NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

2023-24 Quality Account

With YOU in mind

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

Employ around 9,000 staff

Mental Health and Disability Foundation Trust

Local population of 1.7 million

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

41% of Staff (3,302 people) took part in the 2023 Staff Survey

Inspected and rated Outstanding

Care Quality 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 Integrated Care Board (ICB)

Turnover of around £611 million

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2023-24 in numbers:

8.5 (out of 10)

Based on feedback offered through Points of You.

161

The average number of out of area bed days per month. There were 0 out of area beds days from December 2023.

1of 7

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

82.7%

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

20.2%

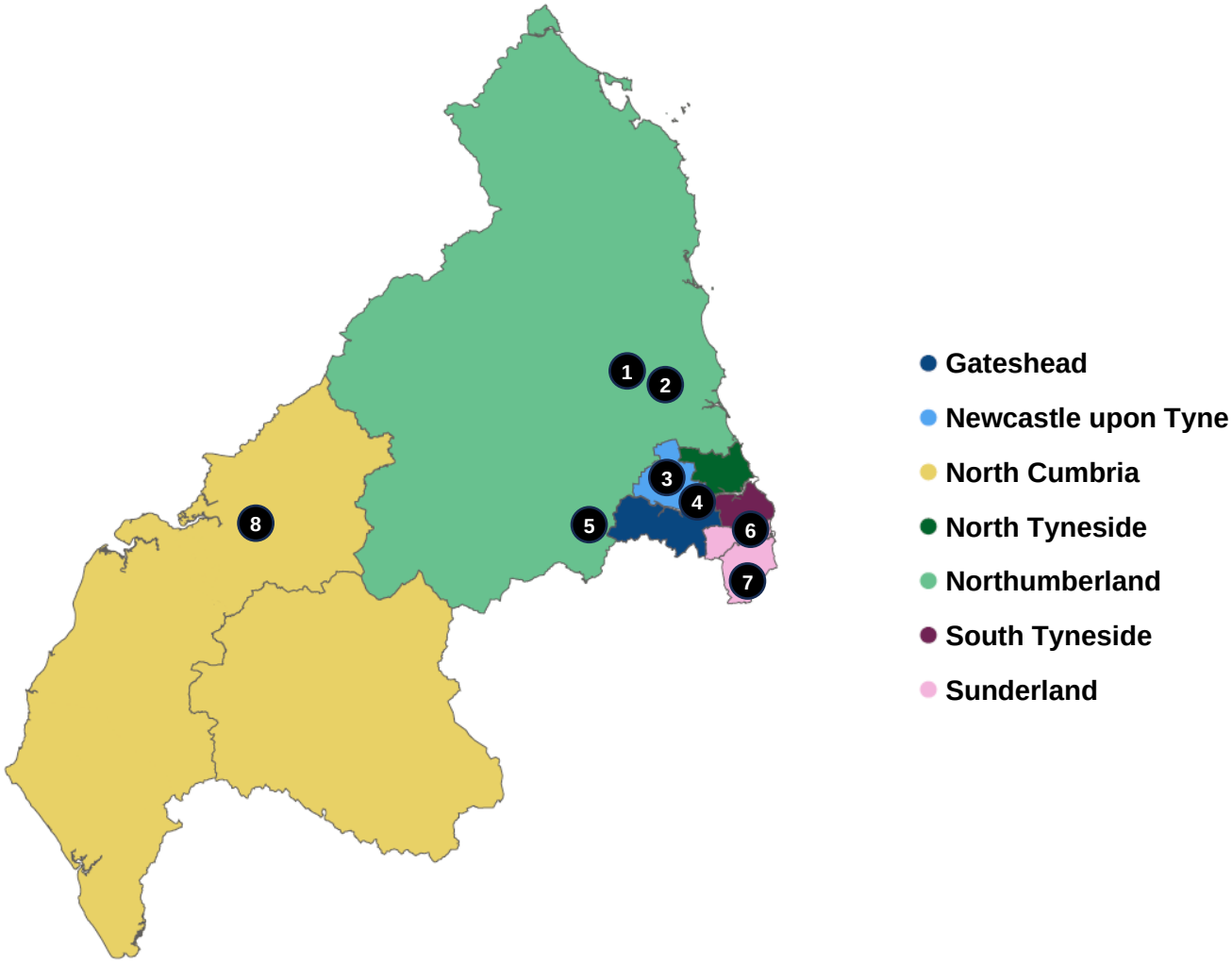
The response rate to the 2023 Community Mental Health Survey, which is 6.8% lower than the previous year.

71,962

The number of service users cared for by the Trust on 31st March 2024

Contents

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 and specialist services organisations in the country and have an annual turnover of more than £611 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?

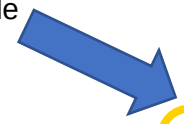
All NHS healthcare providers are required to produce an annual Quality Account, to provide information on the quality of services they deliver.

We welcome the opportunity to outline how we have performed over the course of 2023-24, 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

Statement of Quality from the Chair and Chief Executive

Welcome to our quality report. This is an important document for us. It sets out how we have delivered against our aims to improve the quality of the services that we provide and our priorities for improving the quality of the care we provide moving forward. We do this with the backdrop of a very difficult climate for the NHS, and most importantly for the communities that we serve.

We know that demand for our services is increasing and we know that we need to work with our partners across the health and care system, and beyond, to ensure that we can respond well and adapt and change to meet to the needs of the communities that we serve.

We have delivered much of what we set out to do in the year but we absolutely recognise that we need to go further. We have engaged with partners and stakeholders to account for what we have delivered in 2023/24, and to agree what our priorities for quality need to be for 2024/25.

We are absolutely committed to providing the highest standard of care and to achieve this we listen to the views of our service users and carers, our staff, our partners and other stakeholders.

Our aim is to ensure that we continue to improve our services to achieve our vision to work together, with compassion and care, to keep you well over the whole of your life.

We look to improve our quality of care in a number of ways: assessing our performance against national and local standards; learning from our successes and setbacks; striving to improve what we do through innovation and change; listening and understanding the impact of what we do. In all of this the voice of those who need our support is paramount.

Working in collaboration is key in helping us to get it right, to understand and accept when change is required and seek to do better. To achieve this we will continue to encourage a culture of support, respect, integrity, and teamwork within our organisation and across our communities and partners.

To deliver our commitments and the care that we want to achieve, we have five strategic ambitions set out in our Trust Strategy ‘With You in Mind’.

1. **Quality care, every day** – we want to deliver expert, compassionate, person-led care in every team, every day.
2. **Person-led care, when and where it is needed** – we will work with partners and communities to support the changing needs of people over the whole of their lives. We know that we need to make big, radical changes. We want to transfer power from organisations to individuals.
3. **A great place to work** – we will make sure that our workforce has the right values, skills, diversity, and experience to meet the changing needs of our service users and carers.

4. **Sustainable for the long term, innovating every day** – we will be sustainable, high performing organisations, use our resources well and be digitally enabled.
5. **Working with and for our communities** – we will create trusted, long-term partnerships that work together to help people and communities.

Our quality priorities are set by the Board and shaped by the views of everyone we work with and for. This report outlines those priorities for 2024/25 which you feel will best help us continue our journey to achieving our strategic ambitions.

We want to thank everyone who has been, and continues to be, involved in the work reflected in this report, as we continue to work to improve our provision of safe and effective care for all who need us.

Darren Best

Chair

James Duncan

Chief Executive

Statement from Executive Medical Director, Executive Director of Nursing, Therapies and Quality Assurance and Chief Operating Officer

In 2023-24 we have seen our staff, service users, carers and partners continue to work together to provide the best possible high-quality care underpinned by our new trust strategy ‘With You in Mind’.

We have continued to work towards the best possible outcomes for people accessing our services and the Quality Account outlines our ongoing commitment to the delivery of compassionate person-centred care.

Our Quality Priorities this year have been:

- Reducing restrictive practice
- Therapeutic engagement and observation
- Waiting times for children and young people
- Implementation of Patient safety incident response (PSIRF) framework
- Closed cultures
- Implement governance review
- Reduce reliance on unregistered agency staff

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 are delighted to present our new Quality Priorities for 2024-25 which are set out in Part 2a and will continue our commitment to work collaboratively to achieve outstanding outcomes.

Dr Rajesh Nadkarni

Executive Medical Director

Sarah Rushbrooke

Executive Director of Nursing, Therapies & Quality Assurance

Ramona Duguid

Chief Operating Officer

Statement of Quality from Council of Governors Quality Group

The comprehensive Quality Account Report which details the progress and delivery of quality priorities is welcomed by the Council of Governors.

An update was provided to the Council of Governors on 25th April 2024 and we believe that the proposed quality priorities for 2024-25 are the right ones for the Trust for the year ahead. We also received an update on progress against our priorities for the 2023-24 year and feel that an appropriate level of assurance has been provided to the Trust, Board of Directors, and Council of Governors throughout the year.

For context, representatives from the Council of Governors are included in the membership of all Board Committees, including the Quality and Performance Committee where progress on addressing most of our quality priorities is discussed in detail. Membership of this Committee includes the Lead Governor.

We are aware that the numbers of patients waiting more than 18 weeks for treatment have increased substantially but with the development of the neurodevelopmental pathway redesign complete, and to be implemented with partners during 2024-25 this will ensure a standardised approach for CNTW. It is pleasing to note the ongoing investment secured to support the third sector and support for improvement to access and waiting times, with progress across pathways and linking with place-based commissioners and partners. It is also pleasing to note that this has also been agreed as a priority for the wider system, and recognition that their support, including the North East and North Cumbria Integrated Care Board (NENC ICB), will be vital in addressing these challenges.

CNTW participated in the early adoption of the Patient Safety Incident Response Framework (PSIRF). PSIRF intends to reduce the likelihood of similar incidents recurring compared to the outgoing Serious Incident (SI) Framework. Governors were provided an overview of this new approach that acknowledges outcomes are most impacted by processes and systems, the investigations therefore focus primarily on these areas. PSIRF encourages looking at incidents together through safety improvement plans to find common themes rather than looking at incidents in isolation. The Trust also produces safety actions to respond to short-term learning from incidents. Learning from deaths and ensuring that we use this learning to inform future practice is a key part of strengthening our safety culture throughout the organisation. As part of the Trust's plan for the implementation of PSIRF, a group of Governors, service users and carers was established, and we were fully involved in the plans.

Triangle of Care has transformed the care of our carers, with CNTW awarded a Triangle of Care 2 star accreditation. The award recognises the Trusts ongoing commitment to the Triangle of Care ensuring this continues to develop and evolve going forward for all staff to adopt good practice when working with carers and families keeping carers at the heart of our delivery.

We are assured that there is a clear, continued focus on the quality improvement plan across Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust as we develop our collaboration further with North East and North Cumbria ICB colleagues and Integrated Care System partners.

The Trust Strategy ‘With You in Mind’ sets out five ambitions, underpinned by Trust commitments to service users, carers, staff and partners, co-produced by our stakeholders, that will help our teams to plan and take decisions, ensuring that at all times the focus remains on improving services for our community. We are excited about the future and about the improvements that closer working with others will bring to services for the benefit of all of our community.

The Council of Governors want to take this opportunity to thank the Board of Directors and the dedication, commitments and compassion of our workforce, working within the Trust and the community in continuing to help and support those who need us in these challenging times.

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

Care Quality Commission (CQC) Findings

In 2018, the Care Quality Commission (CQC) conducted an inspection of our services and once again rated us as “Outstanding”. We are one of only seven Mental Health and Disability Trusts in the country to be rated as such (as of 1 April 2024).

During 2022, the CQC conducted two focused inspections to Rose Lodge and all wards for people with a learning disability or autism. Following these inspections, the CQC identified eight areas of improvement (Must Do Action Plans), all of which have now been addressed.

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). Three areas of improvement were identified following this inspection, two of which have now been addressed.

Mental health and learning disability services from North Cumbria transferred to the Trust on 1 October 2019 and with those services, 37 areas of improvement that had been identified by CQC at previous inspections. 27 areas of improvement have since been actioned and we continue to address all remaining areas of improvement.

CQC Rating

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

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

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

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 strategy 'with YOU in mind' from 2023

We have developed long-term commitments in response to asks that developed during engagement, which will guide everything we do. We know that we are not currently achieving all 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 2024 by locality, and table 2 shows the total number of referrals in the year. Both tables have a comparison to the last 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 2020-21 to 2023-24 (data source: CNTW)

Clinical Commissioning Group	2020-21	2021-22	2022-23	2023-24
NHS COUNTY DURHAM (TOTAL)	1,213	1,288	1,373	1,454
DURHAM DALES, EASINGTON AND SEDGEFIELD	511	573	606	641
NORTH DURHAM	697	708	765	809
NHS NEWCASTLE GATESHEAD (TOTAL)	13,879	16,731	18,584	21,454
GATESHEAD*	4,748	5,640	6,516	7,820
NEWCASTLE*	9,125	11,080	12,052	13,623
NHS NORTH CUMBRIA	9,179	9,982	10,969	11,419
NHS NORTH TYNESIDE	4,241	4,935	5,764	6,694
NHS NORTHUMBERLAND	9,483	10,751	12,408	14,467
NHS SOUTH TYNESIDE	4,440	5,114	5,652	6,154
NHS SUNDERLAND	10,658	12,084	13,052	14,546
NHS TEES VALLEY (TOTAL)	661	751	815	892
DARLINGTON	139	153	166	169
HARTLEPOOL AND STOCKTON-ON-TEES	238	278	313	362
SOUTH TEES	281	315	334	360
Other	824	785	920	932
Total	**54,578**	**62,421**	**69,537**	**78,010**

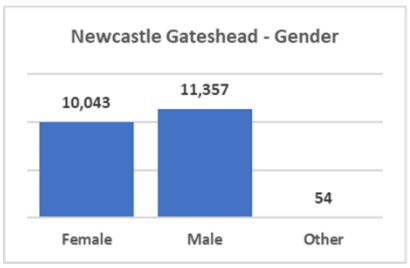
**note when Gateshead and Newcastle are separated a small number cannot be allocated to either*

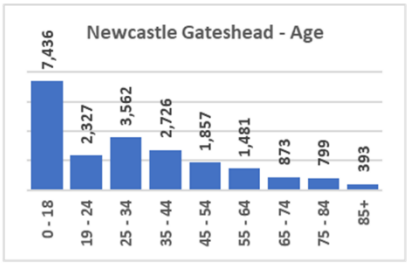
Table 2: Total referrals by locality 2020-21 to 2023-24 (data source: CNTW)

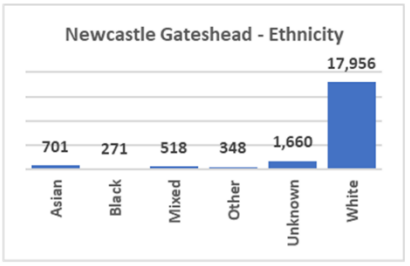
Clinical Commissioning Group	2020-21	2021-22	2022-23	2034-24
NHS COUNTY DURHAM (TOTAL)	2,708	2,666	2,820	2,910
NHS NEWCASTLE GATESHEAD (TOTAL)	43,262	49,508	40,554	54,160
GATESHEAD	17,087	18,303	19,818	20,839
NEWCASTLE	26,150	30,344	32,035	33,258
NHS NORTH CUMBRIA	31,999	43,961	44,817	46,964
NHS NORTH TYNESIDE	17,124	19,280	18,710	19,019
NHS NORTHUMBERLAND	31,151	35,519	37,729	37,805
NHS SOUTH TYNESIDE	16,331	16,971	17,568	18,065
NHS SUNDERLAND	44,129	46,612	43,584	44,272
NHS TEES VALLEY (TOTAL)	680	764	754	858
Other	2,306	2,356	2,471	2,810
Total	**189,690**	**217,637**	**220,380**	**226,863**

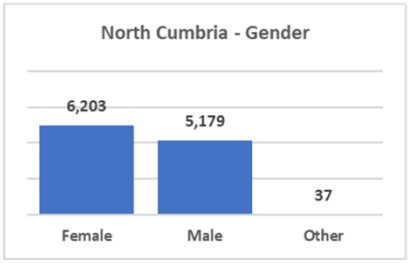
Breakdown of service users by age, gender, ethnicity

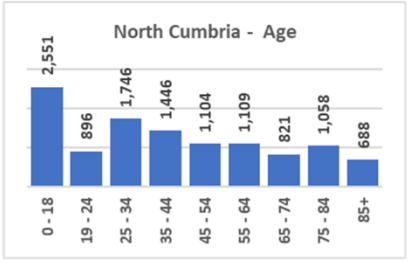
Graphs 1a-r: Gender, age and ethnicity breakdown of service users for our local authority areas

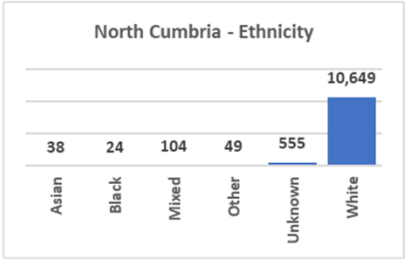


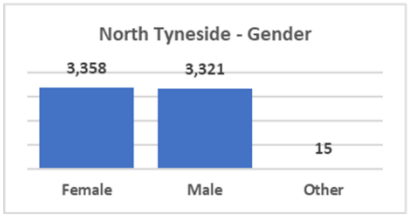


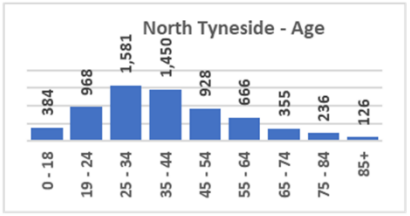


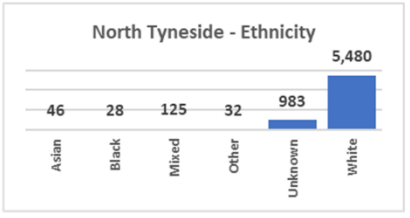


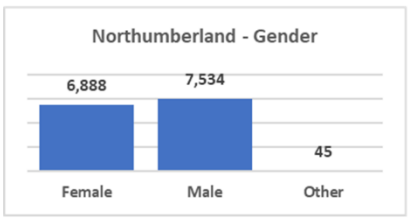


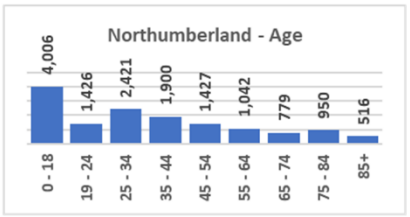


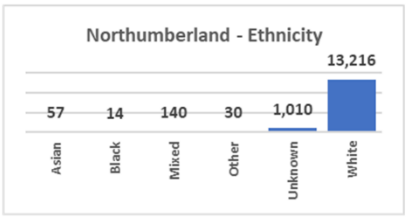


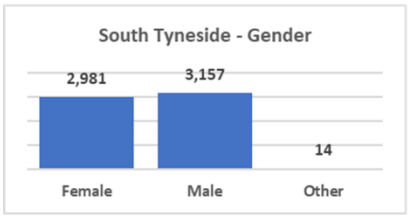


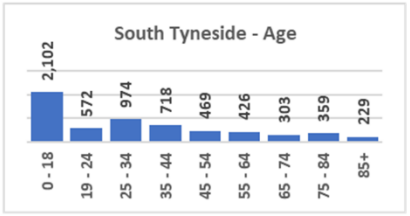


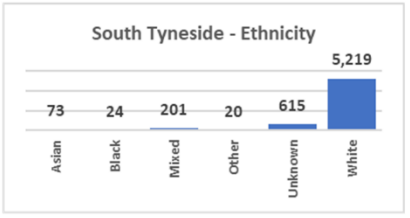


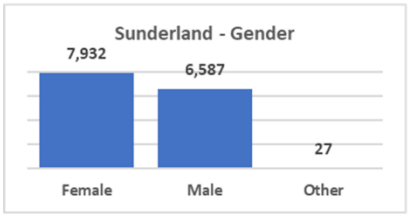


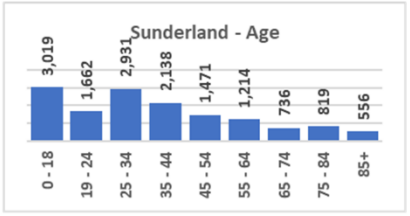


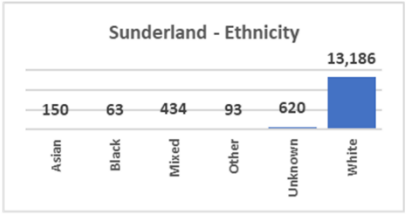












PART 2a

Part 2a

Looking Ahead: Our Quality Priorities for Improvement in 2024-25

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2024-25.

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.

This year we have developed the Quality Priorities as an integral part of the annual planning process which underpins the delivery of the trust strategy – With You In Mind. This is so that the Quality priorities are not seen as a separate process that we have to deliver on.

The Trust strategy 'with YOU in mind' sets out our 5 Strategic Ambitions:

- Ambition 1 - Quality care, every day
- Ambition 2 - Person-led care, when and where it is needed
- Ambition 3 - A great place to work
- Ambition 4 - Sustainable for the long term, innovating every day
- Ambition 5 - Working with and for our communities

Ambition 1 – Quality care, every day includes the Quality Priorities for 2024-25

The Trust Leadership Forum and the Clinical Business Units have considered and engaged with their clinical teams, service users and carers and peer supporters on the development of the quality priorities.

An engagement process was undertaken which included an online event in March 2024 with a wide range of stakeholders, and presentations at the Service User and Carer Reference Group and Council of Governors in April 2024.

These are the agreed Quality Priorities for the year 2024-25, and how we intend to achieve them:

Quality Priority 1: Implement PSIRF (Patient Safety Incident Response Framework) – ongoing from 2023-24

Quality Priority 2: Delivering on the key learning from safety improvement themes:

- Reduce Violence
- Improve Physical Healthcare
- Reduction in Suicides
- Reduce Restrictive Practice

Quality Priority 3: Ensure that the six principles of the Triangle of Care are fully embedded throughout the organisation.

Quality Priority 4: Embed learning through research and informing improvements in care delivery.

Quality Priority 5: Embed a culture of Trauma Informed Care and its approaches across the organisation.

Quality Priority 1: PSIRF	Lead: Claire Thomas

The Trust moved to the new Patient Safety Incident Response Framework (PSIRF) in January 2024. The PSIRF advocates a coordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of learning and improvement and prompts a significant cultural shift towards systematic patient safety management.

The Trust is committed to ensuring the four key aims of the PSIRF are met:

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents and safety issues.
- Supportive oversight focused on strengthening response system functioning and improvement.

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

Establishment of Patient Safety Learning and Improvement Panels (PSLIP) for learning and onward systems of communication and embedding with new organisational structures.
Develop workplans for the Trust PSIRF priorities – violence and aggression, physical health, self-harm and unexpected deaths
Start the recruitment process for Patient Safety Partners
Develop the plan for delivery for Quarters 2 to 4.

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

Will be defined during Quarter 1

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

Will be defined during Quarter 1

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

Will be defined during Quarter 1

Evidence of Impact:

This will be defined during Quarter 1 and will include data and Patient / carer feedback.

Quality Priority 2: Safety Improvement Themes	Lead: Sarah Rushbrooke/Ramona Duguid/Rajesh Nadkarni

Delivering on the learning from key safety improvement themes;

- Reduction of incidents of violence & aggression
- Improve Physical Healthcare for our patients
- Reduction in incidents of self-harm and suicide
- Reduce restrictive practice

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

Reduction of incidents of violence & aggression

Establish a Prevention and Management of Violence & Aggression Task & Finish Group which will develop a plan for this quality priority.

Task group set up to look at how we utilise debriefs across the Trust with the following areas of focus:

- Undertake full review of the trust policy with a focus on Debrief for staff and debrief for patients
- Review of the web based incident reporting form and Rio capability to record debrief information
- Review of current training offer and awareness raising once new policy developed.

Improve Physical Healthcare for our patients

Workshop planned in May to develop the plan for this quality priority and the development of a Trust strategy for physical health which will define the priorities and focus in relation to physical health for CNTW.

Reduction in incidents of self-harm and suicide

Establish a working group to develop a plan for this priority including insight of the incident data to understand common modes of self-harm across teams and individuals with high levels of incidents of self-harm and consideration of the NCISH recommendations for safer care.

Reduce restrictive practice

The following initiatives will continue across the year:

Staff training and awareness:

- Postgraduate certificate in reducing restrictive interventions.
- Human rights awareness training support and monitoring.
- PAUSE training is a Talk 1*st* Initiative aimed at staff who may find themselves in situations that could result in the use of Tertiary Interventions for example restraint. It can be utilised by individual members of staff as well as teams and the MDT.

PAUSE stands for P (Proportionate), A (Assessment) U (Understanding), S (Sensory), E (Evaluation)

- Talk 1st awareness sessions.
- Prevention and Management of Violence and Aggression (PMVA) training – these courses are restraint Reduction Network training standards aligned and include a Trauma Informed theory pack to enhance our in-patient staff group and their knowledge of our service users.

Support and oversight from the positive and safe team:

- Sensory integration work with inpatient teams
- Weekly Long term segregation panel
- Local quarterly insight reports
- Quarterly clinic visits to all inpatient services from team members
- The Talk 1st quality improvement cycle continues throughout the year where all wards attend quarterly review meetings

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

Will be defined during Quarter 1

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

Will be defined during Quarter 1

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

Will be defined during Quarter 1

Evidence of Impact:

- Reduction in Serious Incidents and Harm Incidents – across the themes.
- Continue to reduce the use of restrictive practices
- Qualitative patient and staff experience measures including the use of 'Your Voice' dashboard.

Quality Priority 3: Ensure that the six principles of the Triangle of Care are fully embedded throughout the organisation.	**Lead: Alane Bould**

The national Triangle of Care membership scheme is an accredited programme for mental health trusts where organisations must undertake rigorous self-assessments and develop action plans to demonstrate how they are involving and supporting carers.

- The Triangle of Care provides clear standards for *a therapeutic relationship between the patient, staff member and carer,* which promotes safety and improves the quality of care provided by services.
- The principles and approach can be used to improve carer-staff engagement in all specialisms wherever interactions take place on the care pathway and save on clinical resource.

The Triangle of Care outlines six key principles:

1. Carers and their essential role are identified at first contact, or as soon as possible afterward.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols for confidentiality and sharing information are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway.
6. A range of carer support is available.

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

- Annual Trust wide review and evaluation of clinical service self-assessment tools and, demonstrative evidence of performance and progress, against the six principles of the Triangle of Care.
- Co-production of the Triangle of Care Annual Report 2024, working in partnership with carers.
- Care Groups to schedule annual programme of staff Carer Awareness Training to continue to embed principles throughout the organisation.

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

- Submission of the Triangle of Care Annual Report 2024 to the Carers Trust for assessment in respect of the Trust's retention of accreditation.
- Review of the assurance framework for Triangle of Care to align with new Care Group organisational structure.
- Review of Carer Awareness Training progress in Care Groups.

Planned future actions to be taken Trust-wide during Quarter 3 (October, November and December):
• Delivery of agreed action plans relating to outcomes from the annual evaluation process and Triangle of Care Annual Report 2024. • Review of Carer Awareness Training progress across Trust.
Planned future actions to be taken Trust-wide during Quarter 4 (January, February and March):
• Care Group evaluation of performance against the six principles to inform the Triangle of Care Annual Report 2025 process. • Explore possibility of developing a Triangle of Care dashboard.
Evidence of Impact:
• Improved carer experience through Your Voice dashboard. • Indicated through changes in themes of carer complaints (to show responsiveness).

Quality Priority 4 Research is more embedded into practice and is visible through the learning and improvement programme	**Leads: Simon Douglas/ Sarah Rushbrooke/Rajesh Nadkarni**

Involvement in research is a key marker of quality in healthcare organisations. Although CNTW has a long history of leading on important research, there are opportunities to ensure it is more embedded and more part of 'business as usual' and that it is more influential when it comes to service redesign and evaluation. Therefore as part of this Quality Priority we will:

- Develop processes for research involvement opportunities to be widely circulated across clinical services and ensure raised awareness
- Increase the knowledge and skills of the workforce in research, data use, evaluation and quality improvement.
- Through the learning and improvement programme generate opportunities for our workforce to engage with evidence, improvement and learning

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

- Establish the learning and improvement webinar as a regular monthly session led by a steering group from across CNTW
- Create an intranet resource which shows all current research happening in the Trust
- Create an intranet resource which links to research training for all levels of workforce and professional groups.

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

- Trust Leadership Forum presentation and discussion around research and how to support workforce to develop knowledge and skills
- Establish Staff Research Community as a practical way of engaging all staff in research and making links with services across the trust
- Linking to the existing Learning and improvement programme, add research dissemination webinars on linked subjects / plan conference(s).

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

- Bespoke learning and engagement sessions on a range of research relevant activities: use of data, research, evaluation techniques, critical appraisal
- Research link individuals with all CBUs to be established
- Research awareness presentations at all team meetings

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

- Annual learning and improvement and research conference
- All clinical teams to identify research link person to be responsible for dissemination of research opportunities and awareness raising
- Design process for staff research career opportunities, in particular backfill process for research training / fellowship opportunities and funded research time

Evidence of Impact:

- Increase in recruitment of CNTW service users to high quality, large scale clinical research
- Increase in research active staff at CNTW including those who are GCP trained

Quality Priority 5: Embed Culture of Trauma Informed Care and Approaches (TIAC)	**Lead: Rebecca Courtney-Walker**

CNTW is on a journey to develop as a trauma-informed organization, which:

- Realises the widespread impact of trauma and adversity
- Recognises the signs and symptoms of trauma and adversity in everyone – service users, carers, families, staff, partners
- Responds by incorporating our knowledge of trauma and adversity into everything we do – polices, procedures, leadership & practices
- Resists re-traumatisation by pro-actively seeking to prevent it, and minimising use of restrictive practices

Trauma informed care is:

1. Care that asks, “what happened to you?” Not “what’s wrong with you?”
2. Care that adheres to policies, practices and procedures that aim to avoid traumatising or re-traumatising service users and their carers.
3. Care that recognises when service users or staff have had a trauma response triggered, and aims to understand compassionately, and respond to their needs.

Trauma informed principles and values are at the heart of “With You in Mind”. Becoming more trauma informed will enable us to deliver our strategic ambitions, steered by Trust values and the seven principles of trauma informed care, supported by compassionate leadership at every level.

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

- Review feedback from March TIAC Trust Leadership Forum session, produce summary and share across the Trust.
- Review TIAC benchmarking domains set out by NE Surrey & Hampshire provider collaborative and propose three priority areas for benchmarking work in CNTW.
- Continue to roll out TIAC training as part of Inpatient Quality Framework, staff induction, training for support workforce.
- Approve revised terms of reference for TIAC steering group including co-chairing with Expert by Experience.

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

- Agree methodology for benchmarking, areas of focus, support required – produce and seek support for a benchmarking project.
- Continue to roll out TIAC training
- Work with TIAC steering group to develop Trustwide TIAC community of practice initiatives

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

- Complete benchmarking project, coproduce action plan
- Continue to roll out TIAC training
- Implementation of agreed actions and community of practice initiatives

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

- Continue to roll out TIAC training
- Implementation of agreed actions and community of practice initiatives

Evidence of Impact:

- We can demonstrate changes made to policies / procedure/ practice and associated improved outcomes; these could be reduction in patient safety incidents, improved staff wellbeing, reduction in grievances. Specific metrics to be determined in relation to priority areas identified collectively.
- Improved measures of organisational culture through e.g. staff surveys

PART 2b

Part 2b

Looking back: Review of Quality Priorities in 2023-24 and their impact on our long-term Quality Goals

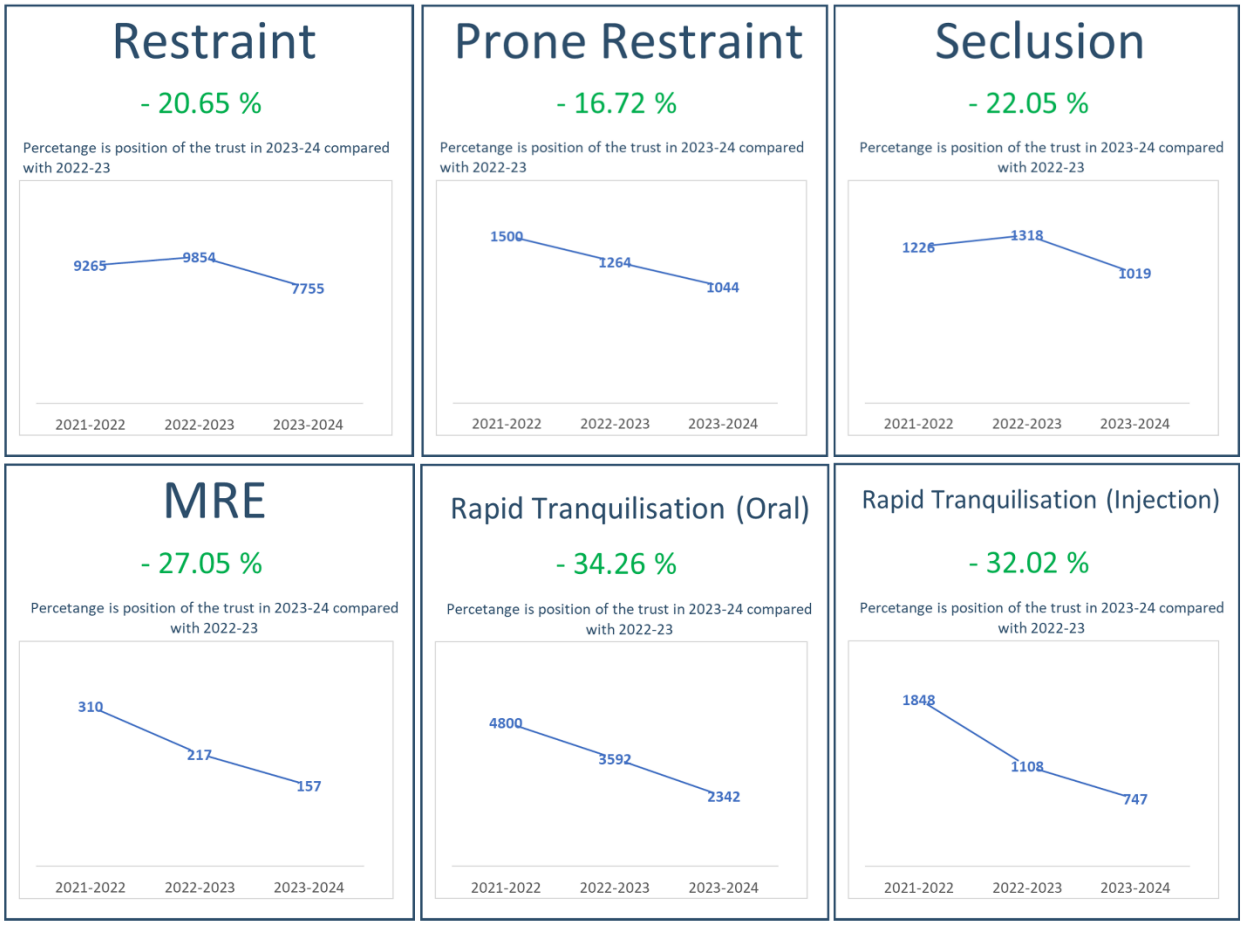
In this section we will review our progress against our 2023-24 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goals**.

Our 2023-24 Quality Priorities were:

How we did:

Quality Priority 1: Reducing Restrictive Practice

We can again report some encouraging reductions in the year 2023-2024 in particular the use of prone restraint has reduced across the Trust. Some areas continue to require focussed work to maintain reductions, to this end the Positive and Safe team have undertaken focussed work to reduce the use of restrictive interventions in both children's and young people's inpatient services and Mitford, the trusts adult autism inpatient ward.



Graphs 2a-f Tertiary Intervention figures 2021-22 to 2023-24

The Positive and Safe team continues to be involved in a broad range of work across the trust. An overview of this year's work follows:

- **Talk 1st** is the trusts bespoke reducing restrictive interventions initiative and is entering its 8th year. Talk 1st focuses on collaborative working with service user voice being central. We promote the use of Safewards and Star Wards and support in embedding these.
- Each ward receives clinic visits from the Talk 1st team to support with action planning, scaffolding for teams, sharing good practice across the trust and any part of embedding Talk 1st.

- We encourage and support the use of data on both a ward and individual level to support in understanding distress, client view is also available for people to view their own data in a supportive way.
- Each ward attends quarterly Talk 1st cohort meetings and these continue to take place in person, as part of this year's cohort meetings the team has delivered basic human rights awareness training to all inpatient wards, each ward is responsible for delivering this training within the clinical environments. The team continues to support the roll out of human rights training.
- **Trauma informed care** the team have developed a training package which will be delivered during each teams cohort meeting along with revised documentation to monitor implementation. This training package will also be available at wards request. The trust has appointed a lead in trauma informed care, Rebecca Courtney-Walker.
- **Annual Joint Conference with Tees. Esk and Wear Valley Trust,** the fifth successful conference with over 180 delegates in attendance was held in 2023 with both national and trust staff providing some excellent and inspiring sessions during the day.
- **Annual Report.** This year's report is currently being completed and will be available in June.
- **Quarterly insight reports** the team continue to provide groups with interpretation of the relevant quarters trends as related to the application of restrictive interventions. Including cohort attendance form teams.
- **Post Graduate Certificate in reducing restrictive practice** the course continues to develop and grow, a record number of staff applied this year with both internal and external candidates now taking part in this year's course.
- **Long Term Segregation Panel** the panel has supported and enhanced the HOPE(S) initiative, monitoring and providing advice/input to teams caring for patients within long term segregation and prolonged seclusion. As part of the panel review the person will also be visited by a member of the panel/their team to ensure the person in long term segregation/seclusion's views are heard.
- **We also continue to deliver bespoke training across the trust including**
- **Sensory training** and scaffolding offered to teams as well as support revamping chill out rooms.
- **Pause training is a scenario-based training package** aimed at staff who may find themselves in situations that could result in the use of tertiary interventions for example restraint, intramuscular (IM) medication, seclusion. Pause is here to assist staff in 'breaking the cycle'.
- **Safety huddle** awareness, a chance for both service users and staff to check how safe the ward feels and have an equal say in actions to take to keep the ward feeling positive and safe for everyone.
- **Sleep Well** is an initiate to improve sleep on inpatient wards, improving ward environments to be more conducive to a good night's sleep, offering psychoeducation sessions to improve sleep and a protected sleep period overnight where people are left undisturbed for people who are risk assessed as this being appropriate.

- **Talk 1st** awareness sessions.

Spotlight on HOPE(S)

HOPE(S) is a clinical model used to help individuals who are cared for in Long Term Segregation (LTS). The model is person centred, relentlessly positive and human rights based and looks to support teams to enhance the individuals' quality of life whilst working towards ending the segregation. LTS is harmful to individuals causing emotional and physiological harm.

Certain groups are particularly vulnerable to segregation use; autistic people and people with a learning disability representing around 95% of all individuals in segregation in England.

There is a national HOPE(S) team commissioned by NHSE England and CNTW have established an internal lead role to support its ambition to significantly reduce and work towards ending segregation use.

National HOPE(S)

- 75 people have been supported by HOPE(S) to date
- 56 people have ended LTS to date into the community and to wards.
- In the North East and Yorkshire region the numbers of LTS have decreased by half in the last 24 months; moving from one of the highest regional totals to one of the lowest.
- 4 individuals in CNTW are receiving national support (Elsdon intensive HOPE(S) allocation January 23, Mitford intensive HOPE(S) allocation September 22, Rose Lodge consultancy allocation September 23 and Mitford consultancy allocation April 24)

Average seclusion lengths in Trust

	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Time in hours	37.00	74.51	89.91	79.85	64.53	54.63

*Whilst there is no way of directly attributing this to the work specifically around segregation such as HOPE(S), we do know that HOPE(S) directly communicates the critical period for harm to happen (48hours) and gives teams information on the need to reduce the length of seclusion.

HOPE(S)

- Supervision/ reflective practice support to teams on an ongoing basis.
- Practice sharing group/peer support for HOPE(S) trainers in place.
- Database of LTS cases and support provided including intervention targets.
- Review of prolonged seclusions or frequent seclusion users on a monthly basis.

HOPE(S) lead will review case and offer support to teams proactively to prevent LTS use.
- Individualised in situ support.
- Seclusion policy revision to include HOPE(S) and bring trauma informed care and Human Rights to the forefront of the policy.
- Continued capturing of experiences and learning to share with others in training, LIG etc.

Training and engagement

- 10 cohorts of staff trained in 2 day training to use the model. At least one session monthly for the next 3 months.
- Rolling HOPE(S) awareness sessions offered trust wide (2 sessions monthly)
- Engagement with key stakeholders; service user and carer reference group, boards, governor's, advocacy, self-advocacy.
- Peer supporter specific session in November 2023.
- Lancaster University and Cumbria University have taken up the offer of HOPE(S) training and received a session in February for student mental health nursing. Further sessions have been requested.
- Practice sharing regionally (Positive and Safe conference, ICB, NHSE) and nationally.
- HOPE(S) have supported 15 cases preventatively of LTS and none of these individuals went on to be in LTS.
- 1 case of prolonged seclusion was supported during this period and significant improvements in his quality of life were made by the team using the HOPE(S) skills they had from their training.

Training Type	**CNTW March 24**
Train the trainer programme – 5-day	24
Barriers to Change Checklist - 2-day training	182
Awareness training (3 hours)	792

This represents a significant proportion of the national numbers in relation to HOPE(S) training.

LTS panel

- All individuals in LTS in CNTW have had a Barriers to Change Checklist as part of HOPE(S) support to address Human Rights and work towards ending LTS and we are working to embed the process for reviews. All individual's checklists should be reviewed at least 6 weekly. HOPE(S) practice informs LTS panel in trust – Human Rights focused.
- Outcome measures developed for LTS panel – qualitative and quantitative– subsequent discussion about broadening the scope of the panel to high

restrictive practice use including, but not exclusive, to seclusion and segregation January 24.

Concerns

- Stalling of engagement from one team where restrictions are significant
- Some ongoing resistance to defining cases as segregation.
- Isolation and demand outstripping capacity of HOPE(S) lead role – not tenable in current format and will be reviewed.
- System challenges –ability to move people to more appropriate places within our trust, wider system challenges and lack of urgency in relation to this group of people.
- Future LTS panel leadership during change of key personnel.

Recent Feedback from teams to HOPE(S)

MH team February 24

‘Thanks so much for the training, it really has made me think hard.’

‘I see things so much more clearly after yesterday and moreso today. I feel things are more in perspective now in terms of helping R.’

‘I feel really proactive now more than ever to support R and the team in ending this period of seclusion as swiftly and safely as possible.’

‘The autism aspect of the training has really really helped me see things from her perspective much more now and has made me feel a little bad if I am honest but like you have said, it’s about moving forward now and not beating ourselves up from things we can’t change in the past.’

‘The future does not seem so bleak now and myself and Nathan spoke all the way back to HWP about the positive changes that need and must be discussed and made.’

Mental Health team January 24

‘She is in court today so could be a turbulent afternoon on her return, she has had a brief period in seclusion last week however I feel like I have developed a better rapport with her following your training and I feel positive about it!!’

‘I’ve been on training so not had chance to create the proud cloud with her but she is keen to do it, so can hopefully make a start with her next week 😊’

‘She’s made a good journal with Jill too which she is pleased with, overall we are continuing to see the same presentations but I think the team are pulling together really well to support in the best way possible, showing a bit more of the relentless positivity we spoke about!!’

CYPS team

‘I completed the 2 day HOPES training with Jo and Rebecca. This training is invaluable and has helped me improve my own clinical practice in so many ways. It has also supported me in making positive changes to the culture and ways of working on the ward. The training allowed me the time to fully reflect on the young people I work and really consider the ways we support them in an inpatient setting. I gained a greater understanding of how restrictive practices effect people from a service user point of view, which is very powerful! A lot of restrictive practices can become very much “the norm” in an inpatient setting and this can lead to a very negative outcome for patients. The HOPES training is essential for challenging our use of restrictive practices and improving the quality of patient care.’

‘Following my HOPEs training I returned to the ward and begun conversations within my MDT. Ultimately this led to looking at how we could best support one of our patients in a way that meets her needs but doesn’t require the restriction of Long Term Segregation. I am now very proud that this young person is no longer nursed in Long term segregation. The impact this has had on the young person is huge! She is very happy with the change and now tells people ‘I’m not an LTS anymore’ She walks round to the kitchen with staff on the ward which is something she never used to do. She now naturally has so many more ad hoc social encounters with others and has even joined in a movie night in the main lounge with her peers. This has had a big positive impact on the staff team as well. It is apparent that a lot of staff anxieties were being fuelled by the young person being nursed in LTS and not allowing them to see her full capabilities.’

‘I think all staff should receive this training, as the changes it supports staff to make can be life changing for Patients!’

This Quality Priority has been partially met

Quality Priority 2: Therapeutic Engagement and Observation	Lead: Chloe Mann

Therapeutic engagement and observations are to ensure the sensitive monitoring of the behaviour, mental state and well-being of people receiving inpatient care, enabling a rapid response to any change. This will support preventing inpatients from coming to harm by harming themselves or others.

- An overarching action plan was developed to take forward the areas of concern identified within the Engagement and Observation Policy compliance audit report. Progress has been reported monthly to each of the Localities Quality Standards meetings and the overarching action plan will be reported to relevant trust wide meetings.

- A root cause analysis will be conducted on significant areas of reduced compliance within each Locality to understand the corrective actions required.

- An updated online training package has been developed and all clinical staff completing engagement and observation are required to complete the new version of training.

- An audit tool will be developed to support ward managers to check compliance with the policy. On completion of the audit tool, it will be shared within Locality and CBU Quality Standards meetings for awareness of the process and requirement for completion.

- Associate Directors and Clinical Nurse Managers will be reminded of the policy in relation to the requirement that engagement and observation compliance must be discussed within staff member's supervision.

- Associate Directors and Clinical Nurse Managers will be reminded that where ongoing issues are identified in relation to a staff member's compliance, the issue must be escalated to the relevant Group Nurse Director.

What we said we would do during Quarter 1 (April, May & June 2023):

- Develop the overarching action plan to take forward the areas of concern identified within the Engagement and Observation Policy compliance audit report. The action plan was scheduled to be ratified at the Clinical Effectiveness Committee meeting in September 2023.

- Develop and communicate the new online training package for completion by all clinical staff who undertake engagement and observations.

- A target was set for 55% of Clinical Staff to have completed the new engagement and observation training by 30 June 2023.

- Develop an audit tool to support ward managers to check compliance with the policy.

What we did:

- The overarching action plan was developed and reported to all Locality Quality Standards meetings. The action plan was scheduled to be ratified at the Clinical Effectiveness Committee meeting in September 2023.

- The online engagement and observation training was developed and shared with all clinical staff for completion.

- Unfortunately, the Trusts Localities did not achieve the target of 55% by 30 June 2023. The training compliance position as of 30 June 2023 was:

North	37%
Cumbria	29.1%
South	38.6%
Central	42.1%

- The audit tool to support ward managers to check compliance with the policy was developed and included within the Engagement and Observation Policy.

What we said we would do during Quarter 2 (July, August & September 2023):

- The action plan was scheduled to be ratified at the Clinical Effectiveness Committee meeting in September 2023.

- Progress against the action plan was to be reported monthly to each of the Localities Quality Standards meetings.

- A target was set for 85% of Clinical Staff to have completed the new engagement and observation training by 30 September 2023.

- Associate Nurse Directors were to commence a root cause analysis on significant areas of reduced compliance within each Locality to understand the corrective actions required.

- To obtain ratification of the Engagement and Observation Policy and enclosed audit tool developed to support ward managers to check compliance with the policy.

What we did:

- The Clinical Effectiveness Committee due to be held in September was stood down. Therefore, ratification of the action plan was rescheduled to be presented at the Clinical Effectiveness Committee in October 2023.

- The action plans were reviewed at Locality Quality Standards meetings.

- Clinical Managers continued to complete the new Engagement and Observation training. However, the target of 85% was not met. The training compliance position as of 30 September 2023 was:

North	68%
Cumbria	57.8%
South	69.7%
Central	68%

- Associate Nurse Directors commenced completing a root cause analysis on significant areas of reduced compliance within their Locality.

- The audit tool was ratified as part of the Engagement and Observation policy.

What we said we would do during Quarter 3 (October, November & December 2023):

- The overarching action plan was to be ratified at Clinical Effectiveness Committee in October 2023.

- Progress against the action plan was to be reported monthly to each of the Localities Quality Standards meetings.

- A target was set for 95% of Clinical Staff to have completed the new engagement and observation training by 31 December 2023.

- Associate Nurse Directors commenced completing a root cause analysis on significant areas of reduced compliance within their Locality.

- Associate Directors and Clinical Nurse Managers will be reminded of the policy in relation to the requirement that Engagement and Observation compliance must be discussed within staff member's supervision.

- Associate Directors and Clinical Nurse Managers will be reminded that where ongoing issues are identified in relation to a staff member's compliance, the issue must be escalated to the relevant Group Nurse Director.

What we did:

- The action plan was ratified at the Clinical Effectiveness Committee on 13 October 2023.

- Progress against the action plan was reported to each of the Localities Quality Standards meetings and a number of actions were completed.

- Localities continued to closely monitor the compliance and Clinical Managers completion of Engagement and Observation training. Unfortunately, the target of 95% was not met. The training compliance position as of 31 December 2023 was:

North	85.7%
Cumbria	82.4%
South	82.3%
Central	81.9%

All localities continued to aim for 95% clinical staff compliance.

- Associate Nurse Directors continued work on the root cause analysis on significant areas of reduced compliance within their Locality.

- Localities commenced reminding Associate Directors and Clinical Nurse Managers of the policy in relation to the requirement that Engagement and Observation compliance must be discussed within staff member's supervision. Discussions took place within Quality Standards meetings and Localities commenced embedding their own processes in relation to this.

- Localities commenced reminding Associate Directors and Clinical Nurse Managers that where ongoing issues are identified in relation to a staff member's compliance with the Engagement and Observation Policy, the issue must be escalated to the relevant Group Nurse Director.

What we said we would do during Quarter 4 (January, February & March 2024):

- Progress against the action plan to continue being reported to each of the Localities Quality Standards meetings.

- Localities to continue to closely monitor the compliance and Clinical Managers completion of Engagement and Observation training and aim for 95% compliance.

- Associate Nurse Directors to complete the root cause analysis on significant areas of reduced compliance within their Locality.

- Localities to confirm that Associate Directors and Clinical Nurse Managers had been reminded of the policy in relation to the requirement that Engagement and Observation compliance must be discussed within staff member's supervision.

- Localities to confirm that Associate Directors and Clinical Nurse Managers had been reminded that where ongoing issues are identified in relation to a staff member's compliance with the Engagement and Observation Policy, the issue must be escalated to the relevant Group Nurse Director.

What we did:

- The action plan continued to be monitored at Locality Quality Standards meetings.

- Localities continued to closely monitor Clinical Managers completion of Engagement and Observation training. Unfortunately, the target of 95% was not met. The training compliance position as of 31 March 2024 was:

North	94.8%
Cumbria	86.2%
South	86.6%
Central	87%

- Associate Nurse Directors completed the root cause analysis on significant areas of reduced compliance within their own Localities.

- Localities confirmed that Associate Directors and Clinical Nurse Managers had been reminded of the policy in relation to the requirement that Engagement and Observation compliance must be discussed within staff member's supervision.

- Localities confirmed that Associate Directors and Clinical Nurse Managers had been reminded that where ongoing issues are identified in relation to a staff member's compliance with the Engagement and Observation Policy, the issue must be escalated to the relevant Group Nurse Director.

Evidence of Impact:

- Positive feedback from staff has been received regarding the training package as it provides a wider context to the importance of Engagement and Observation.

- The training provides a more in depth understanding as to our expectations of staff and acts as a guide as to how to engage with our patient population.

- The training provides teams with a further understanding of the importance of observation and engagement as a supportive intervention.

- The policy is felt to be more meaningful, and processes are more streamlined which has enhanced the standard and quality in relation to how we describe, prescribe, and intervene in terms of observation and engagement.

- The Policy on a page has been well received and has been noted to be helpful for staff as key facts are at hand.

- There has been an increased focus on the engagement part of the policy.

- There is clear evidence that engagement and observation level consideration, and review, features in daily discussions with the MDT and is documented appropriately.

- A vast improvement has been noted in the use of appropriate language when referring to engagement and observation levels. It is known that the wrong language can lead to confusion around the use of engagement and observation and incorrect interventions.

- All patients have personalised care plans for observations regardless of the level. Individualised engagement plans are developed in collaboration with the patient. This has been a positive process that allows patients to develop their engagement care plan outlining their style and preferences which has then facilitated more meaningful engagement as staff know the individual preferences.

- From a wider perspective, personalised care plans allow the team to know the type of engagement that patients are interested in. This allows better planning around group activities and helps staff to note where they may need more resource in particular areas. Springrise noted a trend where more resource was required for exercise therapy on the Male Adult Wards. This has led to the appointment of a full time exercise therapist as part of their team to assist with meaningful engagement.

- Being able to prescribe engagement and observation interventions across the day and night, reflective of need and changing need, means patients' needs are addressed on a more individualised basis, and that their care plans are reflective of this (i.e. reducing or increasing observations overnight, STOPbang etc).

- The work has allowed for a standard guide to be developed that all wards now use to ensure we are meeting the patients' needs in a collaborative way.

- A nighttime guide has also been developed that helps teams to use sleep well which supports a patient's recovery.

- The work has allowed a review of the number of intermittent observations staff should be completing which has had impact on ensuring safer staffing levels on the wards.

- The central locality developed a senior peer review of observations which has allowed for care and treatment plans to be reviewed, and a degree of challenge to the clinical team around the requirement of observations and alternatives that could be used instead.

Status: Partially Met

Quality Priority 3: Reduce waiting times in our Children's and Young People's Services (Mental Health and Neuro developmental)	**Lead: David Muir / Andy Airey** **Contributors: Aileen Boulton**

Redesign the mental health and Neurodevelopmental pathways aiming to reduce waiting times and have standard processes across the trust.

Milestones during Quarter 1 (April, May & June):

- Neuro workshop standardising documentation – April 23
- Establish CYPS Neuro waiting times Task and Finish Group- April 23
- Neuro Recovery planning workshop – May 23
- Neuro Workshops looking at service offer – June 23
- Mental Health Pathway workshop – June 23

Milestones during Quarter 2 (July, August & September):

- Neuro workshops focus on redesign – July
- Neuro professional groups engagement – July / August 2023
- Locality school holiday Neuro caseloads focus work – July / August 2023
- Neuro Workshop criteria for service – August 23
- Neuro workshop documentation - August 23
- Neuro task and finish group draft improvement proposal – September 23
- Neuro draft proposal review – September 23

Milestones during Quarter 3 (October, November & December):

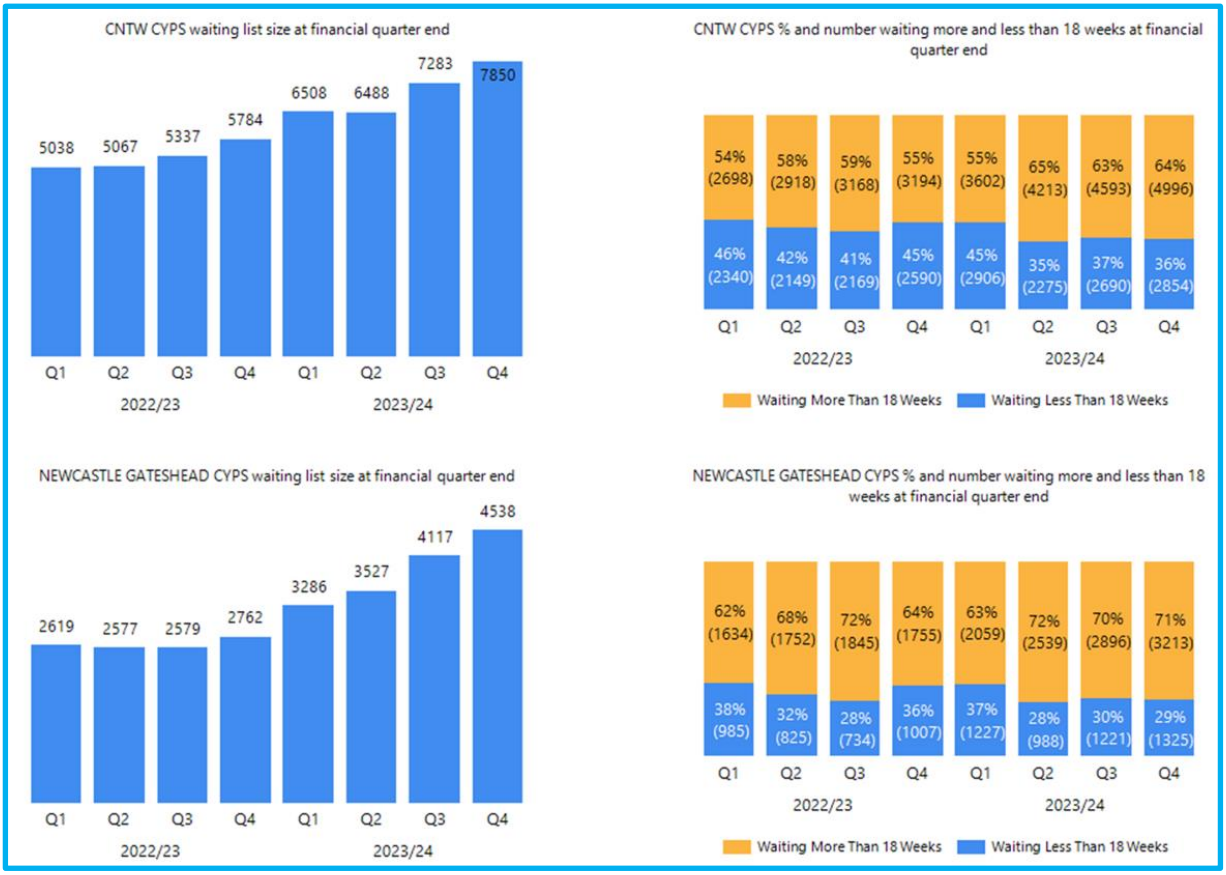
- Neuro workforce competency and training workshop – October 23
- Neuro improvement proposal review / sign off Community Oversight Group – October 23
- Neuro improvement proposal review / sign off BDG – November 23 (not complete, new date Jan 2024)
- Neuro improvement proposal discussion with commissioners – November 23 (not complete, new date Feb 2024)
- Neuro improvement proposal discussion with referrers – November 23 (not complete, new date Mar 2024)
- Mental health workshop 4-week wait trailblazer – November 23 (not complete, new date Jan 2024)
- Neuro formulation & diagnostic reporting workshop – December 23
- Neuro Locality Implementation plan development – December (not complete, new date Feb 2024)
- Mental health and Neuro place based needs led system developments – supported by ICB started – November 23

Milestones during Quarter 4 (January, February & March):

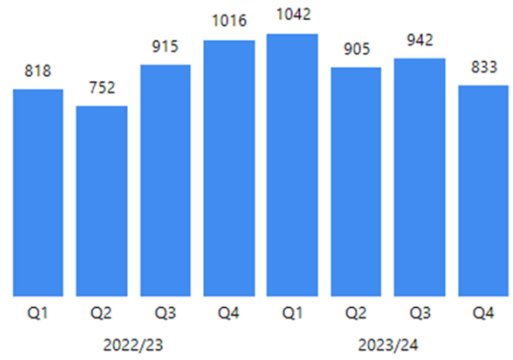
- Mental health Service Specification workshop February 2024
- Neuro workforce competency and training workshop – March 24
- Neuro Trust wide actions start implementation – January 24
- Neuro locality improvement plan start implementation – January 24

Evidence of Impact: Quarter 4
• Agreed mental health and Learning disability service specification Agreed draft needs led referral form. • Starting implementation following sign off at Executive Management Group • ICB group identified proposals to address long waiters signed off by ICB subcommittee. • Agreed Assessment and Formulation RiO templates for standardisation across Trust
Status: Met

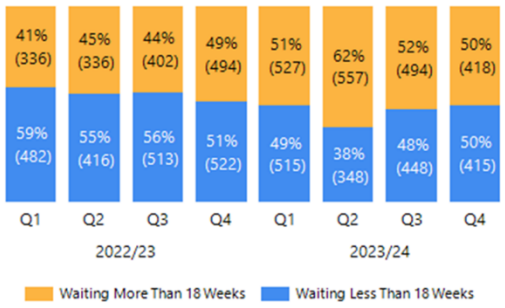
Our CYPS service waiting numbers and waiting times 2023-24



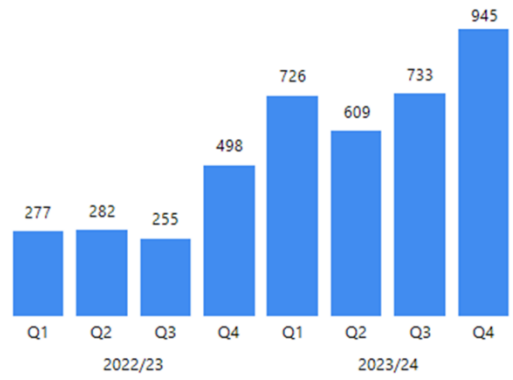
NORTH CUMBRIA CYPS waiting list size at financial quarter end



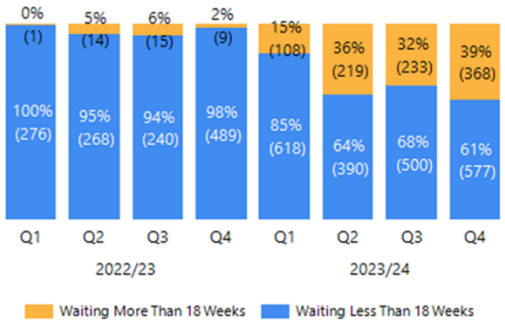
NORTH CUMBRIA CYPS % and number waiting more and less than 18 weeks at financial quarter end



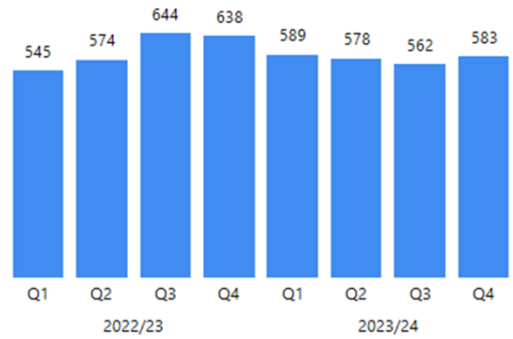
NORTHUMBERLAND CYPS waiting list size at financial quarter end



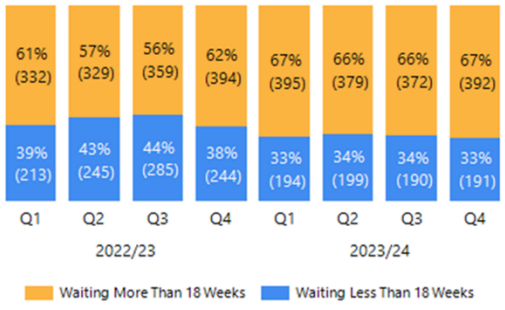
NORTHUMBERLAND CYPS % and number waiting more and less than 18 weeks at financial quarter end



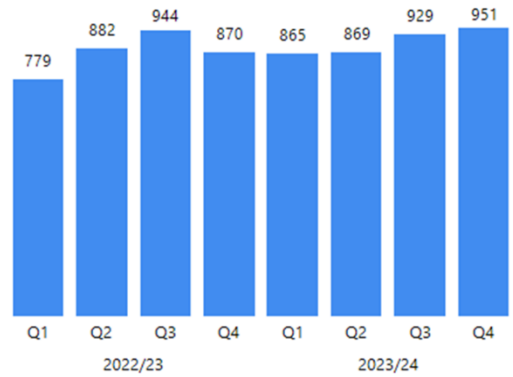
SOUTH TYNESIDE CYPS waiting list size at financial quarter end



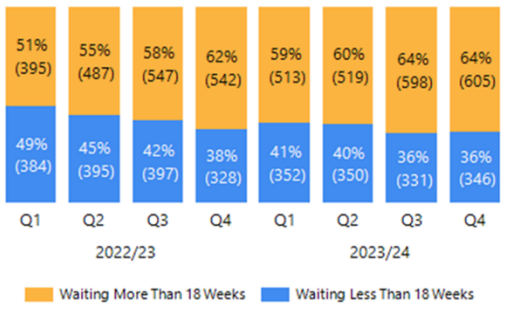
SOUTH TYNESIDE CYPS % and number waiting more and less than 18 weeks at financial quarter end



SUNDERLAND CYPS waiting list size at financial quarter end



SUNDERLAND CYPS % and number waiting more and less than 18 weeks at financial quarter end



Quality Priority 4: PSIRF	Lead: Claire Thomas

To implement the new Patient Safety Incident Response Framework in CNTW ensuring that the 4 aims of PSIRF are met;

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

What we said we would do during Quarter 1 (April, May & June 2023):

- Develop a plan for the development and implementation of PSIRF

What we did:

PSIRF Workstreams established;

- Engaging with those affected – staff (1a), patients, families and carers (1b)
- Responding to incidents
- Learning and Quality improvement
- Understanding our patients safety data
- Oversight

What we said we would do during Quarter 2 (July, August & September 2023):

- Engagement with staff, patients and carers

What we did:

- Staff, service user and PSIRF engagement events held
- A number of workshop and engagement events have been undertaken in Q2 these included:
    - The compassionate engagement with those affected – staff workstream carried out a questionnaire of staff, they held a number of discussions and focus groups within localities.
    - The compassionate engagement of those affected – patients, families and carers workstream held a workshop for a number of families who had experienced loss of a family member in our care. 1:1 discussions were held with a number of patients
    - A workshop was held in September with to review the safety data, discuss safety priorities and PSIRF implementation.

- A session of the September Trust wide Leadership Forum was focussed on PSIRF and how we can compassionately engage with those affected.
- The PSIRF team had a stand at the Annual members meeting to answer any questions from staff or members on PSIRF.

What we said we would do during Quarter 3 (October, November & December 2023):

Finalise PSIRF policy and plan for approval by Trust board and ICB

What we did:

PSIRF policy and plan approved by Trust board and ICB in November 2023

What we said we would do during Quarter 4 (January, February & March 2024):

Go live with PSIRF in January 2024

What we did:

- PSIRF implementation planned for 22nd January 2024
- In house staff training developed and launched to support staff to complete reviews in line with PSIRF aims

Evidence of Impact:

- Changed Trust processes for patient safety incident reviews.
- Staff trained in systems review (SEIPS methodology)
- Implementation of PSIRF

Status: Met

Quality Priority 5: Closed Cultures	Lead: Ramona Duguid

One of the priorities we set last year was to focus on 'closed cultures', specifically recognising that we have a number of inherent risks across our services where closed cultures could develop.

Closed cultures is defined by the Care Quality Commission (CQC) as *a 'poor culture that can lead to harm, including human rights breaches such as abuse'.* In services, people are more likely to be at risk of deliberate or unintentional harm.

It is important that all health and care providers recognise that any service that delivers care can have a closed culture.

In 2022 all NHS organisations were asked to review the findings from the care and treatment of patients provided at the Edenfield Centre in Manchester.

We undertook to review these findings and identified the good practice and safeguards we have in place across CNTW.

However, we are not complacent and from the review we identified a number of areas which we could strengthen based on the learning from Edenfield.

What we said we would do:

- Establish a 'live' process to look at early warning triggers across inpatient services.
- Increase visibility and leadership visits out of hours and at weekends.
- Establish the healthcare assistant development programme.
- Review the response to the Edenfield recommendations to ensure they are embedded.

What we did:

- We have developed a live dashboard which brings together a range of patient and staff indicators to look holistically at the indicators for specific wards across the Trust. The intention is to use this as a live process to identify wards which have early warning signs that a number of indicators are challenged or out of normal range. We have developed this with feedback from staff working in inpatient services and have done a soft launch during the year. This will be rolled out across the Trust as one of our key intelligence sources during 24/5.
- We have refreshed and developed a new quality framework for our inpatient wards which we have launched across the Trust starting with our acute wards.
- We have an extensive Board, Director and Governor service visit programme which has continued to develop over the last 12 months. Targeted work has been taken forward in key wards out of hours which will be built on during 2024/25 as part of the new Inpatient Care Group being established.
- A draft programme for the development of the healthcare assistant workforce has been drafted which will be rolled out during 2024/25. Targeted work across specific wards and services will be prioritised in relation to caring for patients with very complex needs.

A full review of the Edenfield recommendations was completed by the Trust. As part of reviewing the end of year position on delivering our quality priorities a review of the specific areas identified has also been completed for the year 2023/24 which any amber areas agreed to be taken forward during the year in order for them to be fully embedded.
Looking ahead
Our focus as an organisation on closed cultures, whilst not a specific priority for 2024-25 it is implicit in the continued work we will be taking forward around reducing restrictive practice, our focus on violence and aggression and the ongoing leadership development at all levels across the trust.
Status: Partially met

Quality Priority 6: Governance review	Lead: Debbie Henderson Contributors: N/A

The aim of this quality priority is to ensure that the organisation has a robust, clear, fit for purpose governance framework. This will enable discussions to take place at the right place, with the right people, to support the delivery of the Trust's strategic ambitions. It will also enable strong decision-making and a focus on delivery of strategic, annual and local plans and priorities.

Milestones during Quarter 1 (April, May & June):

A whole scale governance review was undertaken February – May 2023. The outcome of the review has resulted in changes to the corporate, operational/ management meeting structures and reporting lines.

The review outcome and changes were implemented and communicated with the Trust Leadership Forum in June. The Trust intranet has been updated in respect of governance arrangements.

What we did

We undertook a comprehensive review of the Trust's governance framework looking at governance arrangements at Board, Board assurance committee, and operational delivery levels in the organisation. This included consideration of the standardisation of governance arrangements, reporting at Board Committees, trust-wide meetings and Group-level meetings, and ensuring levels of accountability and decision-making were appropriate and effective at all levels in the organisation.

The outcome resulted in fewer meetings and a reduction in duplication in both reporting and discussion, and clarity of purpose for those meetings and forums reviews.

The review also resulted in clarity around decision-making in line with the Trust's Scheme of Delegation, with a view to enabling a devolved model based on empowering staff and teams across the organisation.

Milestones during Quarter 2 (July, August & September):

The Board of Directors were updated on the outcome of the governance review and new framework in July.

The Board of Directors and Board Committees Terms of Reference has been reviewed during September and October. A further update was provided to the Trust Leadership Forum in September.

Agreement has been made to undertake an internal well-led assessment against the CQC Well-led domain and will cover the implementation of the new governance framework.

What we did

Quarter 2 was utilised as a period to embed the changes following the review of the governance framework.

Terms of reference for meetings and forums were finalised and cycles of business developed.

The Board reviewed the Board Assurance Framework (a key document providing the Board with detail on the key risks to the achievement of the Trust's strategic ambitions, and assurance that those risks are being managed), and the Trust's risk appetite.

Milestones during Quarter 3 (October, November & December):

Undertake the internal Well-led review process led by Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance.

Implement the new Board Assurance Framework, Risk Management Strategy and Risk Management Policy.

What we did

Some actions initially planned to take place in quarter 2 were moved to quarter 3 to allow the embedding of the new governance framework to take place.

The new Chair was appointed to post on 1st October which provided an opportunity to focus on Board/Committee governance to support the focus undertaken during quarter 2 and 3 on the operational delivery aspects. The Board undertook a self-assessment against the CQC Well Led framework in order to shape the review and identify areas for improvement.

The review of the Board Assurance Framework, key risks for the organisation and the risk appetite was used as the platform to review the Trust's approach to risk management and the risk management policy and process. This review was undertaken during quarter 3.

Milestones during Quarter 4 (January, February & March):

Outcome of the internal well-led review.

Internal Audit advisory review on the implementation of the new governance framework.

What we did

The outcome of the Board well led self-assessment and Board/committee governance review, led to the implementation of changes to Board and committee meetings structures, agenda planning and assurance provided from committee to Board.

Quarter 4 also saw the roll out of the Trust's new approach to risk management, the new risk management policy and process and the new risk management training package and e-learning.

Internal Audit services were commissioned to undertake a review of the implementation of the operational delivery governance framework following the initial 6 months of embedding. Although the review was not assurance rated, the learning from the advisory review will be reported to the May meeting of the Audit Committee for review of next steps, the audit did not raise any concerns and reflected a process of strong governance, albeit it remains in its infancy.

The annual Risk Management and Board Assurance Framework Internal Audit, used to inform the Head of Internal Audit Opinion for the Trust, provided the Trust with a substantial level of assurance (the highest level). We have requested that an audit be built into the internal audit planning process to review the new risk management policy and embedding of the learning and training across the Trust after 12 months.

Evidence of Impact:

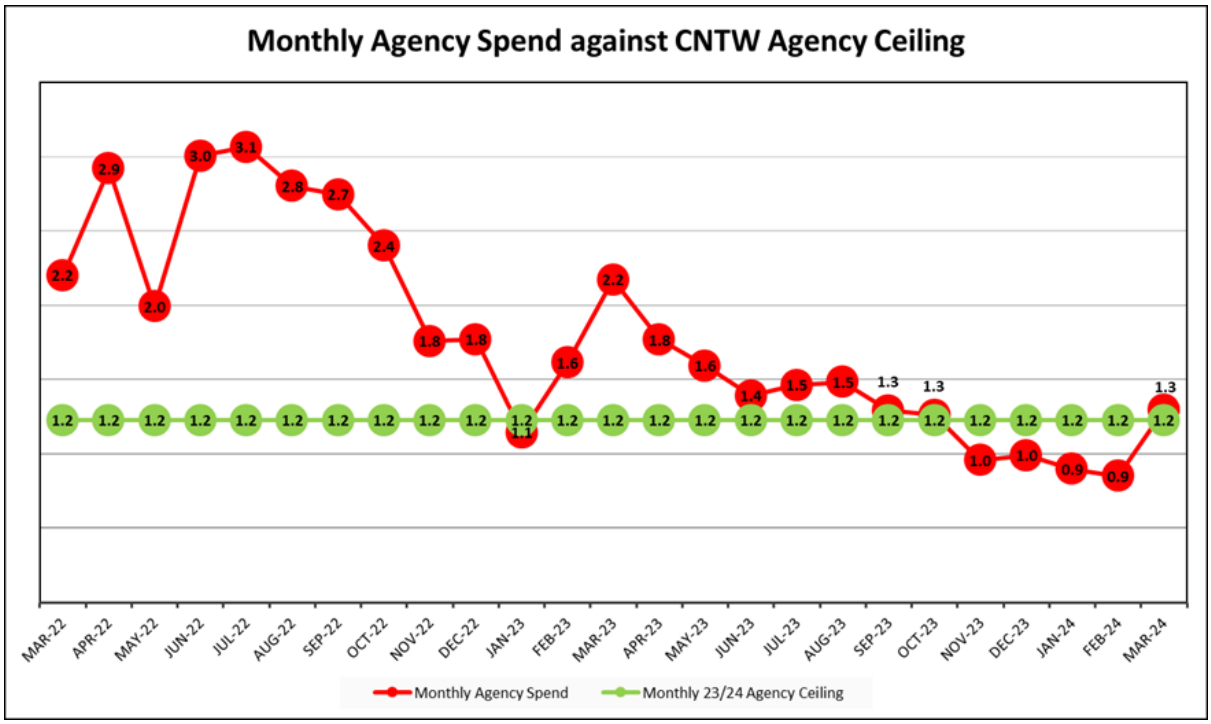
- Governance framework and supporting documentation on the Trust intranet.
- Internal audit advisory review outcome report
- Risk Management and Board Assurance Framework Internal Audit Compliance report – substantial assurance
- Trust Leadership Forum development and understanding
- Board of Directors ways of working, agenda and meeting planning framework

Status: Met

Quality Priority 7: Reduce reliance on unregistered agency staff

One of the priorities we set was to reduce the reliance on agency staff. The key drivers for this was to improve consistency of staffing which we know has a huge impact on quality of care and patient experience as well as addressing our financial responsibilities to spend our resources wisely.

We have made huge progress in the reductions we have made across our services, which we will continue to focus on during the year ahead.



Overall Agency spend has reduced in 2023-24 by £13.0m compared to 2022-23.

Agency spend across CNTW has reduced to below £1.0m per month for the previous four months of the financial year, which is below the agency ceiling set out by NHSE.

This Quality Priority has been 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 3. Patient Safety incidents impact 2021-22 to 2023-24

Number of Patient Safety incidents reported by impact:	2021-22		2022-23		2023-24	
No Harm	11761	56.9%	17905	64.1%	**20753**	**65.7%**
Minor Harm	7236	35.0%	7857	28.1%	**8307**	**26.3%**
Moderate Harm	1497	7.2%	1911	6.8%	**2203**	**7.0%**
Major Harm	70	0.3%	101	0.4%	**125**	**0.4%**
Catastrophic, Death	90	0.4%	148	0.5%	**192**	**0.6%**
Total patient safety incidents	20654	100.0%	27922	100.0%	**31580**	**100.0%**

The Trust changed the way it reported incidents into a national system that impacts on patients in September 2022. We have continued to report into the national system and 2023-24 was the first full year of reporting. As the Trust has been the national pilot for the Learn from Patient Safety Events LFPSE over a number of years, we have continued to support NHS England with a number a development opportunities and supported a number of other organisations with our learning and support for them to connect.

Whilst there was an expectation that all NHS contracted providers report into the national system by September 2023, this hasn't been completed by all, and the Trust continues to support some Trusts as an exemplar organisation, with approval from NHS England.

The Trust continues to see an increase in the numbers of incidents reported into the national system since go live. This continues to be seen as a positive in our incident reporting culture, with still most incidents being reported as no and low harm incidents. Work progresses with NHS England to now consider how the implementation of the Patient Safety Incident Response Framework and learning from more significant incidents is shared through the national system. As we move into 2024-25 year planning, we are now updating all our grading of harm for incidents into the latest terminology agreed and shared by NHS England throughout 2023, this will change the language of data moving forward.

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 4: Total incidents 2023-24 by local authority, 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	Total
CUMBRIA	5285	1894	528	36	251	7994
GATESHEAD	4079	1365	357	12	88	5901
NEWCASTLE NORTH AND EAST	3862	1582	446	33	152	6075
NEWCASTLE WEST	3250	1218	396	23	133	5020
NORTH TYNESIDE	4925	1987	578	37	112	7639
NORTHUMBERLAND	10077	3754	1019	96	360	15306
SOUTH TYNESIDE	4102	1893	406	14	141	6556
SUNDERLAND	5920	2072	607	28	271	8898
Total	**38427**	**15265**	**4210**	**262**	**1505**	**59669**

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 authority areas, the trust total deaths for CNTW is 192. There is more information on Learning from Deaths on page 95.

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

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

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

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

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

By email: complaints@CNTW.nhs.uk

By phone: 0191 245 6672

A key requirement is for individuals and organisations to learn from events and implement change to improve the safety and quality of care. As part of the Trust implementation of the Patient Safety Incident Response Framework (PSIRF), we have reviewed and updated our Incident policy and our Duty of Candour practice guidance note, using the new NHSE guidance *engaging and involving patients, families and staff following a patient safety incident*. Training is being developed to further raise awareness of the duty at all levels of the organisation.

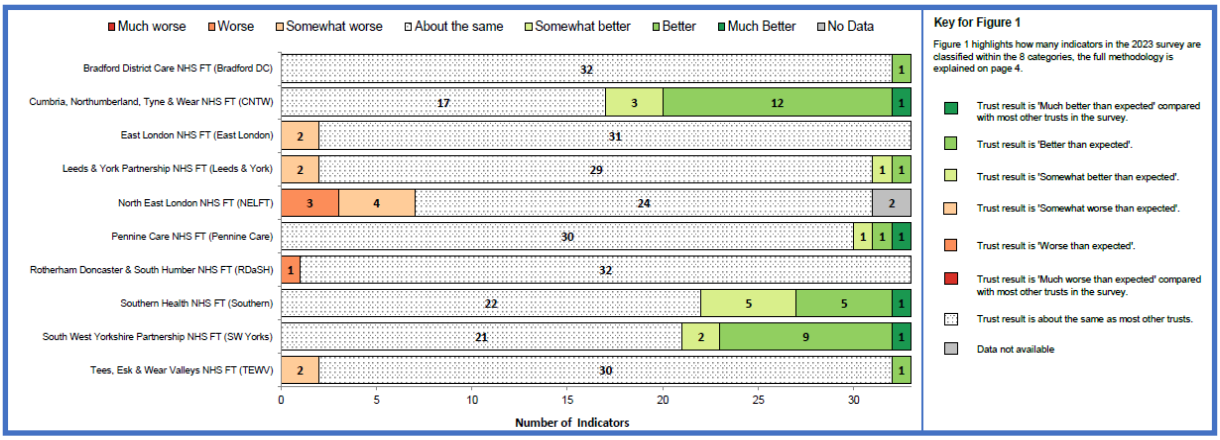
Healthcare professionals must also be open and honest and take part in Patient Safety Incident reviews and investigations when requested. All staff are aware that they should report incidents or raise concerns promptly, that they must support and encourage each other to be open and honest, and not stop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

Our feedback through the CQC Community Mental Health Survey

The Trust values the feedback from people accessing our Community Mental Health services. This survey is a good way of comparing ourselves with other similar Foundation Trusts and is a survey we have been involved in for 20 years.

The summary below shows that the Trust performed better than expected across 12 survey questions, which is more than any other comparator Trust. One questions also scored much better than expected, which is equal best with 3 other Trusts.

The trust performed about the same as other Trusts for 17 questions and did not perform worse than other Trust in any question.



The table below shows the breakdown of how the Trust performed in each of the 13 sections, as well as the questions within those sections.

The question scored much better than expected when compared to other Trusts was Question 10 ‘Did your NHS mental health team consider how areas of your life impact your mental health?’

The 12 questions that offered us a score of better than expected related to:

- Service users having and being involved in the care planning process as well as being supported to make decisions about their care and treatment.
- Carers and close relative being involved in care planning.
- Services users being informed about their medication in areas such as the purpose, benefits and potential side effects.
- Service users feeling well supported in areas such as knowing who to contact outside of office hours if needed, being helped to access services and services helping to support people with physical health needs.

Section	No.	Question	Trusts									
		KEY: Green and red cells are used to indicate 'Better' or 'Worse' performance as compared to most other trusts in the survey. Grey cells highlight where no data is available. Cells that are not coloured grey or in shades of green ('Much better') to red ('Much worse') indicate performance classified as 'about the same', as detailed on the Methodology page. Arrows are normally shown for the indicators with a statistically significant increase or decrease in the latest period, compared with the last period; however due to the substantial changes affecting both the survey methodology and a number of the questions in 2023 it is not possible to compare 2023 with 2022.	Bradford DC	CNTW	East London	Leeds & York	NELFT	Pennine Care	RDaSH	SW Yorkshire	Southern Health	TEWV
1. Support while waiting	6	While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, were you offered support with your mental health?										
	7	Was the support offered appropriate to your mental health needs?										
2. Mental Health Team	8	Were you given enough time to discuss your needs and treatment?										
	9	Did you get the help you needed?										
	10	Did your NHS mental health team consider how areas of your life impact your mental health?										
	11	Did you have to repeat your mental health history to your NHS mental health team?										
3. Planning Care	13	Do you have a care plan? This is a plan for any care and treatment you may receive.										
	16	In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working.										
4. Involvement in Care	14	Have you and your NHS mental health team (MHT) decided together what care and treatment you will receive?										
	17	Has your NHS MHT supported you to make decisions about your care and treatment? Including sharing information on risks and benefits of your care and treatment.										
	18	Do you feel in control of your care?										
5. Medication	21_1	Have any of the following been discussed with you about your medication? Purpose of medication										
	21_2	Have any of the following been discussed with you about your medication? Benefits of medication.										
	21_3	Have any of the following been discussed with you about your medication? Side effects of medication.										
	21_4	Have any of the following been discussed with you about your medication? What will happen if I stop taking my medication										
	22	In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?										
6. Talking Therapies	25	Thinking about the last time you received NHS talking therapies, did you have enough privacy to talk comfortably?										
7. Crisis Care Support	28	Thinking about the last time you contacted this person or team, did you get the help you needed?										
	30	Did the NHS mental health team give your family or carer support whilst you were in crisis?										
8. Crisis Care Access	26	Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services.										
	29	Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them?										
9. Support with other areas of life	31	In the last 12 months, has your NHS MHT supported you with your physical health needs (e.g. an injury, a disability, or a condition such as diabetes, epilepsy, etc)?										
	32_1	In the last 12 months, did your NHS MHT give you any help or advice with finding support for…Joining a group or taking part in an activity (e.g. art, sport etc)										
	32_2	In the last 12 months, did your NHS MHT give you any help or advice with finding support for…Finding or keeping work										
	32_3	In the last 12 months, did your NHS MHT give you any help or advice with finding support for…Financial advice or benefits										
	32_4	In the last 12 months, did your NHS MHT give you any help or advice with finding support for…Cost of living										
	33	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?										
10. Support in accessing care	34	Has your NHS mental health team asked if you need support to access your care and treatment?										
	37	Do you feel the support provided meets your needs?										
11. Respect, dignity and compassion	12	Did your NHS mental health team treat you with care and compassion?										
	39	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?										
12. Overall experience	38	Overall, in the last 12 months, how was your experience of using the NHS mental health services?										
13. Feedback	40	Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?										
Sections	1	Support while waiting										
	2	Mental Health Team										
	3	Planning care										
	4	Involvement in care										
	5	Medication										
	6	Talking Therapies										
	7	Crisis Care Support										
	8	Crisis Care Access										
	9	Support with other areas of life										
	10	Support in accessing care										
	11	Respect, dignity and compassion										
	12	Overall experience										
	13	Feedback										

Table 5. CNTW performance for all questions and in comparison to other Trusts

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 2023-24 with a total of 779 received during the year. This is an overall increase of 93 complaints (14%) in comparison to 2022-23 and the highest number of complaints received per annum to date.

Table 6: Number of Complains received 2021-22 to 2023-24

Financial Year	Total
2021-22	629
2022-23	686
2023-24	779

Central Locality Care Group accounted for 30% of the complaints received, followed by South with 25%, North with 22% and North Cumbria with 21%. The other 2% of complaints related to the non clinical directorates.

In comparison to 2022-23 figures, the number of complaints received has increased in all the localities although the increase in central was negligible:

- South - increase of 19% (36)
- North - 17% increase (30)
- North Cumbria - increase of 16% (26)
- Central – increase 0f 0.5% (1)

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

- Complaints related to patient care increased by 7%
- Complaints relating to communications increased by 7%
- Complaints relating to values and behaviours increased by 12%

Complaint categories which have significantly increased in comparison to 2022-23 are:

- Complaints relating to waiting times have increased by 74%
- Complaints relating to Trust policies/procedures/records management have increased by 48%

All other complaint categories have remained unremarkable.

The Patient Advice and Liaison Service (PALS) gives service users and carers an alternative to making a formal complaint. The service provides advice and support to

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

Table 7: Number of complaints received by category 2021-22 to 2023-24

Complaint Category	2021-22	2022/23	2023-24
Patient Care	195	180	**193**
Communications	89	104	**111**
Values and Behaviours	93	98	**110**
Admissions and Discharges	42	53	**55**
Clinical Treatment	32	43	**47**
Appointments	22	31	**26**
Prescribing	28	33	**39**
Trust Admin/ Policies/Procedures	41	21	**31**
Access to Treatment or Drugs	31	25	**28**
Other	18	11	**9**
Facilities	9	15	**14**
Waiting Times	18	62	**108**
Privacy, Dignity and Wellbeing	4	4	**2**
Restraint	4	2	**3**
Staff Numbers	3	2	**1**
Integrated Care	0	0	**0**
Commissioning	0	0	**0**
Consent	0	1	**1**
Transport	0	1	**1**
Total	**629**	**686**	**779**

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 2023-24 we responded to complaints in line with agreed timescales in 83% of cases which is a 25% increase in comparison to 2022-23. This is due to complaint staffing shortages being rectified with staff successfully recruited into all vacancies.

Table 8: Number (and percentage) of complaint outcomes 2021-22 to 2023-24

Complaint Outcome	2021-22		2022-23		2023-24	
Closed - Not Upheld	166	26%	168	24%	195	25%
Closed - Partially Upheld	199	32%	234	34%	196	25%
Closed - Upheld	101	16%	108	16%	102	13%
Complaint Withdrawn	70	11%	100	15%	115	15%
Decision Not To Investigate	53	9%	36	5%	66	9%
Still Awaiting Completion	0	0%	6	1%	56	7%
Unable To Investigate	40	6%	34	5%	49	6%
Total	**629**	**100%**	**686**	**100%**	**779**	**100%**

Data source: CNTW

Complaints referred to the Parliamentary and Health Service Ombudsman

If a complainant is dissatisfied with the outcome of a complaint investigation, they are given the option to contact the Trust again to explore issues further. However, if they choose not to do so or remain unhappy with responses provided, they are able to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO). This is known as Stage 2 of the NHS complaints procedure.

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.

Table 9: Activity during 2023-24 was as follows:

Table 14: Outcome of complaints considered by the PHSO	**Number**
Upheld	0
Partially upheld	5
Not upheld	5
Decision not to investigate	5
Investigation ongoing	7
Total	**22**

Data Source CNTW

NICE Guidance Baseline Assessments Completed 2023-24

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2023-2024 the Trust undertook the following assessments against appropriate guidance to further improve quality of service provided. Assessments were conducted against all published NICE guidance deemed relevant to the Trust

1. **NICE Baseline assessments undertaken in 2023-2024 compliant at baseline (4)**

The following baseline assessments, undertaken in 2023-2024, were compliant at baseline and did not require action plan monitoring.

Ref	Topic Details	Key Findings
NG20	Multiple sclerosis in adults: management	A total of 86 recommendations were confirmed as relevant to CNTW, out of a total of 108 (80%). The baseline assessment demonstrated 100% compliance with the recommendations relevant to CNTW. There was a great deal of evidence provided as part of this baseline assessment, demonstrating that CNTW are compliant with NICE Guidance, and service delivery. Evidence was found in clinical notes, in Trust Policy and local arrangements of the department. No further actions for improvement are required at this time. **Signed-off at CEC 14/07/2023**
QS204	Fetal alcohol spectrum disorder (FASD)	After review, it is clear that these quality statements are only partially relevant to CNTW, as follows: • Quality Statement 3 Referral for Assessment • Quality Statement 4 Neurodevelopmental Assessment • Quality Statement 5 Management Plan The service within CNTW have no responsibility for diagnosing FASD. There is an agreed pathway with a robust process. Children and young people who meet the criteria are referred to CNTW, who will assess as required, and also arrange for a neurodevelopmental assessment if there are other clinical concerns, which will then be provided to the relevant paediatrician to enable a diagnosis to be agreed and a management plan developed. 1. Children and young people with probable prenatal alcohol exposure and significant physical,

Ref	Topic Details	Key Findings
		developmental, or behavioural difficulties are referred for assessment 2. Children and young people with confirmed prenatal alcohol exposure or all 3 facial features associated with prenatal alcohol exposure have a neurodevelopmental assessment if there are clinical concerns 3. Children and young people with a diagnosis of fetal alcohol spectrum disorder (FASD) have a management plan to address their needs. A FASD pathway has been developed and reviewed in 2022. This pathway agreement can be found in Appendix 1 for information. The recommended approach to the assessment of a child with suspected FASD is led by Dr A Redfearn (recently retired and new postholder not yet identified) in conjunction with the regional group. It is included in the Child Health Directorate and approval is by Child Health Consultants. The pathway is relevant to Northumbria Healthcare NHS Foundation Trust: Child Health and Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust: Specialist CYPS. The pathway is for the evaluation of children and young people where there are concerns regarding suspected FASD. It requires seeking information from a variety of professionals and sources and will be of use to paediatricians evaluating neurodevelopmental concerns No further actions for improvement are required at this time. **Singed-off at CEC: 10/11/2023**
NG183	Behaviour change: digital and mobile health interventions	Out of a possible 34 recommendations, all were applicable to CNTW. The baseline assessment demonstrated 100% compliance with the relevant recommendations.

Ref	Topic Details	Key Findings
		CNTW promotes the use of several apps for supporting action around various lifestyle behaviours. These all adhere to the guidance within NG183. These findings require no immediate action, but the Trust should monitor the promotion of any new apps or other digital technologies to ensure that they adhere to these guidelines. Risks to the Trust are currently very low. **Signed-off at CEC: 08/12/2023**
NG 64	Drug misuse prevention: targeted interventions	There were 6 relevant recommendations relating to Children & Young People's Services, which were met 100%. In order to ensure continued compliance with NG64, it is essential that services continue to develop skills and training links with the Young People's Drug and Alcohol Services. 1. Continue to develop skills and training within the Young Peoples Drug and Alcohol Service as required 2. Training from Specialist Services will continue and enable staff to be as aware as possible of signs and symptoms. 3. Continue to liaise with Specialist Services to provide specialist training to staff which will also maintain/develop current liaison with the Young People's Drug and Alcohol Services 4. 3. Within Cumbria Locality, the CAMHS identified substance misuse champions to liaise with Young People's Drug and Alcohol Services 5. Cumbria to continue to develop work to become compliant as identified in the plan/narrative above. **Signed-off at CEC: 09/02/2024**

2. **NICE Guidance baseline assessments undertaken in 2023-2024 that require action plan monitoring (5)**

The following baseline assessments are currently in action plan monitoring:

Ref	Topic Details	Compliance Status / Main Actions
NG 213	Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education	**Initial Compliance**: Partial Compliance **Submitted for action plan monitoring:** 10/11/2023 **Deadline for fully implemented action plan**: 15/05/2024 The baseline assessment demonstrated 98% compliance with NG213, as follows: The assessment highlighted two areas that were non-compliant with guidance. An action plan has been developed to establish the intervention required to improve compliance. This piece of work has been undertaken by staff who have expert knowledge within the clinical area relevant to the guidance. A considerable amount of evidence has been provided as part of this process and can be found in Appendix 2. The baseline assessment process has highlighted the positive work undertaken by the Trust to ensure continued staff training and support, regular interagency work, service user and family involvement. NICE Recommendations not met within the scope of the assessment relate to: 1.15.17: Education and training of all practitioners 1.15.18: Workshops covering needs that are present in all settings (such as safe eating and drinking) One relevant recommendation relating to service user involvement, was partially compliant. 1.17.7: Involvement of children and young people in services **Actions:**

Ref	Topic Details	Compliance Status / Main Actions
		1.15.17: Education and training of all practitioners 1.15.18: Workshops covering needs that are present in all settings 1. Further discussion and sharing of learning opportunities between all agencies. 2. All services provide their own training on this. 3. All services to identify members to form a working group to identify current training availability and highlight areas for co-production and delivery. 1.17.7: Involvement of children and young people in services 1. Access to Points of You and the Involvement Bank resource needs strengthening across the services for children with learning disabilities and their families 2. All services to identify lead for scoping exercise of current processes and forums for feedback 3. Working group to be formed to identify areas for improvement and to develop inclusive feedback forums Action Leads to be discussed at CEC when presenting. **Action Plan Implementation Deadline: 01/05/2024**
NG 53	Transition between mental health settings and community or care home settings (North Cumbria)	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 12/05/2023 **Deadline for fully implemented action plan**: 01/09/2024 1.1.3: ASC resources impacting on least restrictive options- CHESS service pathway compliance Deadline: 01/09/2024 1.1.4: IROC Audits to continue

Ref	Topic Details	Compliance Status / Main Actions
		Complete 1.1.8: More pre-admission education, literature required, with the whole admission/discharge process included **Complete** 1.2.4: Clear admission/discharge pathway – currently being explored via weekly urgent needs form Deadline: 01/09/2024 1.2.5: When discussing and planning an admission to hospital, to offer the person and family a visit of the ward to have a clear admission care plan to meet the specific needs and goals of the admission. Deadline: 01/09/2024 1.2.6: For staff to have access to printed information on the older adult inpatient wards within North Cumbria 1.2.9: Consolidate developed in relation to using relapse signatures and early warning signs when developing crisis and contingency plans. Further work on advanced care planning also to be incorporated **Complete** 1.3.7: To discuss with the ward, estimated planned discharge date based on specific needs of the individual **Complete** 1.5.17: Community clinicians to add to the care plan **Complete**
NG 53	Transition between mental health settings and community or care home settings (South)	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 12/05/2023 **Deadline for fully implemented action plan**: 01/09/2024

Ref	Topic Details	Compliance Status / Main Actions
		1.1.6 Wider use of involvement, lived experience, peer support through utilising interface meetings and establishing links with 3rd sector. CNTW have an involvement bank, service user and peers to be invited to service improvement workshops to ensure more collaborative care. Interface with 3rd sector to ensure wider understanding of community resource. Deadline: 01/09/2024 1.2.2 Baseline audits of GTKY and consent Deadline: 01/09/2024 1.2.4 There are vacancies to be filled which should be in place by 01/03/2023 Deadline: 01/09/2024 1.2.5 To discuss action with inpatient leads to understand if this can be facilitated Deadline: 01/09/2024 1.2.6 Review of relevant ward leaflets currently in use to ensure they are up to date. Care co-ordinators to link with in patient clinicians prior to planned admission for any information to send to patients/ carers Deadline: 01/09/2024 1.5. Review of current group work and identify any gaps for psycho education Deadline: 01/09/2024 1.5.11 Education and support group currently being rolled out across the older adult community areas, this is offered to all identified carers. **Complete**

Ref	Topic Details	Compliance Status / Main Actions
		Links with Admiral nurses- currently commissioned in South Tyneside and Gateshead **Complete** 1.5.12 Review of current group work and psychological interventions offered to those with a diagnosis of bipolar disorder Deadline: 01/09/2024 1.5.13 To link in with CNTW involvement bank and third sector Deadline: 01/09/2024 1.5.18 To ensure appropriate care home managers are invited to any discharge planning meetings. Care Co-ordinators/ step up to ensure relevant people are aware of any meetings and to gain feedback if unable to attend Deadline: 01/09/2024 1.6.2 Currently letters sent to GP on discharge from the ward and GP invited to CPA reviews Deadline: 01/09/2024
QS 184	Dementia: Preventing dementia, and assessment and management and health and social care support	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 12/05/2023 **Deadline for fully implemented action plan**: 01/09/2024 This baseline assessment was undertaken by Dawn Parkin and demonstrates 100% compliance with QS184, and consequently very low risk as a result There are no immediate actions to be taken as a result of this baseline assessment. However, there is a planned review of services. This review will enable the service to build upon this successful baseline assessment compliance.

Ref	Topic Details	Compliance Status / Main Actions
NG 158	Venous thromboembolic diseases: diagnosis, management and thrombophilia testing	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 12/01/2024 **Deadline for fully implemented action plan**: 07/05/2024 CNTW PGN-01-Venous Thromboembolism (VTE) Reducing the Risk has been reviewed and although there is a list of risk factors, it doesn't specifically cover us of the Wells score or PERC. When the PGN was last updated to take into account the guidance around pregnant women, a flow chart was added which covers the 2 level Wells Score A review of the PGN is required and clarifying actions around identification of VTE – at present it really focuses on prevention rather than identification.

3. **NICE Guidance baseline assessment complete and action plan fully implemented in 2023-2024 (2)**

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
NG 198	Acne Vulgaris: management	**Initial Compliance: Partial** *Update published: 07/12/2023* Submitted for action plan monitoring: 07/02/2024 Deadline for fully implemented action plan: 15/05/2024 **Action plan fully implemented: 13/03/2024** There were three recommendation updates that were relevant to CNTW: 1.5.19 If a person with acne is likely to benefit from oral isotretinoin treatment, follow the MHRA guidance on new safety measures for isotretinoin. 1.5.20 When making a referral to the consultant dermatologist-led team or the nationally accredited GPwER working within a

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		consultant dermatologist-agreed pathway for the consideration of isotretinoin treatment: 1.5.26 If a person is taking oral isotretinoin for acne: • review their psychological wellbeing during treatment and monitor them regularly for symptoms or signs of developing or worsening mental health problems or sexual dysfunction. • tell them to seek medical advice if they feel their mental health or sexual function is affected or is worsening, and to stop their treatment and seek urgent medical advice if these problems are severe Action identified for improvements: 1. Review section 10.5.11 In Utero Exposure of Drugs That Result in Risk of Serious Adverse Effects For The Developing Child in UHM-PGN 02 prescribing Medicines. This section has recently been amended with the MHRA safety information; however the responsibility of the referrer is not made clear. Also it does not specifically state that CNTW prescribers should not initiate, therefore this could be made clearer. **Action complete and approved at MOC on 13/03/2024**
NG 215	Medicines associated with dependence or withdrawal symptoms	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 14/07/2023 **Deadline for fully implemented action plan**: 31/12/2023 This guidance covers general principles for prescribing and managing withdrawal from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary and secondary care. It does NOT cover gabapentinoids prescribed for epilepsy, nor opioids prescribed for acute or cancer pain, or

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		at the end of life, nor management of illicit drug dependence • A total of 60 recommendations assessed were relevant to CNTW • On initial assessment the majority of statements were met either fully or partially • Overall risk assessed as low • The guidance is particularly relevant to a range of mental health conditions including anxiety, insomnia and depression • Elements of the guidance are already built into clinical practice, policy, pathways and commissioning arrangements **Actions:** • Await results of PPT-PGN 21 Benzodiazepine and Z-Drug Prescribing in Anxiety and Insomnia Re-audit and share results with clinical teams. • Review whether this is relevant to nursing NMPs and medical presiders – no further action may be required • Consider either establishing a PPT-PGN for general anxiety disorder or amending PPT-PGN 21 – Prescribing Benzodiazepines and Z-Drugs in Anxiety and Insomnia • Amend PPT-PGN 21 Prescribing Benzodiazepines and Z-Drugs in Anxiety and Insomnia **Action Plan Fully Implemented: 31/12/2023**

4. **NICE Guidance baseline assessments undertaken prior to 2023-2024 that are currently in action planning (5)**

The following baseline assessments are currently in action plan monitoring:

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
NG 197	Shared decision making	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 01/10/2022 **Deadline for fully implemented action plan**: 01/09/2024 The key findings show that on initial assessment, there are few statements met fully or partially. However it is very important to emphasise that this is the general picture in NHS and guidance is slowly being embedded within Trusts. In addition elements of the guidance are enshrined already in clinical practice, policy, pathways and commissioning arrangements. However further work is needed to implement the guideline in full to ensure consistency and improvement. Although a useful benchmarking process and an opportunity to identify skill deficits in the team, our findings raised concerns about simplistic notions of guideline implementation, as a means to improve practice. The aim should be to bear in mind informed patient choice and not focus narrowly on meeting guideline in full as a checklist. It is important to be realistic about the time, staff and operational constraints to implementing this guidance post-pandemic at a time of unprecedented NHS demand. There are realistic limitations of the lack of NICE approved PDAs and time limits for discussions with patients of complex decisions. Any change that can be effective will need the involvement of senior management. This will ensure that any suggested improvements will be able to be supported, at least in theory.

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		Shared decision making, like coproduction is a journey not a commitment. More impact is possible if recommendations are linked with other organisational programmes already taking place. Multitier and chunking of improvements rather than all in one go e.g. starting with south locality where project begun etc. Use established governance channels to secure consensus but be flexible of implementation schedules Localised oversight will ensure population factors unique to individual clinical areas are considered in key forums. Where there are barriers to approach, consider proposing a differentiated prior approval system to improve buy in. Suggested improvements detailed in the action plan are ‘ideal world’ scenario. Senior management involvement. Link with EMPOWER initiatives Raise awareness by rolling out adding Shared Decision Making e-training to dashboard, induction and training workshops. Add three question, COD rule as screen saver, e mail signatures Incorporate Shared decision making to Trustwide Patient and Carer Involvement and Experience Group. Incorporate Shared decision making to medical and nursing Psychiatry curriculum
QS 203	Brain tumours (primary) and brain metastases in adults	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 31/12/2022 **Deadline for fully implemented action plan**: 31/07/2024

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		There are five statements in this guidance. Statements 1 to 4 are not applicable to CNTW: Standard 5: Adults with brain tumours have access to neurological rehabilitation in the community and as an outpatient or inpatient. The assessment demonstrated compliance to NICE QS203. The assessment identified that patients with brain tumours can be referred for consideration for neurological rehabilitation at Walkergate Park through the Single Point of Access referral process for inpatient rehabilitation or the Regional Disability Team for outpatient rehabilitation. Evidence relating to this compliance has been provided by: 1. Wards 1, 3 and 4 of the Neuro-rehabilitation Service Information document (Appendix 3) 2. Regional Disability Team service specification (Appendix 4) The Regional Disability Team Service Specification is currently under review. This will be completed (see action plan) and will be assessed against the applicable standard to ensure continued compliance.
NG 204	Babies, children and young people's experience of healthcare	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 26/09/2022 **Deadline for fully implemented action plan**: 28/07/2024 There were a total of 126 relevant recommendations assessed as part of the baseline assessment. The baseline assessment demonstrated 99% compliance and 1% partial compliance with NICE Guideline NG204. 1.1.7: Ensure that previously expressed needs, preferences or engagement levels are revisited,

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		and give additional or alternative opportunities for discussions or decisions, particularly if personal or clinical circumstances have changed Evidence provided: Care plans co-produced and reviewed with the young people on a monthly basis. Discussed and reviewed within weekly 1-1 sessions with named nurse and Responsible clinician. Whilst this particular statement is not met, there are no risks or costs relating to partial compliance. An additional suggestion for improvement has been made: 1.2.22: Provide written or digital information (for example leaflets, websites, apps) for children and young people that is: • created in partnership with children and young people • engaging for children and young people (for example, containing appealing images, video, audio or animations) • 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 1.1.7 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 1.2.22 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

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		relating to this action as the service meets this statement
QS 179	Child abuse and neglect	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 31/12/2022 **Deadline for fully implemented action plan:** 01/07/2024 The key findings of this baseline assessment demonstrate that CNTW is partially compliant with NICE QS179. An action plan based on improvements to be made to ensure future assessments/audits are fully compliant with Policy. Statement 1: Compliant Evidence to support compliance lies within CNTW 04 Safeguarding Children policy, including training, and Children's Safeguarding Partnership (CSP) guidance (Local CSP Boards). There are no specific recommendations relating to this statement as Trust policy and training is imbedded securely within the safeguarding framework. Statement 2: Partially Compliant: Evidence provided within CYPS service specific models of care and associated pathways, including CPA policy CNTW (C) 48 provide partial compliance with this statement. Statement 3: Partially Compliant: Evidence provided within NTW 04Safeguarding Children policy, training and Children's Safeguarding Partnership (CSP) guidance (Local CSP Boards) and in core assessment clinical documentation provide partial compliance with this statement. Statement 4: Partially Compliant: Evidence provided in information in respect of safe communication within Trust Safeguarding children policy. Statement 5: Partially Compliant:

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		Evidence provided within CYPS assessments, treatments and care plans provide partial compliance with this statement As the baseline provides partial compliance, it is requested that a NICE (Implementation) Clinical Audit to be undertaken. This will review and assess current performance against NICE QS179 in real time with data to be collected as follows: • Require evidence of how many children had a change of practitioner in the last 12 months • Figures of children are supported by MH services because of their experience of abuse / neglect to be provided via an audit of records • Need feedback from young people who have accessed services. Need evidence of staff turnover and use of agency workers and assess if minimal • CPA figures and how reviews are monitored to be reviewed, including transfer for care arrangements
QS 13	End of life care for adults	**Initial Compliance:** Partial Compliance **Submitted for action plan monitoring**: 09/03/2023 **Deadline for fully implemented action plan**: 09/09/2024 Education has previously been provided for staff across CNTW within the Trust's Deciding Right education package which covers in-depth information and scenarios regarding advanced care planning. The Trust are confident in process compliance for staff who work as part of the inpatient services. This level of confidence is not transferrable to community services Currently, there is a single person providing this service within CNTW. It makes it difficult to deliver a 7-day, 24-hour service to those at the end of life.

Ref.	Topic Details / Objective	Compliance Status/Main Actions /Action Plan Deadline
		There are out of hours' pharmacy arrangements in place, with CNTW operating a Trust-wide emergency duty service that allows for 24-hour access to all medication including those involved in the management of end of life care. Staff teams have access to hospice and acute Hospital Palliative Care advice lines and SPC teams. 1. Education to be provided across localities via identified lead persons relating to Emergency Health Care Planning (EHCP's) which could be extended to include more education about Deciding Right and also the regional Care of the Dying document 2. Continue on-going work within Northumberland services supporting training for the pathway (older people) 3. Advanced care planning (ACP) training has been revisited and there is now planning as to how this can become more embedded in practice. Education sessions have been delivered regarding LPA, EHCP, ACP and ADRT as per documents in Deciding Right 4. An increase in education as detailed in response to statement 3 would also help to reinforce the processes and documents available to support access to specialist palliative care advice out of hours 5. A scoping exercise relating to out of hours palliative care has been completed across all CNTW localities; and subsequently a document has been produced containing contact details for these services both in and out of hours so that CNTW teams can access specialist palliative care support available. 6. Presentation to be made to BDG covering Care at End of Life as there are difficulties in getting responses from clinical managers / teams etc

5. **NICE Guidance baseline assessment in progress (19)**
The following baseline assessments are currently underway within 2023-2024

Ref.	Topic Details / Objective	Date Published	Deadline
NG 209	Tobacco: preventing uptake, promoting quitting and treating dependence	04/08/2022	14/06/2024
QS 207	Tobacco: preventing uptake	15/12/2022	14/06/2024
QS 11	Alcohol-use disorders: diagnosis and management	06/07/2023	15/04/2024
NG 232	Head injury: assessment and early management	18/05/2023	30/06/2024
NG 216	Social worker with adults experiencing complex needs	26/05/2022	01/07/2024
QS 167	Promoting health and preventing premature mortality in BAMEG	11/05/2018	14/06/2024
NG 181	Rehabilitation for adults with complex psychosis	19/08/2020	13/05/2024
NG 214	Integrated health and social care for people experiencing homelessness	16/03/2022	17/06/2024
NG 225	Self-harm: assessment, management and preventing recurrence	07/09/2022	01/12/2024
NG 105	Preventing suicide in community and custodial sentences	10/09/2018	01/12/2024
QS 189	Suicide prevention	10/09/2019	01/12/2024
NG 227	Advocacy services for adults with health and social care needs	09/11/2022	31/08/2024
NG 127	Suspected neurological conditions: recognition and referral	02/10/2023	30/09/2024
NG 234	Spinal metastases and metastatic spinal cord compression	06/09/2023	30/09/2024
NG 116	PTSD	05/12/2018	16/06/2024
NG 221	Reducing sexually transmitted infections	15/06/2022	Review 2024
NG 60	HIV testing: increasing uptake among people who have undiagnosed HIV	01/12/2016	Review 2024
QS 157	HIV testing: encouraging uptake	01/02/2017	Review 2024
NG 217	Epilepsies in children, young people, and adults	27/04/2022	Review 2024

6. **NICE Guidance baseline assessment Pending (8)**
The following baselines assessments are currently awaiting a nomination of a suitable lead

Ref.	Topic Details / Objective	Date Published
NG 222	Depression in Adults	29/06/2022
NG 236	Stroke rehabilitation in adults	18/10/2023
QS 76	Acute kidney infection (update)	23/03/2023
NG 224	Urinary tract infection in under 16's: diagnosis and management	27/07/2022
NG 191	Pneumonia in adults: diagnosis and management	31/10/2023
QS 139	Oral Health in the Community	15/12/2016
CG 185	Bipolar Disorder: Assessment and Management	24/12/2023
NG 51	Suspected sepsis: recognition, diagnosis and early management	19/03/2024

7. **Statistical Information**

NICE Baseline Category	Total	%
Compliant at Baseline in 23-24	4	9%
Implemented 23-24	2	5%
Action Plan Monitoring 23-24	5	11.5%
Action Plan Monitoring 22-23	5	11.5%
In Progress 23-24	19	44%
Pending Lead 23-24	8	19%
Total	**43**	

Part 2c

Part 2c

Mandatory statements relating to the quality of NHS services provided

Participation in National Clinical Audits
During 2023-24, **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
EIP	Early Intervention in Psychosis

The **17 national clinical audits** eligible for participation by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2023-24 are shown in the table below:

National Clinical Audits 2023/24 HQIP Directory	
Carried forward from 2022-23	
1.	NA-22-081 Medication Audit in Mental Health Trusts with CYPS Inpatient Provision *
2.	CA-21-0027 NAIF Bed Rail Audit 21-22
3.	NA-22-084 NCAP EIP Re-Audit 22-23
4.	CA-20-0023 NCAP Spotlight Audit 20-21 Physical Health & Employment
5.	CA-21-0014 POMH-UK Topics 1h & 3e: Prescribing High Dose & Combined Antipsychotics
6.	NA-22-043.01 POMH-UK Topic 20b: Quality of Valproate Prescribing in Adults Mental Health Services
7.	NA-22-044 POMH-UK Topic 21a: Use of Melatonin
8.	NA-22-083 POMH-UK Topic 7g: Monitoring of Patients Prescribed Lithium
9.	NA-22-045 British Thoracic Society Respiratory Audit **
New for 2023-24	
10.	NA-23-104 Access Assessments for Admission to Adult Medium and Low Secure Services
11.	NA-23-016.01 NAD Spotlight Audit: Community-Based Memory Services
12.	NA-23-080.02 NAIF 23-24
13.	NA-23-084.02 NCAP EIP Re-Audit 23-24

National Clinical Audits 2023/24 HQIP Directory	
14.	NA-23-084.01 NCAP New Process Pilot Audit 23-24
15.	NA-23-116 POMH-UK Topic 16: Rapid Tranquilisation
16.	NA-23-101 POMH-UK Topic 22a: Use of medicines with Anticholinergic Properties in OP MH Service
17.	NA-23-108 POMH-UK Topic 23a: Sharing Best Practice Initiatives

During the period 2023-24, Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust were registered in 100**%** of national clinical audits in which it was eligible to participate.

There were **2 national clinical audits** not on HQIP directory for 2023-24 that were carried forward from 2022-23, with both being approved for withdrawal at CEC as not applicable, as follows:

***** NA-22-081 Medication Audit in Mental Health Trusts with CYPS Inpatient Provision was withdrawn by CEC on 09.02.24

****** NA-22-045 British Thoracic Society Respiratory Audit did not take place and was withdrawn by CEC on 13.10.23

There were **7 national clinical audits** that Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust completed and closed in 2023-24.

National Clinical Audits		Cases Submitted	Overall outcome
1	CA-21-0027 NAIF Bed Rail Audit 21-22	81 Beds Eligible	Excellent Practice
2	NA-22-084 NCAP EIP Re-Audit 22-23	476	Good Practice
3	CA-20-0023 NCAP Spotlight Audit 20-21 Physical Health & Employment	100	Minor Areas of Concern
4	CA-21-0014 POMH-UK Topics 1h & 3e: Prescribing High Dose & Combined Antipsychotics	230	Minor Areas of Concern
5	NA-22-043.01 POMH-UK Topic 20b: Quality of Valproate Prescribing in Adult Mental Health Services	140	Areas of Concern
6	NA-22-044 POMH-UK Topic 21a: Use of Melatonin	160	Minor Areas of Concern
7	NA-22-083 POMH-UK Topic 7g: Monitoring of Patients Prescribed Lithium	135	Good Practice

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The reports for **7 national clinical audits** were reviewed by the provider in 2023-2024, and Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust with the following agreed actions.

Project		Actions
1	CA-21-0027 NAIF Bed Rail Audit 21-22	The audit demonstrated 100% of care plans were in place incorporating bed rail use, with 93% of falls risk assessments complete. The action plan noted that the current excellent practice should continue, and an annual audit be undertaken to ensure this high standard remains constant.
2	NA-22-084 NCAP EIP Re-Audit 22-23	As part of the NCAP Programme of Audit, the following actions were added to the joint action plan for monitoring. 1. The action plan will focus on improving staff retention by promoting the factors that staff have identified as leading to good retention, namely a) good MDT functioning, b) strong recovery focus of EIP teams, c) skill development of staff, d) good leadership. 2. IT support required when the audit moves to SNOMED activity codes, completed by clinical staff when outcoming appointments. 3. Physical & Public Health Policy to be ratified, with physical health and intervention continue to be monitored as part of this clinical audit action plan.
3	CA-20-0023 NCAP Spotlight Audit 20-21 Physical Health & Employment	1. Review physical health documents on RiO and ensure any amendments required are actioned as soon as possible by liaising with the Informatics Team for changes required to RiO in relation to: • Hypertension • Hyperlipidaemia • Diabetes • CVD 2. Guidelines on RiO in relation to recording family history to be reviewed and amended, to reflect changes made (as above) 3. Promote and distribute information relating to these changes to clinicians and other staff who are responsible for documenting physical health records as part of their role. Discussion to take place on the most effective way to do this.

		4. Review and amend the new Physical and Public Health Policy prior to this being circulated for ratification 5. As per policy, a re-audit within 12 months (Q2 Jul-24) will be discussed as part of the NCAP programme of audit.
4	CA-21-0014 POMH-UK Topics 1h & 3e: Prescribing High Dose & Combined Antipsychotics	1. PPT-PGN-08 Physical Health Monitoring of Patients Prescribed Antipsychotics and Other Psychotropic Medicines be strengthened to include reminder for staff to complete movement disorder assessment as part of physical health monitoring 2. Summary of audit to appear in Safer Care Bulletin or MOC Newsletter. Reminder in MOC Newsletter re HDAT page on RiO 3. Presentation of findings to Locality Q&S re importance of contemporaneous HDAT lists in community. 4. CA-21-0014 reaudit to include promethazine. 5. Hot topics reports to be monitored by MOC.
5	NA-22-043.01 POMH-UK Topic 20b: Quality of Valproate Prescribing in Adult Mental Health Servies	1. Summary of findings to be shared in: • MOC Newsletter • Valproate Oversight Committee • Safer Care Bulletin • Locality Groups • Medical Education Sessions 2. Regular valproate masterclasses continue to be offered to prescribers / clinicians 3. National Shared Care Guideline due to be published shortly – PPT-PGN-25 to be reviewed by VOG in light of this. The national valproate shared care protocol has been removed from the NHS England website, pending review and update in line with the recent MHRA Drug Safety 4. PPT-PGN 25 to be reviewed and simplified to support clinicians and improve compliance with standards. It will also direct staff to report any WGOCP prescribed valproate who do not have a completed PPP via a web-based incident report

		5. Localities to implement a process to review the quarterly valproate data and follow-up any patients identified without a completed ARAF 6. Trustwide roll out of digital system to identifying patients due for annual review that has been piloted in North Cumbria by January 2024
6	NA-22-044 POMH-UK Topic 21a: Use of Melatonin	1. Share findings with locality Q&S Forums and CYPS Trustwide Meeting 2. Proposed Amber to Green+ Shared Care Status (MOC Apr-23) findings me shared with Task and Finish Group 3. Prescribing guidance to highlight all issues identified in this report and signpost to appropriate patient information material 4. PPT-PGN-17 Melatonin in Paediatric Sleep Disorders review to consider alignment of standards around: • Adaflex product to be included with appropriate communications to prescribers around risk of using generic names • Efficacy/safety/tolerability review guidance to be considered for incorporation into template letters • Signpost to unlicensed/off label patient information • Aligned physical health monitoring standards with PPT-PGN-08, e.g. height, weight and sexual development 5. MOC Newsletter Summary: • Raise awareness of licensed preparations – signposting to manufacturer data Signpost to unlicensed/off label patient information
7	NA-22-083 POMH-UK Topic 7g: Monitoring of Patients Prescribed Lithium	1. Identify the patients for whom high risk data is missing to investigate gaps in monitoring and potential patient safety issues. 2. Investigate potential for access to external patient data for audit purposes to include community-based patients. 3. Audit results infographic to be produced and shared to Clinical Teams via Locality Care Groups Community CBUs.

		4. Collate information regarding CTT lithium patient lists and the process in place for keeping this updated and accurate. 5. Ensure 6 monthly calcium monitoring is included in any community team monitoring guidance. 6. Review accuracy of RiO lithium page as part of PPT-PGN 19 Safer Lithium Therapy review 7. Update PPT-PGN 19 Safer Lithium Therapy to include information on documentation of patient discussions regarding toxicity and side effects. 8. Update wording within RiO lithium initiation and maintenance treatment forms to include extra information regarding side effects and toxicity. 9. To review location of Lithium documentation within RiO to assist completion.

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

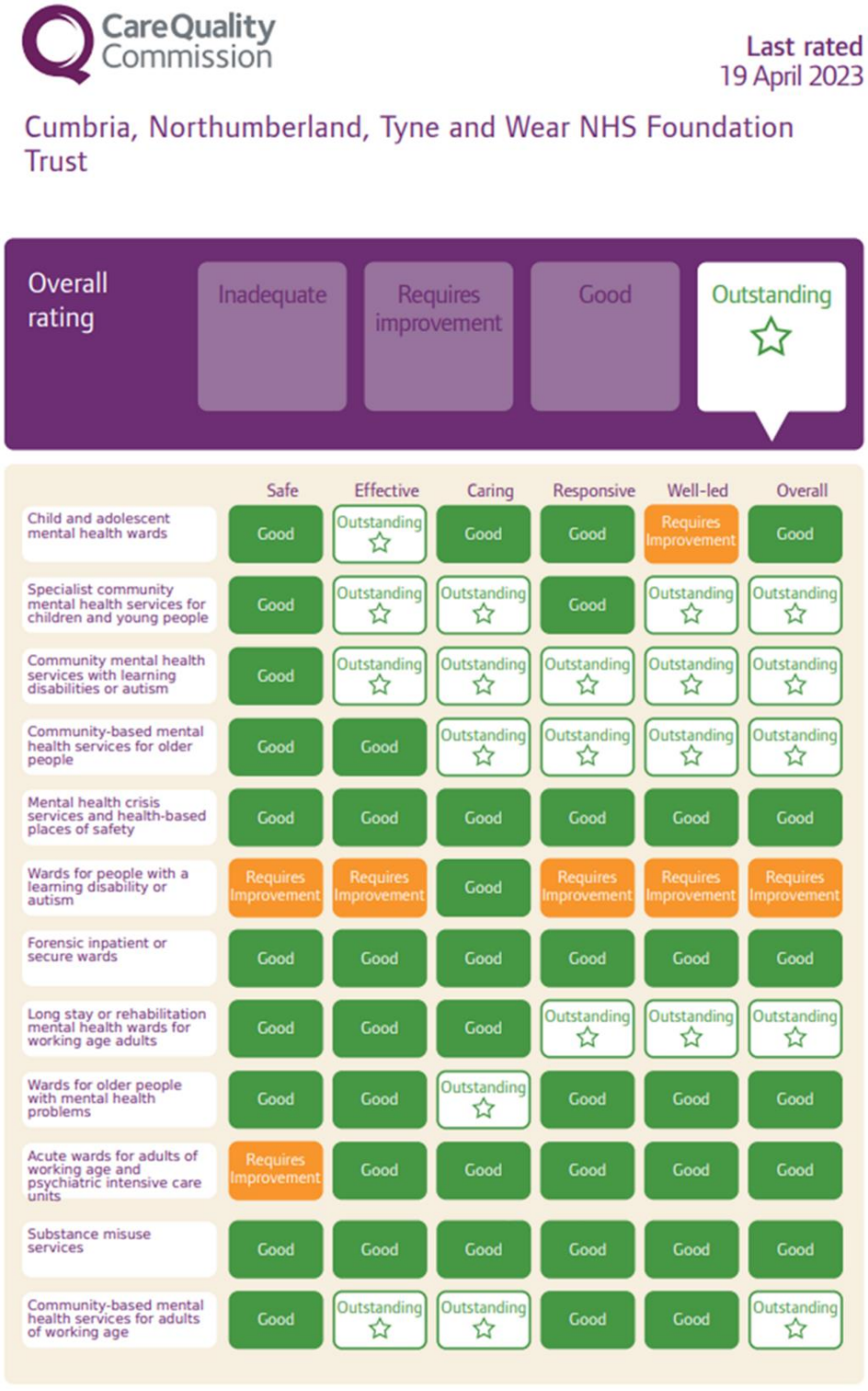
All CQUIN requirements for 2023-24 are fully delivered for Quarter 1 to 4, except for achieving at least 75% uptake of flu vaccinations for frontline staff with patient contact.

There are no CQUIN indicators for 2024-25.

CQUIN Scheme:	Requirements	April - June 2023	July - September 2023	October - December 2023	January - March 2024
Staff Flu Vaccinations	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact				48%
Routine outcome monitoring in community mental health services	Achieving 50% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice.	72%	72%	71%	70% (FutureNHS Collaboration Platform @
Routine outcome monitoring in CYP and community perinatal mental health services	Achieving 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.	55%	54%	52%	48% (FutureNHS Collaboration Platform @ March 2024)
Routine outcome monitoring in inpatient perinatal mental health services	Achieving 55% of inpatients in specialist perinatal mental health services having the same patient-reported outcomes measure (PROM) recorded at least twice and 95% of patients having the same clinician-reported outcomes measure (CROM) recorded at least twice	100%	100%	100%	100%
Reducing the need for restrictive practice in adult/older adult settings	Achieving 90% of restrictive interventions being recorded in adult and older adult acute mental health, PICU and learning disability and autism inpatient settings with all mandatory and required data fields completed.	83%	96%	95%	92% @ January 2024 (NHS Digital MHSDS)

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 2023-24.



External Accreditations

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

Table 10: Current clinical external accreditations (31st March 2024).

External Accreditation	Ward/Department	Location
Accreditation for Working Age Inpatient Wards (QNWA)	Alnmouth	St George's Park
	Shoredrift	Hopewood Park
	Springrise	Hopewood Park
Accreditation for Older Adult Wards (QNOAMHS)	Akenside	Campus for Ageing and Vitality
	Cleadon	Monkwearmouth Hospital
	Roker	Monkwearmouth Hospital
Accreditation for Rehabilitation Wards (REHAB)	Aldervale	Hopewood Park
	Clearbrook	Hopewood Park
	Elm House	Elm House
	Willow View	Willow View
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 (QN-CRHTT)	Newcastle and Gateshead Universal Crisis Team	St Nicholas Hospital
	Northumberland Universal Crisis Team	St George's Park
	Sunderland and South Tyneside Universal Crisis Team	Hopewood Park
Memory Clinics (MSNAP)	Sunderland Memory Protection Service	Monkwearmouth Hospital
Psychiatric Liaison Services (PLAN)	Sunderland Psychiatric Liaison Team	Sunderland Royal Hospital
	Adult Psychiatric Liaison Team	Queen Elizabeth Hospital
Perinatal Quality Network (PQN)	Community Mental Health Team	St Nicholas Hospital
Psychological Therapy (APPTS)	Sunderland Talking Therapies	Monkwearmouth Hospital
Veterans Mental Health Services (QNVMHS)	Op Courage Veterans Mental Health and Wellbeing Service	Hopewood Park

Data Quality

Clinical Record Keeping	We will continue to monitor the use of the RiO clinical record system, learning from feedback and incidents, measuring adherence to the Clinical Records Keeping Guidance and highlighting the impact of good practice on data quality and on quality assurance recording. We will continue to improve and develop the RiO clinical record system in line with service requirements. We will improve staff awareness on the importance of good clinical record keeping through manager training sessions.
CNTW Dashboard development	We will continue the development and implementation of the new updated version of the CNTW dashboards, considering feedback from users, continuing to reflect on current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements and review current metrics. We will develop dashboards in line with the needs of the organisation.
Data Quality Framework	We will continue to 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 further develop a bespoke data quality dashboard.
Mental Health Services Dataset (MHSDS)	We will continue to understand and improve data quality issues and maintain the use of national benchmarking data. We will seek to gain greater understanding of the key quality metric data shared between MHSDS, NHS Improvement and the Care Quality Commission. We will improve our data maturity index score and understand areas where improvement is required including health inequalities data. We will improve the accuracy and recording of data in relation to protected characteristics.
ICD10 Diagnosis Recording	We will improve reporting on and diagnosis recording for service users with a learning disability and/or Autism, ADHD and dementia.
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 develop the current analysis of outcome measures focusing on implementing a system for reporting information back to clinical teams. 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.

North East Quality Observatory (NEQOS) Retrospective Benchmarking of 2022-23 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 2022-23 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 11:

Table 11: Nationally available Quality Account indicators for 2021-22

	Quality Account Indicators	England value	Peer median	CNTW
1	Theme: Morale - NHS Staff Survey (2023)	6.2	6.2	6.2
2	Theme: Staff engagement - NHS Staff Survey (2023)	7.1	7.2	7.1
3	Workforce stability Index, FTEs (%), March 2022 to March 2023	86.2	85.6	89.8
4	National patient safety alerts actioned (%), 2022/23	62.0	100.0	100.0
5	MHSDS Discharges followed up in 72 hours (%), Jan to March 2023	74.1	79.9	90.0
6	Restrictive Interventions Data Quality Score, Jan to March 2023	91.1	79.3	83.9
7	EIP patients treated within 2 weeks (%), March 2023	76.0	73.0	65.0
8	Written complaints per 1000 FTEs, 2022/23	57.5	40.0	65.9
9	People aged 18-69 in contact with MH services at the end of reporting period in settled accommodation (%) March 2023	19.0	25.5	22.0
10	People aged 18-69 in contact with MH services at the end of the reporting period in employment (%) March 2023	5.0	5.0	5.0

Data source: North East Quality Observatory

Learning from deaths

The Serious Incident Framework (2015) continued to form the basis for the Trust's Incident Policy which guided and informed the organisation about reporting, investigating, and learning from incidents including deaths during the majority of 2023-24. On January 22nd, 2024, the Trust transitioned from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF). PSIRF changes the way NHS Providers like CNTW report and respond to Patient Safety Incidents. As a result, CNTW reviewed and updated its incident review processes which are supported by the Trusts new PSIRF policy and Patient Safety Incident Response Plan (PSIRP). To note while PSIRF processes have been in place since January all reported deaths continue to be triaged for review by the Trusts dedicated Clinical Risk and Investigation department as they were under the previous framework.

During 2023-24, 1702 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 a decrease overall in comparison to the 2022-23 period which saw 1777 deaths reported.

- Qtr. 1 – 449 (26%)
- Qtr. 2 – 357 (21%)
- Qtr. 3 – 405 (24%)
- Qtr. 4 – 491 (29%)

Of the 1702 deaths, and in line with Incident Policy (CNTW(O)05) and Learning from Deaths Policy (CNTW(C)12), a number of these deaths fit the criteria for further review (320). 49 were identified as requiring a full Serious Incident investigation (48 of these were STEIS reported and 1 was not). 129 deaths received an initial 72-hour review and 142 deaths progressed from 72-hour review to Local After-Action review.

In addition to the above following the implementation of PSIRF on January 22nd, 2024, one incident in 2022-23 met the criteria for a Patient Safety Incident Investigation (PSII) in line with the PSIRF framework.

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 2022-23 as well as 2023-24.

LeDeR

We continue to report all deaths of people who are service users with an established diagnosis of learning disability and / or autism 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. CNTW reported 59 deaths for LeDeR review between April 1st 2023 and March 31st 2024.

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.
- Psychiatric inpatient at time of death or discharged from inpatient care within the last month.
- Diagnosis of psychosis or eating disorders during the last episode of care.
- Under Crisis Resolution and Home Treatment Team (or equivalent) at the time of death.
- Or case selected at random.

Since June 2023 completed mortality reviews have been presented to a bespoke Mortality Review panel chaired by the Deputy Medical Director (previously they were presented at the Serious Incident Review Panel). Any case meeting the first 2 criteria automatically receive a mortality review, a sample of those deaths that meet the last 3 criteria also receive a Mortality review.

A total of 97 mortality reviews have been completed and discussed at either the Serious Incident or Mortality Review Panel between April 1st 2023, and March 31st 2024. This included a portion of incidents from the 2022-23 reporting period.

A high percentage of these completed reviews highlighted good or excellent care and treatment. Of the 97 reviewed 27 highlighted opportunities for learning and improvement which was shared with the service leads for consideration and action.

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, and more learning could be gained. Of the 97 cases heard only 5 required escalation, they were subsequently reviewed in the After Action Review process.

Serious Incident Reviews

During 2023-24, 75 incidents were presented at the Serious Incident Review Panel. Some investigations that were reported within the 2022-23 reporting period were subsequently investigated and completed in the reporting period of 2023-24. Most cases highlighted only additional / findings opportunities for learning, however out of these 75 there were 35 incidents that highlighted findings felt to be significant in nature.

Summary of Learning from completed reviews.

Over the last twelve months reviews have identified three 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.

Risk Assessment:

Risk assessment generated the largest number of learning points from completed reviews in 23-24. This included the management of risk, risk assessment not being updated, not all risks being considered when completing risk assessments and, risk scoring in the FACE risk assessment tool being underrated.

As a result of CNTW's identified learning in this area, as well as recommendations from NICE, NHSE, Health Education England, and the National Confidential Inquiry into Patient Safety and Suicide (NCISH) to move away from the use of risk assessment scoring tools and checklists, CNTW established a steering group of senior clinicians and operational managers, to review the evidence base and agree to adopt a biopsychosocial approach to risk assessment. A new risk assessment digital form on the patient electronic record replaces the FACE risk assessment tool.

This change will assist our clinicians to engage with patients and carers/family, consent permitting. The new biopsychosocial approach encourages the development of an evidence-based risk management plan and a collaborative safety plan. In addition, this new form will assist clinicians to take a holistic, all-round view of each person's risk factors and how they may change over time, rather than being a 'snapshot' in time. This approach considers how and when someone's risks could increase in the future, and opportunities to minimise those risks. The biopsychosocial approach complements the 5P's formulation model already used within CNTW.

New staff training and resources to support this new approach have been developed and delivered and the new risk assessment form was launched across the organisation, after mandatory staff training, on 8 April 2024.

Record Keeping:

The main themes from these findings include issues with updating or completing core documentation, care planning quality, and contemporaneous record keeping.

Record Keeping findings have been fed into the Trust Records Management group to help inform policy and practice guidance. The Trust's Clinical Records Keeping standards PGN was issued in October 2023.

In addition, the Chief Clinical Information Officer (CCIO) and their associated deputies are now members of Trust wide Patient Safety Learning and Improvement Panel. This will help ensure that future learning related to clinical documentation and record keeping is factored into existing and future quality improvement in this area.

Care Delivery:

The main themes from these findings related to the multidisciplinary team process, following up on concerns and engagement and observation. Significant 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.

Transition to the Patient Safety Incident Response Framework (PSIRF)

CNTW transitioned to the Patient Safety Incident Response Framework on 22nd January 2024. This means that during the period this quality account covers there have been incidents reviewed under both the old Serious Incident Framework and new PSIRF frameworks. It is expected that this arrangement will remain until the end of April when Serious Incidents investigations that were stood up close to the transition date are completed.

The PSIRF Core group, established in Autum 2022 to plan and implement PSIRF for CNTW continues to meet to discuss and manage the transition. The Trust Incident Policy and associated PGNs have been reviewed and are going through policy processes for approval.

A training package has been developed internally to support staff in completing incident reviews using systems review processes (SEIPS methodology). Over 600 Trust staff from across Trust services have attended the sessions delivered over teams by the Clinical Incident leads.

Mandatory PSIRF Training related to the compassionate engagement of those affected by Patient Safety Incidents was procured and delivered to a group of staff on January 11th, 2024.

The terms of reference for the new Patient Safety Learning and Improvement Panel have been developed and approved by Trust wide Safety Group. The first panel is planned for the 18th of April 2024.

Learning and Improvement

At CNTW we aspire to be a learning organisation and as part of this we want to develop a culture where learning and improvement is integrated into what we do. We have established a steering group for the learning and improvement agenda and the first step in developing our approach is the reinstatement of the Learning and Improvement webinars which previously ran pre-pandemic.

The first of the relaunched Leaning and Improvement webinars was held on 18th January 2024. The session was designed to be an introduction to the relaunch and featured an introduction from Dr Rajesh Nadkarni and some personal reflections on the importance of learning from James Duncan and Darren Best. Moving forwards PSIRF learning, and the Patient Safety Learning and Improvement Panel will play an important role in our Learning and Improvement webinars.

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 2024.

The percentage of records in the published data which included the patient's valid NHS number was: **99.87%**

The percentage of records in the published data which included the patient's valid General Medical Practice Code was: **99.93%**

Data Security and Protection Toolkit attainment

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

Clinical Coding error rate

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023-24 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 2023 was presented to the CNTW Trust board in January 2024.

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 12: Community Mental Health survey scores, 2019 to 2023

Health and social care workers	2019	2020	2021	2022	2023
CNTW	**7.7**	**7.6**	**7.3**	**7.1**	**7.2**
National Average	7.2	7.2	6.9	6.9	
Highest national	7.8	7.8	7.8	8.1	
Lowest national	6.2	6.1	6	6	
Score out of 10, higher are better. Scores based on same two questions used in 2019 Data source: CQC					

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

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

During 2023-24 'You Said – We Did' developed to become an important function for wards and teams. Continuing the good work that started in the previous year.

An update on our Service User and Carer Experience Survey - Points of You

During April 2024 we moved from Points of You (PoY) to our new co-developed service user and carer experience survey Your Voice. With this in mind we have taken the opportunity to reflect on the 3 ½ years PoY was in use.

Some highlights from 3 ½ years of PoY are:

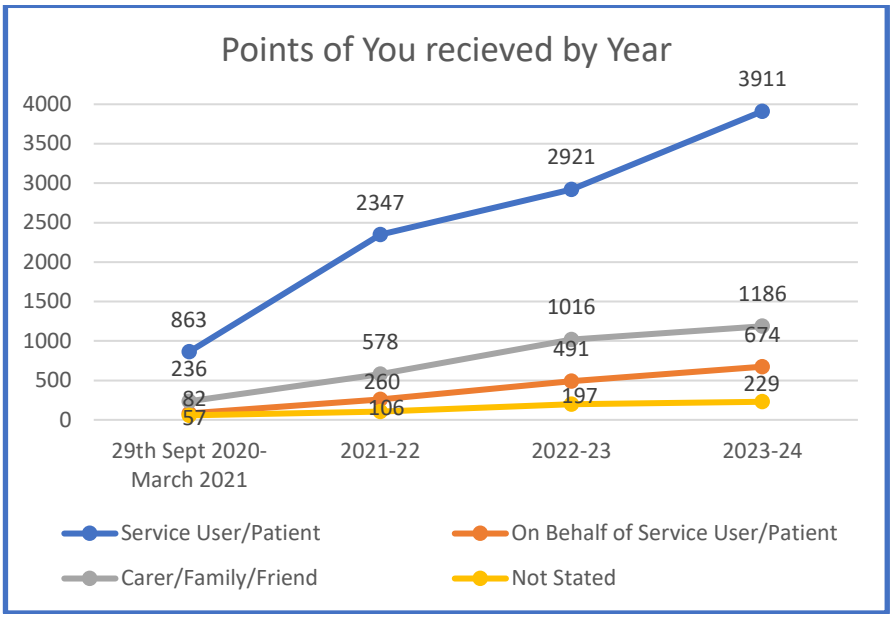
- 15,152 surveys were completed by service users and carers, 10,040 of these were completed by a service user and a further 1,507 were completed for a service user when they could not do this unaided. 3,016 surveys were completed by a carer. 589 surveys were completed where no option was chosen.
- The Memory Protection Service (Sunderland) received the most feedback with 888 surveys.
- The Friends and Family Test (FFT) score for the lifespan of PoY was 8.53 out of 10, this score is around average when compared with mental health providers nationally. National average in February 2024 was 8.7.
- Of the 64,172 themed comments offered through PoY surveys, 75.6% were positive.
- The main themes discussed by service users and carers across the lifespan of PoY were Communications, Patient Care and Values and Behaviours. The majority of compliments related to staff Values and Behaviours.
- You Said – We Did posters are now routinely produced by approximately 45% of wards and teams, with the North locality producing 100% of theirs during quarter 4 of 2023-24.

PoY was introduced in late September 2020 and was the main way service user and carers shared their experience of our services for almost 3 ½ years. During that time we faced limitations in how we made the survey available for almost 15 months due to the restrictions the Coronavirus pandemic placed on all NHS service providers.

These restrictions included not being able to send surveys out as a letter or making surveys available on wards and in community service due to infection control concerns.

In the 3 ½ years, 15,152 surveys were completed by service users and carers. 10,040 of these were completed by a service user, 1,507 were completed by someone supporting a service user to share their experience, 3,016 were completed by a carer, relative or friend of a service user and 589 were completed by someone who shared an experience of a service without letting us know if they were a service user or a carer.

Graph 3 shows that the Trust received more experience feedback through PoY year on year. You will also see that the best year for PoY surveys was 2023-24 when 6,000 surveys (39.6% of all surveys) were offered to the Trust by service users and carers. This rise coincided with the introduction and embedding of the You Said – We Did poster system which will be discussed later in this report.



Graph 3. Points of You received by person type (2020-21 is a partial year)

Graph 3 shows that service user/patient feedback had the most significant year on year rise. Carer/Relative/Friend feedback levels rose each year, however the rise between 2022-23 and 2023-24 was only slight in comparison to previous years. A focus on the Carers Promise and the Triangle of Care should see Your Voice experience survey levels from carers continue to increase during 2024-25, as supporting carers to be heard is a priority in both.

During the lifespan of PoY, 246 teams received feedback, with 46 teams receiving over 100 completed surveys.

Table 13 shows the 14 teams that received over 200 completed surveys. It is notable that 5 of these 14 teams are memory services, with all localities represented by these teams. Memory Protection Service (Sunderland) are the team with the most feedback, with 888 completed surveys between September 28th 2020 – March 2024.

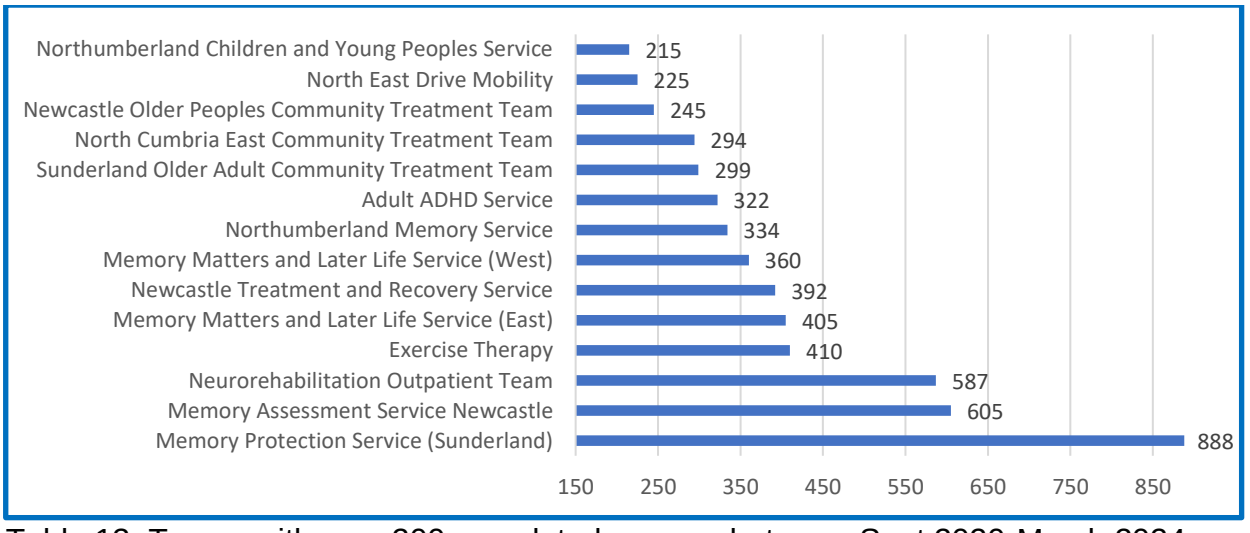
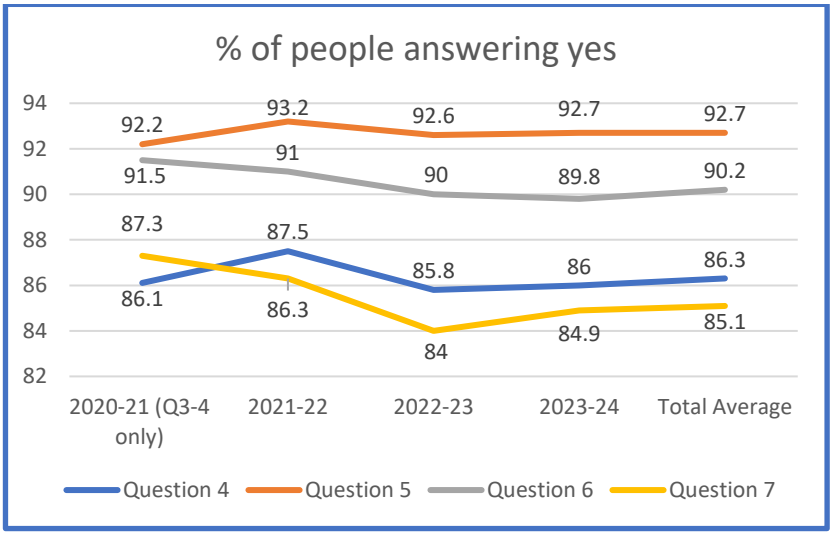


Table 13. Teams with over 200 completed surveys between Sept 2020-March 2024

Questions 4-7 of PoY provided the Trust a score for people answering 'Yes' to these questions. This approach has been useful in easily identifying areas of satisfaction as well as areas the Trust could improve. The table below shows the percentage scores for each question across the life of PoY.



Graph 4. Percentage of people answering yes to questions 4-7 of PoY

Question 4: Did we listen when making decisions about care and treatment? Peaked in 2021-22 with 87.5% of people answering the question with 'yes' as the response. The lowest score of 85.8% was during 2022-23 at which point supporting people to feel listened to became a Quality Priority. The score recovered slightly in 2023-24.

Question 5: Were staff kind and caring? Is the best performing question for the Trust with an average score for the life of PoY of 92.7% of people answering 'yes'. The peak score for this question was during 2021-22 when 93.2% of people answered 'yes'.

Question 6: Did you feel safe with our service? Is our second best performing question with an average score of 90.2% people answering 'yes' to this question. It should be noted that the score for this question has decreased year on year which would benefit from further investigation.

Question 7: Were you given information that was helpful? Has unfortunately been the question the Trust has had the worst scores for. With an average score of 85.1% of people saying 'yes' information was helpful. The main themes of people saying 'no' have been people being promised information and then not receiving it, or when it arrives it is not useful.

Highlights

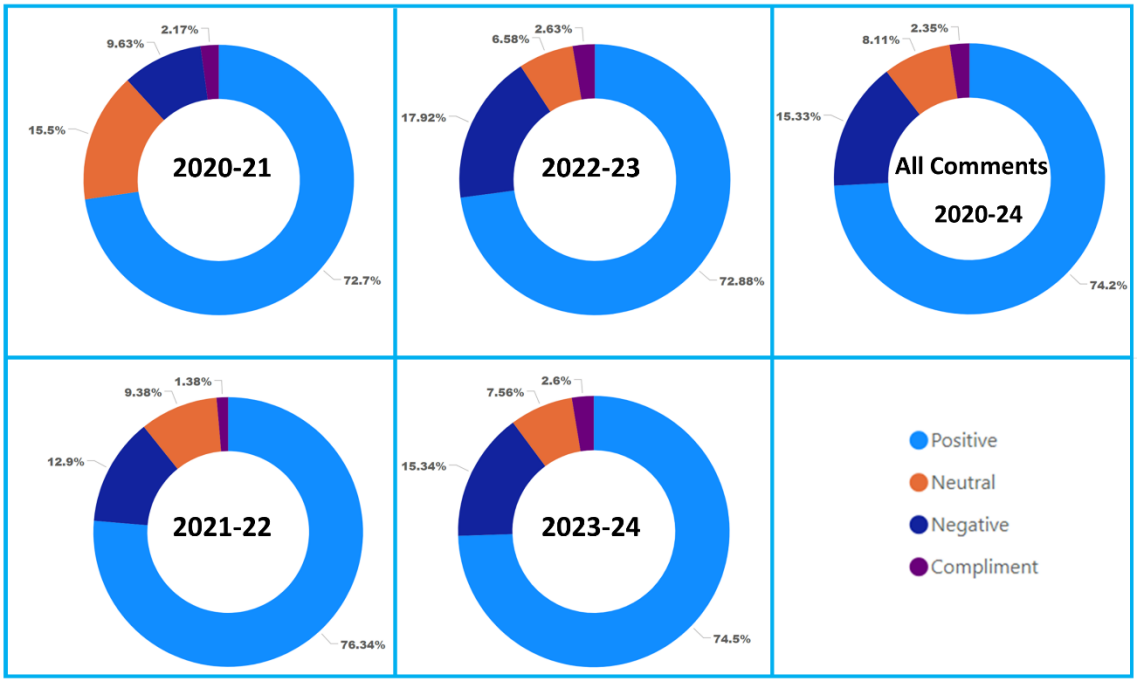
Question 1 of the PoY experience survey is the Friends and Family Test (FFT) question. This question is set by NHS England and all Foundation Trusts are required to ask it.

The question is: 'Overall, how was your experience of our service?', with the person answering from a set list of options from 'Very Good' to Very Poor'. Each chosen answer gives a score that leads to an average position over time.

The FFT question offers the Trust the opportunity to compare the overall satisfaction locally and with similar Trusts. During the 3 ½ we have been reporting we have consistently been an average scorer nationally. The average score across the lifespan of PoY was 8.53 out of 10.

All question in the PoY experience survey offer the opportunity for service users and carers to share their experiences through a text box function. These comments are themed by the Commissioning and Quality Assurance team and included in a dashboard that all staff can access. Graph 5 shows how these comments were as a percentage year by year as well as over the lifespan of PoY.

During the lifespan of the survey 64,172 comments were themed, offering wards and teams the opportunity to explore the themes and respond to them. 47,618 of the comments were positive in theme (74.2%), a further 1,509 (2.4%) comments were compliments about staff members or the service received, meaning that combined 76.6% of all comments received were positive. The peak year for positive comments was 2021-22, when positive comments and compliments combined to total 77.7% of all comments.



Graph 5. Theme breakdown by year and all time (2020-21 is a partial year)

Negative comments during the lifespan of PoY totalled 9,804 or 15.3%. The first 6 months of PoY were also the best period for low levels of negative comments, with 9.63% being themed negatively.

The peak for negative comments was 2022-23, when 17.9% of all comments were negative. 2023-24 was the closest year to the overall average, with 15.3% of all comments being themed negatively, this coincides with the year the Trust received the highest levels of feedback, when the Trust received 6,000 of the 15,152 received in total.

It can be considered a positive reflection on people's experience of Trust services that there have been over 5 positive comments to every negative comment received over a 3 ½

year period, in a time that included a global pandemic and significant disruption to services and changes in how they are delivered as a result.

The comments as well as being themed into positive, negative and neutral are also assigned a main and sub-theme. Table 14 shows the main themes as percentages across the lifespan of PoY.

It is notable that although there are fluctuations across the years, the main themes (both positive and negative) have remained ‘Communications’ ‘Patient Care’ and ‘Values and Behaviours’.

The most common theme for compliments has remained ‘Values and Behaviours’ across all years, with staff being ‘Kind/Caring/Friendly’ being the most discussed sub-theme of this main theme.

The most common theme for positive comments has been ‘Values and Behaviours’ overall, however in 2022-23 this theme was overtaken by ‘Patient Care’, this was a temporary disruption to the status quo however, as ‘Values and Behaviours’ was again most popular for positive comments in 2023-24.

As with compliments, the most common sub-theme for positive comments in the ‘Values and Behaviours’ main theme is staff being ‘Kind/Caring/Friendly’.

Theme Category	Sept 28th 2020 - March 2021				2021-22				2022-23				2023-24			
	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		0.62%	3.85%	1.99%		0.45%	1.53%	2.41%		0.73%	3.30%	2.71%		0.44%	1.73%	1.47%
Admissions and Discharges		0.07%	0.62%	0.99%		0.06%		1.11%		0.12%	0.73%	1.13%	0.14%	0.06%	0.59%	1.03%
Appointments		1.50%	4.15%	3.47%		1.69%	5.69%	5.51%	0.91%	1.89%	4.85%	5.37%	1.29%	2.00%	3.07%	5.69%
Clinical Treatment		0.42%	1.08%	0.99%		0.46%	1.36%	0.74%	0.18%	0.57%	1.84%	1.02%	0.29%	0.93%	1.39%	1.15%
Communications	21.98%	25.19%	27.69%	32.75%	20.81%	28.09%	24.81%	30.96%	27.01%	31.52%	26.80%	36.92%	25.68%	31.17%	27.60%	34.42%
Facilities		2.03%	12.62%	5.71%		1.43%	7.22%	7.74%	0.36%	1.22%	5.07%	5.45%	0.57%	1.21%	4.51%	8.06%
Other			1.08%	1.49%		0.52%	16.48%	1.80%		0.29%	12.48%	0.59%	0.43%	0.42%	18.63%	1.17%
Patient Care	14.29%	31.66%	33.38%	30.52%	18.50%	31.08%	30.59%	29.97%	27.37%	31.44%	30.54%	24.95%	19.23%	27.72%	25.82%	22.58%
Prescribing		0.49%	1.54%	4.22%	0.58%	0.31%	1.02%	1.42%		0.35%	1.32%	1.18%	0.14%	0.24%	1.09%	0.95%
Privacy, Dignity and Wellbeing		0.16%	0.15%	1.49%		0.37%	0.68%	0.50%	0.36%	0.54%	0.44%	0.51%		0.17%	0.20%	0.37%
Staff Numbers		0.03%	2.15%	1.24%		0.03%	1.78%	2.35%		0.07%	2.13%	3.73%		0.08%	2.13%	2.44%
Trust Admin/ Policies/Procedures		0.07%	0.15%	1.24%		0.09%	0.08%	0.31%		0.07%	0.37%	0.59%		0.20%	0.40%	0.88%
Values and Behaviours	63.74%	37.24%	8.62%	9.68%	60.12%	34.93%	6.12%	8.61%	43.80%	30.68%	7.49%	7.19%	52.22%	34.93%	9.66%	9.70%
Waiting Times		0.52%	2.92%	4.22%		0.48%	2.63%	6.56%		0.51%	2.64%	8.67%		0.44%	3.17%	10.09%

Table 14. Main themes of comments by financial year

Neutral comments account for 5,194 of all comments or 8.1%. The main themes for these comments have been in relations to ‘Patient Care’ and ‘Communications’, this is a different profile to the positive comments as previously discussed, where ‘Values and Behaviours’ feature heavily.

Negative comments totalled 9,804 or 15.3% of all comments themed. The most common theme in all years for these comments was ‘Communications’, with 3,403 (34.7% of negative comments) of all negative comments relating to this theme.

Within the negative comments, the most common sub-theme is ‘Being Listened To’ with 676 comments, with not feeling a staff member was hearing the service user or carers point of view on care being most common in the comments, although it should be noted that since being listened to was the focus of a Quality Priority in 2022-23, it was not the most common sub-theme during that year. Supporting the use of Quality Priorities to address problem areas as they present themselves.

You Said – We Did

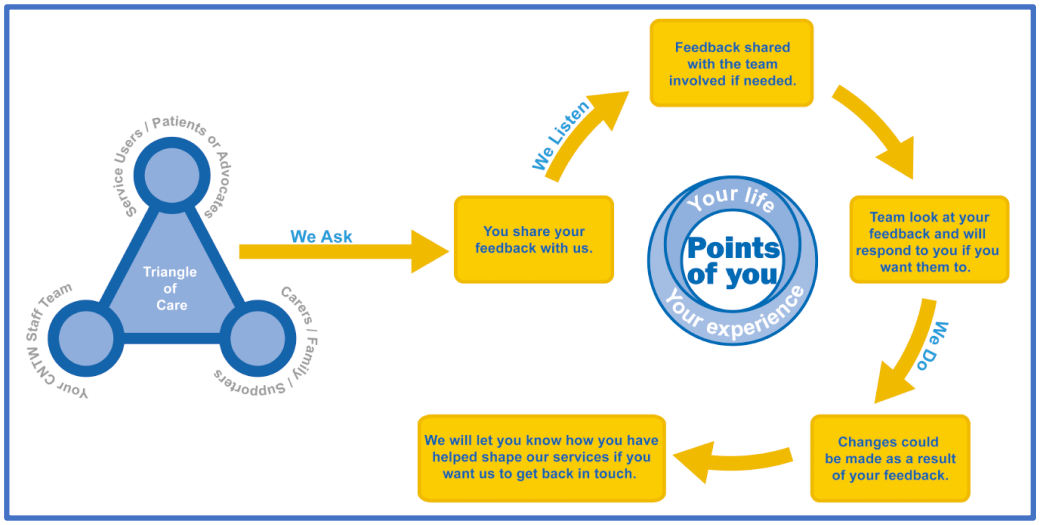
You Said – We Did (YSWD) is a monthly opportunity for teams to respond to the themes that emerged in the previous month. This happens through choosing a comment from a service user or carer that is representative of a dominant theme and responding as a team.

YSWD has been used informally by many wards and teams in the Trust for many years. In late 2022 a centralised system was made available to all wards and teams to support being responsive to experience feedback as a monthly process.

The system is attached to the PoY dashboard and was designed to be a simple 2 step process that any staff member can carry out, without the need for ratio access.

After a launch in quarter 3 2022-23 it became clear that there was some hesitance to use the YSWD system and a more focused approach of informing localities and CBUs was started. By late quarter 4 2022-23 there were signs the process was becoming part of everyday business by some core early adopters, many of these being in the South locality.

YSWD is 'Listen' and 'Do' part of the [NHS England » Ask Listen Do – feedback, concerns and complaints] process that PoY supports. Something that the CQC are actively looking for evidence of during their visits. See the infographic below that explains the process and how PoY and YSWD fit into this process.

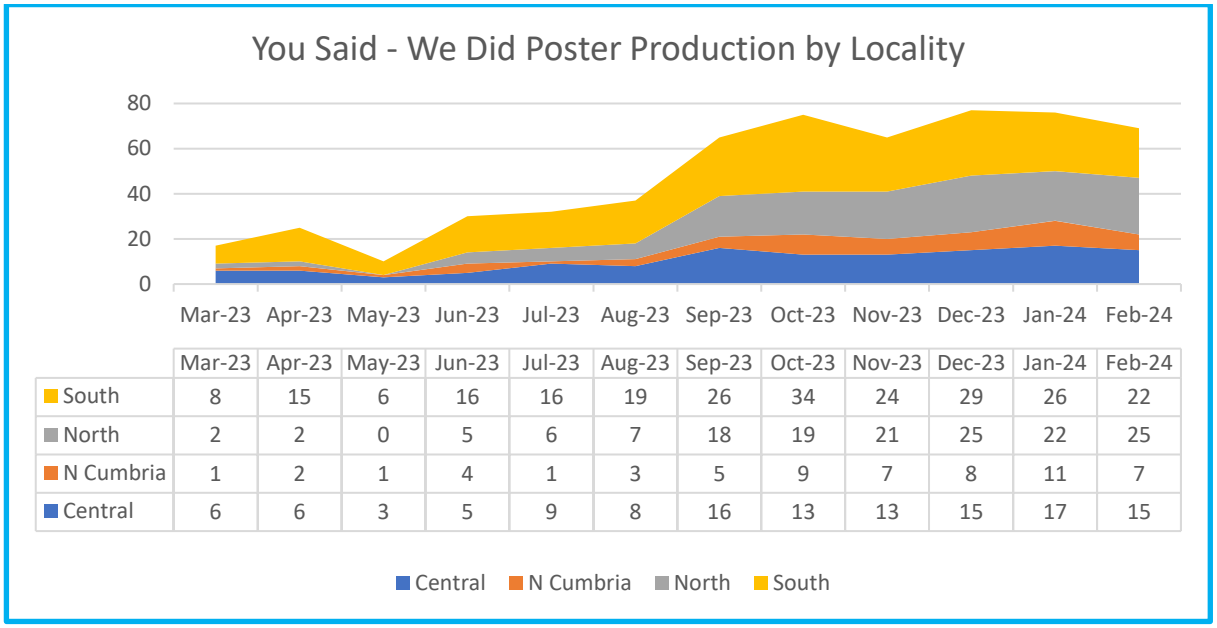


Headline Figures and Highlights

Quarters 3 and 4 2023-24 have seen significant and sustained uptake in YSWD posters being produced.

The best practice approach has been seen in the North Locality when posters were created by all teams or wards who had feedback for December, January, and February. This was after all inpatient wards in the North Locality had created a poster using November's PoY feedback.

This approach was led by Carer Involvement Leads and Peer Supporters who after guidance from the Commissioning and Quality Assurance team set about working with wards to understand and use the process.



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
South	8	15	6	16	16	19	26	34	24	29	26	22
North	2	2	0	5	6	7	18	19	21	25	22	25
N Cumbria	1	2	1	4	1	3	5	9	7	8	11	7
Central	6	6	3	5	9	8	16	13	13	15	17	15

Graph 6. Numbers of You Said – We Did posters produced by locality March 2023-February 2024

The South Locality adopted the YSWD process in high numbers (in comparison to other localities) from the first months it was available, although there is no systemic approach as discussed earlier in relation to the North Locality. The South Locality have generally produced between 50-60% of the posters they could have, based on the number of teams with feedback in any month.

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 15: Self-assessment against the Single Oversight Framework as at March 2023

	Time	Trustwide	Newcastle/ Gateshead	Northumberland	North Tyneside	South Tyneside	Sunderland	North Cumbria
% in settled accommodation	2023-24	67.8%	71.6%	75.2%	80.2%	69%	64.7%	66.3%
% in employment	2023-24	8.8%	8.4%	11.6%	11.8%	4.8%	5.2%	9.5%
Cardio Metabolic								
EIP	31.02.2023	56.7%						
DQMI	Nov 2023	94.4%						
IAPT Recovery	March 2023	59.4%					53.6%	51.4%
RTT% incomplete waiting less than 18 weeks	2023-24	99.2%	99.4%	99.6%	98.8%	99.3%	97.2%	
EIP	2023-24	77.7%	72.7%	67.2%	71.4%	96.2%	92.3%	75.9%
IAPT 6 Weeks	March 2024	98.5%					98%	99.6%
IAPT 18 Weeks	March 2024	100%					100%	100%

Performance against contracts with local commissioners

During 2023-24 the Trust had a number of contractual targets to meet with local authorities. Table 16 below highlights the targets and the performance of each local authority area against them for quarter four 2023-24 (1 January 2024 to 31 March 2024).

Table 16: Contract performance targets 2023-24 Quarter 4

Performance against contracts	Newcastle / Gateshead	Northumberland	North Tyneside	South Tyneside	Sunderland	N Cumbria
CPA review 12 months	93.3	96.2	97.4	95.6	88.7	69.3
CPA Risk Assessment	98.2	97.2	96	95.1	96.6	88.5
CPA Crisis & Contingency	95.2	94.3	91.9	93	96.3	80.4
Number inpatients followed up within 72 hours	90.7	95.8	91.9	96.2	94.5	88.2
DTOCs	9.7	6.7	10.4	10.7	11.4	13
RTT referrals waiting less than 18 weeks	100	97.9	100	100	100	100
Valid NHS number	100	100	100	100	100	100
Valid ethnicity	91.9	92.8	82.7	90	94.6	94.1
Number of people who have completed IAPT Treatment					56.6	51.2
EIP	68.2	56.3	88.9	100	80	100

Statutory and Mandatory Training for 2023-24

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 2023-24.

Table 17: Training position as at 31 March 2024

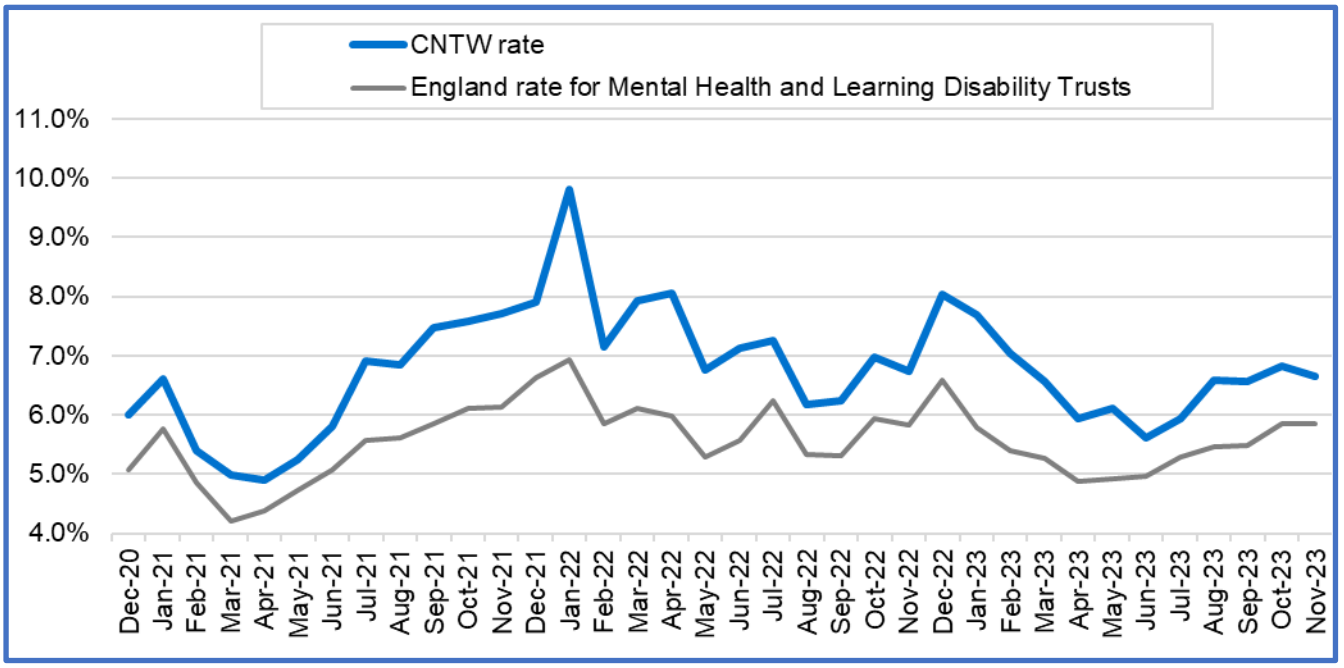
Training Course	Position at 31/3/2022	Position at 31/3/2023	Position at 31/3/2024
Fire Training	82.80%	86.90%	87.90%
Health and Safety Training	91.50%	93.50%	94.50%
Moving and Handling Training	89%	91.50%	93.70%
Clinical Risk Training	72.30%	82.10%	73.30%
Clinical Supervision Training	77.40%	80.30%	79.30%
Safeguarding Children Training Level 1	81%	95.30%	96.30%
Safeguarding Children Training Level 2		82.80%	91.30%
Safeguarding Children Training Level 3		79.10%	86.10%
Safeguarding Adults Training Level 1	86.60%	95.40%	96.40%
Safeguarding Adults Training Level 2		87%	93.80%
Safeguarding Adults Training Level 3		75.40%	83.50%
Equality and Diversity Introduction	91%	94.20%	95.20%
Hand Hygiene Training	88.80%	92.50%	92.80%
Medicines Management Training	84.40%	83%	61.40%
Rapid Tranquilisation Training	79%	77.20%	68.30%
MHCT Clustering Training	57.20%	58.70%	50.90%
Combined MHA	61.30%	67.60%	65.30%
Seclusion Training	69.60%	71.50%	53.50%
PMVA Basic Training	38.20%	54%	63.10%
PMVA Breakaway Training	71.30%	73.10%	72%
Information Governance Training	86.40%	90.30%	91.90%

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

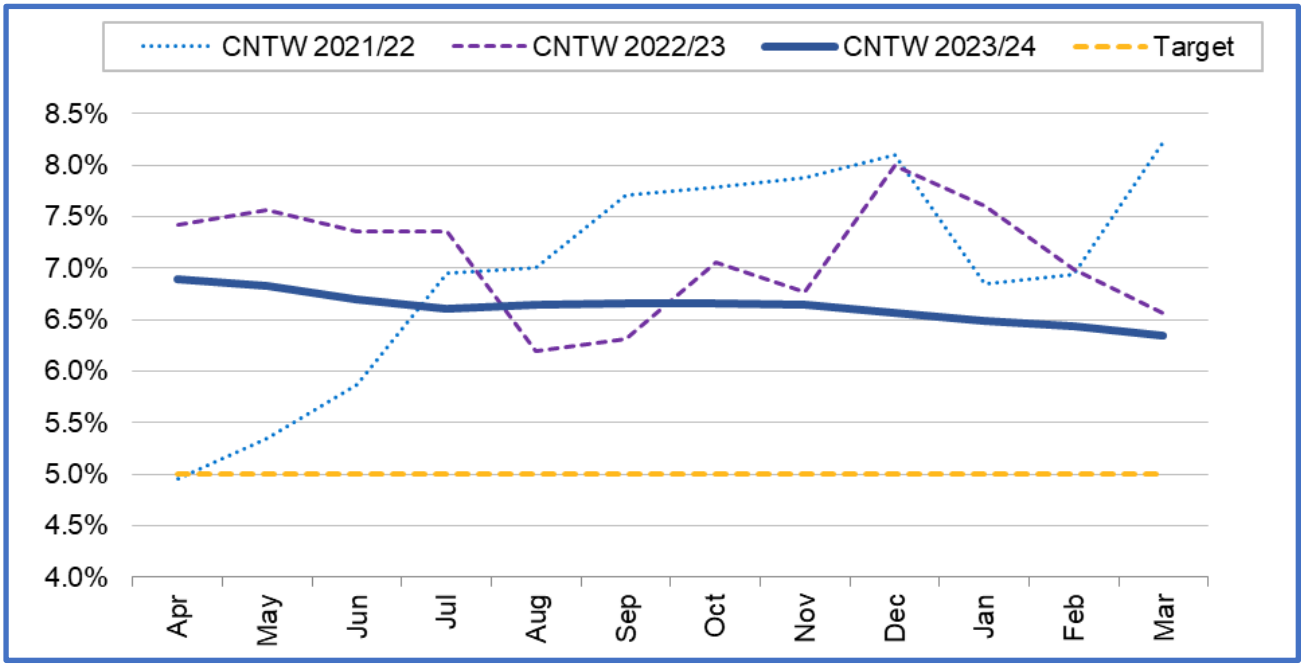
Staff Absence through Sickness Rate

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

Graph 7: Monthly staff sickness, CNTW and national, December 2020 to November 2023



Graph 8: CNTW sickness rates 2023-24 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 2023

The survey opened on 21 September 2023 and closed on 24 November 2023, an eight-week period for completion. There were 7965 members of staff were eligible to take part in the survey, 3302 staff completed the survey giving an overall response rate of 41%.

Following a thorough review of the 2023 staff survey findings, the Trust has begun identifying targeted initiatives to address areas requiring improvement and staff concerns. These initiatives build upon successful programs implemented in response to the 2022 survey results. Our actions are set out below.

In 2023 it has been the first year that the NHS Staff Survey has been opened to bank workers. 109 bank workers took part in the survey providing an overall response rate of 20% of the bank workforce. As this is the first survey undertaken for bank workers, there is currently no comparison data from previous years.

Recognising the importance of localised action and transparency across the organisation, the Trust is implementing a new Staff Survey Dashboard launching in Spring 2024. This interactive tool will empower managers to view and compare results, enabling them to address staff concerns at a departmental level. Progress will be monitored through established local assurance groups. The bank worker survey results will also be available using this dashboard.

Transparency remains a core value. The 2023 results will be disseminated broadly across the organisation. This includes key findings presentations at Trust Board, People Committee, Council of Governors, Staff Side, and Corporate and Operational Directorate meetings.

The 2023 survey delivery transitioned to a fully electronic format, whereby all staff received an email with a dedicated link to their individual survey.

The 2023 response rate is down 6 percentage points on our response rate of 47% in 2022. The 2023 median response rate for Mental Health and Learning Disability Trusts was 52%. This is the third 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 18: Staff Survey response rate 2020-2023

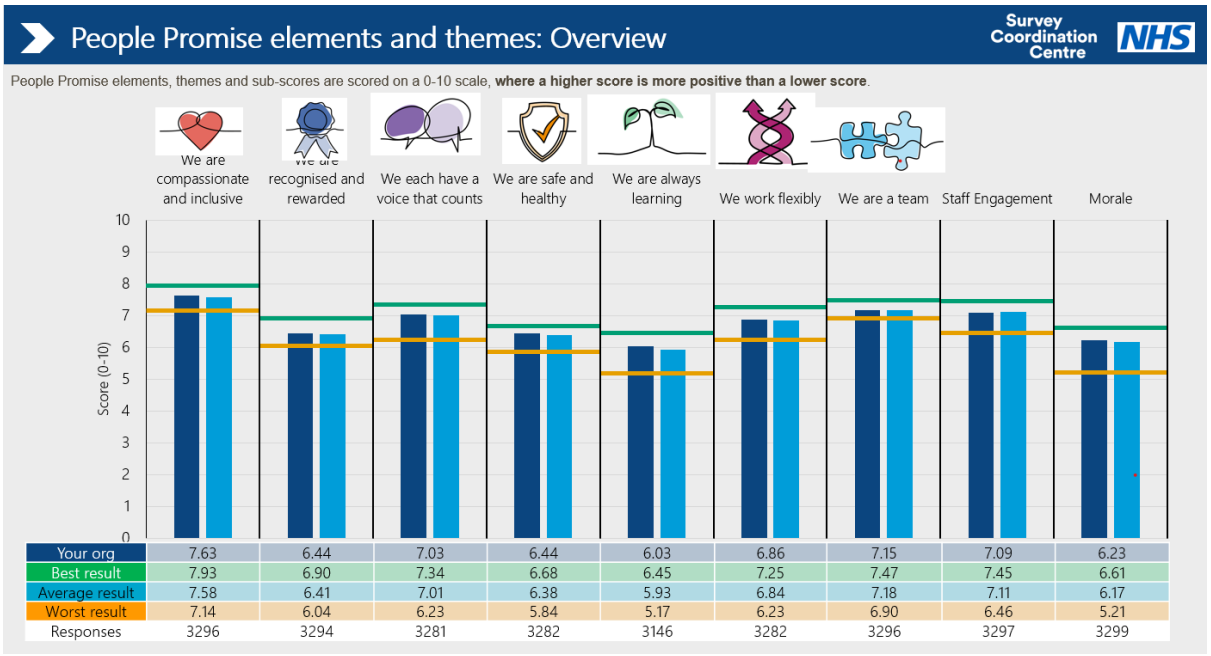
Response Rate	2020	2021	2022	2023
Trust	50%	45%	47%	**41%**
National Average (Mental Health/Learning Disability)	49%	52%	50%	**52%**

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

- The Trust is above benchmark average in all areas of the People Promise themes except for Staff Engagement with a difference of 0.2 and ‘We are a Team’ with a difference of 0.03
- We have seen a decrease overall in the following areas compared to 2022 results ‘we each have a voice that counts, we are safe and healthy, we are a team and morale’

Graph 9: People Promise elements and themes



Actions

- Continued communication to staff from previous Staff Surveys and Quarterly Staff Survey results around the themes of the People Promise (feedback into action)
- Line Manager guides and animations for initiatives relating to actions from results of the staff survey, flexible working, wellbeing, and retention (e.g. Stay Conversations)
- ESR project to strengthen reporting on flexible working and wellbeing conversations to enable ‘hot spots’ to identify additional support
- Launch of the new Staff Survey Dashboard to enable full transparency of results and localised improvements
- Continue work on improvements to inclusive recruitment
- Review of Appraisal policy to support embedding of ‘With You in Mind’ values and improved monitoring of quality appraisal through the ESR system
- Relaunch of the Health and Wellbeing Conversation toolbox for staff and managers
- Further discussion to be held to agree Trust priorities at People Committee and management groups.

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

NHS
North East and
North Cumbria

Commissioner Statement from

North East and North Cumbria Integrated Care Board Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Quality Account 2023/24

The North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT) and has a responsibility to ensure that the healthcare needs of the patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and comment on the Annual Quality Account for CNTWFT for 2023/24 and would like to offer the following commentary:

As with many NHS organisations across the country, CNTWFT has faced another challenging year, managing increasing service demands and unprecedented industrial action. The ICB would like to commend the Trust and all its staff for the excellent commitment and dedication demonstrated to ensure that patient care continued to be delivered to a high standard.

The quality of services delivered, and associated performance measures were the subject of discussion and challenge at the Quality Review Group (QRG) meetings. These meetings provided an opportunity to gain assurance that robust systems were in place to support the delivery of safe, effective, and high-quality care. The meetings continued during 2023/24 but were stood down in March 2024 to facilitate greater integration between the ICB and Trust, with ICB members attending relevant internal Trust meetings. The ICB would like to take this opportunity to thank the Trust for their engagement in the QRG meetings and look forward to attending and contributing to the Trust's internal meetings to continue obtaining assurance.

The Trust is congratulated for remaining one of only seven Mental Health and Learning Disability Trusts in England to be rated as *'outstanding'* by the Care Quality Commission (CQC) as of 1 April 2024. The ICB is reassured that the Trust has

addressed most of the areas identified for improvement by the CQC following the two focused inspections in 2022, specifically in relation to wards for people with a learning disability or autism, and acute wards for adults of working age and psychiatric intensive care units. It is also acknowledged that the transfer of mental health and learning disability services from North Cumbria in October 2019 included 37 areas for improvement identified by the CQC; of these 27 areas have been actioned and work continues to address the remaining areas for improvement.

The ICB commends the Trust on the good progress made in its quality priority to reduce restrictive practices, which was partially achieved. Reductions have been made in all areas, with substantial reductions in seclusion of between 50-75% over the past two years and prone restraint during 2023/24. Implementation of the Trust's bespoke Talk 1st initiative and the national HOPE(S) Clinical Model contributed to these reductions. Comprehensive staff training has been implemented across the Trust, including human rights train-the-trainer sessions, the barriers to change workshops, and awareness sessions. The successful joint conference with Tees, Esk, and Wear Valleys NHS Foundation Trust, attended by over 180 delegates, highlights the Trust's commitment to professional development and knowledge sharing. Whilst progress has been made in this priority, the ICB supports the continuation of this work into 2024/25 as part of the safety improvement theme priority, with further efforts by the Positive and Safe team to reduce restrictive interventions in children's and young people's inpatient services and adult autism inpatient wards.

The ICB acknowledges the achievements made by the Trust in its therapeutic engagement and observation priority, which was partially met. The initiative's aim is to ensure sensitive monitoring and rapid responses to changes in inpatients of behavior, mental state, and well-being is commendable. Progress includes the review and update of the engagement and observation policy and the launch of a new training package, with a goal of 95% completion. Additionally, improvements in the audit tool and techniques, along with compliance arrangements, have been implemented across all Clinical Business Units requiring improving. It is positive to note that engagement and observation are now integral topics in clinical supervision. It is acknowledged that the 95% training target was not met and all localities will continue to monitor this until compliance is achieved. The positive feedback from staff on the new training, highlights its comprehensive nature and practical application. The collaborative development of personalised care plans with service users is commended, fostering more meaningful engagement, and enabling teams to improve the planning of group activities and allocation of resources.

The ICB congratulates the Trust on successfully achieving the priority to reduce waiting times in Children’s and Young People’s Services, which is an excellent achievement. This has resulted in the redesign of the mental health and neuro developmental pathways, as well as the standardisation of processes across the Trust. Notably, the mental health and learning disability service specification and needs led

referral form have been agreed and will be implemented with partners during 2024/25 to ensure a standardised approach, with proposals to address long waiters signed off by the ICB. The ICB looks forward to seeing the impact of these new pathways and processes on waiting lists in the coming year.

The Trust completed their initial aims to implement the Patient Safety Incident Response Framework (PSIRF) priority, including the development of their patient safety incident response plan. The Trust formally transitioned to PSIRF in January 2024, following agreement with the ICB. It is encouraging to note the wide range of PSIRF engagement events involving staff, service users and carers. Additionally, the development and launch of in-house staff training on SEIPS methodology, with over 600 staff members trained, in the new approaches to investigation is an excellent achievement. The ICB fully supports the continuation of the PSIRF priority in 2024/25, including the recruitment of patient safety partners, and the development of the workplans for the PSIRF priorities and plans for their delivery.

The ICB notes that the closed cultures priority was in response to the Trust's review of the findings from the care and treatment of patients provided at the Edenfield Centre in Manchester, which identified several areas requiring strengthening. The Trust is commended for the initiatives introduced as part of this work; including the development and soft launch of a live dashboard which brings together a range of patient and staff indicators to identify early warning signs, the development of a new quality framework, Board, Director and Governor service visit programme and healthcare assistant workforce development programme. The ICB recognises that this priority was partially met and supports the Trust in continuing the roll out of the dashboard and focusing on closed cultures as part of their ongoing work around reducing restrictive practice, violence and aggression and leadership development.

The ICB congratulates the Trust on achieving the governance review priority. The comprehensive review of the Trust's governance framework has resulted in fewer meetings, reduced duplication, and clarified the purpose of meetings, forums and decision making. The Board's self-assessment against the CQC Well Led framework, which led to the changes, is commendable. It is positive to note in Quarter 4, the Trust implemented a new approach to risk management, including a new policy, process, and training package. It is reassuring that the annual Risk Management and Board Assurance Framework Internal Audit provided substantial assurance. Additionally, it is good to see that an audit will be built into the internal audit planning process to review the new risk management policy and embedding of the learning and training across the Trust after 12 months.

The Trust is commended for achieving the priority to reduce reliance on unregistered agency staff, which aimed to improve consistency of staffing, quality of care, and patient experience, as well as addressing the Trust's financial responsibilities. The reduction of £13 million in overall agency spend in 2023/24 compared to 2022/23 is

remarkable. Additionally, the ongoing reduction in monthly spend to less than £1 million per month, which is below NHS England's agency ceiling, is notable.

The Trust is commended for its involvement in the national pilot for the Learn from Patient Safety Events (LFPSE) and their continued support of NHS England and other organisations as an exemplar organisation. The ICB notes the continued increase in the numbers of incidents reported, with most being reported as no or low harm incidents. The ICB supports the Trust in its continued work with NHS England with the implementation of the PSIRF and the sharing of learning through the national system.

The ICB acknowledges the Trust's strong performance in the CQC Community Mental Health Survey, which demonstrated that CNTWFT performed 'better than expected' across twelve survey questions, more than any other comparator Trust. Additionally, one question scored 'much better than expected', which was equal best to three other Trusts. The ICB commends the Trust for its proactive efforts in obtaining feedback and engagement from service users, carers, and staff. We look forward to receiving updates from the many initiatives, including the continued work with the 'Triangle of Care' priority, the new 'Your Voice' survey, and adult and children's and young peoples' services involvement banks.

The ICB notes the Staff Survey results for 2023 which showed that the Trust was above average in all of the People Promise themes, with the exception of staff engagement and 'We are a Team'. Additionally, 65.18% of staff said they would be happy with the standard of care provided if a friend or relative needed treatment, and 64.4% of staff would recommend the Trust as a place of work. Both figures represent slight decreases from the previous survey results. The ICB notes the Trust is identifying targeted initiatives to address areas requiring improvement and staff concerns.

The ICB notes the Trust has processes in place to undertake assessments of relevant NICE guidance, act on the outcomes of these assessments and monitor through to completion. The ICB recognises that the Trust is still to assess some of the published NICE guidance and continues to monitor some action plans. One action plan being monitored; relating to shared decision-making processes (NG197), was highlighted in the ICB statement for 2022/23 as an area they wanted to see an increased focus. It is disappointing that this has not been fully implemented although note the implementation deadline is September 2024.

The Trust’s participation in national clinical audits is noted, specifically those completed during 2023/24 and the actions identified. The ICB welcomes the Trust’s national external clinical accreditation for the quality of services provided in a wide range of its wards and teams, which gives assurances that the health and wellbeing of patients is being met.

It is acknowledged that throughout 2023/24 significant pressures and challenges have continued to impact on the Trust's ability to achieve the statutory and mandatory training requirements. The ICB is pleased to see the continued progress with the Safeguarding Adults Level 2 training, which is now above the 85% standard, and Safeguarding Level 3 training, currently at 83.5% against the standard of 85%. However, it is concerning that a number of training courses remain below the required standard. The ICB recognises this is a high priority area for the Trust, and a range of improvements actions are in place. Therefore, it is hoped there will be a significant improvement in 2024/25.

The ICB welcomes the specific quality priorities for 2024/25 highlighted in the Quality Account, which build on the 2023/24 priorities, and look forward to receiving progress updates. These are appropriate areas to target for continued improvement and link well with the commissioning priorities.

The ICB can confirm that, to the best of their ability, the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2023/24. It is clearly presented in the format required and contains information that accurately represents the Trust's quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The commissioners look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2024/25.

Kate O'Brien

Director of Nursing, Mental Health, Learning Disabilities, Autism and Complex Care

May 2024

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Our Reference: AH/JHa24

26 June 2024

By Email: qualityassurance@cntw.nhs.uk

Paul Sams
Commissioning and Quality Assurance Team

Dear Paul

CUMBRIA, NORTHUMBERLAND AND TYNE AND WEAR NHS FOUNDATION TRUST QUALITY ACCOUNT 2023/24 AND PRIORITY SETTING FOR 2024/25

On behalf of the Health and Social Care Scrutiny Committee, I would like to thank Anna English, Place Director, and Russell Patton, Deputy Chief Operating Officer for attending the Health and Social Care Scrutiny Committee on Thursday 13 June 2024.

The committee noted the useful and comprehensive presentation, which updated on progress against the 7 Quality Priorities identified in 2023/2024 and enabled the committee to reflect on these. You will be aware that the committee has had a long-standing interest in reducing restrictive practice and we particularly welcomed assurances that progress has been made. The committee also welcomed updates and assurances provided to the committee in respect of the other Quality Priority areas.

The committee acknowledged the following:

- Work around embedding a trauma-informed approach.
- Developments in relation to the mental health wellbeing support hub and ensuring access to longer term support.
- Children and young people waiting for assessment on the neurodevelopmental pathway.
- The legacy of covid and the increase in people seeking mental health support.

The committee noted the detailed outline of the Quality Priority setting for 2024/2025 and alignment with the 5 Strategic Ambitions in the Trust Strategy.

The committee will keep this in mind as we review our work programme and fulfil our scrutiny role effectively, constructively, and proportionally over the course of the year ahead.

The committee would very much welcome an interim update during the course of the year.

I would like to extend thanks to Anna and Russell for answering the wide-ranging questions of the committee. The discussion that followed supports us to identify issues that are affecting people living in the city and its communities.

Finally, we thank the Trust for its ongoing engagement and responses to the committee's requests over the past year. The committee looks forward to enjoying an ongoing constructive and supportive dialogue over the next year and beyond.

Yours sincerely

Councillor Andrew Herridge
Vice Chair of the Health and Social Care Scrutiny Committee

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2023/24: Scrutiny Statement

Sunderland City Council's Health and Wellbeing Scrutiny Committee are pleased to be able to provide this statement on Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's 2023-24 Quality Account.

The Health and Wellbeing Scrutiny Committee maintain a good working relationship with all our health partners either through local or regional scrutiny arrangements. Members of the Committee remain focused on providing a critical friend challenge to health partners, as well as reflecting the concerns of local communities.

It is extremely positive to note that the Trust is once again rated as outstanding by the Care Quality Commission (CQC). This is a testament to the hard working and dedicated staff, throughout the Trust, that provide these important services and care to people who are most in need of support and assistance. The Committee are pleased to acknowledge this judgement from the CQC and hope this standard of performance is maintained in the coming years.

The Committee are also pleased to note that the quality priorities for 24/25 have been integrated into the annual planning process to further strengthen the delivery of the Trust's strategy. Members recognised the importance of implementing a new Patient Safety Incident Response Framework (PSIRF), as an important development in learning and improving from patient safety incidents. The Committee will be interested in progress around this priority and in particular how this will be monitored and assessed in terms of achievements and identifying further areas for improvement.

The advantages of moving to a trauma informed care model can be extended to patients, medical professionals, and the organisation as a whole. It further supports the quality priority around patient safety, actively avoid patient re-traumatisation and looks to empower the patient in terms of their treatment. Again, the Committee will be keen to note any success in this area and how this has been embedded into policies, practices and procedures in future reporting.

The Committee also acknowledges the extensive work detailed in the report in relation to the priorities set for 2023/24. It is good to see that some of these priorities have been achieved and that while other have not been fully achieved there has been significant progress. In particular, the Committee, would like to highlight the work around reducing the Trust's reliance on unregistered agency staff which is to be commended. Not only has this

reduced overall agency spend by £13million it also improves the consistency and quality of care provided.

The Health and Wellbeing Scrutiny Committee acknowledges that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is clearly committed to the delivery of safe and compassionate care for patients, and continues to work with partners, service users, stakeholders and regulatory bodies to achieve these aims. The Committee is therefore satisfied with the achievements reported and the service provision that have been identified as priorities for future improvement and endorses the Quality Report for 2023/24.

Cllr John Usher
Chair of the Health and Wellbeing Scrutiny Committee

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Commissioning and Quality Assurance Department
St Nicholas Hospital,
Jubilee Road,
Gosforth,
Newcastle,
NE3 3XT

29 May 2024

Re: Quality Accounts 2023/2024

Cumberland Health Overview and Scrutiny Committee welcomes the opportunity to review the Quality Accounts and values the Account's role in measuring the quality of care and quality of patient experience alongside safety and clinical outcomes.

The Quality Account gives a clear and accurate picture of how the Trust has tackled its priorities across the year, how it has worked to meet targets and, where it has fallen behind in year, worked to recover the position. The committee valued the clear navigation and overview provided, alongside the use of a helpful glossary.

The priorities seem appropriate and are linked to last year's performance, enabling a clear direction of travel to be understood. We welcome the Care Quality Commission result as a reflection on the hard work undertaken by all at the Trust to achieve this and use it to continue to build improvements focused on patients and the wider community. We particularly welcome your progress in North Cumbria and are keen to learn more from you about the actions you are taking in the remaining legacy areas of improvement identified by CQC when inspecting the previous trust responsible for North Cumbria.

The Cumberland Health Overview and Scrutiny Committee has been working with Healthwatch Cumberland and we understand the importance of involving family and users in care. We emphasize the importance of involvement across the Trust priorities and welcome the triangle of care approach being used by the Trust.

We are encouraged that the Trust explicitly learns from incidents and from research. We welcome the Trust's approach to learning from complaints, as this indicates a learning organisation which prioritises patient care and experience.

It is clear that the Trust is ambitious and ensures that Quality runs through the organisation and this comes across in this report.

The Committee would like to raise the issue of how the trust monitors local service provision against the ‘out of area’ standards, given the scale of the trust geography. Does the Trust monitor patients travelling out of locality?

The long wait times for some services is not good and ongoing improvements in tackling these are needed; it may also be helpful to signpost how these wait times compare across England and within the trust geography. The rise in certain 18 week wait times is concerning, but we are pleased that this issue has been acknowledged in the report. We note that the increase in wait times is mirrored by an increase in associated complaints.

We welcome your work on neuro developmental pathways, and we welcome how Trust’s priorities are set out and contextualised.

We look forward to working with you over the coming year and would like to explore with you how the actions arising from the Care Quality Commission, including HOPEs, learning disability and autism are being progressed, in particular as they pertain to North Cumbria. Councillors are also interested in looking at the work of the crisis team and how this vital service is supported by the Trust and other service providers.

Yours sincerely,

Councillor Gillian Troughton
Chair, Cumberland Health Overview and Scrutiny Committee

Councillor Dr Helen Davison,
Vice Chair, Cumberland Health Overview and Scrutiny Committee

Joint statement for The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's Draft Quality Account 2023/24 from, the local Healthwatch in your area:

- **Healthwatch Cumberland**
- **Healthwatch Gateshead**
- **Healthwatch Newcastle**
- **Healthwatch North Tyneside**
- **Healthwatch Northumberland**
- **Healthwatch South Tyneside**
- **Healthwatch Sunderland**
- **Healthwatch Westmorland and Furness**

Thank you for sharing the draft quality account for our comment. We would like to take this opportunity to thank your team for all its hard work.

Residents tell us that getting access to **timely support and waiting times** are key issues for them. When we hear from residents about support from CNTW they raise concerns particularly about waiting for diagnosis and support from the adult neurodiversity services, gender dysphoria service and Children and Young People's services (in the areas you provide this service). We recognise the national challenges associated with these issues but we are disappointed that more isn't said about how you plan to improve the timeliness of access to these important services.

Local Healthwatch have suggested ways that local services can improve the experience of people accessing them – including regular communications to lessen anxiety, connecting people to other support within their community and improving the information provided at key points – particularly around autism diagnosis for adults.

We welcome the progress with **involving families and carers** and embedding the Triangle of Care. It is also important that carers are connected to local carer support services. It is great to see the focus on embedding Trauma Informed Care in priority 5. We are particularly interested to see how you plan to ensure the practice of staff across all your services evolve to be more trauma informed.

Across all of the 2024/5 priorities, we encourage you to **involve** families and carers and people using your services – either through your own involvement bank or through Healthwatch or community organisations.

We would like to thank the team at CNTW for their work on the **Community Mental Health Transformation programme** across the region. We note there has been significantly different levels of progress made in different localities and some delays to changes and plans, many of which rest with commissioners. We are keen that this amazing opportunity to better connect mental health support closer to residents is not missed. We welcome the approach that CNTW outlines in your strategy 'With You In Mind'. Residents tell us that the following are key concerns for residents remain:

- Support when they need it – reduced waiting times and improving access.
- Trusted assessment of needs so that they are not 'bounced between different services' and well connected services designed around the person.
- Services that are accessible within the community.
- Better transitions between services – particularly young people to adult services.
- Help to connect to other support in the community to address their other needs.
- Access to high quality information so that people know what support is available and can support themselves as much as possible.

Finally, we would like to continue to build our relationships between your different locality teams and local Healthwatch into the future.

Appendix 1

Table 19: 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 Park	●	●	●			●		●		●	
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 20: Local Clinical Audits undertaken in 2023-24

National (7)		
1.	CA-21-0027	National Audit of Inpatient Falls - Bed Rail Audit 21-22
2.	CA-20-0023	National Clinical Audit of Psychosis (NCAP) Spotlight Audit 20-21: Physical Health & Employment
3.	CA-21-0014	Prescribing Observatory for Mental Health (POMH-UK) Topic 1h & 3e Prescribing high dose and combined antipsychotics.
4.	NA-22-044	Prescribing Observatory for Mental Health (POMH-UK) Topic 21a Use of Melatonin
5.	NA-22.043.01	Prescribing Observatory for Mental Health (POMH-UK) Topic 20b The quality of valproate prescribing in adult mental health services
6.	NA-22-084	National Clinical Audit of Psychosis (NCAP) 22-25 Programme: first spotlight in Q4 22-23 EIP Re-Audit
7.	NA-22-083	Prescribing Observatory for Mental Health (POMH-UK) Topic 7g Monitoring of Patients Prescribed Lithium
NICE Priorities (0)		
Trust Priorities (18)		
8.	CA-22-066.01	Transition Referrals to the Adult ADHD team via CYPS
9.	CA-22-067	Under 18's being held in a section 136 suite
10.	NA-22-080.01	National Clinical Audit of Inpatient Falls (NAIF) including annual facilities audit
11.	CA-22-048.01	Compliance with Fasting Times for ECT
12.	CA-22-065.01	Weight management when prescribing antipsychotics – Trust wide
13.	CA-22-019.01	Body maps re-audit – Trust wide
14.	CA-22-086	Transition of Care from CYPS to Adult Mental Health Services
15.	CA-22-013.01	Engagement & Observation Audit (NICE NG10 (Violence & Aggression) & Trust Policy NTW(C)19 Engagement & Observation Policy)
16.	CA-23-010.02	Long Term Segregation
17.	CA-23-011.05	Seclusion Annual Audit
18.	CA-23-098	VTE Risk Assessment Completion audit
19.	CA-23-103	A Clinical Audit to assess the Braden Scale Completion
20.	CA-23-106	Consent to treatment for ECT
21.	CA-21-0018	Antipsychotic Prescribing for People with a Learning Disability Re-Audit
22.	CA-22-087	CYPS Protected Characteristics Care Plan Audit
23.	CA-23-036.01	Healthcare records Quality Monitoring Tool - Trust wide
24.	CA-22-050	Care Planning and personalisation of care planning

25.	CA-22-039.05	Physical Health Monitoring following Rapid Tranquilisation
Medicines Management Priorities (5)		
26.	MM-22-052.01	Medicines Reconciliation
27.	MM-22-060	Evaluation of the use of botulinum toxin within CNTW
28.	MM-22-023.01	The safe use of opiates within CNTW (PGN-PPT-PGN 18)
29.	CA-21-0034	High Dose and Combined antipsychotics Trust wide audit
30.	MM-23-056.01	Benzodiazepine and Z-drug Prescribing (PPT-PGN-21)inpatient and community re-audit
Locality Priority (Central) (1)		
31.	CA-23-094.02	Unallocated Cases Awaiting Treatment - Central Locality
Locality Priority (North) (1)		
32.	CA-22-073	Recording of supervision in clinical records
CBU Priority (North Cumbria) (2)		
33.	CA-21-0006	Co-production: Formulation, Care Plan, Safety Plan, GTKY, Training - NC Inpatient CBU
34.	CA-22-076	Section 17 Leave in Specialist CYPS (North Cumbria Locality)

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 184 trainees working into CNTW with 184 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 12 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Clinical/Research Fellows.

High level data

- Number of doctors in training (total): 184 Trainees (December 2023)
- Number of doctors in training on 2016 TCS (total): 184 Trainees (December 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 Medical Staffing Team
- Amount of job-planned time for educational supervisors: 0.5 PAs per trainee
- Trust Guardian of Safeworking: Dr Clare McLeod

2. Risks and mitigations associated with the report.

- 98 Exception Reports raised during the year.
- 20 fines issued.
- 9 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)
- 780 shifts lasting between 4hrs and 12hrs were covered by internal doctors.
- On 51 occasions during the period the Emergency Rotas were implemented (either by emergency rota cover or by the Back-up / training rota
- 25 IR1s submitted due to insufficient handover at admission.

Table 21: Exception reports (with regard to working hours)

Exception Reports Received							
Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest	Total Education
CT1-3	MWM/GHD	0	0	0	9	9	0
CT1-3	SGP/Northgate	11	2	0	1	14	0
CT1-3	CAV	0	0	0	0	0	0
CT1-3	RVI	1	0	0	0	1	0
CT1-3	SNH	0	0	8	5	13	0
CT1-3	HWP	0	0	3	9	12	0
CT1-3	Cumbria	1	1	0	19	21	0
ST4+	North of Tyne	1	3	8	4	16	0
ST4+	South of Tyne	0	1	0	0	1	0
ST4+	CAMHS (NR)	1	5	3	0	8	1
ST4+	Neuro Rehab (NR)	0	0	2	0	2	0
Total		**15**	**12**	**24**	**47**	**98**	**1**

Work schedule reviews

During the year there have been 98 Exception Reports submitted from Trainees 97 for hours and rest and one for education throughout 2023; the outcome of which was that TOIL was granted for 60 cases, payment was made on 27 occasions and 11 are yet to be responded to.

i) Table 22: Locum bookings - Agency

Locum bookings (agency) by department				
Specialty	Q1	Q2	Q3	Q4
SGP/Northgate	3	0	0	1
SNH	2	0	0	0
RVI	2	1	1	0
HWP	5	0	0	0
MWM/GHD	0	0	0	0
Cumbria	0	0	0	3
Total	**12**	**1**	**1**	**4**

Locum bookings (agency) by grade				
	Q1	Q2	Q3	Q4
F2	2	0	0	0
CT1-3	10	1	1	4
ST4+	0	0	0	0
Total	**12**	**1**	**1**	**4**

Locum bookings (agency) by reason

	Q1	Q2	Q3	Q4
Vacancy	10	0	0	3
Sickness/other	2	1	1	1
Total	**12**	**1**	**1**	**4**

a) Table 23: 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 2023
SNH	21	17	13	13	64
SGP/Northgate	42	37	29	15	123
Gateshead/MWH	25	36	25	24	110
Hopewood Park	21	35	13	7	76
RVI	35	24	14	16	89
CAV	21	36	16	8	81
Cumbria	10	25	34	32	101
North of Tyne	14	4	24	32	74
South of Tyne	19	14	13	15	61
CAMHs	1	0	0	0	1
Total	**209**	**228**	**181**	**162**	**780**

*Enhanced rate was offered for 325 shifts on 1st on call rotas & 61 shifts on 2nd Oncall rotas

b) Table 24: Vacancies

Vacancies by month					
Area	Grade	Q1	Q2	Q3	Q4
MWM/GHD	CT GP FY2	0 2 0	0 6 0	0 1 0	0 0 0
RVI	CT GP FY2	5 0 0	6 0 0	2 0 0	3 0 0
SGP	CT GP FY2	0 2 0	0 3 0	2 1 0	3 0 0
Hopewood Park	CT GP FY2	1 4 0	0 6 0	0 2 0	0 0 0
CAV	CT GP FY2	0 0 0	0 0 0	0 2 2	0 3 3
SNH	CT	1	0	0	0

	GP FY2	0 0	0 0	0 0	0 0
Cumbria	CT GP FY2	0 0 3	0 0 0	0 0 0	0 3 0
Total		**18**	**21**	**12**	**15**

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

c) Table 25 Emergency Rota Cover

Emergency Rota Cover by Trainees					
		Q1	Q2	Q3	Q4
		14	2	3	2

Back-up / Training Rota Cover

The back-up / training rota doctor can be asked to cover a gap in the standard rota to prevent the use of the emergency rota cover with the provision of alternative opportunities for this training.

Table 26

Training Rota Cover by First on-call Trainees					
	Rota	Q1	Q2	Q3	Q4
	SGP SNH RVI GHD/MWM HWP NGH	3 8 2 0 5 2	0 1 0 0 1 1	0 0 0 1 1 0	0 2 1 2 0 0
	Total	**20**	**3**	**2**	**5**

d) Fines

There were 20 fines issued 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 increased from the 57 reported in 2022 to 98 reported in 2023.

In 2023, the majority of Exception Reports were closed with TOIL in 60 cases with payment made to close 27 cases (11 cases are still awaiting completion).

There were 20 fines levied in 2023, which represents a marked increase from previous years.

There have been 25 IR1s submitted for Insufficient Medical Handover in 2023, which is similar to the number submitted in 2022, when there were 22 IR1s for Insufficient Medical Handover.

There was a decrease in the number of times Emergency Rota cover was used, from 61 in 2022 to 21 in 2023. The number of times the back-up / training rota was used to cover rota gaps in 2023 also fell from 86 to 30.
The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has decreased from 892 in 2022 to 780 in 2023.

Actions Taken to Resolve These Issues:

Exception Reporting

The number of Exception Reports has increased in 2023 in comparison to the two previous calendar years. It is encouraging to see the increase in exception reports submitted by higher trainees (17 in 2023 in comparison to four in 2022) which in the past has always been small and lower than expected. The increase in exception reports from higher trainees represents a mixture of more complete reporting but also reflects the increase in workload in long day shifts and twilight shifts due to MHA work. This continues to be monitored with discussions as how this can be managed. The number of exception reports submitted by trainees in Cumbria remains high but similar to 2022; this is mainly due to the reports that are submitted for travel between Whitehaven and Cumbria with the higher number in quarter 4 relating to back-dated reporting for travel, attendance at induction and other teaching. The higher numbers of reports from SGP in quarter 1 related to trainees staying late to complete day-time work and busy twilight shifts which has been resolved by changes to the day-on-call rotas. There have been higher numbers of exception reports from both the HWP and MWM / Gateshead rotas in quarter 4 which were due to trainees staying appropriately to manage and document physical health issues; it is likely that this represents more complete reporting rather than a workload change but this will continue to be monitored.

For this year, the majority of Exception Reports in CNTW has been closed with Time Off in Lieu (TOIL) for 60 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 remained stable over the last two years having decreased from previous years (2021: 46 IR1s for Insufficient Medical Handover and 2020 : 83 IR1s for Insufficient Medical Handover). This indicates a sustained fall in the numbers of the occasions this occurs which is encouraging.

These reports continue to be reviewed and followed up by the Director of Medical Education and collated to share with staff throughout the Trust and are discussed at every GoSW forum, in addition to being shared specifically with clinical staff most involved in

admissions to hospital. The importance of medical handover will remain a priority to be discussed at induction (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 Rotas

There has been further decreases in the use of the Emergency Cover Rota and the Back-up / training rota in 2023. These arrangements are necessary if the is a rota gap which, despite the efforts of Medical Staffing, is not filled by 3pm. The number of times this provision is used is monitored though the GoSW forum with monitoring procedures in place on each occasion to ensure there is no compromise to patient care. It can be a concern to trainees with the need to work in less familiar sites, the increased geographical area to cover and the potential increase in workload in the case of rota collapse. Video inductions for each of the Trust sites are kept updated and doctors are encouraged to watch these videos prior to commencing a shift if they are not familiar with the site as well as linking in with the doctor handing over for any other queries about the site.

The training rota was introduced in August 2020, primarily 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. To reflect this and as an outcome of a working group this year to review this rota, it has been re-named as the Back-up / training rota.

The reduction in use of the emergency and back-up / training rotas is encouraging as is the reduction in the number of locum shifts covered by trainees. This is mainly due to the changes in the allocation of teaching fellows out of hours provision and a new innovative clinical fellow post covering rota gaps, but also reflects some reduction in shifts being unfilled due to periods of industrial action.

Fines

There were 20 fines issued in 2023 due to breaches of the length of shifts, the minimum rest periods between resident on-call shifts or during non-resident on-call shifts. These fines were spread across both higher and core training rotas and across all rotas in the Trust. The increase in breaches of shift length and rest in higher training rotas relates to mainly to work intensity on twilight shifts and long day shifts due to MHA assessment, but also represents more complete reporting from higher trainees which is encouraging.

It was agreed at the November 2023 GoSW forum to spend the fine money so far accrued on pizzas to be served at training events, with the money divided out by the number of trainees at each site. The remainder will be discussed again at the forum in March 2024 and the Guardian will email all trainees for suggestions as to how to spend this money in advance of this. Money is spent to the benefit of all trainees and as timely as possible so that the current trainees benefit.

Mess rooms

Over this year, there have been discussions about the re-provision of mess room facilities for doctors in training in all the Trusts in the region. In CNTW, SGP has had a mess room for some time which is much valued and used daily. Therefore, discussions have focused on a similar provision at all our sites which has largely been successful. We now have a large mess room at SNH which will allow for more trainees with the plans of relocation of services from CAV. There is a room allocated at the Carlton Clinic and optimism for a room in the refurbished building at MWM hospital where the on-call room will move to also. There are on-going discussions with estates about options for HWP.

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 has increased in 2023 in comparison to previous years with the majority closed through TOIL. Work will continue to increase the level of completeness of reporting.

It is encouraging to see the fall in the number of reports of Insufficient Medical Handover being sustained 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 and Back-up /training rota were necessary, which is encouraging. This will continue to be monitored.

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

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

13/01/2024

Appendix 4

Further information on the Your Voice experience survey

In 2023 we took the opportunity to review the current PoY survey to support a number of factors:

- Trust branding has recently changed, meaning a redesign of PoY is required.
- The PoY identifier can no longer be used, offering the opportunity to look at the name of the survey.
- More digital and inclusive options to complete the survey are now available and can be incorporated into this review.
- There is an opportunity to align new survey questions to the commitments within the new Trust strategy.
- This has provided an opportunity to engage with people around what they want from an experience survey.
- Encouraging service users and carers from harder to reach groups and services to engage in providing feedback e.g., learning disability and autism services and children's services.

The following report sets out how we have engaged with service users, carers and staff, exploring what we have learned through this process, as well as the next steps involved in creating a new survey.

287 people expressed their views during the 6-week engagement process. The main themes highlighted:

- A preference for digital opportunities to complete surveys.
- The most important themes for questions were:
    - A question about Quality of Care
    - A question about Experience
    - A question about Person-Centred Care
- People wanted the following questions from the current survey to be kept:
    - Did we listen when making decisions about care and treatment?
    - Were staff kind and caring? – Quality of care was the main theme for suggested questions.

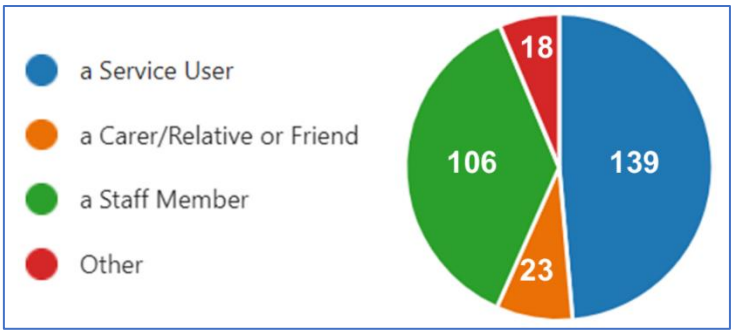
Engagement

There was a mixed method approach taken to engaging and consulting with service users, carers and staff. This included:

- An online survey
    - This was communicated through the Bulletin, the Trust's social media profiles and through the Voluntary Organisations Network North East (VONNE). Thank you to everyone who supported getting the message out.
- Engagement sessions
    - These were a mix of in-person and online discussions which included service users, carers and staff.

    - There was a session involving a young person from the newly developing CYPS Involvement Bank.
    - A big thank you to the Involvement Team for their support.
- Pop-Up engagement sessions
    - There were 4-hour sessions at Trust, community and inpatient sites in all localities. This allowed people who ordinarily might not get involved in this type of engagement a chance to contribute.
    - Thank you to St Nicholas Hospital, St Georges Park, Hopewood Park, Carleton Clinic, Walkergate Park, Ferndene, Silverdale and the Service User and Carer Reference Group for supporting conversations to take place.
    - Thank you to all the locations that invited us to be in waiting areas and foyers.

During this engagement 287 people expressed their views. Below is a breakdown of who took the opportunity to get involved.



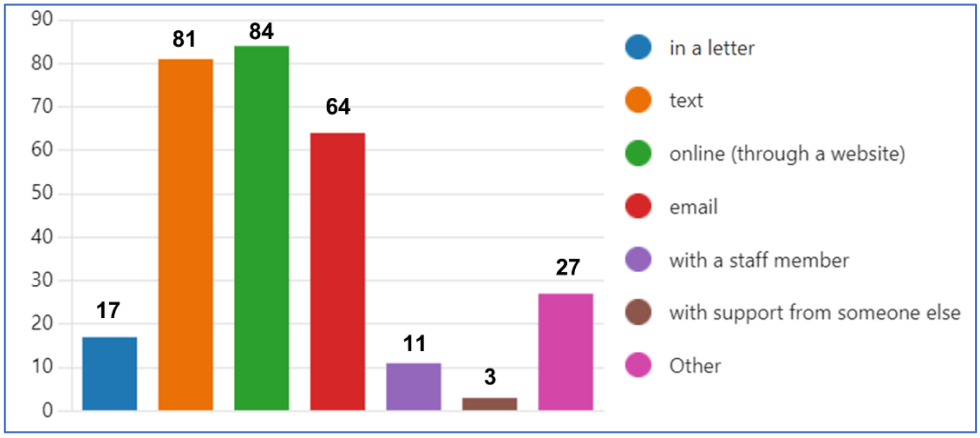
Graph 10. People involved in engagement by person type

People choosing ‘Other’ include several combinations, including ‘Staff and Service User’ ‘Staff and Carer’ or Service User and Carer’. One person chose not to say.

People’s preference for engaging with a survey

As part of the engagement process people were asked what their preference for receiving an experience survey was. The table below shows that there was a significant theme of people preferring digital options in over physical options.

People choosing ‘Other’ had the option to explain and ‘all of the above’ and ‘multiple options’ were the most common responses offered.



Graph 11. Preferred option to receive a survey

Themes for new questions

The table below shows the main themes from the questions that people offered as being important to them.

Quality of care, Experience and Person-centred care were evident as important to most people.

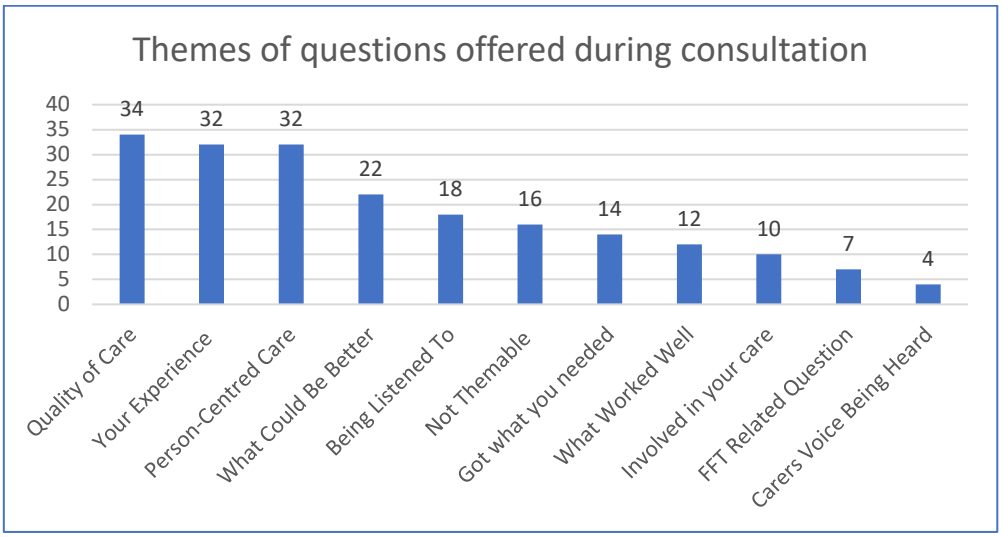


Table 27: Themes of consultation

*Not themable mostly included questions relating to staff experience or people saying they couldn't think of a question.

We now have a new service user and carer survey 'Your Voice' which went live in April 2024. You can see it here: https://yourvoice.cntw.nhs.uk

The questions were developed with Speech and Language Therapists from all of our service types, to support their accessibility to most service users and carers. We are also including accessibility features on our online survey, which will be added to as areas for improvement are identified by the people accessing it.

Your Voice will continue to support staff to be responsive to feedback through a dashboard and the ability to create 'You Said – We Did' monthly posters, building on the good work and outcomes seen through Points of You.

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 2023-24 and supporting guidance Detailed requirements for quality reports 2023-24
- 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 2023 to May 2024
  - papers relating to quality reported to the board over the period April 2023 to May 2024
  - 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 2023 national patient survey
  - the 2023 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

Darren Best

Chair

James Duncan

Chief Executive

Appendix 6

Limited Assurance Report on the content of the Quality Account

Information not required to be included within the Quality Account 2023-24 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 2023-24. Where auditors have completed interim work or early testing on indicators, auditors should consider whether value can be derived from work already completed, such as a narrative report being provided to the Trust, or governors at an NHS foundation Trust. For NHS foundation Trusts, there is no formal requirement for a limited assurance opinion or governors' report.

Appendix 7

Glossary

A&E	Accident & Emergency department.
ADHD	Attention Deficit Hyperactivity Disorder – a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.
AIMS	Accreditation for Inpatient Mental Health Services.
ASD	Autism Spectrum Disorder.
Bed days	The number of days that a hospital bed is occupied overnight.
Blanket restriction	Rules or policies that restrict a service user's liberty and other rights, which are routinely applied to a group of service users without individual risk assessments to justify their application.
CAMHS	Children and Adolescent Mental Health Services. In CNTW we usually refer to our services as CYPS (see below).
Casemix	a term used to identify groups of statistically similar patients.
CCG	Clinical Commissioning Group – a type of NHS organisation that commissions primary, community and secondary care from providers.
CAS alert	The Central Alerting System is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS.
CCQI	College Centre for Quality Improvement – part of the Royal College of Psychiatrists, working with services to assess and increase the quality of care they provide.
CGI	Clinical Global Impression Rating Scale.
CNTW	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
Commissioner	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
CQUIN	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality.
Clinician	A healthcare professional working directly with service users. Clinicians come from a number of healthcare professions such as psychiatrists, psychologists, nurses and occupational therapists.

Cluster / Clustering	Mental health clusters are used to describe groups of service users with similar types of characteristics.
CQC	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
CPA	Care Programme Approach – a package of care for some service users, including a care coordinator and a care plan.
CRIS	Clinical Record Interactive System allows researchers to conduct research using the large amount of information from electronic patient records.
CTO	Community Treatment Order.
CYPS	Children and Young Peoples Services – also known as CAMHS.
Dashboard	An electronic system that presents relevant information to staff, service users and the public.
DOLS	Deprivation of Liberty Safeguards – a set of rules within the Mental Capacity Act for where service users cannot make decisions about how they are cared for.
Dual Diagnosis	Service users who have a mental health need combined with alcohol or drug usage.
ECT	Electroconvulsive therapy.
EIP	Early Intervention in Psychosis.
Forensic	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so.
Freedom to Speak Up	Encouraging and supporting staff to raise concerns at work, based on recommendation from Sir Robert Francis' Freedom to Speak Up Review in response to the Mid-Staffordshire scandal.
Friends and Family Test (FFT)	A process for people who use NHS services to provide feedback on their experience.
FTE	Full-Time Equivalent, a unit of employment that accounts for some people working part-time.
Gatekept	Gatekeeping involves assessing the service user before admission to hospital to consider whether there are alternatives to admission.
GP	General Practitioner – a primary care doctor.

HDAT	High Dose Antipsychotic Therapy.
HQIP	The Healthcare Quality Improvement Partnership promotes quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement.
IAPT	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
Integrated Care Board (ICB)	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System (ICS) area.
ICD10	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses.
Injection Rapid Tranquilisation	Injection rapid tranquilization is given when people are very distressed and are unable to accept oral rapid tranquilization medication.
Integrated Care System (ICS)	A collaborative arrangement where NHS organisations, local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
LD	Learning Disabilities.
LeDeR	The Learning Disabilities Mortality Review Programme aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.
Lester Tool	The Lester Positive Cardiometabolic Health Resource provides a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in service users with psychosis receiving antipsychotic medication.
LGBT	Lesbian, Gay, Bisexual, and Transgender.
MHCT	Mental Health Clustering Tool – a computerised system used in clustering.
Mechanical Restrain Equipment (MRE)	Mechanical Restrain Equipment. Mechanical restraint is the use of a device such as metal or soft cuffs and/or belts to prevent or restrict movement of a person’s body or part of the body and should only be considered as a last resort.
Multimorbidity	Relating to service users with several co-occurring diseases.

NHS	National Health Service – the publicly funded national healthcare system for England
NHS England/Improvement	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
NEQOS	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement.
NICE	National Institute for Health and Care Excellence – an organisation that produces best practice guidance for clinicians.
NIHR	National Institute of Health Research – an NHS organisation undertaking healthcare related research.
NRLS	National Reporting and Learning System – a system for recording patient safety incidents, operated by NHS Improvement.
OPS	Older Peoples Services.
Oral Rapid Tranquilisation	Oral rapid tranquilization is a medication that can be offered or can be requested if a person is struggling with distress and other non-medication options have not reduced the person's distress.
Out of area placements	Service users admitted inappropriately to an inpatient unit that does not usually receive admissions of people living in the catchment of the person's local community mental health team.
Pathway	A service user journey through the Trust, people may come into contact with many different services.
Personality Disorder	a class of mental disorders characterized by enduring maladaptive patterns of behaviour, cognition, and inner experience.
PHSO	The Parliamentary and Health Service Ombudsman.
PICU	Psychiatric Intensive Care Unit.
Points of You	An CNTW service user and carer feedback system that allows us to evaluate the quality of services provided. For more information on Points of You please see page 140.
POMH-UK	Prescribing Observatory for Mental Health – a national organisation that helps mental health Trusts to improve their prescribing practice.
PMVA	Prevention and Management of Violence and Aggression

Prone Restraint	Prone restraint is when the person being restraint will be held chest down, some people find this type of restraint more traumatic than other forms.
QPR	Process of Recovery Questionnaire, a patient reported outcome measure.
Rapid tranquillisation	When medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them.
REACT	Relatives Education and Coping Toolkit, an online self-help package for relatives and friends of people with mental health problems
Recovery College	Recovery Colleges take an educational approach to provide a safe space where people can connect, gain knowledge and develop skills.
Restraint	Restraint is any direct physical contact, or application of force, by staff towards patients where the intention is to prevent, restrict or subdue movement. This could range from Guiding a confused patient to floor based restraint.
RiO	CNTW's electronic patient record
RTT	Referral to Treatment – used in many waiting times calculations
Seclusion	Seclusion is a specially designed low stimulus room with not many items in it, people are supported in seclusion for the shortest time possible. Seclusion is only for when people are extremely distressed.
Serious Incident	An incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.
Single Oversight Framework	An NHS Improvement framework for assessing the performance of NHS Foundation Trusts (replacing the Monitor Risk Assessment Framework)
Talk 1st	Part of CNTW's Positive & Safe Care Strategy. We aim to reduce violence and aggression, and restrictive interventions.
Transition	When a service user moves from one service to another, for example from an inpatient unit to being cared for at home by a community team.
Triangle of Care	a national scheme, to promote therapeutic alliance between the service user, their mental health professional and their carers.

Tyne and Wear Citizens Programme	The local chapter of Citizens UK, organising communities to act together for power, social justice and the common good.
VA	Violence and Aggression.

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

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

If you have any feedback or suggestions on how we could improve our Quality Account, please do let us know by emailing qualityassurance@CNTW.nhs.uk or calling 0191 246 6935.

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