



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 & Middlesbrough



Caring  
Discovering  
Growing  
**Together**

Inspected and rated

**Outstanding** ★



CareQuality Commission

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.

**1 of 7**

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

**78%**

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

**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

## 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”*



## 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.



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

Ken Jarrold CBE  
**Chair**



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

James Duncan  
**Chief Executive**

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

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.



A handwritten signature in black ink, appearing to read 'Rajesh Nadkarni'.

Dr Rajesh Nadkarni  
**Executive Medical Director**



A handwritten signature in black ink, appearing to read 'Sarah Rushbrooke'.

Sarah Rushbrooke  
**Executive Director of Nursing,  
Therapies & Quality Assurance**



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

Ramona Duguid  
**Chief Operating Officer**

## Statement of Quality from Council of Governors Quality Group

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 e. carlile*

**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.

## CQC Rating

The Trust was last rated 4<sup>th</sup> 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 \(cqc.org.uk\)](https://www.cqc.org.uk/about-us/quality-standards/cumbria-northumberland-tyne-and-wear-nhs-foundation-trust)



### Are services

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



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

<b>We are caring and compassionate...</b>	<b>We are respectful...</b>	<b>We are honest and transparent....</b>
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.

## **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.



## 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.

## 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
<b>Total</b>	<b>53,539</b>	<b>54,578</b>	<b>62,421</b>	<b>69,537</b>

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
<b>Total</b>	<b>173,574</b>	<b>189,690</b>	<b>217,637</b>	<b>153,376</b>

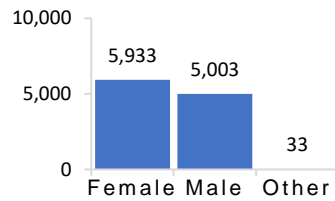
Breakdown of service users by age, gender, ethnicity (by CCG)

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

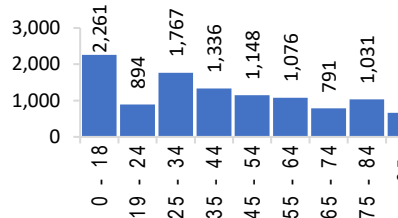
Figure 1a-r: Gender, age and ethnicity breakdown of service users for our local CCGs

**North Cumbria CCG**

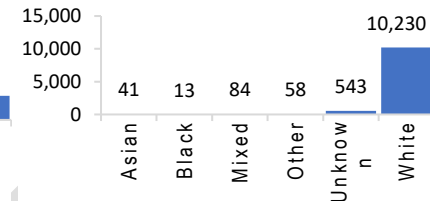
Gender breakdown



Age breakdown

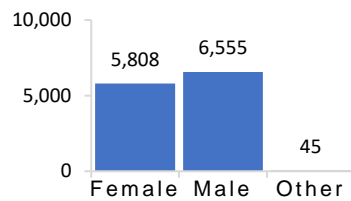


Ethnicity breakdown

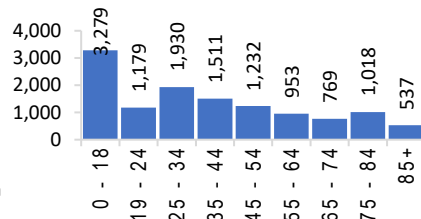


**Northumberland CCG**

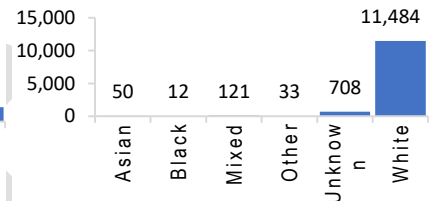
Gender breakdown



Age breakdown

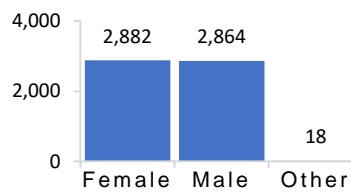


Ethnicity breakdown

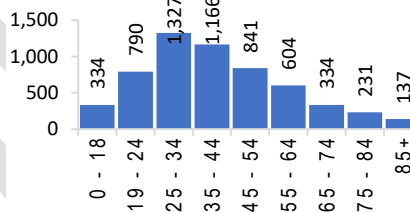


**North Tyneside CCG**

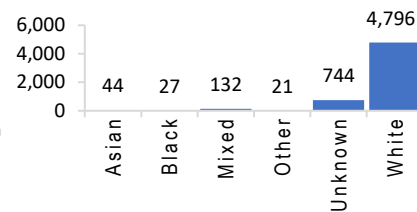
Gender breakdown



Age breakdown

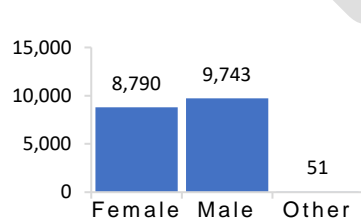


Ethnicity breakdown

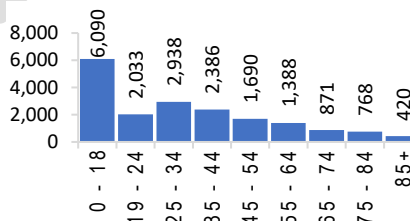


**Newcastle Gateshead CCG**

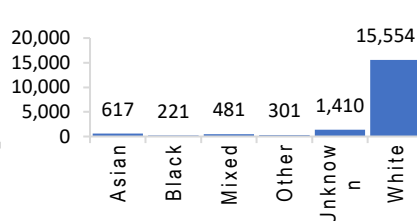
Gender breakdown



Age breakdown

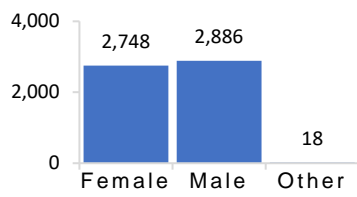


Ethnicity breakdown

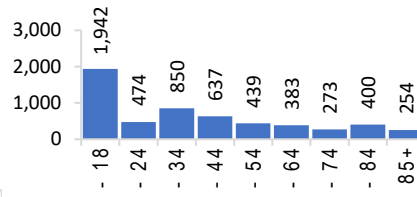


### South Tyneside CCG

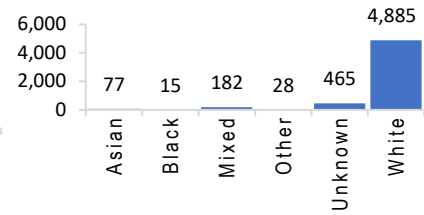
Gender breakdown



Age breakdown

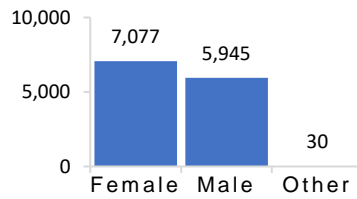


Ethnicity breakdown

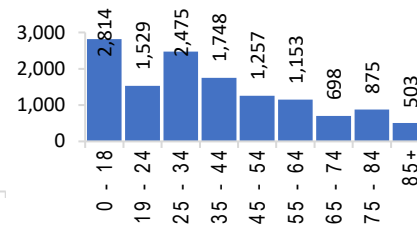


### Sunderland CCG

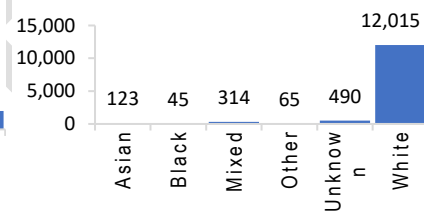
Gender breakdown



Age breakdown



Ethnicity breakdown



Data source: CNTW



## PART 2a



## Part 2a

### Looking Ahead: Our Quality Priorities for Improvement in 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.

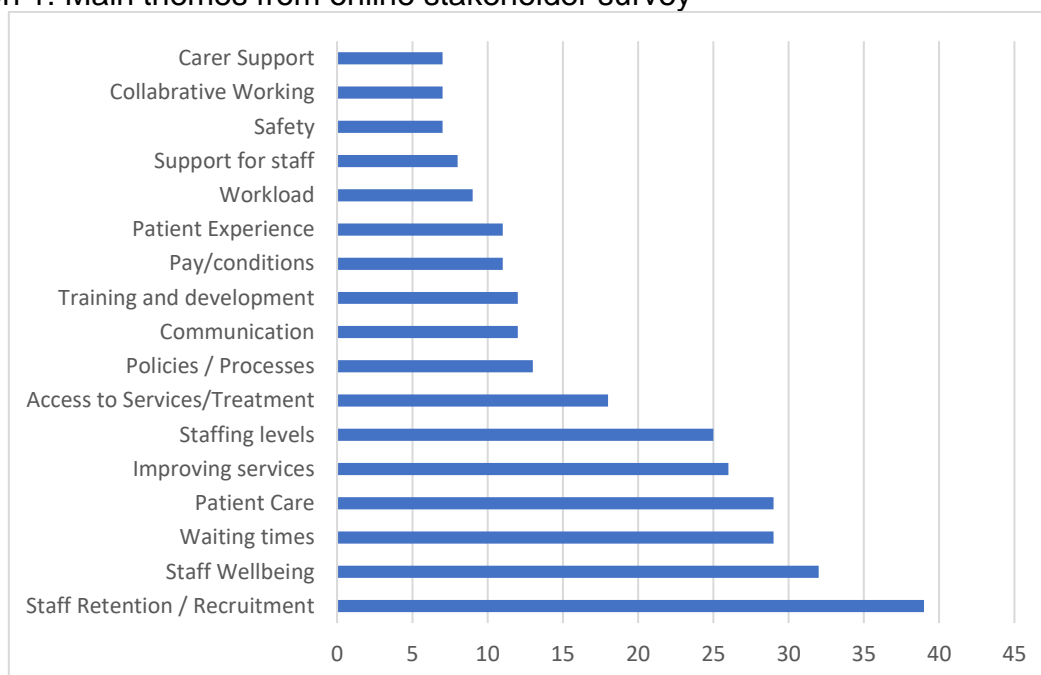
An engagement process was undertaken which included:

- 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 1<sup>st</sup> 2021- October 31<sup>st</sup> 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

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 1<sup>st</sup> November 2021 and 31<sup>st</sup> 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 if 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.

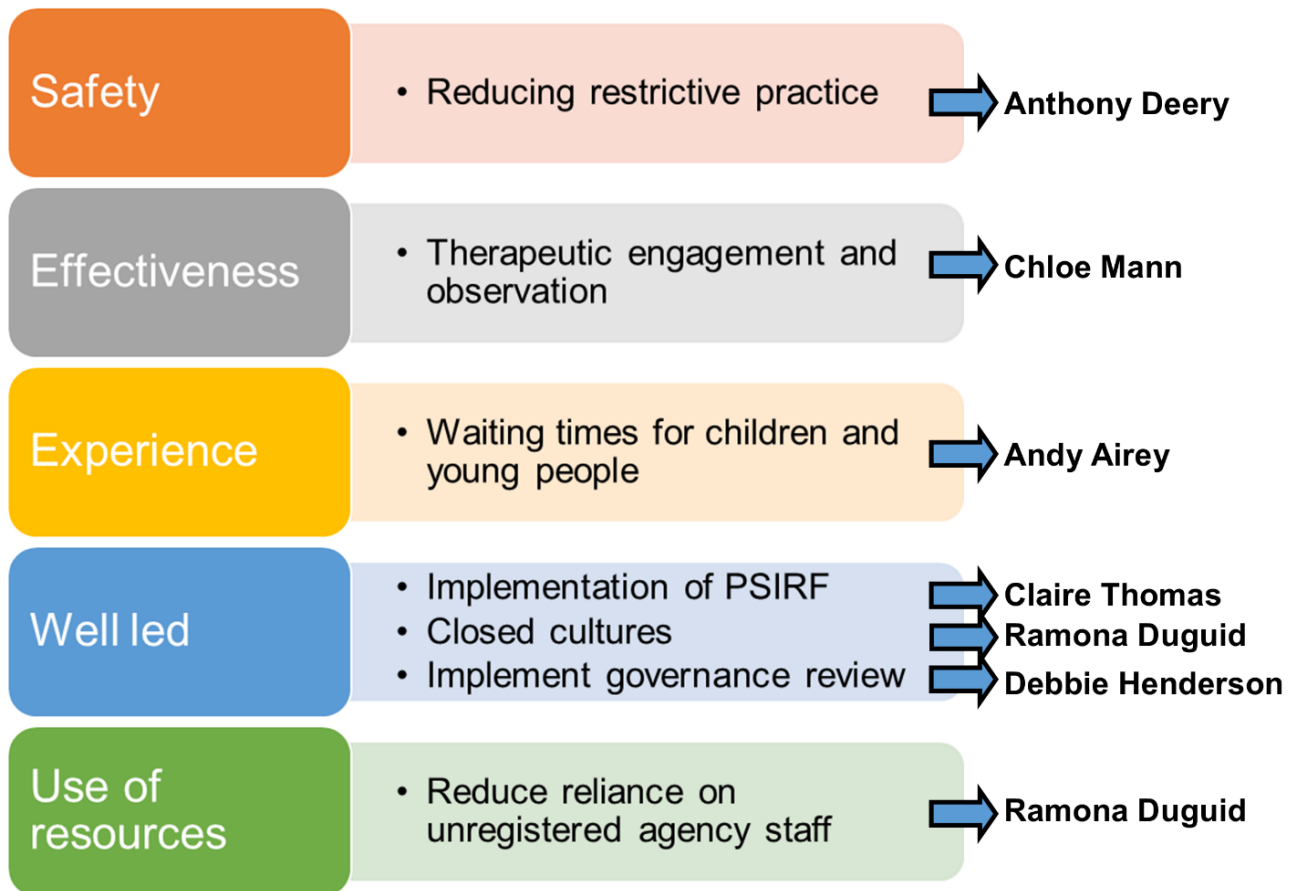
While exploring the main theme for negative comments, which is communications. It is notable that general negative comments regarding communications make up just over 7% of this main theme.

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.

DRAFT



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



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:



<b>Quality Priority 1: Safety - Improving the inpatient experience.</b>	<b>Lead: Andy Airey</b>
<p>Improving the inpatient experience by removing barriers to admission and discharge, and improving the therapeutic offer during treatment, through:</p> <ul style="list-style-type: none"> <li>• Embedding new ways of working relating to admission and discharge processes</li> <li>• Improved Inpatient ward quality standards</li> <li>• Ensuring the purpose of admission and therapeutic offer add value to patient care</li> </ul>	
<b>What we said we would do during Quarter 1 (April, May &amp; June 2022):</b>	
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Carrying out a stocktake of ward quality standard measures and accreditations.</li> <li>• Seek input from patients, carers, staff and wider professional groups, to gathering an evidence base on inpatient models of care within acute pathways.</li> </ul>	
<b>What we did:</b>	
<p>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:</p> <ol style="list-style-type: none"> <li>1. Maximise effectiveness of crisis / urgent pathways across community and acute settings.</li> <li>2. Improve quality of admission, treatment and discharge within adult inpatient wards.</li> <li>3. Improve quality, safety and experience within the adult acute inpatient wards.</li> </ol> <p>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.</p> <p>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.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>• Benchmarking of the current activity and processes across the urgent and inpatient pathway.</li> <li>• Focusing upon alternatives to crisis and admission.</li> <li>• Definition and baselining of the core inpatient staffing model and review of the therapeutic offer within the inpatient pathway.</li> <li>• Development and implementation of a standardised admission and discharge policy for the Trust, supported by the involvement bank.</li> <li>• Ensuring service user and carer involvement in all quality improvement activity.</li> </ul>	

**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.

**What we did:****Out of area patients**

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

Out of Area Trajectories 2022/23	22/23 Projected	22/23 Projected	Quarterly Traj
	Days	People	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 31<sup>st</sup> 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%).

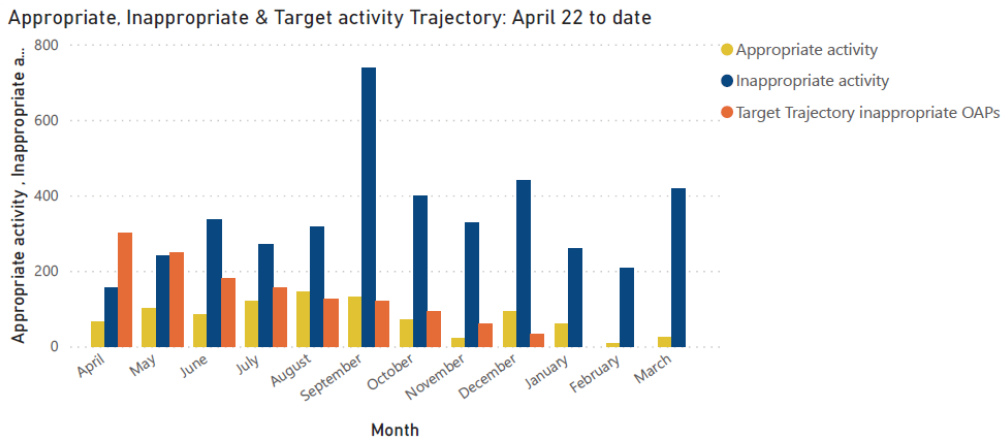
**What we said we would do during Quarter 4 (January, February & March 2023):**

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

**What we did:**

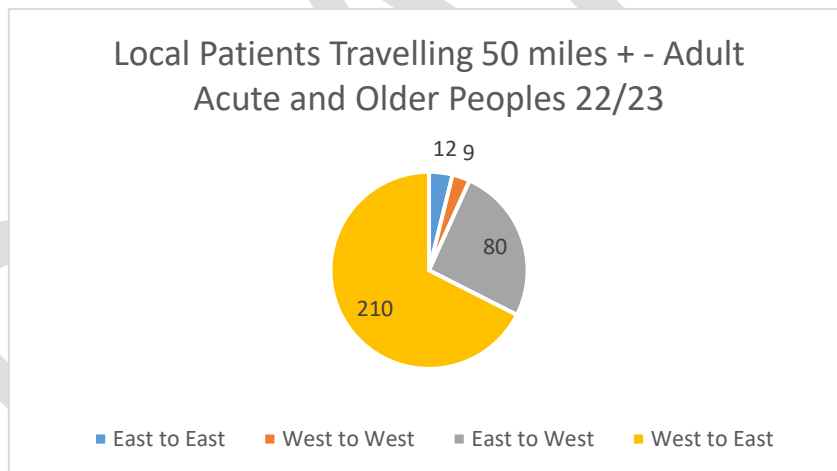
At the end of 2022/23 the Trust had had 4,197 inappropriate out of area bed days compared with 1,472 inappropriate out of area bed days in 2021/22. Note that the figures include individuals who are placed out with CNTW beds but may still be within the CNTW geographical footprint. For example within Northumbria 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.

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



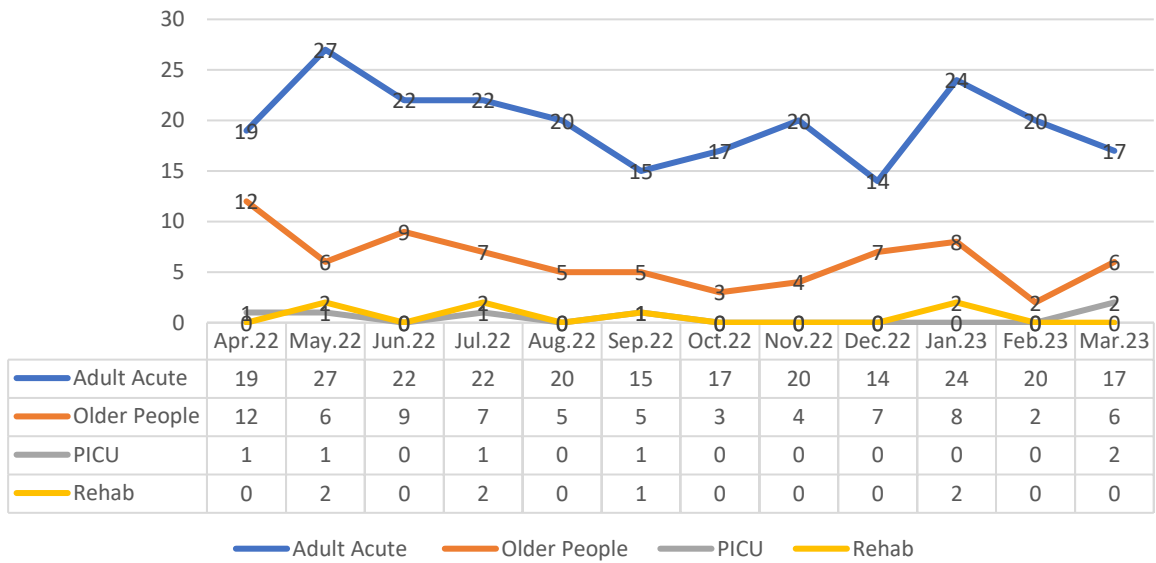
CNTW continues to monitor out of locality inpatient stays focussing particularly on patients travelling in excess of 50 miles.

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.

Month on Month across footprint (50 mile +) activity 2022/23



**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**

<b>Quality Priority 2: Service User and Carer Experience – Improving waiting times.</b>	<b>Lead: Russell Patton</b>
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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 3<sup>rd</sup> 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.



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 3<sup>rd</sup> 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.

- 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:**

- 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.
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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.
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- 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 3<sup>rd</sup> 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 established 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 3<sup>rd</sup> 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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  - Eating disorders T&F group formed to progress a separate PGN based on best practice guidance.
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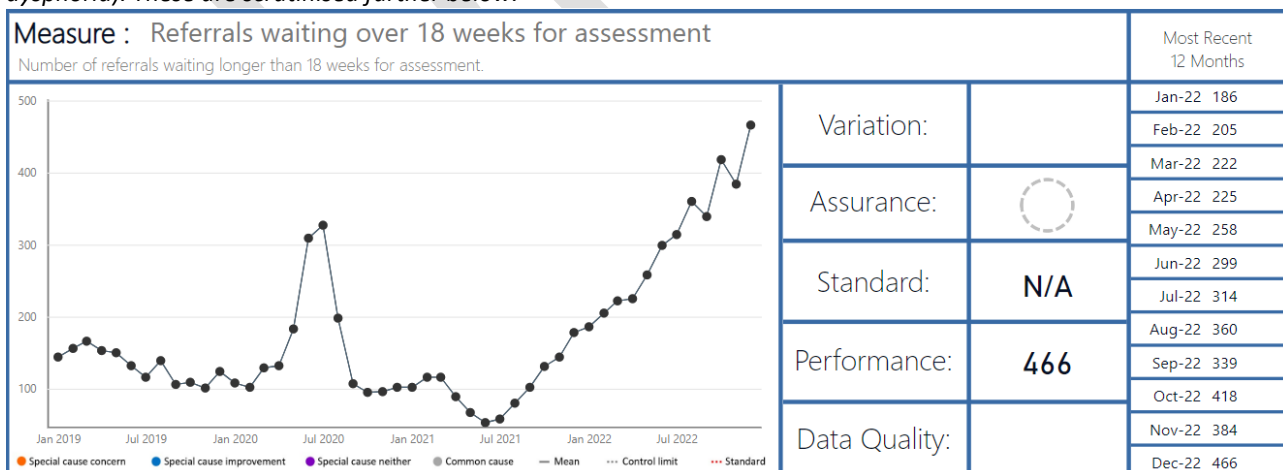
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Actions undertaken to date include:

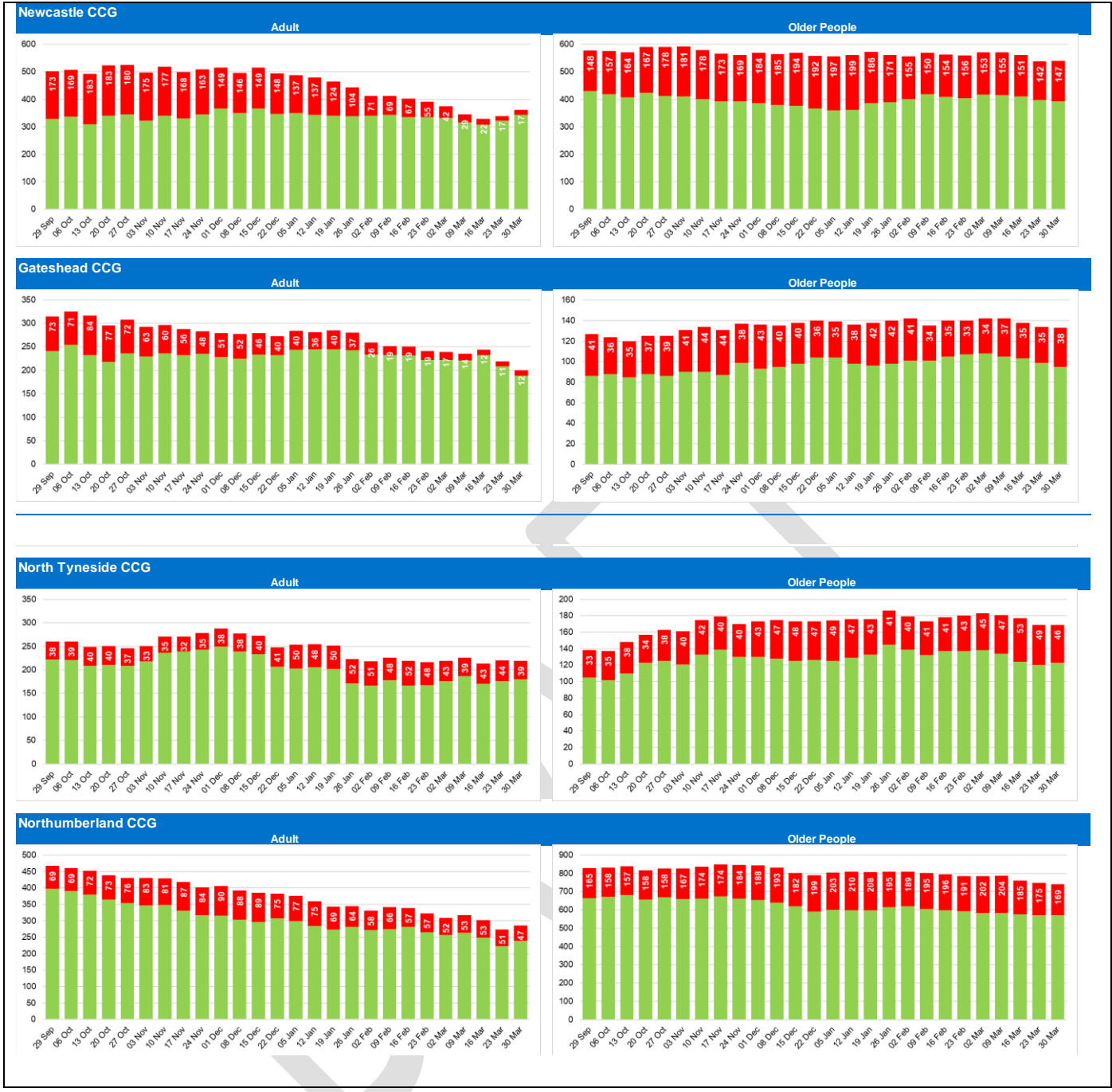
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  - The new Community Services Oversight Group has been established during quarter 4. This group is a weekly performance management group that focuses on actions being taken to reduce the number of over 18 week waiters but also will focus on 4 key 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.

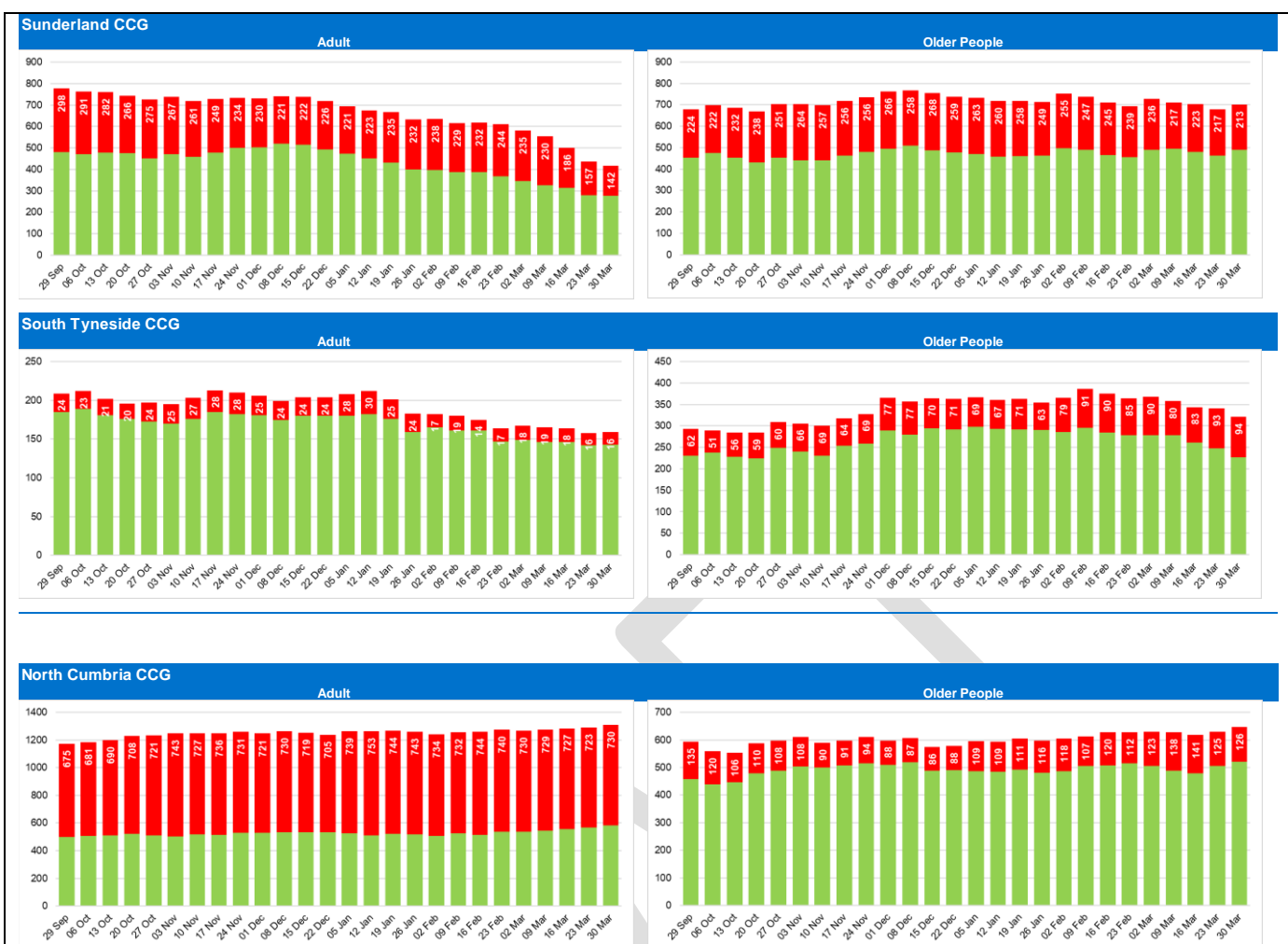
\*Note that the above data excludes services with continuing long waits (CYPS, Adult ADHD, adult autism diagnosis, gender dysphoria). These are scrutinised further below.



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







### Community Services for Children and Young People (CYPS)

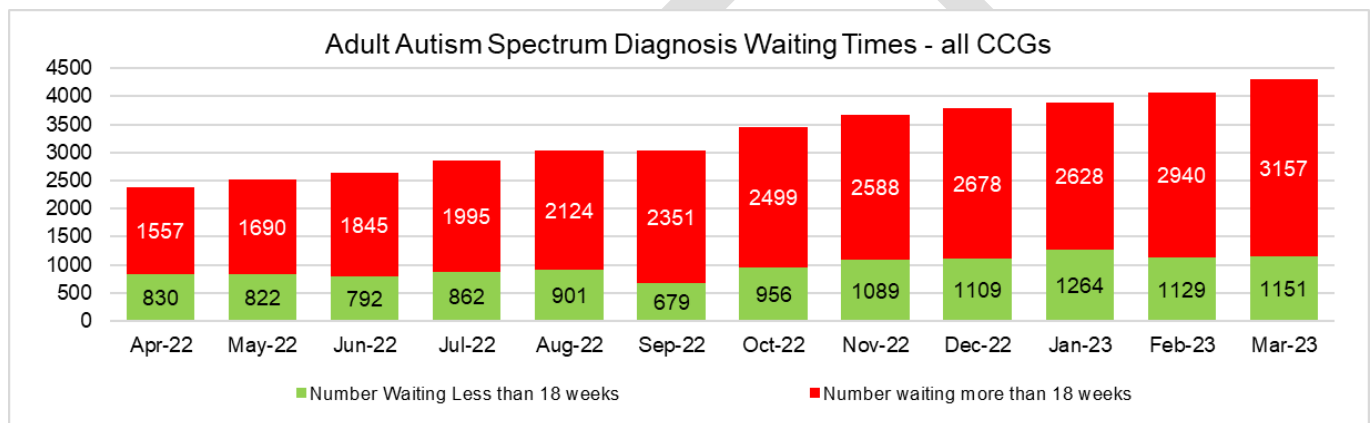
The methodology to measure waiting times in CYPS services has been introduced based upon a national methodology of considering a second appointment as a proxy for the start of treatment. The data below is at 31.03.23.

	Newcastle / Gateshead CYPS		Newcastle CYPS Tier 2		Northumberland CYPS		Sunderland CYPS		South Tyneside CYPS	
	No. Waiting	%	No. Waiting	%	No. Waiting	%	No. Waiting	%	No. Waiting	%
No. Weeks Waiting to Treatment										
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%
<b>Total Waiting</b>	<b>2,537</b>	<b>100.00%</b>	<b>213</b>	<b>100.00%</b>	<b>495</b>	<b>100.00%</b>	<b>892</b>	<b>100.00%</b>	<b>637</b>	<b>100.00%</b>

	North Cumbria CYPS CAMHS		North Cumbria CYPS ADHD		North Cumbria CYPS EIB		North Cumbria CYPS LD	
No. Weeks Waiting to Treatment	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%

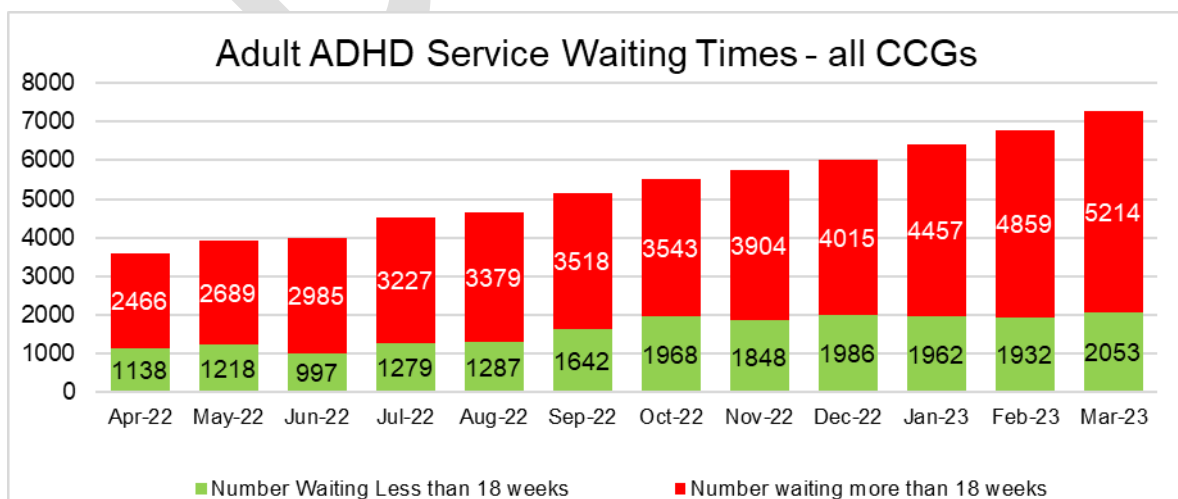
### Adult Autism Spectrum Disorder diagnosis (ASD)

- 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)

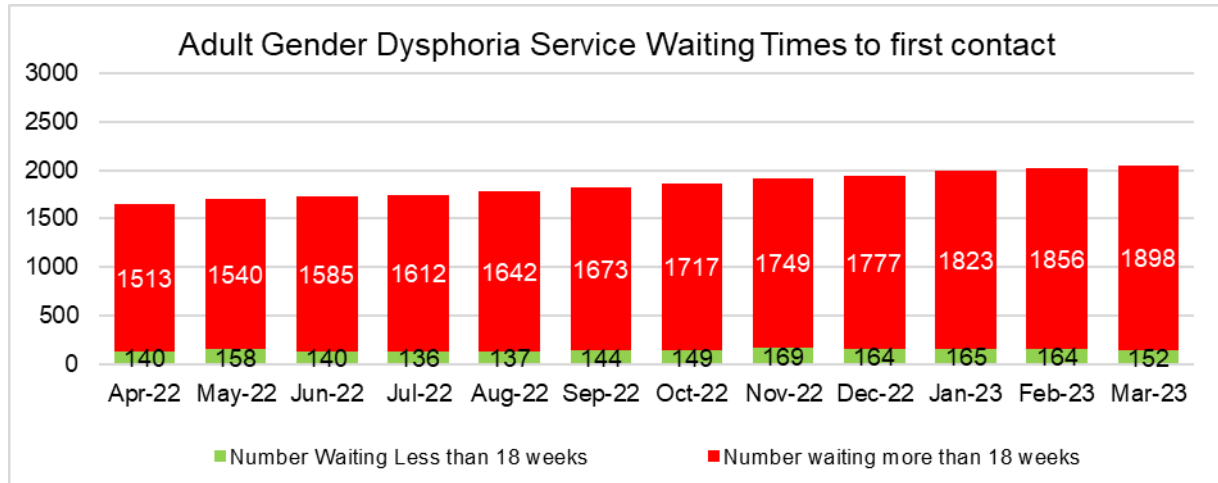
- The number of people waiting for first contact with this service has increased from 6001 as at 31 December 2022 to 7267 as at 31 March 2023.
- The proportion of people waiting less than 18 weeks for their first contact has decreased to 28% as at the end of March.



## 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.

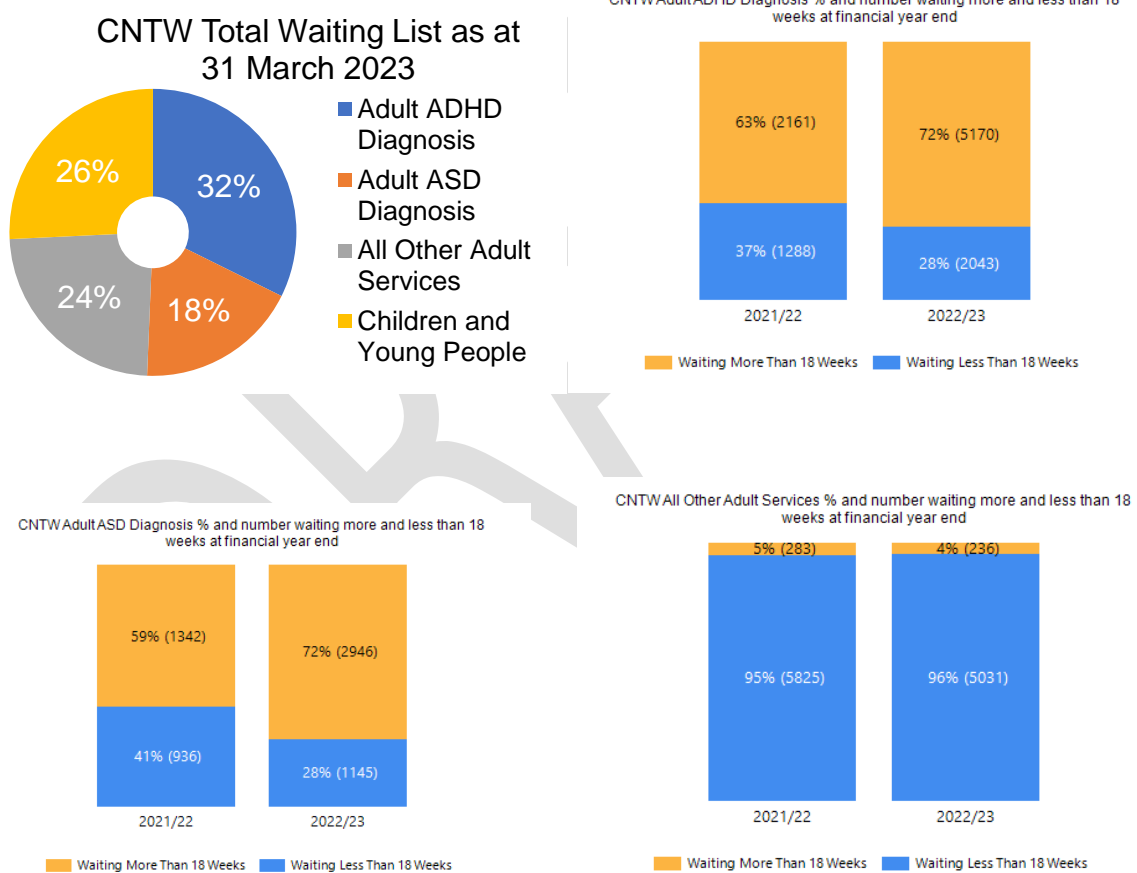
**Status: Not Met**

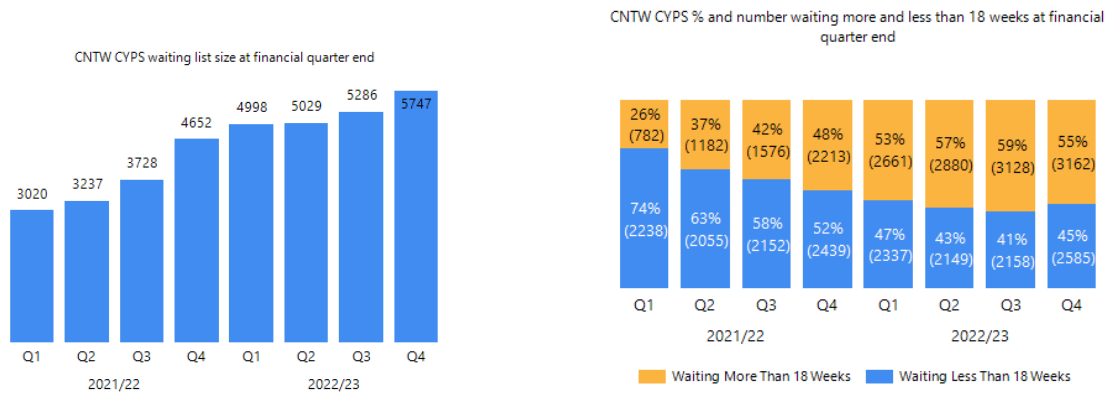
## Trustwide waiting times analysis

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





CNTW data for waiting time standards:

Table 4: Waiting time standards data 2022-2

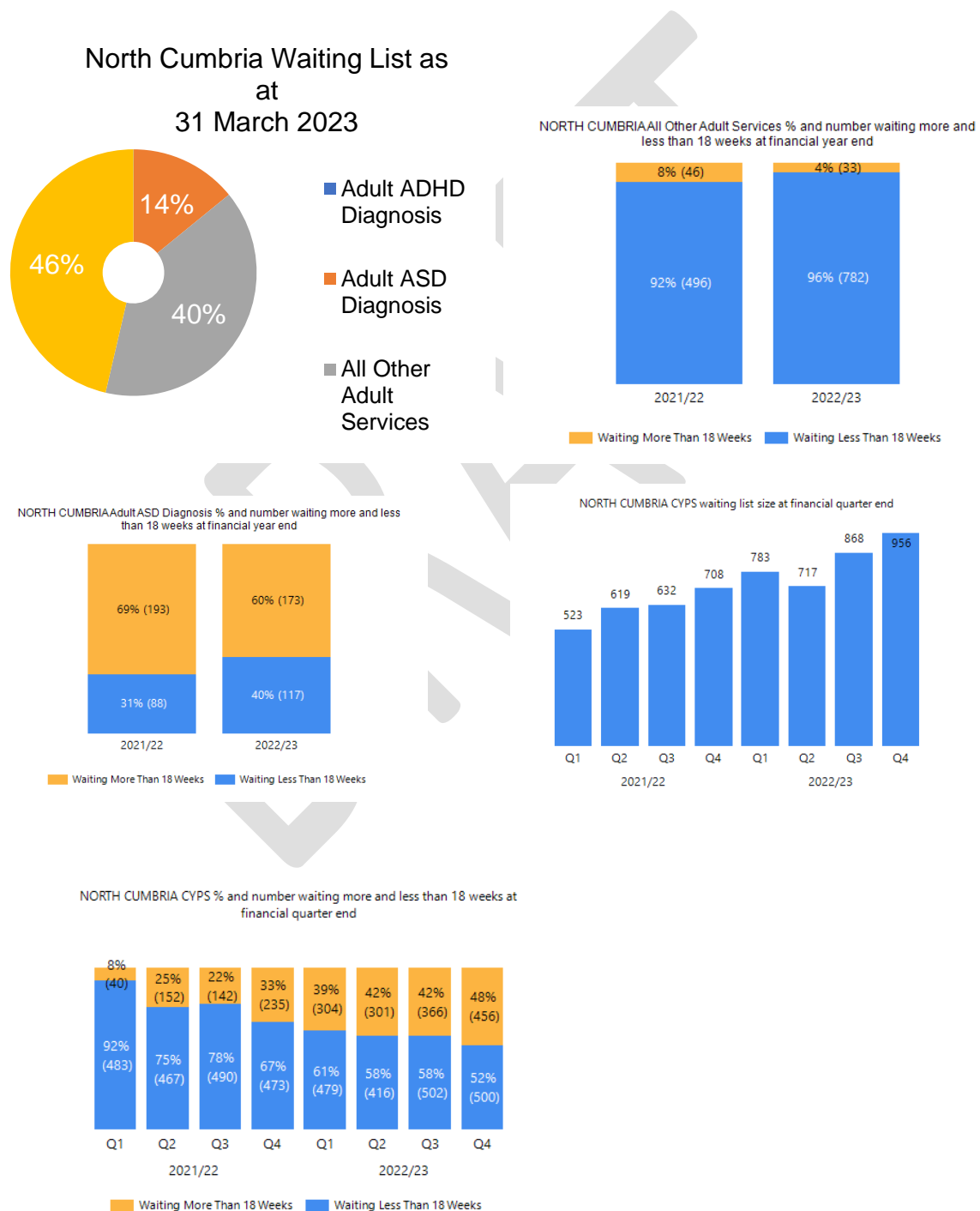
Area	Waiting time measure	Minimum standard	CNTW data	Data period
Early Intervention in Psychosis (EIP) *	% starting treatment within two weeks of referral	60%	<b>77.7%</b>	April 2022 to March 2023
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	<b>98.7%</b>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

## 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.

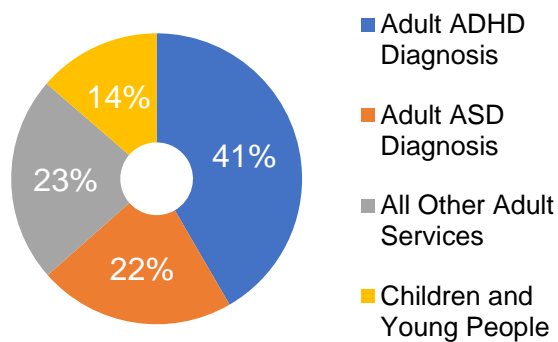
Figure 3 a-e: North Cumbria CCG waiting lists, assorted metrics



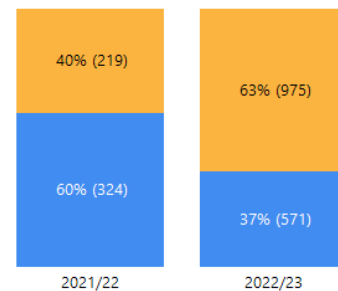
In **Northumberland**, the neurodevelopmental service is currently receiving excessive demand to services in both the Adult ADHD and Autism diagnostic service pathways. Over the past two years demand for services have been unprecedented and this is believed to be countrywide.

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

Northumberland Waiting List as at 31 March 2023

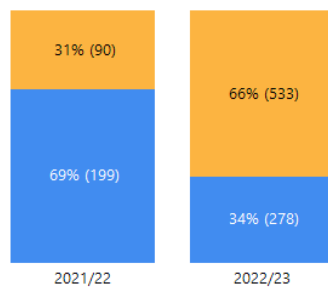


NORTHUMBERLAND Adult ADHD Diagnosis % and number waiting more and less than 18 weeks at financial year end



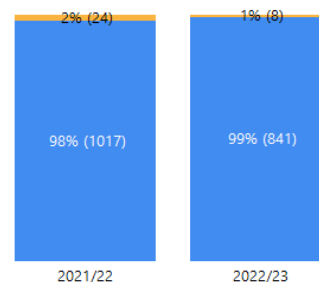
Waiting More Than 18 Weeks | Waiting Less Than 18 Weeks

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



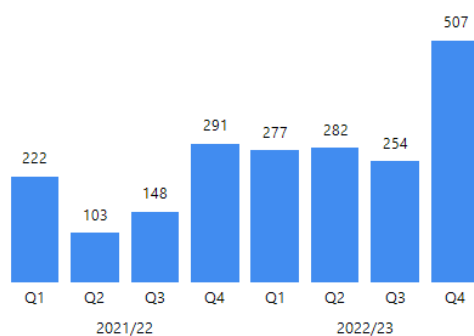
Waiting More Than 18 Weeks | Waiting Less Than 18 Weeks

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

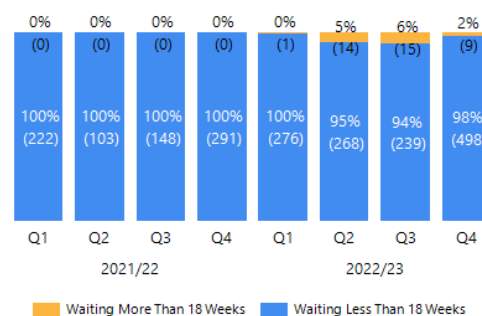


Waiting More Than 18 Weeks | Waiting Less Than 18 Weeks

NORTHUMBERLAND CYPs waiting list size at financial quarter end



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

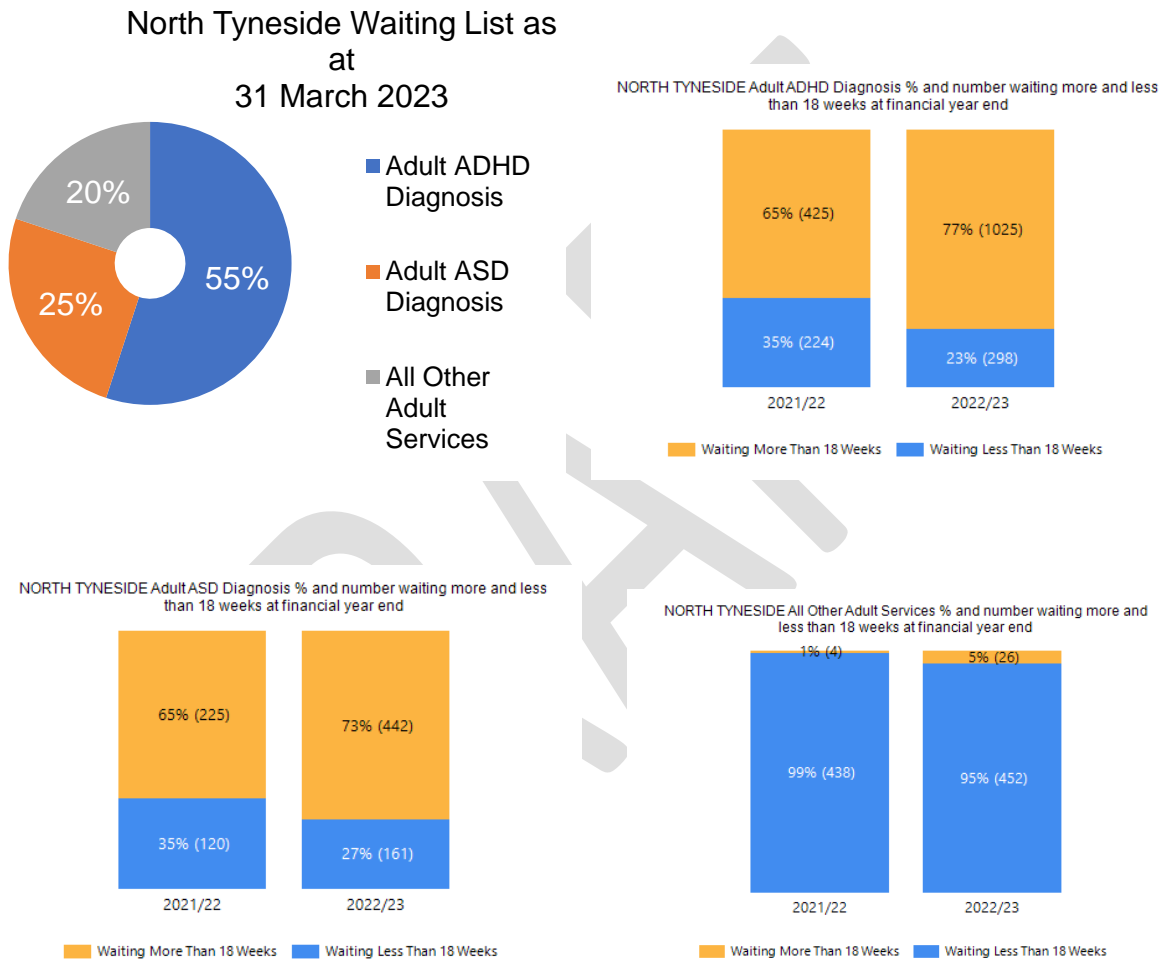


Waiting More Than 18 Weeks | Waiting Less Than 18 Weeks

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



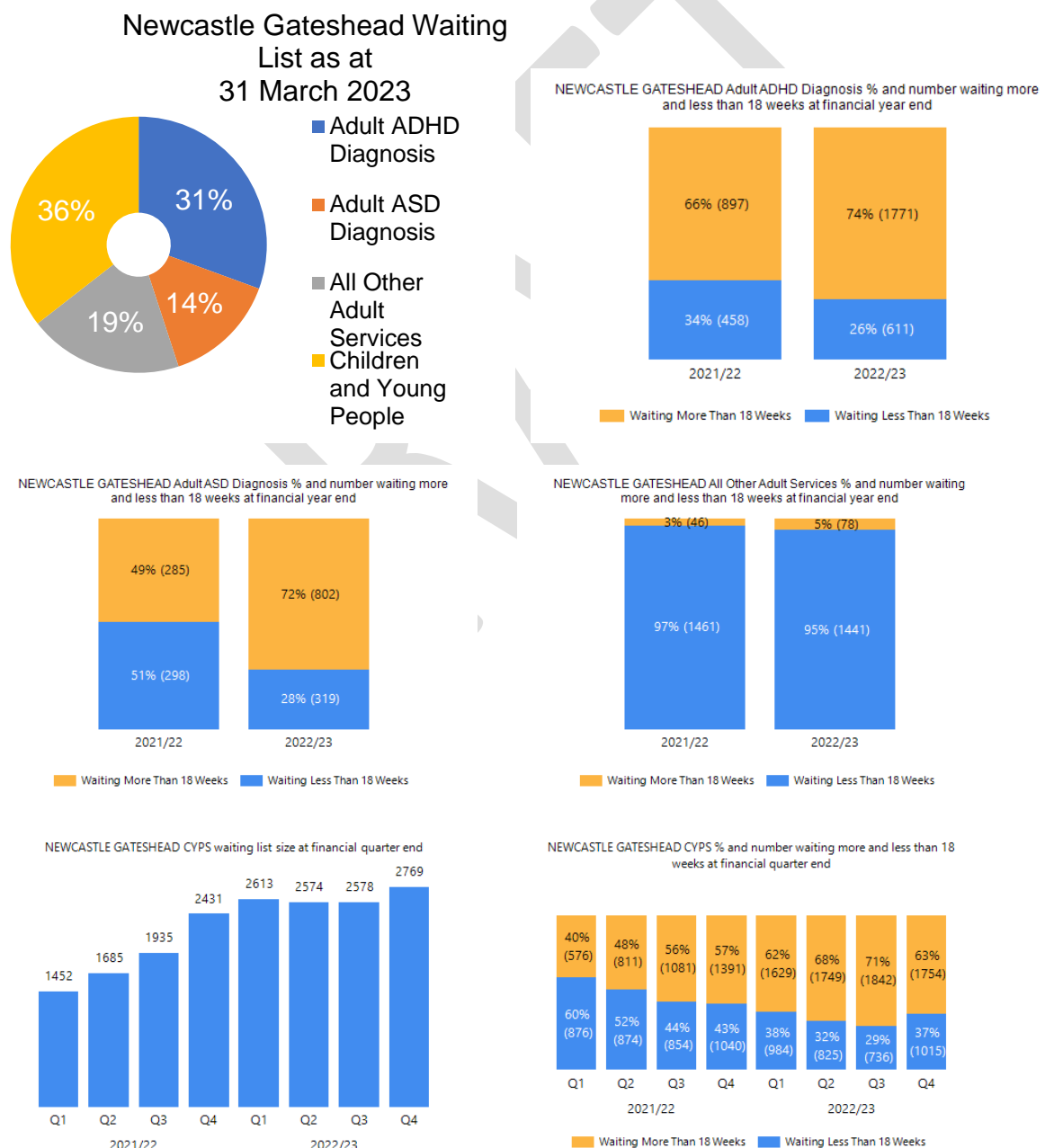
Note there is no chart provided for community services for children and young people in North Tyneside as this service is provided by Northumbria Healthcare NHS Foundation Trust, not CNTW, for more information please see: <https://www.northumbria.nhs.uk/our-services/childrens-services/child-and-adolescent-mental-health-service-camhs/>



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.

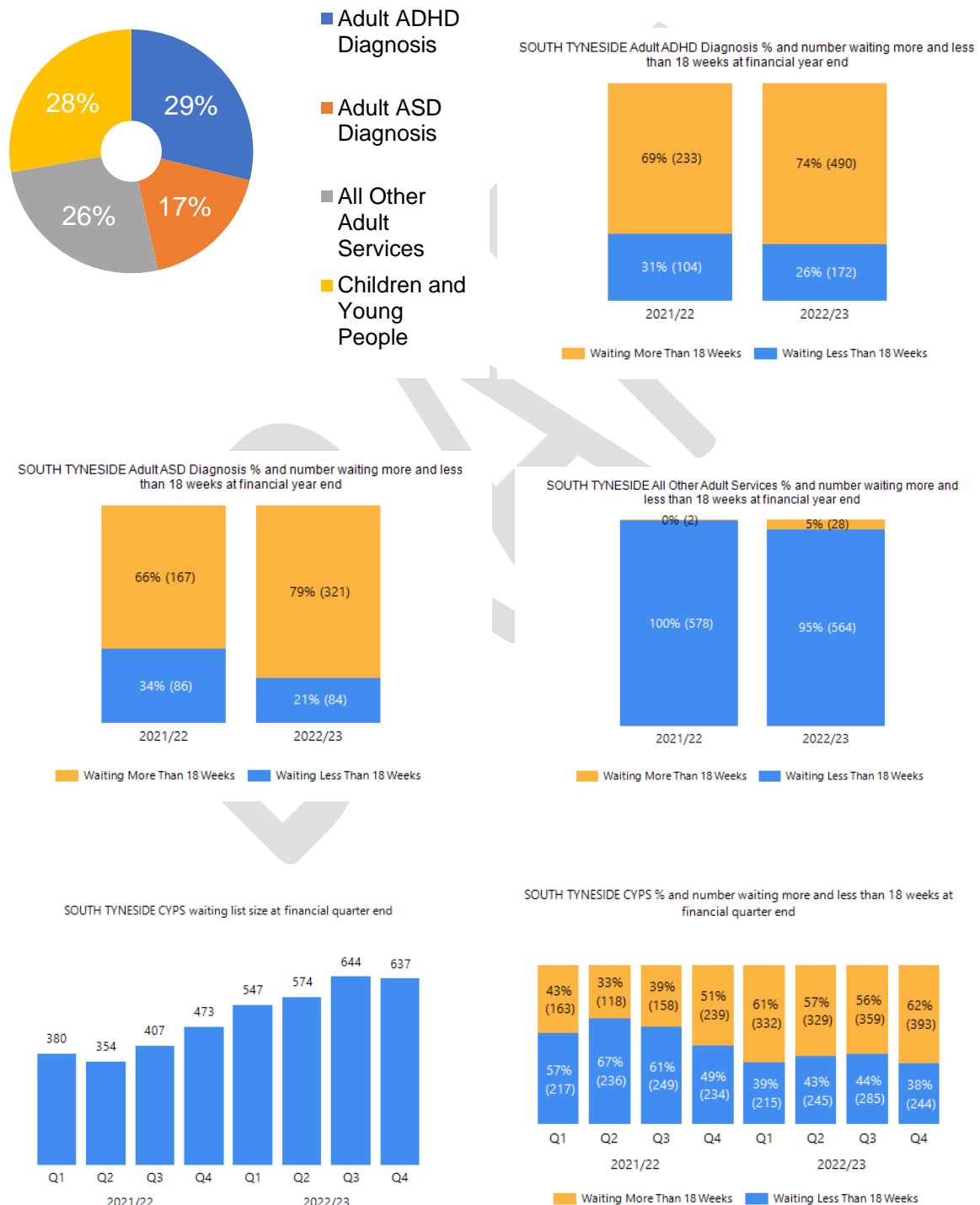
Figure 6 a-f: Newcastle and Gateshead locality waiting lists, assorted metrics



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.

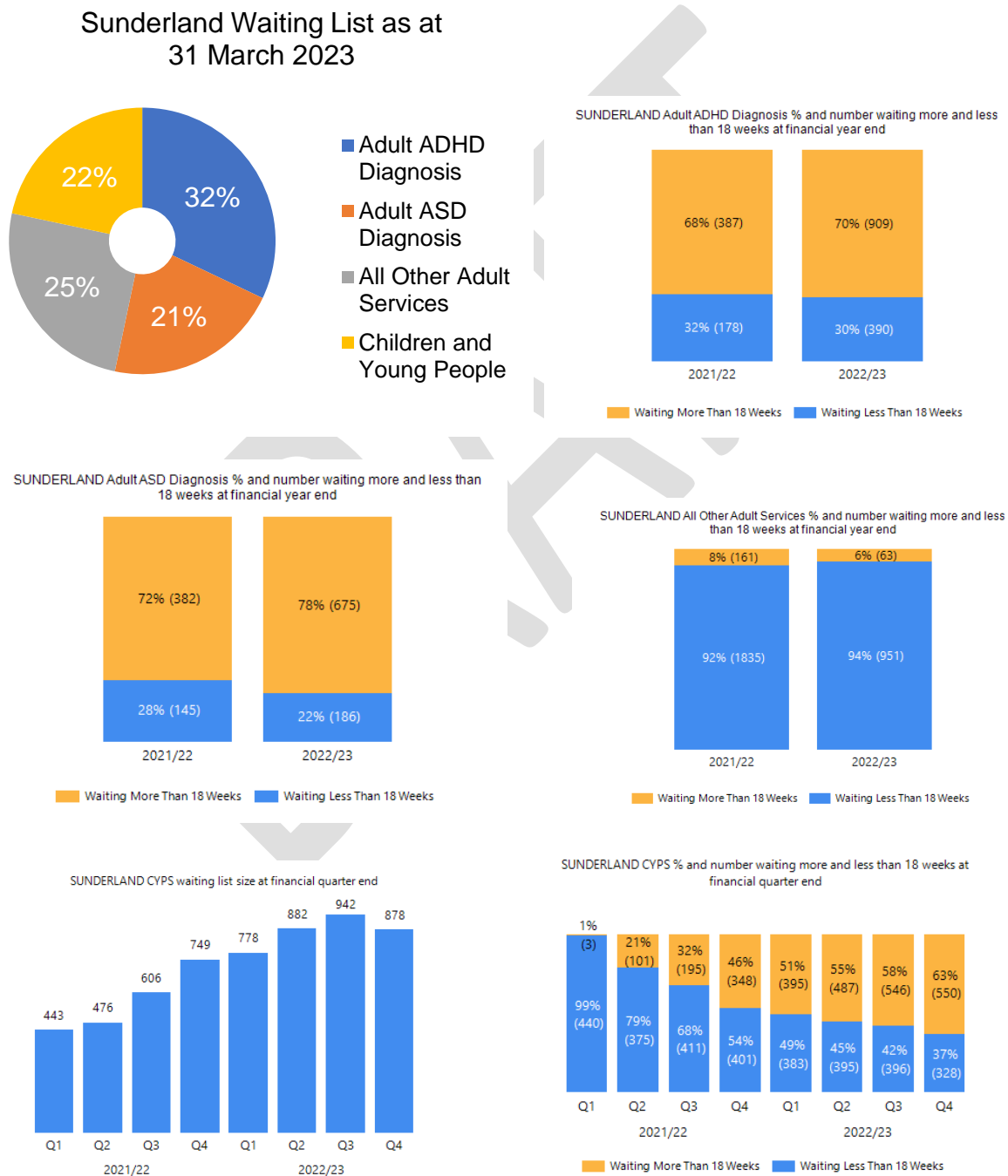
Figure 7 a-f: South Tyneside CCG waiting lists, assorted metrics

South Tyneside Waiting List as at 31 March 2023



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.

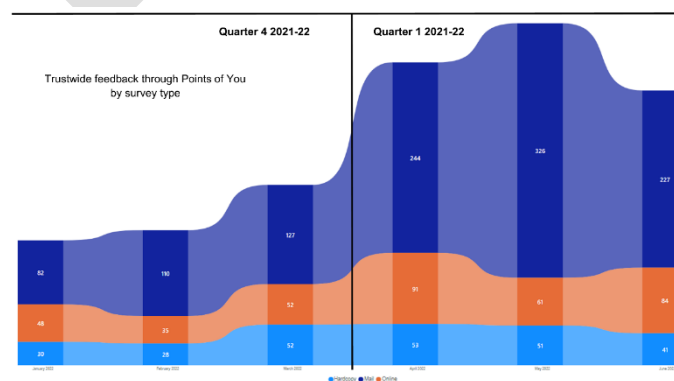
The increase in the volume of responses by individuals from a broader range of sources, should in the future provide greater understanding of the quality of services.

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'

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.

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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

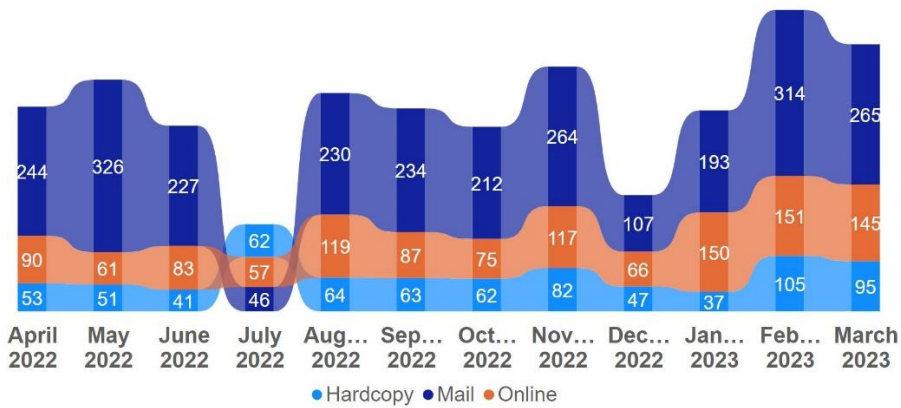
responses by area and demographic, follow by a count of the number of We Did posters.

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.

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
<b>Total</b>	<b>12</b>	<b>17</b>	<b>7</b>

**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**



<b>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)).</b>	<b>Lead: Lynne Shaw and Dr Rajesh Nadkarni</b>
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.	
<b>What we said we would do during Quarter 1 (April, May &amp; June 2022):</b>	
<ul style="list-style-type: none"> <li>● Implementation of Inclusive Recruitment measures.</li> <li>● Implementation of inclusive recruitment measures.</li> <li>● Implement Respectful Resolution Pathway.</li> <li>● Scope current activity and develop priority areas of engagement.</li> <li>● Trauma Informed Care presentation to take place at BDG.</li> <li>● HOPEs proposal to be presented at BDG, focusing on training, communication and practice.</li> <li>● Empower presentation to take place at CDT.</li> <li>● Roll out of HOPEs training commencing in pilot areas.</li> <li>● After Trauma Informed Care proposal is accepted, begin recruitment and develop the team, and identify pilot areas.</li> <li>● Continued development of the communications strategy.</li> <li>● Continued planning of raising awareness of FREDA/Rights Based Approaches across CNTW. Linking with other Trust initiatives and rolling-out communications and awareness materials.</li> </ul>	
<b>What we did:</b>	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	

### 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.

- 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.

**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**

## 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%	<b>17890</b>	<b>64.1%</b>
Minor Harm	5255	27.7%	7224	35%	<b>7859</b>	<b>28.2%</b>
Moderate Harm	734	3.9%	1496	7.3%	<b>1911</b>	<b>6.8%</b>
Major Harm	85	0.4%	74	0.4%	<b>101</b>	<b>0.4%</b>
Catastrophic, Death	16	0.1%	85	0.4%	<b>140</b>	<b>0.5%</b>
Total patient safety incidents	19007	100%	20630	100%	<b>27901</b>	<b>100%</b>

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 1<sup>st</sup> 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.

### 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
<b>Grand Total</b>	<b>36836</b>	<b>15249</b>	<b>3740</b>	<b>169</b>	<b>1587</b>	<b>57581</b>

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](mailto:complaints@CNTW.nhs.uk)

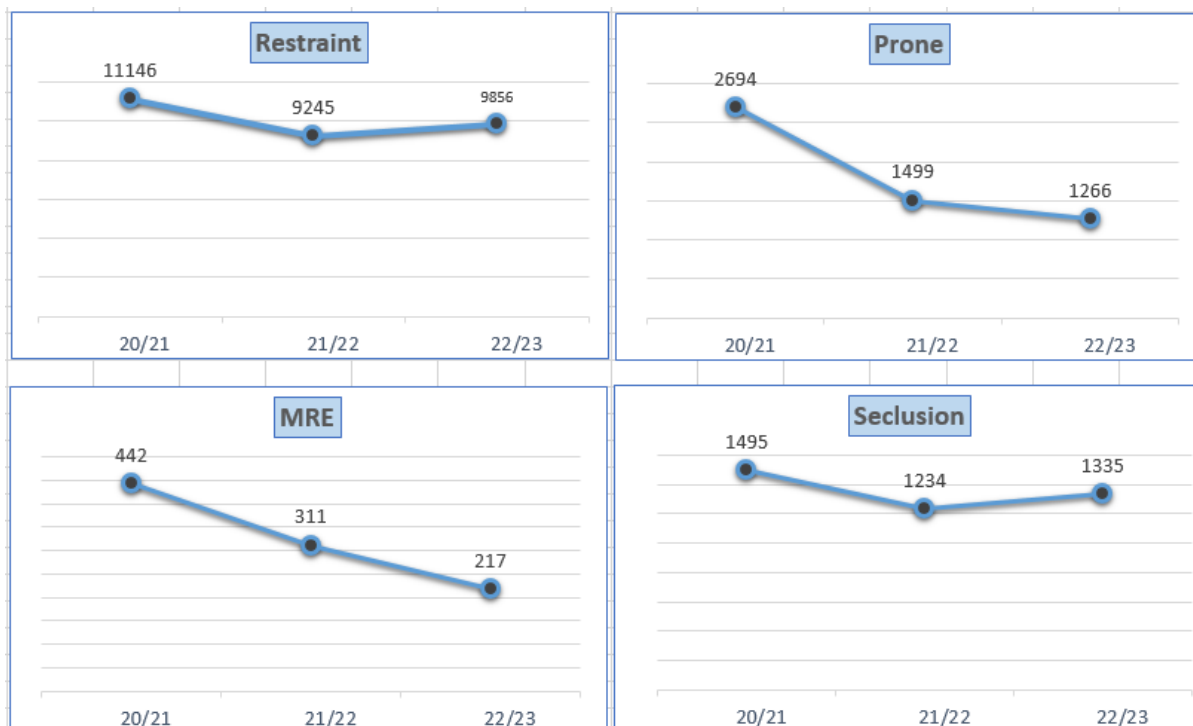
By phone: 0191 245 6672

A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of care. We have implemented the Duty of Candour, developed a process to allow thematic analysis of reported cases, raised awareness of the duty at all levels of the organisation and we are also reviewing how we can improve the way we learn and ensure that teams and individuals have the tools and opportunities to reflect on incidents and share learning with colleagues.

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

## Positive and Safe Strategy - impact in numbers

Graph 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 1<sup>st</sup> restraint reduction initiative is entering its 7<sup>th</sup> year.**
- **Cohort meetings.** Talk 1<sup>st</sup> 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 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 1<sup>st</sup> 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 1<sup>st</sup> cohort meetings with the intention that every member of staff will complete this training within 3 months.
- **Talk 1<sup>st</sup> 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

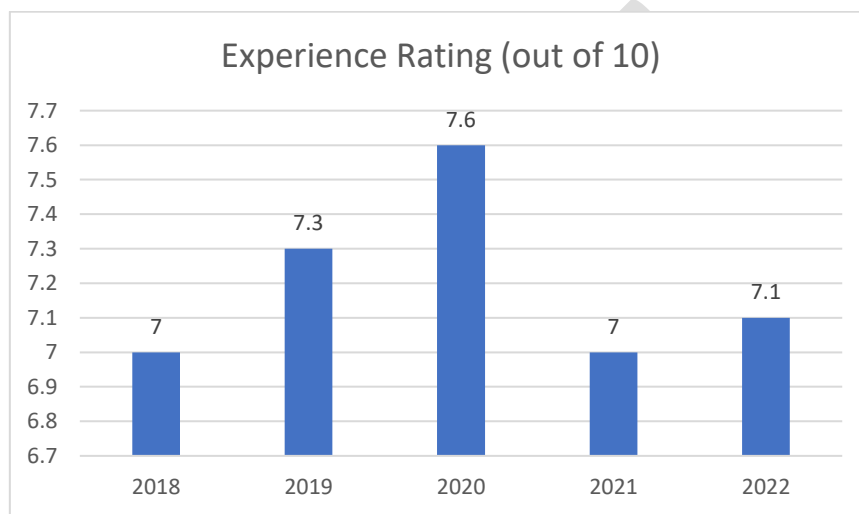
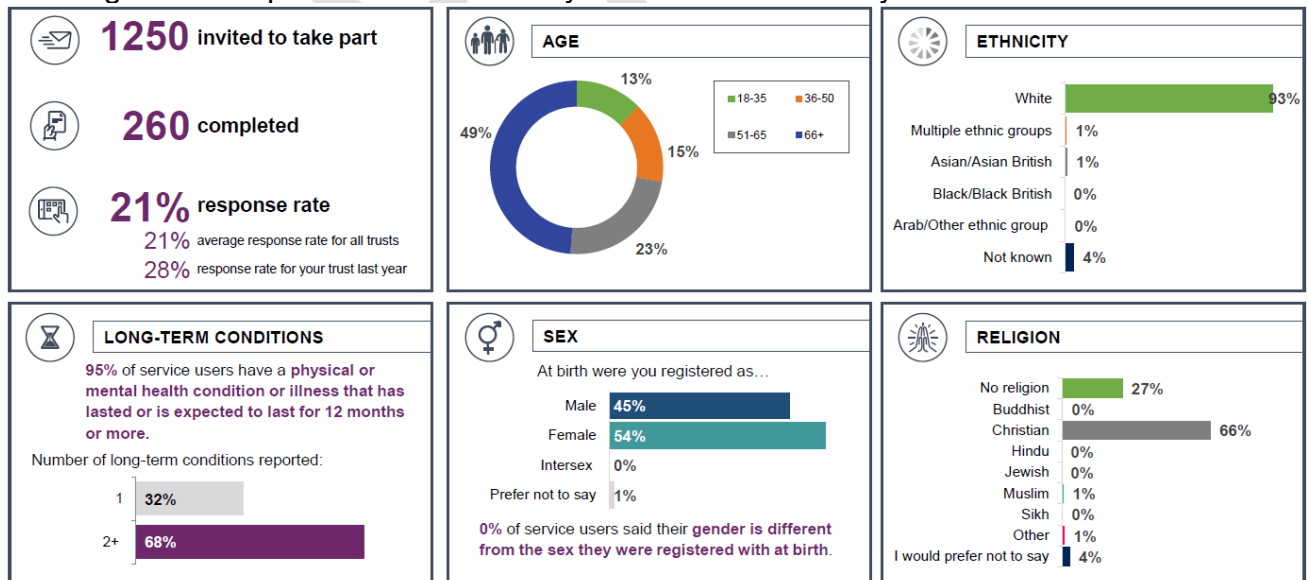


Table 7a-f: show a breakdown of the response rate and a variety of demographics, showing who took part in the Community Mental Health Survey



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:

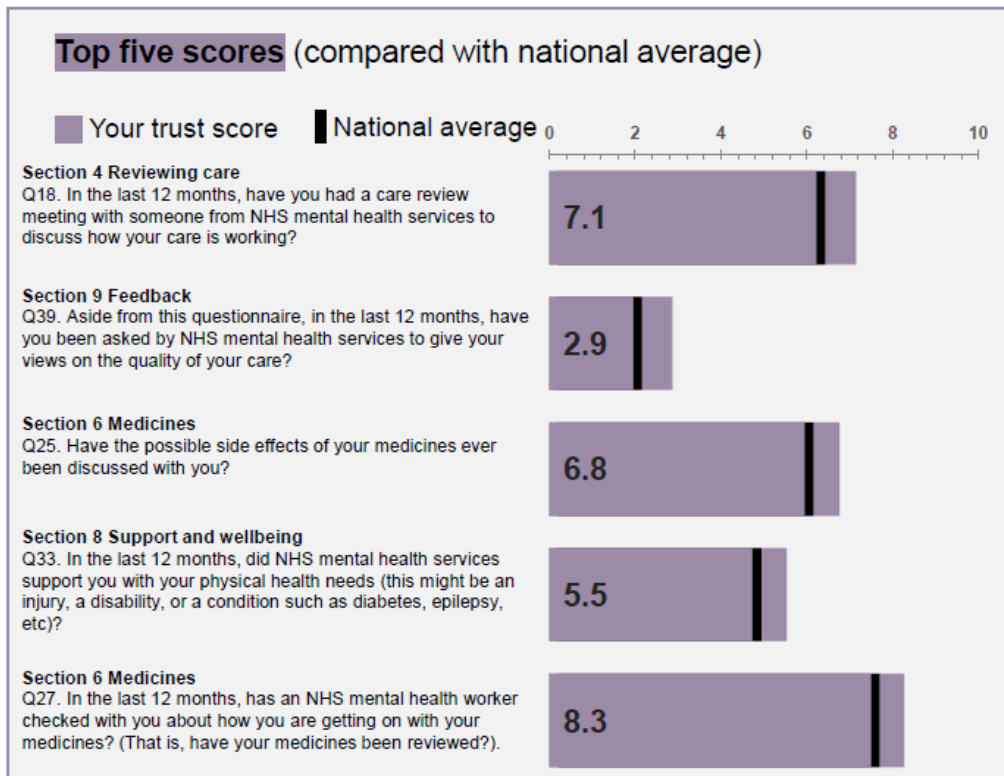


Table 9:

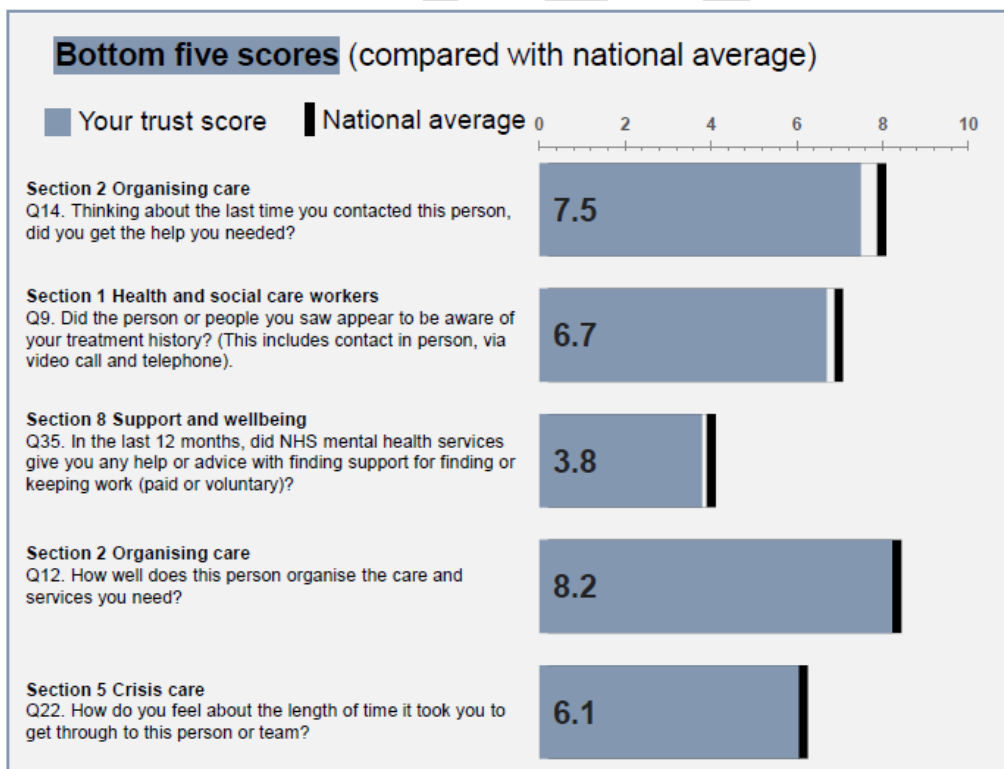


Table 10. National Mental Health Community Patient Survey results for 2019 to 2022

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	<b>7.1</b>	About the same
2. Organising Care	8.7	8.9	8.7	<b>8.3</b>	About the same
3. Planning Care	7.1	7.2	6.8	<b>7.1</b>	About the same
4. Reviewing Care	7.9	8.1	7.6	<b>7.6</b>	Somewhat better than expected
5. Crisis Care	7.6	7.3	8.1	<b>6.7</b>	About the same
6. Medicines	7.5	7.5	7.5	<b>7.7</b>	Better than expected
7. NHS Therapies (prior to 2019 was Treatments)	7.5	8	7.4	<b>7.7</b>	About the same
8. Support and Wellbeing	4.8	5.4	4.9	<b>5.1</b>	About the same
9. Feedback	*	3.2	2.3	<b>2.9</b>	Somewhat better than expected
10. Overall Views of Care and Services	7.6	7.9	7.4	<b>7.4</b>	About the same
<b>11. Overall Experience</b>	7.3	7.6	7	<b>6.9</b>	<b>About the same</b>

## 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.

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

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

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*

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

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*

<b>Complaint Outcome</b>	<b>2020-21</b>		<b>2021-22</b>		<b>2022-23</b>	
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%
<b>Total</b>	<b>565</b>	<b>100%</b>	<b>629</b>	<b>100%</b>	<b>686</b>	<b>100%</b>

Data source: CNTW

## Complaints referred to the Parliamentary and Health Service Ombudsman

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

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

Outcome of complaints considered by the PHSO, as of 31 March 2023 there were 14 cases ongoing and their status at the time of writing is as follows:

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

## 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	<p>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</p> <p>There are 20 relevant recommendations in this guidance. The assessment demonstrated 70% compliance. There were no partially relevant, or partially met guidelines.</p> <p>The baseline assessment demonstrated gaps in the relevant guidance relating to:</p> <p>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</p> <p>1.1.9: Do not offer bezlotoxumab to prevent recurrence of C. difficile infection because it is not cost effective</p> <p>1.1.11: Advise people with suspected or confirmed C. difficile infection about:</p> <ul style="list-style-type: none"> <li>• drinking enough fluids to avoid dehydration</li> </ul>



The following baseline assessments and their action plans are now fully implemented in 2022-2023.Ref	Topic Details	Compliance Status / Main Actions
		<ul style="list-style-type: none"> <li>• preventing the spread of infection (see recommendation 1.3.1)</li> <li>• seeking medical help if symptoms worsen rapidly or significantly at any time</li> </ul> <p>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).</p> <p>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)</p> <p>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.</p> <p>Action identified for improvements:</p> <p>1. IPC-PGN-22 Prevention and Control of Clostridioides difficile requires review and updating</p> <p>This action was complete, submitted and approved by CEC on 31/07/2022.</p>
NG198	Acne vulgaris: management	<p>Initial Compliance: Partial</p> <p>Submitted for Action Plan Monitoring: 09/09/2022</p> <p>Deadline for fully implemented action plan: 31/12/2022</p>

The following baseline assessments and their action plans are now fully implemented in 2022-2023.Ref	Topic Details	Compliance Status / Main Actions
		<p>Action plan fully implemented: 13/12/2022</p> <p>There are a total of 52 relevant recommendations; of these, 33 (63%) were met, and 18 (35%) were met partially</p> <p>The baseline assessment largely provided information relating to compliance by CNTW.</p> <p>There were areas of partial compliance where improvements are required.</p> <p>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.</p> <p>This is particularly important where potential patient safety issues could arise.</p> <p>Actions identified for improvements:</p> <ol style="list-style-type: none"> <li>1. Consider Safer Care Bulletin article promoting NICE guidance and highlighting psychological distress associated with conditions of physical health.</li> <li>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.</li> <li>3. Changes to UHM-PGN-02 Prescribing Medicines to be highlighted in Medicines Optimisation Committee newsletter</li> </ol>

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**	<p>Submitted for, and approved at CEC: 08/04/2022</p> <p>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.</p> <p>Based on the work undertaken, the Trust may be said to be performing at a level of Excellent Practice relating to Children &amp; Young People’s Services.</p> <p>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.</p> <p>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.</p> <p>The audit that was comprised of adult patients demonstrated non-compliance with a total of only 4% meeting this guideline.</p>

Ref.	Topic Details	Details
		<p>The benchmark set in the audit comprised of adults (52%), where a WRAP had been offered, was not met.</p> <p>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.</p> <p>This is not a part of current policy or guidance, so remains a benchmark for improvement. It is not, therefore, recognised as a risk.</p> <p>Primarily, the first audit, undertaken in Adult Services, demonstrated areas of concern and a moderate level of risk.</p> <p>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.</p>

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	<p>Initial Compliance: Partial Submitted for Action Plan Monitoring: 09/09/2022 Deadline for fully implemented action plan: 01/04/2024</p> <p>The key findings show that on initial assessment, there are few statements met fully or partially.</p> <p>However, it is very important to emphasise that this is the general picture in NHS and guidance is slowly being embedded within trusts.</p> <p>In addition, elements of the guidance are enshrined already in clinical practice, policy, pathways, and commissioning arrangements.</p>

The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		<p>However further work is needed to implement the guideline in full to ensure consistency and improvement.</p> <p>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.</p> <p>The aim should be to bear in mind informed patient choice and not focus narrowly on meeting guideline in full as a checklist.</p> <p>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.</p> <p>Actions identified for improvements:</p> <ol style="list-style-type: none"> <li>1. Embedding shared decision making at an organisational level, including raised awareness</li> <li>2. Link with EMPOWER initiatives</li> <li>3. Training to be developed / updated and recommended to be provided at induction etc.</li> <li>4. Raise with a senior manager to establish if this is included in a current portfolio to ensure work is not being duplicated</li> <li>5. Incorporate Shared Decision Making in relevant existing CNTW policies</li> <li>6. Incorporate Shared Decision Making as part of the Trustwide Patient and Carer Involvement &amp; Experience Group</li> </ol>

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	<p>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</p> <p>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.</p> <p>Evidence relating to this compliance has been provided by:</p> <p>Wards 1, 3 and 4 of the Neuro-rehabilitation Service Information document Regional Disability Team service specification</p> <p>The level of risk identified at the beginning of the process, continues to be Minor (2).</p> <p>Actions identified for improvements:</p> <ol style="list-style-type: none"> <li>1. Review of Regional Disability Team Service Specification to be complete</li> <li>2. Re-assessment against QS203 once the review of the regional disability team has been completed</li> </ol>
NG204	Babies, children, and young people's experience of healthcare	<p>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</p> <p>There were a total of 126 relevant recommendations assessed as part of the baseline</p>

The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		<p>assessment. The baseline assessment demonstrated 99% compliance and 1% partial compliance with NICE Guideline NG204.</p> <p>A comprehensive list of evidence supporting the compliance level can be found in Appendix 2 of the report.</p> <p>Partial compliance is met in the following statement:</p> <p>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</p> <p>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.</p> <p>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.</p> <p>Whilst this particular statement is not met, there are no risks or costs relating to partial compliance.</p> <p>An additional suggestion for improvement has been made:</p> <p>1.2.22: Provide written or digital information (for example leaflets, websites, apps) for children and young people that is:</p>

The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		<ul style="list-style-type: none"> <li>• created in partnership with children and young people</li> <li>• engaging for children and young people (for example, containing appealing images, video, audio, or animations)</li> </ul> <p>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.</p> <p>Action identified for improvement:</p> <ol style="list-style-type: none"> <li>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.</li> </ol>
QS179	Child Abuse and neglect (2021)	<p>Initial Compliance: Partial Submitted for Action Plan Monitoring: 09/12/2022 Deadline for fully implemented action plan: 01/04/2024</p> <p>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.</p> <p>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.</p> <p>Statement 2: Partially Compliant: Evidence provided within CYPS service specific models of care and associated pathways, including</p>



The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		<p>CPA policy CNTW (C) 48 provide partial compliance with this statement.</p> <p>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.</p> <p>Statement 4: Partially Compliant: Evidence provided in information in respect of safe communication within trust Safeguarding children policy.</p> <p>Statement 5: Partially Compliant: Evidence provided within CYPs assessments, treatments and care plans provide partial compliance with this statement.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Require evidence of how many children had a change of practitioner in the last 12 months</li> <li>• Figures of children are supported by MH services because of their experience of abuse / neglect to be provided via an audit of records</li> <li>• Need feedback from young people who have accessed services. Need evidence of staff turnover and use of agency workers and assess if minimal</li> <li>• CPA figures and how reviews are monitored to be reviewed, including transfer for care arrangements</li> </ul>
QS13	End of life care for adults	Initial Compliance: Partial Submitted for Action Plan Monitoring: 10/03/2023

The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		<p>Deadline for fully implemented action plan: 09/09/2023</p> <p>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.</p> <p>The provision of a 24-hour support service is not able to be provided.</p> <p>Actions identified for improvement:</p> <ol style="list-style-type: none"> <li>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</li> <li>2. Continue on-going work within Northumberland services supporting training for the pathway (older people)</li> <li>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</li> <li>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</li> <li>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</li> </ol>

The following baseline assessments are currently in action plan monitoring: Ref	Topic Details	Compliance Status / Main Actions
		<p>CNTW teams can access specialist palliative care support available.</p> <p>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</p>

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

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 care 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%
<b>Total</b>	<b>33</b>	<b>100%</b>

## Part 2c



## 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

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.

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

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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

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
<p>1 CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit</p>	<p>Review Trust policy relating to falls with respect to this recommendation and decide on an appropriate monitoring process.</p> <p>Issue to be raised through the medical devices group as part of the policy work and will require monitoring.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>2 CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3</p>	<p>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.</p> <p>Care at the end of life included in training - Induction Programme.</p>



Project	Actions
	<p>This is a recurring issue in this topic and has been highlighted in both NICE Baseline Assessments as described above.</p> <p>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.</p> <p>Continue on-going work within Northumberland services supporting training for the pathway (older people)</p> <p>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</p> <p>An increase in education as detailed in response to statement 3 would also help to reinforce the processes and documents available to support.</p> <p>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.</p>
3	<p>CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20</p> <p>Actions as above in CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit</p>
4	<p>CA-20-0016 National Audit of Dementia - Spotlight Audit: Community-Based Memory Clinical Services</p> <p>To continue to review waiting list on Trust risk register.</p> <p>The introduction of fast-track patients.</p> <p>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.</p> <p>To be recorded at MDT if referral for neuropsychology is indicated.</p> <p>To be added to MDT templates, so information is recorded. Routine audits to be carried out.</p> <p>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.</p>

Project	Actions
	<p>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.</p> <p>Discussions with CCM if MSNAP is indicated for MAMS and the impact of the accreditation process on the team/service at this time.</p> <p>Extra sessions to be carried out to support the backlog. An audit of current waiting times to be completed.</p> <p>Research champion to be nominated.</p>
5	<p>CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Annual Audit 20-21</p> <p>Actions as above in CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit</p>
6	<p>CA-21-0015 Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Re-Audit Prescribing antidepressants for depression in adults</p> <p>POMH topic 19b findings to be presented at Medicines Optimisation Committee (MOC).</p> <p>Wider dissemination of findings through MOC Newsletter or Safer Care Bulletin.</p> <p>Wider dissemination at Postgraduate Educational Programme meeting.</p> <p>Findings of audit to be shared with locality Q&amp;S forum.</p>
7	<p>CA-21-0016 Prescribing Observatory for Mental Health (POMH-UK): Topic 14c: Alcohol detoxification</p> <p>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.</p> <p>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&amp;S forum.</p> <p>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.</p> <p>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.</p> <p>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.</p>

Project	Actions
	<p>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.</p> <p>Findings of audit to be forwarded to Addictions Service colleagues to inform review of local SOPs re specialist referral routes and contacts.</p>
<p>8 CA-21-0031 National Clinical Audit of Psychosis (NCAP) 21-22 EIP Re-Audit</p>	<p>Core physical health form to be amended to incorporate interventions made.</p> <p>Presentations to be made to CMT to provide clarity around responsibilities when abnormal lipids and glucose results are found, and how to record interventions made.</p> <p>Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving.</p> <p>Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient.</p> <p>Presentations to be made to CMT to highlight the requirement to provide and record written information having been provided when prescribing antipsychotic drugs (in the form and the clinic letter).</p> <p>Audit of patient records on intervention - to provide assurance that changes have been embedded and performance is improving.</p> <p>SNOMED recording is to be introduced to EIP as part of the MHSDS. This could be extended to other services to capture offer and provision of CBTp.</p> <p>Ongoing consideration of how the Trust can improve access to CBTp and provide the resources to meet this demand.</p> <p>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.</p>

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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**

Inadequate   Requires improvement   Good   **Outstanding** (with star icon)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Outstanding (star)	Good	Good	Requires Improvement	Good
Specialist community mental health services for children and young people	Good	Outstanding (star)	Outstanding (star)	Good	Outstanding (star)	Outstanding (star)
Community mental health services with learning disabilities or autism	Good	Outstanding (star)	Outstanding (star)	Outstanding (star)	Outstanding (star)	Outstanding (star)
Community-based mental health services for older people	Good	Good	Outstanding (star)	Outstanding (star)	Outstanding (star)	Outstanding (star)
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 (star)	Outstanding (star)	Outstanding (star)
Wards for older people with mental health problems	Good	Good	Outstanding (star)	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 (star)	Outstanding (star)	Outstanding (star)	Outstanding (star)
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 (31<sup>st</sup> 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

## 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	<p>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.</p> <p>We will continue to improve and develop the RiO clinical record system in line with service requirements.</p> <p>We will improve staff awareness on the importance of good clinical record keeping through manager training sessions.</p>
CNTW Dashboard development	<p>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.</p> <p>We will develop dashboards in line with the needs of the organisation.</p>
Data Quality Framework	<p>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.</p>
Mental Health Services Dataset (MHSDS)	<p>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.</p> <p>We will improve our data maturity index score and understand areas where improvement is required.</p> <p>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.</p> <p>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.</p>
Diagnosis Recording	<p>We will improve reporting on and diagnosis recording for service users with a learning disability and/or Autism, ADHD and dementia.</p>

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.

DRAFT



## 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%)

## 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.

- 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.

## **Dissemination of Learning**

Learning is both trust wide and individual/team specific and the trust uses a variety of methods to share learning across the organisation. This includes discussing learning within team meetings, learning groups and individual supervision of staff.

Making sure the learning becomes part of practice within the organisation and across the organisation is done in several different ways. The organisation has a variety of audit programmes running which will confirm if the learning from deaths is put into practice. Changes made from learning are introduced into policies which are regularly reviewed. Training programmes are changed and updated following learning from incident investigation findings. Teams have learning on the agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture.

The Trust 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 Learning and Improvement webinars take place using Microsoft Teams which enables staff from across the Organisation to easily join in and spread safety improvements far and wide. The Webinars are recorded and available for staff to watch after the event via the Trust Intranet. 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.

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.

## 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 30<sup>th</sup> 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

## 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?

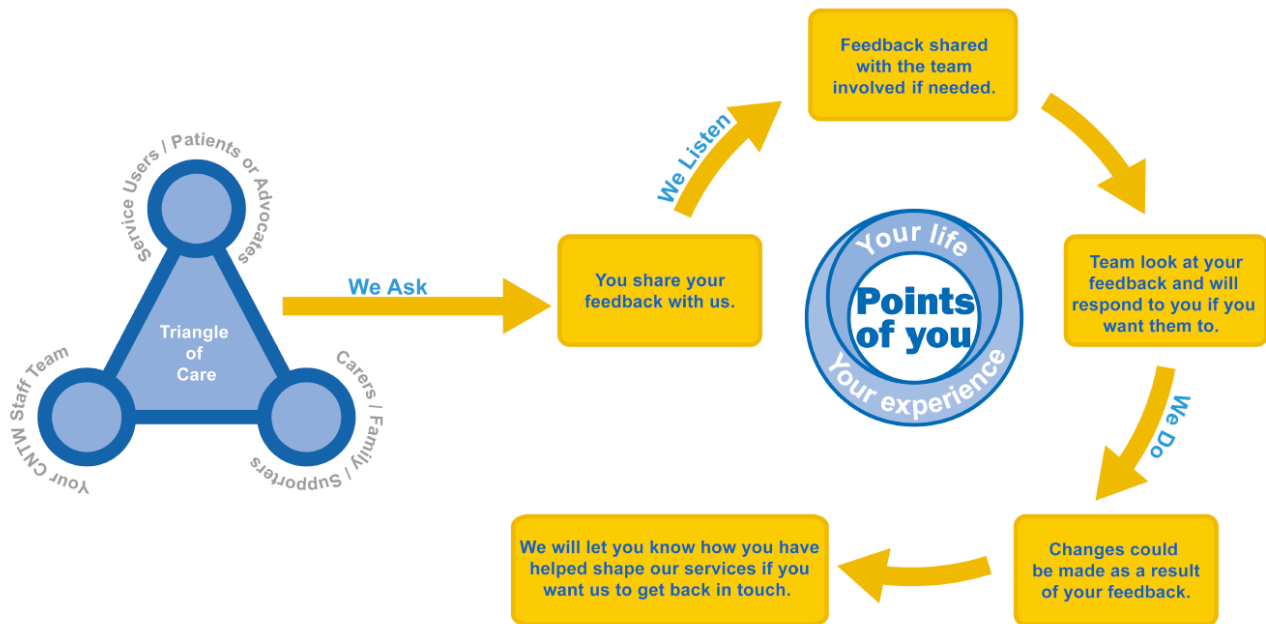
Health and social care workers	2019	2020	2021	2022
<b>CNTW</b>	<b>7.7</b>	<b>7.6</b>	<b>7.3</b>	<b>7.1</b>
National Average	7.2	7.2	6.9	<b>6.9</b>
Highest national	7.8	7.8	7.8	<b>8.1</b>
Lowest national	6.2	6.1	6	<b>6</b>
Score out of 10, higher are better. Scores based on same two questions used in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

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.



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%
<b>Cardio Metabolic</b>								
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

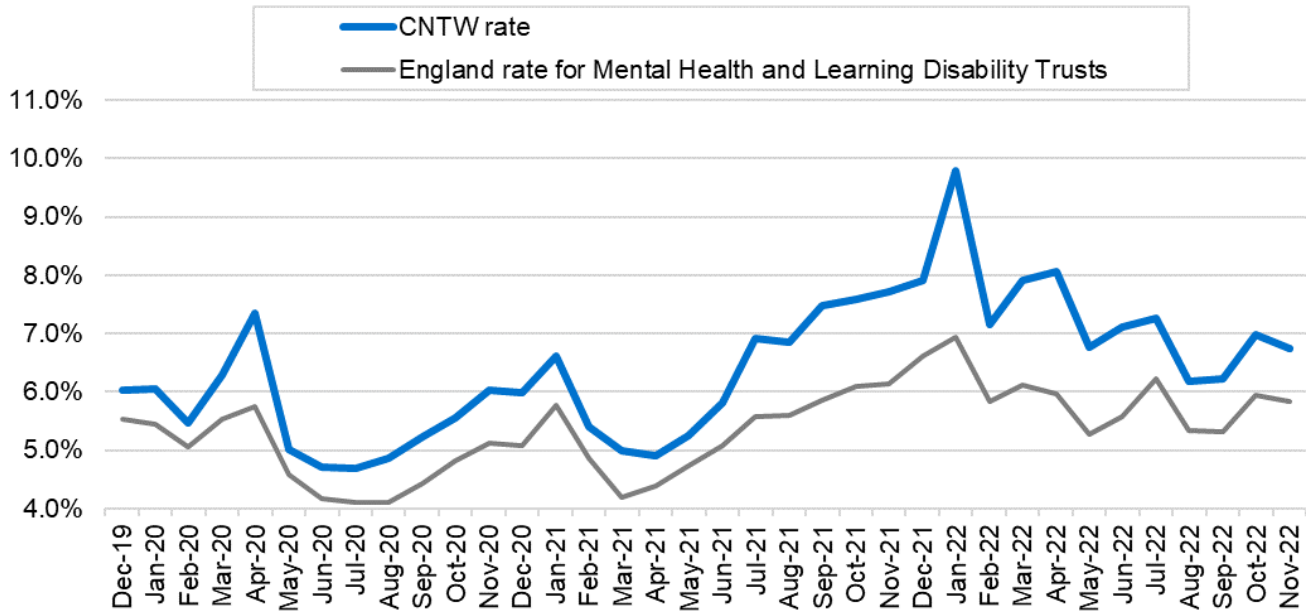
Training Course	Position at 31/03/2021	Position at 31/03/2022	Position at 31-03-2023
Fire Training	83%	82.8%	86.9%
Health and Safety Training	90.4%	91.5%	93.5%
Moving and Handling Training	87.3%	89%	91.5%
Clinical Risk Training	81%	72.3%	82.1%
Clinical Supervision Training	76.6%	77.4%	80.3%
Safeguarding 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.

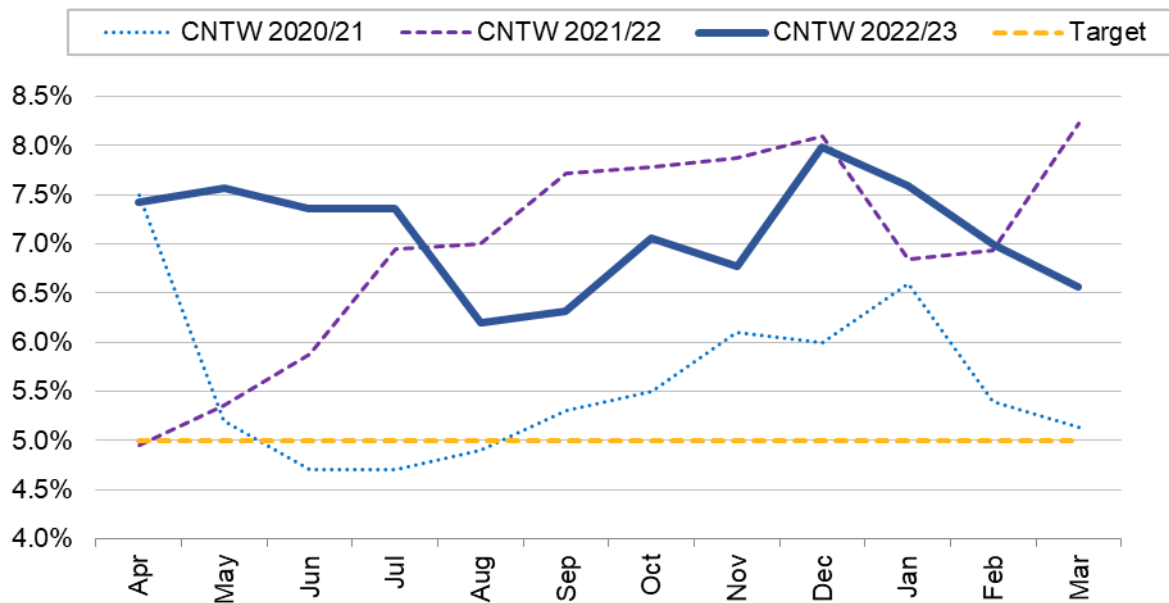
## Staff Absence through Sickness Rate

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 improve 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

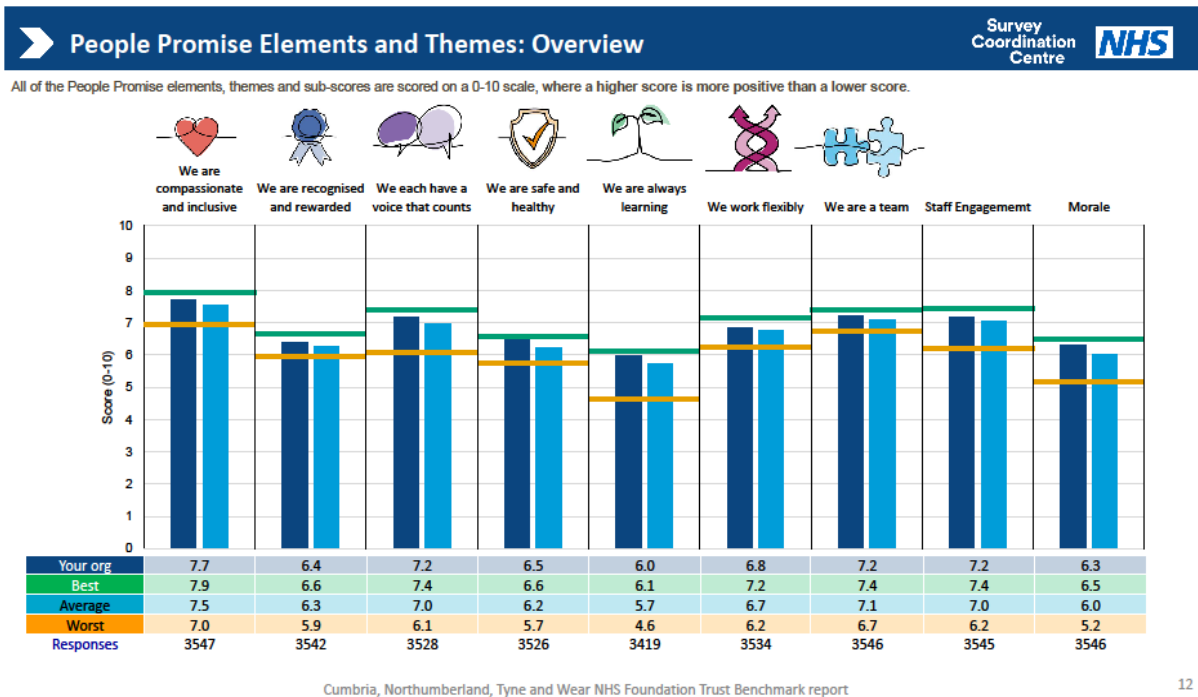
Response rate	2020	2021	2022
Trust	50%	45%	<b>47%</b>
National Average (Mental Health/Learning Disability)	49%	52%	<b>50%</b>

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



## 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.



## 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.

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## 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

## 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

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
<b>Medicines Management Priorities (5)</b>		
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
<b>Locality Priority (Central) (1)</b>		
35.	CA-20-0012	Clinical Audit of Unallocated Cases awaiting Treatment
<b>Locality Priority (North) (1)</b>		
36.	CA-21-0004	Patient Debrief Post Tertiary Intervention Joint Audit Inpatient CBU & Learning Disabilities & Autism CBU
<b>CBU Priority (North Cumbria Community and Access) (1)</b>		
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
<b>CBU Priority (South Inpatient) (1)</b>		
38.	CA-21-0028	An audit to assess Physical Health Monitoring compliance with CNTW(C) 29
<b>CBU Priority (North Community) (1)</b>		
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

### 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

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	<b>892</b>

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

#### b) Vacancies

Vacancies by month		Q1	Q2	Q3	Q4
Area	Grade				
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

Total		24	20	11	19
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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.



## **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 there 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.

## 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**

## 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 \(cntw.nhs.uk\)](https://www.cntw.nhs.uk/give-your-feedback), 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](#)).

## 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

regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



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

Ken Jarrold CBE  
**Chair**



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

James Duncan  
**Chief Executive**

DRAFT

## 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.

DRAFT

## Appendix 7

### Glossary

<b>A&amp;E</b>	Accident & Emergency department.
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder – a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.
<b>AIMS</b>	Accreditation for Inpatient Mental Health Services.
<b>ASD</b>	Autism Spectrum Disorder.
<b>Bed days</b>	The number of days that a hospital bed is occupied overnight.
<b>Blanket restriction</b>	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.
<b>CAMHS</b>	Children and Adolescent Mental Health Services. In CNTW we usually refer to our services as CYPS (see below).
<b>Casemix</b>	a term used to identify groups of statistically similar patients.
<b>CCG</b>	Clinical Commissioning Group – a type of NHS organisation that commissions primary, community and secondary care from providers.
<b>CAS alert</b>	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.
<b>CCQI</b>	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.
<b>CGI</b>	Clinical Global Impression Rating Scale.
<b>CNTW</b>	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
<b>Commissioner</b>	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
<b>CQUIN</b>	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality.
<b>Clinician</b>	A healthcare professional working directly with service users. Clinicians come from a number of healthcare professions such as psychiatrists, psychologists, nurses and occupational therapists.

<b>Cluster / Clustering</b>	Mental health clusters are used to describe groups of service users with similar types of characteristics.
<b>CQC</b>	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.
<b>CPA</b>	Care Programme Approach – a package of care for some service users, including a care coordinator and a care plan.
<b>CRIS</b>	Clinical Record Interactive System allows researchers to conduct research using the large amount of information from electronic patient records.
<b>CTO</b>	Community Treatment Order.
<b>CYPS</b>	Children and Young Peoples Services – also known as CAMHS.
<b>Dashboard</b>	An electronic system that presents relevant information to staff, service users and the public.
<b>DOLS</b>	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.
<b>Dual Diagnosis</b>	Service users who have a mental health need combined with alcohol or drug usage.
<b>ECT</b>	Electroconvulsive therapy.
<b>EIP</b>	Early Intervention in Psychosis.
<b>Forensic</b>	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so.
<b>Freedom to Speak Up</b>	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.
<b>Friends and Family Test (FFT)</b>	A process for people who use NHS services to provide feedback on their experience.
<b>FTE</b>	Full-Time Equivalent, a unit of employment that accounts for some people working part-time.
<b>Gatekept</b>	Gatekeeping involves assessing the service user before admission to hospital to consider whether there are alternatives to admission.
<b>GP</b>	General Practitioner – a primary care doctor.



<b>HDAT</b>	High Dose Antipsychotic Therapy.
<b>HQIP</b>	The Healthcare Quality Improvement Partnership promotes quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement.
<b>IAPT</b>	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.
<b>Integrated Care Board (ICB)</b>	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.
<b>ICD10</b>	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses.
<b>Integrated Care System (ICS)</b>	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.
<b>LD</b>	Learning Disabilities.
<b>LeDeR</b>	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.
<b>Lester Tool</b>	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.
<b>LGBT</b>	Lesbian, Gay, Bisexual, and Transgender.
<b>MHCT</b>	Mental Health Clustering Tool – a computerised system used in clustering.
<b>MRE</b>	Mechanical Restrain Equipment.
<b>Multimorbidity</b>	Relating to service users with several co-occurring diseases.
<b>NHS</b>	National Health Service – the publicly funded national healthcare system for England
<b>NHS England/Improvement</b>	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.

<b>NEQOS</b>	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement.
<b>NICE</b>	National Institute for Health and Care Excellence – an organisation that produces best practice guidance for clinicians.
<b>NIHR</b>	National Institute of Health Research – an NHS organisation undertaking healthcare related research.
<b>NRLS</b>	National Reporting and Learning System – a system for recording patient safety incidents, operated by NHS Improvement.
<b>OPS</b>	Older Peoples Services.
<b>Out of area placements</b>	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.
<b>Pathway</b>	A service user journey through the Trust, people may come into contact with many different services.
<b>Personality Disorder</b>	a class of mental disorders characterized by enduring maladaptive patterns of behaviour, cognition, and inner experience.
<b>PHSO</b>	The Parliamentary and Health Service Ombudsman.
<b>PICU</b>	Psychiatric Intensive Care Unit.
<b>Points of You</b>	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.
<b>POMH-UK</b>	Prescribing Observatory for Mental Health – a national organisation that helps mental health trusts to improve their prescribing practice.
<b>PMVA</b>	Prevention and Management of Violence and Aggression
<b>QPR</b>	Process of Recovery Questionnaire, a patient reported outcome measure.
<b>Rapid tranquillisation</b>	When medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them.
<b>REACT</b>	Relatives Education and Coping Toolkit, an online self-help package for relatives and friends of people with mental health problems

<b>Recovery College</b>	Recovery Colleges take an educational approach to provide a safe space where people can connect, gain knowledge and develop skills.
<b>RiO</b>	CNTW's electronic patient record
<b>RTT</b>	Referral to Treatment – used in many waiting times calculations
<b>Serious Incident</b>	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.
<b>Single Oversight Framework</b>	An NHS Improvement framework for assessing the performance of NHS Foundation Trusts (replacing the Monitor Risk Assessment Framework)
<b>Talk 1st</b>	Part of CNTW's Positive & Safe Care Strategy. We aim to reduce violence and aggression, and restrictive interventions.
<b>Transition</b>	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.
<b>Triangle of Care</b>	a national scheme, to promote therapeutic alliance between the service user, their mental health professional and their carers.
<b>Tyne and Wear Citizens Programme</b>	The local chapter of Citizens UK, organising communities to act together for power, social justice and the common good.
<b>VA</b>	Violence and Aggression.

For other versions telephone 0191 246 6935 or email [qualityassurance@CNTW.nhs.uk](mailto:qualityassurance@CNTW.nhs.uk)

Copies of this Quality Account can be obtained from our website ([www.cntw.nhs.uk](http://www.cntw.nhs.uk)) and the NHS Website ([www.nhs.uk](http://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](mailto:qualityassurance@CNTW.nhs.uk) or calling 0191 246 6935.

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