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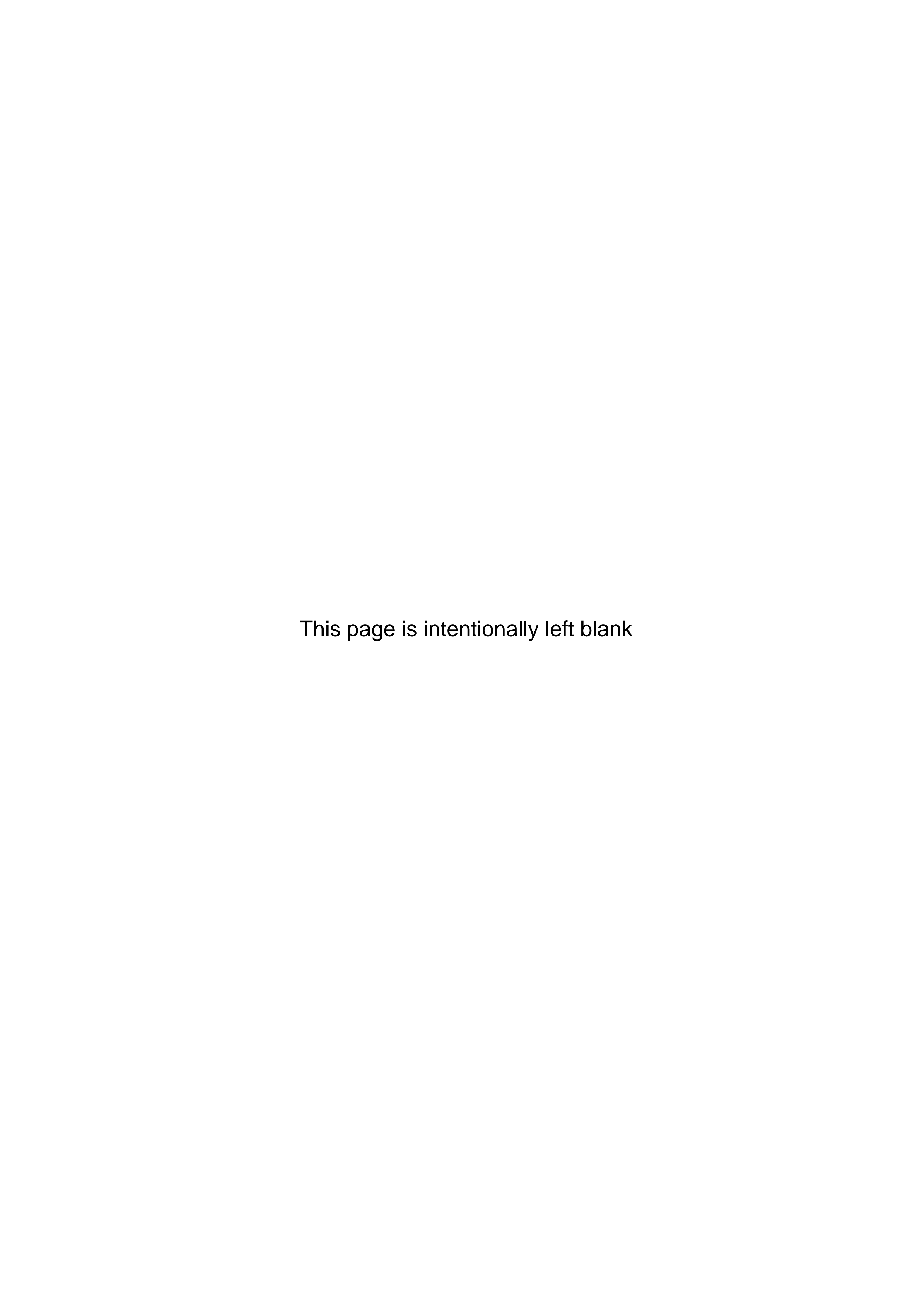
CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Wednesday, 10 May 2023 at 9.00 am in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for absence**
2	**Minutes of last meeting** (Pages 3 - 8) The Committee is asked to approve as a correct record the minutes of the last meeting held on 18 April 2023
3	**QUALITY ACCOUNTS 2022 - 2023** (Pages 9 - 226) Report of Sheena Ramsey, Chief Executive and Alice Wiseman, Director of Public Health Representatives of Gateshead Health NHS Foundation Trust and CNTW NHS Foundation Trust will provide the OSC with a presentation in relation to their respective Quality Accounts. Appendix 1 – Gateshead Health NHS FT Quality Account 2022-23 (Pages 11 – 93) Appendix 2 – CNTW NHS FT Quality Account 2022-23 (Pages 95 – 226)

Contact: Rosalyn Patterson, Email: rosalynpatterson@gateshead.gov.uk
Tel: 0191 433 2088, Date: Tuesday, 2 May 2023



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GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 18 April 2023

PRESENT: Councillor W Dick (Chair)

Councillor(s): I Patterson, M Hall, J Gibson, P Diston, J McCoid, J Green, S Potts, D Weatherley and A Wintcher

IN ATTENDANCE: Yvonne Probert (Healthwatch)

APOLOGIES: Councillor(s): B Goldsworthy, M Goldsworthy and H Haran

CHW36 MINUTES OF LAST MEETING

The minutes of the meeting held on 7 March 2023 were approved as a correct record.

CHW37 HEALTH AND WELLBEING BOARD - UPDATE

Committee received an update report on the work of the Health and Wellbeing Board (HWB) for the period October 2022 to March 2023.

It was noted that part of the key role of the HWB, alongside developing its own strategy, is in terms of influencing other strategies. Last year the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) were set up and the ICP was required to develop an integrated care strategy for the ICP area. The HWB was consulted on the strategy throughout its development and the Board considered it at length. The HWB must then have regard to the strategy when making decisions.

In terms of the ICP Strategy the HWB made a number of comments on the draft document. In particular, the Board felt there was not sufficient focus on the best start in life and focus on prevention and preventative measures needed to be strengthened. The HWB also made representations around recognising the importance of place in terms of the determinants of health and wellbeing. It was confirmed that the comments and representations made by the HWB during consultation were incorporated into the final strategy.

It was reported that the HWB received an update on the Special Educational Needs and Disability (SEND) Strategy for Gateshead. The HWB was informed of how the strategy was developing and priorities identified as well as an update on the new SEND inspection system. The HWB also received the Director of Public Health's Annual Report, which focused on women and health inequalities, the recommendations of which were endorsed by the Board. In addition, the HWB received a presentation by Gateshead Health Trust's Corporate Strategy. There was an awareness of the need to link this Corporate Strategy to the HWB's own strategy

for Gateshead.

It was noted that the HWB also considered an options paper around the governance at Place, given the guidance in relation to ICBs. The HWB supported the development of a Joint Gateshead Place Committee between the local authority and the ICB.

Committee was advised that a planning session was held on 10 March 2023 around the future direction of Gateshead Cares (Gateshead Health and Care System). The key messages from the session included transparency and honesty in addressing where progress is required in terms of health inequality gaps that have not been bridged, to provide a more targeted approach. Accessibility for service users, how communities are reached and a focus on prevention was also a key message from the session. Challenges were also highlighted in relation to workforce across the health and care system. Committee was advised that this issue has also been raised through the Joint ICS OSC. The planning session also highlighted the need to make the best us of data to inform work programmes.

During the reporting period the HWB received information regarding alcohol related harm and the evidence that Minimum Unit Pricing has an impact on reducing consumption. The HWB noted that the prevalence of alcohol in everyday lives impacts upon communities and adoption of a similar approach to tobacco is required.

The HWB received regular updates on the work of the Gateshead Cares System Board. In terms of the HWB's assurance role it received; Health Protection Assurance Report, Gateshead Better Care Fund Submission 2022/23 reports for sign-off. The HWB also considered other issues such as; delayed discharges, Winter Pressures Plan and Family Hubs implementation.

It was questioned what money and resources will come from the NHS. It was noted that functions and resources could be allocated to a Joint Place Committee, if agreed, which would offer a pool of resources. However, it was noted that this will take time. It was also acknowledged that both the local authority and the NHS are working together to address health and care challenges, therefore it is more important than ever to build on partnership work to-date to make the biggest change to people's lives.

It was questioned as to whether resources can be released from the NHS to manage people outside of hospital settings. It was confirmed that a lot of discussions have been held with Directors and ICB Strategy Leads around how pressure in the system can create problems, for example through assurance requests from NHS England, and how this can be better aligned. It was acknowledged that workforce is crucial and this is unlikely to be resolved in the near future, however a lot of regional work with Local Enterprises is being held with young people to encourage an uptake of careers in health. There is also joint work being held around placement opportunities and career pathways work, however this will all take time. It was noted that money has been received from Government for hospital discharges but this payment is a one-off and it was acknowledged that structural change is needed.

The point was made that there is need for a flexible system with stability, for example reducing the use of zero hour contracts. It was acknowledged that there are problems in terms of recruiting into social care and hospitals, there are multi-layered issues and it could be years before the initial impact of recruitment initiatives are seen. In the meantime there is a focus on retention of existing staff, for example through looking at creating more salaried workforce whilst still recognising that some staff prefer the flexibility of zero hours contracts.

Committee was advised that there are concerns regarding the difficult economic environment in particular in terms of competing with recruiters from other sectors. It was noted that Sunderland University is running a 'mini-medics programme' with investment from Amazon, targeting local primary schools with good uptake. It was noted that there is also work in primary schools through the ICP in Gateshead and the North of Tyne on a 'mini-scrubs' project. The aim of this is to ensure health and social care careers are in the children's conscience.

It was reported that the third Social Worker through the apprenticeship scheme has graduated. There are a further 12 people on degree apprenticeships in social care at present.

RESOLVED - That the Committee noted the progress update on the work of Gateshead's Health and Wellbeing Board for the second six months of 2022/23 as set out in the report.

CHW38 COMMUNITY MENTAL HEALTH TRANSFORMATION

The Committee received a report on Adult Community Mental Health Transformation (CMHT) in Gateshead. The programme is run by the NHS and is aimed at developing a coordinated offer based upon the Primary Care Network (PCN) footprint. Building on local capacity in terms of community provision, led by experts. The CMHT approach is to increase communication and information sharing between partners and create a skilled local workforce in both clinical and non-clinical services. Work of CMHT is also closely aligned to Gateshead's Health and Wellbeing Strategy.

It was reported that a review of the mental health workforce was undertaken at a PCN level. This has led to the expansion of the workforce as GP's were facing difficulties getting mental health issues addressed. There are now approximately 32 new roles in the PCN areas with the introduction of Mental Health Practitioners, Peer Support Workers and Health and Wellbeing Coaches. In addition, work on a virtual hub has taken place as part of new locality working and the development of Family Hubs.

It was noted that a workforce network for Health and Social Care staff has been established to improve understanding of different roles across Gateshead and encourage more partnership working. It was acknowledged that there had previously been a gap in terms of communications between the workforce, however the network is now meeting in person on a quarterly basis to discuss roles.

A review of mental health residential care was carried out to understand pathways

and reduce the need for secondary care services. A Task and Finish Group has been established with partners such as Police, NEAS and 111 service, to address the need to make sure there is a quicker response to prevent hospital admissions. This could cover a number of issues, for example housing, debt crisis. Committee was advised that a crisis bed pilot for men has up to now resulted in the avoidance of 13 hospital admissions. This pilot will be reviewed and expanded if necessary.

Joint work has been carried out with the Voluntary and Community Sector and Neighbourhood Teams to ensure there are better non-clinical settings, such as Family Hubs. This is to allow better access to places and spaces sooner, although there are still challenges in terms of IT in relation to this.

It was reported that future focus includes further development of Family Hubs at a neighbourhood level and also more work on crisis provision. In terms of crisis provision, work is underway to look at a four-bed female crisis house. There will also be a continued focus on building capacity around complex needs as well as a focus on estates and information sharing.

It was questioned as to how referrals are made into the male crisis house. It was confirmed that the CNTW Crisis Team would refer if it was agreed that hospital admission was not required and the Team would offer support there. The individual would be required to have a place of residence which they could return to and typically a stay at the house would be for four weeks, although this can sometimes be shorter as there is intervention and robust support in place. Committee was advised that this is a pilot scheme and from this there will be a better understanding of what works and what needs purpose built.

In terms of funding for the Voluntary and Community Sector, it was queried as to how Councillors would know how to access that. It was confirmed that information on the funding went to all local providers, and through the ICBs events in the locality that were held.

The point was made that other organisations could carry out social prescribing but that money does not always follow referrals, therefore it was questioned whether there has been any work around self-directing support. It was confirmed that in terms of access, each PCN area now has Social Prescribers so everyone should be able to access that. There is also a lot of work ongoing to join up teams locally to enable people to understand what they have in their communities.

Committee raised the point that in relation to Direct Payments, not everyone is digitally connected and these people cannot be excluded. It was noted that this is where the Hub work comes in, the aim of the Hubs is to support these people. It was also noted that although there is a lot of emphasis on resources there is a need to change the culture to ensure people are not being passed around, where everybody takes joint responsibility in making sure people have the right information. It was confirmed that a Digital Inclusion Programme Manager is now in place and there is a committed group of staff across Gateshead, the ICB and technology organisations who are focused on ensuring access to services for all. The ICB Digital Inclusion Strategy Group provides an opportunity to influence at a regional level and share good practice. There is also increased focus on health literacy to ensure people do

not fall at the first hurdle. It was also confirmed that there is a desire to increase take-up of Direct Payments and this is included in Departmental priorities, this will be reported on in the next year.

It was questioned as to how the decision was made that the crisis house was for males. It was confirmed that this was as a result of data from the Crisis Team, however now there are a lot of younger females coming through so the pilot has been extended.

RESOLVED - That the Committee noted the contents of the report.

CHW39 WORK PROGRAMME AND DEVELOPMENT OF 2023-24 WORK PROGRAMME

The Committee received a report on the development of the Committee's work programme for the new municipal year, following consultation with Councillors in February. The report highlighted the emerging themes and priorities that came out from the consultation.

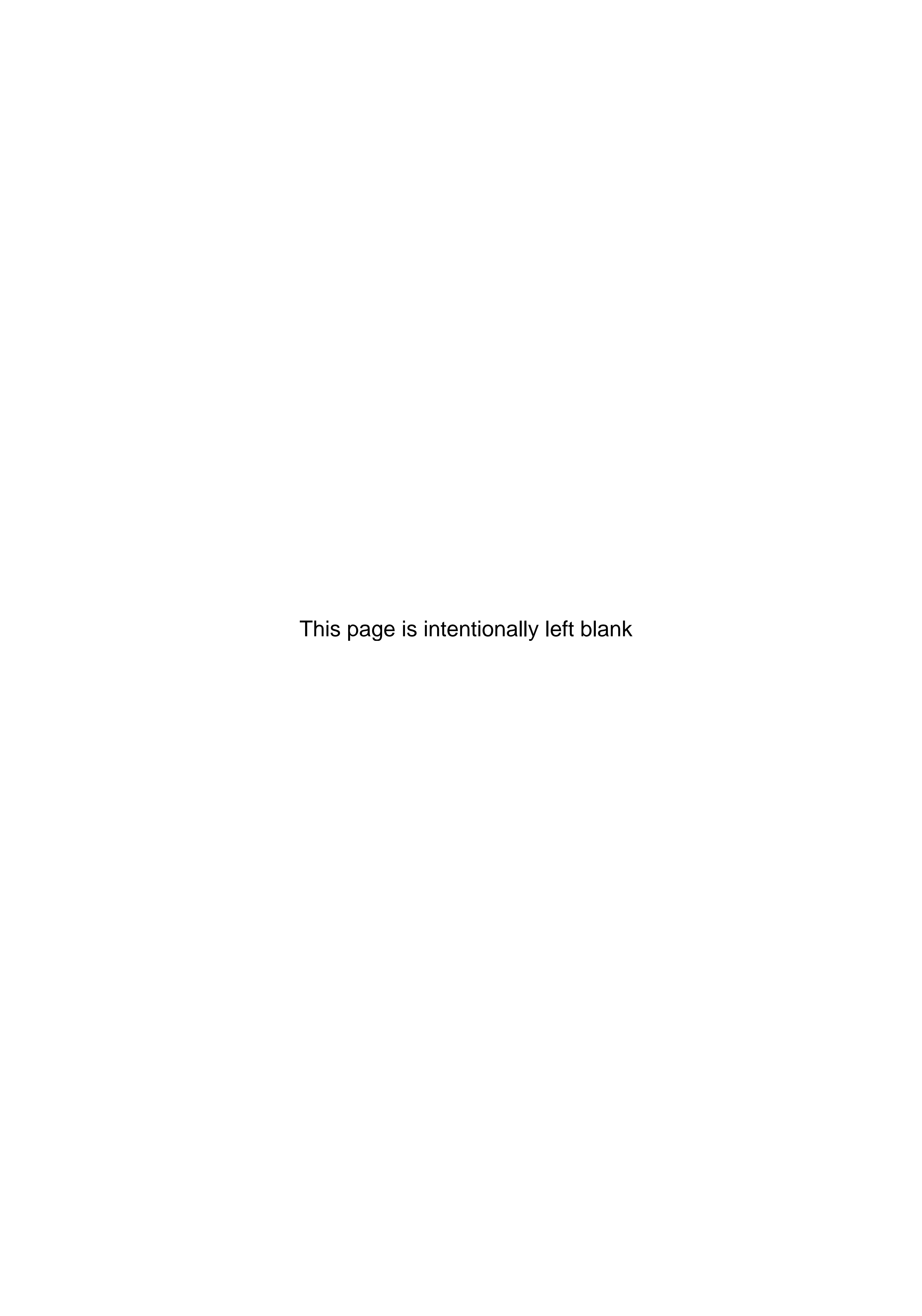
It was suggested that long-Covid be looked at in relation to the Persistent Physical Symptoms Service Report in the next year. Officers agreed that this could be picked up either through this Committee or the through the ICB.

RESOLVED -

(i) That the Committee noted the work programme for 2022-23.

(ii) That the Committee noted the emerging issues for its 2023-24 work programme and noted the additional issue raised for consideration.

Chair………………………..



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CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
10 May 2023

TITLE OF REPORT: **Quality Accounts 2022 – 23**

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

1. 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.

2. 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.

3. 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

4. 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.

5. 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 ICB 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

6. 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.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

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

Recommendations

13. 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: Rosalyn Patterson **Ext**: 2088

APPENDIX 1

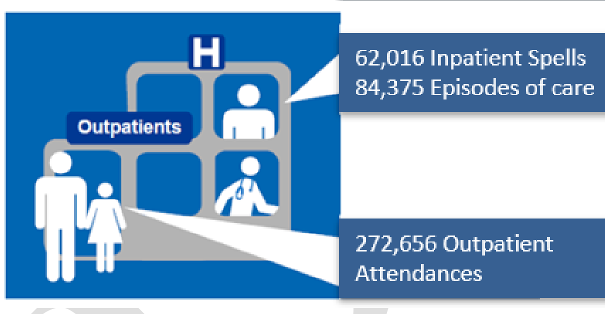
Quality Account

Gateshead Health NHS Foundation Trust 2022/23

Gateshead Health NHS Foundation Trust at a glance…

Inspected and rated

Care Quality Commission



62,016 Inpatient Spells
84,375 Episodes of care

272,656 Outpatient Attendances

1,848 Births

72,193 Attendances

Above figures to be updated with the final year-end freeze available 12th May.

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Part 1

Quality Account – Chief Executive's Statement

Statement on Quality from the Chief Executive

To be added

Signed Date:

Chief Executive

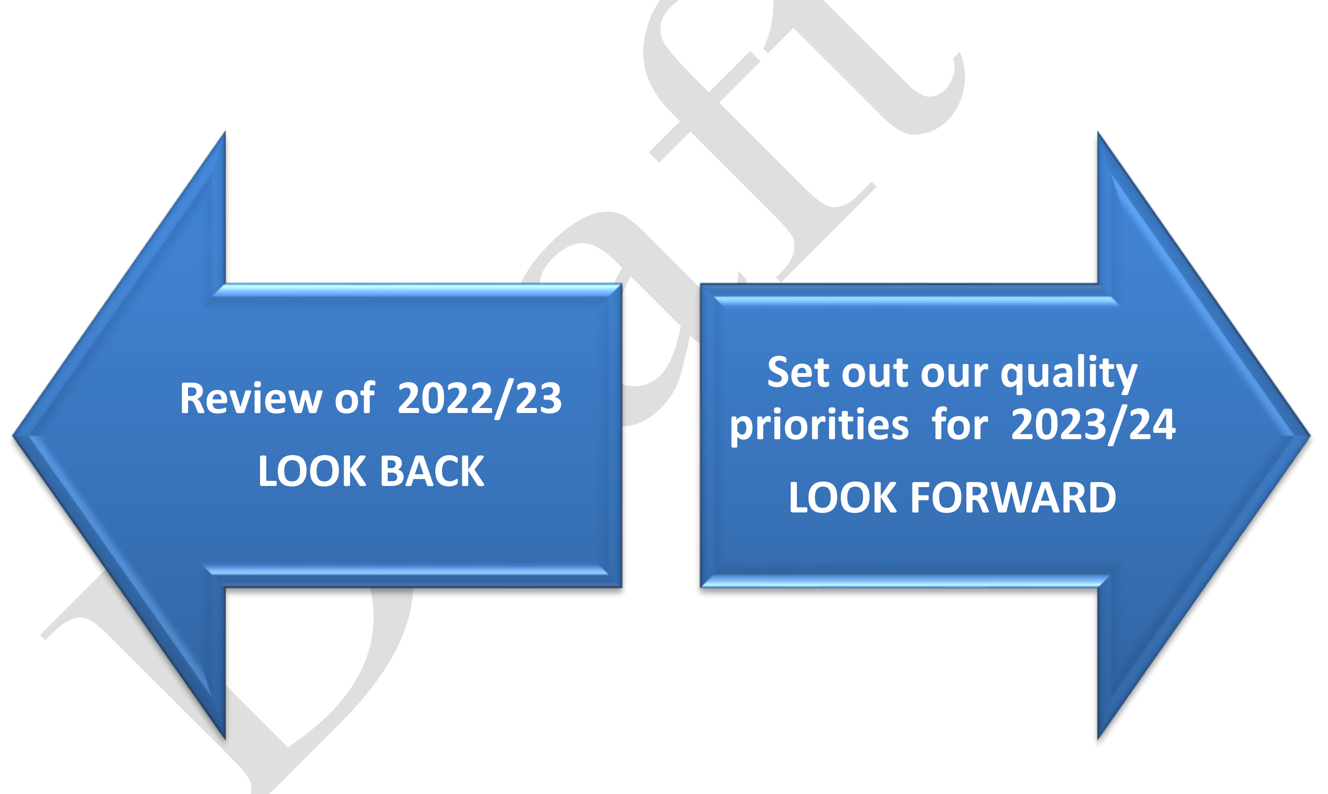
Draft 1

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 2022/23.
- Outline the quality priorities and objectives we set ourselves going forward for 2023/24.



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Part 2

Quality Priorities

2. Priorities for Improvement

2.1 Reporting back on our progress in 2022/23

In our 2021/22 Quality Account we identified 12 quality priorities that we would focus on. This section presents the progress we have made against these.

PATIENT EXPERIENCE:

Priority 1: Reinvigorate the Volunteers Service

➢ What did we say we would do?

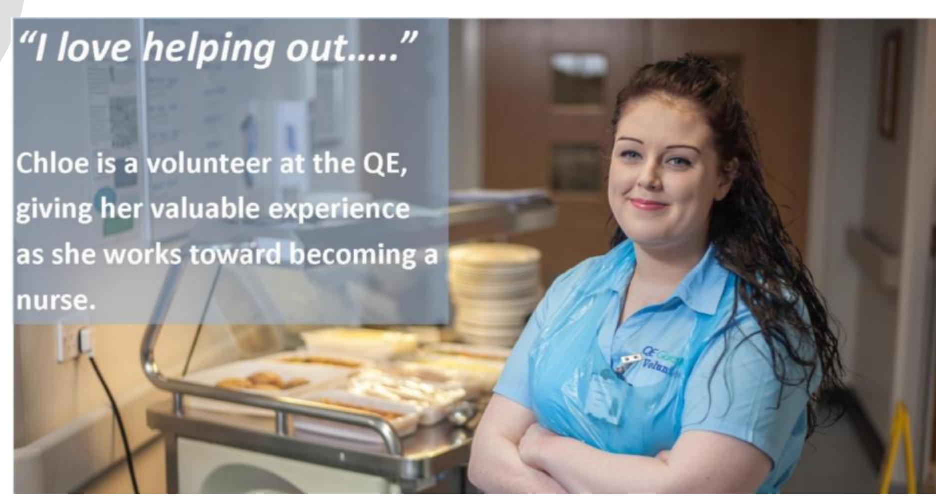
- Increase volunteer numbers
- Full evaluation of the 'Response Volunteer Programme' and 'Patient Experience Volunteer Programme'
- Develop a contingency plan for the recruitment and mobilisation of external volunteers

➢ Did we achieve this?

- Yes we achieved this priority.

➢ Progress made:

- We increased the number of people volunteering within the Trust us by 50, with further volunteers in our recruitment process.
- Each day (except weekends), our Patient Experience Volunteers visit the wards and spend time talking to patients thus enhancing patient experience. They have also supported our international Nurses on-boarding and acted as patients in preparation for clinical assessments called OSCE's by having their observations such as blood pressure and pulse taken. This has been very successful. 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. Our Response volunteers wear an electronic communications device and are available Monday to Friday, to support staff with a wide range of tasks. These include assisting with the delivery and collection of patients notes; and more recently, collecting and delivering Chemotherapy medication to the Chemotherapy Day Unit, so that this vital medication can be administered in a timely manner.



- New volunteer communication materials have been developed which has included videos and blogs which have been shared both internally and externally on social media posts.

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- A number of our volunteers have shared their stories about the journey to volunteering and their experiences at the Trust, to both the Patient, Public and Carer Involvement and Engagement Group (PPCIEG) and to the Trust Board of Directors. This was very well received and our volunteers continue to inspire us daily.
- We have evaluated Patient Experience and Response volunteer programmes. The results of this are being shared internally in quarter 1 of 2023/24.
- The Patient Experience Team have worked with the Trust's People and OD team and have agreed the processes that would been needed around external provider volunteer support (such as in future cases of a pandemic). Any recruitment with external providers will be advertised online and prospective volunteers will go through the necessary NHS employment checks.

Next steps:

- Whilst this priority has been achieved, we continue to publicise the fantastic work of our volunteers and welcome prospective volunteers contacting the Trust to explore the opportunities available. A Quality Account priority for 2023/24 relating to volunteers is outlined further within this document.

Priority 2: Understand and improve the experiences of service users with Learning Disabilities and Mental Health needs

What did we say we would do?

- Ensure we identify service users
- Understand the experiences of service users with Learning Disabilities and Mental Health needs and look at where improvements can be made
- Review patient information leaflets to identify core areas where easy read leaflets are needed
- Provide easy read appointment letters
- Increasing biopsychosocial assessments to a minimum of 60%

Did we achieve this?

- We partially achieved this.

Progress made:

- Alert on Careflow for patients who identify as having a learning disability. However, there is still work to do to ensure that everyone is flagged appropriately; issues with information governance in terms of information sharing using GP register, conversations remain ongoing with the ICB to rectify this. Ongoing weekly meeting with the community LD team to link and improve potential alerts to be added.
- Workshop with Lawnmowers; theatre production group ran by and for people with a learning disability was arranged after funding agreed. Formal invitations were sent out

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to a total of 120 members of staff across the trust of all levels including management. Communications were shared throughout social media and within the trusts weekly newsletter. This was to provide a training session and hear the voices of this client group from real life experiences. Unfortunately, only 29 members of staff were able to attend.
- Ongoing work with an external design company to work on information leaflets to be made into easy read. Funding was agreed for £6,000 which has had to be shared between the leaflets being reviewed by a service user group and to ensure we get as many leaflets completed as we can-dependent on length of leaflet. We also now have access to the Macmillan easy read leaflets and are accessible via Pandora on the intranet.

➢ Next steps:
- Improving the care and experiences for patient's with a learning disability is a priority for 2023/24.

Priority 3: Working with patients as partners in improvement

➢ What did we say we would do?
- Demonstrate that we value to contribution of our patient partners
- Ensure the patient partner voice is heard
- To provide a forum for staff to seek feedback, engagement, and involvement from patient partners

➢ Did we achieve this?
- Yes we achieved this priority.

➢ Progress made:
- We considered developing a policy to enable remuneration and found this was covered in an existing policy
- We have held a number of co-design improvement workshops across the Trust which have provided an opportunity for multidisciplinary point of care staff to work in partnership with patients. This has involved listening to each other experiences and talking together about what we can learn and improve on based on this. Significant improvements have come to fruition from this such as those across our maternity services in relation to our gestational diabetes pathway. As a result, two of our Midwives received Chief Midwifery Officer (CMO) Awards in recognition for the improvements implemented.

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- A small number of patients now sit on key groups across the Trust including the Mortality Steering Group and six patients volunteered to take part in ward visits called 'Your time to shine'.
- We have worked collaboratively with NHS North East and North Cumbria Integrated Care Board and established a jointly facilitated Patient Forum, with a focus on long term conditions.

➢ Next steps:

- We aim to build on this work around collaborative working in terms of patient engagement and involvement and this will be done through a new Quality Account priority for 2023/24.

STAFF EXPERIENCE:

Priority 4: We will focus on the health and wellbeing (HWB) of our staff

➢ What did we say we would do?

- Being responsive to staff feedback

➢ Did we achieve this?

- We partially achieved this

➢ Progress made:

- Over 200 managers have completed the Managing Well Programme which acts a prompt and educational opportunity around the importance of HWB check ins.
- New appraisal documentation includes prompts to ensure HWB check ins are conducted on at least an annual basis.
- Flu vaccination campaign completed – 54% of frontline healthcare workers took up the vaccine.
- The trust achieved the Better Health at Work Silver Award in December 2022.
- Many other initiatives have been rolled out including free teas, coffees, soups and breakfasts during periods of extraordinary pressure, free therapy sessions such as massage and nails, hampers, implementation of the 'listening space' etc.
- Further initiatives continue to be tracked through the health and wellbeing board which includes work on menopause support, health and wellbeing check-ins, financial wellbeing and more.
- The organisation approved and ratified its health and wellbeing strategy at senior management team meeting in early September 2022.

➢ Next steps:

- A new campaign, #GHMoneyMatters, has been launched to promote financial wellbeing specifically, while an item bank has been launched on site. The team are currently working to implement the provision of free sanitary products and introduce a staff wellbeing support dog. A staff lottery is being looked at as a means of generating a stable income stream to reinvest directly into staff wellbeing initiatives.
- A health needs assessment is currently being promoted as means of gauging employee views on where support is required most. This also feeds into our work to achieve the Better Health at Work Gold award.
- Work will now commence to promote the official launch of the strategy; and ensure its contents and the commitments within are accessible to all staff. While work is already underway across many of the actions listed within the strategy and its promotion; the task of developing and publishing is now complete.

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Priority 5: We will advocate for equality, diversity, and inclusion for all of our staff

➢ What did we say we would do?

- Demonstrate progress in meeting the Workforce Disability Equality Standard (WDES) recommendations
- Demonstrate progress in meeting Workforce Race Equality Standard (WRES) recommendations
- Staff inclusion and ensuring all professional voices are heard (e.g., Allied Health Professionals (AHP), pharmacy, community, staff networks)
- Increase the number of professional development opportunities

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- An overarching Equality and Objectives and Action Plan has been developed for 2020-24.
- Links with community groups and local schools, colleges and universities established.
- Revised data collection has been implemented and analysis.
- Bitesize recruitment and selection training includes elements on diversity, inclusion, unconscious bias and fair recruitment practices.
- D-Ability continue to promote role models, create myth buster, make videos, arrange group discussions to raise awareness and educate staff.
- Reciprocal mentoring programme offered within the Trust.
- Nine Cultural Ambassadors have been trained to be utilised during disciplinary process where BME members of staff are involved.
- AHP Conference took place in September 2022.
- AHP leads forum has been established. Actions and outcomes from this will be completed at annual AHP review.
- Participated in National Workforce Supply project - 18 month strategic workforce plan submitted. Learning and further actions from the trust will be identified within the AHP five year strategy document being compiled within next 4 months.
- National AHP day campaign launched and due for celebration in October
- Three career events in June/July 2022 have taken place which have highlighted to local school groups the diversity of AHP careers

➢ Next steps:

- A Race Disparity Audit will have been undertaken and action plan implemented as deemed appropriate
- A Zero Tolerance Policy to be ratified for Policy Review Group

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Priority 6: 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 partially achieved this.

➢ Progress made:

- A dedicated session of the new Patient Safety Incident Response Framework and Learn from Patient Safety Events was delivered to the Trust Board in February 2023.
- Links between POD and patient safety in relation to culture and civility saves lives has been established.

➢ Next steps:

- A culture steering group is to be established.
- An organisation wide cultural survey has been devised and will be presented to the Trust's SafeCare/Risk and Patient Safety Council for approval in April 2023.
- Staff survey results to be triangulated with a culture benchmarking survey.

PATIENT SAFETY:

Priority 7: To maximise safety in maternity services through the implementation of the Ockenden Recommendations

➢ What did we say we would do?

- To fully implement all immediate and essential actions

➢ Did we achieve this?

- Yes we achieved this.

➢ Progress made:

- We are compliant with all immediate and essential actions.
- Audits of this are built into our audit cycle.
- Monitoring has been built into our Maternity Integrated Oversight Report.

➢ Next steps:

Continue monitoring via the Maternity Integrated Oversight Report. An new priority relating to maternity services is outlined within section 2.2 which will build on this established body of work.

Draft

Priority 8: Staffing

➢ What did we say we would do?

- 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
- Recruit 50 Nurses within 12 months

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- A bi-annual assessment was undertaken in January and July 2022, this data is currently being reviewed by the newly appointed deputy chief nurse who is responsible for workforce planning with a plan to share further when appropriate.

- Standardised display boards are being considered by the Matron teams. A new uniform boards has been development and will be shared in all area.
- A task and finish group has been established review signage across the trust and will meet monthly to progress work. Initial meeting took place in December 22 and actions assigned.
- The Shelford Group has since supported pilots with SNCT in the following areas:
  - Emergency Care
  - Mental Heath
  - Community

- To date the Trust has welcomed 38 overseas nurses as part of the International Recruitment work. Cohorts are currently undertaken OSCE training and examinations of which 15 have successfully obtain their NMC pin.

➢ Next steps:

Priority 9: Undertake improvement work to agree a safe method of processing clinical results

➢ What did we say we would do?

- 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

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- An improvement workshop was held in March 2023, this had been rescheduled from earlier in this year due to operational pressures. The workshop was attended by members of the transformation team, medical director, general surgeon/medical digital lead, patient safety lead, clinical risk lead, clinical effectiveness lead and members of the ICE system team. The workshop mapped out the process for requesting and managing blood test results and the following actions were agreed:
  - Ensure the list of requesting clinicians is accurate by requesting an to update list on clinicians from the workforce information team
  - Ensure the ICE team are provided with a list of starters and leavers on a monthly basis to ensure the system can be kept up to date.
  - Develop a standard operating procedure to standardise requests and accessing results safely.
  - Develop user guides to showcase best practice
  - Explore options to develop process to inform patients when blood results are normal.

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- Action plan developed with a deadline for the actions to be completed by end of April 2023.

Next steps:

- The half day workshop did not provide enough time to review all elements of the ICE system. A further Rapid Process Improvement Workshop (RPIW) to be held in July 2023 to review process for radiology and histology requests with a view to developing a complete standard operating procedure.
- Audit One to carry out audit of new process in Q4 of 2023/24.
- Priority to be carried over into 2023/24.

CLINICAL EFFECTIVENESS:

Priority 10: We will revisit the core fundamental standards of care

➢ What did we say we would do?

- We will revisit the core fundamental standards of care

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- There has been a revision of the CQAF programme which includes panel and assessors.
- Professional leadership and development days have been reinstated supported by the Head of Nursing. Matrons are afforded the opportunity to codesign their development requirements in line with the NHSI Matrons handbook. This will support the revisit of the fundamental standards of care.
- Further development is being undertaken by the Head of Nursing to strengthen the panel as a development opportunity for senior nurses.
- It was agreed at the November 2022 SafeCare, Risk and Patient Safety Council that we are going to use a revised audit tool of the 6 essential safety criteria to allow all wards and outpatient areas to be visited. This has now been implemented and improved compliance levels are being achieved.
- Phases one to three of the implementation of the Trust's CQC monitoring approach have now been implemented.

➢ Next steps:

- Trust's CQC Monitoring approach - this work will be reviewed in 2023 to update the master document with compliance achieved.

Priority 11: We will encourage, help, and support all staff to engage with research

➢ What did we say we would do?

➢ We will embed research into our ways of working

➢ Did we achieve this?

➢ We partially achieved this.

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➢ Progress made

- Promotion continues that **"Research is Everyone's Business"** and the different ways that staff can get involved. Promotion also continues through annual events.
- There has been an increase of 4 new Principal Investigators and 5 Associate Principal Investigators.

➢ Next steps:

- The Royal College of Physicians (RCP) and National Institute for Health and Care Research (NIHR) have published a joint position statement setting out a series of recommendations for making research part of everyday practice for all clinicians which include:
  - Developing strong links between Medical Directors, R&D Directors and Chief Executives
  - Encouraging support for research to be recognised as part of direct clinical activity and not an additional speciality.
  - Including research as a key element in all Trust policies, strategies and documentation.
  - Ensuring that staff have the resources, time and support they need to engage with and/or deliver quality research, which feeds into clinical change.
  - Ensuring that multidisciplinary workforce planning encompasses those who support research.
  - Taking opportunities to implement proportionate training requirements for those involved or would like to be involved, including Good Clinical Practice training, and the Associate Principal Investigator Scheme.

Priority 12: We will support the continual improvement of clinical record keeping (both paper and electronic) throughout the Trust

➢ What did we say we would do?

- Review and reinstate a revised programme of documentation audits

➢ Did we achieve this?

- Yes we achieved this.

➢ How we achieved this:

- We revised the methodology for the documentation audit, this involved reviewing the audit tool, frequency, sampling and group of auditors. This was consulted on and communicated widely across the organisation. The new documentation audit commenced in February 2023.
- 45 sets of notes were audited in the first cycle.

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Chart 1 - Trust wide compliance with basic record keeping elements:

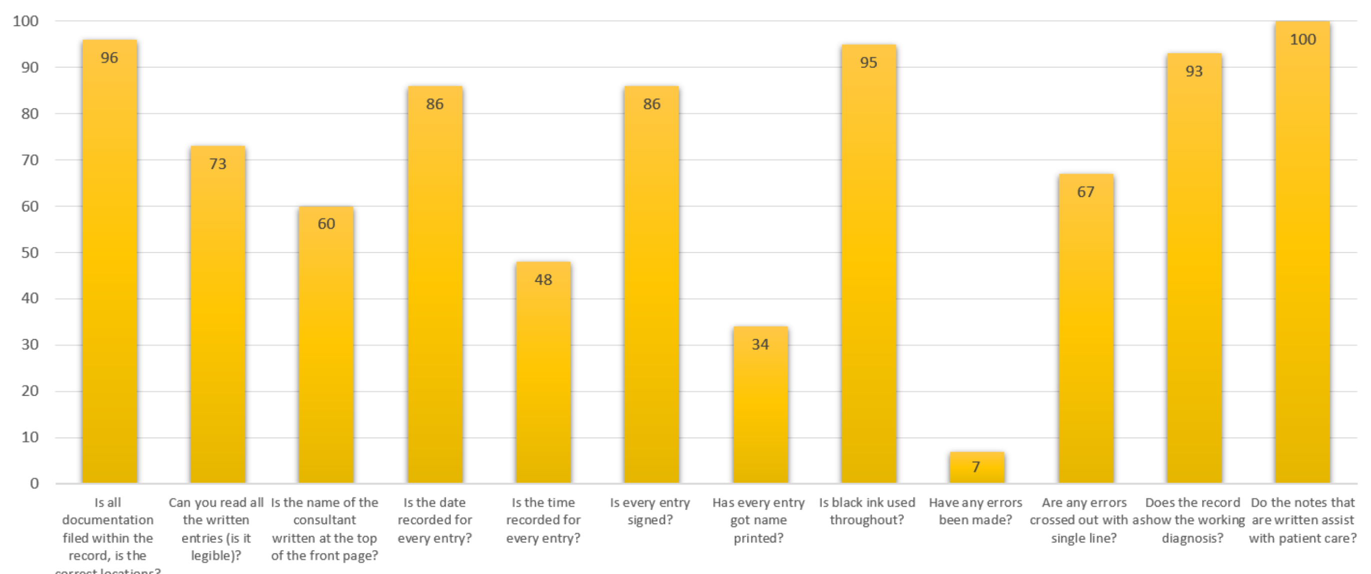

Chart 2 - Overview of compliance with risk assessments:

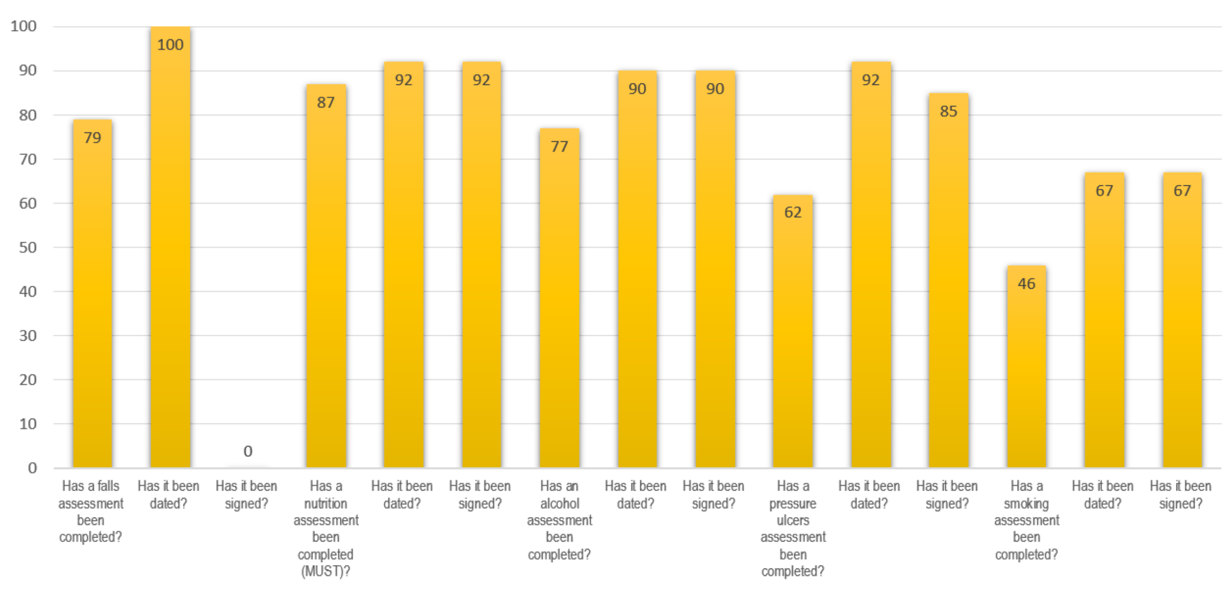

Chart 3 – Overview of compliance with discharge criteria

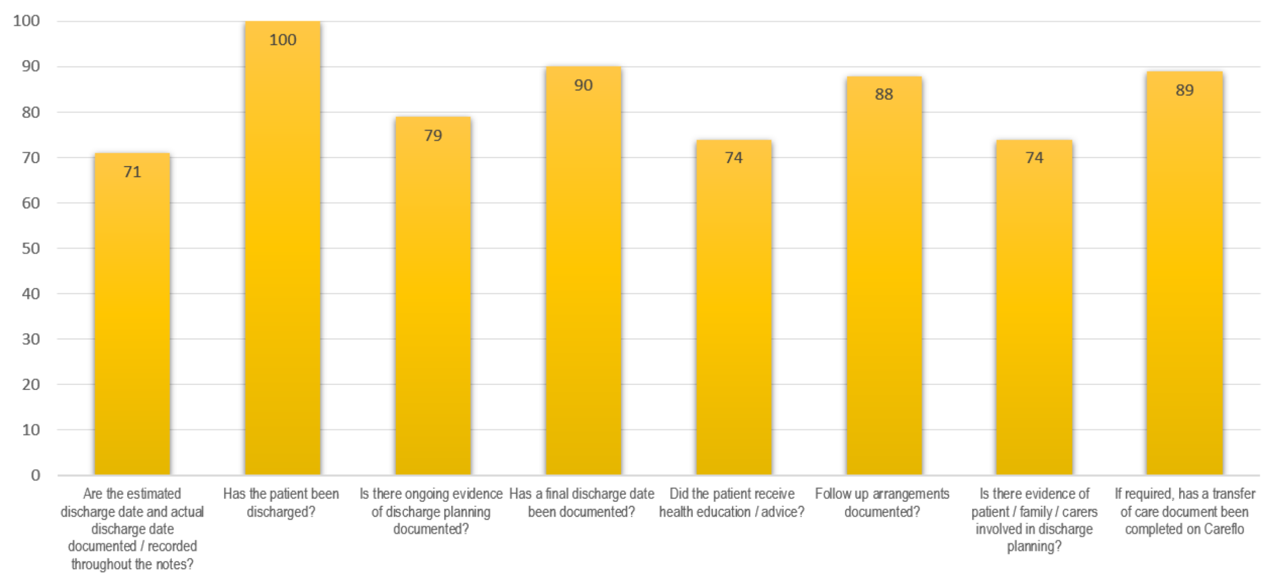

Chart 4 - Overall compliance with each section

Section	Qtr. 4 22/23
Basic Standards	56%
Electronic Records	54%
Nursing Records	59%
Clinical Records	77%
Risk Assessments	82%
Discharge Details	83%
Miscellaneous	89%

➢ Next steps:

- Continue the audit on a quarterly cycle
- Present first quarter results to the SafeCare/Risk and Patient Safety Council in May 2023

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2.2 Our Quality Priorities for Improvement 2023/24

PATIENT EXPERIENCE				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will work with our Volunteers Service to develop new roles.	We will develop new volunteer roles.	We will review the evaluation of our existing volunteer programmes and consider the suggestion for where volunteers could further support across the organisation. We will introduce a volunteer programme task and finish group with multidisciplinary team input to develop volunteer role profiles and associated training requirements and plans (if applicable).	We will introduce a new volunteer programme.	Number of volunteers joining the new volunteer programme. Evaluation of the new programme.
We will improve the way we learn and make improvements following complaints.	We will demonstrate learning and improvements made as a result of feedback from complaints.	We will implement InPhase. We will develop a section on the Trust's Learning Library to share learning and improvement made.	Evidence of learning and improvements made following complaints will be accessible and will be shared widely across the organisation.	Number of learning bulletins and improvements made as shared on the Learning Library.

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		We will work with the Trust's Transformation team to collaboratively support business units to identify opportunities for service and quality improvements		
We will strengthen our partnership working with collaborative patient forums to enhance patient engagement and involvement.	We will develop and introduce new patient forums in collaboration with the North East and North Cumbria Integrated Care System (ICS).	We will seek patient and service line feedback and collaborate with the North East and North Cumbria Integrated Care System (ICS) to identify where further patient forums could be introduced (eg. the specific clinical area such as a Cancer Services Forum)	A new patient forum will have been introduced.	A new patient forum will have been introduced.

STAFF EXPERIENCE				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will improve the way we listen, act upon and learn from concerns.	Develop supporting leaflets on Freedom to Speak Up for both staff and leaders in the organisation.	Consider timing for further campaigns to recruit more champions again.	Increasing the number of Freedom to Speak Up Champions, we have across the organisation.	Training figures compliance for all staff groups and Board members.
	Update our Freedom to Speak Up Policy based on national guidance and local people strategy.	Review a proactive approach to reach out to people who we think will be	Increasing staff awareness of what Freedom to Speak Up is and who the champions across	

Draft

	Refresh our approach to reporting on Freedom to Speak Up across the organisation. Develop a communication plan to make staff aware of what Freedom to Speak Up is, communicate what the role involves and look to seek expressions of interest for additional Freedom to Speak Up Champions.	good at the champion role.	the organisation are.	
We will listen to staff experience in relation to waste and duplication.	We will listen to staff experience in relation to waste and duplication.	On a monthly basis, the Trust's Directors will hold events in the Hub and dedicated sessions will be initiated that are focused on reducing waste and duplication.	A number of events will have been facilitated and there will be a reduction in waste and duplication.	A target % is to be agreed by the Trust.
We will focus on safe staffing, including reducing the movement of staff between clinical areas.	We will use approved tools for all clinical areas in line with national requirements, making sure we are assessing staffing appropriately eg. Birthrate plus, SNCT, MHOST etc.	We will understand our staffing data. We will recruit to posts where a staffing gap is identified. We will manage staffing in accordance with Trust policy.	We will reduce the movement of staff between clinical areas.	A target % is to be agreed by the Trust.

Draft 1

PATIENT SAFETY				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will reduce length of stay.	We will reduce length of stay.	We will understand our data and know what our length of stay is and metrics associated. A Task and Finish group will be set up. We will have a robust monitoring and reporting structure in place.	Length of stay will reduce.	A target % is to be agreed by the Trust.
We will implement the Patient Safety Incident Response Framework (PSIRF) with further work streams on falls and civility.	We will create a project board and working group.	Workstreams will have leads with a weekly report. Oversight and liaison with ICB to agree PSIRP.	Implementation of PSIRF	Measures will be agreed by national deadline for 2023.
	We will strengthen our existing falls prevention group workstreams through improved engagement with business units.	We will review the current falls prevention capacity in the organisation, identifying any capacity to provide in-patient in-reach, or whether a business case will be required to meet deficits.	Reduced inpatient falls, particularly those resulting neck of femur fractures and head injuries.	Reduction in the number of falls.
	Understand the organisations current position with regards to civility and its impact on patient safety and staff wellbeing.	Culture survey Thematic analysis of incident reporting related to incivility Restorative conversations	Reduction in number of instances of incivility	Reduction in number of instances of incivility

Draft 1

We will undertake improvement work around the safe processing of clinical results.	Building on the workshop held in Q4 we will hold a full rapid process improvement workshop (RPIW) to review the processes for managing all results on the ICE system with a view to developing a standard operating procedure	Hold full RPIW with key stakeholders in Q2 Map current processes Develop standard operating procedure Communication strategy to raise awareness of new process Videos/paper how to guides to be developed	Reduction in incidents in relation to ICE reporting	Monitoring via incident management system Mortality reviews RPIW 30, 60, 90 day report out
We will implement a maternity and neonatal improvement plan.	Continue to give the Board of Directors assurance around the Trust's compliance with the Immediate and Essential Ockenden action.	Audits of 7 IEA built into audit cycle.	All required audits will be completes and assurance is gained.	Monitoring via Maternity Integrated Oversight report which is presented to a range of meetings across the Trust. Regional monitoring via quarterly reports to NENC LMNS and regional perinatal surveillance and oversight group Implementation of the Delivery plan steering group.
	Review existing bodies of work that are running concurrently and incorporate into an overarching maternity and neonatal plan for the Trust. This will include the national Maternity and Neonatal Delivery Plan; any actions outlined by CQC	Implementation of a delivery plan steering group.	Delivery plan steering group will be set up by May 2023.	

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	in the latest Maternity inspection report as well as existing projects such as BSOTS and cycles of audit.			

CLINICAL EFFECTIVENESS				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will embed a culture of research in the Trust and make "Research Everyone's Business".	Offer every patient and member of staff the opportunity to "Be Part of Research"	Make research more visible and accessible to our staff and patients and highlight that we are a Research Active Trust.	The number of recruitment accruals will increase.	Recruitment figures in the NIHR ODP Database
		Attract and host more commercial studies.	Increased funding and Trust reputation.	Increased number of hosted commercial studies (NENC CRN LPMS Weekly Report)
		Incorporate recently released National research strategies into the Trust's policies, strategies and documentation to highlight that the Trust is research active.	That all Trust policies strategies and documentation are updated to include research.	Attendance/ membership of Trust decision making councils/forums.
			That research is included as a key element within the job descriptions of all clinical staff.	
			The number of hosted research projects in Paediatrics / Mental Health will increase.	

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		Broaden our hosted research portfolio, especially in under-served clinical specialty areas and in areas of health inequality.	The number of health inequality studies will increase.	Increased number of hosted studies (NENC CRN LPMS Weekly Report)
		Encourage a research positive culture and ensure that staff have the resources, time and support they need to engage with and/or deliver quality research, which feeds into clinical change.	As a minimum staff should have an awareness of research activity so that they are able to signpost patients to the relevant Research Team(s).	
We will strengthen how we learn from deaths.	Implement the medical examiner in the community.	Implement the medical examiner in the community.		
We will work with our clinical effectiveness team to improve the experiences of people with a learning disability, mental health or autism.	Raise awareness of learning disabilities and autism to improve the healthcare outcomes and reduce health inequalities for this group of patients.	In line with the Diamond Standards, roll out of the mandatory level 1 learning disability and autism training for staff from April 2023.	Increase staff awareness of learning disabilities and autism and their individualised needs Reduction in those cases where there is room for improvement in clinical and organisational care following Mortality Council reviews Increase in staff confidence when caring for patients with a learning disabilities and autism Increase in number of MCA1 and 2 and	ESR reports Evaluation pre and post training Audit of MCA 1, 2 and DoLs Audit of DNACPRs for patients with a learning disability and autism
		Encourage patient facing staff to complete the level 2 learning disability and autism training – prior to this becoming mandatory with the publication of the Oliver McGowan Code of Practice training – expected to be during 23/24.		
		Promote the roll of the Learning		

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		Disability Nurse via attending professional forums, team meetings, via Trust’s social media channels.	DoLs completed correctly DNACPRs to be completed correctly and appropriately	
		Share good practice and patient stories across the organisation.		

2.3 Statements of Assurance from the Board

During 2022/23 the Gateshead Health NHS Foundation Trust provided and/or sub-contracted 30 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 2022/23 represents 100% of the total income generated from the provision of relevant health services by Gateshead Health NHS Foundation Trust for 2022/23.

Participation in National Clinical Audits 2022/23

During 2022/23, 36 National Clinical Audits and TBC National Confidential Enquiries covered relevant health services provided by Gateshead Health NHS Foundation Trust.

During that period Gateshead Health NHS Foundation Trust participated in 89% 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 participated in, and for which data collection was completed during 2022/23, 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
Cardiac Rhythm Management	Yes	169 cases submitted no minimum requirement
National Heart Failure Audit	Yes	392 cases submitted no minimum requirement
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	244 cases submitted no minimum requirement
Falls & Fragility Fractures (FFFAP) - National Hip Fracture Database	Yes	337 cases submitted no minimum requirement
UK Parkinson's Audit	Yes	100% (20/20)
Dementia	Yes	40 cases submitted no minimum requirement
National Diabetes Core Audit	Yes	Data not yet available
Major Trauma Audit (TARN)	Yes	40.3% (485 cases submitted of 80% requirement)
Care at the End of Life (NACEL)	Yes	49 cases submitted no minimum requirement
Chronic obstructive pulmonary disease	Yes	867 cases submitted no minimum requirement
National Lung Cancer Audit	Yes	238 cases submitted no minimum requirement
Pulmonary Rehabilitation	Yes	98 cases submitted no minimum requirement
Cardiac Rehabilitation	Yes	Data not yet available
Adult Asthma (Secondary Care)	Yes	79 cases submitted no minimum requirement

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Sentinel Stroke National Audit Programme (SSNAP)	Yes	199 cases submitted no minimum requirements – data is up to end of Q3, Q4 not yet available
National Cardiac Arrest Audit	Yes	62 cases submitted no minimum requirement
Learning Disability Mortality Review Programme (LeDeR)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	122 cases submitted no minimum requirement
Case Mix Programme (ICNARC)	Yes	735 cases submitted no minimum requirement
Bowel Cancer (NBOCAP)	Yes	215 cases submitted no minimum requirement
Oesophago-gastric cancer (NAOGC)	Yes	58 cases submitted no minimum requirement
Maternity and Perinatal Audit (NMPA)	Yes	100%
Paediatric Diabetes (NPDA)	Yes	140 cases submitted no minimum requirement
Neonatal Intensive and Special Care (NNAP)	Yes	100%
Elective Surgery (PROMS)	Yes	533 cases submitted no minimum requirement
National Joint Registry (NJR)	Yes	Data not yet available
Prostate Cancer	Yes	184 cases submitted no minimum requirement
National Pregnancy in Diabetes Audit	Yes	16 cases submitted no minimum requirement
National Audit of Cardiac Rehabilitation	Yes	348 cases submitted no minimum requirement
National Audit of Inpatient Falls	Yes	22 cases submitted no minimum requirement
Pain in children	Yes	23 cases submitted no minimum requirement
Mental health self-harm	Yes	94 cases submitted no minimum requirement
National Audit of Seizures and Epilepsies in Children and Young People	No	Due to clinical commitments at present the teams do not have the capacity to participate.
Inflammatory Bowel Disease Audit IBD Registry	No	Benefits of the audit did not outweigh the cost to participate.
National Early Inflammatory Arthritis Audit	No	Due to staffing levels, we would have to reduce our clinic capacity to allow time for collecting & uploading data.
Diabetes Foot Care	No	Due to staffing levels, we have been unable to upload the required information during this annual period

Participation in National Confidential Enquiries 2022/23

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.

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The reports of TBC national clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2022/23 and Gateshead Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Hip Fracture Database (NHFD)

The Queen Elizabeth Hospital has been one of the top performing hip fracture units in England for a number of years, data supplied by the NHFD for the 2021-22 year has showed the Trust to be the top performing unit in England over this period for overall achievement of Best Practice Tariff and hip fracture care and the best performing unit in the northeast. This proud achievement has been recognised by trust management and is a level that we will endeavour to maintain. We performed well in all areas, notably in the top quartile nationally for timely admission to the Orthopaedic ward, perioperative medical assessment, efficient assessment by the physiotherapy, nutrition and mental health teams, timely surgery and efficient discharge practice. We continue to improve our performance in terms of the frequency of perioperative pressure damage and now lie below the national average for this area. The only area for ongoing improvement is the hip fractures sustained by existing inpatients and this is being addressed by the falls team as part of the National Audit of Inpatient Falls (NAIF).

Action Points:

- All hip fracture cases who fail to meet Best Practice Criteria for any reason are reviewed in the monthly Orthopaedic department SafeCare meetings. Any learning points are recorded and fed back, with a Datix completed in each case. This practice will continue. Further work is planned to further review our situation regarding inpatient fractures and will look to instigate the actions of the falls team audit. These include better awareness of falls risk in vulnerable patients and optimising the availability of nursing and healthcare staff for this patient group.

National Joint Registry (NJR)

The Trust continues to contribute to the NJR. Data is entered regarding all hip, knee, ankle, elbow and shoulder replacement operations, enabling the monitoring of the performance of joint replacement implants and the effectiveness of different types of surgery. In 2014 the NJR introduced annual data completeness and quality audits for hip and knee cases, with the aim of improving data quality. From 2020/21 the data quality audit was extended to include ankle, elbow and shoulder cases. The Trust continues to contribute to these audits and was awarded as an NJR Quality Data Provider for 2021/22.

Action Points:

- Continue to ensure that robust systems are in place to guarantee that a Minimum Dataset form is generated for all eligible NJR procedures.

The Case Mix Programme (CMP)

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 the past 12 months the Critical Care Unit has uploaded data on 735 patients to the CMP. The increased frequency of data submission requested by ICNARC in response to the Covid-19 pandemic has reduced and data uploads are being performed on an approximately weekly basis. CMP/ICNARC continue to publish Quarterly Quality Reports (QQR) for each individual critical care unit. Our most recent QQR, including data up to the

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end of Q3 22/23 shows good performance in all areas reported on. Our overall standardised mortality rate was slightly below what would have been expected (17.6% v 18.4%), and mortality for patients with a predicted mortality of <20% was at the low end of the normal range (3.2% v 4.3%).
The Software system for collecting and submitting data has changed in the last 12 months, moving from WardWatcher to Medicus which is a new web-based system. This has involved a significant amount of input and training with several problems encountered during the implementation which have mostly been resolved.

Action Points:

- Continue to collect and submit data to Intensive Care National Audit and Research Centre (ICNARC)/CMP.
- Continue to work with Medicus to ensure that any issues with the data collection system are resolved.
- Ongoing education of ward clerks and Nursing/Medical staff regarding the correct entry of data, assisted by the ICNARC data clerk.
- Consideration of the ICNARC data clerk role becoming a full-time role to allow more data collection to occur e.g., quality measure data, etc.
- 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.

Trauma Audit & Research Network (TARN)
The latest TARN report for Queen Elizabeth Hospital Gateshead was published in March 2023 which includes data up to 30/09/2022. Case ascertainment was 69% in 2022 compared with 40.3% in 2021. This is an improvement compared with previous years and represents a degree of recovery from Covid-19 performance. However, remains below the target of 80% set by TARN. Data remains difficult to interpret with ongoing questions about reliability.

Action Points:

- After updating our business intelligence report and moving to electronic documentation we are still experiencing difficulties identifying all of the patient eligible for TARN submission. We are due to make a site visit to a neighbouring Trust in order to review their TARN processes. Following this we intend to implement further improvements.
- We have charitable funding secured for the recruitment of a Trust Trauma Coordinator and possibility of a TARN data administrator. We will advertise the post once the job description has been completed.
- The Trust are also preparing for a trauma network peer review that is due in June 2023.

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 NAIF report 2022 uses 2021 clinical data. 22 cases of inpatient femoral fracture were uploaded during this period. There were five key performance indicators (KPI). 91% of patients had a multi-factorial risk assessment (MFRA) done prior to the fall. Five out of six components of the MFRAs completed was deemed a high-quality assessment. The median quality score for the Trust was five. Undertaking and recording of lying and standing blood pressure was the most poorly completed component, only done in

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45% of cases. KPI two, three and four relate to post fall checks. 95% of patients were checked for signs of injury before moving, flat lifting equipment was used in 41% (29% nationally) and medical assessment within 30 minutes in 32% of patients (69% nationally).

Action Points:

- The latter two aspects could be improved by adequate access and training to flat lifting equipment and the roll out of the Nervecentre (electronic system) post falls assessment (currently developed but under review for use).
- Although not a KPI, hot debrief after an inpatient femoral fracture was not done in any cases, perhaps reflective of the lack of a dedicated inpatient falls team. As per the pervious audit there is no mandatory falls training for all clinical staff (in 50% trusts this is the case).
- A number of initiatives have been identified to support the increase in compliance with undertaking lying and standing blood pressure including; how to guides produced, training for individual wards, recording the outcomes on an electronic system. More recent compliance has subsequently increased.

National Paediatric Diabetes Audit (NPDA) 2022-23

Real time data is collected and reviewed locally quarterly by the diabetes team and six monthly by the Northeast & North Cumbria Regional Children and Young People's (CYP) Diabetes Network. We have submitted data on 140 patients to the NPDA during 2022-23: 134 of these patients had Type 1 diabetes; 64.2% are on insulin pump therapy; 33.6% are on an intensive multiple daily injection regime; 71% are on continuous glucose monitoring (CGM) with alarms; 100% of patients had a HbA1C; 98.1% had a BMI; 91.7% had their thyroid function; 93.7% had a blood pressure; 87.3% had a urinary albumin; 81.7% had their feet examined; 100% new patients had thyroid screening and 100% had coeliac screening within 90 days diagnosis, 100% newly diagnosed patients had dietetic support with carbohydrate counting within 14 days diagnosis; 97.2% were recommended influenza immunisation; 73.1% were given sick day rules advice. The mean HbA1C was 64.5mmol/mol (median 62mmol/mol.) This is an improvement since the 2021-22 audit.

Action Points:

Over the last year 2022-23 the CYP Diabetes team has:

- Continued to develop our service for CYP living with Type 2 diabetes in line with NICE and the National Guidelines including dietetic and psychology led support and education clinics in addition to their routine three monthly MDT clinics. However there has been no MDT dietitian January 2023 onwards. A new dietitian has been appointed and is expected to start in June 2023.
- Continued to participate in a Poverty Proofing Project with Children Northeast and Type 1 Kidz patient support group to increase awareness of healthcare professionals and the trust of the difficulties those CYP and families living with T1 diabetes face and to enable strategies to be put in place to facilitate equitable access to health care and diabetes technologies. This is particularly important as 69% of CYP in our clinic live within the two most deprived quintiles which is significantly higher than the regional and national average and a greater proportion of those living in the least deprived quintile had access to insulin pump therapy and rtCGM compared to those in the other four quintiles (data from 2020-21 NPDA report)

The reports of TBC local clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2022/23 and Gateshead Health NHS Foundation Trust intends to take actions to

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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:

To be added

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Gateshead Health NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by the Health Research Authority (HRA) was 1,818.

Recruitment by Managing Specialty	Total
Ageing	43
Anaesthesia, Perioperative Medicine and Pain Management	4
Cancer	294
Cardiovascular Disease	2
Critical Care	15
Dementias and Neurodegeneration	158
Diabetes	78
Gastroenterology	2
Haematology	5
Health Services Research	6
Hepatology	18
Metabolic and Endocrine Disorders	10
Musculoskeletal Disorders	1
Public Health	13
Reproductive Health and Childbirth	995
Stroke	26
Surgery	29
Trauma and Emergency Care	119
Total	**1818**

In line with the Research Strategy, Gateshead Health NHS Foundation Trust remains a research active organisation which ensures that our patients have access to the very latest treatments and technologies. Evidence shows clinically research active hospitals have better patient care outcomes. Our top recruiting studies include: -

INGR1D2 INvestigating Genetic Risk for type 1 Diabetes (2)

Type 1 diabetes is a common chronic disease in childhood and is increasing in incidence. The clinical onset of type 1 diabetes is preceded by a phase where the child is well but has multiple beta-cell auto-antibodies in their blood against insulin-producing beta cells, which are present in the pancreas.

Neonates and infants who are at increased risk of developing multiple beta cell auto-antibodies and type 1 diabetes can now be identified using genetic markers. This provides an opportunity for introducing early therapies to prevent beta-cell autoimmunity and type 1 diabetes.

The objective of this study is to determine the percentage of children with genetic markers putting them at increased risk of developing type 1 diabetes, and to offer the opportunity for these children to be enrolled into phase II b primary prevention trials.

Cervical Ripening at Home or In-Hospital - prospective cohort study and process evaluation (CHOICE study)

In most pregnancies labour starts on its own, but sometimes induction of labour (IOL) is needed. The first part of IOL is 'cervical ripening', where medication or a specialised balloon is used to prepare the cervix (neck of the womb) for labour.

Cervical ripening used to be performed only in hospitals. However, about half of UK maternity units now offer 'home cervical ripening' – where women have the procedure started off in hospital, then spend some time at home whilst waiting for the treatment to work. This may help reduce demands on maternity services and reduce the time women spend in hospital. Women may also prefer it. However, the benefits are not yet proven.

The CHOICE study aims to see if home cervical ripening is safe, acceptable to women and their partners, and cost-effective for the NHS.

Contraception after you've had a baby in the Northeast and North Cumbria: The PoCo Study

Postnatal contraception (contraception provided up to eight weeks after a birth, defined by NICE as the postnatal period) is vital in preventing unplanned pregnancy and in reducing the risk of harm associated with a short inter-pregnancy interval and with having an abortion. However, it is known that relatively few women access contraception services in the postnatal period, and that some vulnerable groups are poorly served by services and more likely to miss out on contraception counselling and support.
The aim of the PoCo Study is to undertake a comprehensive review of the current provision of postnatal contraception in the Northeast and North Cumbria, in both community and maternity settings, to better understand the current provision in relation to National guidelines.

Evaluation of MCM5 in postmenopausal bleeding patients

The objective of this study is to evaluate the performance Arquer's in vitro diagnostic test kit ADXGYNAE, an MCM5 ELISA as an aid in detecting endometrial cancer using urine specimens. Research has shown that detection of MCM5 in urine sediment is a sensitive and specific diagnostic test for endometrial cancer.

The results obtained with the MCM5 ELISA will be compared with the diagnosis based on standard of care clinical investigations in order to establish its utility in helping to diagnose endometrial cancer.

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The DETERMIND Study

Dementia is one of the most common and serious disorders with over 800,000 affected in the UK, costing £23billion annually. Negative impacts on those with dementia and their families are profound. Evidence has emerged of major inequalities in care for dementia driven by factors including ethnicity, whether your care is self-funded or paid for by local authorities, and whether you are diagnosed earlier or later.

DETERMIND is designed to address critical, fundamental, and as yet unanswered questions about inequalities, outcomes and costs following diagnosis with dementia. These answers are needed to improve the quality of care, and therefore the quality of life, of those with dementia and their carers.

PROcalcitonin and NEWS2 evaluation for Timely identification of sepsis and Optimal use of antibiotics in the Emergency Department

Sepsis is a common, potentially life-threatening complication of infection. The optimal treatment for sepsis includes early recognition, prompt antibiotics and fluids into a vein (intravenous/IV).

Currently, clinicians assess severity in patients in the Emergency Department with a scoring system based on simple to measure observations: The National Early Warning Score (NEWS2).

NEWS2 helps clinicians identify the sickest patients, but it is not specific and tends to over diagnose sepsis leading to over prescribing of antibiotics and promoting antimicrobial resistance.

The PRONTO study is looking to improve assessment of patients with suspected sepsis in the Emergency Department using a 20-minute Procalcitonin (PCT) blood test, which is not widely used in the NHS and helps to identify bacterial infection.

The Trust continues to demonstrate its commitment to improving the quality of care it offers and making its contribution to wider health improvement, including the UK R&D Roadmap mission https://www.gov.uk/government/publications/uk-research-and-development-roadmap/uk-research-and-development-roadmap which sets out to inspire and enable people from all backgrounds and experiences to engage and contribute to research and innovation and show that science (and research) is for everyone.

In September, the R&D Team launched the Allied Health Professions' Research & Innovation Strategy for England at their conference at the Marriott Hotel, Gateshead.

The scope of the Strategy addresses four domains. Each of these aspects are inter-dependent and are all equally important to achieve transformational impact and sustainable change.

Draft

Capacity and engagement of the AHP workforce community, to implement research into practice;
Capability for individuals to undertake and achieve excellence in research and innovation activities, roles, careers and leadership;
Context for AHPs to have equitable access to sustainable support, infrastructures and investment;
Culture for AHP perceptions and expectations of professional identities and roles that "research is everybody's business".

In October the R&D Team attended the first ever Health Care Support Workers (HCSWs) conference at the Marriott Hotel, Gateshead to encourage HCSWs to become **Research Champions** to help promote research awareness within the Trust.

The R&D Team have also been promoting the **Associate Principal Investigator Scheme** which aims to develop doctors, nurses and other health professionals to become the Principal Investigators (PIs) of the future. (A PI is the person responsible for the conduct of a research study at a site).

The Associate PI Scheme is a six month in-work training opportunity, providing practical experience for healthcare professionals starting their research career who would not normally have the opportunity to take part in clinical research in their day-to-day role. The scheme gives them the chance to experience what it means to work on and deliver a NIHR portfolio trial under the mentorship of an enthusiastic Local PI as a trainee PI.

Participating healthcare professionals receive formal recognition of engagement in NIHR Portfolio research studies through the certification of Associate PI status, endorsed by the NIHR and Royal Colleges and is open to any healthcare professional willing to make a significant contribution to the conduct and delivery of a local research over a period of at least six months:

Draft

The Trust needs to maintain a strategic overview of how research and development resources are being used to deliver the management and governance requirements for NIHR portfolio trials.

Research activity within the Trust attempts to achieve National priorities, however without a sustainable, supported research delivery workforce and healthcare professionals unable to undertake the role of Principal Investigator because they are not allocated the time to deliver research, nor is it seen as a key element of their job description, research will just remain a limited “add on” activity and embedding it as core business in line with National priorities will be unachievable.

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

A proportion of Gateshead Health NHS Foundation Trust income in 2022/23 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 notional monetary total of £2.781m of the Trust’s income in 2022/23 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)

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 2022/23.

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

There was one announced inspection by the CQC in 2022/23. This was focussed on Maternity Services and took place in February 2023. At year end of 2022/23, the Trust are awaiting the outcome from this inspection. In September 2022, the Trust voluntarily took part in a Medicines Optimisation pilot inspection and received an overall rating of “Good”. As this was a pilot inspection, the results were made available to the Trust and shared via social media, but not published by CQC to their website.

There was TBC Mental Health Act (1983) Monitoring visit to TBC in TBC 2023.

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 2022/23 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:

Draft

Which included the patient's valid NHS Number was:	Trust %	National %
Percentage for admitted patient care*	99.8%	99.6%
Percentage for outpatient care*	99.9%	99.8%
Percentage for accident and emergency care†	99.2%	95.5%

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%	99.5%
Percentage for accident and emergency care†	99.9%	98.2%

* SUS+ Data Quality Dashboard - Based on the April-22 to March-23- SUS+ data at the Month 11 inclusion date extracted on the 17th of March 2023

†ECDS DQ Dashboard from Friday 1st April 2022 up to and including Thursday 31st March extracted on Tuesday 18th April

Key

Colour	Meaning
Green	The Trust % is equal or greater than the National % valid
Amber	The Trust is up to 0.5% below the National % valid
Pink	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 2022/23 graded as – submission is 30/06/2023 and draft audit report has not been provided.

Standards of Clinical Coding

Gateshead Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

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

To be added

Draft

2.4 Learning from Deaths

During 2022/23, there were 1,196 patient deaths within Gateshead Health NHS Foundation Trust. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 267 in the first quarter;
- 257 in the second quarter;
- 347 in the third quarter;
- 325 in the fourth quarter.

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

In early April 2023, 891 case record reviews and 52 investigations have been carried out in relation to 1,196 of the deaths included above.

In 28 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:

- 151 in the first quarter;
- 120 in the second quarter;
- 319* in the third quarter;
- 325* in the fourth quarter.

*increase to due to change in process from 10th October 2022 – Medical Examiner undertaking all 1st level reviews.

Zero deaths representing 0% of the patient deaths during the reporting period were 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 '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.

179 case record reviews and 83 investigations were completed after 1st April 2022 which related to deaths which took place before the start of the reporting period. 1 death representing 0.6% (1/179) 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 'Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and NCEPOD overall care score following case note review.

Draft 1

Summary of learning/Description of Actions:

Good practice identified:

- Good practice was identified around obtaining a second opinion from a colleague in complex cases which highlighted effective team working.
- Evidence of joint working with mental health care for patients with severe mental illness
- Collaboration between teams
- Provision of activity co-ordinators on wards
- Continuity of care for patients
- Safety netting advice given appropriately
- Supporting patient to comfort eat at end of life

Learning themes identified:
Sharing investigation results with patients:

- Results from investigations should be shared fully with patients and/or their families in an appropriate manner, this should be carried out in a face to face consultation when the results are significant. Radiology team to ensure that any results that require urgent review are flagged to the requesting consultant.

Discharge / handover of frail elderly patients:

- Theme emerged around patients being discharged home late in the day and concerns around the handover of discharge information to care homes. This theme has also been identified through the Safeguarding Team, a Rapid Process Improvement Workshop (RPIW) has been planned to review these processes.

Caring for patients with a learning disability:

- In order to support patients with a learning disability alert on Medway will be reviewed to explore the option of adding extra info in terms of how to best support them during the admission or appointment.
- Severity of learning disability and how this affected the deceased patient to be added to learning disability mortality review proforma to assist with whether reasonable adjustments made where required and also to determine whether the care given was appropriate for their needs and was not hindered by the learning disability.
- Issues with MCA 1 & 2 and DoLS not being completed correctly continue to be a theme.
- When patients struggle to communicate their symptoms due to a cognitive impairment, it can be difficult to perform an assessment, consider consultant review for these patients to prevent any misdiagnosis.
- Learning disability patients being brought to A&E on their own – to target triage team to highlight this with care homes/ care providers
- Learning disability nurse not being alerted of admission of learning disability patients
- Capacity assessments for patients with a learning disability to be documented – even when they have capacity
- DNACPR completion remains an issue in some cases – mock up DNACPR form to be used as good practice

Caring for end of life patients in inpatient mental health units:

- In order to ensure the appropriate support for staff and patients is in place, involve the specialist palliative care team for those patients at the end of life on the inpatient mental health units.

Draft

Communication:

- Being able to contact staff on busy wards via the telephone can be very challenging. Explore the possibility of having a dedicated telephone line for the ward clerks for internal calls.
- Ensure that all documentation and terminology is grammatically correct as this sets the tone for the care provided including replacing 'patient refuses treatment' with 'patient declines treatment'.

Caring for patients with a serious mental illness

- Patients can suffer with constipation be mindful of this during assessments
- Smoking cessation/health screening for patients with serious mental illness – work to be done to ensure this group of patients are engaged in health promotion
- Access to EEGs is problematic, good access for critical care patients, however an issue for patients on base wards
- Lithium level monitoring requires pharmacy expertise and JAC prompt to be explored

Care and treatment

- Accessibility of Careflow for out of hours GPs
- Senior clinicians to be involved in NG tube insertion for patients with difficult access
- Lack of earlier senior review for patients when there has been multiple failed attempts at a procedure
- Confirmation bias for patients with decompensated liver failure – they can have other conditions
- Plan B required for treatment for patients who self-discharge
- Pathways required for patients who present with leg weakness to ensure CT scans undertaken when required
- Importance of continuing to manage electrolytes in metastatic breast cancer

Governance

- Reminder to log all inpatient falls on Datix
- Reminder to log all self discharges on Datix
- Improve the process of feeding back outcomes of reviews to junior doctors for learning and educative opportunities
- Civility/ professionalism important in terms of looking after patients who don't always comply with treatment – this could be for various reasons

Draft 1

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 ten clinical standards as identified via the seven-day hospital services NHS England recommendations.

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 came out of the pandemic, we reviewed and changed our model of care, concentrating on patient flow especially around non-elective care. The original NHS England recommendations around seven-day hospital services are several years old and need to be reconsidered in light of new models of care (both locally and nationally). The priority for the Trust moving forward will be to improve the quality of care by improving length of stay through better use of clinical pathways. The original NHSE recommendations may need to be revised in this light and the standards redefined.

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 Non-Executive Director (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 and 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 and Organisational Development by exception when it is deemed necessary due to difficulty in reaching local resolution.

The Trust Board via the People and 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

Draft

Committee (LNC) by the Guardian of Safe Working and the LNC representation at the Medical Workforce Group.

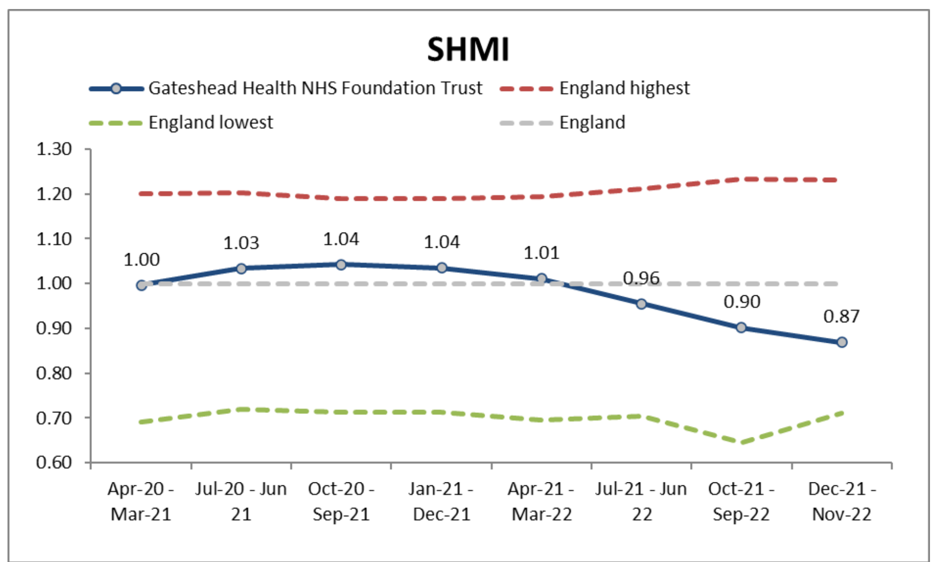
The Medical Workforce Group meets monthly and reviews the recently developed medical workforce dashboard which summarises rota fill rates and staffing absences by service / specialty area and by business unit. The Trust Medical Staffing Team are now established and manage the medical staffing rosters on a day-to-day basis to ensure maximal roster fill rates and medical staffing cover. Gap management is proactive to ensure full rota compliance.

2.8 Mandated Core Quality Indicators

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

SHMI	Apr-20 - Mar-21	Jul-20 - Jun 21	Oct-20 - Sep-21	Jan-21 - Dec-21	Apr-21 - Mar-22	Jul-21 - Jun 22	Oct-21 - Sep-22	Jan-21 - Dec-22
Gateshead Health NHS Foundation Trust	1.00	1.03	1.04	1.04	1.01	0.96	0.90	0.87
England highest	1.20	1.20	1.19	1.19	1.19	1.21	1.22	1.22
England lowest	0.69	0.72	0.71	0.71	0.70	0.70	0.65	0.71
Banding	2	2	2	2	2	2	2	3

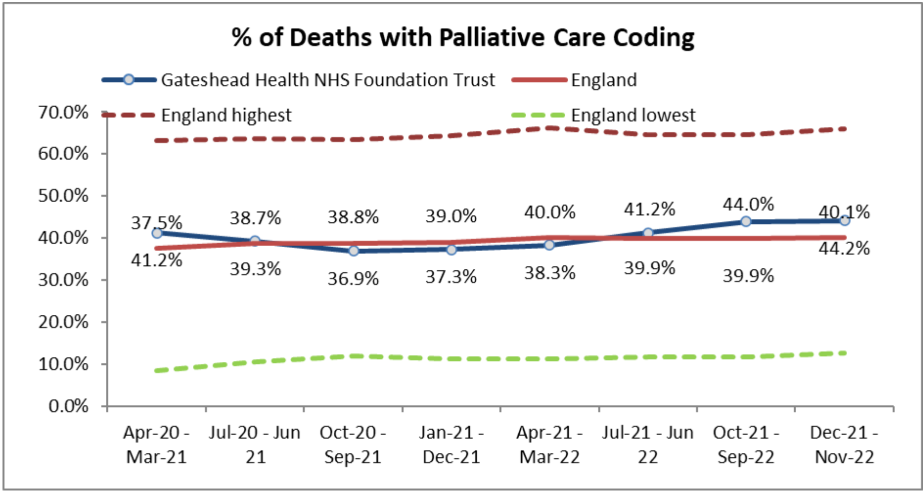
Source: www.digital.nhs.uk/SHMI



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

% Deaths with palliative coding	Apr-20 - Mar-21	Jul-20 - Jun 21	Oct-20 - Sep-21	Jan-21 - Dec-21	Apr-21 - Mar-22	Jul-21 - Jun 22	Oct-21 - Sep-22	Jan-21 - Dec-22
Gateshead Health NHS Foundation Trust	41.2%	39.3%	36.9%	37.3%	38.3%	41.2%	44.0%	44.2%
England highest	63.3%	63.6%	63.3%	64.3%	66.3%	64.6%	64.6%	66.0%
England lowest	8.5%	10.6%	12.0%	11.2%	11.1%	11.7%	11.8%	12.6%
England	37.5%	38.7%	38.8%	39.0%	40.0%	39.9%	39.9%	40.1%

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' except for the most recent data release banding the Trust as having Lower than expected deaths. 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 reviews 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 mortality alerts, and concerns from the medical examiner office, extraordinary Mortality Councils have been set up to review certain patient cohorts, for example heart failures death and frailty / end of life care.
- 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 to ensure palliative care is recorded for all cases where this is appropriate. Palliative care coding is in line with the national level.

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:

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

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

Awaiting publication of national data

Emergency Readmissions within 30 Days

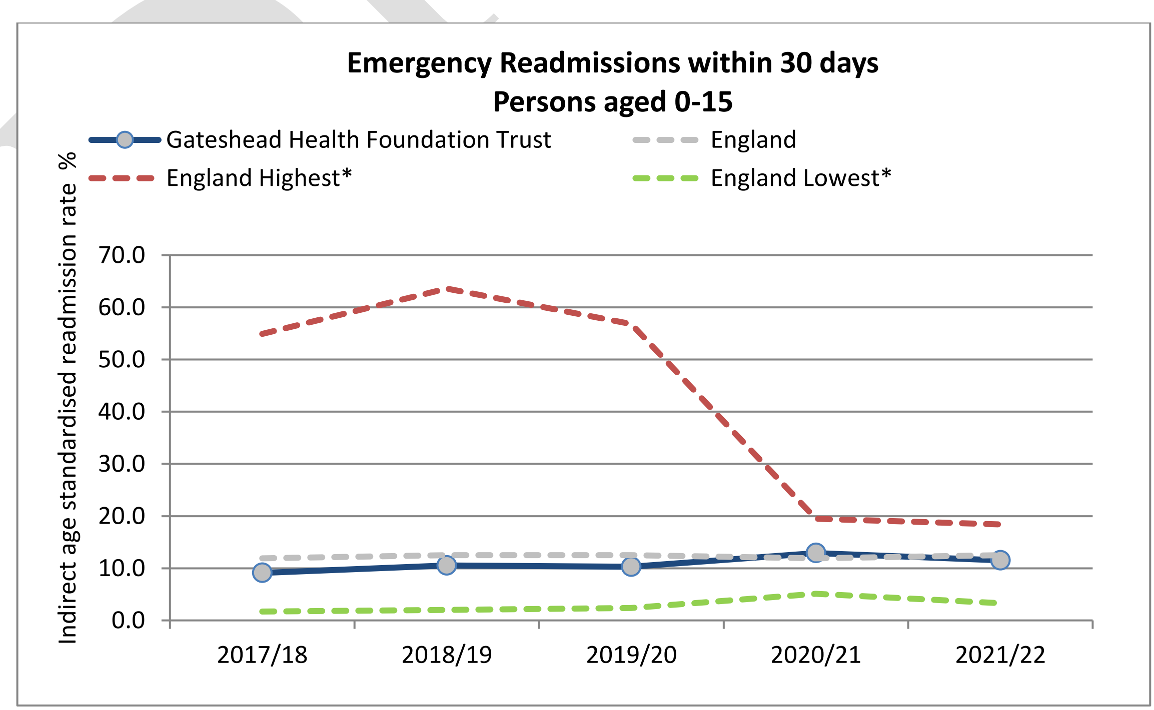
- Aged 0 – 15yrs

Emergency readmissions within 30 days of discharge from hospital Persons aged 0-15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Gateshead Health Foundation Trust	10.9	10.4	9.1	10.5	10.3	12.9
Banding	W	W	B1	B5	B5	W
England	11.5	11.6	11.9	12.5	12.5	11.9
England Highest*	19.3	16	54.9	63.6	56.8	19.5
England Lowest*	1.3	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**.**

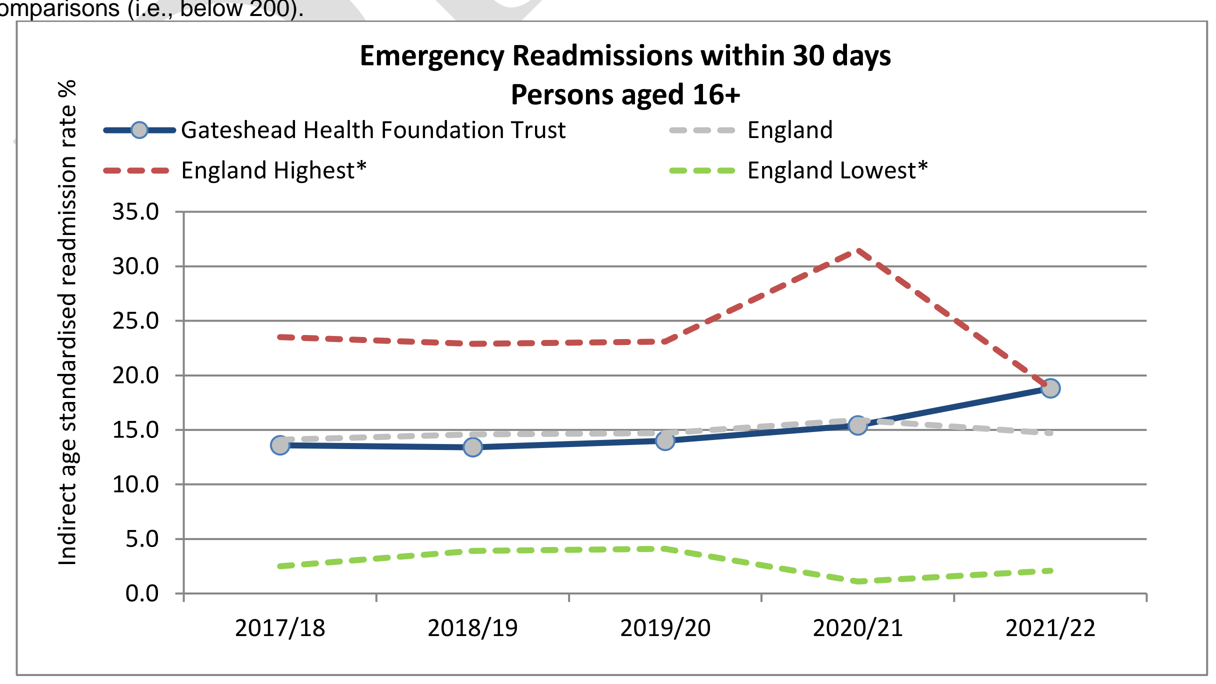
Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcomes, and the quality of its services, by:

- 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+	2017/18	2018/19	2019/20	2020/21	2021/22
Gateshead Health Foundation Trust	13.6	13.4	14.0	15.4	18.8
Banding	W	B1	B5	W	A1
England	14.1	14.6	14.7	15.9	14.7
England Highest*	23.5	22.9	23.1	31.5	18.8
England Lowest*	2.5	3.9	4.1	1.1	2.1

A1 = Significantly higher than the national average at the 99.8% level.
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 look to have risen significantly in 2021/22 and are at a similar level to the highest nationally. However, this is largely due to a change in how we record our SDEC activity following a new operating model. Due to the data capture changes, there now appears to be an increase in readmissions because of the follow-up care onto the unit. A further deep dive into the data reveals that the increase in readmissions is artificially inflated because of the clinical need of the SDEC reattenders. The true shift in average readmissions is circa 6 per month – the impact on percentage readmission rate is therefore minimal, demonstrating a slight drop in the average readmission rate overtime.

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.

Trust's responsiveness to the personal needs of its patients

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

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

Awaiting publication of national data

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

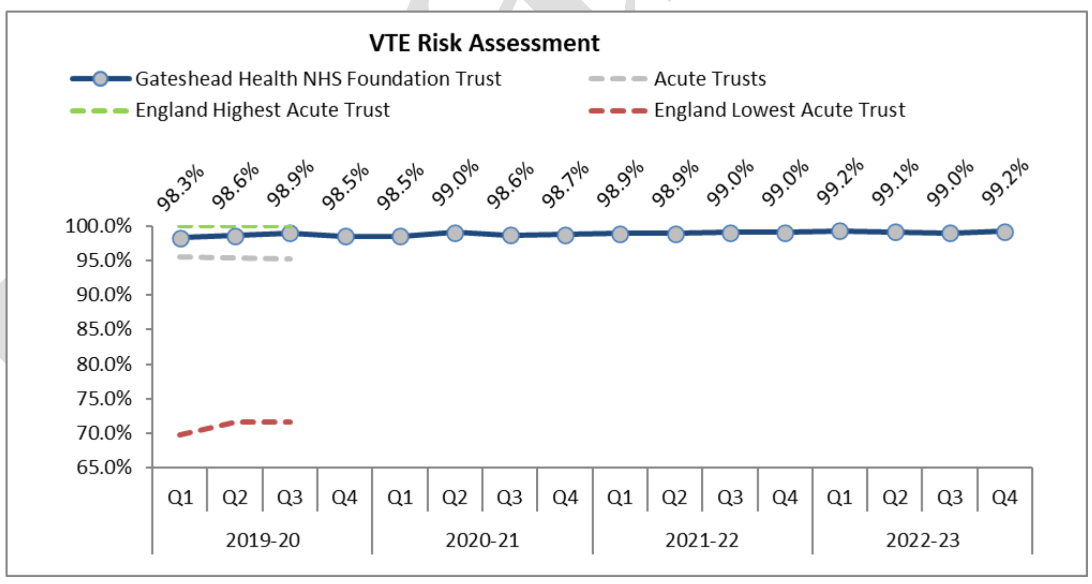
The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

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

No longer collecting this data – replaced by People's Pulse

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
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%			
2022-23	Q1	99.2%			
	Q2	99.1%			
	Q3	99.0%			
	Q4	99.2%			



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 to report cases of Hospital Acquired Thrombosis.

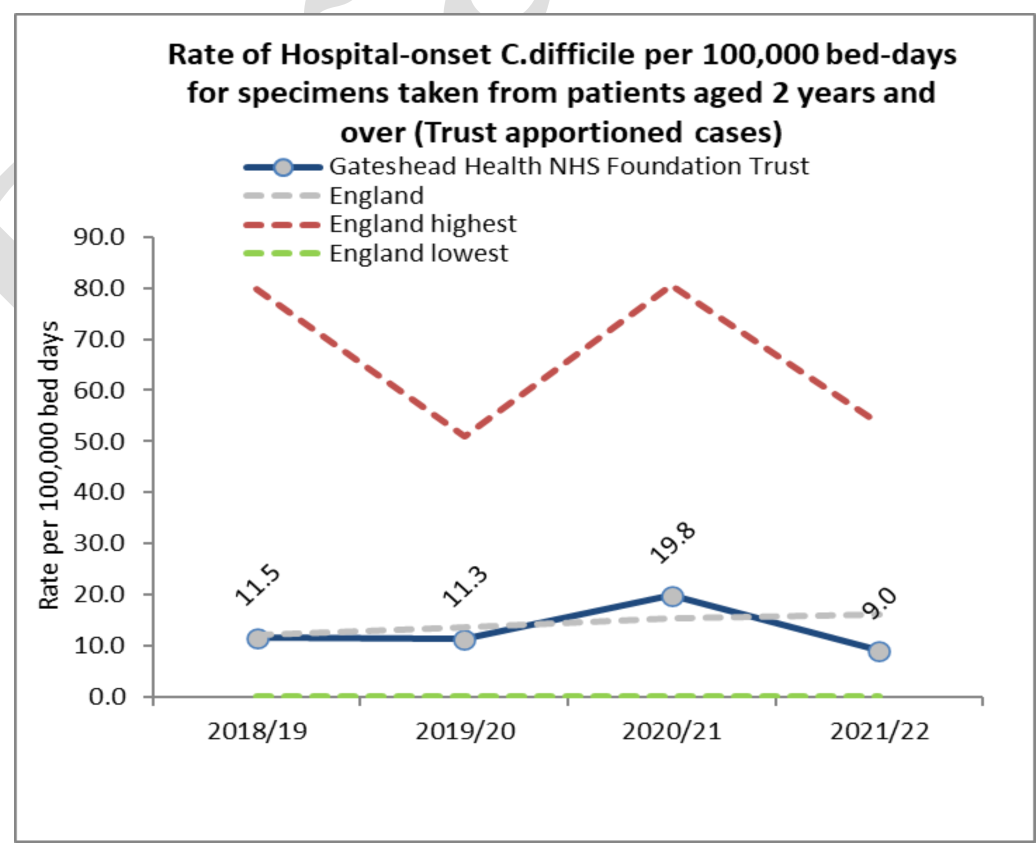
The Gateshead Health NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services, by:

- 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.
- An abstract of the Trust's three-year audit on hospital acquired thrombosis has been accepted for presentation at the Thrombosis UK Conference and a poster has been submitted. This study has shown results which are at par with nationally agreed standards.
- The Trust hospital acquired thrombosis data is also shared with GIRFT.

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)	2018/19	2019/20	2020/21	2021/22
Gateshead Health NHS Foundation Trust	11.5	11.3	19.8	9.0
England highest	79.8	51.0	80.6	53.6
England lowest	0.0	0.0	0.0	0.0
England	12.2	13.6	15.4	16.2

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



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

- 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 Public Health England 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 2022/23 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 2022/23 we reported forty (40) cases of healthcare associated CDI against the threshold of thirty-two (32). Twenty-seven (27) hospital onset healthcare associated, and thirteen (13) community onset healthcare associated cases.
- The Trust has reported an increase of eight (8) cases in CDI cases for 2022/23.

Gateshead Health NHS Foundation Trust will continue to take 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.
- A weekly C-Difficile review round on the relevant clinical areas takes place with the Consultant microbiologist, Infection Prevention and Control practitioner and pharmacist to ensure that patients have timely reviews and specialist clinical intervention if required.
- Validation hand hygiene audits of the clinical areas are undertaken by the IPC team.
- 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.
- Appropriate cleaning of the clinical area where CDI is identified.
- 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.

The number and rate of patient safety incidents per 1,000 bed days reported within the Trust.

Patient Safety Incidents per 1,000 bed days	Oct 19 - Mar 20		Apr 20 – Mar 21*		Apr 21 – Mar 22*	
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	2,929	838,722	4,638	1,550,306	4,886	1,767,264
Rate of all incidents per 1,000 bed days	34.8	N/A	35.3	N/A	31.4	N/A
Number of incidents resulting in Severe harm or Death	19	2,536	75	6,828	67	7,116
Percentage of total incidents that resulted in Severe harm or Death	0.23%	0.30%	1.62%	0.44%	1.37%	0.40%

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 The last two periods relate to a 12-month period, reporting was previously based on 6 months periods.

- The table above demonstrates a small increase in the overall reporting of patient safety incidents to the NRLS in 2021-2022. Though set against the increased number of beds open due to increased pressures this percentage has dropped slightly. The shortened capture tool was implemented several times throughout the year during periods of pressure, and staff feedback I relation to the current DATIX system, has been a significant driver in the procurement of a new system Inphase Oversight due to be implemented Q1 2023-2-

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24. This system has many organisational benefits but from a reporting perspective it is SMART enabled, though will not affect the figures for the next reporting period of 2022-2023.

- Figures for this 2021-2022 period related to severe and death level reviews are broadly congruent with the previous 12-month period, and in line with national percentages for these areas. It's possible that next year figures may differ in this regard due to the impact of the new national patient safety strategy and changes to the guidance for Duty of Candour require organisations to consider they harm cause for a particular incident rather than the outcome for the patient.

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

- Training has and continues to be offered to meet the needs of the Trust in relation to incident and risk management, Duty of Candour and Just and restorative culture. It is anticipated that the just and restorative culture work ongoing will improve reporting going forward.
- Alongside the implementation of a new incident management system, the weekly multi-disciplinary meeting (Safety Triangulation Group) continues to review all incidents reported as moderate or above. The impact of this won't be apparent until next year's figures are produced, though the years figures may be from two systems with the anticipated national shift to Learn from patient safety events (LFPSE) in September 2023. The patient safety team in anticipation of Patient Safety Incident Response Framework (PSIRF) have produced and had Trust approval for a suite of new learning response templates that are rooted in safety science and just culture principles.
- A gap analysis was undertaken following the re launch of the National Patient Safety Strategy in September 2022 and work towards compliance continues at pace to compliance by September 2023
- A business intelligence report was developed to assist all areas of the Trust to see their incident trends including no harm/low harm incidents. Following this the patient safety team have worked across the business units to help area devise and address these themes and trends.
- The Trusts Falls prevention group have rolled out the Think Yellow initiative and have undertaken a concurrent pilot of the AFLOAT tool with the Trusts current falls risk assessment tool. Th results showed a change to AFLOAT was required, and this has been agreed at Risk and Patient SafeCare Council for Trust wide roll out within Nervecentre.

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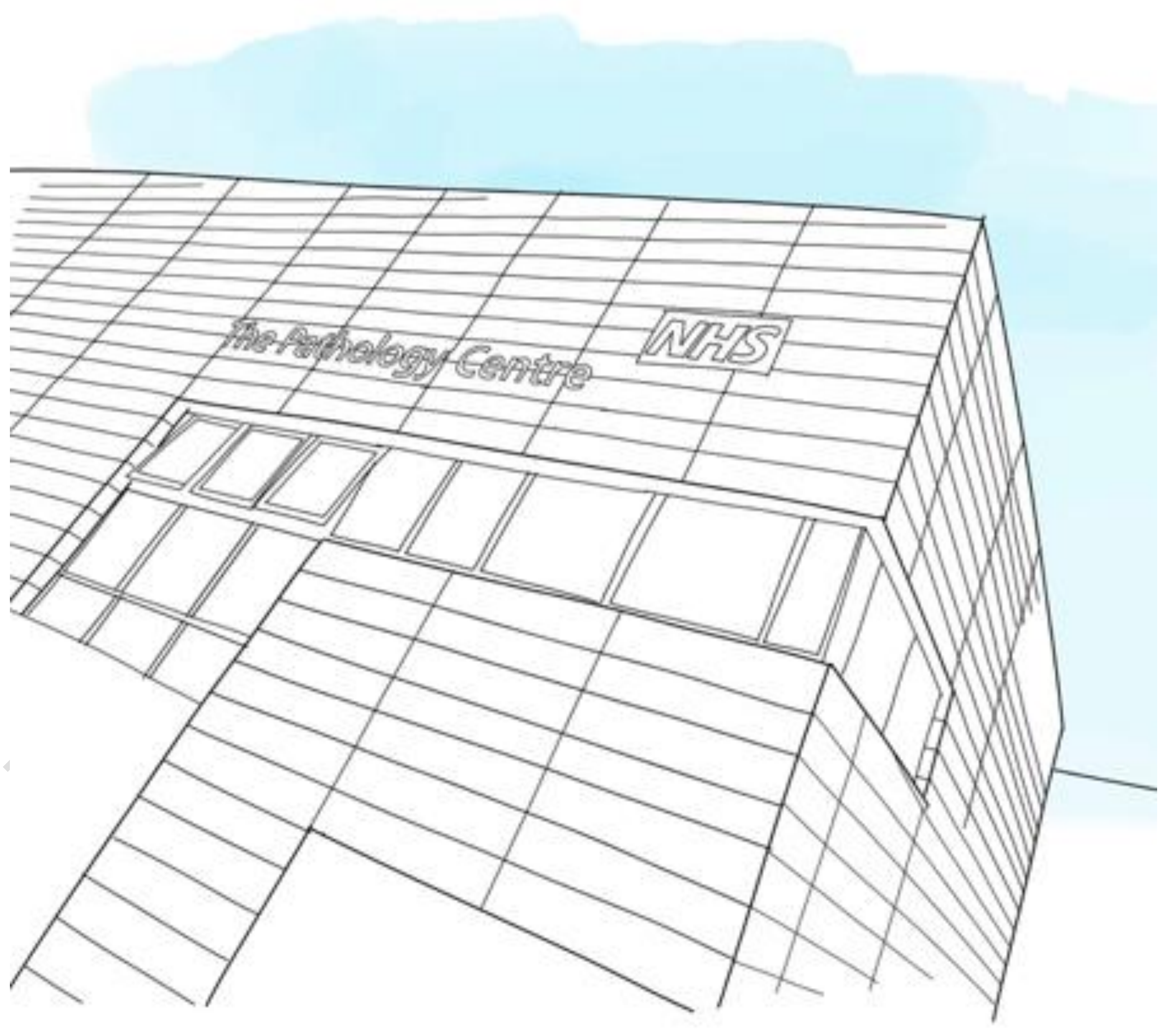
Part 3

Review of Quality Performance



Review of quality performance

2022/23 has been a successful year in relation to the three domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

The Council of Governors has a key role in our assurance processes – both representing the interests of members, the public, staff and stakeholders, as well as holding our Non-Executive Directors to account for the performance of the Board. As part of the Council of Governors' meetings, our Chief Executive delivers an overview of our performance against key quality metrics, with opportunities to question our Board Members on this. Two Governors are also nominated observers of our Quality Governance Committee and we have put in place new structures to support representatives to share feedback on the quality of debate and contributions with the rest of the Council. This provides further opportunities for Governors to seek assurance and hold our Non-Executive Directors to account in respect of quality.

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.

(green)	Target achieved
(amber)	Although the target was not achieved, it shows either an improvement on previous year or performance is above the national benchmark
(red)	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	2020-21	2021-22	2022.23	Target
HSMR	107.9	114.4	100.1*	<100
SHMI Period	Apr-20 to Mar-21	Apr-21 to Mar-22	Dec-21 to Nov-22	
SHMI	1.00	1.01	0.87	<=1
SHMI Banding	As Expected	As Expected	Lower than expected	As expected or lower than expected

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SHMI - Percentage of provider spells with palliative care coding(contextual indicator)	2.7%	2.1%	2.1%	N/A
Crude mortality rate taken from CDS	2.32%	1.83%	1.71%	<1.99%
Number of calls to the CRASH team	113	164	176	N/A
Of the calls to the arrest team what percentage were actual cardiac arrests	38.1%	40.2%	34.7%	N/A
Cardiac arrest rate (number of cardiac arrests per 1000 bed days)	0.83	0.41	0.35	N/A
Hospital Acquired Pressure Damage (grade 2 and above)	115	87	127	Year on year Reduction
Community Acquired Pressure Damage (grade 2 and above)	1565	1451	1469	N/A
Number of Patient Slips, Trips and Falls	1415	1525	1589	N/A
Rate of Falls per 1000 bed days	10.36	9.51	9.03	Reduction (<8.5)
Number of Patient Slips, Trips and Falls Resulting in Harm	318	335	382	N/A
Rate of Harm Falls per 1000 bed days	2.33	2.09	2.17	Reduction (Less than <2.25)
Harm Falls Rate Change	23.6% Increase	10.3% Reduction	3.8% Increase	N/A
Ratio of Harm to No Harm Falls (i.e. what percentage of falls resulted in Harm being caused to the patient)	22.5%	22.0%	24.0%	Year on Year reduction

*HSMR figures are February 2022 to January 2023

Reducing Avoidable Harm:

Reducing Avoidable Harm		2020-21	2021-22	2022-23	Target
Medication Errors	No Harm	529	620	738	N/A
	Minimal Harm	75	84	129	N/A
	Moderate Harm	4	4	8	<8
	Severe	2	1	3	0
	Death	1	0	0	0
	Total	611	709	878	N/A
Never Events		2	0	0	0
Patient Incidents per 1,000 bed days		46.52	38.92	38.3	N/A
Rate of patient safety incidents resulting in severe harm or death per 100 admissions		0.19	0.15	0.13	N/A

Infection Prevention and Control:

Infection Prevention & Control	2020-21	2021-22	2022-23	2022-23 Objective

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MRSA bacteraemia apportioned to acute trust post 48hrs	0	0	0	0
MRSA bacteraemia rate per 100,000 bed days	0	0	0	0
NB: *Clostridium difficile* Infections (CDI) post 72hr cases	40	32	40	<=32
Clostridium difficile Infections (CDI) rate per 100,000 bed days	29.28	20.58	22.74	-

Infection Prevention & Control	2020-21	2021-22	2023-23
Hospital Onset Healthcare Associated C.difficile per 100,000 occupied overnight beds	17.72	14.15	17.37

Other Indicators:

Other Indicators	2020-21	2021-22	2022-23	Target	Benchmark
Percentage of Cancelled Operations from FFCE's†	0.24%	0.55%	0.41%	0.80%	1.00%**
Percentage of Patients who return to Theatre within 30 days (Unplanned / Planned / Unrelated)	4.40%	4.89%	5.00%	Improve Year on Year	N/A
Fragility Fracture Neck of Femur operated on within 48hrs of admission / diagnosis	93.9%	92.7%	90.1%	90%	N/A
Proportion of patients who are readmitted within 28 days across the Trust*	10.43%	14.33%	14.06%	Improve year on year	N/A
Proportion of patients undergoing knee replacement who are readmitted within 30 days*	5.66% 6 Patients readmitted	6.21% 10 Patients readmitted	8.43% 15 Patients readmitted	Improve Year on Year	N/A
Proportion of patients undergoing hip replacement who are readmitted within 30 days*	7.34% 8 patients readmitted	9.83% 17 patients readmitted	8.49% 18 patients readmitted	Improve Year on Year	N/A

Safeguarding Children and Adults

- The Safeguarding of children and vulnerable adults has remained a priority across the Trust. 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 Gateshead Health Weekly and Safeguarding newsletter 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 and any significant learning can be shared with the safeguarding link representatives from each ward or practice area within the trust.

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- Within the quarterly Safeguarding Committee, we bring the lived experiences of service users by sharing patient stories at every meeting.
- The children's safeguarding team offer opportunities to staff for restorative supervision and debrief after difficult cases. Regular supervision is provided by both teams to appropriate staff teams across the Trust.
- There is up to date guidance and links available on the safeguarding staff zone pages for staff who have experienced any challenging or distressing safeguarding cases.
- Safeguarding adults and children's training is provided via e-learning and face to face across the Trust. The teams have listened to staff preferences for onsite training.
- The Adult Safeguarding team work with the Local Authority and Community Services in relation to provider concerns.
- The safeguarding teams and charitable funds team continue to work together to provide grab bags which include essential items for people who are fleeing domestic abuse situations.
- The children and adult teams continue to promote the use of the 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. County lines training is included in Level 3 training across the Trust.
- 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 for staff awareness and in preparation for the potential change in legislation in relation to Deprivation of Liberties.
- As part of safeguarding week, the children's' and adult's team raise awareness across the Trust of relevant safeguarding issues in Gateshead.
- The children's safeguarding team work closely with the Gateshead Safeguarding Children Partnership to learn from cases and improve practice across the area. The team disseminate that learning across the Trust via various forums.
- The adults safeguarding team work closely with partner agencies to ensure best practice is incorporated across the Trust and any learning is disseminated.
- The teams work together to deliver a joint adult and children safeguarding conference. The next conference is planned for the 19th September 2023.

3.2 CLINICAL EFFECTIVENESS

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 2022/23 there has been one 'deep dive' visit:

Speciality	Good practice/opportunities for improvement identified

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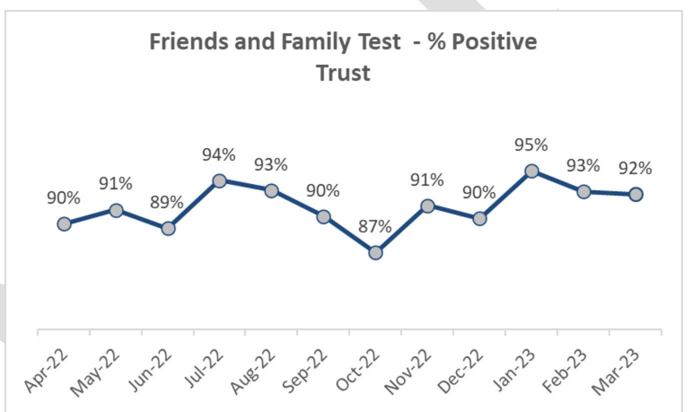
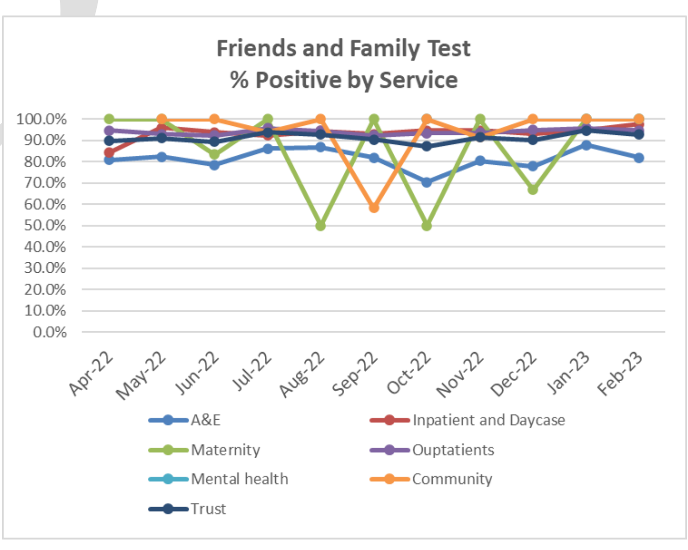
Critical Care May 2022	Although this visit took place in May 2022 the formal feedback was not available for inclusion in the last six monthly report, hence the reason for inclusion here. The team identified the rehab nurses taking patients out into the garden as an area of good practice. In terms of opportunities for improvement, the following were identified: - Staffing problems/recruitment – need to increase the recruitment of staff - Bed shortages – looking to manage bed capacity in the aftermath of Covid - Discharge issues – delayed discharges and patient flow remains an issue

A deep dive was scheduled for Acute Medicine in November 2022, however, this was stood down by the GIRFT national team. This is currently being rearranged.

3.3 PATIENT EXPERIENCE

Friends & Family Test





National Surveys

To be added

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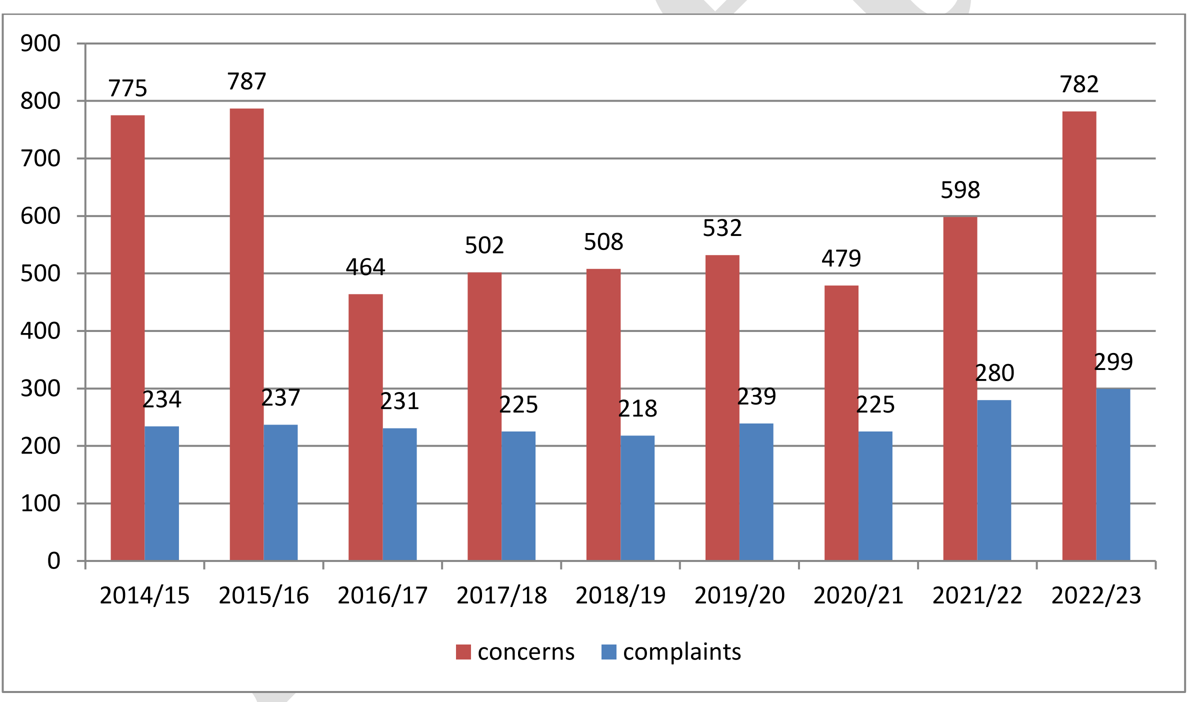
Listening to Concerns and Complaints, Compliments

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 2022/23 we received a total of 299 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 as a result 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 2014 to 2023



During 2022/23 the top five main reasons to raise a formal complaint were in relation to:

- Communications (59 complaints).
- Clinical Treatment – General Medical Group (56 complaints).
- Clinical Treatment – Surgical Group (46 complaints).
- Clinical Treatment – Accident & Emergency (42 complaints).
- Values & Behaviours (Staff) (25 complaints).

Complaints Performance Indicators	Total 2022/23
Complaints received	299
Acknowledged within three working days	299
Complaints closed	311
Closed within agreed timescale (eight weeks)	117
Number of complaints upheld	238
Concerns received by PALS	782

Complaints Indicators	Total 2022/23
Number of closed complaints reopened	34*
Number of closed complaints referred to Parliamentary & Health Service Ombudsman	13

Outcome of complaints referred to Parliamentary & Health Service Ombudsman (PHSO)	Total 2022/23
Considering whether to investigate	5
Currently investigating	1
Complaints upheld	0
Part upheld	0
Declined to be investigated	3
Agreed actions with Trust (incl as a result of learning)	4

***Number of closed complaints reopened.**
In the year 2022/23 34 closed complaints were reopened. This compares to 40 in 2021/22. 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.

The provision for and experience of male breast patients has been identified as an area for investigation by the Breast Team and patients concerns provided supporting evidence for this work.

- A questionnaire has been designed and completed by male patients to highlight issues and identify areas for improvement.
- This feedback acted upon to display male breast cancer posters in the Breast Unit waiting areas with the aim of increasing awareness and reducing any uncomfortable feelings for those in attendance.
- A male specific information folder has been created for male breast cancer patients.
- A podcast discussing male breast cancer has been recorded.

Red tabards now in use worn by staff when giving out medication to patients, to tell staff not to interrupt. This is as a direct result of an incident/complaint.

In response to a complaint regarding cancellation of surgery, we have since taken steps to ensure that if a patient is cancelled at short notice, we ask the team who are handling our

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theatre cancellations to ensure that a patients covid status is checked and the patient informed by a suitable individual in a timely way to ensure they do not attend for the original appointment.

In response to an A& E complaint, Consultant in Emergency Medicine has reviewed the patient's medical notes and recognises that although a fracture was identified on the initial x-ray, the fracture was underappreciated and has used this as an opportunity to provide further teaching to the Advanced Clinical Practitioner involved regarding these types of fractures to prevent a similar event happening in the future. Consultant has reviewed the pathways in the department and ensured that a thorough mobility assessment in now carried out within the department, prior to discharge.

In response to a complaint relating to Radiology, the department has reviewed their processes to ensure there is now a robust patient checking process in place. Radiology now has a process in place whereby the Radiology Support Workers will ask every patient in the waiting area on a regular basis (every 30mins) if they are warm enough. Radiology has also purchased a blanket warmer to use for the blankets of any patient who is particularly cold or in the waiting area for any length of time.

In response to a complain regarding Ultrasound signage, the signage the patient on the chair should have been made visible from the outside of the Tranwell Unit when the Sonographer and Radiology Support Worker leave the building. This had not happened on this occasion. To prevent this type of incident reoccurring all the ultrasound staff have been reminded to place the signage in a prominent position when they leave the Tranwell Unit. The ultrasound department has also ordered a weatherproof blue and white signage which will be attached externally near the entrance to the Tranwell Unit. The signage will advise patients to go to, or ring, the main ultrasound department if there is no response from the buzzer.

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3.4 Good News Stories

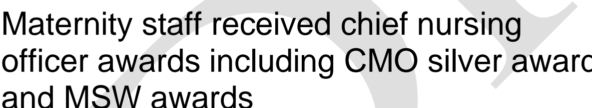
Trust staff participated in a number of promotional, awareness raising and celebration events throughout the year.

Teams recognised with awards

Breast care nurse wins Innovation Champion Award at Bright Ideas in Health Awards 2023 ceremony.

Our Gynaecological Oncology centre was recognised as a centre for excellent for advanced ovarian cancer surgery by the European Society for Gynaecological Oncology

Medicines Optimisation service rated 'Good' by CQC



Maternity staff received chief nursing officer awards including CMO silver award and MSW awards

Chief Nursing Officer presented silver awards for outstanding dedication to nursing and the NHS

Breast services were finalists for the Performance Recovery Award at the HSJ awards

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New initiatives implemented

Pilot of recovery navigator service launched in the emergency care department to support people with substance abuse towards a safer, healthier and more productive lifestyle.

Cancer prehabilitation project launched to support patients providing advice on a healthy diet, physical activity and mental wellbeing.

A new state of the art maternity theatre opening, due to increasing numbers of operations required, the new theatre allows more capacity for planned and emergency operations to take place.

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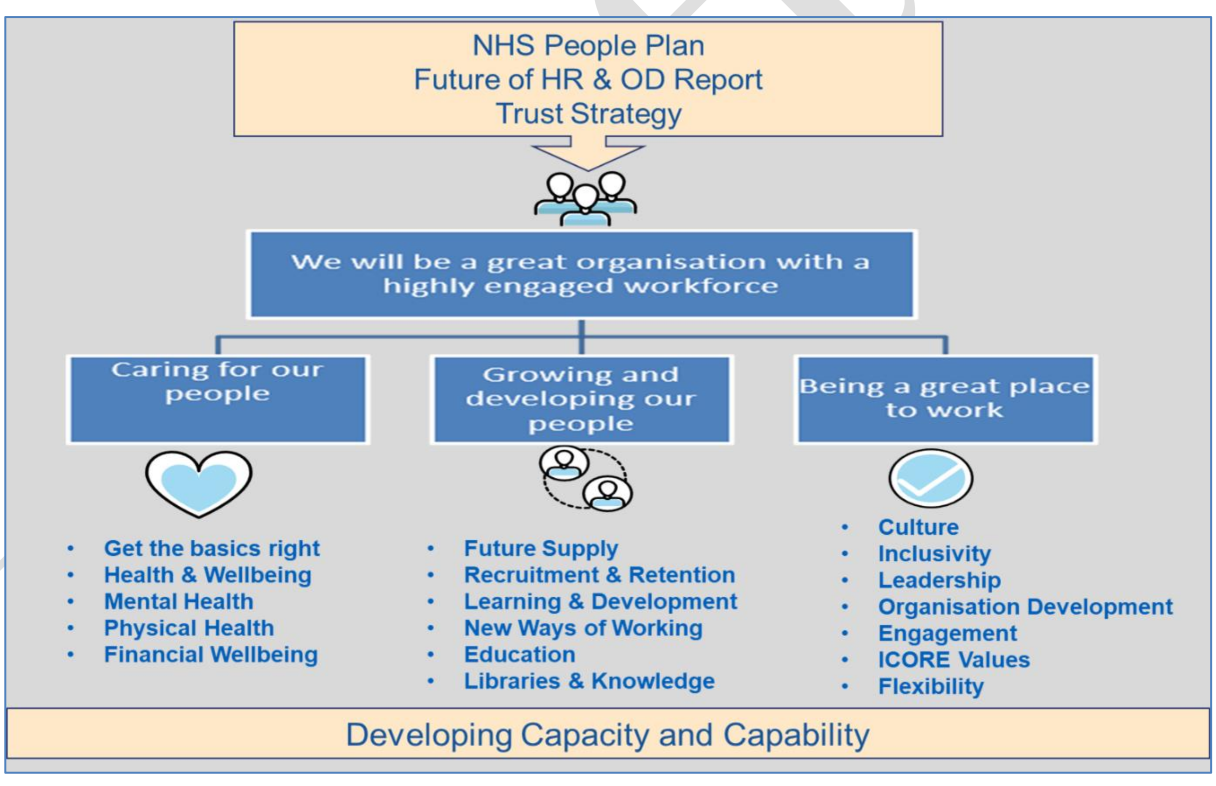
3.5 Focus on staff

Our People Strategy

There is no denying, over the past couple of years it has been a challenging time to work in the NHS with each one of our people's experiences shaping the way they continue to do the jobs they love. The world of work has also changed at a pace none of us could have ever imagined, and we have all had the opportunity to begin to think about what matters to us. We know that the future of health services is also changing – there is rising demand, a need to integrate services and a shift towards prevention and addressing health inequalities. We simply cannot keep doing the same things and hope that it will be enough. In order for us to deliver outstanding and compassionate care to our patients and communities, we must first focus on our people.

Our people are key to achieving our vision for our patients and communities and this year has seen us embark on an exciting journey to develop a People Strategy that is fit for 2023 and beyond. A strategy that takes us to 2026. A strategy for our people, across all professions and in all areas. A strategy that outlines how the Trust will care for our people, provide opportunities for their development and growth, and continue to make Gateshead a great place to work which in turn builds both capacity and capability.



We have developed this strategy collaboratively by drawing on the huge wealth of information relating to People that we have access to, both within the Trust, across the wider NHS and within our people profession. Taking the opportunity to engage with both our People and OD teams and the Trust's Senior Management teams about the draft from September 2022 onwards, which has enabled us to produce a strategy that means something to all of us at Gateshead. Being presented and discussed in Board Development days as well as our People and OD Committee in early 2023, leading to final Board sign off in March 2023. We are confident that this strategy will mean something to all our People at Gateshead, providing a

framework for us to concentrate on our people priorities, supporting the delivery of care to our local population.

The strategy underpins our current strategic people aim of being a great organisation and aligns to each of our three 2022-23 strategic objectives, of which there are many key achievements to celebrate over the course of the past 12 months;

1. Protect and understand the health and wellbeing of our staff by looking after our workforce;
2. Growing and developing the Workforce;
3. Development and Implementation of a Culture Programme.

Health and Wellbeing

As a Trust, Gateshead Health is committed to the health and wellbeing of its people, recognising the impact of both short and long-term absence on the workforce, and therefore as part of our commitment to addressing our supply issues a new, ***focused absence management approach*** has been adopted this year. The aim of which is to support staff to remain at work, wherever possible and where this is unavoidable, provide effective solutions to assist a timely return to work. In time this has been operational gradual improvements have been reported in the absence figures across all clinical business units. Seasonal variations have affecting some of the month-on-month comparison, but this is not unusual. This is a success definitely worth celebrating given the well-recognised evidence base that suggests work is generally good for physical and mental health and wellbeing, as well as maximising the workforce availability to provide direct patient care.

Launched in June 2022, Gateshead Health's dedicated Occupational Health and Wellbeing website ***balancegateshead.com*** provides all colleagues with anytime access to self-care as well as physical, mental, financial, social and environmental wellbeing support resources. Previously, such support had only been available through the organisation's intranet and on trust devices, limiting the ability of the organisation to effectively signpost and support colleagues.

Since its launch, 7,600 unique users have visited the website over 34,000 times with the website now clearly established as the 'go-to' place for all things health and wellbeing. The website continues to expand month on month and is regularly updated with the latest wellbeing news, acting as an effective means of promoting wellbeing support, offers, resources and more.

In July 2022, the Trust opened its very own ***Listening Space***, a dedicated health and wellbeing area, available for any member of staff to use at any time, it is designed to offer our colleagues with an identified space to decompress. Staff might visit to meet a mental health first aider for a chat, find out where to access targeted support from a member of the health and wellbeing team or chat with one of our colleagues around a work-related issue that is troubling them.

The Listening Space is also used to host various health and wellbeing events activities and the organisation's Carer's Circle and its Menopause Warriors support group and staff network groups meet their regularly. It also provides a space for the weekly drop-in sessions provide by Citizens Advice and weekly free salon treatments delivered to staff with the aid of Gateshead College.

2022 also saw the introduction of ***Schwartz Rounds*** at Gateshead Health; with the aim of helping colleagues better understand the challenges and rewards of providing care, bringing

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these to life through their experiences. The focus of Schwartz Rounds is very much on reflection, with evidence showing that staff who attend feel less stressed and less isolated. All staff regardless of their role in the Trust are encouraged and welcomed to attend these events.

Throughout the year, approximately 150 colleagues have participated in a Schwartz Round session and feedback has been overwhelmingly positive from attendees, with:

- 93% agreeing that they gained insights which would help them to meet the needs of patients;
- 94% sharing that Schwartz Round helped them to work more effectively with colleagues and that the group discussion was useful to them;
- 99% agreeing that they had a better understanding of how colleagues felt about work and;
- 99% indicating that they would recommend Schwartz rounds to their colleagues.

Supporting people within mental health and wellbeing has also extended to ***financial wellbeing***. In recognition of the financial pressures many colleagues are facing, and which have been and continue to be well reported in the media, a concerted campaign was launched in early 2023 to support staff with financial wellbeing matters. Titled #GHMoneyMatters, the start of the campaign was marked with the launch of the #GHMoneyMatters Guide to Financial Wellbeing, bringing together all of the financial support available to colleagues. With the aim of offering something for everyone, the campaign continues to promote financial wellbeing support for all colleagues across the Trust – whether this be due to them struggling financially, looking to purchase a home, planning for the future and/or retirement, looking to get the most from their money or otherwise. As part of this work, we have seen the introduction and review of partnerships with external organisations, such as the likes of Citizens Advice Gateshead, Schroders, Barclays and others to provide training, expert advice and much more.

A grant was secured this year to fund the launch of the ***Leg-Up Project***. An initiative aimed to provide colleagues in financial hardship with access to hot meals at work, in recognition of the social, physical and mental benefits of ensuring colleagues can access quality food and drink while at work as well as the positive effect this then in turn has on patient care. Following a successful introduction which enabled the provision of 500 meals, further funding was provided to extend the project into 2023 and distribute vouchers for a further 564 meals. A targeted approach has been taken throughout the project with the support of Chaplaincy, who led distribution and worked to ensure those more likely to be experiencing financial pressures were aware of voucher availability. Adding to the 1,064 meals provided, a number of festive meal vouchers provided as a gift from the organisation to colleagues were donated to the Leg-Up Project and redistributed to those in need.

Through the fantastic work and investment, we have put into developing our Health and Wellbeing Offer, 2022 has seen Gateshead Health achieve the ***Better Health at Work Silver Award*** – this award provides a Health and Wellbeing framework to work to and benchmark ourselves against, all with the aim of improving the colleague experience at Gateshead. In 2023 we are aiming high and plan to go for Gold.

Finally, more recently, in March 2023, the Occupational Health and Wellbeing Team completed a ***Rapid Process Improvement Workshop*** with the primary aim of reducing the time between a management referral and a patient's first appointment.

In addition to a reduction of 66% in waiting times, the workshop also led to a number of other positive outcomes. Included amongst these are patient experience improvements such as the reintroduction of an always-staffed reception area, the Occupational Health and Wellbeing

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phone line and a visible board to help direct visitors to the correct room. In addition, drop-in clinics, were reintroduced, providing colleagues with more flexibility, while new follow-up letters help provide patients with appropriate signposting during any waiting times.

Elsewhere, a new referral form streamlines the colleague referral process and brings all types of referrals in one place. This feeds into a new and improved triage process, which has made processing a much quicker task and ultimately helps the team support colleagues more efficiently. Furthermore, a review of estates helped lead to the introduction of a further clinical room – helping to increase capacity by a further 29 appointments per month and tackle a growing backlog. A new physiotherapy room was also sourced, providing a more suitable space to deliver appointments.

Growing and Developing the Workforce

Nationally, there are significant staff shortages, which are well reported, with an urgent need to focus on nurse supply. 2022 saw the appointment of a ***People Analyst*** a new role and the first of its kind for the People and OD team at Gateshead Health. The introduction of this role has really supported the Trust to better understand our local people picture in Gateshead, through effective analytics. Our People Analyst has supported with the production of high-quality analysis and interpretation of a wide range of data sources, providing expert advice on interpretation of data and visualisation. They have begun to develop strong Trust wide relationships to translate complex information into actionable insight, helping the Trust track performance, monitor delivery, and plan for the future workforce through the supply and analysis of robust, reliable, and useful data.

With the aim of addressing some of the supply challenges mentioned this year as a Trust, we have grown our nursing workforce through an ***international recruitment programme***, appointing international nurses and supporting them to become registered Nurses across Gateshead Health. Our dedicated international nursing team have established and embedded a 10-week programme to support international recruits through their training, Objective Structured Clinical Examination (OSCE) and NMC registration as well as a 2-week pastoral programme incorporating language support and ward readiness. To date, as a Trust our OSCE first time pass rate is 60% increasing to 94% at second attempt and all of our international recruits to date have passed by their third attempt. We are delighted with the high standard of international recruits we have welcomed to the Trust and the feedback received from those who have joined us to date has been extremely positive.

As we reflect on the year, ***industrial action*** has also presented additional and unique challenges around workforce supply and availability. Locally and nationally industrial action has been and continues to take place and for some unions this is the first time they have ever balloted their member for strike action. As a Trust we have deeply aware of how complicated this issue is for many colleagues, and that that they may be feeling conflicted or torn in the decisions that they and their colleagues are making. Gateshead Health recognise that our people have a legal right to take industrial action, respecting the decision each and every one of our colleagues make. Our priority throughout each period of industrial action has been and continues to be to deliver high quality and safe care.

To date, the trust has continued to manage the impact of the industrial action and mitigate the risk to ensure there is minimal disruption to patient care and emergency services can continue to operate as normal through a robust, multi-disciplinary planning framework. Strong partnerships between the trust's Senior Management Team, People at OD and both

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operational and clinical colleagues, the Emergency Preparedness, Resilience and Response team and Trade Unions have been key.

We have now been through a number of periods of industrial action and through them all we have pulled together to support each other and patients, at what has been a really challenging time. We know that each period of industrial action brings knock on effects and that the cumulative pressures continue to build up. We are continually impressed by our people's resilience and appreciative of their ongoing commitment to our patients and service users. We know that at times, this has not been easy. Continuous improvement is a key part of what we are about at Gateshead and have developed a strong debrief process that enables us to reflect on the positive outcomes from any action and associated planning in addition to giving consideration of any learning points.

Continuing with the theme of supply, in order to support our supply challenges in an ever challenging and equally competitive job market we continue to focus on ***recruitment***, ensuring that applicants have a positive, seamless and timely candidate experiencing when applying for roles at Gateshead Health. Over the course of the past two years our in-house recruitment team have been on an intensive improvement journey in order to deliver, a high functioning, efficient and effective recruitment service which recruits staff to the Trust as quickly and as safely as possible. This has included investment in a new recruitment system to support the management of recruitment activity, implementation of a series of recommendation and a number of improvement workshops in 2022, which provided the tools to significantly improve our service offering. As such, we have seen our time to hire reduce considerably and the team are regularly outperforming the target.

As part of our longer-term supply pipeline in April 2022, as a Trust we began to open our doors, post pandemic, taking small steps towards a "new normal" and progressing our ***widening participation*** agenda. An agenda that involves increasing not only the number of young people entering higher education, but also the proportion of under-represented groups. As a result, we have looked to adopt a more strategic approach to engaging with schools and colleges in addition to both internal and external stakeholders that support the Trust (and our partner's) workforce pipeline and recruitment. This involves supporting work experience placements and both T Level and Project Choice students. T Levels, offer students practical learning via on-the-job, industry placement experience. On the other hand, Project Choice is a supported internship course that promotes employment opportunities for individuals with learning difficulties, disabilities and/or Autism. Since April 2022, we have supported 74 work experience placements, 22 T Level Students and 25 Project Choice internships.

Over the course of the last six months in particular we have actively attended events with local schools and Gateshead college in particular, educating students that we have over 1,200 different job roles in the Trust alone. We have showcased job roles from entry level and outlined progression pathways, emphasising that there is a place for everyone regardless of skill set, ability, interests or background, with the aim of opening up different supply pipeline into the Trust.

Going forward we commit to continue to offer a robust work experience programme, including medical shadowing. Project Choice also continues to go from strength to strength. It not only supports students across Gateshead with learning difficulties but also looks at the potential of the students joining the workforce in entry-level roles.

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We also continue to be part of Gateshead College's Employer Skills Board with other partners in the local area, reviewing the current college curriculum, mapping and sharing ideas on how we can input into the offer they provide to help shape a future-ready workforce.

As part of our continued commitment to education, learning and development, 2022 saw us begin to develop the ***Gateshead Health and Care Academy***. The academy is an approach and branding of our workforce development offer and is a partnership with the local authority and college. The long-term strategic aim of which is to provide a sustainable workforce within the Gateshead area – local jobs, for local people. Within the next 12 months the Health and Care Academy is looking to open up new apprenticeship routes within the Trust but also in a joint approach with the local authority, host joint events with our local partners and support the Step into Work programme. Step into Work being an employability programme for adults aged 19+ supporting them to develop employability skills and qualities in order to secure health and social care roles, through a blended approach of work placements and training, which takes place over a 6-to-12-week period.

As part of the Trust's objective to grow and develop our workforce Gateshead Health officially launched its internal ***Managing Well*** Programme in May 2022 and what a success it has been.

This was designed in response to the Executive Team's aspiration to be a value led organisation where managers are compassionate, kind and inclusive, a commitment to the NHS People Promises, the need to strengthen leadership and management across health in addition to the requirement to reinvest in management development following the pandemic.

The programme provides a balance between management theory and a practical overview of support available to managers within the Trust, supporting them to be the best people manager they can be. Designed to support managers at all levels of the organisation the programme provides experienced managers with the opportunity to reflect refresh and refocus on the key principals of effective management and less experienced managers with a foundation in the principals of effective management but most importantly the allows all participants to become part of a supportive network of managers across the Trust.

With over 25 cohorts to date, and over 300 managers attending, the programme has evaluated very positively, with 100% of participants being likely or highly likely to recommend this programme to another manager in the organisation.

Following on from Managing Well, we have also ***Leading Well.*** Leading Well is our flagship Leadership Development programme and builds upon the NHS 'Our Leadership Way' principals, providing clarity around expectations of a leader. The programme takes participants through a journey of self-reflection through to understanding their impact, the responsibility that they carry and the importance of taking a broader, strategic approach to their leadership practice. The course has attracted participants from across the organisation, in all professions and the feedback continues to be extremely positive. Plans for the coming year are to build on from Leading Well with a focus on clinical leadership development, collective clinical leadership and profession specific development pathways including, for example, matron development.

Over the last 18 months, we have also worked closely with an external provider to deliver a programme of ***development for our senior leadership team***. This began with an opportunity to pause and reflect on the impact of the pandemic and those lessons learned and over the course of 2022-23 supported the senior team to create clarity around the roles and responsibilities of the team. With an ongoing focus on collective leadership, the programme allows time and space for strategic thinking and provides an operating framework that can be

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shared with new members, ensuring consistency of approach moving forward. In 2023 development has focused more closely on 1:1 support, preparing for the change that a change in leadership will inevitably bring, whilst collectively addressing some of the larger organisational challenges currently being faced, including staffing and finances.

Finally, as a Trust, we are delighted that this year we have had six colleagues accepted onto the regional ***Executive Director Pathway***, an inclusive talent scheme which aims to support aspiring executive leaders progress in their careers through a series of targeted development opportunities. The pathway, which takes between 12 and 24 months to complete, provides a clear development journey to senior executive leadership, combining best practice in both talent management and leadership development.

Culture Programme

2021-22 saw the People and OD department embark on a journey to strive towards Delivering Excellence in People Practice, with capacity creation and a high-quality customer focused service underpinning this delivered by people experts, providing specialist people advice. The new model of service delivery saw investment in and the introduction of a new ***OD offer and team***, which we have seen fully embed throughout 2022. The structure allows our teams to closely partner with each of our Business Units, through a matrix model of working, and provide bespoke support to both our corporate and operational teams and to date we have received positive feedback on this offer from across the organisation. In addition, the team also lead on key people projects including the Annual Staff Survey, People Pulse Survey, Talent Management, Leadership Development, Team Engagement and Culture, providing a cohesive and centralised OD service to the Trust.

As we mention ***staff survey***, this year's staff survey results are in and as Trust, we are thrilled to see our response has again increased, with 51% of our people responding to in 2022, meaning that one in every two of our staff have taken the time to pause, reflect and tell us how they are feeling, and as such the results are more representative than ever.

The past year has been incredibly challenging, but our people have all pulled together to support each other and our patients. This is reflected in the results, which show that 88% of people feeling that they can make a difference to patients in their role and 80% of people agreeing that caring for our patients remains our top priority.

Many of the responses demonstrate that our people embody and appreciate our compassionate culture, with 72% of staff saying that they feel valued by their team, that the people they work with are kind and considerate, and that colleagues are polite and treat each other with respect. While around three quarters of people agree that the organisation respects individual differences, and feel that their manager values their work, and cares about their concerns. This really echoes the 'team Gateshead' ethos we have – working together to overcome the challenges that are thrown our way. We are thrilled that our people continue to recommend Gateshead as a place to work, an area where our average score is significantly higher than the national average.

Engagement and more specifically, ***team engagement***, has been a focus of activity this year and will continue into 2023. This builds on the work of Professor Michael West in the area of Home Teams and the importance of these for patient safety. This has resulted in a number of team development initiatives including the launch of department level staff survey results dashboards, Building an Effective Team training, Managing Conflict guidance, pilot of TED, which is a team engagement diagnostic tool and a series of team focused communications that

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will launch in May 2023. Teams and the importance of team leadership, management and membership will be a primary focus for us through 2023-24.

Building on our culture and engagement work, at Gateshead Health we encourage a working environment where we can all speak up and speak out about issues that concern us. Along with our Freedom to Speak Up Guardian, as part of the Trust's commitment to ***Freedom to Speak Up***, we are currently looking to build a support network of Freedom to Speak Up Champions who will play an important role in positively promoting the key messages about speaking up and widening the reach of the freedom to speak up agenda. We are pleased to have recently recruited five champions who are all about to embark on their training.

As part of the wider cultural piece, finally, we are delighted to share that the Gateshead Health ***Culture Programme*** will launch in April 2023, it is anticipated this will be a programme of work over the next two to three years and focuses on six key workstreams including Vision, Values & Behaviours; Just and Restorative Culture; Compassionate & Inclusive Leadership; Psychological Safety; Colleague Experience; and Colleague Engagement. These themes emerged as part of the large colleague engagement exercise took place this year, which was used to shape the Trust's vision, values and behaviours.

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3.6 National targets and regulatory requirements

The following indicators are all governed by standard national definitions

Indicator		2020/21	2021/22	2022/23	Target	National Average
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		69.0%	78.6%	TBC	92.0%	TBC
A&E – maximum waiting time of four hours from arrival to admission / transfer / discharge		91.4%	81.6%	**73.3%**	95.0%	TBC
All cancers: 62 day wait for first treatment from: urgent GP referral for suspected cancer		68.1%	64.4%	TBC	85.0%	TBC Cancer Waiting Times Report for 2022/23 not yet published
NHS Cancer Screening Service referral		76.4%	85.9%	TBC	90.0%	
All cancers: 31 day wait for second or subsequent treatment, comprising:	Surgery	95.8%	86.5%	TBC	94.0%	
	Anti-cancer drug treatments	98.9%	96.9%	TBC	98.0%	
All cancers: 31 day wait from diagnosis to first treatment		97.9%	96.3%	TBC	96.0%	
Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	67.3%	83.2%	TBC	93.0%	
	Symptomatic breast patients (cancer not initially suspected)	91.8%	96.2%	TBC	93.0%	
Maximum 6-week wait for diagnostic procedures		55.8%	70.6%	TBC	99.0%	TBC

Annex 1: Feedback on our 2022/23 Quality Account

4.1 Gateshead Overview and Scrutiny Committee

Will be added on receipt

4.2 Northeast and North Cumbria Newcastle Gateshead Integrated Care Board

Will be added on receipt

4.3 Gateshead Healthwatch

Will be added on receipt

4.4 Council of Governors

Will be added on receipt

Draft 1

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 2022 to March 2023
    - papers relating to quality reported to the board over the period April 2022 to March 2023
    - feedback from Northeast and North Cumbria Newcastle Gateshead Integrated Care Board 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 2022 national patient survey – TBC
    - the 2022 national staff survey – TBC
    - 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

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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:

Draft 1

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)

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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.

Integrated Care Board (ICB)
A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System (ICS) area.

Integrated Care System (ICS)
Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

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)

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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.

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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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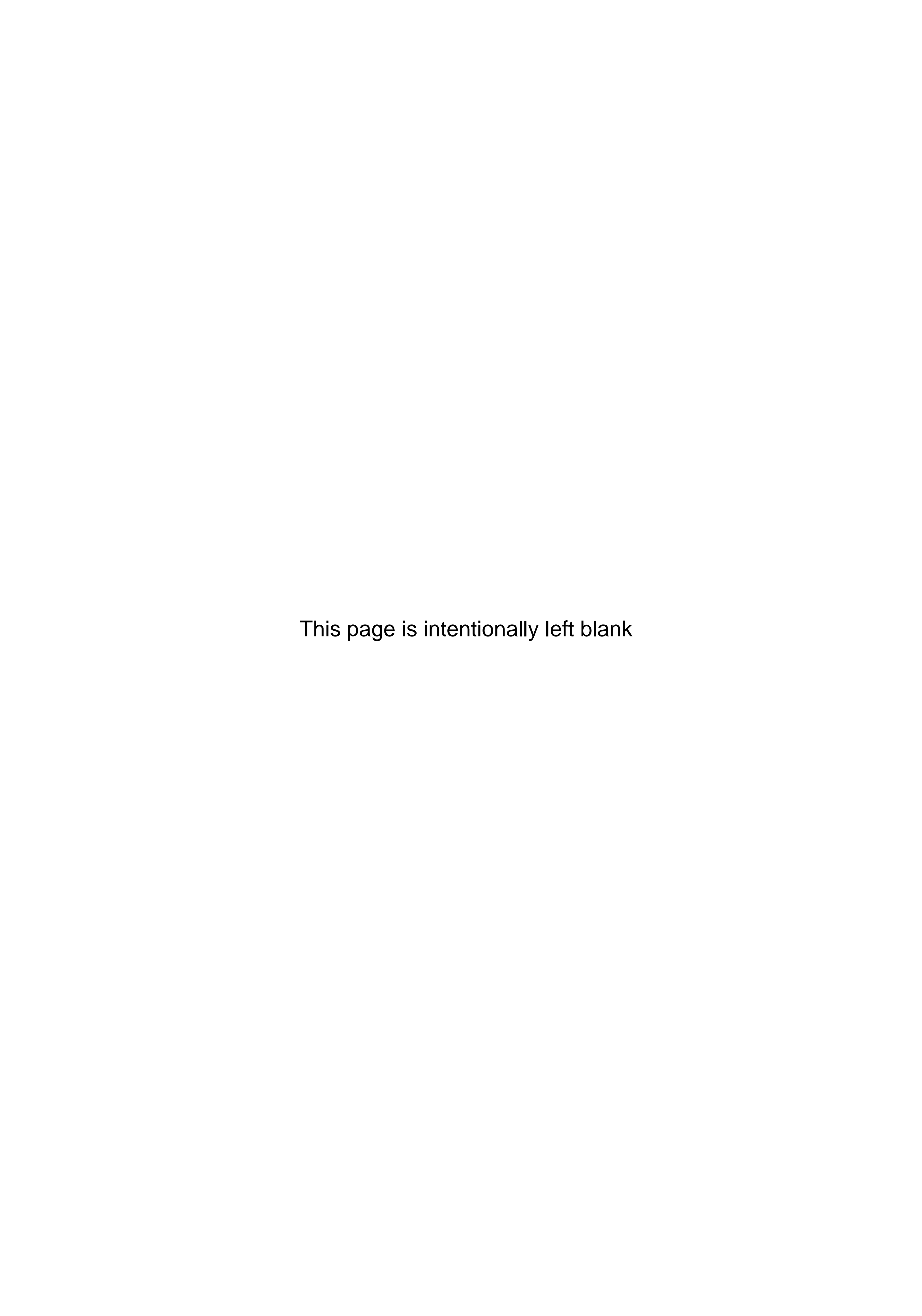

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APPENDIX 2

Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

2022-23 Quality Account

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

Employ around 9,000 staff

Mental Health and Disability Foundation Trust

Local population of 1.7 million

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

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

Part of the North East and North Cumbria ICB

Turnover of around £583 million

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2022-23 in numbers:

8.48 (out of 10)

Based on feedback offered through Points of You.

350

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.

22%

The response rate to the 2022 Community Mental Health Survey, which is 6.8% lower than the previous year.

69,537

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

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Map of Main Hospital Sites

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

Part 1

Welcome and Introduction to the Quality Account

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

We are one of the largest mental health, learning disability, autism, neurological disability organisations in the country and have an annual turnover of more than £583 million.

We provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of over 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

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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 2022-23, 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"

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Statement of Quality from the Chair and Chief Executive

The NHS is facing unprecedented challenges of demand for services, staffing shortages and financial pressures.

At a time like this it is even more important to focus on quality. Quality must remain at the centre of all decision making and the impact of cost improvement on quality needs to be a key consideration for Councils of Governors and Boards of Directors.

We are committed to doing our very best to maintain and improve the quality of the services the Trust provides.

We need to take a wide view of quality and to be guided by Robert Maxwell's six dimensions of quality set out in his influential article in 1992 when he was the Chief Executive of the King's Fund.

- Effectiveness: Is the treatment given the best available? What is the evidence? What is the overall result?
- Acceptability: How humanely is the treatment/service delivered? What does the service user think of it? What is the setting like? Are privacy and confidentiality safeguarded?
- Efficiency: Is the output maximised? How do costs compare with similar services?
- Access: Can people get the treatment when they need it? Are there barriers to service?
- Equity: Is the service user being fairly treated relative to others?

Relevance: Is the pattern and balance of services the best that could be achieved, taking account of the needs and wants of the population as a whole?

31 years after the article was written, Maxwell's six dimensions challenge us still.

We will do our best to meet the challenge and to maintain and improve quality.

Ken Jarrold CBE

Chair

James Duncan

Chief Executive

DRAFT

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

We have seen our staff, service users, carers and partners work together to provide the best possible care during 2022-23. This is at a time when demand for our services has been at levels never seen before.

We have continued to work towards the best possible outcomes for people accessing our mental health, learning disability, autism, older people, gender dysphoria, secure care and neurological disability services. With our values at the heart of delivering compassionate care.

Our Quality Priorities this year have been:

- Improving the inpatient experience
- Improving waiting times
- Supporting service users and carers to be heard
- Equality, Diversity, Inclusion and Human Rights

Our staff have worked collaboratively with service users, carers and partners to make progress on these priorities, which is set out in detail in Part 2b of this Quality Account.

We look forward to making progress on new Quality Priorities during 2023-24. These are set out in Part 2a and will continue our commitment to work collaboratively to achieve outstanding outcomes.

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Dr Rajesh Nadkarni

Executive Medical Director

Sarah Rushbrooke

Executive Director of Nursing, Therapies & Quality Assurance

Ramona Duguid

Chief Operating Officer

Statement of Quality from Council of Governors Quality Group

I have been a Carer Governor for over 7 years and recently appointed as Lead Governor. I am the member of the National Governor Advisory Committee with NHS Providers.

My background is working in family support in mental Health, Drug and Alcohol field with health professionals in the NHS, the community and the HMP Prison service.

At the present time the country is experiencing an unprecedented number of mental health issues affecting a huge range of individuals compounded by the current crisis exacerbated by the pandemic with very few resources both locally and nationally to cope with this problem at all levels.

As we come to the end of, with one of the most challenging year ahead for the organisation with increasing financial pressures as well as pressure within Children service along with the establishment of the ICB/ICS coming into existence we are pleased to report that the council of governors' quality group has continued to meet using a hybrid approach 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 during 2022-23:

- Cultural Diversity
- Transformation of community services
- Regular locality service updates
- 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
- Points of You survey progress
- Regular reports on quality

The Council of Governors are extremely impressed by the commitment of all involved in the process providing the best possible service under such exceptional circumstances.

Anne Carlile
Lead Governor and Chair of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Council of Governors Quality Group

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Care Quality Commission (CQC) Findings

In 2018, the Care Quality Commission (CQC) conducted an inspection of our services and once again rated us as "Outstanding". We are one of only seven Mental Health and Disability Trusts in the country to be rated as such, as at 1 April 2023.

During 2022, the CQC conducted two focused inspections to: Rose Lodge and all wards for people with a learning disability or autism. We are addressing all areas for improvement identified from the focused inspections, which included:

- The service must ensure that the ward has enough suitably trained and qualified staff on each shift. This action relates to the focused inspection of Rose Lodge.
- One patient's care plan did not contain information about communication with their responsible clinician in their care plan.
- People in seclusion on Lindisfarne did not have privacy and dignity because staff who were not providing direct care entered the seclusion area regularly.
- There was no nurse call alarm system on Cheviot, Lindisfarne, Tyne or Tweed wards. There was a high use of prone restraint.
- One person had restrictions in place including long term seclusion and no access to their personal belongings which was not based on current risks. There were no plans to end the restrictions.
- Three seclusion rooms did not meet the requirements which meant they were not fit for purpose. There were issues with the environments on some of the wards.
- Cheviot ward did not have enough staff on shifts to meet the staffing requirements for enhanced observations. Staff did not receive training in learning disabilities or autism.

In December 2022, the CQC conducted a focused inspection of three acute wards for adults of working age and psychiatric intensive care units on the Campus for Ageing and Vitality hospital site (Fellside, Lamesley and Lowry). At the time of writing this report the Trust had received the draft inspection report and was in the process of checking this report for factual accuracy.

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. 24 areas of improvement have since been actioned and we are looking to address all remaining areas of improvement.

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CQC Rating

The Trust was last rated 4th August 2022. Below are the headline ratings overall and ratings for the 5 domains. Read the full report here: [Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust - Overview - Care Quality Commission (cqc.org.uk)]

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

We are caring and compassionate…	We are respectful…	We are honest and transparent….
because that is how we'd want others to treat those we love.	because everyone is of equal value, is born with equal rights and is entitled to be treated with dignity. We want to protect the rights of future generations and the planet that sustains us all.	because we want to be fair and open, and to help people make informed decisions.

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Our Values

Our values are what bind us. We have considered these in the light of what people have asked of us. We believe that these are the values that we share together, and that we need to uphold if we are to meet our commitments:

Our new strategy from 2023

We have developed long-term commitments in response to these asks, which will guide everything we do. We know that we are not currently achieving these commitments – but we want them to be our guide. We want these commitments to be our inspiration for how we work and how we change over the years ahead.

Our aim is to deliver on these commitments every day, in every contact. In this document we set out how we will meet these commitments, through our vision, our values, and the ambitions that we are setting ourselves.

Commitment to our service users:

- Understand me, my story, my strengths, needs and risks. Work with me and others, so I can keep healthy and safe;
- Protect my rights, choices and freedom;
- Respect me and earn my trust by being honest, helpful and explaining things clearly;
- Support me, my family and carers in an effective, joined-up way that considers all my needs, and
- Respond quickly if I am unwell or in crisis, arranging support from people with the right expertise. Make sure I don't have to keep repeating my story.

Commitment to our families and carers (also known as our 'Carers Promise'):

- Recognise, value and involve me.
- Listen to me, share information with me and be honest with me when there is information CNTW cannot share.
- Talk with me about where I can go for further help and information and let me know what I can expect from CNTW.
- Work with me to ensure we are all aware of my needs as a carer.

Commitment to our staff:

- Respect me for who I am, trust me, value me and treat me fairly.
- Allow me freedom to act, to use my judgement and innovate in line with our shared values.
- Protect my time by making systems and processes as simple as possible so I can deliver the work I aspire to, learn, progress & get a balance between work & home.
- Offer me safe, meaningful work and give me a voice, working as part of a team that includes other professions and services, and
- Support me with compassionate managers who communicate clearly and understand what it's like to do my job.

Commitment to our partners and communities:

- Explain what to expect from CNTW.
- Help us to fight illness, unfairness and stigma.
- Make sure that organisations talk to each other and put the needs of people before their own. Share responsibility for getting things right.
- Get to know local communities. Respect their wisdom and history.
- Be responsible with public funds.
- Share our buildings, grounds and land.
- Protect the planet.

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Our Vision:

To work together, with compassion and care, to keep you well over the whole of your life.

Our Values:

Our values are what bind us. We have considered these in the light of what people have asked of us. We believe that these are the values that we share together, and that we need to uphold if we are to meet our commitments:

We are caring and compassionate…

because that is how we'd want others to treat those we love.

We are respectful….

because everyone is of equal value, is born with equal rights and is entitled to be treated with dignity. We want to protect the rights of future generations and the planet that sustains us all.

We are honest and transparent….

because we want to be fair and open, and to help people make informed decisions.

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Trust overview of service users

Table 1 below shows the number of current service users as at 31 March 2023 by locality, and table 2 shows the total number of referrals in the year. Both tables have a comparison to the previous 4 years and the increase in referrals received is mainly attributable to investment in crisis, psychiatric liaison, street triage and substance misuse services, as well as services in North Cumbria joining the Trust.

Table 1: Service Users by locality 2019/20 to 2022/23 (data source: CNTW)

Clinical Commissioning Group	2019/20	2020/21	2021/22	2022/23
NHS COUNTY DURHAM CCG (TOTAL)	1,242	1,213	1,288	1,373
DURHAM DALES, EASINGTON AND SEDGEFIELD	537	511	573	606
NORTH DURHAM	705	697	708	765
NHS NEWCASTLE GATESHEAD CCG (TOTAL)	13,730	13,879	16,731	18,584
GATESHEAD	4,816	4,748	5,640	6,516
NEWCASTLE	8,904	9,125	11,080	12,052
NHS NORTH CUMBRIA CCG	9,650	9,179	9,982	10,969
NHS NORTH TYNESIDE CCG	3,924	4,241	4,935	5,764
NHS NORTHUMBERLAND CCG	9,056	9,483	10,751	12,408
NHS SOUTH TYNESIDE CCG	3,846	4,440	5,114	5,652
NHS SUNDERLAND CCG	10,688	10,658	12,084	13,052
NHS TEES VALLEY CCG (TOTAL)	656	661	751	815
DARLINGTON	138	139	153	166
HARTLEPOOL AND STOCKTON-ON-TEES	235	238	278	313
SOUTH TEES	283	281	315	334
Other	747	824	785	920
Total	**53,539**	**54,578**	**62,421**	**69,537**

Table 2: Total referrals by locality 2019-20 to 2022-23 (data source: CNTW)

Clinical Commissioning Group	2019/20	2020/21	2021/22	2022/23
NHS COUNTY DURHAM CCG (TOTAL)	2,917	2,708	2,666	2,820
NHS NEWCASTLE GATESHEAD CCG (TOTAL)	43,032	43,262	49,508	40,554
GATESHEAD	16,623	17,087	18,303	16,332
NEWCASTLE	26,374	26,150	30,344	24,214
NHS NORTH CUMBRIA CCG	15,316	31,999	43,961	285
NHS NORTH TYNESIDE CCG	15,195	17,124	19,280	12,989
NHS NORTHUMBERLAND CCG	30,802	31,151	35,519	30,628
NHS SOUTH TYNESIDE CCG	16,252	16,331	16,971	17,402
NHS SUNDERLAND CCG	47,489	44,129	46,612	47,007
NHS TEES VALLEY CCG (TOTAL)	482	680	764	510
Other	2,089	2,306	2,356	1,181
Total	**173,574**	**189,690**	**217,637**	**153,376**

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

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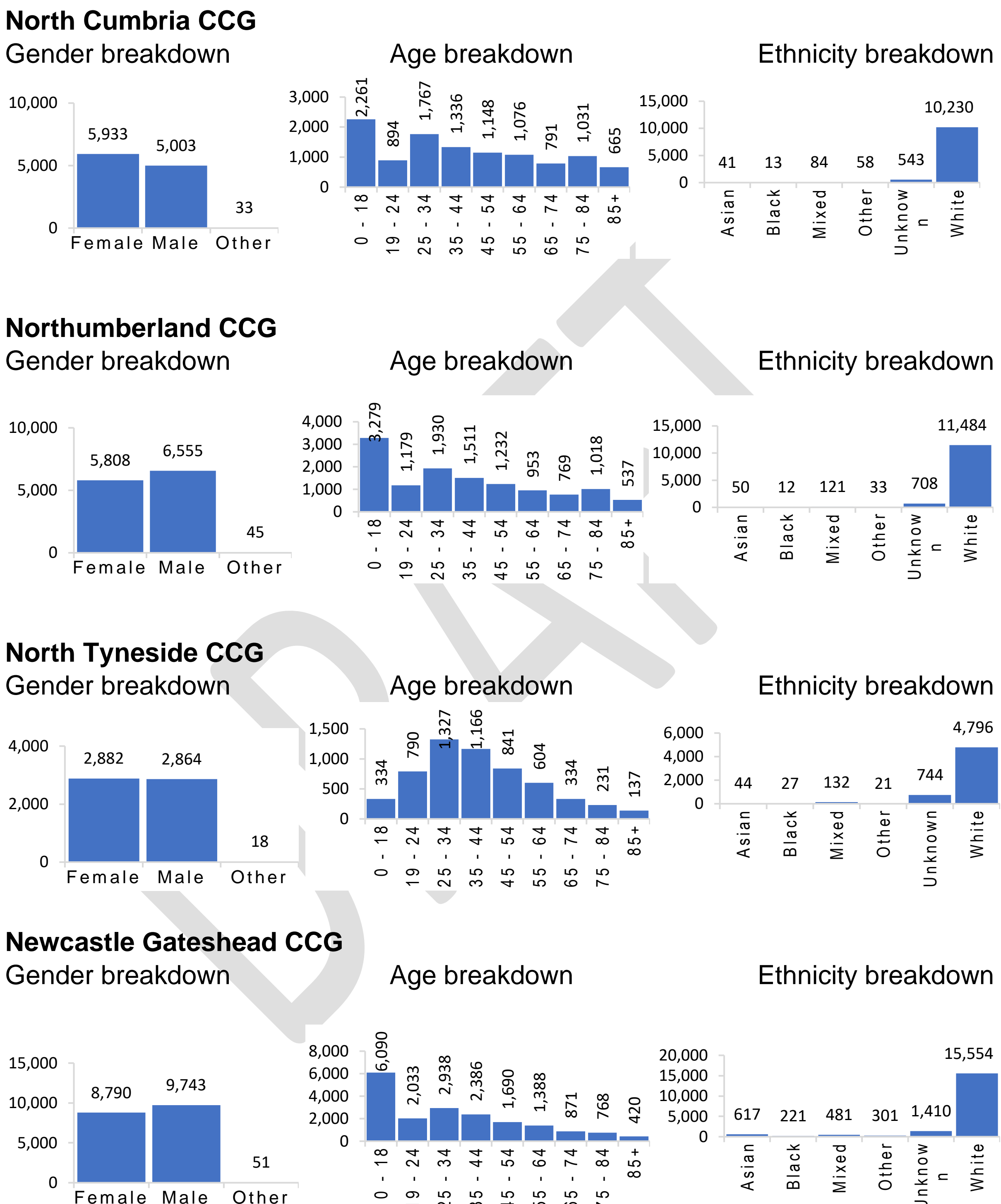
Breakdown of service users by age, gender, ethnicity (by CCG)

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



South Tyneside CCG

Gender breakdown

Female	Male	Other
2,748	2,886	18

Age breakdown

0 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
1,942	474	850	637	439	383	273	400	254

Ethnicity breakdown

Asian	Black	Mixed	Other	Unknown	White
77	15	182	28	465	4,885

Sunderland CCG

Gender breakdown

Female	Male	Other
7,077	5,945	30

Age breakdown

0 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
2,814	1,529	2,475	1,748	1,257	1,153	698	875	503

Ethnicity breakdown

Asian	Black	Mixed	Other	Unknown	White
123	45	314	65	490	12,015

Data source: CNTW

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PART 2a

Part 2a

Looking Ahead: Our Quality Priorities for Improvement in 2023-24

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2023-24.

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:

- 4 stakeholder events (both online and in person).
- A survey asking stakeholders what their main priorities are. Completed 444 times.
- A review of service user and carer feedback themes. From 3,435 surveys between November 1st 2021- October 31st 2022.

This engagement offered service users, carers, staff, commissioners and wider partners opportunities to discuss options for a new quality priority. All events discussed the following:

- The progress the Trust had made towards the completion of the current Quality Priorities.
- Some options for priorities for the coming year with the local and national drivers as a focus.
- What service users and carers had told us was important to

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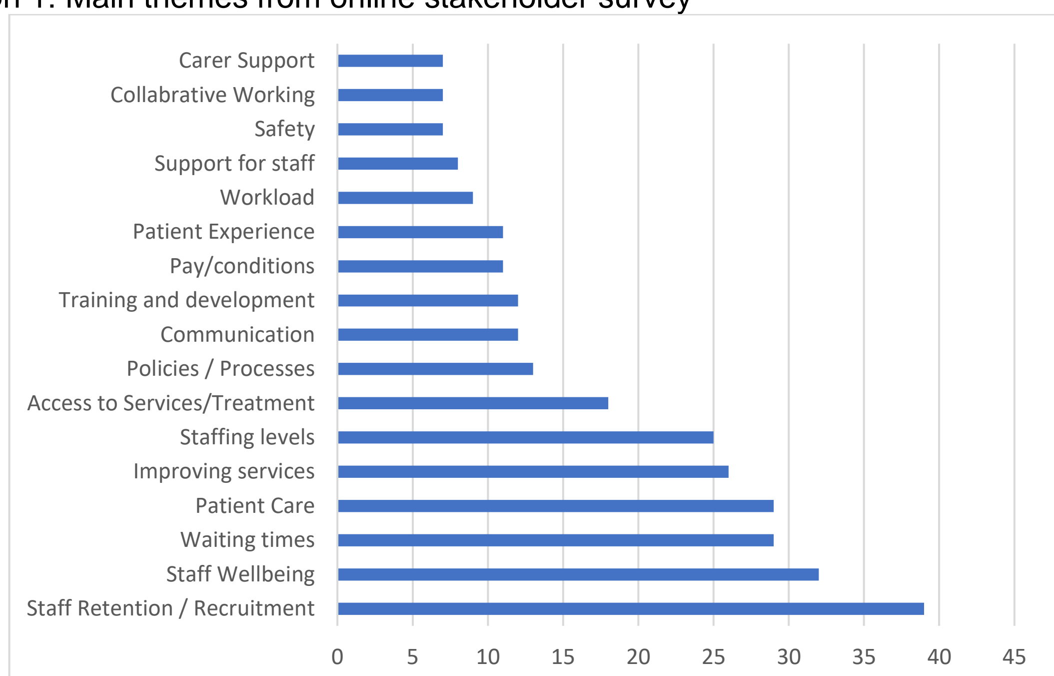
Graph 1: Main themes from online stakeholder survey



Staff recruitment and retention is the most common theme and was also discussed at the engagement events.

Access to services is also evident in the survey and featured in engagement events. Waiting times also featured in the survey and at engagement events.

Table 3: Themes from service user and carer Points of You surveys between 1st November 2021 and 31st October 2022

Category	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		0.82%	2.91%	2.61%
Admissions and Discharges		0.17%	0.75%	1.41%
Appointments	1.01%	1.83%	5.08%	5.83%
Clinical Treatment		0.56%	2.07%	1.09%
Communications	21.81%	28.58%	26.97%	32.85%
Facilities		1.46%	6.86%	5.75%
Other		0.38%	11.37%	1.01%
Patient Care	28.52%	31.71%	28.85%	25.77%
Prescribing		0.28%	1.60%	1.41%
Privacy, Dignity and Wellbeing		0.66%	0.47%	0.72%
Staff Numbers		0.05%	2.73%	3.90%
Trust Admin/ Policies/Procedures		0.11%	0.09%	0.56%
Values and Behaviours	48.66%	32.87%	7.80%	8.24%
Waiting Times		0.53%	2.44%	8.85%

The Trust received 3,435 completed surveys during this period. 65% (2249) were completed by service users and a further 10% (335) were completed by service users with some support or on their behalf. This last function was to support people who might not be able to complete a survey to have a voice.

Carers used the same survey 717 times (21%) to share their experience and the remaining 134 (4%) were from people who completed a survey but chose not to tell us is they are service users or carers.

From these surveys, 14,921 comments offered could be themed. 74% (11,087 of these comments are positive, with 3 main themes being dominant (see table 1).

16.6% (2,477) of the comments are negative in theme, with 2 themes being dominant.

While exploring the main theme for negative comments, which is communications. It is notable that general negative comments regarding communications make up just over 7% of this main theme.

Being listened to is the next most common with just under 7% being about this sub-theme. This is the second year in succession with this sub-theme being most dominant behind the ‘general’ sub theme.

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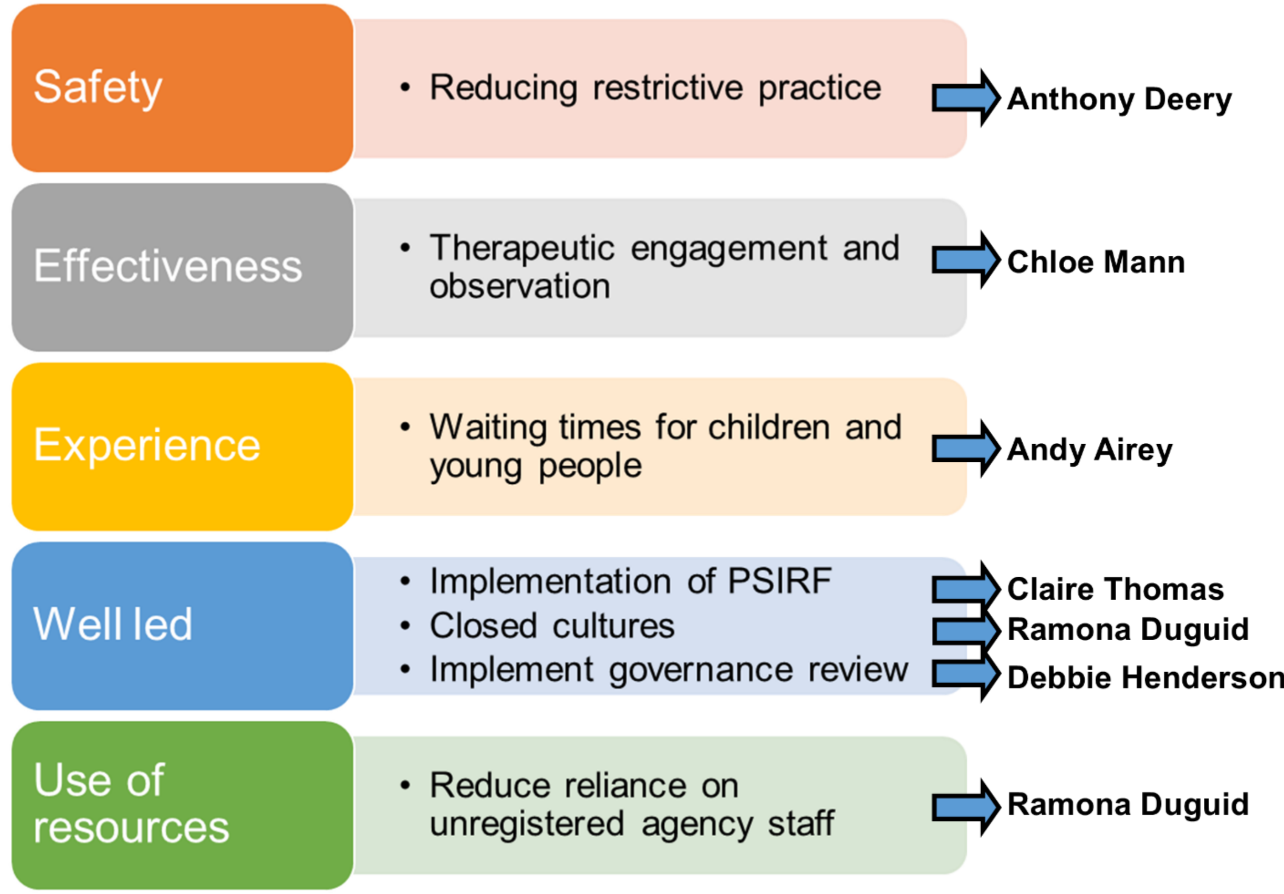
These are the agreed Quality Priorities (right) for the year 2023/24 with their associated domain (left):



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Milestones and how we achieved them will be included in the 2024 Quality Account.

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 2022-23 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goals**.

Our 2022-23 Quality Priorities were:

Quality Priority 1: Safety - Improving the inpatient experience.	Lead: Andy Airey

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

What we said we would do during Quarter 1 (April, May & June 2022):

- 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.

What we did:

The Trustwide Mental Health Emergency and Hospital Care (MHEHC) Improvement programme, has commissioned three improvement working groups to progress the following transformational change within the mental health urgent and inpatient pathways:

1. Maximise effectiveness of crisis / urgent pathways across community and acute settings.
2. Improve quality of admission, treatment and discharge within adult inpatient wards.
3. Improve quality, safety and experience within the adult acute inpatient wards.

In quarter 1 each of the improvement working groups have established the infrastructure, identified the teams and the improvement planning processes to progress all improvement work.

Each group has identified the key areas of focus for the next 12 months, to, where possible, provide care and support to people out of hospital and in their place of residence, when required, have a clear pathway through inpatient services which identifies a clear specialist person centred, co-produced care offer, the care delivery team and clear planning to achieve safe discharge.
These include:

- Benchmarking of the current activity and processes across the urgent and inpatient pathway.
- Focusing upon alternatives to crisis and admission.
- Definition and baselining of the core inpatient staffing model and review of the therapeutic offer within the inpatient pathway.
- Development and implementation of a standardised admission and discharge policy for the Trust, supported by the involvement bank.
- Ensuring service user and carer involvement in all quality improvement activity.

What we said we would do during Quarter 2 (July, August & September 2022):
• 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.
What we did:
Weekly Trustwide Acute Pathway meeting established to review length of stay challenges and key admission standards to support optimal patient flow. • New admission and discharge policy drafted and circulated for consultation. This requires further updates as part of national policy requirements for discharge. Aim is to launch the new policy and core ward standards in Q3. • A review of each locality transitional groups, EBM and Home Group is in progress • Ward which are identified as 'outliers' for discharges are discussed and the emphasis given back to the ward MDT to review and report back to the Acute Care Flow group meeting • DToC – patients who are delayed transfers of care due to social care needs will be identified and discussed as part on on-going ICS discussions regarding supporting flow • Inpatient dashboard for patient flow is now live across the Trust. IT work remains on-going to support streamlining ward processes. Each locality focus on admissions and discharges as part of the daily flow meetings. Mental Health & Emergency Care Forum established with a focus to support training and implement IDD & POA training package. Engagement on establishing a medical staff forum/or community of practice for inpatients being considered. 100-day challenge for all trusts to optimise patient flow being reviewed for implementation. All wards remain committed to ensuring quality standards and accreditations are maintained – these processes are reviewed monthly in ward meetings, Locality Quality Standard meetings, CQC compliance meetings with a specific focus on monitoring and maintaining areas of work that support, review and development.
What we said we would do during Quarter 3 (October, November & December 2022):
• Delivery of agreed action plans relating to inpatient ward quality standards and models of care.

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What we did:

Out of area patients

A trajectory has been submitted to NHSEI to reduce inappropriate bed days to zero by 31st March 2023 as per the below table.

Out of Area Trajectories 2022/23	22/23 Projected Days	22/23 Projected People	Quarterly Traj Days
April	300	10	728
May	248	8	
June	180	6	
July	155	5	399
August	124	4	
September	120	4	
October	93	3	184
November	60	2	
December	31	1	
January	0	0	0
February	0	0	
March (projected)	0	0	

As at 31st December 2022 there had been 3,302 inappropriate out of area bed days year to date. Shown against the trajectory below it is clear that there is extreme pressure in the system.
For quarter 3 there were 1,167 inappropriate out of area bed days in total.
The December target was 31 days and the actual number of days in month was 440.

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

The pie chart and table below summarise the number of patients travelling in excess of 50 miles to an inpatient bed for either adult acute care or older people's care in quarter 1 of 2022/23. This excludes the PICU as CNTW currently only has the 1 unit - Beckfield.

There was a slight increase in quarter 3 with 68% of the patients travelling in excess of 50 miles are travelling from the west of the CNTW footprint to the east (quarter 2 was 64%).

What we said we would do during Quarter 4 (January, February & March 2023):

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

What we did:

At the end of 2022/23 the Trust had had 4,197 inappropriate out of area bed days compared with 1,472 inappropriate out of area bed days in 2021/22. 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 in 2022/23 there were 707 (of the 4,197) bed days relating to older adults in local beds.

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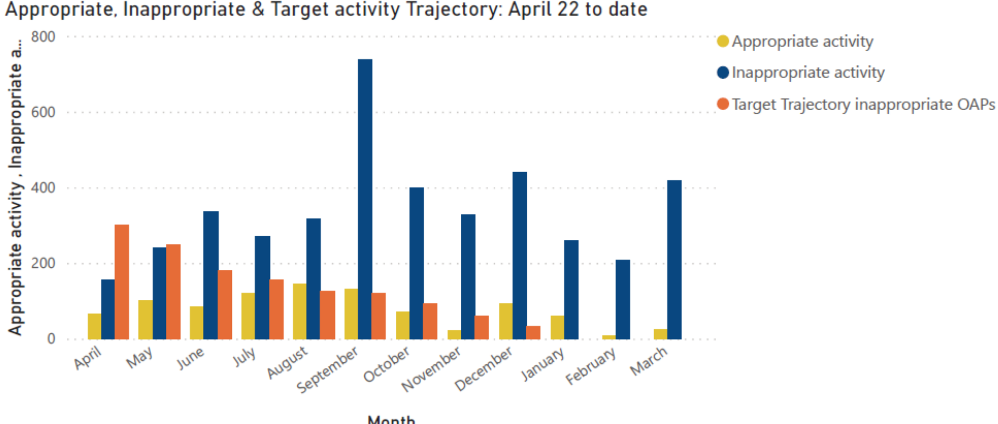
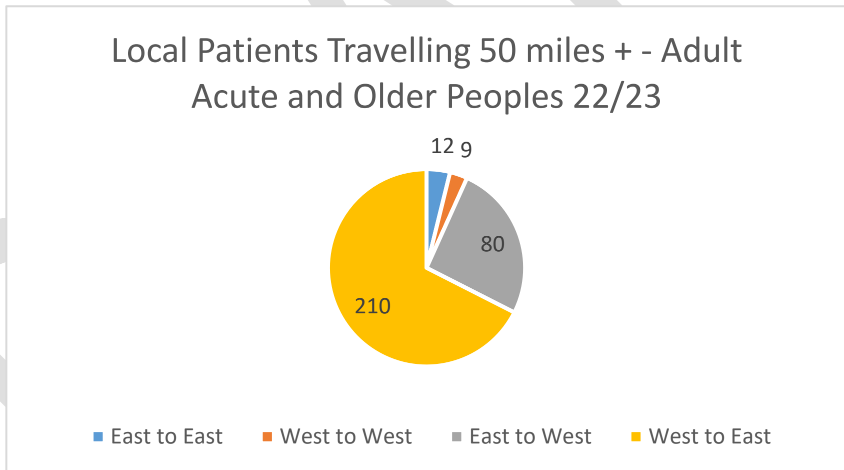
The back drop remains of reduced bed numbers in the Trust, a pressurised national picture and staffing pressures.

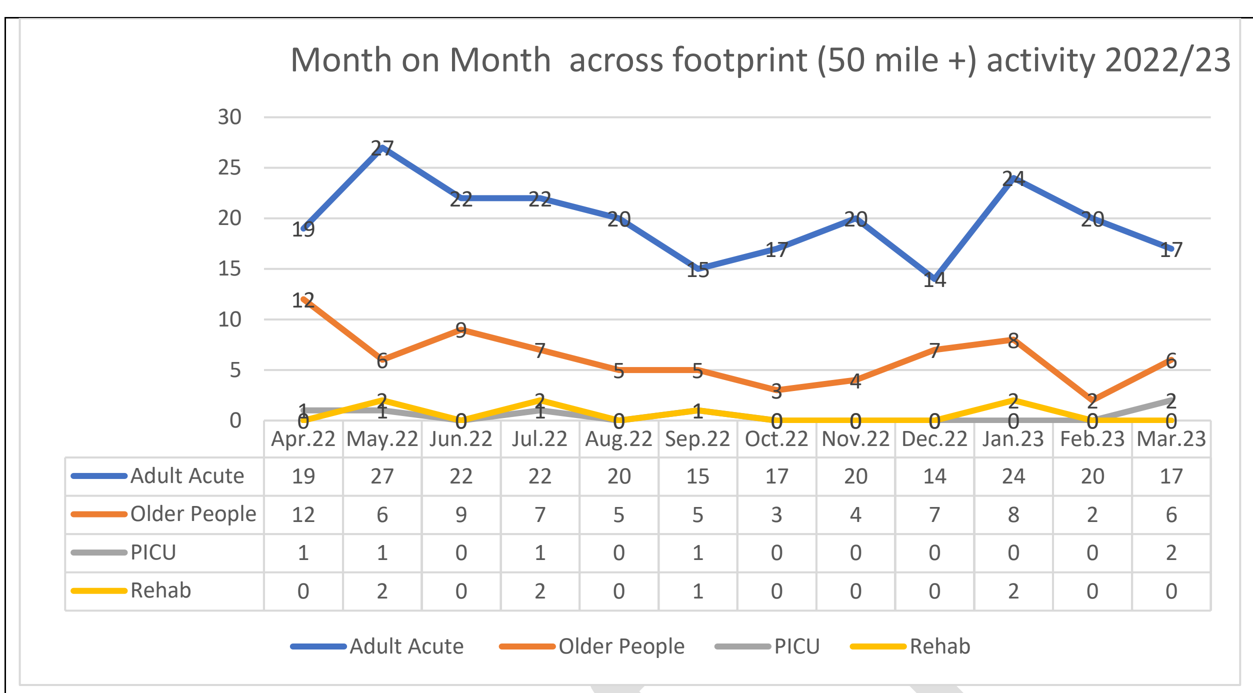


CNTW continues to monitor out of locality inpatient stays focussing particularly on patients travelling in excess of 50 miles.

The pie chart below shows the numbers of patients travelling across the CNTW patch in excess of 50 miles to an inpatient bed showing that the trend to March '23 continues from that reported last year with the majority (68%) 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.



	Apr.22	May.22	Jun.22	Jul.22	Aug.22	Sep.22	Oct.22	Nov.22	Dec.22	Jan.23	Feb.23	Mar.23
Adult Acute	19	27	22	22	20	15	17	20	14	24	20	17
Older People	12	6	9	7	5	5	3	4	7	8	2	6
PICU	1	1	0	1	0	1	0	0	0	0	0	2
Rehab	0	2	0	2	0	1	0	0	0	2	0	0

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.

Status: Partially Met

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Quality Priority 2: Service User and Carer Experience – Improving waiting times.	Lead: Russell Patton

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 2022):

- 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.

What we did:

- CNTW has a key role to play in the development of effective and sustainable care delivery models that meet place based requirements and support the principles of the Community Transformation agenda. With this in mind each of the trust's localities are actively reviewing workforce models/ plans that will support key priorities linked to the management of secondary care demand and the ongoing primary care / ARRS developments.
- North Cumbria Locality has taken forward the Single Routine Referral Triage service for the Adult pathway across North Cumbria bringing together all referrals with effective standardised clinical triage. In addition, further to ongoing discussions with Trust Innovations and North Cumbria Directors, a paper is being developed proposing the introduction of an all ages IRS approach in North Cumbria.
- The Trust wide Transitions Group has been established for some time with broad representation from multi-disciplinary staff from across
- key CNTW pathways.

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Actions undertaken to date include:

- Key Policy and PGN complete and in operation.
- Training pack agreed and utilised in preceptorship training.
- Working with Eating Disorders to support Transition planning and good practice.
- 'My Moving On Plan' – Complete following feedback and consultation, to be used as part of Transition planning.
- RiO Alert – Will be on Alert Screen & Care Plan
- RiO Transition form – agreed by Clinicians from CYPS & Adult services, to be part of RiO.
- Agreement from Trust Board to progress Transitions Peer Support Workers

- Collaborative agency working led by ICB leads is underway to review the issues within the neurodevelopmental pathways (ADHD and ASD) specifically looking at the current waiting list position. Option papers are being developed to identify improvements and or solutions.

- Waiting times for access to Gender Services are significant from a local and national perspective. To support service users waiting to access the service 2 WTE peer support workers have been recruited. Additional clinical staff including medics, GPS and nursing staff are being recruited to following investment from NHSE. An SLA is now in place with the 3rd Sector to support service users in the community and support the development of a Trans Health Clinic across the region.

Planned future actions to be taken Trust-wide during Quarter 2 (July, August & September 2022):

- 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.

What we did:

- The Trust has established a fortnightly Primary Care /ARRS Governance meeting to look at model development, recruitment, links with the community mental health transformation programme and any associated risks and issues. This group has representation from all localities and corporate services. At this point in time significant focus is being given to the interface between primary and secondary care, model development and the development of appropriate activity recording.

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- Due to significant staffing difficulties there has been a delay in expanding North Cumbria's single point of access to include CAMHS and children's ADHD services. However to continue momentum and standardise practice, the CAMHS and ADHD are developing a single referral and triage hub, that will then move across to the 'all ages' Initial Response Hub once this is fully developed, with this expected in Quarter 4

- The Transition group continues to meet on a monthly basis with continued multi-disciplinary attendance. Members of the group work across all parts of the Trust and are involved in both local and national transition work, including national conferences, training events and members of groups driving policy development and good practice guidance. The group recently presented progress so far to Trust Board and received a positive response.

- ADHD Task and finish group commenced in June 2022 and stage one completed with current issues and current pathways in each locality presented to ICBs. We do not have any feedback at this time. Further meeting arranged for October 2022
  Stage two (transitions) commenced October 2022 with presentation given to ICBs.
  No change in processes at this time with no discharge pathway and service users remaining on annual monitoring and referrals rates increasing monthly.
  ASD
- As above no feedback to this point but meetings did commence in June 2022. Service pathway presented and again waiting on direction. At this point unable to confirm if scoping of CTTs has been agreed by the ICBs from discussions.
  No change in practice and diagnosis remain with the Autism diagnostic service.

- NHSE had previously agreed to further funding to support the implementation of trans clinics however due to current priorities they would not be able to clarify this until end Sept 22. Therefore, accommodation and further recruitment was postponed.

  As of end of September 2022 NHSE have confirmed further investment. Work has commenced regarding estates and a business case is currently being developed, further rooms have been identified for use within Benfield House therefore room capacity is less of an issue currently.
  Task and finish group established to focus upon clinic model, these sessions were postponed due to uncertainty regarding funding, task and finish groups to be re- instated.

What we said we would do during Quarter 3 October, November & December 2022):

- 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.

What we did:

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- The Trust continues to have a fortnightly Primary Care /ARRS Governance meeting to look at model development, recruitment, links with the community mental health transformation programme and any associated risks and issues. This group has representation from all localities and corporate services.

- Due to significant staffing difficulties there has been a delay in expanding North Cumbria's single point of access to include CAMHS and children's ADHD services. However to continue momentum and standardise practice, the CAMHS and ADHD are developing a single referral and triage hub, which will then move across to the 'all ages' Initial Response Hub once this is fully developed, with this expected in Quarter 4

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  Work ongoing:
  - Transition Peer Support posts, a paper is being produced to present to Locality Directors to develop these roles.
  - Adult In-patient to Community PGN now complete and going through final checks until go live.
  - Changes to RiO now complete and has gone live with guidance for staff.
  - RiO Transitions form now complete and in the process of being implemented on RiO.
  - Training pack updated and plan being developed to roll out across services to ensure Trust wide understanding of changes and good practice.
  - Eating disorders T&F group formed to progress a separate PGN based on best practice guidance.
  - Plan being developed to ensure full Audit & Evaluation of all changes in relation to Transitions.
  - My Moving On app – there continues to be a delay in this progress. Latest update to group indicated that work is ongoing to enable the Trust to review patient solutions and prioritise accordingly, until this work is complete work cannot be progressed.
  - CYPS In patient to Adult In patient PGN, parts of PGN complete but work put on hold until issues around bed management and timely allocation of a bed can be resolved.

- ADHD Task and finish group commenced in June 2022 and stage one completed with current issues and current pathways in each locality presented to ICBs. We do not have any feedback at this time. Further meeting arranged for October 2022
  Stage two (transitions) commenced October 2022 with presentation given to ICBs.
  No change in processes at this time with no discharge pathway and service users remaining on annual monitoring and referrals rates increasing monthly.
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  Task and finish group established to focus upon clinic model, these sessions were postponed due to uncertainty regarding funding, task and finish groups to be re- instated.

- CNTW has a key role to play in the development of effective and sustainable care delivery models that meet place based requirements and support the principles of the Community Transformation agenda. With this in mind each of the trust's localities are actively reviewing workforce models/ plans that will support key priorities linked to the management of secondary care demand and the ongoing primary care / ARRS developments.

- North Cumbria Locality has taken forward the Single Routine Referral Triage service for the Adult pathway across North Cumbria bringing together all referrals with effective standardised clinical triage. In addition, further to ongoing discussions with Trust Innovations and North Cumbria Directors, a paper is being developed proposing the introduction of an all-ages IRS approach in North Cumbria.

- The Trust wide Transitions Group has been established for some time with broad representation from multi-disciplinary staff from across key CNTW pathways.

Actions undertaken to date include:

- Key Policy and PGN complete and in operation.
- Training pack agreed and utilised in preceptorship training.
- Working with Eating Disorders to support Transition planning and good practice.
- 'My Moving On Plan' – Complete following feedback and consultation, to be used as part of Transition planning.
- RiO Alert – Will be on Alert Screen & Care Plan
- RiO Transition form – agreed by Clinicians from CYPS & Adult services, to be part of RiO.
- Agreement from Trust Board to progress Transitions Peer Support Workers

- Collaborative agency working led by ICB leads is underway to review the issues within the neurodevelopmental pathways (ADHD and ASD) specifically looking at the current waiting list position. Option papers are being developed to identify improvements and or solutions.

- Waiting times for access to Gender Services are significant from a local and national perspective. To support service users waiting to access the service 2 WTE peer support workers have been recruited. Additional clinical staff including medics, GPS and nursing staff are being recruited to following investment from NHSE. An SLA is now in place with the 3rd Sector to support service users in the community and support the development of a Trans Health Clinic across the region.

- The new Access Oversight Group has been stablished during quarter 3. A workshop was held in November with 200 staff in attendance. The workshop focused on providing staff with an update on progress with community transformation, movement away from CPA and a

section on demand and capacity planning. An introduction was given on the new waiting times standards which are due for implementation by quarter 2 2023/24.

The number of people waiting more than 18 weeks for their **first contact** with services* has increased in the quarter to 466 (8.3% of all waiters). The number of people waiting overall has decreased (by 1.5%) to 5607 as at 31 December 2022.

What we said we would do during Quarter 4 (January, February & March 2023):

- 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.

What we did:

- The Trust continues to have a fortnightly Primary Care /ARRS Governance meeting to look at model development, recruitment, links with the community mental health transformation programme and any associated risks and issues. This group has representation from all localities and corporate services.
- Primary Care/ARRS is now included in the weekly Community Services Oversight Group which started in March 2023. The main focus of this is how primary care and secondary care join to provide trusted assessment between services and how we can reduce the number of inappropriate referrals from primary care.
- Due to significant staffing difficulties, there has been a delay in expanding North Cumbria's single point of access to include CAMHS and children's ADHD services. However to continue momentum and standardise practice, the CAMHS and ADHD are developing a single referral and triage hub, which will then move across to the 'all ages' Initial Response Hub once this is fully developed, with this expected in Quarter 4
- The Transition group continues to meet on a monthly basis with continued multi-disciplinary attendance. Members of the group work across all parts of the Trust and are involved in both local and national transition work, including national conferences, training events and members of groups driving policy development and good practice guidance. The group recently presented progress so far to Trust Board and received a positive response.
  Work ongoing:
  - Transition Peer Support posts, a paper is being produced to present to Locality Directors to develop these roles.
  - Adult In-patient to Community PGN now complete and going through final checks until go live.
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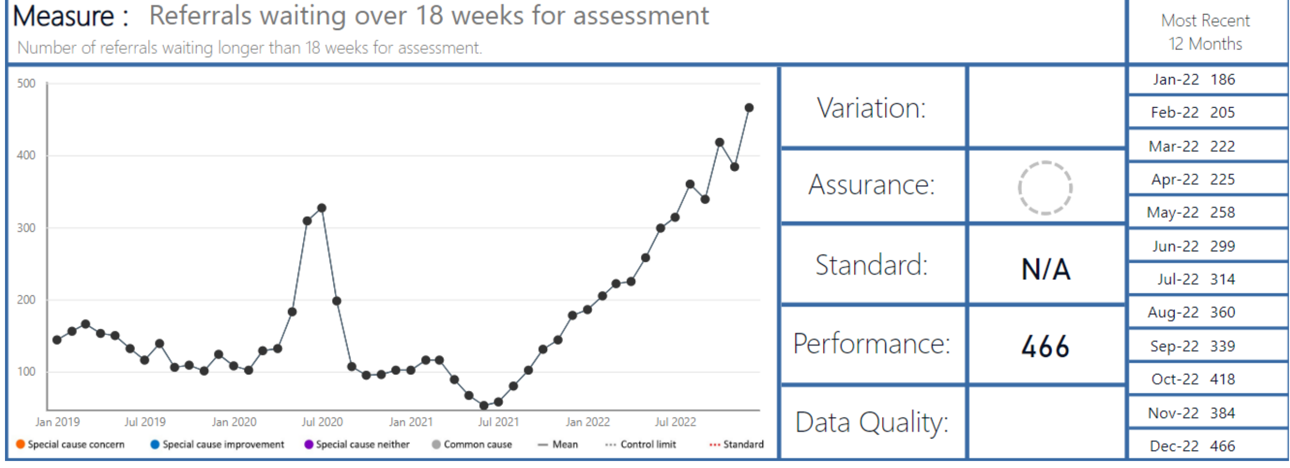
- The new Community Services Oversight Group has been stablished during quarter 4. This group is a weekly performance management group that focuses on actions being taken to reduce the number of over 18 week waiters but also will focus on 4 key workstreams – role and function of the CTT, CYPS Neurodevelopmental pathway, reviewing the role and function of SPA/IRS and Trusted assessor roles and functions.

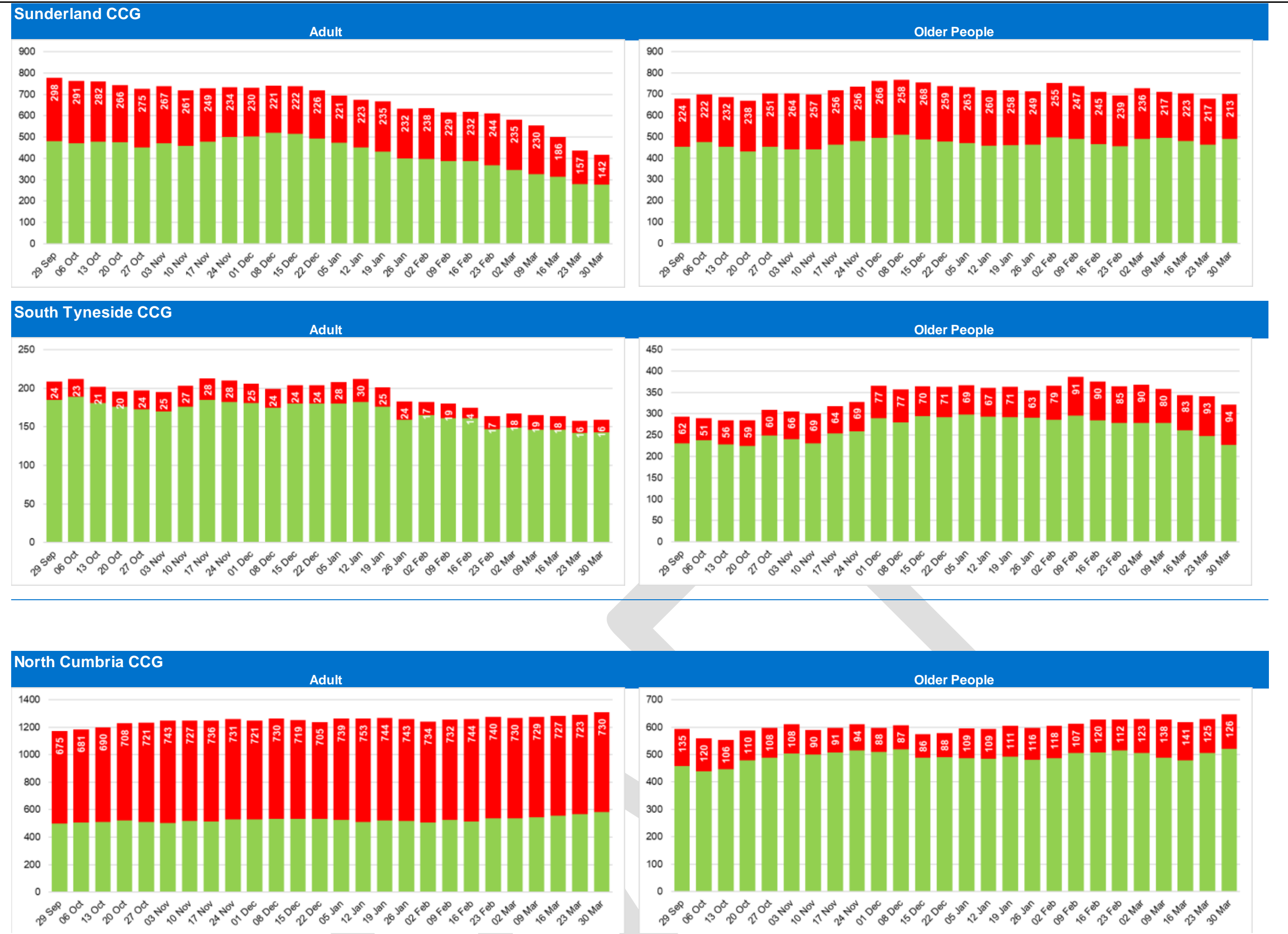
The number of people waiting more than 18 weeks for their **first contact** with services* has increased in the quarter to 466 (8.3% of all waiters). The number of people waiting overall has decreased (by 1.5%) to 5607 as at 31 December 2022.

**Note that the above data excludes services with continuing long waits (CYPS, Adult ADHD, adult autism diagnosis, gender dysphoria). These are scrutinised further below.*



CCG Number Waiting for Treatment in Adult & Older Peoples Services as at 30th March 2023

Newcastle CCG
Adult
Older People
Gateshead CCG
Adult
Older People
North Tyneside CCG
Adult
Older People
Northumberland CCG
Adult
Older People



Community Services for Children and Young People (CYPS)

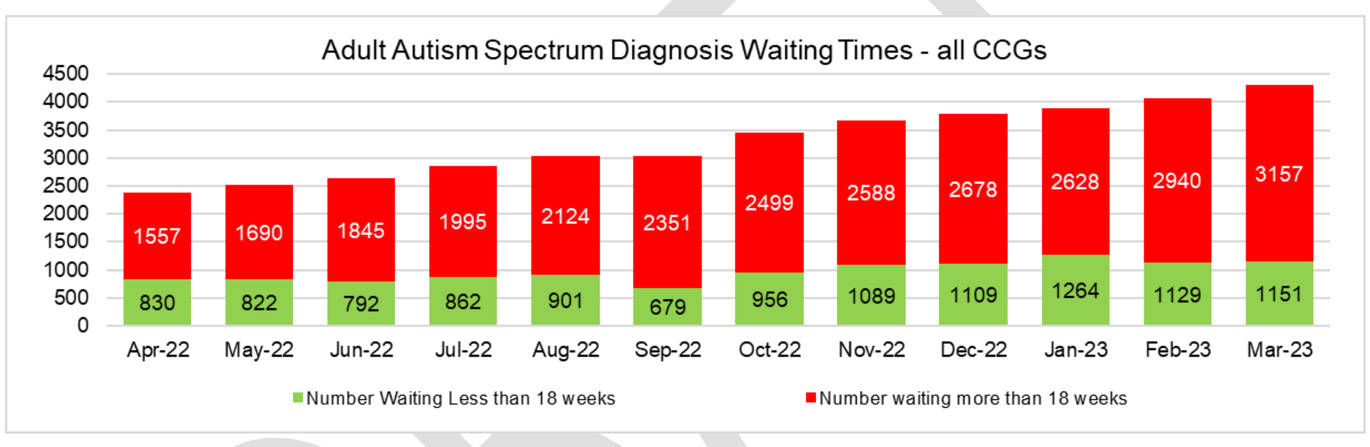
The methodology to measure waiting times in CYPS services has been introduced based upon a national methodology of considering a second appointment as a proxy for the start of treatment. The data below is at 31.03.23.

	Newcastle / Gateshead CYPS		Newcastle CYPS Tier 2		Northumberland CYPS		Sunderland CYPS		South Tyneside CYPS	
No. Weeks Waiting to Treatment	No. Waiting	%	No. Waiting	%	No. Waiting	%	No. Waiting	%	No. Waiting	%
0-4 weeks	262	10.33%	8	3.76%	179	36.16%	81	9.08%	48	7.54%
4-6 weeks	122	4.81%	6	2.82%	51	10.30%	28	3.14%	26	4.08%
6-8 weeks	137	5.40%	2	0.94%	75	15.15%	32	3.59%	33	5.18%
8-10 weeks	124	4.89%	5	2.35%	65	13.13%	45	5.04%	29	4.55%
10- 12 weeks	98	3.86%	5	2.35%	43	8.69%	37	4.15%	15	2.35%
12- 18 weeks	200	7.88%	10	4.69%	76	15.35%	96	10.76%	87	13.66%
18 + weeks	1,594	62.83%	177	83.10%	6	1.21%	573	64.24%	399	62.64%
Total Waiting	2,537	100.00%	213	100.00%	495	100.00%	892	100.00%	637	100.00%

No. Weeks Waiting to Treatment	North Cumbria CYPS CAMHS		North Cumbria CYPS ADHD		North Cumbria CYPS EIB		North Cumbria CYPS LD	
	No. Waiting	%	No. Waiting	%	No. Waiting	%	No. Waiting	%
0-4 weeks	26	20.31%	106	18.73%	42	19.63%	12	30.00%
4-6 weeks	8	6.25%	50	8.83%	9	4.21%	9	22.50%
6-8 weeks	9	7.03%	18	3.18%	10	4.67%	3	7.50%
8-10 weeks	12	9.38%	3	0.53%	23	10.75%	3	7.50%
10- 12 weeks	12	9.38%	4	0.71%	22	10.28%	3	7.50%
12- 18 weeks	17	13.28%	42	7.42%	41	19.16%	3	7.50%
18 + weeks	44	34.38%	343	60.60%	67	31.31%	7	17.50%
Total Waiting	128	100.00%	566	100.00%	214	100.00%	40	100.00%

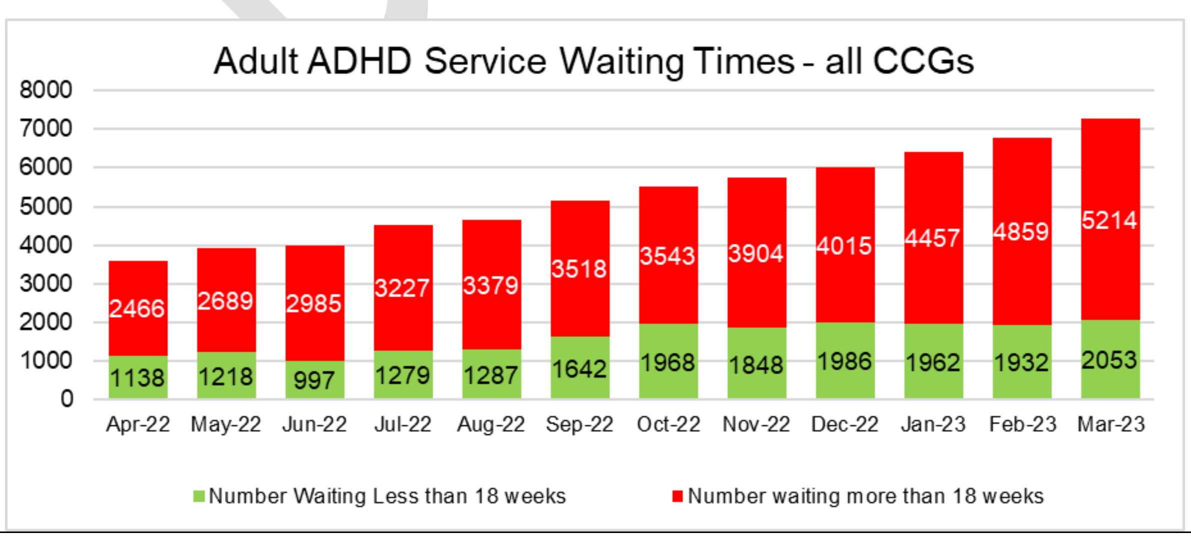
Adult Autism Spectrum Disorder diagnosis (ASD)

- The number of people waiting to access this service has increased throughout the quarter, and there were 4308 people waiting as at 31 March 2023
- The proportion of people waiting less than 18 weeks for their first contact has decreased to 27% from 30% at 31 March 2023.



Adult Attention Deficit Hyperactivity Disorder (ADHD)

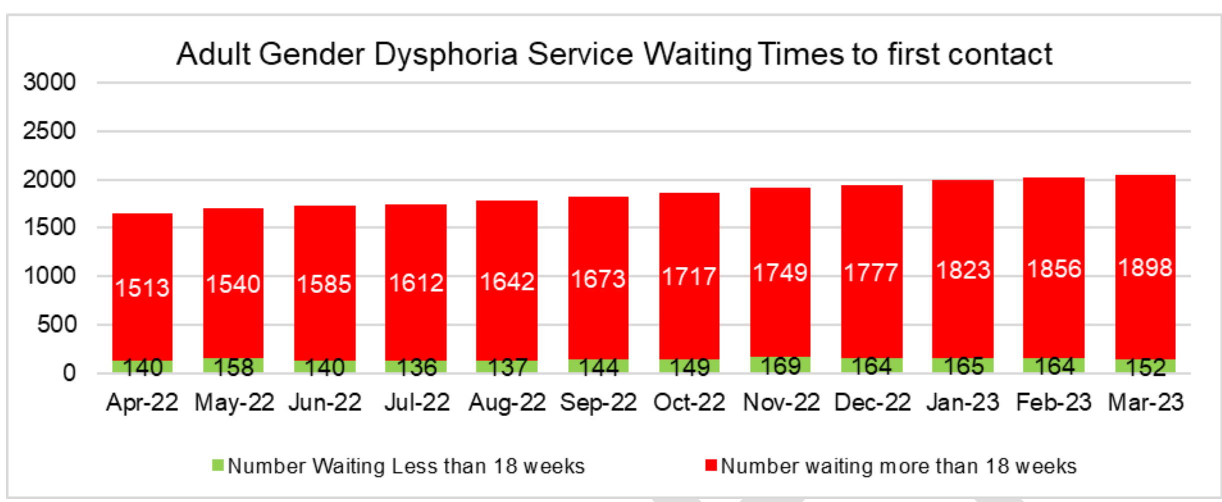
- The number of people waiting for first contact with this service has increased from 6001 as at 31 December 2022 to 7267 as at 31 March 2023.
- The proportion of people waiting less than 18 weeks for their first contact has decreased to 28% as at the end of March.



Adult Gender Dysphoria

Waiting lists to access this service have continued to increase in the period as expected.

- The number of people waiting for their first contact with the service has increased in the Quarter and stands at 2050 as at 31 March 2023 (was 1941 as at 31 December 2022).
- The proportion of people waiting less than 18 weeks for their first contact has decreased to 7% as at 31 March 2023.



The groups are actively participating in the Access and Waiting Times meeting and at a group level new oversight processes have been developed.

The locality groups continue to monitor 18 week waits and have identified the following reasons that are contributing to the 18-week breaches across both CYPS services and Adult and Older People.

- There have been a significant number of DNA and cancelled appointments
- Staff sickness has impacted on services
- Some service users were transitioning across services

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.

Status: Not Met

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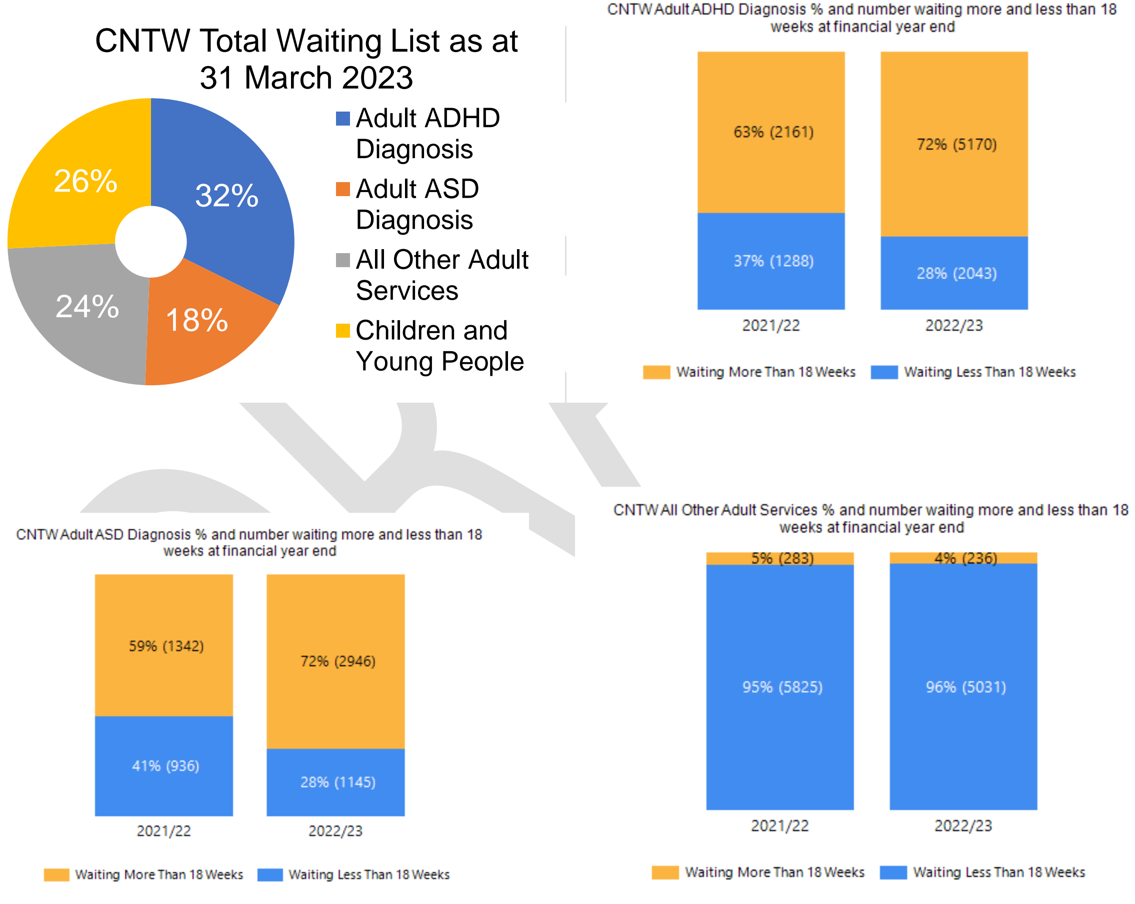
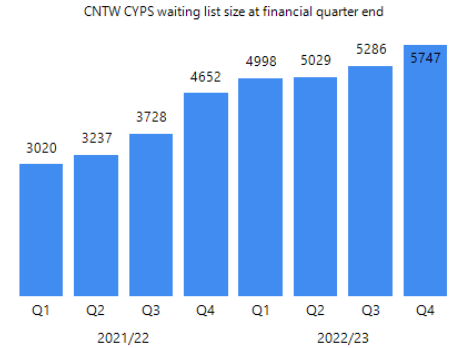
Trustwide waiting times analysis

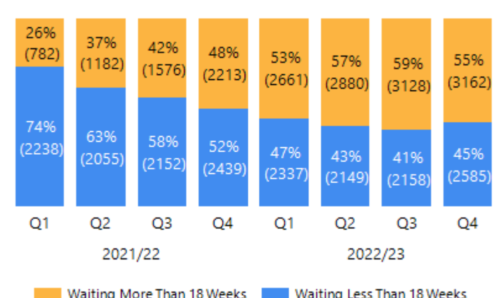
The neurodevelopmental service is currently receiving excessive demand to services in both the Adult ADHD and Autism diagnostic service pathways. Over the past two years demand for services have been unprecedented and this is believed to be countrywide. The awareness around ASD and ADHD is highlighted daily within social media and the press. Prior to this there was steady increase in demand for which we were able to manage from within.

We have had discussions with the Integrated Care Boards (ICB) across the Trust to review and request support in this area. The paper has been submitted and is awaiting discussion at ICB level to review input into the services. This was completed in December 2022, submitted with Quality and Commissioning support.

Figure 2 a-f: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics







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CNTW data for waiting time standards:

Table 4: Waiting time standards data 2022-2

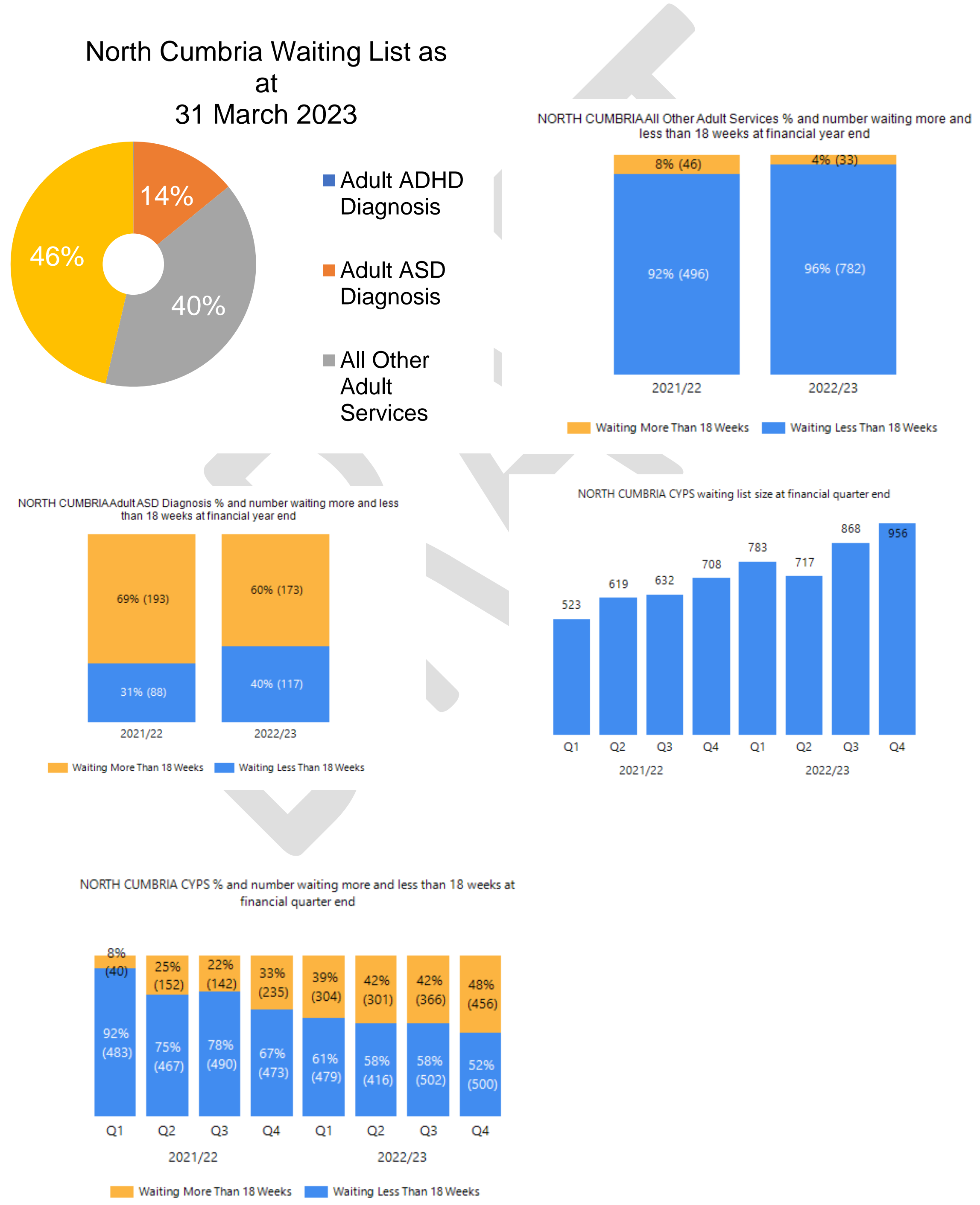
Area	Waiting time measure	Minimum standard	CNTW data	Data period
Early Intervention in Psychosis (EIP) *	% starting treatment within two weeks of referral	60%	**77.7%**	April 2022 to March 2023
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	**98.7%**	April 2022 to March 2023
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	*95%*	**95.8%**	April 2022 to March 2023
	% routine cases starting treatment within four weeks of referral		**73.6%**	

Waiting times analysis at locality level

North Cumbria has seen a decrease in people waiting over 18 weeks for all adult service, and ASD services also saw a marginal decrease in the people waiting over this time.

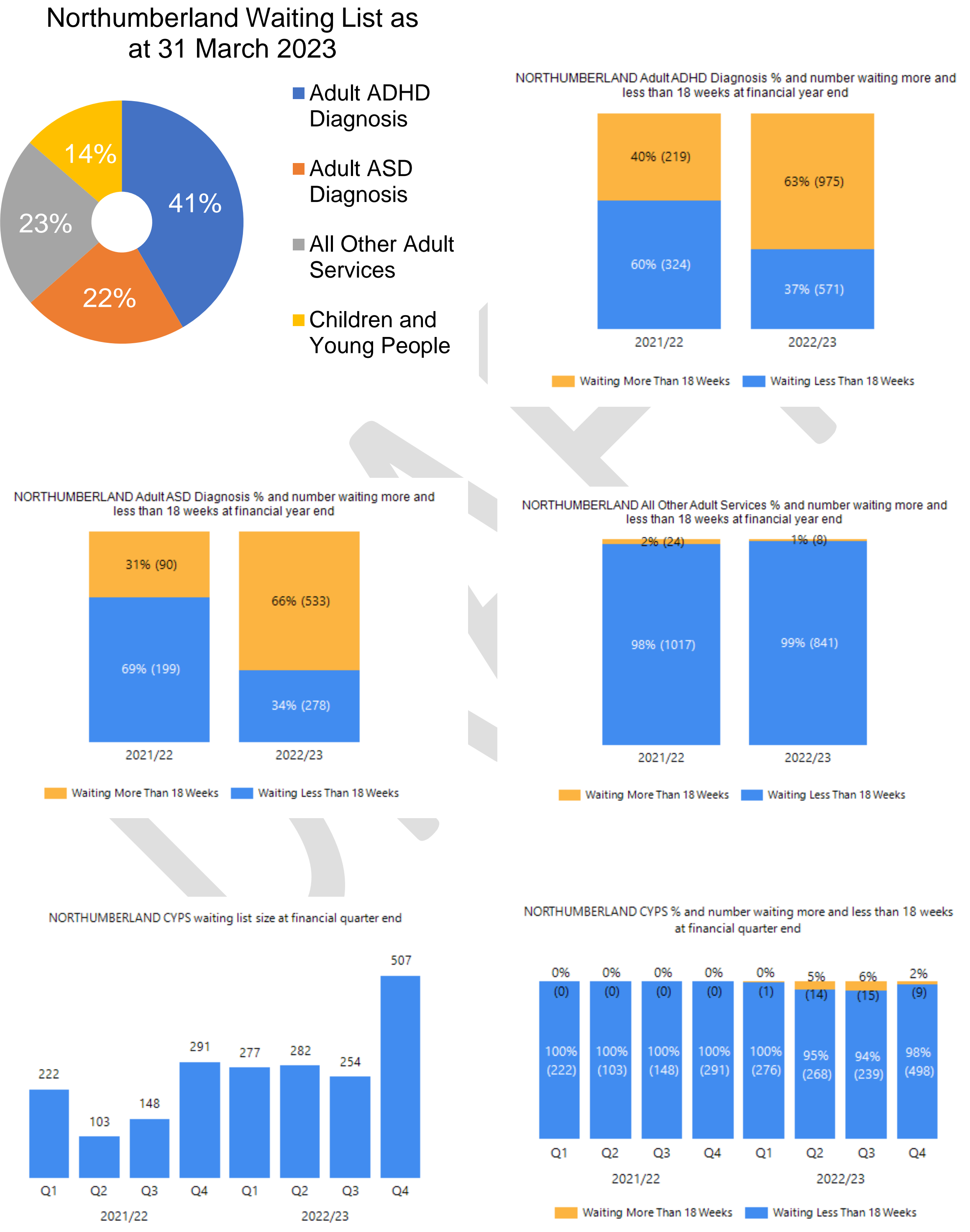
CYPS services continue to see a month on month increase in referrals leading to increased pressures and waits in particular for neurobehavioral disorders.

Figure 3 a-e: North Cumbria CCG waiting lists, assorted metrics



In Northumberland, the neurodevelopmental service is currently receiving excessive demand to services in both the Adult ADHD and Autism diagnostic service pathways. Over the past two years demand for services have been unprecedented and this is believed to be countrywide.

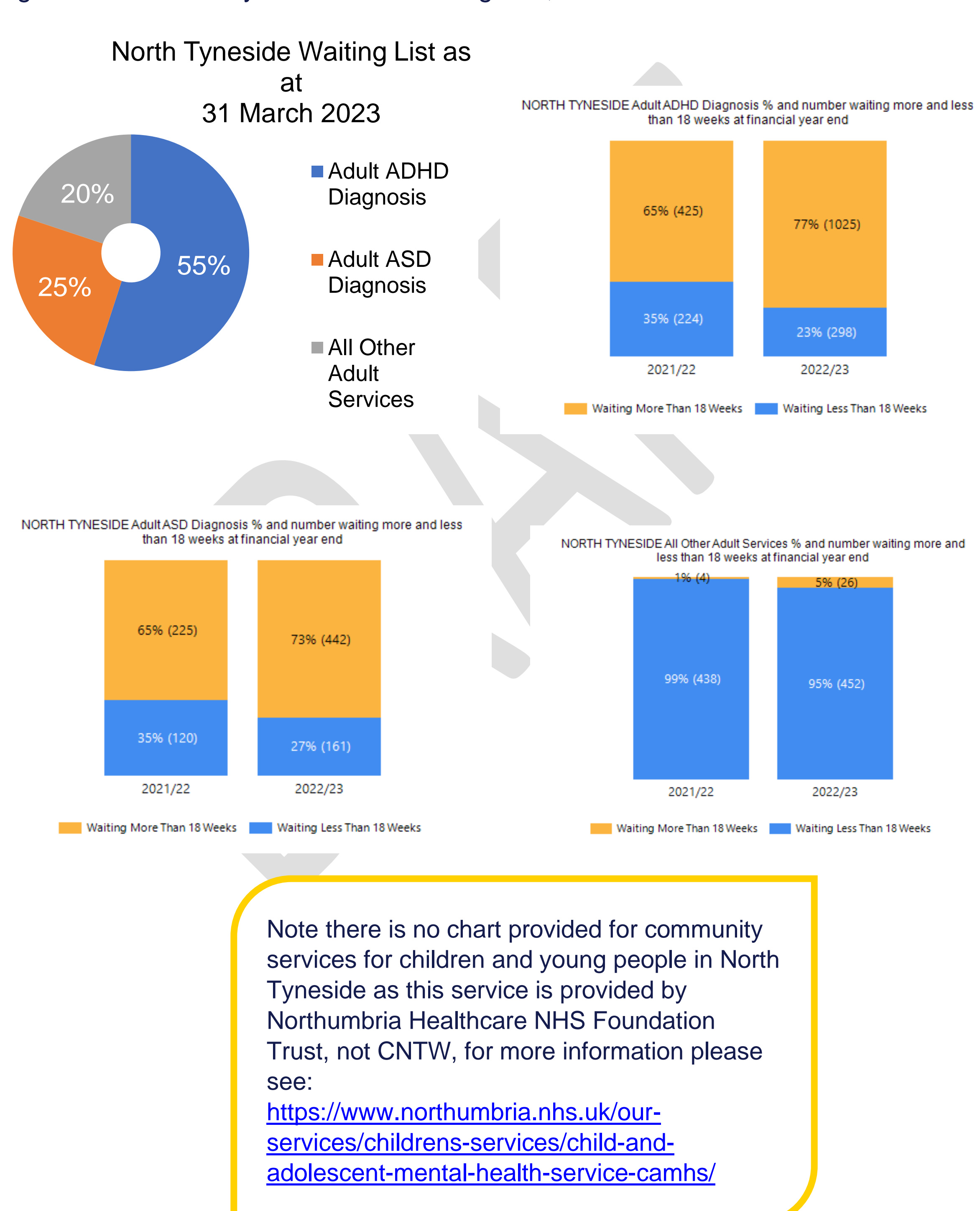
Figure 4 a-f: Northumberland CCG waiting lists, assorted metrics



In North Tyneside, there has been a marked increase in referrals in to both the adult ADHD and ASD services which has resulted in an increase in the number of people waiting over 18 weeks in both services.

There has been a slight increase in the number of people waiting over 18 weeks in all other adult services and this is due to increased waits in the Memory Assessment and Management Service (MAMS) in Newcastle which has seen an increase in referrals. Waits within other adult community team remain low.

Figure 5 a-d: North Tyneside CCG waiting lists, assorted metrics

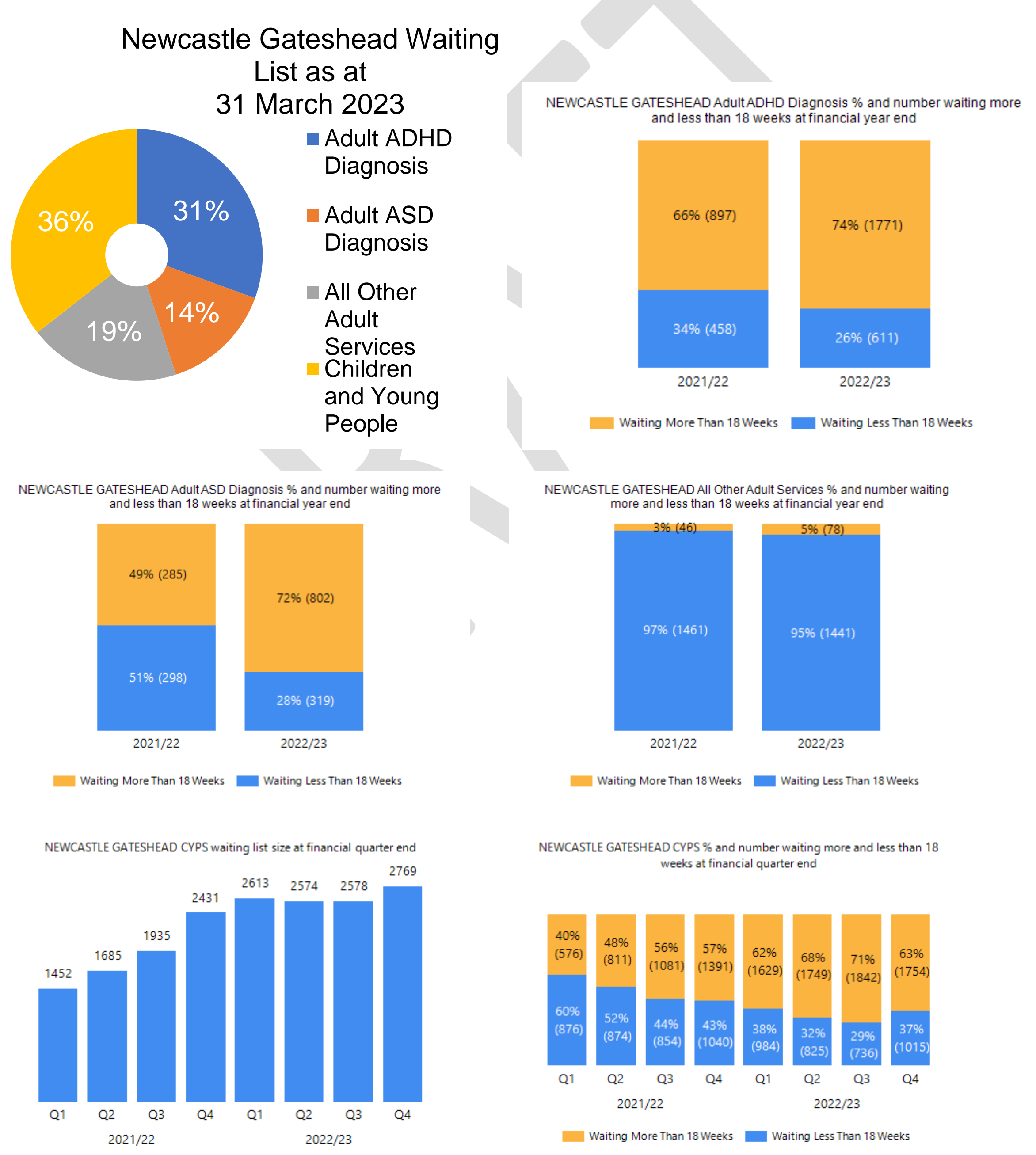


Note there is no chart provided for community services for children and young people in North Tyneside as this service is provided by Northumbria Healthcare NHS Foundation Trust, not CNTW, for more information please see: https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mental-health-service-camhs/

In Newcastle and Gateshead, there has been a marked increase in referrals in to both the adult ADHD and ASD services which has resulted in an increase in the number of people waiting over 18 weeks in both services. There has been a slight increase in the number of people waiting over 18 weeks in all other adult services and this is due to increased waits in the Memory Assessment and Management Service (MAMS) in Newcastle which has seen an increase in referrals. Waits within other adult community team remain low.

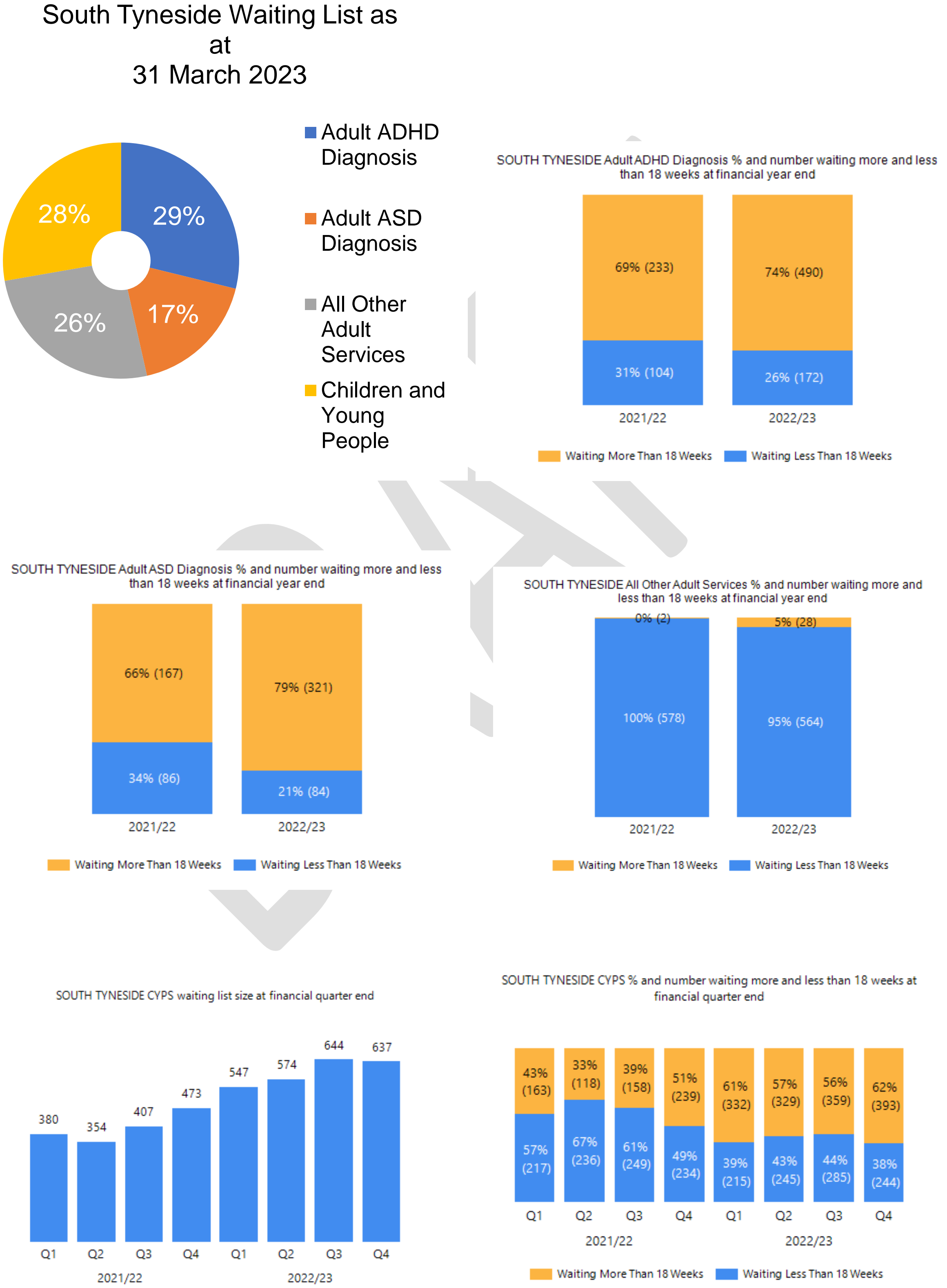
The number of people waiting over 18 weeks in CYPS has increased over the last year with the pressure predominantly in the neurodevelopmental pathways which has also seen an increase in referrals. There has been some improvement in the number of people waiting over 18 weeks in quarter 4 of 22/23.

Figure 6 a-f: Newcastle and Gateshead locality waiting lists, assorted metrics



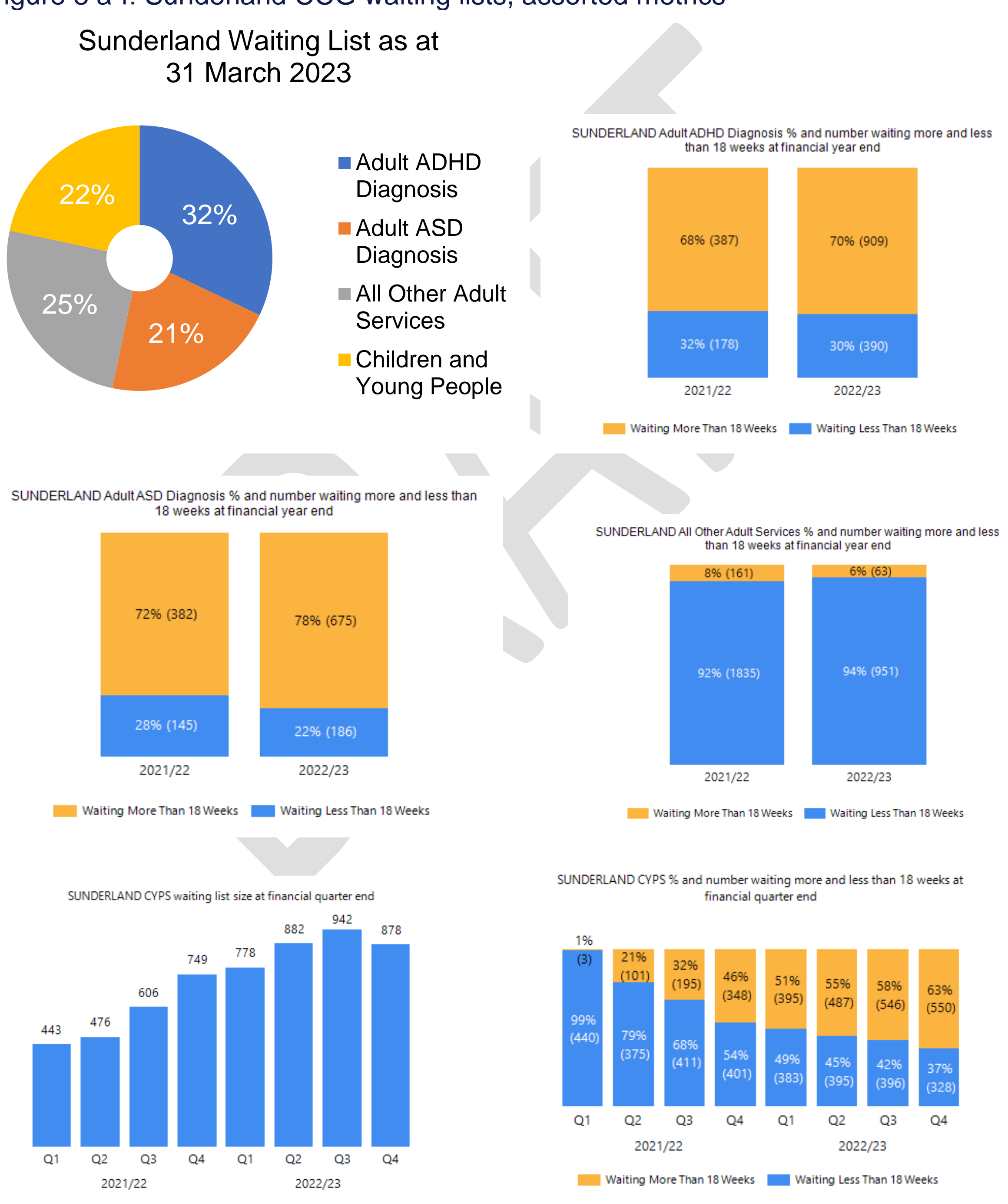
In South Tyneside, NHS England have reversed their original decision to fund for 4 years and are now funding at 1 year, while this is a financial increase to enable more staff to be in post it is significantly less than the team planned for at a time when pressure on the service is leading to significant waits for service users.

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



In Sunderland, work to increase teams' knowledge of waits in the system has happened. This has involved deep dives of data, process mapping and building simulators of data to aid analysis and forecasting, while also establishing new assurance process of reporting within the community CBU. Developments in process, such as use of SBAR, has supported staff to use time more effectively while also meeting patients needs. We will continue to review policy such as DNA, move our focus towards waits for treatment and establish process to reduce these waits, increase discharges, and focus on areas of issues such as waits within looked-after-children pathways.

Figure 8 a-f: Sunderland CCG waiting lists, assorted metrics



Data source: CNTW

Quality Priority 3: Patient Care – 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.

What we said we would do during Quarter 1 (April, May & June 2022):

- 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.

What we did:

The primary objective during Quarter 1 pertained to the expansion of the Points of You (POY) feedback mechanism. Principally encouraging more feedback from a greater range of people across the entire Trust.

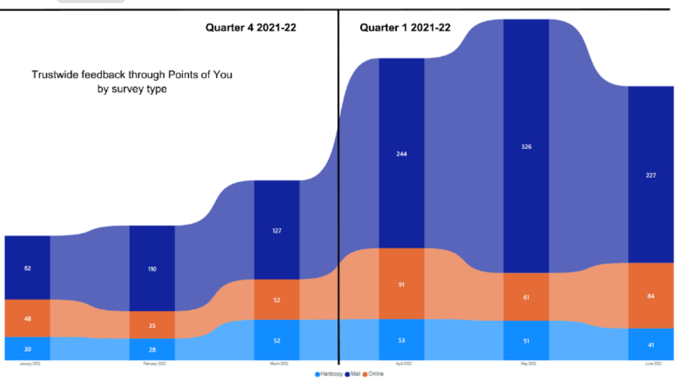
The increase in the volume of responses by individuals from a broader range of sources, should in the future provide greater understanding of the quality of services.

The POY records are recorded via an electronic process. This process has the ability to demonstrate the volume and themes from POY.

There has been work completed on the POY dashboard, this has also been improved to show more detail regarding the You Said We Did process.

Chart 1: Number of Points of You

The chart below indicates the significant increase in POY feedback during Q1. This has been the result of significant engagement with local groups to 'put the message out there'. It is endeavoured that this is the beginning of an increasing trend.



The following aims have been delivered during Q1:

- ✓ 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.

What we said we would do during Quarter 2 (July, August & September 2022):

- Implementation of actions.

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

What we did:

Following on from the successful recovery reset of the POY process, the number of returns remains stable. During the first month of Q2 (July) there was a significant drop off in the number of returns. However, by the end of Q2 this had stabilised to over 200 returns in the month. This may be a yearly phenomenon, that some months attract less feedback as well as a supply issue that meant no surveys were sent to people for a month.

An action for Q2 was to encourage more responses from young people and young adults. Just under a quarter of the responses during Q2 were from this age group. The significance of this development, that now allows the services and trust as a whole to understand the particular needs of this group better. Typically, the POY process in past quarters has resulted in responses from adults and older adult populations, which has continued in Q2. However, the broader range of feedback from different demographics builds a richer picture of services.

You Said We Did

Following on from the Points of You process, the next step is the 'So What', this part of the process is named You Said We Did. This part of the process allows services to review the feedback they have received, reflect on the messages and put in place actions to address the constructive feedback.

Meaningful actions are recorded on the You Said We Did posters. These posters are displayed in public areas to display the feedback received and the actions the service has undertaken, we are encouraging ideas how to make these posters more visible to patients.

The POY process is available to all staff and is used in Trust from patient/team/ward to board level reporting and reviewing of patient and carer experience. This is an important part of the process as it allows board level oversight of the process and embedding it as standard practice across the Trust.

To assist Team and Ward to develop posters a set template has been developed with input from a wide range of people, this poster used to communicate the change which has occurred. To assist the development of these posters a 'How To'

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guide has been developed, with a step-by-step map of actions which need to be taken to develop a poster.
What we said we would do during Quarter 3 (October, November & December 2022):
• Implementation of actions. • Roll out 'You Said – We Did' poster process to all wards and teams.
What we did:
You Said We Did Following on from the Points of You process, the next step is the 'So What', this part of the process is named You Said We Did. This part of the process allows services to review the feedback they have received, reflect on the messages and put in place actions to address the constructive feedback. Meaningful actions are recorded on the You Said We Did posters. These posters are displayed in public areas to display the feedback received and the actions the service has undertaken, we are encouraging ideas how to make these posters more visible to patients. The POY process is available to all staff and is used in Trust from patient/team/ward to board level reporting and reviewing of patient and carer experience. This is an important part of the process as it allows board level oversight of the process and embedding it as standard practice across the Trust. To assist Team and Ward to develop posters a set template has been developed with input from a wide range of people, this poster used to communicate the change which has occurred. To assist the development of these posters a 'How To' guide has been developed, with a step-by-step map of actions which need to be taken to develop a poster. At the end of Q3 the uptake of the You Said We Did Posters have not been in line with expectations. While some teams have made a poster, most team/wards do not currently have one. The communications plan from Quarter 2 is being revisited in Quarter 4 to make colleagues aware of the process and the value added by completing a poster to improve services.
What we said we would do during Quarter 4 (January, February & March 2022):
• Implementation of actions. • Evaluate roll out of 'You Said – We Did', identifying teams not using it and offering support.
What we did:
The You Said We did Poster function went live in June 2022, with communication ongoing in the staff bulletin during August 2022. The aim of Quarter 4 is to evaluate the roll out of the You Said We Did process across the trust. The approach is twofold, one is a quantitative count of the number of feedback

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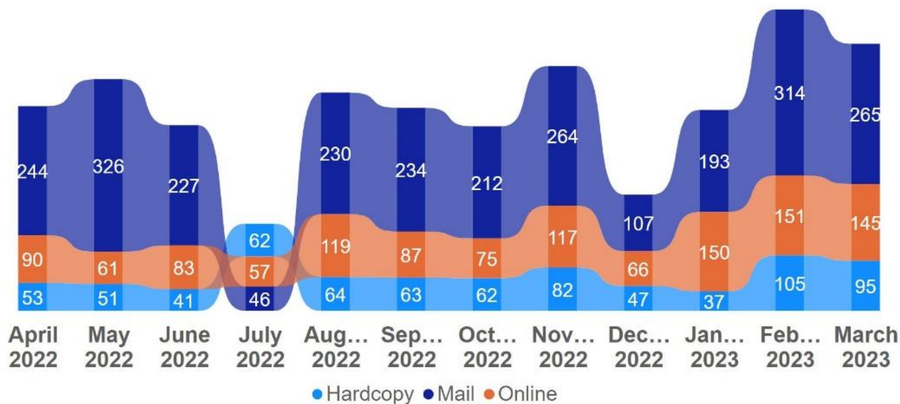
responses by area and demographic, follow by a count of the number of We Did posters.

Additionally, is the qualitative collation of ‘best practice’, areas of innovation that have contribute to the positive rollout of the Quality Priority. An area that feedback during Quarter 4 included best practice from North Locality:

Current Position on We Did progress

Points of You Returns

The quality priority included actions to raise the profile and the importance of gathering patients feedback and actioning the comments as a key principle of service improvement. The number of POY returns has increased during the duration of the Quality Priority, during the Quarter 4, month of February 2023 a new record was set, regarding the volume of POY returns received.



Points of You Posters Returns

The average number of posters being completed in Quarter 4 has also increased. From an average of 10 per month during Quarter 3 to an average of 12 per month during Quarter 4. At the current rate of completion it is forecast to take approximately 18 months to 24 months for all services to complete a We Did Poster.

There is work underway in each locality to improve the rate of completion, this will in turn improve the trajectory. The work includes:

- Attendance and presentation of the We Did Poster tool and its benefits at locality meetings.
- Completion of the We Did poster tool being incorporated into the team oversight meeting across the trust.
- Teams being asked to present posters at locality meetings.

These actions are designed to embed the We Did Poster function as core business of teams, in anticipation that this will lead to an increase in the number of Posters completed during each month.

During Quarter 4 the localities completed the following amount of You Said We Did Posters.

Posters for previous 3 months by locality

Locality	Jan-2023	Feb-2023	Mar-2023
Central Locality Care Group	2	8	3
North Cumbria Locality Care Group	5	1	
North Locality Care Group	3	2	2
South Locality Care Group	2	6	2
Total	**12**	**17**	**7**

Next Steps
The future plan is to embed this process as core business of each group. To strengthen this approach and ensure it becomes embedded, each group will now add POY as a standing agenda item on the QS meetings with a report outlining progress made. At CBU level, leaders are being requested to present their posters at the meetings, in addition to the rate of POY feedback is now incorporated onto all Team level dashboards for monitoring.

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.

Status: Partially Met

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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.

What we said we would do during Quarter 1 (April, May & June 2022):

- 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.

What we did:

The implementation group for Inclusive Recruitment has been meeting fortnightly throughout the quarter and has progressed over a third of the recommendations from the Task and Finish Group's work from last year.

Changes have been made to the recruitment pack for candidates and within the next few weeks a resource portal of information for people interested in working for the Trust will go live on the Trust's website within a dedicated career's section. The next steps for this work will involve a review of the training for interview panel members. Once reviewed there will be an expectation that everyone who is part of an interview panel will need to take this training, regardless of whether they have previously completed the existing course.

Respectful resolution work was launched as part of a professional development session for HR staff who are now aware of the BUILD model which is key to this work. Next steps include ensuring that relevant policies take the new approach into account, acknowledging that it provides an important informal route to resolving disputes.

A presentation on Hopes took place at the Trust-wide Manager's meeting in April and awareness sessions have been rolled out from that point onwards.

Meetings about FREDA principles of Human Rights have recommenced as has other rights-based work. Mapping of FREDA principles to other EDI initiatives has taken place this quarter.

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What we said we would do during Quarter 2 (July, August & September 2022):

- 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.

What we did:

We have continued to implement the inclusive recruitment measures and have worked on a 'Recruitment Hub' that will be launched in Quarter 3.

Respectful Resolution trainers have provided training for HR staff and dates for training are being rolled out in Quarters 3 and 4.

We have re-established a link with Northumbria Police – the person we were in discussion with about Hate Crime training had left the force We are looking for training to take place early in 2023.

A review of locality information has started to better understand the population demographic, we are awaiting the release from the Office of National Statistics the Census 2021 information so that we can continue this work which is in preparation for our Equality Delivery System 2022 assessment and will lead to the production of new equality and diversity objectives along with a renewed Equality, Diversity and Inclusion Strategy which will be aligned to We are CNTW.

In August 2022, a meeting took place between Executives & Empower workstream leads to discuss the current programme. A decision was undertaken to stand down the Empower programme in its current form, due to the 4 workstreams developing at different pace, with varying priorities. There was an agreement that current workstreams would sit under the Positive & Safe team and continue to develop under its remit.

- **Trauma Informed Care**: a Steering group was set up in September, to review ideas and plans around trauma informed care in the Trust. As no additional funding has been allocated to run the pilot proposal, Steering Group members are discussing way to take forward ideas within existing structures and resources, particularly embedding trauma informed care into Community Transformation. Future meetings are continuing to review progress.
- **Human Rights**: a 30-45 min Human Rights module is being prepared to be delivered as part of Positive & Safe training, initially for inpatient services. There are plans to map out how Human Rights initiatives can be embedded across the Trust, into transformation programmes and beyond.
- **HOPEs**:
  - Trust-wide HOPEs awareness sessions are held monthly, with a lot of attendance and engagement. The dates are advertised in advance in the Bulletin and regular communications helps to promote these events.

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- A HOPEs paper with a number of recommendations was tabled at BDG, where the recommendations were supported.
- An 8b Trust HOPEs Lead is currently out to advert, to deliver the HOPEs objectives.
- Ward training will commence once the above post is filled.
- HOPEs continues to be part of the Long Term Segregation/Seclusion discussions.

What we said we would do during Quarter 3 (October, November & December 2022):

- 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.

What we did:

We have continued to implement the actions from the inclusive recruitment work. During this quarter a new application pack using inclusive language has started to be distributed for applicants to jobs listed during December. Work still continues on the internet hub of resources for candidates around application tips and interview preparation – an animation has been produced.

We have had discussions about how we will monitor the efficacy of the measures, but as yet they have not been fully implemented.

Continued planning of raising awareness of FREDA/Rights Based Approaches across CNTW. Linking with other Trust initiatives and rolling-out communications and awareness materials. At present the focus is on developing Human Rights Awareness training for inpatient services, to be delivered through the Positive and Safe Cohorts and cascaded locally. Once this has been done, the aim would be to develop this for other service types and user groups.

Training commenced at the start of October and will continue to the end of February. The training is facilitated via Zoom and is 3 hours long and is running one a week. In addition to these sessions Difference North East – a Newcastle based Disability Led organisation provided a half hour session at the Trust's fortnightly meeting for managers. The training covers all aspects of disability equality legislation and explores wider issues – predominately social model based, around disability awareness and equality.

The Trust has appointed a HOPE(S) lead to provide strategic clinical leadership and innovation using the most up to date and evidence based theory and practice with a specific focus on the application of the HOPE(S) clinical model of care to reduce long term segregation and innovative strategies to improve clinical practice and reduce restrictive practices with children and young people, adults with autism and/or a learning disability across the Trust. A key part of their role is to co-ordinate HOPES Education and training function in the Trust, this has started to roll out.

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What we said we would do during Quarter 4 (January, February & March 2023):

- 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.

What we did:

- **Report on efficacy of Inclusive Recruitment measures, recommend adjustments where required.**

Work still needs to take place on establishing metrics to monitor the efficacy of the inclusive recruitment measures. It is also too soon to establish whether they have been effective or not. Some of the measures have only recently gone live. This action is carried forward into our 2023-24 Equality Diversity and Inclusion draft action plan.

- **Implement Respectful Resolution Pathway.**

Regular respectful resolution training sessions are taking place. Further requests for bespoke sessions with Teams have been made. A training session for Freedom to Speak Up Champions took place in March 2023 and further introduction and exploration sessions.

- **Training strategy for Trust-wide HOPEs plan of implementation in all areas.**

HOPEs lead in post – key role is to coordinate the roll out of training 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.**

Contract for pilot continues.

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.

Status: Partially Met

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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 2020-21 to 2022-23

Number of Patient Safety incidents reported by impact:	2020-21		2021-22		2022-23	
No Harm	12917	67.9%	11751	57%	**17890**	**64.1%**
Minor Harm	5255	27.7%	7224	35%	**7859**	**28.2%**
Moderate Harm	734	3.9%	1496	7.3%	**1911**	**6.8%**
Major Harm	85	0.4%	74	0.4%	**101**	**0.4%**
Catastrophic, Death	16	0.1%	85	0.4%	**140**	**0.5%**
Total patient safety incidents	19007	100%	20630	100%	**27901**	**100%**

The Trust changed the way it reports incidents into a national system that impacts on patients in September 2022. The Trust has been the national pilot for the Learn from Patient Safety Events LFPSE over a number of years, and became the 1st mental health and learning disability Trust to report into the new national system.

There is an expectation that all NHS contracted providers report into the national system by September 2023. This now allows organisations to assess its incident data by physical and psychological harm to each patient, rather than just a previous level of harm for the incident.

The Trust has seen an increase in the numbers of incidents reported into the national system since go live. This is seen as a positive in our incident reporting culture, with still most incidents are being reported as no and low harm incidents.

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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 2022-23 for local CCGs, includes patient safety and non-patient safety incidents

Distinct Count of INCIDENT_NUMBER	Column Labels					
Row Labels	1 - No Harm	2 - Minor Harm	3 - Moderate Harm	4 - Major Harm	5 - Catastrophic, Death	Grand Total
NHS CUMBRIA CCG	5722	2256	347	27	274	8626
NHS GATESHEAD CCG	3728	1492	332	10	83	5645
NHS NEWCASTLE NORTH AND EAST CCG	4074	1754	374	11	160	6373
NHS NEWCASTLE WEST CCG	3240	1245	337	19	150	4991
NHS NORTH TYNESIDE CCG	4067	1701	471	21	163	6423
NHS NORTHUMBERLAND CCG	8692	3159	876	45	312	13084
NHS SOUTH TYNESIDE CCG	4244	2107	413	8	164	6936
NHS SUNDERLAND CCG	5812	2200	692	37	283	9024
Grand Total	**36836**	**15249**	**3740**	**169**	**1587**	**57581**

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 98.

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.

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Positive and Safe Strategy - impact in numbers

Graph 2a-d: Tertiary intervention figures 2020-21 to 2022-23

We can report some encouraging reductions in the year 2022-23 in the use of MRE and prone restraint. Levels of restraint and seclusion saw slight increases and we hope to see reductions in these areas in the coming year. Our work continues across the trust, our aim to reduce restraint and restrictive intervention and we hope that this is reflected in next year's figures.

The positive and safe team continue to be involved in a broad range of work. An overview of this year's work follows:

- **Talk 1st restraint reduction initiative is entering its 7th year.**
- **Cohort meetings.** Talk 1st quarterly cohort meetings are now back to face to face at St Nicholas Hospital after teams meeting had to be facilitated due to covid restrictions. The momentum of the face to face meetings continues to pick up with the benefits of the face to face meetings being evident through conversation and shared experiences between the wards.
- **Clinic visits.** Talk 1st clinics continue and all wards are visited on a regular basis.
- **Annual Report.** We continue to develop our annual report encouraging the trust in restraint reduction. This is collated using ward dashboard data, we cover our initiatives and wards feedback on all the "good stuff" that that they have been doing, which often includes some heart-warming photographs and stories.

- **Quarterly insight reports**. We develop our insight reports for locality group directors. These focus on findings from incident reporting data and attendance figures from our Quarterly Talk 1st cohort meetings.

  We also continue to deliver bespoke training across the trust.

- **Sensory training** continues to be delivered across the trust by our advanced occupational therapist Rebecca Trevarrow. This training is proving to be a valuable resource on many wards, creating a deeper understanding of our service user needs.
- **Pause training** continues to be delivered, the focus of this being on wards with high numbers of violence and aggression and restraint, This training focuses on **Proportionate** (is my response proportionate) **Assessment** (is it safe to proceed) **Understanding** (the patients' needs) **Sensory** (utilise sensory interventions) and **Evaluation** (post incident debrief for both staff and service user) The use of this information to improve on care and service user experience.
- **SleepWell training.** This continues to be delivered across our trust with many wards now participating in the sleep well project. Our aim is to improve the sleep quality of our service users on our wards. This training is backed by research undertaken by clinical and research staff at CNTW and lecturers and undergraduate students from Newcastle University.
- **Human rights training.** A package has been developed and will be delivered to key staff via the Talk 1st cohort meetings with the intention that every member of staff will complete this training within 3 months.
- **Talk 1st awareness sessions**. We continue to facilitate regular sessions via teams and in person, our recent audiences have included preceptor nurses as part of their induction training and ward teams as part of their team building days.
- **Innovations**. We continue to promote the use of innovations on our wards which include **Safety pods, safety huddles, sensory strategies, chill out rooms** and the **use of force leaflet.** We have seen some encouraging uptake in the use of safety pods and most wards now have one if not several safety pods. We have recently added Safety pods to our ward dashboard data which will help staff monitor their use of the pod.
- We are in our third year of delivering Post Graduate Certificate in reducing restrictive interventions, in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and North Cumbria University.
- We continue to support the Empower programme and the HOPES model of care.
- We are also members of the long term segregation panel.

How has the Service User and Carer Experience 2022-23 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.

Graph 3 CNTW's overall experience of care score 2018 to 2022

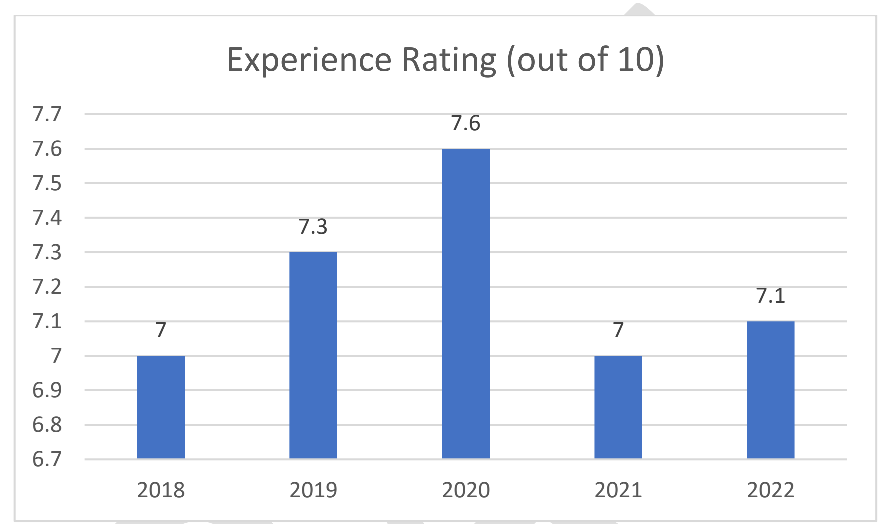
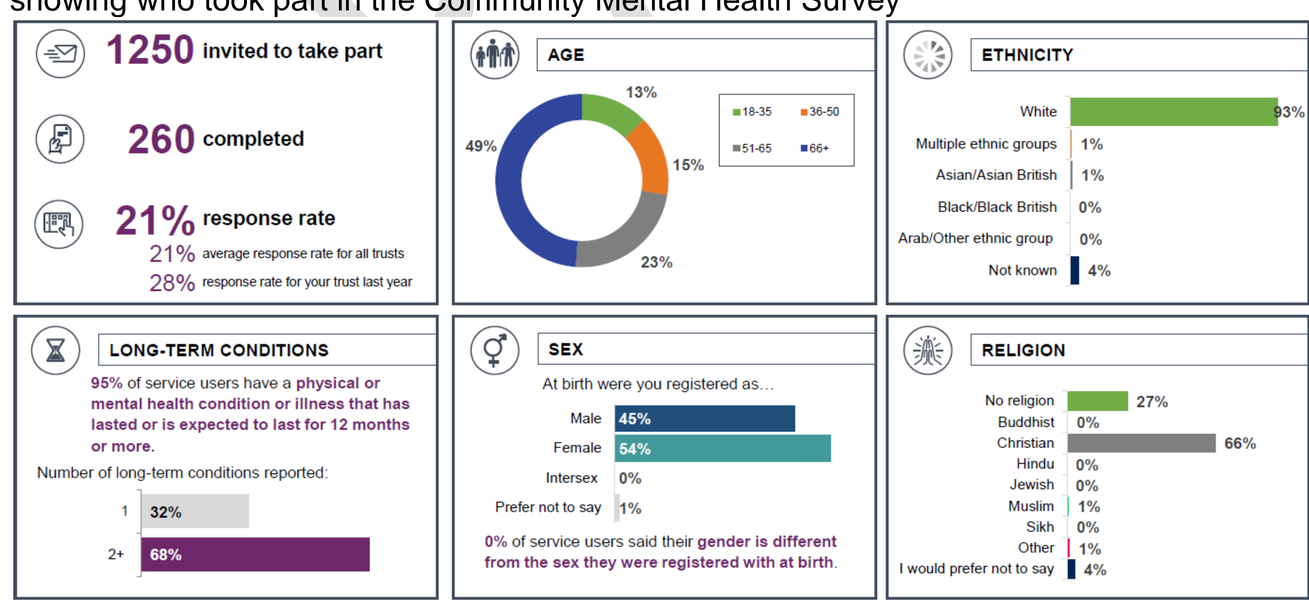


Table 7a-f: show a breakdown of the response rate and a variety of demographics, showing who took part in the Community Mental Health Survey



The tables below show the top (table 8) and bottom (table 9) scoring questions and how that compares with the national average scores:

Table 8:

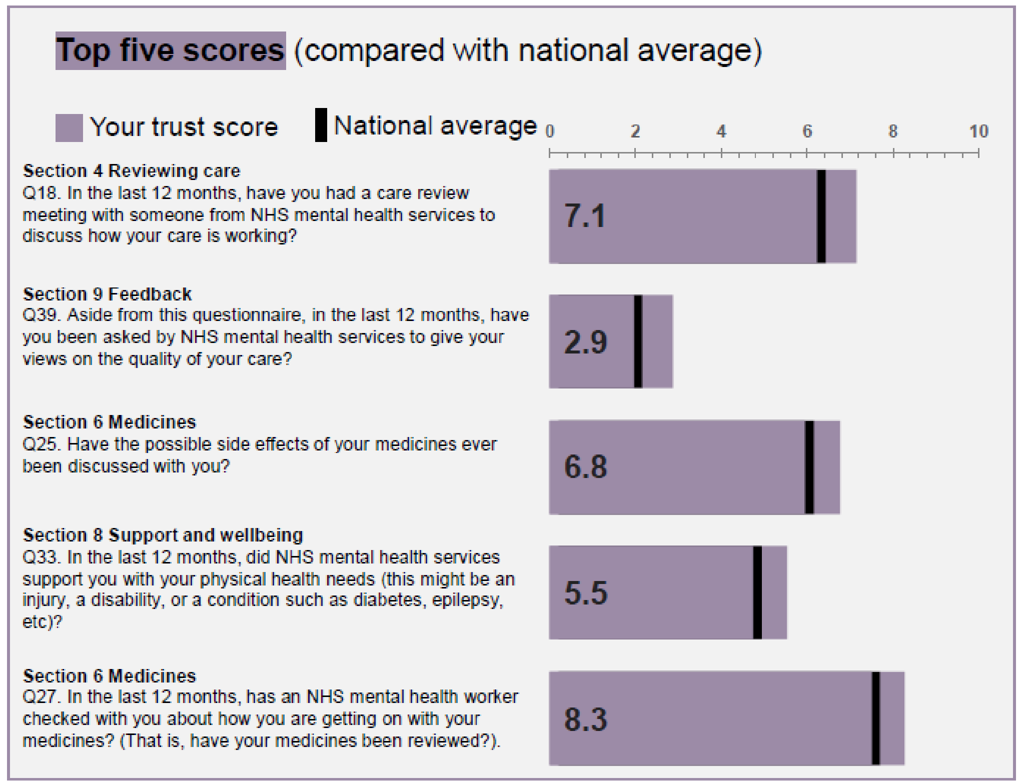


Table 9:

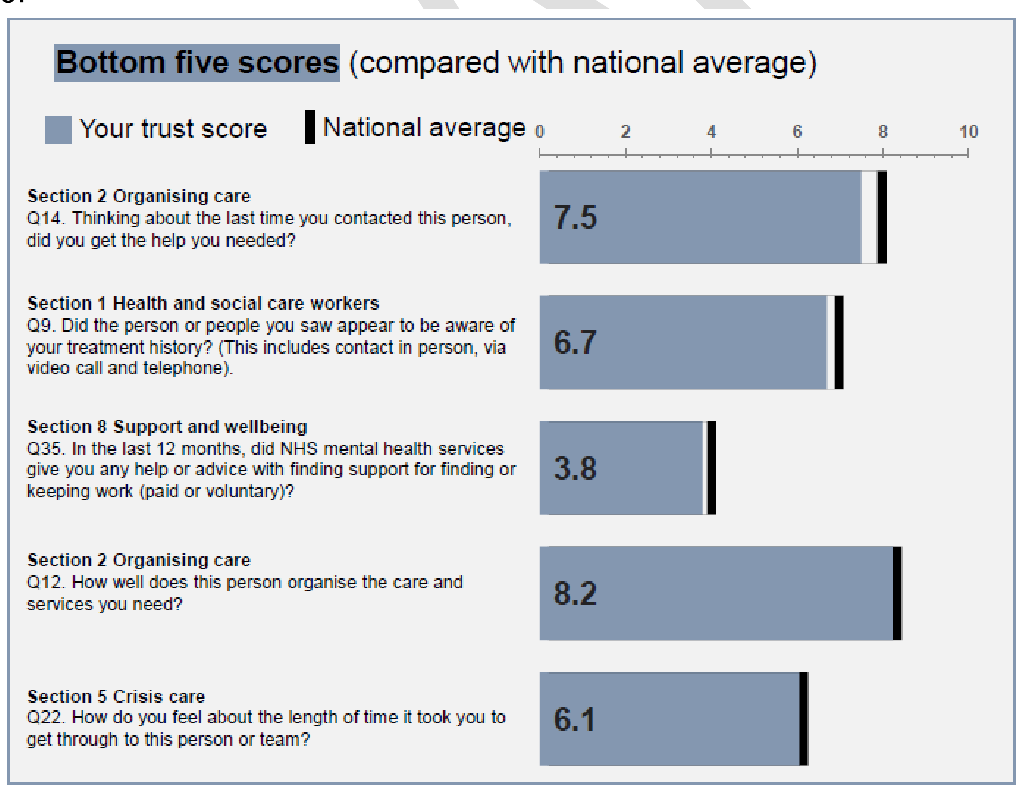


Table 10. National Mental Health Community Patient Survey results for 2019 to 2022

Survey section	2019 CNTW score (out of 10)	2020 CNTW score (out of 10)	2021 CNTW score (out of 10)	2022 CNTW score (out of 10)	2022 Position relative to other mental health Trusts
1. Health and Social Care Workers	7.6	8	7.4	**7.1**	About the same
2. Organising Care	8.7	8.9	8.7	**8.3**	About the same
3. Planning Care	7.1	7.2	6.8	**7.1**	About the same
4. Reviewing Care	7.9	8.1	7.6	**7.6**	Somewhat better than expected
5. Crisis Care	7.6	7.3	8.1	**6.7**	About the same
6. Medicines	7.5	7.5	7.5	**7.7**	Better than expected
7. NHS Therapies (prior to 2019 was Treatments)	7.5	8	7.4	**7.7**	About the same
8. Support and Wellbeing	4.8	5.4	4.9	**5.1**	About the same
9. Feedback	*	3.2	2.3	**2.9**	Somewhat better than expected
10. Overall Views of Care and Services	7.6	7.9	7.4	**7.4**	About the same
11. Overall Experience	7.3	7.6	7	**6.9**	**About the same**

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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.

Table 11: Number of complaints received 2020-21 to 2022-23

Financial Year	Total
2020-21	565
2021-22	629
2022-23	685

Data source: CNTW

Complaints have increased during 2022-23 with a total of 686 received during the year. This is an overall increase of 57 complaints (8%) in comparison to 2021-22 and the highest number of complaints received per annum to date.

Central Locality Care Group accounted for 34% of the complaints received, followed by South with 23%, North with 21% and North Cumbria with 20%. The other 2% of complaints related to the non clinical directorates.

In comparison to 2021-22 figures, the number of complaints received has increased in three of the localities:

- Central - 26% increase (59)
- North Cumbria - increase of 10% (13)
- North - 5% increase (7)
- South - decrease of 13% (24).

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

- Complaints related to patient care decreased by 7%
- Complaints relating to communications increased by 14%
- Complaints relating to values and behaviours increased by 3%

Complaint categories which have significantly increased in comparison to 2021-22 are:

- Complaints relating to waiting times have increased by 71%.
- Complaints relating to admissions and discharges have increased by 21%.

Complaint categories which have significantly decreased in comparison to 2021-22 are:

- Complaints relating to Trust admin/policies/procedures have decreased by 51%.

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

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service users, their families, carers and staff, providing information, signposting to appropriate agencies, listening to concerns.

Table 12: Number of complaints received by category 2020-21 to 2022-23

Complaint Category	2020/21	2021-22	2022/23
Patient Care	134	195	**180**
Communications	98	89	**104**
Values and Behaviours	85	93	**98**
Admissions and Discharges	56	42	**53**
Clinical Treatment	28	32	**43**
Appointments	32	22	**31**
Prescribing	30	28	**33**
Trust Admin/ Policies/Procedures	41	41	**21**
Access to Treatment or Drugs	26	31	**25**
Other	13	18	**11**
Facilities	13	9	**15**
Waiting Times	4	18	**62**
Privacy, Dignity and Wellbeing	4	4	**4**
Restraint	0	4	**2**
Staff Numbers	0	3	**2**
Integrated Care	0	0	**0**
Commissioning	0	0	**0**
Consent	1	0	**1**
Transport	0	0	**1**
Total	**565**	**629**	**686**

Data source: CNTW

Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just about the complaint but also on the complaint outcome. In 2022-23 we responded to complaints in line with agreed timescales in 62% of cases which is a 25% decrease in comparison to 2021-22. This is in part due to complaint staffing shortages and the team running for the last year on reduced staffing.

Table 13: Number (and percentage) of complaint outcomes 2020-21 to 2022-23

Complaint Outcome	2020-21		2021-22		2022-23	
Closed - Not Upheld	153	27%	166	26%	151	22%
Closed - Partially Upheld	177	31%	199	32%	199	29%
Closed - Upheld	91	16%	101	16%	100	14%
Complaint Withdrawn	58	10%	70	11%	94	14%
Decision Not To Investigate	35	6%	53	9%	26	4%
Still Awaiting Completion	0	0%	0	0%	87	13%
Unable To Investigate	51	10%	40	6%	29	4%
Total	**565**	**100%**	**629**	**100%**	**686**	**100%**

Data source: CNTW

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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 of 31 March 2023 there were 14 cases ongoing and their status at the time of writing is as follows:

Table 14: Outcome of complaints considered by the PHSO	
Request for records	2
Enquiry	6
Intention to Investigate	5
Notification of a Judicial Review on a PHSO decision – Trust classed as an 'interested party'	1

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NICE Guidance Baseline Assessments Completed 2022-23

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2022-23 the Trust undertook the following assessments against appropriate guidance to further improve quality of service provided. Assessments were conducted against all published NICE guidance deemed relevant to the Trust

Table 15: NICE Baseline assessments complete in 2022-2023 with action plan monitoring required (2)

The following baseline assessments and their action plans are now fully implemented in 2022-2023.Ref	Topic Details	Compliance Status / Main Actions
NG199	Clostridioides difficile infection: antimicrobial prescribing	Initial Compliance: Partial Submitted for Action Plan Monitoring: 13/05/2022 Deadline for fully implemented action plan: 31/07/2022 Action plan fully implemented: 31/07/2022 There are 20 relevant recommendations in this guidance. The assessment demonstrated 70% compliance. There were no partially relevant, or partially met guidelines. The baseline assessment demonstrated gaps in the relevant guidance relating to: 1.1.6: For children and young people under 18 years, offer an oral antibiotic to treat suspected or confirmed C. difficile infection. Treatment should be started by, or after advice from, a microbiologist, paediatric infectious diseases specialist or paediatric gastroenterologist 1.1.9: Do not offer bezlotoxumab to prevent recurrence of C. difficile infection because it is not cost effective 1.1.11: Advise people with suspected or confirmed C. difficile infection about: • drinking enough fluids to avoid dehydration

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The following baseline assessments and their action plans are now fully implemented in 2022-2023.Ref	Topic Details	Compliance Status / Main Actions
		• preventing the spread of infection (see recommendation 1.3.1) • seeking medical help if symptoms worsen rapidly or significantly at any time 1.1.13: If antibiotics have been started for suspected C. difficile infection, and subsequent stool sample tests do not confirm C. difficile infection, consider stopping these antibiotics (see Public Health England's guidance on diagnosis and reporting for recommendations on stool sample tests). 1.2.2: When prescribing antibiotics for suspected or confirmed C. difficile infection in children and young people under 18 years, base the choice of antibiotic on what is recommended for C. difficile infection in adults. Consider licensed indications for children and young people, and what products are available (see the BNF for Children for dosing information) 1.2.3: Use clinical judgement to determine whether antibiotic treatment for C. difficile is ineffective. It is not usually possible to determine this until day 7 because diarrhoea may take 1 to 2 weeks to resolve. Action identified for improvements: 1. IPC-PGN-22 Prevention and Control of Clostridioides difficile requires review and updating This action was complete, submitted and approved by CEC on 31/07/2022.
NG198	Acne vulgaris: management	Initial Compliance: Partial Submitted for Action Plan Monitoring: 09/09/2022 Deadline for fully implemented action plan: 31/12/2022

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The following baseline assessments and their action plans are now fully implemented in 2022-2023.Ref	Topic Details	Compliance Status / Main Actions
		Action plan fully implemented: 13/12/2022 There are a total of 52 relevant recommendations; of these, 33 (63%) were met, and 18 (35%) were met partially The baseline assessment largely provided information relating to compliance by CNTW. There were areas of partial compliance where improvements are required. As identified in the initial review of risk, many of the recommendations are aimed at primary care. Where those were relevant to secondary care, these were largely met by the Trust, within minimal actions for improvement required at partial compliance. This is particularly important where potential patient safety issues could arise. Actions identified for improvements: 1. Consider Safer Care Bulletin article promoting NICE guidance and highlighting psychological distress associated with conditions of physical health. 2. Review UHM-PGN-02 Prescribing Medicines – High Risk Medicines section to ensure it is robust and meets guidelines in relation to CNTW and information provided from primary care. It will be amended to include advice on oral and topical retinoids and tetracycline. 3. Changes to UHM-PGN-02 Prescribing Medicines to be highlighted in Medicines Optimisation Committee newsletter

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The following baseline assessments and their action plans are now fully implemented in 2022-2023.Ref	Topic Details	Compliance Status / Main Actions
		This action was complete, submitted and approved by CEC on 13/12/2022

Table 16: NICE Baseline assessments undertaken in 2022-2023 compliant at baseline (1)

The following baseline assessment, undertaken in 2022-2023, was compliant at baseline and did not require action plan monitoring.

Ref.	Topic Details	Details
CG185	Bipolar disorder: the assessment and management of bipolar disorder in adults, children, and young people in primary and secondary care ** CYPS ONLY**	Submitted for, and approved at CEC: 08/04/2022 This assessment was undertaken within CYPS only. It was noted that there was a total sample of five (5) patients audited as part of this process. In this instance, identification of an overall outcome and level of risk would not be reflective of the current overall compliance of CNTW with this NICE Guidance. Based on the work undertaken, the Trust may be said to be performing at a level of Excellent Practice relating to Children & Young People's Services. However the very small sample size makes it difficult to draw conclusions. As a stand-alone audit, this provides evidence of good practice and, as such, has no specific actions. The results show that of the five patients audited, 100% had been offered a structured psychological intervention designed for bipolar disorder, the primary objective of this audit. The audit that was comprised of adult patients demonstrated non-compliance with a total of only 4% meeting this guideline.

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Ref.	Topic Details	Details
		The benchmark set in the audit comprised of adults (52%), where a WRAP had been offered, was not met. It had been hoped this would be improved upon as actions from the audit were implemented and knowledge increases. However, only 40% were offered a WRAP. This is not a part of current policy or guidance, so remains a benchmark for improvement. It is not, therefore, recognised as a risk. Primarily, the first audit, undertaken in Adult Services, demonstrated areas of concern and a moderate level of risk. The re-audit will be undertaken covering the full scope of the guidance. A re-audit of CA-19-0008 is due to be undertaken later in 22-23, and it will be essential to ensure that CYPS patients eligible be included are in the final sample used.

Table 17: NICE Guidance baseline assessments undertaken in 2022-2023 and require action plan monitoring (5)

The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
NG197	Shared Decision Making	Initial Compliance: Partial Submitted for Action Plan Monitoring: 09/09/2022 Deadline for fully implemented action plan: 01/04/2024 The key findings show that on initial assessment, there are few statements met fully or partially. However, it is very important to emphasise that this is the general picture in NHS and guidance is slowly being embedded within trusts. In addition, elements of the guidance are enshrined already in clinical practice, policy, pathways, and commissioning arrangements.

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The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		However further work is needed to implement the guideline in full to ensure consistency and improvement. Although a useful benchmarking process and an opportunity to identify skill deficits in the team, our findings raised concerns about simplistic notions of guideline implementation, as a means to improve practice. The aim should be to bear in mind informed patient choice and not focus narrowly on meeting guideline in full as a checklist. It is important to be realistic about the time, staff, and operational constraints to implementing this guidance post-pandemic at a time of unprecedented NHS demand. There are realistic limitations of the lack of NICE approved PDAs and time limits for discussions with patients of complex decisions. Actions identified for improvements: 1. Embedding shared decision making at an organisational level, including raised awareness 2. Link with EMPOWER initiatives 3. Training to be developed / updated and recommended to be provided at induction etc. 4. Raise with a senior manager to establish if this is included in a current portfolio to ensure work is not being duplicated 5. Incorporate Shared Decision Making in relevant existing CNTW polices 6. Incorporate Shared Decision Making as part of the Trustwide Patient and Carer Involvement & Experience Group

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The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		7. Process Map / Timeline to be drafted to demonstrate the process in a timeline of information
QS203	Brain tumours (primary) and brain metastases in adults	Initial Compliance: Compliant (Note: A service review is planned in 2023/2024, acting as an action plan) Submitted for Action Plan Monitoring: 14/10/2022 Deadline for fully implemented action plan: 30/09/2023 The assessment identified that patients with brain tumours can be referred for consideration for neurological rehabilitation at Walkergate Park through the Single Point of Access referral process for inpatient rehabilitation or the Regional Disability Team for outpatient rehabilitation. Evidence relating to this compliance has been provided by: Wards 1, 3 and 4 of the Neuro-rehabilitation Service Information document Regional Disability Team service specification The level of risk identified at the beginning of the process, continues to be Minor (2). Actions identified for improvements: 1. Review of Regional Disability Team Service Specification to be complete 2. Re-assessment against QS203 once the review of the regional disability team has been completed
NG204	Babies, children, and young people's experience of healthcare	Initial Compliance: Compliant (Note: A service review is planned in 2023/2024, acting as an action plan) Submitted for Action Plan Monitoring: 14/10/2022 Deadline for fully implemented action plan: 30/09/2023 There were a total of 126 relevant recommendations assessed as part of the baseline

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The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		assessment. The baseline assessment demonstrated 99% compliance and 1% partial compliance with NICE Guideline NG204. A comprehensive list of evidence supporting the compliance level can be found in Appendix 2 of the report. Partial compliance is met in the following statement: 1.1.7: Ensure that previously expressed needs, preferences, or engagement levels are revisited, and give additional or alternative opportunities for discussions or decisions, particularly if personal or clinical circumstances have changed Evidence provided: Care plans co-produced and reviewed with the young people on a monthly basis. Discussed and reviewed within weekly 1-1 sessions with named nurse and Responsible clinician. 1. Action identified: In order to ensure weekly reviews are conducted and documented with both Named nurse and Responsible clinician, this will take place as part of supervision with nursing staff, where a monthly 'audit' will be carried out to ensure that 1-to-1's with patients are taking place. This will be imbedded in practice and take place outwit the clinical audit process at this stage. Whilst this particular statement is not met, there are no risks or costs relating to partial compliance. An additional suggestion for improvement has been made: 1.2.22: Provide written or digital information (for example leaflets, websites, apps) for children and young people that is:

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The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		• created in partnership with children and young people • engaging for children and young people (for example, containing appealing images, video, audio, or animations) Evidence provided: There is accessible information available showing video tour of hospital sites and clear written information of the service provided both meeting the needs of the young people and carers. Action identified for improvement: 1. An up-to-date virtual walk around Ferndene site once renovations are completed will be made accessible in line with the CEDAR Project. There are currently no risks or costs relating to this action as the service meets this statement.
QS179	Child Abuse and neglect (2021)	Initial Compliance: Partial Submitted for Action Plan Monitoring: 09/12/2022 Deadline for fully implemented action plan: 01/04/2024 The key findings of this baseline assessment demonstrate that CNTW is partially compliant with NICE QS179. An action plan based on improvements to be made to ensure future assessments/audits are fully compliant with Policy. Statement 1: Compliant Evidence to support compliance lies within CNTW 04 Safeguarding Children policy, including training, and Children's Safeguarding Partnership (CSP) guidance (Local CSP Boards). There are no specific recommendations relating to this statement as Trust policy and training is imbedded securely within the safeguarding framework. Statement 2: Partially Compliant: Evidence provided within CYPS service specific models of care and associated pathways, including

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The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		CPA policy CNTW (C) 48 provide partial compliance with this statement. Statement 3: Partially Compliant: Evidence provided within NTW 04Safeguarding Children policy, training, and Children's Safeguarding Partnership (CSP) guidance (Local CSP Boards) and in core assessment clinical documentation provide partial compliance with this statement. Statement 4: Partially Compliant: Evidence provided in information in respect of safe communication within trust Safeguarding children policy. Statement 5: Partially Compliant: Evidence provided within CYPS assessments, treatments and care plans provide partial compliance with this statement. As the baseline provides partial compliance, it is requested that a NICE (Implementation) Clinical Audit to be undertaken. This will review and assess current performance against NICE QS179 in real time with data to be collected as follows: • Require evidence of how many children had a change of practitioner in the last 12 months • Figures of children are supported by MH services because of their experience of abuse / neglect to be provided via an audit of records • Need feedback from young people who have accessed services. Need evidence of staff turnover and use of agency workers and assess if minimal • CPA figures and how reviews are monitored to be reviewed, including transfer for care arrangements
QS13	End of life care for adults	Initial Compliance: Partial Submitted for Action Plan Monitoring: 10/03/2023

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The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		Deadline for fully implemented action plan: 09/09/2023 Assessment of partial compliance demonstrates a low level of risk. Gaps in provision have been identified, specifically in training, education, and awareness of the subject. The provision of a 24-hour support service is not able to be provided. Actions identified for improvement: 1. Education to be provided across localities via identified lead persons relating to Emergency Health Care Planning (EHCP's) which could be extended to include more education about Deciding Right and also the regional Care of the Dying document 2. Continue on-going work within Northumberland services supporting training for the pathway (older people) 3. Advanced care planning (ACP) training has been revisited and there is now planning as to how this can become more embedded in practice. Education sessions have been delivered regarding LPA, EHCP, ACP and ADRT as per documents in Deciding Right 4. An increase in education as detailed in response to statement 3 would also help to reinforce the processes and documents available to support access to specialist palliative care advice out of hours 5. A scoping exercise relating to out of hours palliative care has been completed across all CNTW localities; and subsequently a document has been produced containing contact details for these services both in and out of hours so that

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The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		CNTW teams can access specialist palliative care support available. 6. Presentation to be made to BDG covering Care at End of Life as there are difficulties in getting responses from clinical managers / teams etc

Table 18: NICE Guidance baseline assessment in progress (14)

The following baseline assessments are currently underway within 2022/2023

Ref.	Topic Details / Objective	Date Published	Deadline
NG64	Drug misuse prevention: targeted interventions: CYPS Services	27/02/2017	13/03/2023
NG213	Disabled children and young people up to 25 with severe complex needs	09/03/2022	12/06/2023
NG217	Epilepsies in children, young people and adults	27/04/2022	17/07/2023
NG215	Medicines associated with dependence or withdrawal symptoms	20/04/2022	13/03/2023
QS204	Fetal alcohol spectrum disorder	16/03/2022	13/03/2023
NG53	Transition between mental health settings & community or care home settings	12/09/2017	13/03/2023
QS184	Dementia: Preventing dementia, and assessment and management and health and social care support	28/06/2019	30/03/2023
NG183	Behaviour Change: Digital & Mobile Health Interventions	18/11/2020	13/03/2023
NG116	PTSD	05/12/2018	31/03/2023
NG209	Tobacco: preventing uptake, promoting quitting, & treating dependence	30/11/2021	15/05/2023
NG220	Multiple sclerosis in adults: management	22/06/2022	15/05/2023
NG221	Reducing sexually transmitted infections	15/06/2022	TBC
NG216	Social worker with adults experiencing complex needs	26/05/2022	13/03/2023
QS207	Tobacco: preventing uptake	15/12/2022	15/05/2023

Table 19: NICE Guidance baseline assessment Pending (11)

The following baselines assessments are currently awaiting a nomination of a suitable lead

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Ref.	Topic Details / Objective	Date Published
QS167	Promoting health and preventing premature mortality in BAME Groups	11/05/2018
NG181	Rehabilitation for adults with complex psychosis	19/08/2020
NG214	Integrated health and social care for people experiencing homelessness	16/03/2022
NG203	Chronic kidney disease: assessment and management	20/08/2021
NG202	Obstructive sleep apnoea/hypopnoea syndrome & obesity hypoventilation syndrome in 16+	20/08/2021
NG219	Gout: diagnosis and management	09/06/2022
NG222	Depression in adults: treatment and management	29/06/2022
NG191	Pneumonia in adults: diagnosis and management	03/12/2014
NG224	Urinary tract infection in under 16's: diagnosis and management	27/07/2022
NG225	Self-harm: assessment, management and preventing recurrence	07/09/2022
NG227	Advocacy services for adults with health and social are needs	09/11/2022

Table 20: Statistical Information

NICE Baseline Category	Total	%
Compliant at Baseline in 22-23	1	4%
Implemented 22-23	2	6%
Action Plan Monitoring	5	15%
In Progress 22-23	14	42%
Pending Lead 22-23	11	33%
Total	33	100%

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Part 2c

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Part 2c

Mandatory statements relating to the quality of NHS services provided

Participation in National Clinical Audits
During 2022/23, **17 national clinical audits** covered relevant health services that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provides.

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

Table 21: **17 national clinical audits** eligible for participation by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2022/23

National Clinical Audits 2022/23 HQIP Directory	
Carried forward from 2021-22	
1.	CA-18-0025 Falls and Fragility Fracture Audit Programme (FFFAP)
2.	CA-19-0036 National Audit of Care at the End of Life (NACEL)
3.	CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20
4.	CA-20-0016 National Audit of Dementia (NAD)
5.	CA-20-0023 National Clinical Audit of Psychosis (NCAP) Spotlight Audit 20-21: Physical Health & Employment
6.	CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Annual Audit 20-21 (form to CEC Feb-21)
7.	CA-21-0014 Prescribing Observatory for Mental Health Topic 1h and Topic 3e: Prescribing high-dose and combined antipsychotics on adult psychiatric wards
8.	CA-21-0015 Prescribing Observatory for Mental Health Topic 19b: Prescribing for depression in adult mental health services
9.	CA-21-0016 Prescribing Observatory for Mental Health Topic 14c: Prescribing for substance misuse: alcohol detoxification.
10.	CA-21-0027 National Audit of Inpatient Falls - Bed Rail Audit 21-22
11.	CA-21-0031 National Clinical Audit of Psychosis
12.	CA-20-0026 Prescribing Observatory for Mental Health Topic 18b: Use of Clozapine
New for 2022-23	
13.	NA-22.043.01 Prescribing Observatory for Mental Health (POMH-UK) Topic 20b The quality of valproate prescribing in adult mental health services
14.	NA-22-044 Prescribing Observatory for Mental Health (POMH-UK) Topic 21a Use of Melatonin

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National Clinical Audits 2022/23 HQIP Directory	
15.	NA-22-045 Respiratory Audits (British Thoracic Society) *
16.	NA-22-0081 Medication audit in Mental health trusts with Children and Young People's Mental Health Inpatient provision (formerly referred to as CAMHS Tier 4)
17.	NA-22-083 Prescribing Observatory for Mental Health (POMH-UK) Topic 7g Monitoring of Patients Prescribed Lithium

During the period (2022-23) Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust were registered in 100 **%** of national clinical audits in which it was eligible to participate.
* NA-22-045 Respiratory Audits (British Thoracic Society) has been deferred to commence Q3 23-24.

There were **12** National Audits not on HQIP directory for 2022-23 that were carried forward from 2021-22.

Table 22: **8 National Clinical Audits** that Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust completed and closed in 2022-23.

National Clinical Audits		Cases Submitted	Overall outcome
1	CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit	n/a	Minor areas of concern
2	CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3	n/a	Good Practice
3	CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20	n/a	Minor areas of concern
4	CA-20-0016 National Audit of Dementia - Spotlight Audit: Community-Based Memory Clinical Services	195	Good Practice
5	CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Annual Audit 20-21	n/a	Minor areas of concern
6	CA-21-0015 Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Re-Audit Prescribing antidepressants for depression in adults	103	Good Practice
7	CA-21-0016 Prescribing Observatory for Mental Health (POMH-UK): Topic 14c: Alcohol detoxification	23	Minor areas of concern
8	CA-21-0031 National Clinical Audit of Psychosis (NCAP) 21-22 EIP Re-Audit	422	Good Practice

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Table 23: Reports for eight (8) of national clinical audits were reviewed by the provider in 2022-2023, and Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust with the following agreed actions.

Project		Actions
1	CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit	Review Trust policy relating to falls with respect to this recommendation and decide on an appropriate monitoring process. Issue to be raised through the medical devices group as part of the policy work and will require monitoring. A pilot is recommended for this action, and if successful, will be rolled out to the remaining localities. Monitoring will need to be considered as part of this action. The Trust is asked to consider if this is a viable action and identify a non-exec director who would be able to provide responsibility for falls within the Trust. To discuss as part of the wide role of the Falls Continuous Audit with Acute Trusts involved. This is to be discussed as part of the wider role of the Falls Continuous Audit. In conjunction with acute Trusts involved, a robust system that provides information between organisations which will allow more 'real time' information and data collection is required for development. Clinical leads should assess the extent of the gap between actually and reported falls if more than 10% of IFFs are recorded in NAIF as not attributed to al fall. Identification of topic for a quality improvement action relating to MFRA Trust to assess the specific areas for improvement, compared to the national results and address any that require action. To be added to the Trust Clinical Audit Plan 22-23 when identified Audit to be complete within 22-23. To be discussed at Trust wide Falls Sub-Group and actions identified for quality improvement projects, or clinical audit outwit the NAIF process action plan. Assessment of current information relating to NICE Guidance compliance within the Trust, and discussion required with NICE lead to address any specific issues to the Trust.
2	CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3	Lay member of the T/HB with a responsibility for end-of-life care: This is not currently in place in CNTW, and realistically is not as a high priority within CNTW than it would be in an acute service. Care at the end of life included in training - Induction Programme.

	Project	Actions
		This is a recurring issue in this topic and has been highlighted in both NICE Baseline Assessments as described above. Education to be provided across localities via identified lead persons relating to Emergency Health Care Planning (EHCP's) which could be extended to include more education about Deciding Right and the regional Care of the Dying document. Continue on-going work within Northumberland services supporting training for the pathway (older people) Advanced care planning (ACP) training has been revisited and there is now planning as to how this can become more embedded in practice. Education sessions have been delivered regarding LPA, EHCP, ACP and ADRT as per documents in Deciding Right An increase in education as detailed in response to statement 3 would also help to reinforce the processes and documents available to support. A scoping exercise relating to out of hours palliative care has been completed across all CNTW localities; and subsequently a document has been produced containing contact details for these services both in and out of hours so that CNTW teams can access specialist palliative care support available.
3	CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20	Actions as above in CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit
4	CA-20-0016 National Audit of Dementia - Spotlight Audit: Community-Based Memory Clinical Services	To continue to review waiting list on Trust risk register. The introduction of fast-track patients. A review to be carried out with Associate nurse director, and CCM and lead consultant/associate medical director regarding increase in referrals from younger people. To be recorded at MDT if referral for neuropsyche is indicated. To be added to MDT templates, so information is recorded. Routine audits to be carried out. To discuss with pathway co-ordinator to review the number of referrals for neuroimaging to see if increased post COVID, to ensure that scans are being requested as per clinical indication.

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Project		Actions
		Liaise with lead consultant regarding current coding to ensure that medics and staff giving diagnosis are recoding SNOMED code in RiO notes and in correspondence to GP. Discussions with CCM if MSNAP is indicated for MAMS and the impact of the accreditation process on the team/service at this time. Extra sessions to be carried out to support the backlog. An audit of current waiting times to be completed. Research champion to be nominated.
5	CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Annual Audit 20-21	Actions as above in CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit
6	CA-21-0015 Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Re-Audit Prescribing antidepressants for depression in adults	POMH topic 19b findings to be presented at Medicines Optimisation Committee (MOC). Wider dissemination of findings through MOC Newsletter or Safer Care Bulletin. Wider dissemination at Postgraduate Educational Programme meeting. Findings of audit to be shared with locality Q&S forum.
7	CA-21-0016 Prescribing Observatory for Mental Health (POMH-UK): Topic 14c: Alcohol detoxification	Findings of this QIP to be reviewed considering new UK-wide Clinical Guidelines for alcohol treatment practice, due to be published by Public Health England/DHSC shortly. Audit summary to be produced for the Safer Care Bulletin and MOC Newsletter reminding staff of standards. To be distributed to all medics (including junior doctors) and via locality Q&S forum. Audit summary to be forwarded to Physical Health and Wellbeing Group for information and to inform further training on importance of physical examination on admission and AUDIT form completion. Audit summary to be forwarded to Physical Health and Wellbeing Group for information and to inform further training on AUDIT form completion as part of CQUIN targets. Findings of audit to be forwarded to authors of Record Keeping Standards to inform future policy standards around transcription of ICE results in to RiO.

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	Project	Actions
		Findings of audit to be forwarded to author of RES-PGN-01 Acute Management of Anaphylaxis to ensure risks associated with parenteral thiamine use are covered in training. Findings of audit to be forwarded to Addictions Service colleagues to inform review of local SOPs re specialist referral routes and contacts.
8	CA-21-0031 National Clinical Audit of Psychosis (NCAP) 21-22 EIP Re-Audit	Core physical health form to be amended to incorporate interventions made. 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. Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving. Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient. 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). Audit of patient records on intervention - to provide assurance that changes have been embedded and performance is improving. 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. Ongoing consideration of how the Trust can improve access to CBTp and provide the resources to meet this demand. Annual reviews of services (NCAP) and service-based reviews should identify provision in services of CBTp. Also offer of CBTp to be considered in CPA reviews with service users.

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There were **8 National Clinical Audits** that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust participated.

The reports for **8** of national clinical audits were reviewed by the provider in 2022-2023, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust with the following agreed actions.

Goals agreed with commissioners

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

The CQUIN framework aims to embed quality improvement and innovation at the heart of service provision and commissioner-provider discussions. It also ensures that local quality improvement priorities are discussed and agreed at board level in all organisations. It enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Note that the CQUIN indicators are either mandated or developed in collaboration with NHS England and local Clinical Commissioners.

CQUIN Indicators

All CQUIN requirements for 2022/23 are fully delivered for Quarter 1 to 3, with the exception of achieving at least 70% uptake of flu vaccinations for frontline staff with patient contact. Quarter 4 is pending agreement.

Table 24:

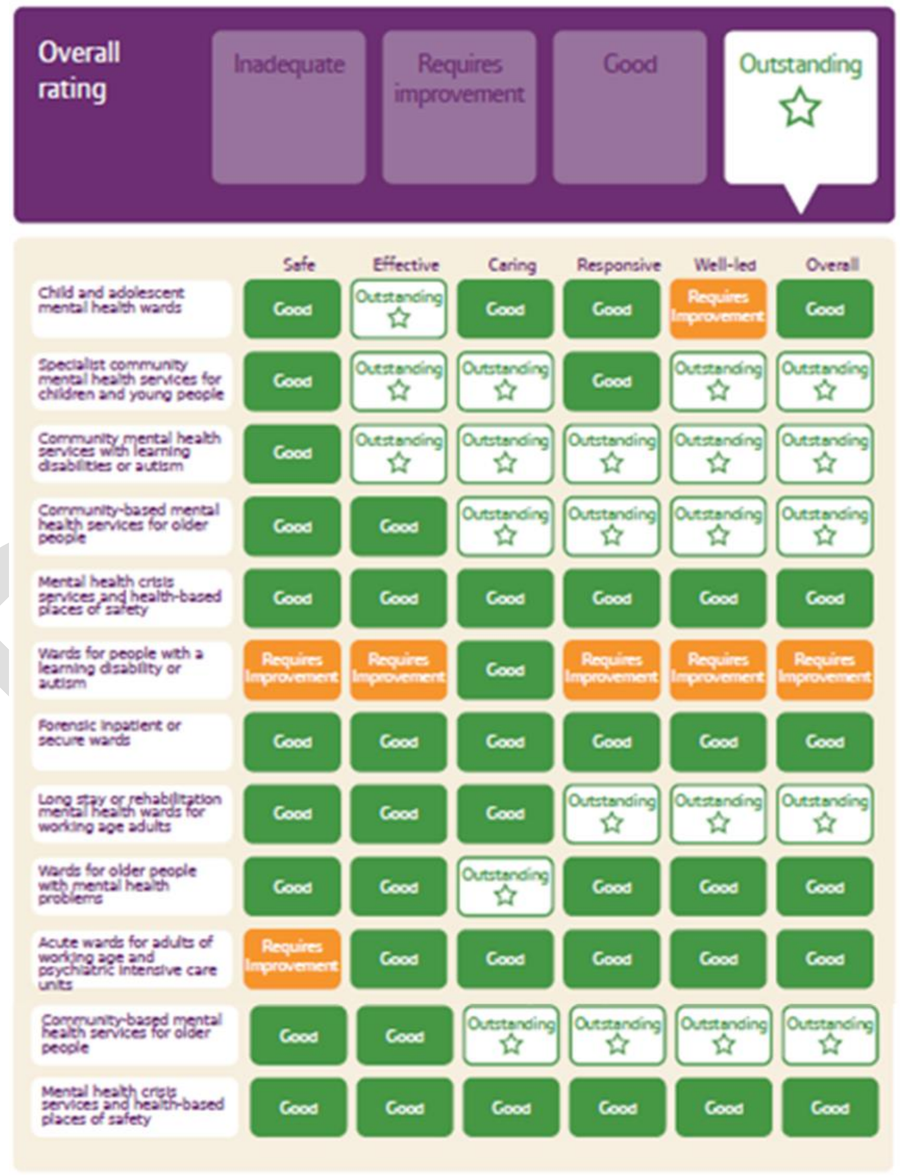
CQUIN Scheme:	Requirements	April - June 2022	July - September 2022	October - December 2022	January - March 2023
Staff Flu Vaccinations	Achieving 90% uptake of flu vaccinations for frontline staff with patient contact			54.40%	55.20%
Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	100%	100%	100%	TBC (no issues identified)
Routine outcome monitoring in CYP and perinatal mental health services	Achieving 40% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measured at least twice.	50%	50%	48%	42% (FutureNHS Collaboration Platform @ February 2023)
Routine outcome monitoring in Community Mental Health Services	Achieving 40% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice. In order to meet the requirements of this indicator, Patient Reported Outcome Measures (PROMs) data will need to be submitted (either in combination with Clinician Reported Outcome Measures (CROMs), or only PROMs) as part of the numerator for this CQUIN during the financial year.	73%	71%	70%	63% (FutureNHS Collaboration Platform @ February 2023)
Use of anxiety disorder specific measures in IAPT	Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).	79%	84%	90.7%	TBC (no issues identified)
Biopsychosocial assessments by MH liaison services	Achieving 80% of self-harm7 referrals receiving a biopsychosocial assessment concordant with NICE guidelines.	88%	89%	88%	TBC (no issues identified)

Statement 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 2022/23.

Last rated
4 August 2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust



Overall rating: Outstanding (other possible ratings: Inadequate, Requires improvement, Good)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Outstanding	Good	Good	Requires Improvement	Good
Specialist community mental health services for children and young people	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
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
Wards for people with a learning disability or autism	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Forensic inpatient or secure wards	Good	Good	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Outstanding	Outstanding	Outstanding
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
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 25: Current clinical external accreditations (31st March 2023)

External Accreditation	Ward/Department	Location
Accreditation for Older Adult Wards (QNOAMHS)	Akenside	Campus for Ageing and Vitality
	Woodhorn	St George's Park
Accreditation for Rehabilitation Wards (AIMS Rehab)	Clearbrook	Hopewood Park
	Elm House	Elm House
	Willow View	Willow View
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
	ECT Treatment Centre	Hopewood 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

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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 2023-24 the Trust will build upon actions already taken to ensure that we continually improve the quality of information we provide.

Table 26: 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. We will improve staff awareness on the importance of good clinical record keeping through manager training sessions.
CNTW Dashboard development	We will continue to implement a new updated version of the CNTW dashboards, considering feedback from users, continue to reflect on current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements. We will develop dashboards in line with the needs of the organisation.
Data Quality Framework	We will develop and incorporate the data quality framework into the Trustwide information strategy to ensure the data quality score within the integrated performance report is applied consistently. We will also look to develop the framework within the CNTW dashboards and development a bespoke data quality dashboard.
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. We will work towards implementing 'activity' recording into day to day recording of appointments to ensure we are prepared for the new waiting time standards. We will monitor data quality issues related to recording of activities and assess the impact of the completeness of data and any negative impacts mandatory recording may have.
Diagnosis Recording	We will improve reporting on and diagnosis recording for service users with a learning disability and/or Autism, ADHD and dementia.

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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). We will improve outcome measure reporting by aligning it to appointment activities to evidence the impact interventions have on improvement.
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. We will introduce additional functionality from ESR to enable us to improve workforce planning.

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North East Quality Observatory (NEQOS) Retrospective Benchmarking of 2021-22 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 2021-22 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 27:

Table 27: Nationally available Quality Account indicators for 2021-22
Data source: North East Quality Observatory

	Quality Account Indicators	**England value**	**Peer median**	**CNTW**	**Source**
1	Overall experience - Community MH Survey (2022)	6.7	6.9	6.9	CQC Community MH Survey 2022
2	Theme: Morale - NHS Staff Survey (2021)	6.0	6.1	6.3	NHS Staff Survey 2021
3	Theme: Staff engagement - NHS Staff Survey (2021)	7.0	7.0	7.1	NHS Staff Survey 2021
4	National patient safety alerts actioned (%), 2021/22	75.9	54.5	100.0	Model health system – Quality early warning signs
5	Serious Incidents closed within 60 days (%), 2021/22	42.6	50.8	95.5	Model health system – Quality early warning signs
6	NRLS Incidents for severe harm/death (%), 2021/22	1.0	0.9	0.8	Annual NRLS publication
7	EIP patients treated within 2 weeks (%), March 2022	68.2	75.0	75.0	NHS Digital MHSDS - Access and waiting times
8	Written complaints per 1000 FTEs, 2021/22	59.7	54.9	59.7	NHS Digital – Written complaints and HCHS FTEs
9	People aged 18-69 in contact with MH services at the end of reporting period in settled accommodation (%) June 2022	21.0	34.5	23.0	MHSDS -ASCOF (AMH14E%)
10	People aged 18-69 in contact with MH services at the end of the reporting period in employment (%) June 2022	6.0	6.5	5.0	MHSDS -ASCOF (AMH14E%)

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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.

During 2022-23, 1762 deaths were reported via Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's Web based incident reporting system, with the majority of these considered to be from natural causes. The total number of reported deaths is an increase overall in comparison to the 2021-22 period which saw 1583 deaths reported.

- Qtr. 1 – 414 (23%)
- Qtr. 2 – 388 (22%)
- Qtr. 3 – 493 (28%)
- Qtr. 4 – 467 (27%)

Of the 1762 deaths, and in line with our Incident Policy (CNTW(O)05) and our Learning from Deaths Policy (CNTW(C)12), 444 of these deaths fit the criteria for further review. 68 were identified as requiring a full Serious Incident investigation (59 of these were STEIS reported and 9 were not). 103 deaths received an initial 72-hour review, 183 deaths progressed from 72-hour review to Local After-Action review and 1 death received a tabletop review. 89 deaths were identified for mortality review.

Owing to timescales involved in completing reviews a number of these remain live and are not yet complete at the time of writing. Similarly, several deaths that occurred towards the end of the previous financial year were completed in the early part on 2022-23. As a result the summary of learning from reviews below results from completed reviews in 2021-22 as well as 2022-23.

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 ICS LeDeR Governance group. As the name suggests this programme of reporting and review has been expanded and CNTW now report deaths where a service user has an established diagnosis of Autism. CNTW reported 63 deaths for LeDeR review between April 1st 2022 and March 31st 2023.

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.

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- 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 77 mortality reviews have been completed and discussed at the Mortality Review Panel between April 1st 2022 and March 31st 2023. This included a portion of incidents from the 2021-22 reporting period.

A high percentage of these completed reviews highlighted good or excellent care and treatment. Only 13 of the 77 reviews identified learning opportunities. This information is captured below in the summary of learning from all completed reviews.

The mortality review process allows for escalation to a more in-depth review following discussion at the review panel if it is felt that a deeper review is required.

Serious Incident Reviews

During 2022-23, 74 incidents were presented at the Serious Incident review panel. Some investigations that were reported within the 2021-22 reporting period were subsequently investigated and completed in the reporting period of 2022-23. Most cases highlighted only additional / findings opportunities for learning, however out of these 74 there were 32 incidents that highlighted findings felt to be significant in nature.

Out of these 32 incidents there were 9 cases where an identified root cause was felt to directly relate to problems in the care provided to the patient. These incidents included six unexpected deaths, one serious assault and two near misses. Identified root causes related to the resuscitation policy (no available ligature cutter); no respiratory care plan in place; no prompt on demographics page on the electronic patient record to save updated information; increase in risks not being escalated as expected; and carer views not being included in risk assessment. In one case engagement and observation of a service user was not completed as expected. In another case not all staff had access to keys to enter a shared therapy space where a serious incident occurred.

Summary of Learning from all completed reviews

Over the last twelve months reviews have identified five main areas of learning highlighted from both significant and additional findings of serious incidents, local after-action reviews, mortality reviews and 72-hour reports. The themes are outlined below which include additional information around significant findings and are listed in order of prevalence.

Record Keeping:

The main themes from these findings related to issues with updating or completing core documentation, progress notes, care planning, and recording of decision making. There were five findings relating to record keeping overall that were deemed to be significant but not causative.

Care Delivery:

The main themes from these findings related to the multidisciplinary team process; care planning overall; appointment frequency; following up on concerns and engagement and observations. There were 18 instances where care delivery was found to be significant: in one case lack of engagement and observations being undertaken as expected was felt to be contributory to the incident under review.

In all cases learning was distributed and, in the cases of the significant findings, actions were agreed at the serious incident review panel to address the findings. Work has been completed across the organisation in relation to engagement and observations including the introduction of a new engagement and observation training package and a revision of the CNTW Engagement and Observation Policy.

Risk Assessment:

In relation to the management of risk, the risk assessment not being updated was the most common finding, followed by all risks not being considered when completing risk assessments and reviews. Risk scoring was underrated.

Of these findings, 21 were identified as significant and three were found to be causative. In one case the finding was that all risks were not considered a contributory factor being staffing pressures within the service at that time. In another case all risks were not considered in a near miss incident. In the third case risk identified were not escalated as would be expected.

There is an ongoing piece of work being undertaken across the organisation to review the use of risk assessment tools, formulation and safety planning and a move away from the use of a scoring matrix in line with recent NICE and NHSE guidance around risk assessment.

Communication:

The main theme within communication was the lack of communication with the GP and communication between teams. In addition, there were identified improvement opportunities regarding the quality of information sharing. It was also found that communication with other external agencies, was missing or lacking quality in several cases. There were seven significant findings across the reviews identified in relation to communication. In one case the significant finding was felt to be contributory to the incident due to poor communication within the team surrounding engagement and observations.

Involvement of Family and Carer:

The last main theme related to the involvement of families and carers. The main finding in this area was that the Getting to Know You document was not completed. However, in the vast number of cases heard this did not equate to families and carers not being involved or supported only that the paperwork was not completed. There is currently an ongoing quality and improvement workstream looking into this recurring theme.

Duty of candour and carer engagement not being carried out as expected was identified in several cases. There were six significant findings relating to Involvement of Family and Carers with one finding felt to be contributory to the incident under review.

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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 form incident investigation findings. Teams have learning on the agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture.

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

CNTW has introduced Learning and Improvement webinars that are open to all staff across the Trust and aim to identify and share learning from a broad range of sources including incidents, complaints, audits, safeguarding investigations and reviews, HR processes, benchmarking, national reports and inquiries, staff and service user and carer feedback. The Leaning 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. While the delivery of the webinars was paused over the period of the pandemic they are being relaunched in collaboration with the Trust Research and Quality Improvement departments.

A weekly Managers Forum facilitated across the Microsoft team's platform also takes place within CNTW and a recent addition to the schedule includes one forum per month being dedicated to Trustwide Learning.

CNTW relaunched its safety themed conference programme in February 2023 with a well-attended Suicide and Self Harm Prevention conference which featured speakers from the national stage and was available not only to Trust staff but a wider health and social care audience. It is hoped to run similar events twice each year.

Introduction and implementation of the Patient Safety Incident Response Framework (PSIRF)

PSIRF was published by NHSE in August 2022. It sets out new guidance on how NHS organisations should respond to patient safety incidents and will replace the current NHS Serious Incident Framework. NHS providers like CNTW are required to transition to the new framework by Autumn 2023, and in response CNTW are in the process of preparing for its implementation.

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PSIRF ensures compassionate engagement with those affected by incidents and supports the key principles of a patient safety culture. This means focusing on understanding how incidents happen and not apportioning blame, allowing for more effective learning and safer care for patients.

What we have already done to prepare:

- We have established a project board to enable CNTW to transition to PSIRF.
- Key safety leads have completed statutory PSIRF training.
- Briefing and development sessions have been held with CNTW's Board, Governors, Executive Team and Locality Directors.
- Engagement with the Integrated Care Board (ICB) has commenced via ICB/Provider PSIRF planning day.
- A PSIRF implementation project plan has been developed with 5 key workstreams identified.

Engagement sessions with staff has taken place at this year's CNTW's Nursing Conference and workshops were delivered to explore how well staff feel we currently engage those affected by patient safety incidents and what we need to improve as a Trust in order to successfully implement PSIRF.

Planned next steps:

Over the next several months we will be developing a Patient Safety Incident Response Plan (PSIRP). This will define our individual patient safety incident profile. As part of the plan, we will also review existing improvement work. This work will help us to identify the areas that will benefit most from learning responses. This means we will then be able to maximise the opportunities for improvement in the Trust.

Alongside this will be the development our PSIRF policy. The policy will outline our approach to developing and maintaining effective systems and processes for responding to patient safety incidents. The focus will be on learning and improving patient safety. This will include effective oversight and fostering a 'just culture' in the Trust. It will also include how we plan to compassionately engage with those affected by patient safety incidents.

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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 is at April 2023.

The percentage of records in the published data which included the patient's valid NHS number was: **99.8%**

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

Data Security and Protection Toolkit attainment

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trusts DSPT 2021-22 submission was published on 30 June 2022 with all standards met. The deadline for the DSPT submission for 2022-23 is now the 30th of June 2023.

Clinical Coding error rate

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022-23 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 2022 was presented to the CNTW Trust board in January 2023.

The report is reproduced in Appendix 3

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Performance against mandated core indicators

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

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

Table 28: Community Mental Health survey scores, 2019 to 2022 Michael Wakely?

Health and social care workers	2019	2020	2021	**2022**
CNTW	**7.7**	**7.6**	**7.3**	**7.1**
National Average	7.2	7.2	6.9	**6.9**
Highest national	7.8	7.8	7.8	**8.1**
Lowest national	6.2	6.1	6	**6**
Score out of 10, higher are better. Scores based on same two questions used in 2019 Data source: CQC				

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

During 2022-23 the Trust has developed a 'You Said – We Did' poster resource for all wards and teams. This is built into the current Points of You dashboard and supports each team to respond to the previous month's feedback in a meaningful way, by discussing the major themes that have emerged during that month. Importantly the 'We Did' section allows the team to say what will be done to respond to each theme.

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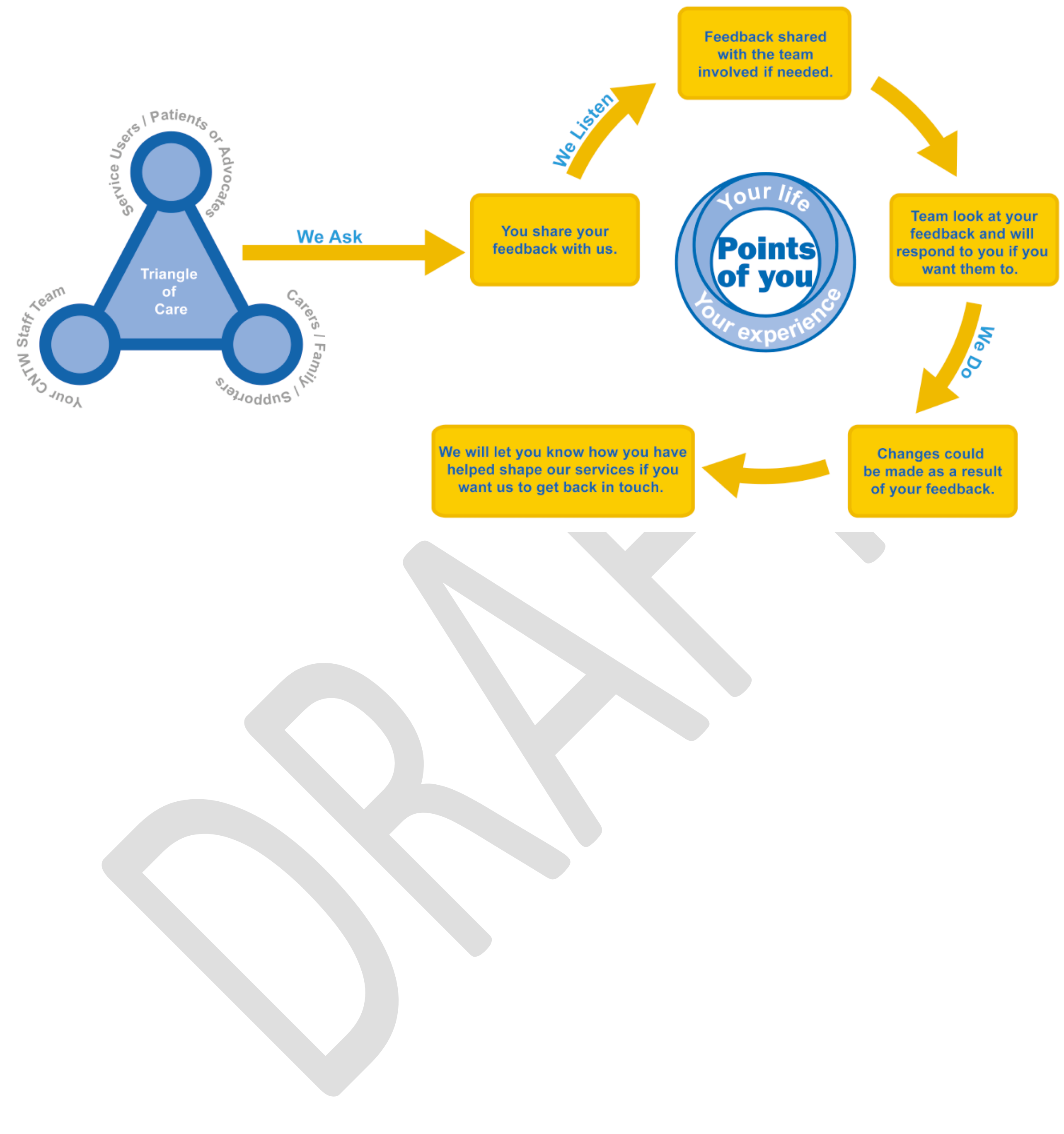
The 'You Said -We Did' poster has been developed to support the Trust feedback system to fully incorporate the Ask – Listen – Do process (NHS England » Ask Listen Do) as shown below.



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Part 3

Part 3

Review of Quality Performance

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

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

NHS Improvement Single Oversight Framework

Table 29: Self-assessment against the Single Oversight Framework as at March 2022

	Time	Trustwide	Newcastle/ Gateshead	Northumberland	North Tyneside	South Tyneside	Sunderland	North Cumbria
% in settled accommodation	2022-23	67.8%	71.6%	75.2%	80.2%	69%	64.7%	66.3%
% in employment	2022-23	8.8%	8.4%	11.6%	11.8%	4.8%	5.2%	9.5%
Cardio Metabolic								
EIP	31.02.2022	56.7%						
DQMI	Nov 2022	94.4%						
IAPT Recovery	March 2023	59.4%					53.6%	51.4%
RTT% incomplete waiting less than 18 weeks	2022-23	99.2%	99.4%	99.6%	98.8%	99.3%	97.2%	
EIP	2022-23	77.7%	72.7%	67.2%	71.4%	96.2%	92.3%	75.9%
IAPT 6 Weeks	March 2023	98.5%					98%	99.6%
IAPT 18 Weeks	March 2023	100%					100%	100%

Performance against contracts with local commissioners

During 2022-23 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCGs). Table 30 below highlights the targets and the performance of each CCG against them for quarter four 2022-23 (1 January 2023 to 31 March 2023).

Table 30: Contract performance targets 2022-23 Quarter 4

Performance against contracts	Newcastle / Gateshead	Northumberland	North Tyneside	South Tyneside	Sunderland	N Cumbria
CPA review 12 months	85.9	92.7	93	86.2	76.4	53.5
CPA Risk Assessment	95.1	97.4	95.7	96.6	93.9	87.4
CPA Crisis & Contingency	89.9	93	93.9	94.3	91.5	80.6
Number inpatients followed up within 72 hours	88.5	100	90.6	93.5	98.6	95.7
DTOCs	8.6	8.4	5.7	7.8	10	20.4
RTT referrals waiting less than 18 weeks	99	100	96.5	100	97.3	
Valid NHS number	99.9	100	100	100	100	100
Valid ethnicity	91.5	94.2	84.3	91.8	95.3	94.5
Number of people who have completed IAPT Treatment					52.8	50.4
EIP	69.7	58.8	50	91.7	88.2	100

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 of 85% (95% for Information Governance training) in 2022-23.

Table 31: Training position as at 31 March 2023

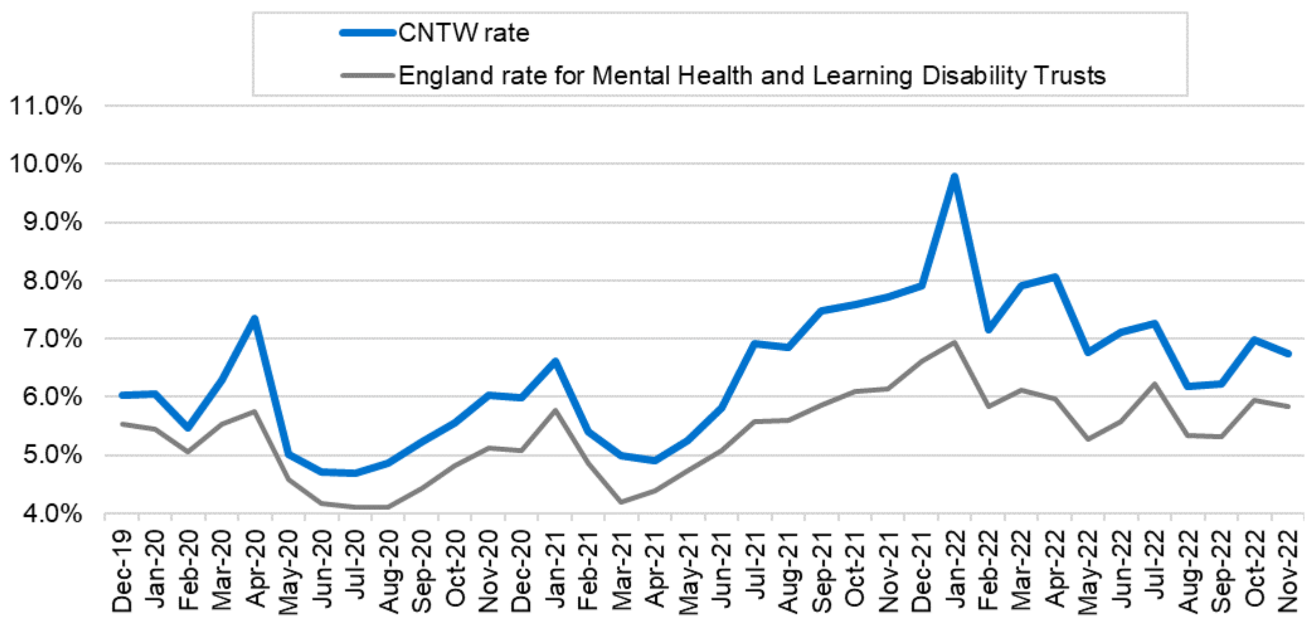
Training Course	Position at 31/03/2021	Position at 31/03/2022	Position at 31-03-2023
Fire Training	83%	82.8%	**86.9%**
Health and Safety Training	90.4%	91.5%	**93.5%**
Moving and Handling Training	87.3%	89%	**91.5%**
Clinical Risk Training	81%	72.3%	**82.1%**
Clinical Supervision Training	76.6%	77.4%	**80.3%**
Safeguarding Children Training level 1	87.5%	81%	**95.3%**
Safeguarding Children Training level 2			**82.8%**
Safeguarding Children Training level 3			**79.1%**
Safeguarding Adults Training	89.8%	86.6%	**95.4%**
Safeguarding Adults Training level 1			**87%**
Safeguarding Adults Training level 2			**75.4%**
Equality and Diversity Introduction	91.5%	91%	**94.2%**
Hand Hygiene Training	86.8%	88.8%	**92.5%**
Medicines Management Training	83.9%	84.4%	**83%**
Rapid Tranquillisation Training	77.8%	79%	**77.2%**
MHCT Clustering Training	59.1%	57.2%	**58.7%**
Mental Capacity Act/Mental Health Act/DOLS Combined Training	65.2%	61.3%	**67.6%**
Seclusion Training (Priority Areas)	67.1%	69.6%	**71.5%**
PMVA Basic Training	24.3%	38.2%	**54%**
PMVA Breakaway Training	69.3%	71.3%	**73.1%**
Information Governance Training	82.2%	86.4%	**90.3%**

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

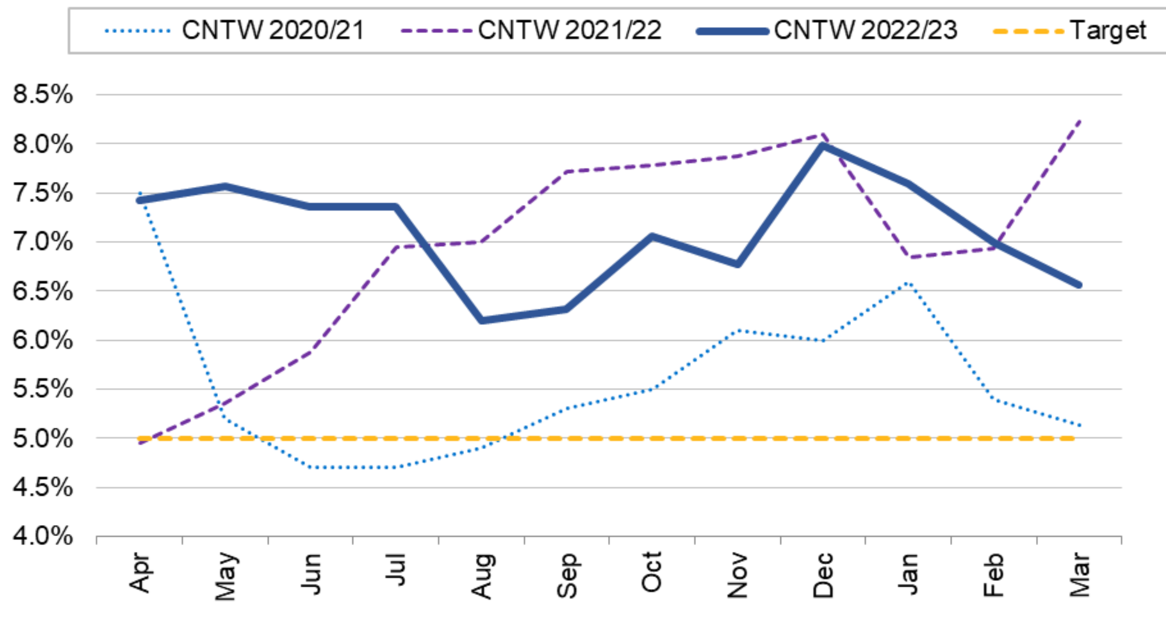
Staff Absence through Sickness Rate

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

Graph 4: Monthly staff sickness, CNTW and national, December 2019 to November 2022



Graph 5: CNTW sickness rates 2022-23 against target, including position for 2021-22 and 2020-21



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

Staff Survey 2022

The survey opened on 22 September and closed on 25 November, an eight-week period for completion. 7474 members of staff were eligible to take part in the survey, 3550 staff completed the survey giving an overall response rate of 47%.

Following on from staff survey findings the Trust has been working on several initiatives as a direct result. Programmes of work to support the organisation to reset and recover following covid, enable management and leadership development and to improvement people engagement and experience have all commenced.

Local managers have said they would like to analyse their results, empowering people to be able to take action to improve matters at a local level which will be monitored through local assurance groups. Staff Survey results are disseminated widely throughout the Trust with presentation of key findings at meetings with Trust Board, People Committee, Council of Governors, Staff Side and Corporate and Operational Directorates throughout the Trust.

For 2022 we went back to a mixed delivery mode, with ward-based locality staff having the option to complete a paper copy of the survey with the exception of Central Locality who opted for all staff to receive an electronic copy.

The 2022 response rate is up 2 percentage points on our response rate of 45% in 2021. The 2022 median response rate for Mental Health and Learning Disability Trusts was 50%. This is the second consecutive year that we have a below average response rate, however we have seen a drop in response rates since 2018 when our response rate was 66.5% - the highest response rate in our comparator group.

Table 32: Staff Survey response rate 2020-2022

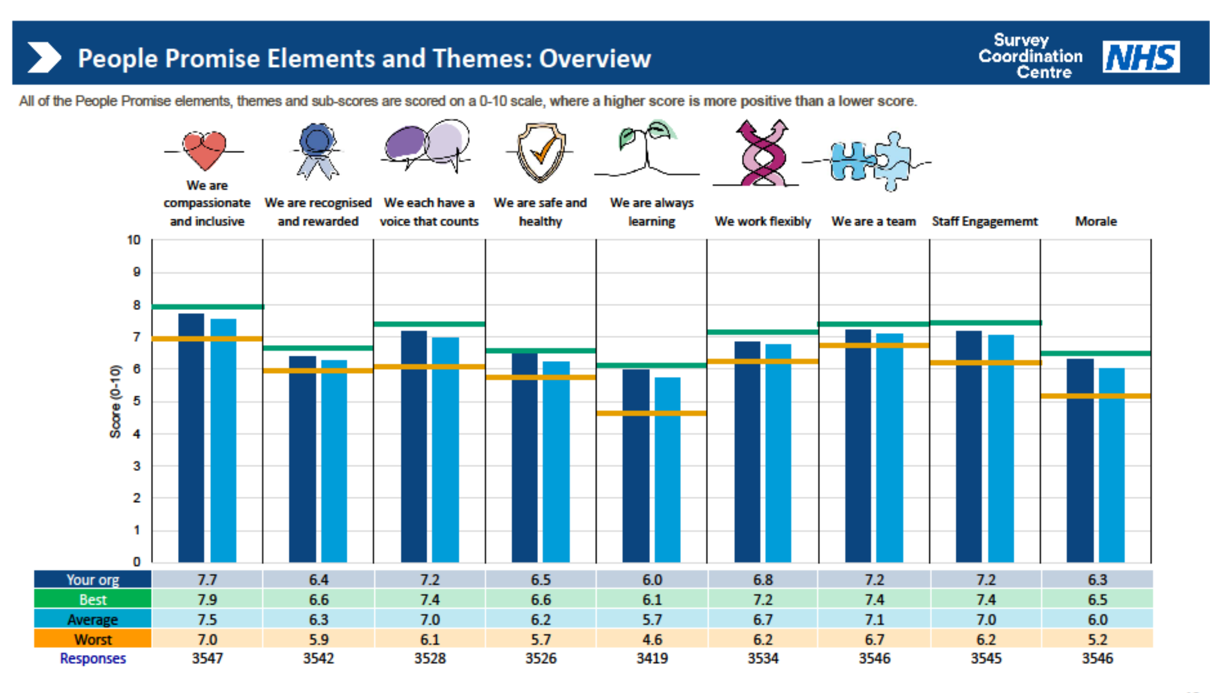
Response rate	2020	2021	**2022**
Trust	50%	45%	**47%**
National Average (Mental Health/Learning Disability)	49%	52%	**50%**

From 2021 onwards, the results from questions are presented as per the elements of the People Promise. Scores for each element together with that of the survey benchmarking group Mental Health /Learning Disability Trusts which shows the Trust as above benchmark average in all areas are presented below:

Points of note

- We conducted the survey entirely online for the Central Locality. The data shows that this did not impact on response rates.
- The Trust is above benchmark average in all areas of the People Promise themes.
- We showed a statistically significant improvement in the element of the People Promise “we are safe and healthy”.

Graph 6: People Promise elements and themes



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.7	6.4	7.2	6.5	6.0	6.8	7.2	7.2	6.3
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	3547	3542	3528	3526	3419	3534	3546	3545	3546

Actions

- Collaborative working with Group Heads of Workforce to establish areas of best practice for cascade and discussion of results.
- Support for localities and corporate services to help develop local actions via an animation and guide.
- Ongoing communication to staff on the results focussed on the themes of the People Promise.
- Development of a dashboard which links the results to other methods staff feedback and data to give a full picture.
- Work towards a continuous feedback loop for staff.
- Continue work on improvements to inclusive recruitment and working closely with local communities.
- Relaunch the Stay Conversation and Health and Wellbeing conversations toolbox for staff and managers.
- Further discussion to be held to agree Trust priorities at People Committees and management groups.
- Workforce Race Equality and Workforce Disability Equality Standard questions to be considered as part of our WRES and WDES submissions. – to be presented to the People Committee.
- Introduce a PGN to address discrimination against staff from patients and relatives.
- Develop an approach for staff to demonstrate allyship with staff who identify with the protected characteristics that are supported by our staff networks.
- Identify evidence-based interventions that we can implement to address staff survey disparities demonstrated in the WRES and WDES metrics.

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Statements from Integrated Care Board (ICB), local Healthwatch and Local Authorities

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

Appendix 1

Table 33: CQC Registered Locations

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
Acklam Road Hospital	●	●	●			●		●		●	
Brooke House	●	●	●			●		●		●	
Carleton Clinic	●	●	●			●		●		●	
Elm House	●	●	●			●		●		●	
Ferndene	●	●	●			●		●		●	
Hopewood Park	●	●	●			●		●		●	
Monkwearmouth Hospital	●	●	●			●		●		●	
Campus for Ageing and Vitality	●	●	●			●		●		●	
Northgate Hospital	●	●	●			●		●		●	
Rose Lodge	●	●	●			●		●			
Royal Victoria Infirmary	●	●	●					●			
St George's Park	●	●	●			●		●		●	
St Nicholas Hospital	●	●	●	●	●	●	●	●	●	●	●
Walkergate Park	●	●	●			●		●		●	
West Cumberland Hospital	●	●	●			●		●			

Key:
CHC - Community health care services
LDC - Community based services for people with a learning disability
LTC - Long-term conditions services
MHC - Community based services for people with mental health needs
MLS - Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse
PHS - Prison healthcare services
RHS - Rehabilitation services
SMC - Community based services for people who misuse substances

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Appendix 2

Table 34: Local Clinical Audits undertaken in 2022-23

National (8)		
1.	CA-18-0025	National Audit of Inpatient Falls (NAIF) Continuous Audit
2.	CA-19-0036	National Audit of Care at the end of Life (NACEL) Stage 3
3.	CA-19-0037	National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20
4.	CA-20-0016	National Audit of Dementia - Spotlight Audit: Community-Based Memory Clinical Services
5.	CA-20-0029	National Audit of Inpatient Falls (NAIF) Facilities Annual Audit 20-21 (form to CEC Feb-21)
6.	CA-21-0015	Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Re-Audit Prescribing antidepressants for depression in adults
7.	CA-21-0016	Prescribing Observatory for Mental Health (POMH-UK): Topic 14c: Alcohol detoxification
8.	CA-21-0031	National Clinical Audit of Psychosis (NCAP) 21-22 EIP Re-Audit
NICE Priorities (6)		
9.	CA-19-0024	NICE (Implementation) Ante & Postnatal Mental Health incorporating Contraception (CG192 & QS129)
10.	CA-21-0020	NICE (Implementation) QS95 & CG185 Bipolar Disorder in Adults and the Provision of Psychological Therapies (This relates to CYPS ONLY and not Adults)
11.	CA-21-0022	NICE (Baseline) QS127 Obesity: Clinical Assessment & Management
12.	CA-21-0025	NICE (Implementation) TA 217 Memantine Prescribing in NTW against NICE Guidelines Re-Audit
13.	CA-21-0030	NICE (Implementation) NG87 ADHD in Adult ADHD Services
14.	CA-21-0032	NICE (Implementation) NG134 Depression in Children & Young People Re-Audit
Trust Priorities (15)		
15.	CA-21-0012	Nutrition policy audit
16.	CA-21-0013	Engagement & Observation Audit (NICE NG10 (Violence & Aggression) & Trust Policy NTW(C)19 Engagement & Observation Policy)
17.	CA-21-0019	Body maps audit - Trust wide
18.	CA-21-0026	Naso Gastric Tube Feeding Audit
19.	CA-21-0035	CYPS CPA Care and Treatment Audit
20.	CA-21-0036	Healthcare records Quality Monitoring Tool - Trust wide
21.	CA-21-0037	Independent Seclusion Review
22.	CA-21-0038	The Safe Prescribing of Rapid Tranquilisation (RT)
23	CA-21-0039	Physical Health Monitoring following Rapid Tranquilisation
24.	CA-22-041	Physical Health Recording on Rio

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25.	CA-22-011.04	Seclusion Annual audit 21-22
26.	CA-22-010.01	Long Term Segregation
27.	CA-22-063.01	Safeguarding Adults at Risk
28.	CA-22-064.01	Adherence to ECTAS Standards on Time to re-orientation Post ECT
29.	CA-22-079.01	Medication Summaries and Discharge Letters
Medicines Management Priorities (5)		
30.	CA-21-0033	The use of zuclopenthixol acetate (Accuphase) within CNTW – Re-audit (PPT-PGN- 27)
31.	CA-21-0040	Safe Prescribing of Valproate (PPT-PGN-25)
32.	MM-22-058	The monitoring of lithium in the community
33.	MM-22-059	The monitoring of lithium in the inpatient setting
34.	MM-22-061	To evaluate the prevalence and significance of monitoring prolactin levels in patients on antipsychotics
Locality Priority (Central) (1)		
35.	CA-20-0012	Clinical Audit of Unallocated Cases awaiting Treatment
Locality Priority (North) (1)		
36.	CA-21-0004	Patient Debrief Post Tertiary Intervention Joint Audit Inpatient CBU & Learning Disabilities & Autism CBU
CBU Priority (North Cumbria Community and Access) (1)		
37.	CA-21-0007	Re-audit of anticholinergic burden in patients referred to the Old Age Psychiatry Department with memory impairment - NC Community & Access CBU
CBU Priority (South Inpatient) (1)		
38.	CA-21-0028	An audit to assess Physical Health Monitoring compliance with CNTW(C) 29
CBU Priority (North Community) (1)		
39.	CA-22-071	Progress note framework

Appendix 3

Annual Report on Safe Working Hours: Doctors in Training

1. 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 150 trainees working into CNTW with 150 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 11 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Clinical/Research Fellows.

High level data

- Number of doctors in training (total): 150 Trainees (January 2023)
- Number of doctors in training on 2016 TCS (total): 150 Trainees (January 2023**)**
- 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

2. Risks and mitigations associated with the report

- 57 Exception Reports raised during the year
- 20 Agency Locums booked during the period covering vacant posts and sickness (this figure will differ slightly to the breakdown below as the breakdown shows locums month by month but some are in post over a few months so this figure is the total)
- 892 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 117 occasions during the period the Emergency Rotas were implemented (either by emergency rota cover or by training rota
- 22 IR1s submitted due to insufficient handover of patient information

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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	0	3	0	1	4	0
CT1-3	St George's Park	1	1	2	2	6	0
CT1-3	NGH	0	0	1	0	1	0
CT1-3	RVI	3	3	5	1	12	0
CT1-3	St Nicholas	2	0	0	2	4	0
CT1-3	Hopewood Park	0	0	2	0	2	0
CT1-3	Cumbria	5	5	2	6	18	0
ST4+	North of Tyne	3	0	1	0	4	0
ST4+	South of Tyne	0	0	0	0	0	0
ST4+	CAMHS	3	0	0	3	5	1
Total		17	12	13	15	56	1

Work schedule reviews
During the year there have been 57 Exception Reports submitted from Trainees 56 for hours and rest and 1 for education throughout 2022; the outcome of which was that TOIL was granted for 42 cases, 3 cases were no action required, payment was made on 12 occasions and 0 were not agreed.

i) Locum bookings
Agency

Locum bookings (agency) by department				
Specialty	Q1	Q2	Q3	Q4
SNH	1	0	1	0
SGP	2	2	0	5
CAV	1	0	0	3
Cumbria	1	0	0	9
HWP	2	2	3	0
GHD/MWM	0	0	0	2
Total	7	4	4	19

Locum bookings (agency) by grade				
	Q1	Q2	Q3	Q4
F2	0	0	0	3
CT1-3	7	4	4	16
ST4+	0	0	0	0
Total	7	4	4	19

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Locum bookings (agency) by reason				
	Q1	Q2	Q3	Q4
Vacancy	4	4	3	19
Sickness/other	3	0	1	0
Total	7	4	4	19

a) 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 2022
SNH	28	32	34	34	128
SGP	14	29	38	25	106
Gateshead/MWH	5	19	23	29	76
Hopewood Park	30	50	34	20	134
RVI	19	27	28	19	93
CAV	29	24	26	20	99
Cumbria	27	13	21	36	97
North of Tyne	21	13	5	28	67
South of Tyne	13	41	15	15	84
CAMHs	2	0	0	6	8
Total	188	248	224	232	**892**

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

b) Vacancies

Vacancies by month					
Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	0	0	0	0
	GP	0	0	0	0
	FY2	3	3	2	2
SNH	CT	6	2	3	2
	GP	3	1	0	2
SGP	CT	3	3	1	3
	GP	0	0	0	0
Hopewood Park	CT	3	5	4	2
	GP	0	4	0	2
	FY2	0	0	0	3
Gateshead/MWH	CT	3	1	0	1
	GP	0	0	0	0
	FY2	0	0	0	0
Cumbria	CT	0	0	0	2
	GP	0	0	0	0
	FY2	3	1	1	0

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Total		24	20	11	19

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

c) Emergency Rota Cover

Emergency Rota Cover by Trainees			
Q1	Q2	Q3	Q4
13	19	9	20

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.

Training Rota Cover by First on-call Trainees					
	Rota	Q1	Q2	Q3	Q4
	SGP	4	4	9	4
	SNH	7	6	2	1
	RVI	2	2	1	0
	GHD/MWM	0	1	0	0
	Cumbria	0	0	0	0
	HWP	5	5	4	0
	NGH	0	0	0	0
	Total	18	18	16	5

d) 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.

Issues Arising:

The numbers of Exception Reports have slightly decreased from the 67 reported in 2021 to 57 reported in 2022.

In 2022 the majority of Exception Reports were closed mainly with TOIL in 42 cases with payment made to close 12 cases (in 3 cases, no action was required).

There have been 22 IR1s submitted for Insufficient Medical Handover in 2022. In 2021, there were 46 IR1s for Insufficient Medical Handover, so this represents a significant decrease.

There was a decrease in the number of times Emergency Rota cover was used, from 71 in 2021 to 61 in 2022.

There has been an increase in the use of the Training Rota to cover rota gaps which has served to reduce the number of times the Emergency rota has had to be implemented. In the second two quarters of 2021 the training rota was used a total of 12 times (data on the use of the training rota has been gathered from Q3 in 2021 onwards); in 2022 it was used on 56 occasions.

The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased from 694 in 2021 to 892 in 2022. The increase in vacant shifts was due to increased levels of sickness, occupational health adjustments and pregnancy/maternity leave.

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Actions Taken to Resolve These Issues:

Exception Reporting

The number of Exception Reports has decreased slightly from the two previous calendar years but overall remains fairly stable. As in previous years and in keeping with other Trusts, the numbers of Exception reports received from higher trainees remains small and lower than expected.

For this year the majority of Exception Reports in CNTW has been closed with Time Off in Lieu (TOIL) for 42 cases. A proportion of the Exception Reports which had to be closed by payment was in part due to trainees having to use the Exception Reporting for travel time from West Cumbria to the Carleton Clinic where there is an agreement with the LET for remuneration 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 process of completing the Exception Reporting documentation are shared at induction and via email with all trainees.

Medical Handover

The number of IR1s submitted for Insufficient Medical Handover at admission has decreased from the numbers in 2021 which is encouraging. This follows a fall in numbers from 2020 (when there were 83 IR1s for Insufficient Medical Handover) and indicates a sustained and continued fall in the number of occasions this has occurred.

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 (with instruction on how to fill in the documentation and sharing of screen shots of the process by email) and in the forums mentioned and continue to be monitored accordingly.

Emergency Rota

There has been a decrease in the need for the Emergency Cover Rota in 2022 in comparison to the previous calendar year although the numbers remain higher than in 2020. This arrangement is necessary if the is a rota gap that, despite the efforts of Medical Staffing, is not filled by 3pm. 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 as well as ways to reduce the frequency of its use and how to support doctors when it is unavoidable. It can be a concern to trainees with the need to work in less familiar sites, the increased geographical area to cover and the increase in workload. Junior doctors, with support from Medical Staffing have made video inductions for each of the Trust sites and doctors are encouraged to watch these induction videos prior to commencing a shift on the Emergency Cover Rota if they are not familiar with the site as well as linking in with the out-going doctor in handover for any other queries about the site.

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Training Rota

The training rota was introduced in August 2020. It was primarily implemented to provide core and GP trainees the opportunity to shadow the Higher trainees to gain experience in emergency psychiatry and Mental Health Act Assessments. It also serves to provide a means of covering vacant shifts with the junior doctor on the training rota moving to cover a gap and therefore preventing the need to implement the Emergency Cover Rota. In this situation, the trainee would be offered additional slots on the training rota on a voluntary and paid basis or to swap into vacant slots on the training rota to allow them this experience. Use of the training rota to cover rota gaps and therefore any potential impact on training is monitored and discussed at the Junior Doctors forum.

Junior Doctors Forum

The forum returned to a hybrid in person / teams meeting in March 2022. Over subsequent meetings the numbers attending in person have gradually increased with the majority now in person. We will continue the hybrid model which was in place before the pandemic to allow people to attend without the need to travel.

Summary

The number of Exception Reports have remained stable with the majority closed through TOIL. 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 a fall in the number of occasions where the Emergency Cover rota was necessary, which is encouraging. This will continue to be monitored and reviewed to include the impact of the new training rota.

The Junior Doctor's Forum is well attended and will continue using a hybrid model to allow both in person and remote attendance.

1. Recommendation

Receive the paper for information only.

Author: **Dr Clare McLeod - Guardian of Safe Working for CNTW**
Executive Lead: **Dr Rajesh Nadkarni – Executive Medical Director**

13/01/2023

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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 the Trust make improvements by being responsive to the themes emerging.

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 Give your feedback | Northumberland, Tyne and Wear NHS Foundation Trust (cntw.nhs.uk) , 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 and incorporates the Ask-Listen-Do process (NHS England » Ask Listen Do).

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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 2022-23 and supporting guidance Detailed requirements for quality reports 2022-23
- 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 2022 to May 2023
  - papers relating to quality reported to the board over the period April 2022 to May 2023
  - 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 2022 national patient survey
  - the 2022 national staff survey
  - the Head of Internal Audit's annual opinion of the trust's control environment dated
  - CQC inspection report dated 04/08/2022
- 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

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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

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Appendix 6

Limited Assurance Report on the content of the Quality Account

Information not required to be included within the Quality Account 2022-23 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 2022-23. 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.

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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.

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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.
Integrated Care Board (ICB)	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System (ICS) area.
ICD10	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses.
Integrated Care System (ICS)	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.

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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 123.
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

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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.

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

Copies of this Quality Account can be obtained from our website (www.cntw.nhs.uk) and the NHS 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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