments with a coordinated set of standards that will provide information in relation to quality and safety.

Care Quality Commission (CQC)
The CQC is the independent regulator of all health and adult social care in England. The CQC aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people own homes, or elsewhere.

Clinical Audit
Clinical audit measures the quality of care and service against agreed standards and suggests or makes improvements where necessary.

***Clostridium difficile infection* (CDI)**
Clostridium difficile is a bacterium that occurs naturally in the gut of two-thirds of children and 3% of adults. It does not cause any harm in healthy people; however, some antibiotics can lead to an imbalance of bacteria in the gut and then the Clostridium difficile can multiply and produce toxins that may cause symptoms including diarrhoea and fever. This is most likely to happen to patients over 65 years of age. The majority of patients make a full recovery however, in rare occasions it can become life threatening.

Commissioning for Quality and Innovation (CQUIN)
The CQUIN framework was introduced in April 2009 as a national framework for locally agreed quality improvement schemes. It enables commissioners to reward excellence by linking a proportion of English healthcare provider's income to achievement of local quality improvement goals.

Commissioners
Commissioners are responsible for ensuring that adequate services are available for their local population by assessing need and purchasing services.

Datix
Datix is an electronic risk management software system which promotes the reporting of incidents by allowing anyone with access to the Trust Intranet to report directly into the software on easy-to-use web pages. The system allows incident forms to be completed electronically by all staff.

Foundation Trust
A Foundation Trust is a type of NHS organisation with greater accountability and freedom to manage themselves. They remain within the NHS overall, and provide the same services as traditional Trusts, but have more freedom to set local goals. Staff and members of the public can join the board or become members.

Friends and Family Test (F&FT)
The Friends and Family Test is an important feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses.

Getting It Right First Time (GIRFT)
Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

Hospital Standard Mortality Ratio (HSMR)
The HMSR is an indicator of healthcare quality that measure whether the death rate at a hospital is higher or lower than would be expected.

Healthwatch
Healthwatch is an independent arm of the CQC who share a commitment to improvement and learning and a desire to improve services for local people.

Healthcare Evaluation Data (HED)
HED is an online benchmarking solution designed for healthcare organisations. It allows healthcare organisations to utilise analytics which harness Hospital Episode Statistics (HES) national inpatient and outpatient and Office of National Statistics (ONS) Mortality data sets.

Hospital Episode Statistics (HES)
HES is a data warehouse containing a vast amount of information on the NHS, including details of all admissions to NHS hospitals and outpatient appointments in England. HES is an authoritative source used for healthcare analysis by the NHS, Government, and many other organisations.

Joint Consultative Committee (JCC)
JCC is a group of people who represent the management and employees of an organisation, and who meet for formal discussions before decisions are taken which affect the employees.

Just Culture
The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated.

Methicillin Resistant *Staphylococcus aureus* (MRSA)
MRSA is a bacterium responsible for several difficult to treat infections in humans. MRSA is, by definition, any strain of *Staphylococcus aureus* bacteria that has developed resistance to antibiotics. It is especially prevalent in hospitals, as patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.

National Confidential Enquiries
These are enquiries which seek to improve health and healthcare by collecting evidence on aspects of care, identifying any shortfalls in this, and disseminating recommendations based on these findings.

Examples include Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MMBRACE) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
NCEPOD's purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients. This is done by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing the results.

National Patient Survey
The NHS patient survey programme systematically gathers the views of patients about the care they have recently received because listening to patients' views is essential to providing a patient-centred health service.

National Reporting and Learning System (NRLS)
The National Reporting and Learning System is a central database of all patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.

Nervecentre
Nervecentre is an electronic clinical application used to record a variety of patient observations and assessments.

NHS England (NHSE)
NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

Overview and Scrutiny Committee
The Overview and Scrutiny Committees in local authorities have statutory roles and powers to review local health services. They have been instrumental in helping to plan services and bring about change. They bring democratic accountability into healthcare decision-making and make the NHS more responsive to local communities.

Patient Advice and Liaison Service (PALS)
PALS is an impartial service designed to ensure that the NHS listens to patients, their relatives, their carers, and friends answering their questions and resolving their concerns as quickly as possible.

Pressure Ulcers
Pressure ulcers are also known as pressure sores or bed sores. They occur when the skin and underlying tissue becomes damaged. In very serious cases the underlying muscle and bone can also be damaged.

Research
Clinical research and clinical trials are an everyday part of the NHS and are often conducted by medical professionals who see patients. A clinical trial is a particular type of research that tests one treatment against another. It may involve people in poor health, people in good health or both.

Risk
The potential that a chosen action or activity (including the choice of inaction) will lead to a loss or an undesirable outcome.

Special Review
A special review is carried out by the Care Quality Commission. Each special review looks at themes in health and social care. They focus on services, pathways, and care groups of people. A review will usually result in assessments by the CQC of local health and social care organisations as well as supporting the identification of national findings.

Staff Advice and Liaison Service
Brings together a range of support services that are available to staff.

Standard Operating Procedure
A Standard Operating Procedure is a set of step-by-step instructions compiled to help workers carry out complex routine processes.

Trust Board
The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance, and helping to promote links between the Trust and the community. The Chair and Non-Executive Directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

2021-22 Quality Account

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

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

8.56

(out of 10)

Based on feedback offered through Points of You.

123

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

1of 7

The number of mental health and disability trusts rated "Outstanding" by the Care Quality Commission, out of 50 NHS trusts.

78%

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

28.4%

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

62,421

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

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Map of Main Hospital Sites

Part 1

Welcome and Introduction to the Quality Account

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

We are one of the largest mental health, learning disability, autism, neurological disability organisations in the country and have an annual turnover of more than £XXX million.

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

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

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

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

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

What is the Quality Account?

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

We welcome the opportunity to outline how we have performed over the course of 2021-22, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

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

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

Example

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

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

Example

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

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

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

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

We thank you all.

Ken Jarrold CBE

Chair

James Duncan

Chief Executive

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

Nursing and Chief Operating Officer

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

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

This year we have focussed on four Quality Priorities:

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

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

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

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

Dr Rajesh Nadkarni
Executive Medical Director

Gary O'Hare
Chief Nurse

Ramona Duguid
Chief Operating Officer

Statement of Quality from Council of Governors Quality Group

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

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

Some items explored:

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

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

Margaret Adams

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

Care Quality Commission (CQC) Findings

In 2018, the Care Quality Commission (CQC) conducted an inspection of our services and once again rated us as “Outstanding”. We are one of only seven Mental Health and Disability Trusts in the country to be rated as such, as at 1 April 2022.

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

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

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

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

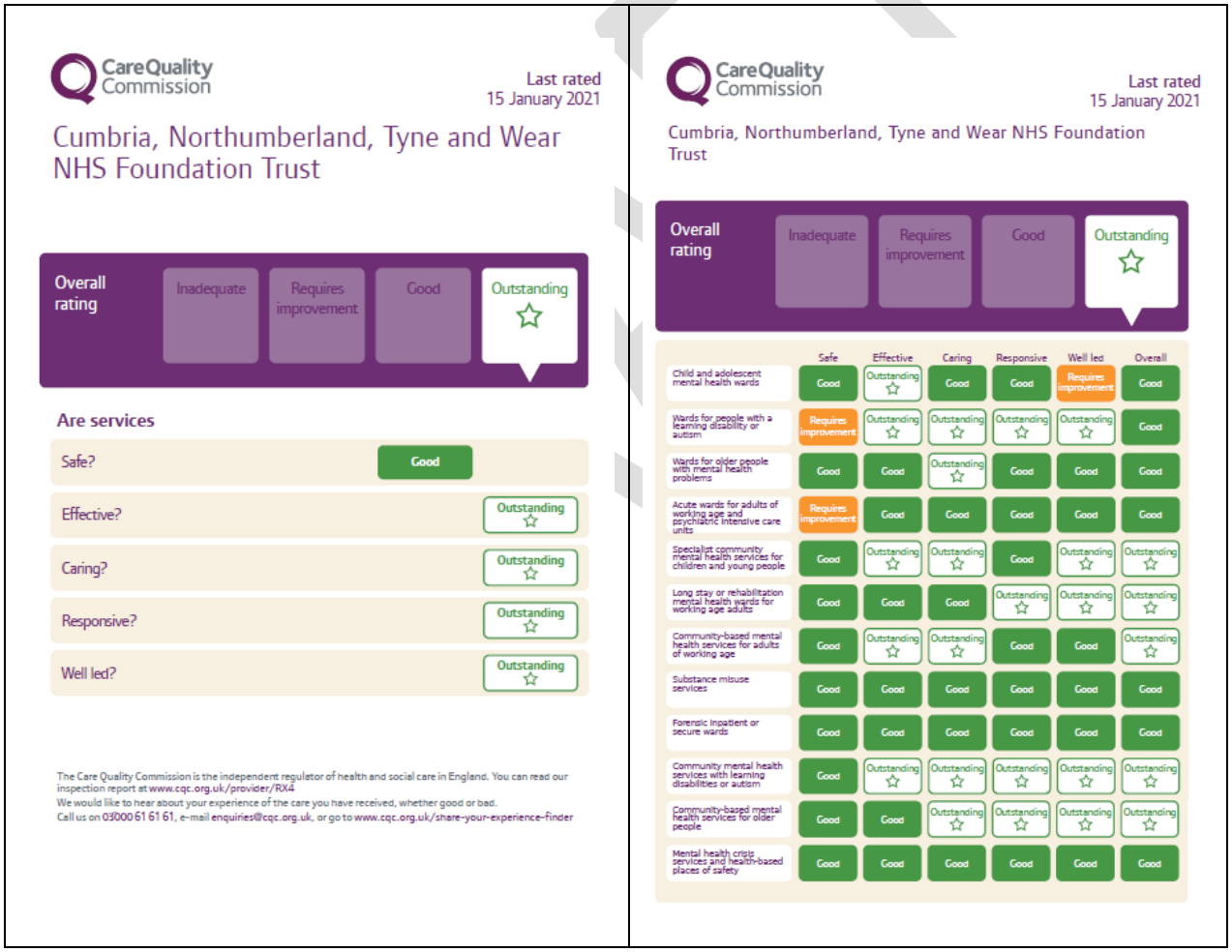
External Accreditations
The Trust has gained national accreditation for the quality of services provided in many wards and teams.

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

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

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

Ratings



Care Quality Commission

Last rated 15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating: Inadequate | Requires improvement | Good | Outstanding ☆

Are services

Safe?	Good
Effective?	Outstanding ☆
Caring?	Outstanding ☆
Responsive?	Outstanding ☆
Well led?	Outstanding ☆

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

Care Quality Commission

Last rated 15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating: Inadequate | Requires improvement | Good | Outstanding ☆

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

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust aim at all times to work in accordance with our values:

Caring and compassionate	Respectful	Honest and Transparent
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	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	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 2below shows the number of current service users as at 31 March 2022 by locality, and table 3 shows the total number of referrals in the year. Both tables have a comparison to the previous 2 years and the increase in referrals received is mainly attributable to investment in crisis, psychiatric liaison, street triage and substance misuse services, as well as services in North Cumbria joining the Trust.

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

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

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

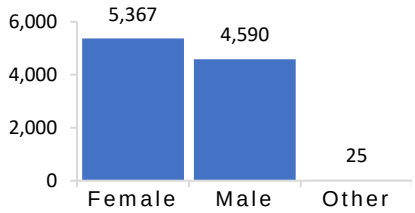
Clinical Commissioning Group	2017/18	2018/19	2019/20	2020/21	2021/22
NHS COUNTY DURHAM CCG (TOTAL)	2,820	2,940	2,917	2,708	2,666
NHS NEWCASTLE GATESHEAD CCG (TOTAL)	40,554	43,497	43,032	43,262	49,508
GATESHEAD	16,332	17,256	16,623	17,087	18,303
NEWCASTLE	24,214	26,222	26,374	26,150	30,344
NHS NORTH CUMBRIA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

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

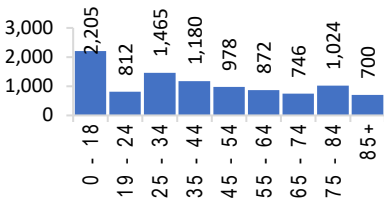
Figure 1: Gender, age and ethnic group breakdown of service users for our local CCGs

North Cumbria CCG

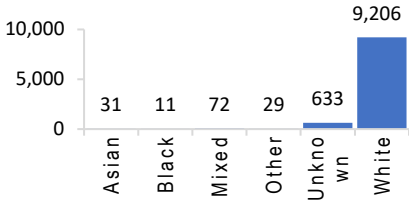
Gender breakdown



Age breakdown

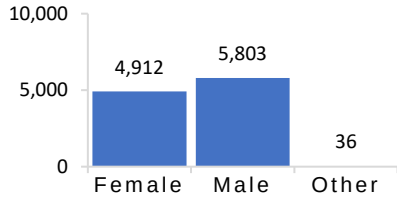


Ethnicity breakdown

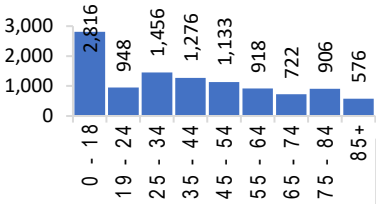


Northumberland CCG

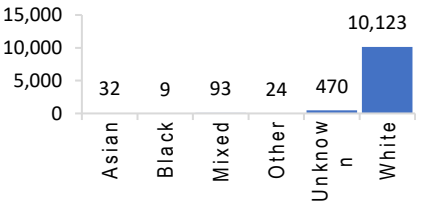
Gender breakdown



Age breakdown

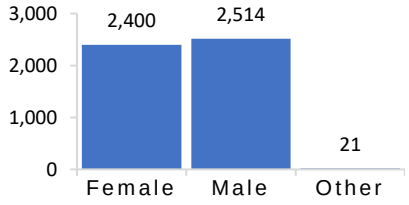


Ethnicity breakdown

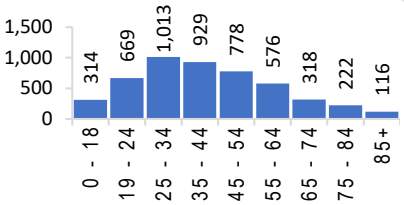


North Tyneside CCG

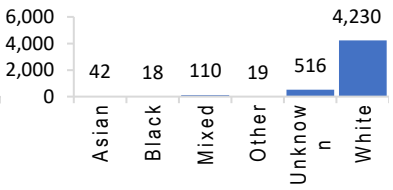
Gender breakdown



Age breakdown

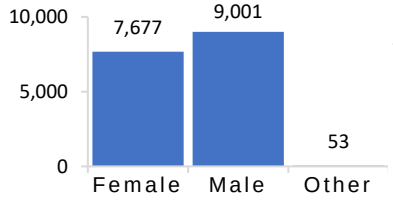


Ethnicity breakdown

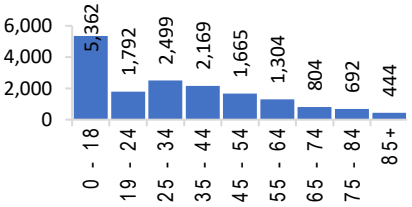


Newcastle Gateshead CCG

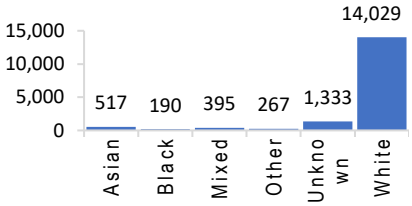
Gender breakdown



Age breakdown

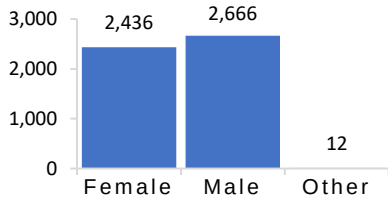


Ethnicity breakdown



South Tyneside CCG

Gender breakdown



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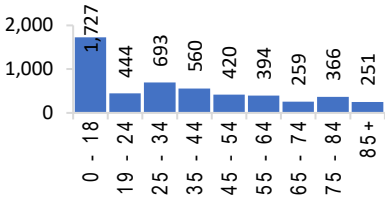

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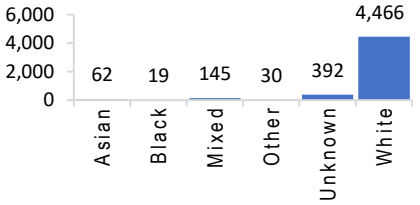
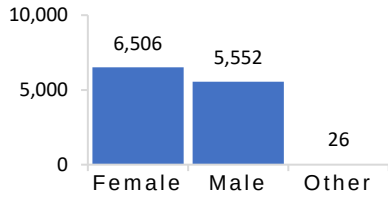


Sunderland CCG

Gender breakdown



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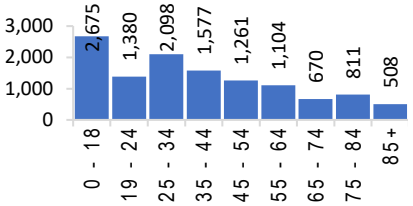

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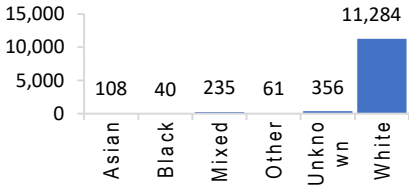


Data source: CNTW

PART 2a


NHS
Northumberland, Tyne and Wear
NHS Foundation Trust
OCCUPATIONAL THERAPIST

Part 2a

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

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2022/22.

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

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

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

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

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

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

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

Quality Priority 1: Safety - Improving the inpatient experience.	**Lead: Dr Patrick Keown**

Improving the inpatient experience by removing barriers to admission and discharge, and improving the therapeutic offer during treatment, through:

- Embedding new ways of working relating to admission and discharge processes
- Improved Inpatient ward quality standards
- Ensuring the purpose of admission and therapeutic offer add value to patient care

Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):

- Continue to build on the work started in 21/22 to improve efficiencies in the admission and discharge process, including further embedding the roles of enhanced bed management and crisis gate-keeping within Patient Flow Locality Teams.
- Carrying out a stocktake of ward quality standard measures and accreditations.
- Seek input from patients, carers, staff and wider professional groups, to gathering an evidence base on inpatient models of care within acute pathways.

Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):

- Evaluation of the impact of changes to admission and discharge processes to be undertaken.
- Consider the evidence base associated with inpatient ward quality standards and accreditations along with the feedback received to develop future actions and areas of focus.

Planned future actions to be taken Trust-wide during Quarter 3 (October, November & December):

- Delivery of agreed action plans relating to inpatient ward quality standards and models of care.

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

- Embedding and evaluation of agreed action plans relating to inpatient ward quality standards and models of care.

Evidence of Impact:

- Delivery of the Trust Out of Area trajectory.
- Reduction of occupancy rates on adult acute and older peoples inpatient wards.
- Improved inpatient experience.

Quality Priority 2: Service User and Carer Experience – Improving waiting times.	**Lead: Andy Airey**

Improving waiting times in areas where demand currently exceeds capacity through:

- Working in partnership with Primary Care to enable better support for patients and carers sooner.
- Delivery of a single point of access for North Cumbria CNTW services.
- Improved transitions from CYPS to Adult services.
- A review of Adult Autism Diagnostic Service (AADS) and Adult Attention Deficit Hyperactivity Disorder Service (AADHDS) pathways.
- Gender – Increase capacity through recruitment and retention of staff, developing a community programme with peer support workers and the 3rd sector and develop a clinical model for a Primary Care Trans Health Service with key stakeholders (inc NHSE and GPs).

Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):

- Completion of a detailed workforce plan for each locality.
- Go live with North Cumbria adult pathway planned care single point of access.
- Transitions project milestones and associated impact assessments developed to inform future quarter activities.
- AADHDS Exploring options of workers being directly in PCN setting.
- AASD – supporting Community Treatment Teams (CTT) – and other teams - to be skilled up to complete Autism assessments where client is open to more than one CNTW team.
- Gender: Recruitment of staff to increase capacity, identify estate for staff and clinics and contract under SLAs with 3rd sector to support service users on the waiting list.

Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):

- Continue to rollout of ARRS posts, and evaluation of those posts already in place.
- Expand North Cumbria's single point of access to include CAMHS and children's ADHD services.
- Delivery of agreed CYPS transitions project milestones, with benefits/impacts measured.
- Establish task and finish group to explore options around discharge pathway for ADHD, to include Clinical Commissioning Group (CCG) reps and General Practitioner (GP) rep; to include consideration of referral routes (in relation to

open referral in AASD). Scope out with Community Treatment Teams (CTT) around numbers of staff to be upskilled in Autism diagnostic assessment. • Gender: Recruitment of medical staff to increase capacity, provide Gender training for new staff members, identify estate for staff and clinics, establish a task & finish group to develop the clinical model.
Planned future actions to be taken Trust-wide during Quarter 3 October, November & December):
• Continue to rollout of ARRS posts, and evaluation of those posts already in place. • Expand North Cumbria single point of access to include older people's services. • Delivery of agreed transitions project milestones, with benefits/impacts measured. • Commence agreed delivery models within ADHD and ASD teams. • Seek approval for estate for staff and clinics, provide Gender training for new staff members and agree the clinical model and business case for Primary care model with NHSE.
Planned future actions to be taken Trust-wide during Quarter 4 (January, February & March):
• The future of ARRS posts will be determined WITH PCNs. • Remaining community services in North Cumbria will join the single point of access model. • Conclusion of the evaluation of the change in approach to transitions across the trust, with continuous improvement actions agreed. • Recruitment to any agreed Primary Care Network (PCN) posts and commence evaluation; commencement of training roll out for other teams to complete ASD assessment. • Commission the new primary care model. Agree on going funding for 3rd sector peer support workers.
Evidence of Impact:
• All mainstream Adult and Older Peoples Services having first contact within 18 weeks. • All CYPS referrals receiving treatment within 18 weeks. • Reduction in ASD and ADHD waits • Reduction in waits for Gender services.

Quality Priority 3: Service User and Carer Experience – Support service users and carers to be heard.	**Lead: Elaine Fletcher**

Support service users and carers to be heard by improving processes and promoting person-centred approaches through:

- Promoting an inclusive approach to positive patient engagement and responsiveness.
- Co-production of refreshed digital enablers for patients and carers
- Monitor and respond to feedback themes

Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):

- Develop action plan through engagement with peers and service users.
- Respond to 'You Said – We Did' test feedback. Making changes to the process to promote easy user function, reducing the clinical time spent producing the poster.

Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):

- Implementation of actions.
- Develop communication strategy for 'You Said – We Did' roll out, including through The Bulletin and through discussion in locality meetings.

Planned future actions to be taken Trust-wide during Quarter 3 (October, November & December):

- Implementation of actions.
- Roll out 'You Said – We Did' poster process to all wards and teams.

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

- Implementation of actions.
- Evaluate roll out of 'You Said – We Did', identifying teams not using it and offering support.

Evidence of Impact:

- Reduction in people offering negative feedback around feeling listened to/heard.
- Increase in wards and teams using You Said - We Did poster.

Quality Priority 4: Clinical Effectiveness – Equality, Diversity, Inclusion and Human Rights (in relation to the core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA)).	**Lead: Lynne Shaw and Dr Rajesh Nadkarni**

Implement a Trustwide approach working across Locality Groups. The Equality & Diversity Lead, CNTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group and Communications and Staff Networks.

Planned future actions to be taken Trust-wide during Quarter 1 (April, May & June):

- Implementation of Inclusive Recruitment measures.
- Implementation of inclusive recruitment measures.
- Implement Respectful Resolution Pathway.
- Scope current activity and develop priority areas of engagement
- Trauma Informed Care presentation to take place at BDG.
- HOPEs proposal to be presented at BDG, focusing on training, communication and practice.
- Empower presentation to take place at CDT.
- Roll out of HOPEs training commencing in pilot areas.
- After Trauma Informed Care proposal is accepted, begin recruitment and develop the team, and identify pilot areas.
- Continued development of the communications strategy.
- Continued planning of raising awareness of FREDA/Rights Based Approaches across CNTW. Linking with other Trust initiatives and rolling-out communications and awareness materials.

Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September):

- Review locality information (including census) to better understand population demographics.
- Train staff to be Hate Crime Champions.
- Mechanism to be established to capture reporting to the Police.
- Locality plans to improve engagement in these areas.
- Positive & Safe team to plan and deliver awareness sessions incorporating Human Rights and Trauma Informed Care.
- Trauma Informed Care pilots to commence in pilot areas.

Planned future actions to be taken Trust-wide during Quarter 3 (October, November & December):

- Implement actions to attract applicants from under-represented groups.
- Monitor the efficacy of the Inclusive Recruitment measures.
- Implement leading with Values training.
- Roll out of Disability Equality Training provided by Difference North East.
- HOPEs training rolled-out in all pilot areas, learning to be consolidated and shared.
- Development of a Trauma Informed Care network.

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

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

Evidence of Impact:

Equality, Diversity and Inclusion

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

Empower

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

PART 2b

Image

Part 2b

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

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

Our 2021-22 Quality Priorities were:

Quality Priority 1: Safety - Improving the inpatient experience

We said we would:

This Quality Priority has three elements:

1. Monitoring inappropriate out of area treatment days.

2. Monitoring average bed occupancy on adult and older people's mental health wards (including Psychiatric Intensive Care Units (PICU)) against The Royal College of Psychiatrists recommendation - occupancy rate of 85% as optimal for effective care).

3. Monitor service user and carer experience feedback.

What we did:

Progress – Partially Met

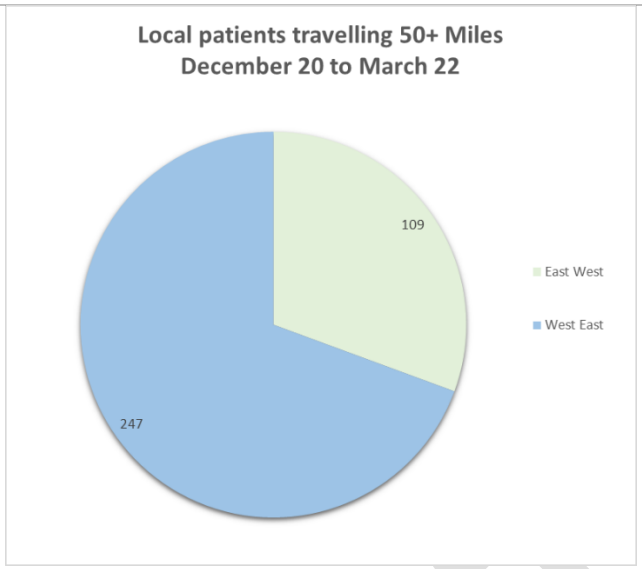
(1) Increased referrals into services, staffing problems associated with both COVID and recruitment difficulties, delayed transfers of care and refurbishment work all mean CNTW is experiencing significant pressure and as such have inappropriate out of area placements(OAPs) at this present time.

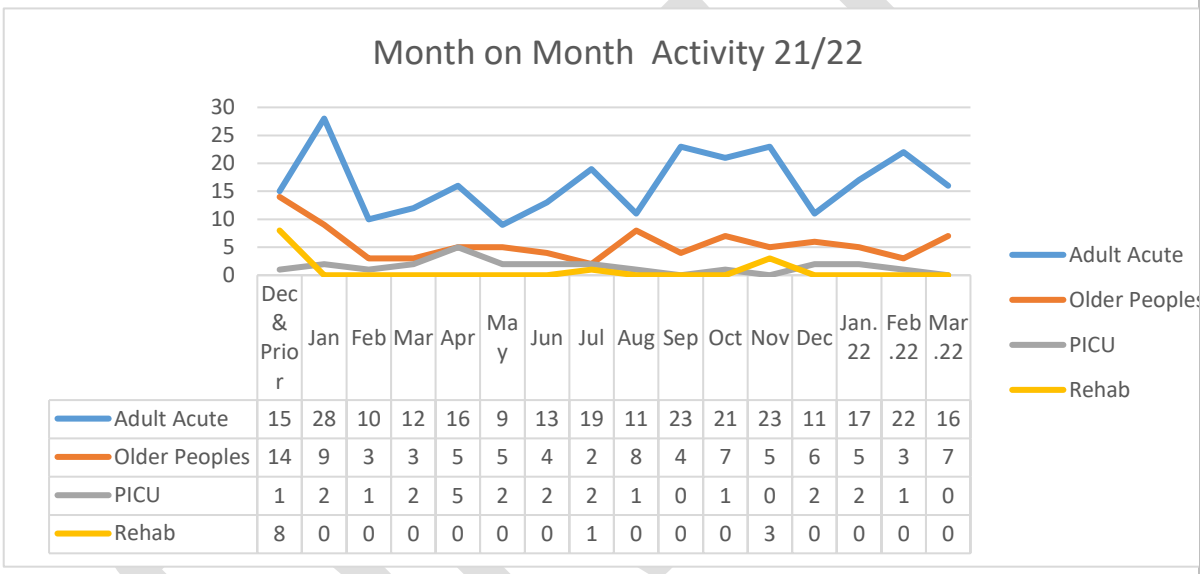
CNTW managed to maintain zero inappropriate OAP bed days until July 2021. At the end of the Quarter 3 CNTW had 618 (586) inappropriate out of area bed days. By the end of Quarter 4 this has risen to 1,472 inappropriate out of area bed days of which 574 days relate to older adults. Note that the figures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

The back drop remains of reduced bed numbers in the Trust and a pressurised national picture.
CNTW continues to monitor out of locality inpatient stays focussing particularly on patients travelling in excess of 50 miles.

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

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





	Dec & Prior	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan. 22	Feb .22	Mar .22
Adult Acute	15	28	10	12	16	9	13	19	11	23	21	23	11	17	22	16
Older Peoples	14	9	3	3	5	5	4	2	8	4	7	5	6	5	3	7
PICU	1	2	1	2	5	2	2	2	1	0	1	0	2	2	1	0
Rehab	8	0	0	0	0	0	0	1	0	0	0	3	0	0	0	0

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

Table 3 - During the year, the average bed occupancy against commissioned beds across the Trust's adult acute wards decreased each quarter. Please note the temporary closure of the Psychiatric Intensive Care Unit Rowanwood has had a marked impact on the reduction in the average bed occupancy for North Cumbria and consequentially the Trust. The average bed occupancy against commissioned beds across the Trust's older adult wards increased each quarter during 2021-22.

Table 3: Average % Bed Occupancy by Locality Care Group by Quarter

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

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

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

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

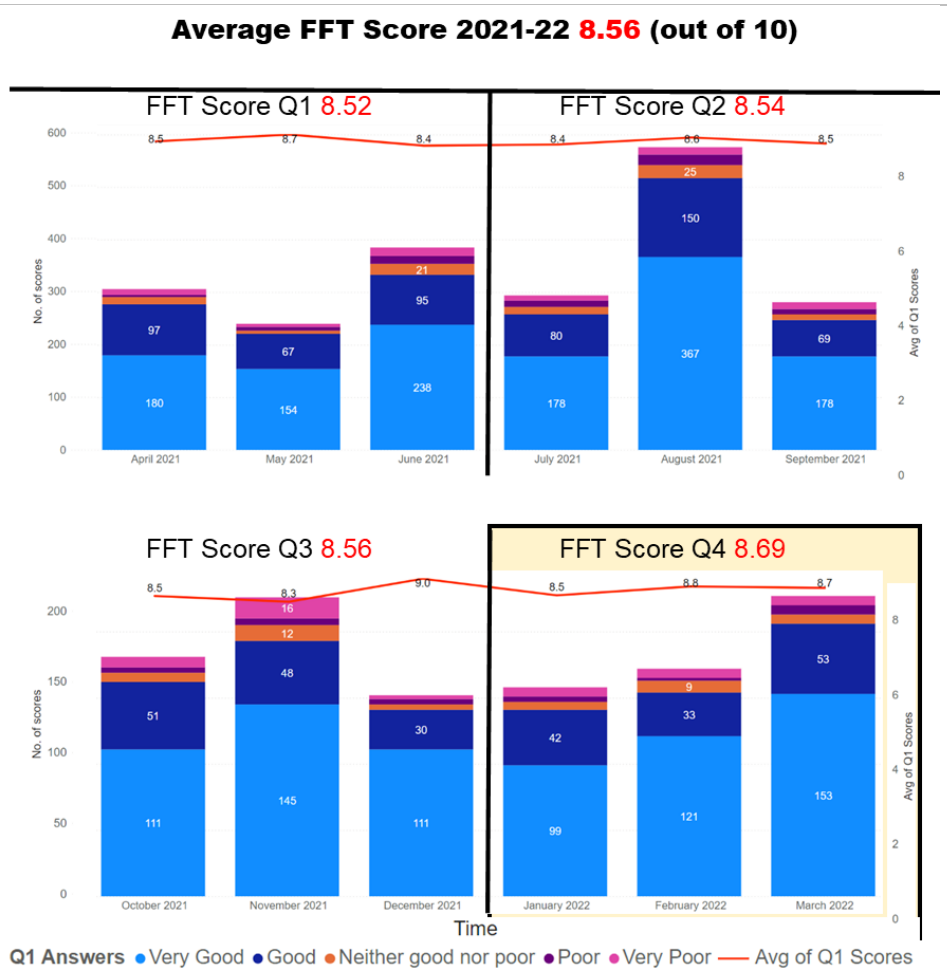


Figure 2. Average FFT score by year and quarter 2021-22

Quality Priority 2: Improving Waiting Times

We said we would:

1. Monitor and report waiting times to treatment for adult and older people's mental health services against the 18 week standard.

2. Report Children and Young People's Services (CYPS) waiting times by pathways (using 2nd contact as treatment proxy).

3. Monitor and report Gender Dysphoria, Adult Attention Deficit and Hyperactivity Disorder (ADHD) and Adult Autism Spectrum Disorder (ASD) waiting times.

What we did:

Progress – Partially Met

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

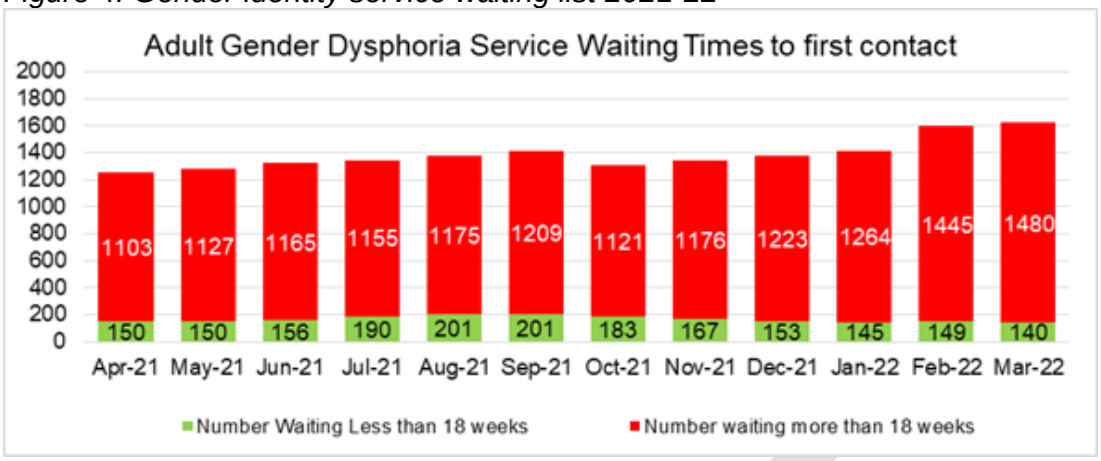
Referrals which are regarded as a priority or emergency by the clinical team would not be expected to wait 18 weeks for first contact. The definition of what constitutes a priority or emergency referral differs per service.

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

*excluding adult Autism Spectrum Disorder Diagnosis, Adult Attention Deficit Hyperactivity Disorder diagnosis and Adult Gender Dysphoria services

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

Figure 4: Gender identity service waiting list 2021-22



How we support service users while waiting to access our services

- *For people, whose referrals are not accepted by us*

If a referral is not accepted by the Trust the service user will be provided with a list of alternative services, which they may find useful, while their care requirements are re-assessed by the referring organisation.

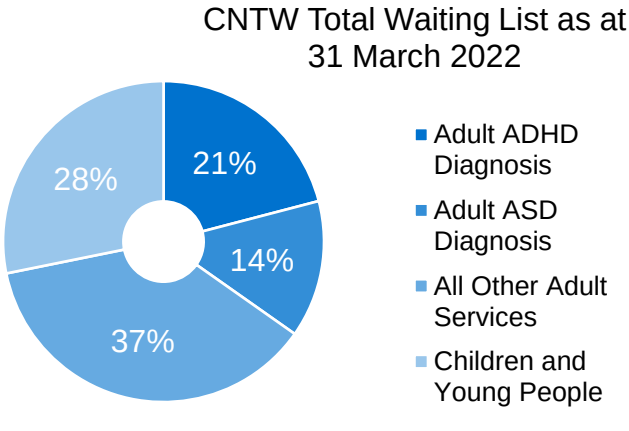
- *Support offered to service users who are waiting for their treatment to start*

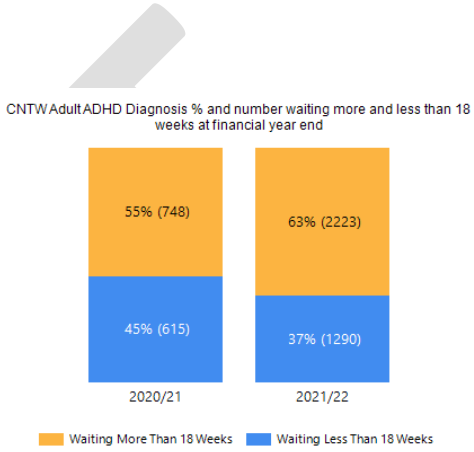
All service users are provided with contact numbers for out of hours services and a leaflet for their local Crisis Team with a verbal explanation or discussion about the services available. Whilst on the waiting list, service users are contacted monthly for a telephone review which consists of, updating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

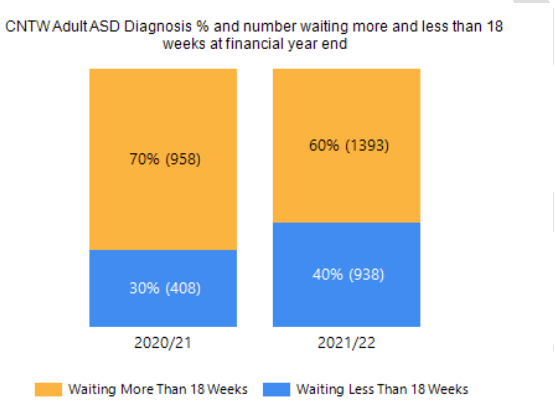
Trustwide waiting times analysis

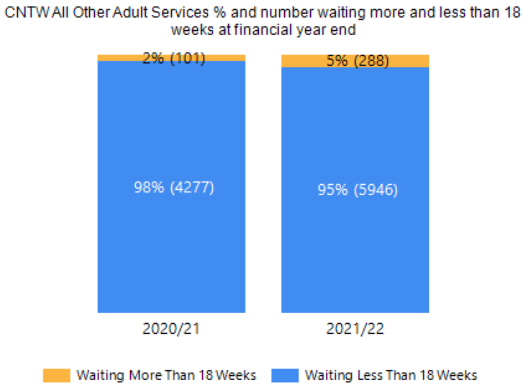
The charts below show the waiting times position Trustwide, as at 31 March 2022 and compared to the previous year. The number of adults waiting more than 18 weeks for services has seen an increase from 101 (this day 2021) to 288 in the year (excluding more than 18 weeks for Adult Autism Spectrum Disorder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

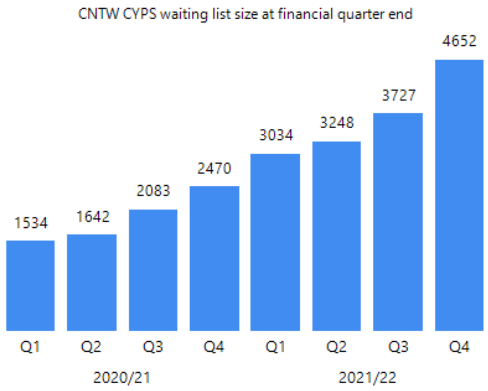
Figure 5 a-f: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics

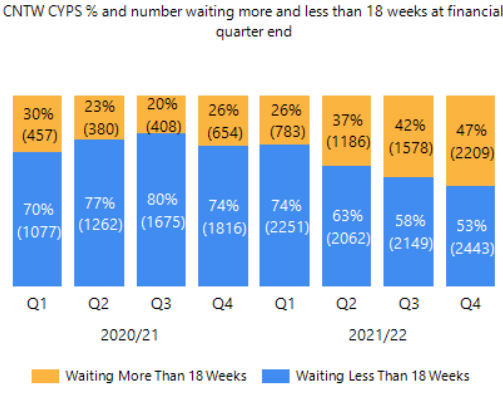






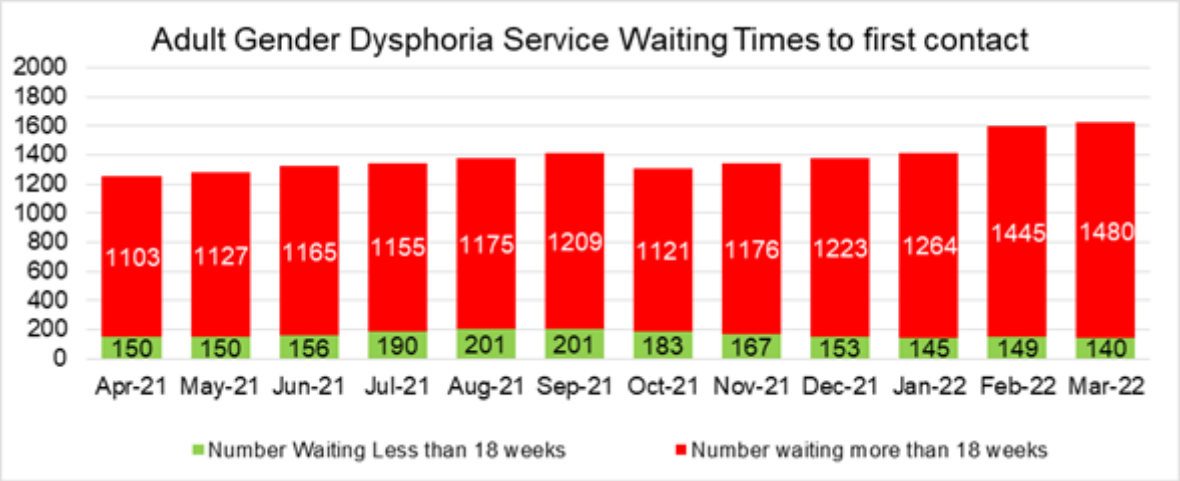






The **Adult Gender Identity Service** is a regional service commissioned by NHS England, therefore the data for this service is not displayed at Clinical Commissioning Group (CCG) level.

Figure 6: Gender identity service waiting list 2021-22



Data source: CNTW

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

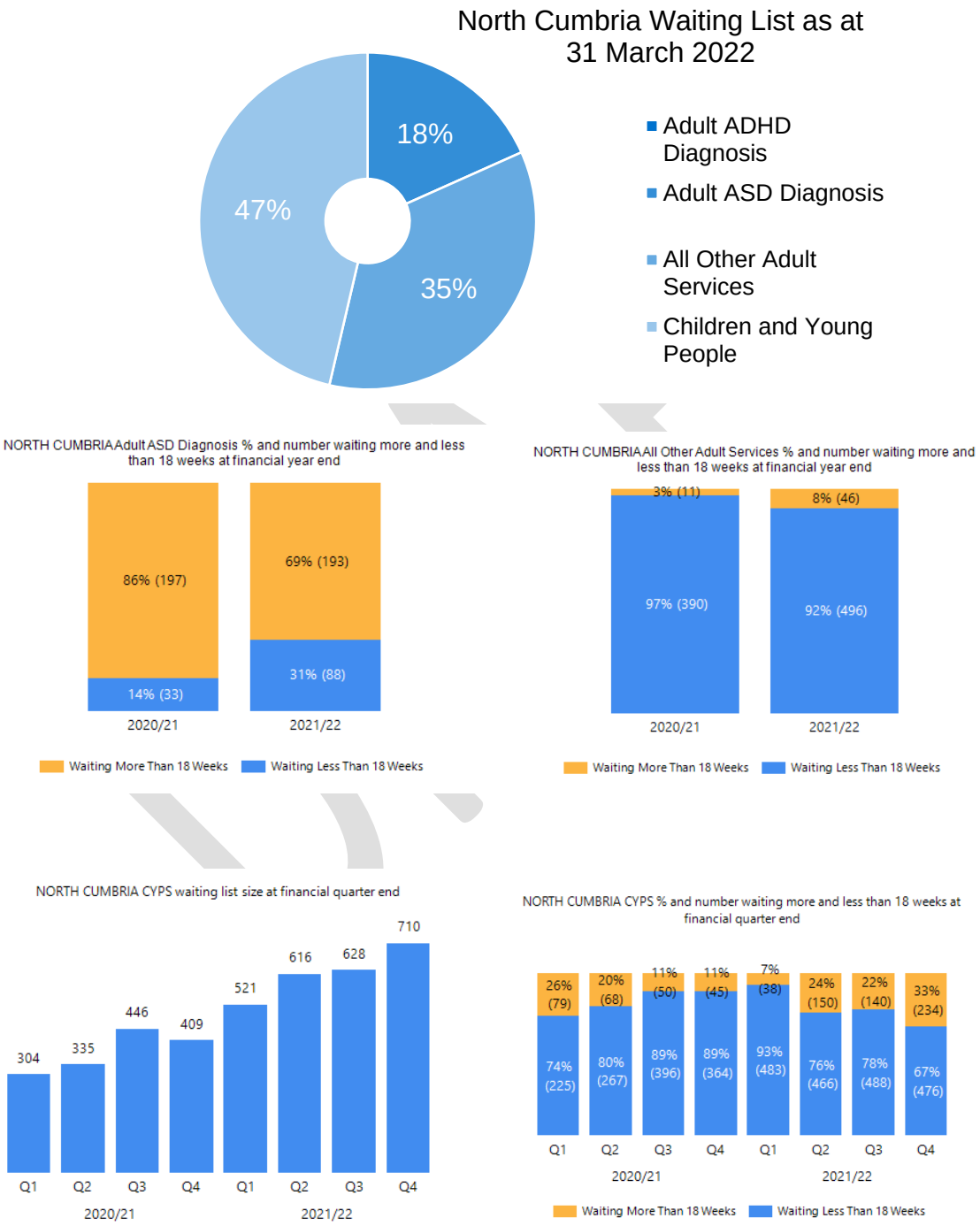
Table 4: Five Year Forward View for Mental Health waiting times data 2021-22

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

Waiting times analysis at locality level

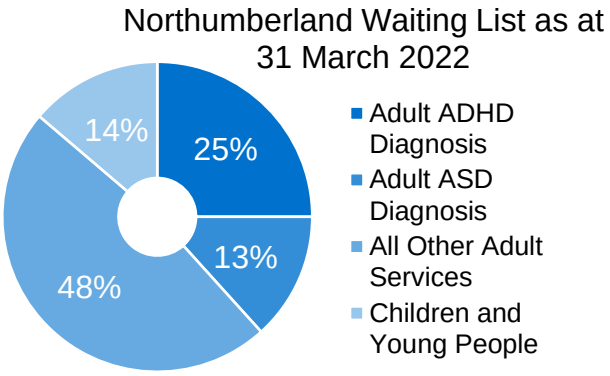
North Cumbria has seen an increase in people waiting over 18 weeks for all adult service, however ASD services saw a marginal decrease in the people waiting over this time. CYPS services continue to see a month on month increase in referrals leading to increased pressures and waits.

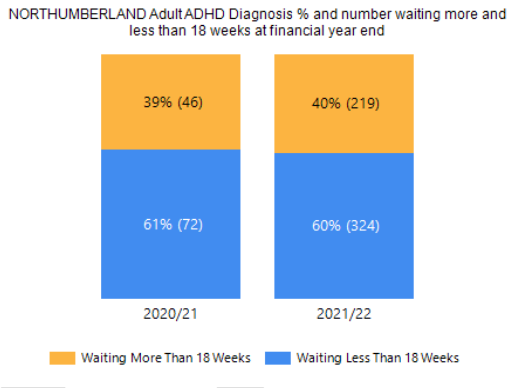
Figure 6 a-e: North Cumbria CCG waiting lists, assorted metrics

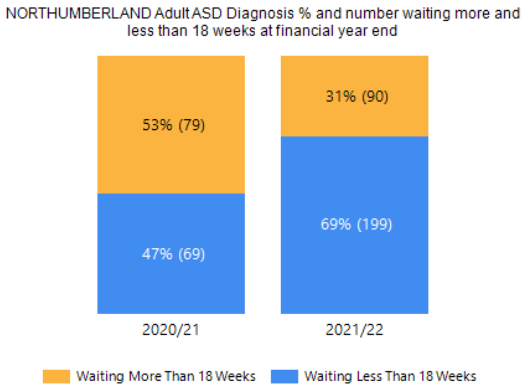


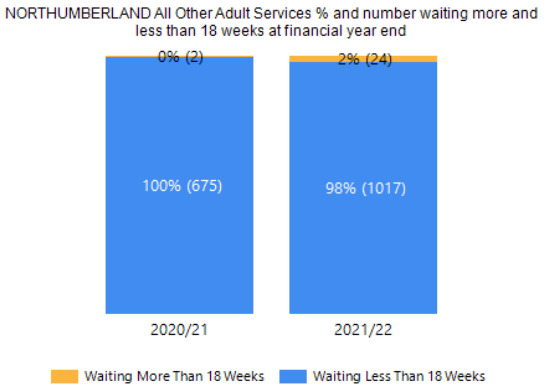
In Northumberland, there was an increase in people waiting over 18 weeks for all services with the exception of CYPS services, who have maintained no waiting past 18 weeks since quarter 1 2020-21 when one individual waiting over this timescale.

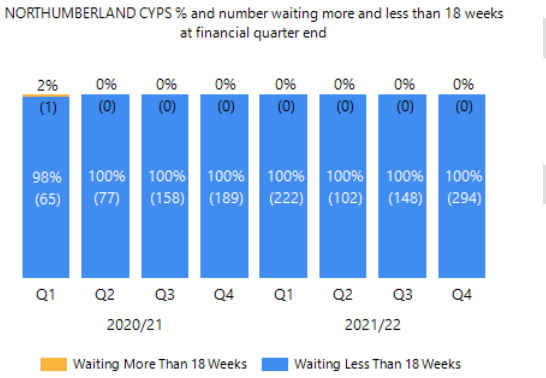
Figure 7 a-f: Northumberland CCG waiting lists, assorted metrics

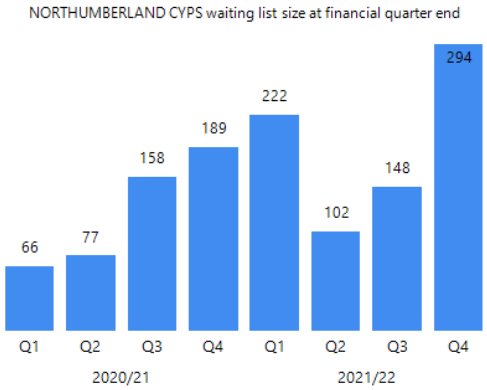






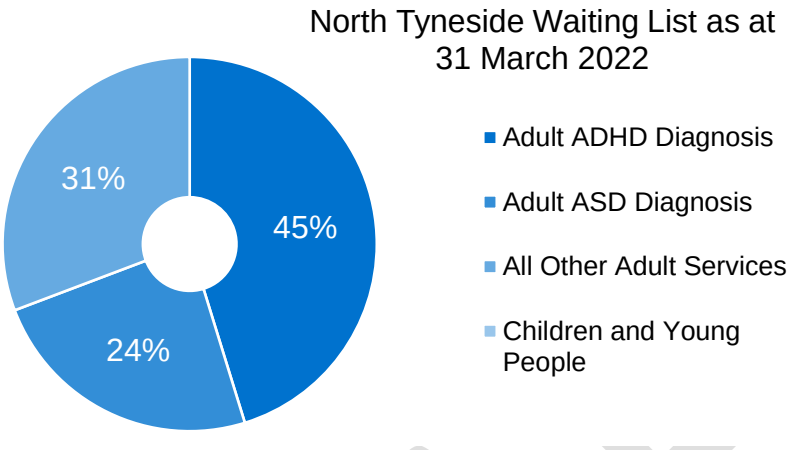


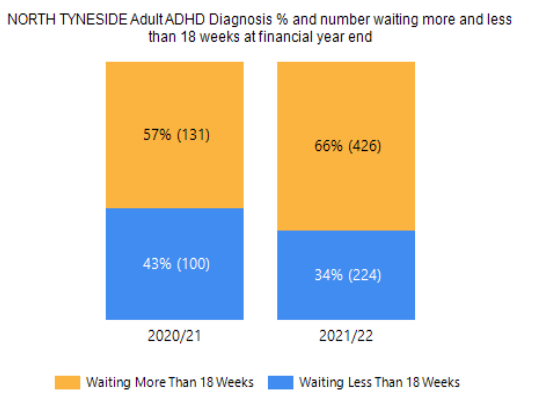


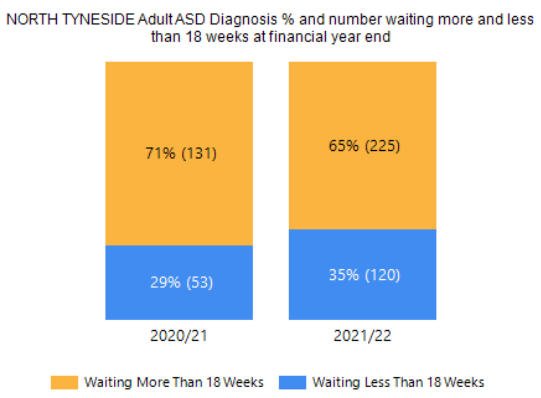


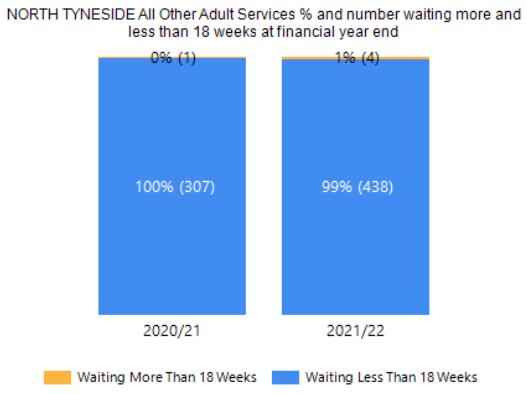
In North Tyneside, there was a significant increase in those waiting more than 18 weeks for Adult ADHD services. There was an increase in those waiting for Adult ASD services. Adult mental health services saw an increase in people waiting for services, however 1%(4 people) saw their wait go over 18 weeks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

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





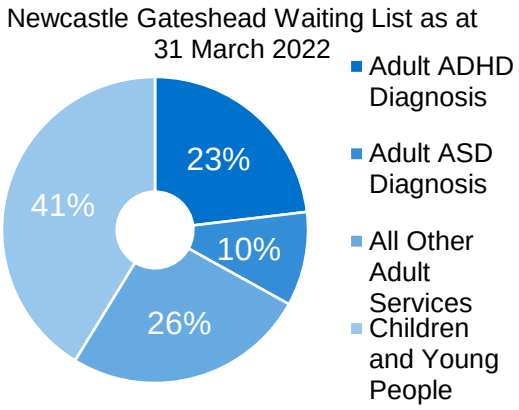


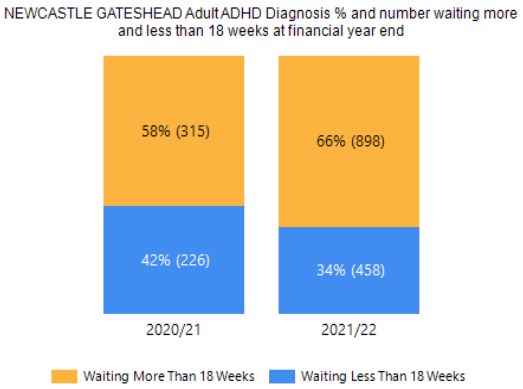


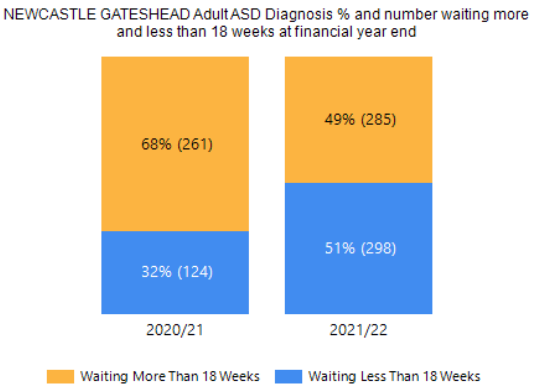
Note there is no chart provided for community services for children and young people in North Tyneside as this service is provided by Northumbria Healthcare NHS Foundation Trust, not CNTW, for more information please see: https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mental-health-service-camhs/

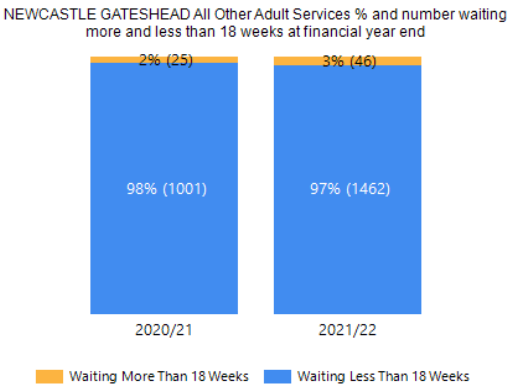
In Newcastle and Gateshead, there were increased pressures on services that led to more people waiting more than 18 weeks for access to treatment. Adult ASD saw a reduction in the percentage waiting over 18 weeks and a marginal increase in people, this is due to a marked increase in referrals to the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

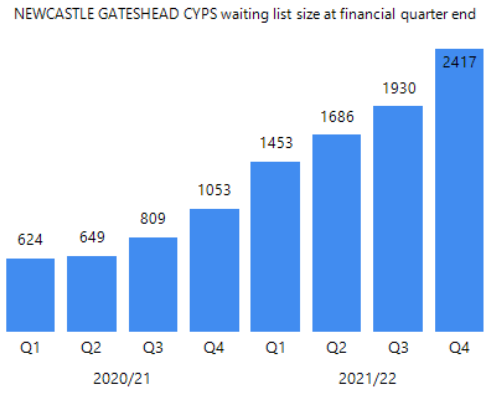
Figure 9 a-f: Newcastle and Gateshead locality waiting lists, assorted metrics

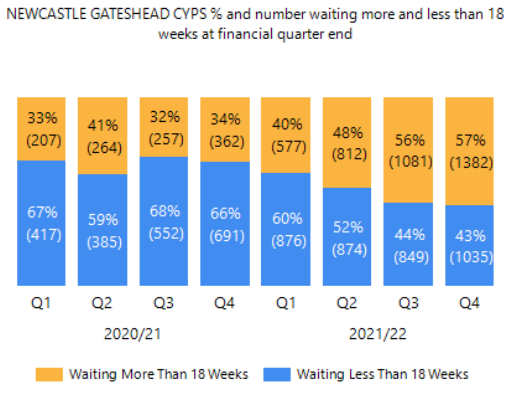






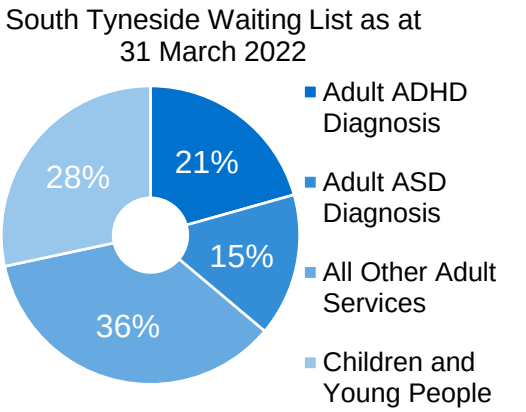


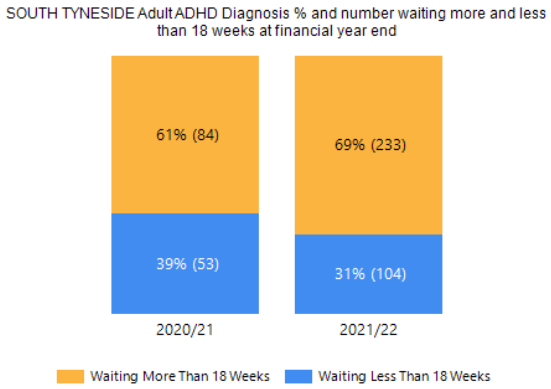


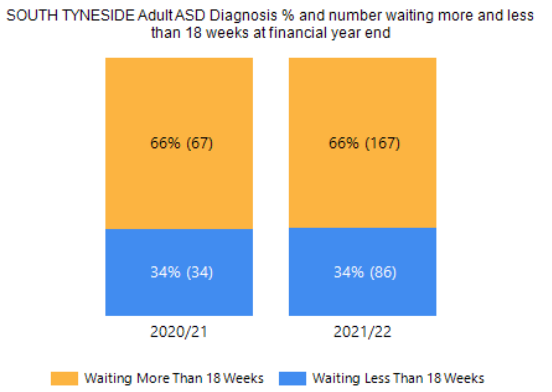


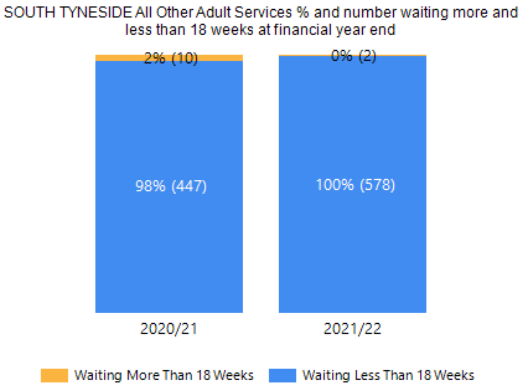
In South Tyneside, Adult ASD and ADHD services saw an increase in people waiting for treatment and waiting over 18 weeks for treatment, this was against the backdrop of increased referral in to these services and pressures on services from the coronavirus pandemic. Adult mental health services continued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

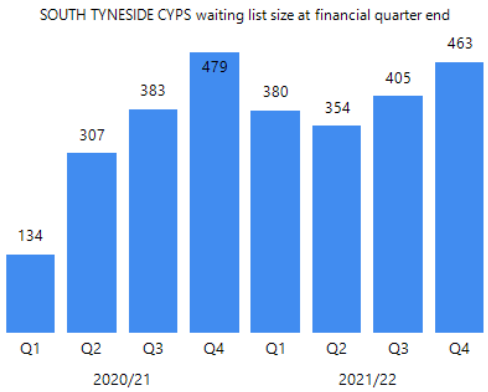
Figure 10 a-f: South Tyneside CCG waiting lists, assorted metrics

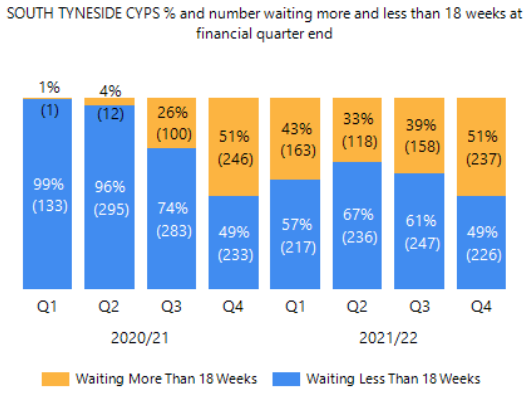






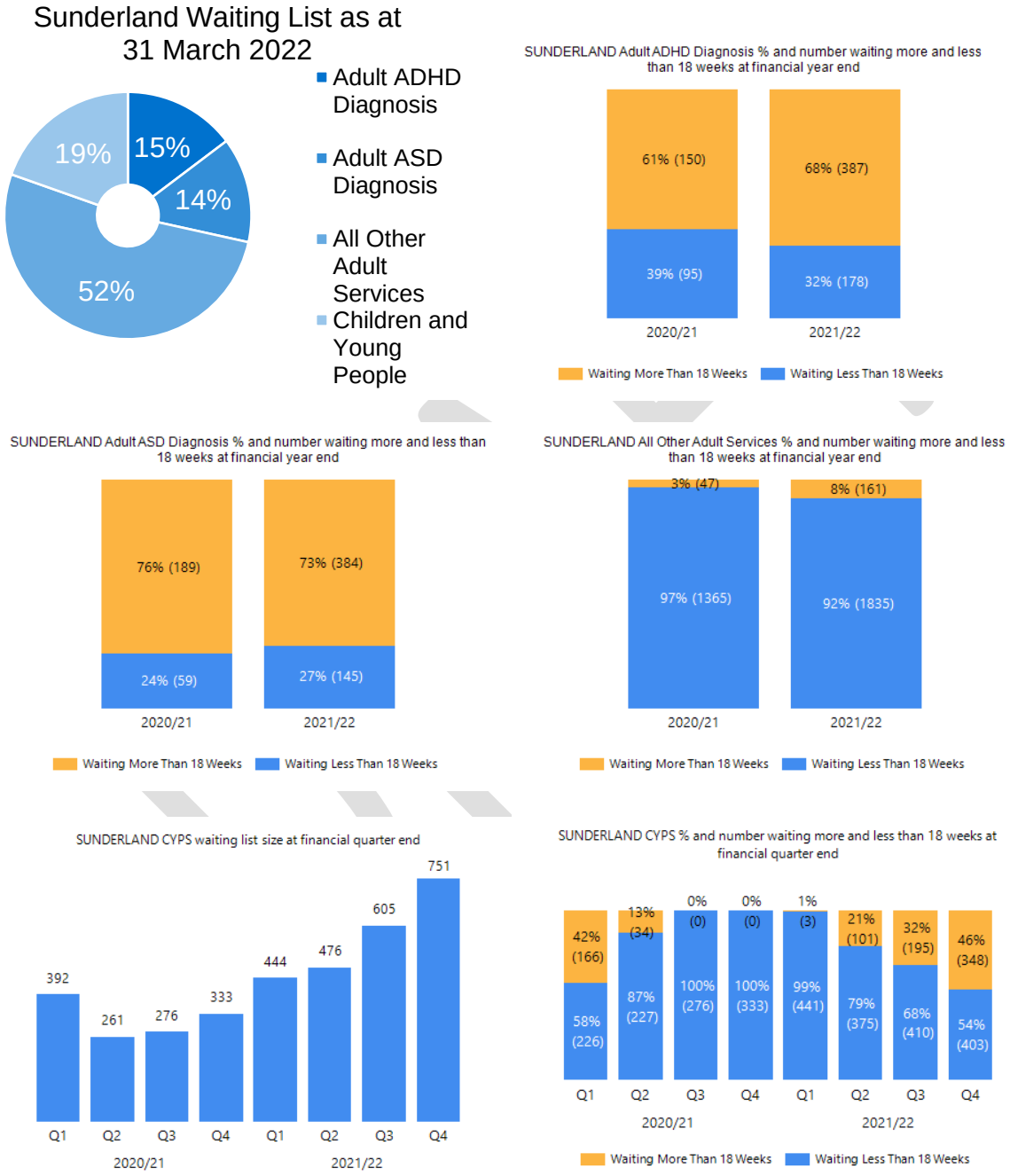






In Sunderland, waiting times for adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have increased during 2021-22, this had led to more people waiting more than 18 weeks for treatment. Adult ASD and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

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



Data source: CNTW

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

We said we would:

1. Promote person-centred care (face to face/telephone contact/zoom or Teams contacts)

2. Identify and remove tasks that can be removed, that do not add value to the service user or carer experience.

3. Develop and deliver Quality Improvement (QI) plan through task and finish groups.

What we did:

Progress – Partially Met

Summary

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

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

Phase 1

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

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

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

- Latest Getting to Know You Form Date: The Getting To Know You form is the carer assessment. This now allows health care professionals to easily identified those patients allocated to them who have one of these in place. Team leaders are able at service level to

understand their current completion rate and any variation within the team, thus support individual supervision and increase the level of carer assessment.

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

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

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

Phase 2

Following the completion and delivery of the work above, the group led by patients with experience reflected on the core deliverables of the quality priority and if we were set to deliver the three core elements.
A new design proposal was put forward, this included increasing the level of patient experience captured from underrepresented groups and the ‘so what’ following this feedback.

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

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

listing and action, under discussion are the desired outcomes are to be improved, these include:

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

Next steps

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

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

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

We said we would:

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

What we did:

Progress – Partially Met

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

Tackling Discrimination - Part of the Respect Campaign
During Quarter 4. Workforce and Organisational Development Staff were due to receive training on Respectful Resolution during one of their regular professional development sessions. Due to pandemic pressures the session had to be postponed and is now scheduled to take place in May 2022.
Improving Disciplinary and Grievance Processes
During Quarter 4 staff involved with managing the disciplinary and grievance processes received a training update from the RCN. The RCN also trained a further 8 members of staff from CNTW to be cultural ambassadors during this quarter.

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

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

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

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

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

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

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

Table 5. Patient Safety incidents impact 2019-20 to 2021-22

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

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

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

Degree of harm in incident reports

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

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

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

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

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

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

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

Table 6: **Total** incidents 2021-22 for local CCGs, includes patient safety and non-patient safety incidents

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

Data source: CNTW

*Note that the “Catastrophic, Death” column includes all deaths including by natural causes, and that there are also incidents relating to service users from other non-local CCGs, the trust total deaths for CNTW is 1583. There is more information on Learning from Deaths on page 77.

Openness and Honesty when things go wrong: the Professional Duty of Candour

All healthcare professionals have a duty of candour which is a professional responsibility to be honest with service users and their advocates, carers and families when things go wrong. The key features of this responsibility are that healthcare professionals must:

- Tell the service user (or, where appropriate, the service user's advocate, carer or family) when something has gone wrong.
- Apologise to the service user. Offer an appropriate remedy or support to put matters right (if possible).
- Explain fully to the service user the short and long term effects of what has happened.

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

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

By email: complaints@CNTW.nhs.uk

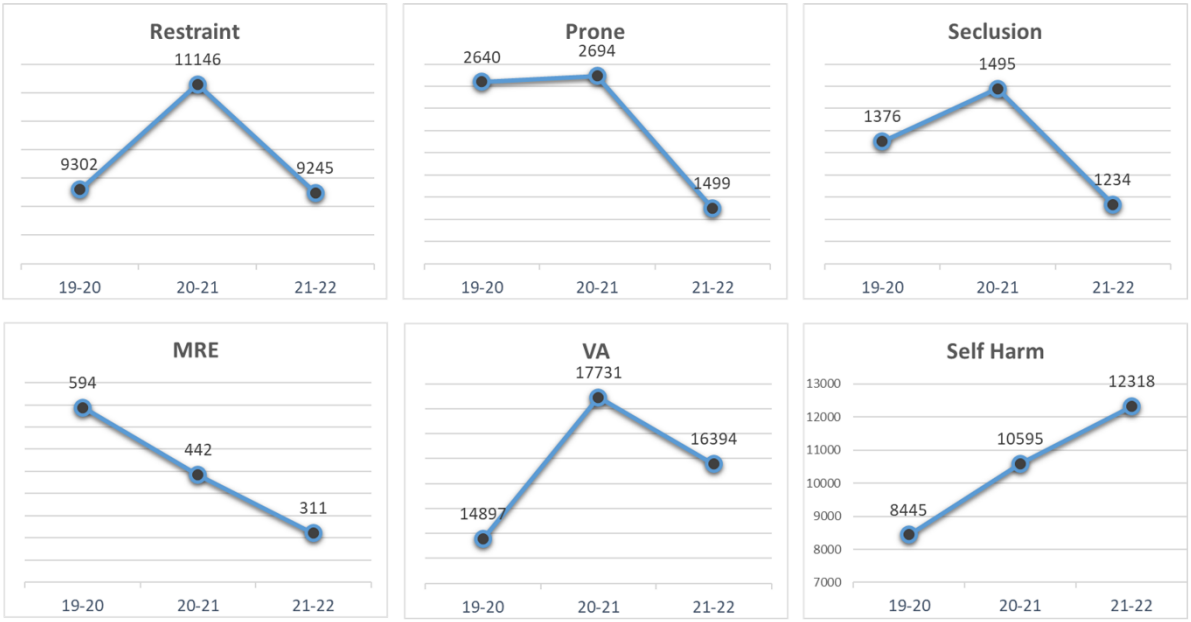
By phone: 0191 245 6672

A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of care. We have implemented the Duty of Candour, developed a process to allow thematic analysis of reported cases, raised

awareness of the duty at all levels of the organisation and we are also reviewing how we can improve the way we learn and ensure that teams and individuals have the tools and opportunities to reflect on incidents and share learning with colleagues.

Healthcare professionals must also be open and honest and take part in reviews and investigations when requested. All staff are aware that they should report incidents or raise concerns promptly, that they must support and encourage each other to be open and honest, and not stop anyone from raising concerns.

Positive and Safe Strategy - impact in numbers:



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

The Trust can report positive (some significant) reductions based on 20 -21 in comparison to 21-22 , in relation to the application of restrictive practices its particularly positive given the

Extreme pressures clinical teams have been experiencing and the limitations managing COVID can bring to mental health settings relating to communication and activities, there follows

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

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

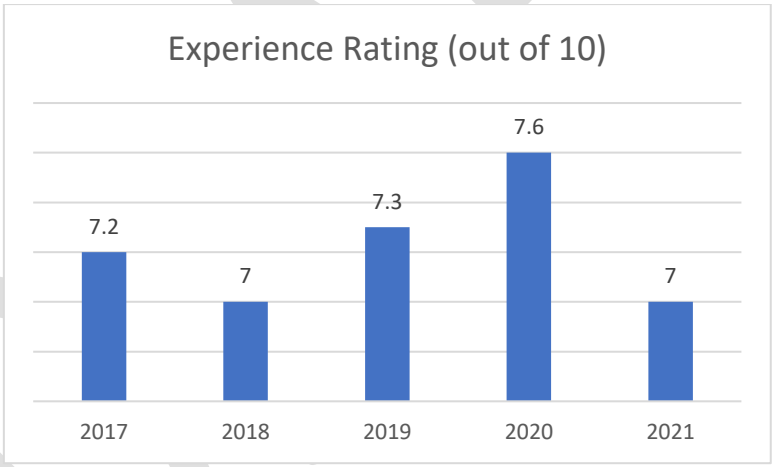
- Undertook Oxehealth Digital Care assistant evaluation , supporting development of rollout strategy.
- Undertook pilot of body worn cameras.
- Undertaking and developing research projects across Trust, involved in developing towards safer services document.

How has the Service User and Carer Experience 2020/21 Quality Priority helped support the Service User and Carer Experience Quality Goal to work with you, your carers and your family to support your journey?

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

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

Table 7 CNTW’s overall experience of care score 2017 to 2020



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

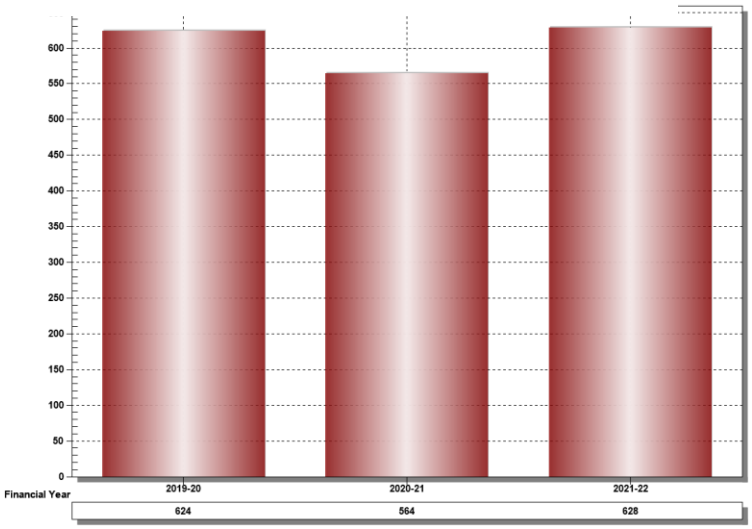
Table 8. National Mental Health Community Patient Survey results for 2019 to 2021

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

Complaints

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

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



Data source: CNTW

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

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

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

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

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

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

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

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

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

The Patient Advice and Liaison Service (PALS) gives service users and carers an alternative to making a formal complaint. The service provides advice and support to service users, their families, carers and staff, providing information, signposting to appropriate agencies, listening to concerns.

Table 9: Number of complaints received by category 2019/20 to 2021/22

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

Data source: CNTW

Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. In 2021/22 we responded to complaints in line with agreed timescales in 83% of cases.

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

Table 10: Number (and percentage) of complaint outcomes 2019/20 to 2021/22

Complaint Outcome	2019-20		2020-21		2021-22	
Closed - Not Upheld	165	26%	153	27%	149	24%
Closed - Partially Upheld	199	32%	176	31%	176	28%
Closed - Upheld	112	18%	90	16%	96	15%
Complaint Withdrawn	67	11%	58	10%	64	10%
Decision Not To Investigate	24	4%	35	6%	49	7%
Still Awaiting Completion	0	0%	0	0%	70	11%
Unable To Investigate	57	9%	51	10%	30	5%
Total	**624**	**100%**	**565**	**100%**	**628**	**100%**

Data source: CNTW

Complaints referred to the Parliamentary and Health Service Ombudsman

If a complainant is dissatisfied with the outcome of a complaint investigation they are given the option to contact the Trust again to explore issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

The role of the PHSO is to investigate complaints where individuals feel they have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England.

Outcome of complaints considered by the PHSO, as at 31 March 2022 there were 27 cases ongoing and their status at the time of writing is as follows:

Table 11: Outcome of complaints considered by the PHSO

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

NICE Guidance Assessments Completed 2021-22

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2021-22 the Trust undertook the following assessments against appropriate guidance to further improve quality of service provided. Assessments were conducted against all published NICE guidance deemed relevant to the Trust.

1. **NICE Baseline assessments previously undertaken (2)**

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

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

2. **NICE Baseline Assessment undertaken (1)**

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

Ref	Topic Details / Objective	Compliance Status / Main Actions
NG144	Cannabis-based medicinal products	Initial Compliance: Partial Submitted for Action Plan Monitoring: 10/12/2021 Deadline for fully implemented action plan: 01/12/2022 There are 11 recommendations relating to this guidance, and relevant to CNTW. The Trust demonstrated no compliance to NICE Guidance with only 2 out of 11 (18%) recommendations met. The action plan was developed in conjunction with pharmacy staff, and it will address issues relating to: • Gaps in the provision of services • Shared care agreements • Rationale for prescribing / not prescribing • Knowledge of current Trust Policy relating to controlled drugs and other related PGNs The deadline for full implementation of the action plan is 01/12/2022

3**. NICE Baseline Assessments Fully Implemented (15)**

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

Ref.	Topic Details / Objective	Compliance Status / Main Actions
NG200	COVID-19 Rapid Guideline: vaccine-induced immune thrombocytopenia and thrombosis (VITT)	Initial Compliance: Partial. Fully Implemented: 06/10/2021 The baseline assessment demonstrated that five recommendations were met fully (25%) and 8 (42%) were met partially out of a total of 19 recommendations. Main actions and date of completion: • CAS Alert to be issued Trustwide (04/10/2021) • Medics work book to be updated (06/10/2021) The baseline assessment and fully implemented action plan were submitted to BDG on 15/02/2022 and closed
CG90	Depression in adults: recognition and management	Initial Compliance: Partial Fully Implemented: 30/03/2022 On assessment, the trust was considered to be fully compliant with 77 of the recommendations. A further 26 recommendations assessed that the trust was partially compliant. The baseline assessment and fully implemented action plan were submitted to BDG on 15/02/2022 and closed
QS198	Suspected Neurological Conditions: Recognition & Referral	Initial Compliance: Compliant No action plan required Key Findings: There are systems in place in relation to: a) Suspected dystonia in adults b) Referral pathway and systems are in place in relation to Hallpike manoeuvre c) Functional neurological disorder (FND) is currently not seen within CNTW services; if a suspected, the service supports referral for appropriate assessment d) The assessment identified that all seen within the service have a definite diagnosis and care tailored to individualised care for adults

Ref.	Topic Details / Objective	Compliance Status / Main Actions
		The baseline assessment and action plan was signed-off at CEC on 11/02/2022 and closed
NG188	COVID-19 Rapid Guideline: Managing the Long-Term Effects of COVID-19	Initial Compliance: Compliant No action plan required There were a total of 46 guidelines in this guidance, with 26 (56.5%) **not relevant** to the Trust. Of the remaining 20 recommendations, the assessment demonstrated full compliance as follows: • 9 relevant (19.5%) • 11 partially relevant (24%) The baseline assessment and action plan was signed-off at CEC on 11/02/2022 and closed
QS200	Supporting adult carers	Initial Compliance: Partial Full Implementation: 26/11/2021 The assessment identified the five quality statements were all relevant to CNTW. The assessment demonstrated partial compliance on assessment. The action plan covered: a) Supporting and encouraging people to recognise their role and rights as carers is essential in respect of their safety and well-being (as well as that of the service user) and service user experience. Complete 14/05/2021 b) Safety and wellbeing of the carer and also the service user. Complete 14/05/2021 c) Retention of staff/staff absence and wellbeing issues. Complete: 26/11/2021 The baseline assessment and action plan was signed-off at CEC on 10/12/2021 and closed
QS202	NICE Workplace Health: Long-Term Sickness Absence & Capability to Work	Initial Compliance: Compliant No action plan required The baseline assessment confirmed the quality statement is relevant to CNTW, and the Trust has systems in place to support absence management. The baseline assessment and action plan was signed-off at CEC on 12/11/2021 and closed

Ref.	Topic Details / Objective	Compliance Status / Main Actions
QS201	Venous Thromboembolism in Adults	Initial Compliance: Compliant No formal action plan required Of the 5 quality statements, 3 are relevant to CNTW and are covered in PGN v4 Dec-20: AMPH-PGN-01 Venous Thromboembolism - Reducing the Risk and AMPH-PGN-02 Appendix 01 NICE Reducing the Risk of Deep Vein Thrombosis The baseline assessment was signed-off as complete at CEC on 10/12/2021
QS194	Decision making and mental capacity	Initial Compliance: Compliant No action plan required Of the 4 quality statements, all are relevant to CNTW. The Trust are compliant with each one. Evidence is provided by some, but not limited to, the following CNTW Policy & PGNs: • CNTW(C)05 Consent to Examination or Treatment Policy and associated consent forms • CNTW(C)40 Dignity in Care Policy • CNTW(C)49 End of Life Care Policy • CNTW(C)34 V05.1 Mental Capacity Act 2005 Policy and associated appendices The baseline assessment was signed-off at CEC on 10/09/2021 and closed
NG108	Decision making and mental capacity	Initial Compliance: Compliant No action plan required **As above at QS194**
QS183	Physical Activity: Encouraging Activity in the Community Quality Statement 4: Workplaces	Initial Compliance: Compliant No action plan required The baseline assessment demonstrated full compliance with this standard and provided the following information, and more, as part of the evidence submission: a) The Trust has adopted the Health and Wellbeing Approach (star) and is a holistic approach to a person's wellbeing. b) A calendar of events has been linked to the elements of the star and in response to staff feedback and looking at ways in which we can provide some practical support c) Recently established links with Rise who are supporting us with things like the daily workplace mile and initiative to

Ref.	Topic Details / Objective	Compliance Status / Main Actions
		encourage staff who use public transport to get off the bus a stop early and take the 10 minute walk instead d) The "Thrive" website is being launched soon which will focus on all things staff-related. The baseline assessment was signed-off as complete at CEC on 10/09/2021
QS147	Healthy workplaces: improving employee mental and physical health and wellbeing	Initial Compliance: Partial Fully Implemented: 10/09/2021 An initial review confirmed relevance to CNTW of all four quality statements and baseline assessment commenced in Sep-18. The action plan covered issued such as: a) Health and wellbeing actions monitored 6 monthly at CDTW and through Health and Wellbeing strategy. (Strategic Aim 4) b) CBUs ensure that there is a strategic approach to staff wellbeing and included in service development plans. c) Minimum of an annual team wellbeing/team building event. d) Support opportunities for coaching, support and mentoring for staff's own and others' wellbeing e) Regular 1:1 time – support and guidance for managers to help unpick health and wellbeing issues in supervision f) Continue to support managers with Leadership and Management Skills training. g) Ensure different opportunities for staff to engage formally and informally The baseline assessment was submitted to CEC on 01/11/2018, with a deadline for implementation of the action plan as 01/01/2021. This was delayed due to issues relating to the pandemic and it was fully implemented on 10/09/2022. The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed

Ref.	Topic Details / Objective	Compliance Status / Main Actions
NG148	Acute kidney injury: prevention, detection and management	Initial Compliance: Partial Fully Implemented: 01/06/2021 The action plan which was fully implemented on 01/06/2021 included: • Promotion of 'Think Kidneys' Resource • Information disseminated via COVID-19 Workbook The baseline assessment and action plan was signed-off at CEC on 10/09/2021 and closed
NG56	Multimorbidity: clinical assessment and management	Initial Compliance: Partial Fully Implemented: 28/09/2021 Key recommendations linked to the development pathways with primary care to manage long term conditions, including input to Physical Health Care, which covers: • Supporting developments in primary care • Improving access • Meeting the needs • Engagement and communication Lodge, Monkwearmouth and Hopewood Park. The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed
QS53	Anxiety disorders	Initial Compliance: Partial Fully Implemented: 14/09/2021 This baseline assessment was originally undertaken in 2018 The action plan built upon continuing work including, but not limited, to: a) Continue with in house training and supervision in Graded Exposure and CBT informed skills for anxiety disorders to ensure ongoing treatment availability and standards. b) Explore and imbed e-pathways that will support and formalise the existing stepped care approach for Community Treatment Teams c) Suggest a clinical audit to ascertain benzodiazepine prescribing for the anxiety diagnosis

Ref.	Topic Details / Objective	Compliance Status / Main Actions
		The baseline assessment was submitted to CEC on 01/11/2018, with a deadline for implementation of the action plan as 01/01/2021. This was considerably delayed due to issues relating to the pandemic and it was fully implemented on 10/09/2021. The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed
QS14	Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services	Initial Compliance: Partial Fully Implemented: 08/10/2021 The baseline assessment demonstrated almost full compliance with NICE Guidance, with 43 recommendations (out of 45) being met. To address this, the action plan looked at : a) Review of new Points of You to be undertaken, which was completed 30/04/2021 b) Review Points of You Questions, which was being undertaken within other work across the Trust, and completion of this was approved at CEC on 08/10/2022 The baseline assessment and action plan was signed-off at CEC on 08/10/2021 and closed

Part 2c

Add image

Part 2c

Mandatory statements relating to the quality of NHS services provided

Review of services

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 2752. This is a 44% decrease on last year's recruitment figure.

The Trust was involved in 40 clinical research studies in mental health, dementia, learning disability and neuro-rehabilitation related topics during 2020/21, of which 34 were National Institute for Health Research (NIHR) portfolio studies. This is a 32% decrease from last year's figure but related to the impact of the pandemic in which we focussed on designated clinical research studies on the "Urgent Public Health" portfolio (4 studies and 647 recruits).

During 2020/2021, 75 clinical staff employed by the trust participated in ethics committee approved research.
We have worked hard to become further integrated into regional research infrastructures and we now host the NIHR Applied Research Collaboration for North East and North Cumbria (ARC NENC) and are a partner in Newcastle Health Innovation Partners (NHIP, the Academic Health Science Centre for the North East). Through these collaborations we aim to be influential in improving the health of the people in the communities we serve.

Participation in National Clinical Audits

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

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

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

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

During the period (21-22) Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust were registered in **91%** of national clinical audits in which it was eligible to participate.

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

CA-20-0026 POMH-UK Topic 18b: Use of Clozapine
CA-20-0005 POMH-UK Topic 20a: Improving the quality of valproate
CA-19-0007 POMH-UK Topic 9d: Antipsychotic prescribing in people with LD
CA-19-0037 NAIF Facilities Audit 19-20
CA-20-0029 NAIF Facilities Audit 20-21

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

National Clinical Audits		Cases Submitted	Cases Required	%
1	CA-18-0025 NAIF Continuous Audit	n/a	-	n/a
2	CA-19-0037 NAIF Facilities Audit 19-20	n/a	-	n/a
3	CA-20-0029 NAIF Facilities Audit 20-21	n/a	-	n/a
4	CA-19-0036 National Audit of Care at the end of Life Stage 3 *	-	-	-
5	CA-21-0014 POMH-UK Topic 1h & 3e Prescribing high dose & antipsychotics**	-	-	-

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

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

- Hospital/Site overview
- Quality Survey
- Audit Summary

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

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

Project		Actions
1	**CA-19-0010 NCAP Re-Audit of EIP Services 19-20** This is part of a programme of audits that	1. Core physical health form to be amended to incorporate intervention 2. Presentations to be made to CMT to provide clarity around responsibilities when abnormal lipids and glucose results are found, and how to record interventions made

Project		Actions
	come under the National Clinical Audit of Psychosis which began in 17-18. (The action plans for each subsequent audit have been combined with the original action plan)	3. Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving 4. Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient 5. Presentations to be made to CMT to highlight the requirement to provide and record written information having been provided when prescribing antipsychotic drugs (in the form and the clinic letter). 6. Audit of patient records on intervention - to provide assurance that changes have been embedded and performance is improving 7. SNOMED recording is to be introduced to EIP as part of the MHSDS. This could be extended to other services to capture offer and provision of CBTp. 8. Ongoing consideration of how the Trust can improve access to CBTp and provide the resources to meet this demand. 9. Annual reviews of services (NCAP) and service based reviews should identify provision in services of CBTp. 10. Also offer of CBTp to be considered in CPA reviews with service users.
2	**CA-20-0005 POMH-UK: Topic 20a: Prescribing Valproate** This is part of a programme of audits that are set by the Prescribing Observatory for Mental Health-UK. This is the first audit (a) to be undertaken in this topic relating to the prescription of valproate.	1. MOC Newsletter article to promote good valproate prescribing habits 2. Summary of POMH-UK Topic 20a QIP to be published in Safer Care Bulletin 3. Feedback to colleagues undertaking review of PPT-PGN-25 to strengthen guidance on early treatment review 4. Addition to RiO Core Clinical Documentation page 'Side-Effect Rating Scales' with specific valproate side effect rating scale 5. Development of a Valproate Documentation section on RiO (under Service Specific Files> Physical Treatment> Valproate Documentation 6. Share findings with Valproate Oversight Committee who are coordinating the locality CBU action plans from BDG-S December 2020. 7. Share findings with Q&P along with Cumberledge government response when available 8. Undertake Q4 2021/22 Baseline clinical audit of PPT-PGN-25 (CA-21-0040)

Project		Actions
		9. Bring national Shared Care Protocol for valproate use in women and girls of childbearing potential to MOC and Valproate Oversight Group when finalised The topic is due to be re-audited in Q4 of 21-22.
3	**CA-20-0006 NCAP Re-Audit of EIP Services 20-21** This is part of a programme of audits that come under the National Clinical Audit of Psychosis which began in 17-18. The action plan for each subsequent audit has been combined with the original action plan. The following is the current action plan for the topic.	1. Core physical health form to be amended to incorporate intervention 2. Presentations to be made to CMT to provide clarity around responsibilities when abnormal lipids and glucose results are found, and how to record interventions made 3. Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving 4. Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient 5. Presentations to be made to CMT to highlight the requirement to provide and record written information having been provided when prescribing antipsychotic drugs (in the form and the clinic letter). 6. Audit of patient records on intervention - to provide assurance that changes have been embedded and performance is improving 7. SNOMED recording is to be introduced to EIP as part of the MHSDS. This could be extended to other services to capture offer and provision of CBTp. 8. Ongoing consideration of how the Trust can improve access to CBTp and provide the resources to meet this demand. 9. Annual reviews of services (NCAP) and service based reviews should identify provision in services of CBTp. 10. Also offer of CBTp to be considered in CPA reviews with service users.
4	**CA-20-0026 POMH-UK: Topic 18b: Use of Clozapine** This is part of a programme of audits that are set by the Prescribing Observatory for Mental Health-UK. This is the second audit	1. Audit summary to be produced for the Safer Care Bulletin or MOC Newsletter reminding staff of clozapine standards. To be distributed to all medics (including junior doctors). 2. PPT-PGN-05 Safe Prescribing of Clozapine updated in December 2020 to aid concordance with standards. Ensure appropriate communication strategy 3. Present findings to Locality Quality and Safe subgroups to encourage discussion about monitoring being undertaken and documentation

Project	Actions
(b) to be undertaken in this topic relating to the use of Clozapine.	4. Findings to be shared with group looking at GIRFT with use of clozapine. Group to consider specific clozapine initiation team/service (perhaps virtually). 5. Findings to be presented to the Non-Medical Prescribing Group to inform work plan and strategy 6. Chief Clinical Information Officer to be approached with a request that HIE access be granted for the purposes of POMH quality Improvement Programmes 7. Business Development Group to nominate senior clinician to lead on re-audit of findings due to identified risk scores. Clinical Audit team to provide support 8. POMH-UK Change Intervention re clozapine documentation on Summary Care Records to be shared with primary care colleagues at the regional MSO network

Goals agreed with commissioners

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

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

CQUIN Indicators

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

Statement from the Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2021-22.

CareQuality Commission

Last rated 15 January 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding ☆

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

External Accreditations

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

Table 12: Current clinical external accreditations (31st March 2022)

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

Data Quality

Good quality information underpins the effective delivery of care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2022-23 the Trust will build upon actions already taken to ensure that we continually improve the quality of information we provide.

Table 13: Actions to be taken to improve data quality

Clinical Record Keeping	We will continue to monitor the use of the RiO clinical record system, learning from feedback and incidents, measuring adherence to the Clinical Records Keeping Guidance and highlighting the impact of good practice on data quality and on quality assurance recording. We will continue to improve and develop the RiO clinical record system in line with service requirements.
CNTW Dashboard development	We will continue to review the content and format of the existing CNTW dashboards, to reflect current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements.
Data Quality Kitemarks	We will continue to roll out the use of data quality kitemarks in quality assurance reports further, including applying data quality kitemarks to our dashboards where applicable.
Mental Health Services Dataset (MHSDS)	We will continue to understand and improve data quality issues and maintain the use of national benchmarking data. We will seek to gain greater understanding of the key quality metric data shared between MHSDS, NHS Improvement and the Care Quality Commission. We will improve our data maturity index score and understand areas where improvement is required.
ICD10 Diagnosis Recording	We will continue to increase the level of ICD10 diagnosis recording across community services.
Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements. We will produce and establish reporting via Integrated Care Systems to inform system level commissioning.
Quality Priorities	We will develop a robust reporting structure to support the quality priorities.
Outcome Measures	We will enhance the current analysis of outcome measures focusing on implementing a system for reporting information back to clinical teams, including Commissioning for Quality and Innovation (CQUINs).
Electronic Staff Record (ESR)	We will develop data quality monitoring of ESR data and develop action plans to address issues identified. We will continue to improve data quality with ESR to inform the Trusts ability in relation to workforce planning

North East Quality Observatory (NEQOS) Retrospective Benchmarking of **2020-21** Quality Account Indicators

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

CNTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2020-21 with those of all other NHS Mental Health and Disability organisations. A summary of frequent indicators found in all Quality Accounts has been provided in Table 14:

Table 14: Nationally available Quality Account indicators for 2020-21
Data source: North East Quality Observatory

Summary of selected nationally available indicators for 2020/21

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

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

Learning from deaths

The Serious Incident Framework (2015) continues to form the basis for the Trust's Incident Policy which guides / informs the organisation about reporting, investigating and learning from incidents including deaths. The Learning from Deaths policy supports and enhances this learning and investigation process. Between March and June 2018 NHS Improvement sought views on how the Serious Incident Framework (2015) could be revised to support the system to respond appropriately when things go wrong. A new introductory Patient Safety Incident Response Framework was then published for use by 'early adopter trusts'. The review of the early adopter version of the framework was delayed as a result of the Covid pandemic, but in December 2021 an Evaluation of the early adopter pilot was published and the 'Revised Patient Safety Incident Response Framework' is now due for publication in June 2022. The publication will be accompanied by a preparation guide and a number of PSIRF templates to assist organisations to transition to PSIRF over a 12 month period. Until an organisation has formally moved over to PSIRF, they are expected to continue to abide by the existing Serious Incident Framework and all its relevant reporting, incident investigation and management requirements.

During 2021/22, 1583 of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's patients were reported to have died, with the majority of these considered to be from natural causes. The total number of reported deaths is a reduction overall in comparison to the 2020/21 period which saw 1724 death reported.

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

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

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

LeDeR

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

Mortality reviews

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

• Family, carers or staff have raised concerns about the care provided.

• Diagnosis of psychosis or eating disorders during the last episode of care.

• Psychiatric inpatient at time of death or discharged from inpatient care within the last month.

• Under Crisis Resolution and Home Treatment Team (or equivalent) at the time of death.

• Or case selected at random.

A total of 55 mortality reviews have been completed and discussed at the Mortality Review Panel between April 1st 2021 and March 31st 2022. This included incidents from the 20/21 reporting period.

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

Serious Incident reviews

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

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

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

Overall themes of Learning

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

Involvement of carers/others

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

Risk Assessment

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

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

Communication

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

Care Delivery

Several serious incidents and After-Action reviews highlighted issues with Care delivery. Within this category appointment frequency was an identified area for learning. One specific serious incident investigation identified that a service user was receiving an extended period of assessment by two teams and this led to significant delays in appointments being offered. Another area for learning which links to service users being offered appointments is the allocation process. It was noted that at times there was a delay in the allocation of a CPN, in one case this was due to the consultant psychiatrist taking on the role as Lead

professional which inadvertently delayed the allocation of a non-medic lead professional for 4 months. A further key area of learning within care delivery was in relation to MDT discussions. In one serious incident it was identified there were possible missed opportunities to discuss a service users' presentation and escalation in risk with the wider multi-disciplinary team.

Record keeping

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

Dissemination of Learning

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

Making sure the learning becomes part of practice within the organisation and across the organisation is done in several different ways. The organisation has a variety of audit programmes running which will confirm if the learning from deaths is put into practice. Changes made from learning are introduced into policies which are regularly reviewed. Training programmes are changed and updated following learning from incident investigation findings. Teams have learning on the agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture.

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

CNTW also utilises Learning and Improvement webinars that are open to all staff across the Trust and aim to identify and share learning from a broad range of sources including incidents, complaints, audits, safeguarding investigations and reviews, HR processes, benchmarking, national reports and inquiries, staff and service user and carer feedback. The Learning and Improvement Webinars take place using Microsoft Teams which enables staff from across the organisation to easily join in and spread safety improvements far and wide. The webinars are recorded and available for staff to watch after the event via the Trust intranet. These webinars were paused for a time as a result of eth impact of eth Covid-19 pandemic and plans are in place to reintroduce them in the near future.

Embedding Learning

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

1. Producing a qualitative statement about impact of the completed actions, (this will include any reflections on actions that did not have the desired effect).

2. Submit supporting evidence for both the actions and impact statement.

3. Identify key indicators it will use to measure sustained progress and the governance process that will monitor these.

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

The next 12 months

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

NHS Number and General Medical Practice Code Validity

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust submitted records to the Mental Health Data Set the position as at April 2022.

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

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

Data Security and Protection Toolkit attainment

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

Clinical Coding error rate

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Safe working hours for doctors in training

A report on safe working hours for doctors in training covering January to December 2021 was presented to the CNTW Trust board in January 2022.

The report is reproduced in Appendix 3

Performance against mandated core indicators

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

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

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

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 15: Community Mental Health survey scores, 2019 to 2021

Health and social care workers	2019	2020	**2021**
CNTW	7.7	7.6	**7.3**
National Average	7.2	7.2	**6.9**
Highest national	7.8	7.8	**7.8**
Lowest national	6.2	6.1	**6**

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

Data source: CQC

The 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).

The Official Statistics publishing schedule is changing. We are now publishing the Organisation and National level patient safety incident reports (OPSIR and NAPSIR) once a year rather than every six months, with the next publication due in September 2022. Available at: https://www.england.nhs.uk/patient-safety/national-patient-safety-incident-reports/

Part 3

Image needed

Part 3

Review of Quality Performance

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

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

NHS Improvement Single Oversight Framework

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

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

Individual trusts are "segmented" by NHS Improvement according to the level of support each trust needs. In 2021/22 CNTW has been assigned a segment of "1 – maximum autonomy".

Table 16: Self-assessment against the Single Oversight Framework as at March 2021 (previous years data in brackets where available)

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

Performance against contracts with local commissioners

During 2021-22 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCGs). Table 17 below highlights the targets and the performance of each CCG against them for quarter four 2020-21 (1 January 2022 to 31 March 2022).

Table 17: Contract performance targets 2020/21 Quarter 4 (2019/20 Quarter 4 in italics)

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

Statutory and Mandatory Training for 2021-22

It is important that our staff receive the training they need in order to carry out their roles safely. During the pandemic we continued to monitor training but paused the expected standard/target. Each area has a trajectory in place to achieve the standard in 2022-23.

Table 18: Training position as at 31 March 2022

Training Course	Position at 31/03/2021	Position at 31/03/2022
Fire Training	83%	**82.8%**
Health and Safety Training	90.4%	**91.5%**
Moving and Handling Training	87.3%	**89%**
Clinical Risk Training	81%	**72.3%**
Clinical Supervision Training	76.6%	**77.4%**
Safeguarding Children Training	87.5%	**81%***
Safeguarding Adults Training	89.8%	**86.6%**
Equality and Diversity Introduction	91.5%	**25.5%**
Hand Hygiene Training	86.8%	**88.8%**
Medicines Management Training	83.9%	**84.4%**
Rapid Tranquillisation Training	77.8%	**79%**
MHCT Clustering Training	59.1%	**57.2%**
Mental Capacity Act/Mental Health Act/DOLS Combined Training	65.2%	**61.3%**
Seclusion Training (Priority Areas)	67.1%	**69.6%**
PMVA Basic Training	24.3%	**38.2%**
PMVA Breakaway Training	69.3%	**71.3%**
Information Governance Training	82.2%	**86.4%**

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

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

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

Staff Absence through Sickness Rate

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

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

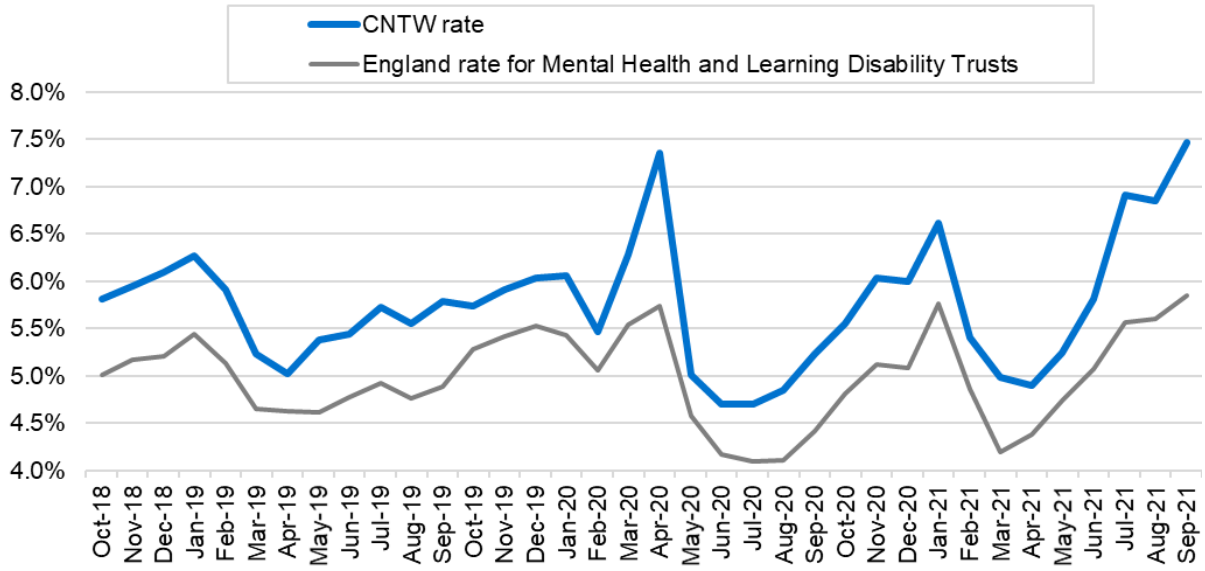
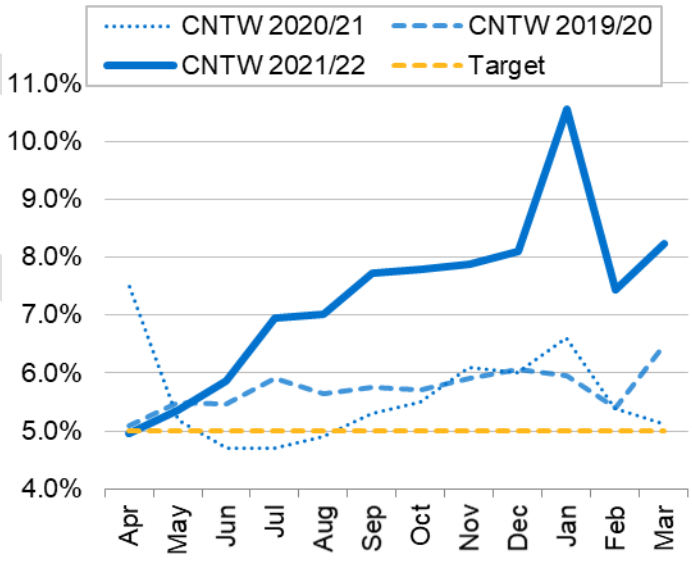


Figure 14: CNTW sickness rates 2021-22 against target, including position for 2020-21 and 2019-20



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

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

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

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

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

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

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

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

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

Place holder for letters after 30 day consultation

Appendix 1

CQC Registered Locations

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

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

Key:
CHC - Community health care services
LDC - Community based services for people with a learning disability
LTC - Long-term conditions services
MHC - Community based services for people with mental health needs
MLS - Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse
PHS - Prison healthcare services
RHS - Rehabilitation services
SMC - Community based services for people who misuse substances

Appendix 2

Table 19: Local Clinical Audits undertaken in 2021-22

National (4)		
1.	CA-19-0010	National Clinical Audit of Psychosis (NCAP) 19-20 EIP Re-Audit
2.	CA-20-0005	Prescribing Observatory for Mental Health (POMH-UK): Topic 20a: Prescribing Valproate
3.	CA-20-0006	National Clinical Audit of Psychosis (NCAP) 20-21 Re-Audit of EIP Services
4.	CA-20-0026	Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of Clozapine
NICE Priorities (1)		
5.	CA-20-0002	NICE (Baseline Assessment) QS188 Coexisting Severe Mental Illness and Substance Misuse
Trust Priorities (14)		
6	CA-18-0003	Clinical Supervision
7.	CA-19-0033	Caseload Management - Central
8.	CA-19-0035	Safeguarding
9.	CA-20-0024	Weight management when prescribing antipsychotics - Central Locality
10.	CA-20-0025	Adherence to ECTAS Standards on Time to re-orientation following (TTR) Post ECT
11.	CA-20-0027	Transition Referrals to the Adult ADHD team via CYPS
12.	CA-20-0030	Prescribing Valproate in Child-Bearing Women in Under 18s:
13.	CA-20-0031	Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21)
14.	CA-21-0001	CPD audit for AHPs
15.	CA-21-0002	Physical Health Monitoring following Rapid Tranquilisation
16.	CA-21-0003	CNTW(C)54 Domestic Abuse (MARAC) Policy
17.	CA-21-0010	Long Term Segregation
18.	CA-21-0011	Seclusion Annual audit 20-21
19	CA-21-0023	The safe use of opiates within CNTW (PGN-PPT-PGN 18)
Medicines Management Priorities (3)		
20.	CA-19-0017	Safe Prescribing and Administration of Insulin (PPT-PGN-06)
21.	CA-20-0014	Audit of Benzodiazepine and Z-drug Prescribing (PPT-PGN-21) Inpatients
22.	CA-20-0021	Medicines Reconciliation
Locality Priority (North Cumbria) (2)		
23.	CA-20-0018	Care Coordination Audit – North Cumbria Children & Young People's Services Re-audit
24.	CA-20-0020	Care Planning Quality Audit - North Cumbria

Locality Priority (South) (1)		
25.	CA-20-0022	Consultant review audit
CBU Priority (South) (2)		
26.	CA-20-0028	Core Assessment audit within South Tyneside CTT
27.	CA-21-0021	Getting to Know You Process and recording within Adult Services

Appendix 3

Annual Report on Safe Working Hours: Doctors in Training

Executive summary

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

The new contract is being offered to new trainees' as they take up training posts, in effect this will mean for 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.

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

High level data

- Number of doctors in training (total): 152 Trainees (as at December 2021)
- Number of doctors in training on 2016 TCS (total): 142 Trainees (December 2021**)**
- Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity
- Admin support provided to the guardian (if any): Ad Hoc by Med Education Team
- Amount of job-planned time for educational supervisors: 0.5 PAs per trainee
- Trust Guardian of Safe working: Dr Clare McLeod

1. Risks and mitigations associated with the report

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

Table 20. Exception reports (with regard to working hours)

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

Work schedule reviews

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

i) Table 21. Locum bookings Agency

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

Sickness/other	0	0	0	0
Total	6	6	6	7

a) Table 22. Locum work carried out by trainees

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

* 56 shifts were offered at an enhanced rate of £50 for 1st & £60 for 2nd On call rotas
* 91 of the sickness cases were related to COVID/Isolation

b) Table 23. Vacancies

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

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

c) Table 24. Emergency Rota Cover

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

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

d) Training Rota Cover

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

Table 25. Training Rota Cover by First on-call Trainees					
	Rota	Q1	Q2	Q3	Q4
Sickness/Other	SGP SNH RVI GHD/MWM Cumbria HWP NGH			0 0 1 2 0 1 3	2 0 0 2 0 0 1
Total				7	5

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

e) Fines

There were 0 fines during the last year due to minimum rest requirements between shifts not being met due to finishing twilight/weekend shifts late.
To note: The fine money held by the GoSW has been spent on biscuits and tea/coffee/hot chocolate for on-call rooms after discussion and agreement at the GoSW forum in September.

Issues Arising:

The numbers of Exception Reports have slightly decreased from 69 submitted in 2020 to 67 reported in 2021
For 2021 the majority of Exception Reports were closed mainly with payment made to 29 trainees and TOIL given to 25 trainees.
There have been 46 IR1s submitted for Insufficient Medical Handover in 2021. In 2020, there were 83 IR1s which represents a significant decrease.

There was an increase in the number of times Emergency Rota cover was used, from 47 in 2020 to 71 in 2021. Covid related absences has also had an impact on the use of emergency rotas. This includes isolation, awaiting pcr tests etc.
The implementation of the training rota in August 2020 has had a positive impact during the covid pandemic in the reduction of the use of emergency rotas for night shifts and weekends. However it is worth noting that the training rota does not cover twilights. This rota is an additional Trust-Wide rota where the first on call doctors contribute on Weekends & Nights. The trainee's shadow the higher trainee on shift and gain exposure to emergency psychiatry such as Mental Health Act Assessments. If there is a gap on the site rotas the trainee on the training rota would move to cover this.
Due to the increasing demand on the Inpatient Wards due to the pandemic there was additional cover offered between the hours of 10am to 4pm on Weekends & Bank Holidays on the St Georges Park. The trainees volunteered for this work and were paid Locum rates. To assist with the COVID Vaccine Clinics, Junior Doctors also volunteered to assist and those who worked additional hours were paid the appropriate locum rates.
The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased from 642 in 2020 to 694 in 2021.
The Trust was awarded £60k to support training during the Covid pandemic. This has been used to provide laptops to allow access for remote teaching and to fund additional psychotherapy training that was disrupted during Covid.

Actions Taken to Resolve These Issues:

Exception Reporting

The number of Exception Reports has decreased in comparison to 2020, following the numbers almost doubling from 2018 to 2019. The numbers of exception reports submitted by higher trainees remains small and likely to be significantly lower than would be expected, as in other Trusts.

For this year, the majority of Exception Reports in CNTW has been closed with payment for 29 trainees and Time Off in Lieu (TOIL) (25). A proportion of the Exception Reports which had to be closed by payment was due to trainees having to use the Exception Reporting for travel time from West Cumbria to the Carlton Clinic where there is an agreement with the LET for re-numeration rather than TOIL.

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

Medical Handover

The number of IR1s submitted for Insufficient Medical Handover at admission has decreased from the numbers in 2020 which is encouraging. These reports continue to be reviewed and followed up by the Director of Medical Education and collated to share with staff throughout the Trust and are discussed at every GoSW forum, in addition to being shared specifically with clinical staff most involved in admissions to hospital.

The importance of medical handover will remain a priority to be discussed at induction and in the forums mentioned and continue to be monitored accordingly; we hope that this slight fall in numbers represents the beginning of a sustained change.

Emergency Rota

There has been a substantial increase in the need for the Emergency Cover Rota in 2021. This arrangement is necessary if the is a rota gap that, despite the efforts of Medical Staffing, is not filled by lunchtime. There are monitoring procedures in place on each occasion that the emergency rota is necessary to ensure there is no compromise to patient care. The number of times that this provision is necessary is discussed and monitored through the GoSW forum; it can be a concern to trainees with the need to work in less familiar sites and the increase in workload.

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

COVID

There has been a considerable number of shifts covered by internal locums for absences due to sickness, adjustments or rota gaps, and isolation and Covid.

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

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

The GoSW forum continued to take place throughout the COVID restrictions, but as with other meetings took place via TEAMS. Attendance has been maintained and in the main increased with this and this is something we need to consider through the forum continuing in some format once restrictions are eased.

BMA Fatigue and Facilities Charter Monies and Spend

The Trust was awarded a total of £84,166.33 to be spent to improve the working lives of junior doctors following the adoption of the Fatigue and Facilities charter. The new equipment was purchased to bring all the on-call accommodation within CNTW to the same standard whilst improving on-call facilities across the Trust. The equipment includes chair-beds, televisions, lap-tops, game machines, gym equipment (where there is no gym on site), pool tables, coffee machines fridges, kettles. There was a delay in distribution of equipment but this has now been completed.

Summary

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

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

There has been an increase in the number of occasions where the emergency cover rota was necessary. This will continue to be monitored and reviewed to include the impact of the new training rota.

COVID has been an exceptional challenge. It is encouraging how the trainees supported each other to volunteer to provide locum cover for the additional rota to manage the increase in work intensity and to cover shifts which were vacant due to COVID related absence. Additionally, we are grateful to our trainees who have volunteered to work extra locum shifts to staff the Trust vaccination programme.

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

2. Recommendation

Receive the paper for information only.

Author: **Becky Dioh, Head of Medical Recruitment on behalf of Dr Clare McLeod - Guardian of Safe Working for CNTW**

Executive Lead: **Dr Rajesh Nadkarni – Executive Medical Director**

12/01/2022

Appendix 4

Further information on the Points of You experience survey

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

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

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

The questions we ask are:

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

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

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

Appendix 5

Statement of Directors' Responsibilities in respect of the Quality Report

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

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

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

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2021-22 and supporting guidance Detailed requirements for quality reports 2021-22
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2021 to May 2022
  - papers relating to quality reported to the board over the period April 2021 to May 2022
  - feedback from commissioners
  - feedback from governors
  - feedback from local Healthwatch organisations
  - feedback from overview and scrutiny committee
  - the trust's Annual review of complaints information which was presented to the Board within the Safer Care (Quarter 4) report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - the 2021 national patient survey
  - the 2021 national staff survey
  - the Head of Internal Audit's annual opinion of the trust's control environment dated
  - CQC inspection report dated 15/01/2021
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

Ken Jarrold CBE

Chair

James Duncan

Chief Executive

Appendix 6

Limited Assurance Report on the content of the Quality Account

Information not required to be included within the Quality Account 2021-22 as per direction from NHS Improvement.

Assurance work on quality accounts and quality reports should cease, and no limited assurance opinions are expected to be issued in 2021-22. Where auditors have completed interim work or early testing on indicators, auditors should consider whether value can be derived from work already completed, such as a narrative report being provided to the trust, or governors at an NHS foundation trust. For NHS foundation trusts, there is no formal requirement for a limited assurance opinion or governors' report.

Appendix 7

Glossary

A&E	Accident & Emergency department.
ADHD	Attention Deficit Hyperactivity Disorder – a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.
AIMS	Accreditation for Inpatient Mental Health Services..
ASD	Autism Spectrum Disorder.
Bed days	The number of days that a hospital bed is occupied overnight.
Blanket restriction	Rules or policies that restrict a service user's liberty and other rights, which are routinely applied to a group of service users without individual risk assessments to justify their application.
CAMHS	Children and Adolescent Mental Health Services. In CNTW we usually refer to our services as CYPS (see below).
Casemix	a term used to identify groups of statistically similar patients.
CCG	Clinical Commissioning Group – a type of NHS organisation that commissions primary, community and secondary care from providers.
CAS alert	The Central Alerting System is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS.
CCQI	College Centre for Quality Improvement – part of the Royal College of Psychiatrists, working with services to assess and increase the quality of care they provide.
CGI	Clinical Global Impression Rating Scale.
CNTW	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
Commissioner	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality.
Clinician	A healthcare professional working directly with service users. Clinicians come from a number of healthcare professions such as psychiatrists, psychologists, nurses and occupational therapists.

Cluster / Clustering	Mental health clusters are used to describe groups of service users with similar types of characteristics.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
CPA	Care Programme Approach – a package of care for some service users, including a care coordinator and a care plan.
CRIS	Clinical Record Interactive System allows researchers to conduct research using the large amount of information from electronic patient records.
CTO	Community Treatment Order.
CYPS	Children and Young Peoples Services – also known as CAMHS.
Dashboard	An electronic system that presents relevant information to staff, service users and the public.
DOLS	Deprivation of Liberty Safeguards – a set of rules within the Mental Capacity Act for where service users cannot make decisions about how they are cared for.
Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage.
ECT	Electroconvulsive therapy.
EIP	Early Intervention in Psychosis.
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so.
Freedom to Speak Up	Encouraging and supporting staff to raise concerns at work, based on recommendation from Sir Robert Francis' Freedom to Speak Up Review in response to the Mid-Staffordshire scandal.
Friends and Family Test (FFT)	A process for people who use NHS services to provide feedback on their experience.
FTE	Full-Time Equivalent, a unit of employment that accounts for some people working part-time.
Gatekept	Gatekeeping involves assessing the service user before admission to hospital to consider whether there are alternatives to admission.
GP	General Practitioner – a primary care doctor.

HDAT	High Dose Antipsychotic Therapy.
HQIP	The Healthcare Quality Improvement Partnership promotes quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
ICD10	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses.
Integrated Care System	A collaborative arrangement where NHS organisations, local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
LD	Learning Disabilities.
LeDeR	The Learning Disabilities Mortality Review Programme aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.
Lester Tool	The Lester Positive Cardiometabolic Health Resource provides a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in service users with psychosis receiving antipsychotic medication.
LGBT	Lesbian, Gay, Bisexual, and Transgender.
MHCT	Mental Health Clustering Tool – a computerised system used in clustering.
MRE	Mechanical Restrain Equipment.
Multimorbidity	Relating to service users with several co-occurring diseases.
NHS	National Health Service – the publicly funded national healthcare system for England
NHS England/Improvement	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement..
NICE	National Institute for Health and Care Excellence – an organisation that produces best practice guidance for clinicians.

NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research.
NRLS	National Reporting and Learning System – a system for recording patient safety incidents, operated by NHS Improvement.
OPS	Older Peoples Services.
Out of area placements	Service users admitted inappropriately to an inpatient unit that does not usually receive admissions of people living in the catchment of the person's local community mental health team.
Pathway	A service user journey through the Trust, people may come into contact with many different services.
Personality Disorder	a class of mental disorders characterized by enduring maladaptive patterns of behaviour, cognition, and inner experience.
PHSO	The Parliamentary and Health Service Ombudsman.
PICU	Psychiatric Intensive Care Unit.
Points of You	An CNTW service user and carer feedback system that allows us to evaluate the quality of services provided. For more information on Points of You please see page 102.
POMH-UK	Prescribing Observatory for Mental Health – a national organisation that helps mental health trusts to improve their prescribing practice.
PMVA	Prevention and Management of Violence and Aggression
QPR	Process of Recovery Questionnaire, a patient reported outcome measure.
Rapid tranquillisation	When medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them.
REACT	Relatives Education and Coping Toolkit, an online self-help package for relatives and friends of people with mental health problems
Recovery College	Recovery Colleges take an educational approach to provide a safe space where people can connect, gain knowledge and develop skills.
RiO	CNTW's electronic patient record
RTT	Referral to Treatment – used in many waiting times calculations

Serious Incident	An incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.
Single Oversight Framework	An NHS Improvement framework for assessing the performance of NHS Foundation Trusts (replacing the Monitor Risk Assessment Framework)
Talk 1st	Part of CNTW's Positive & Safe Care Strategy. We aim to reduce violence and aggression, and restrictive interventions.
Transition	When a service user moves from one service to another, for example from an inpatient unit to being cared for at home by a community team.
Triangle of Care	a national scheme, to promote therapeutic alliance between the service user, their mental health professional and their carers.
Tyne and Wear Citizens Programme	The local chapter of Citizens UK, organising communities to act together for power, social justice and the common good.
VA	Violence and Aggression.

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

Copies of this Quality Account can be obtained from our website (www.cntw.nhs.uk) and the NHS Website (www.nhs.uk). If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing qualityassurance@CNTW.nhs.uk or calling 0191 246 6935.

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