

# Board of Directors Meeting (PUBLIC)

Wed 02 December 2020, 13:30 - 15:30

Via Microsoft Teams

## Agenda

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### 1. Service user story

*Service User*

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### 2. Welcome and apologies for absence

*Ken Jarrold, Chairman*

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### 3. Declarations of interest

*Ken Jarrold, Chairman*

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### 4. Minutes of meeting held 4 November 2020

*Ken Jarrold, Chairman*

 4. Mins PUBLIC meeting of the BoD 4.11.20 DRAFT ka.pdf (10 pages)

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### 5. Action log and matters arising not included on the agenda

*Ken Jarrold, Chairman*

 5. BoD Action Log PUBLIC as at 02.12.20.pdf (2 pages)

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### 6. Chairman's Update

*Ken Jarrold, Chairman*

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### 7. Chief Executive's Update

*John Lawlor, Chief Executive*

 7. CEO Report 2 December 2020 v2 DH.pdf (4 pages)

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## Quality, Clinical and Patient Issues

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### 8. Quality Accounts

*Information*

*Lisa Quinn, Executive Director Commissioning and Quality Assurance*

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## 9. Response to the Covid-19 Pandemic

*Gary O'Hare, Executive Director of Nursing and Chief Operating Officer*

9. COVID Board Report November 2020am.pdf (6 pages)
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## 10. Commissioning and Quality Assurance Report (Month 7)

*Lisa Quinn, Executive Director of Commissioning and Quality Assurance*

10. Monthly Commissioning Quality Assurance Report - Month 7.pdf (9 pages)
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## 11. Community Mental Health Survey

*Lisa Quinn, Executive Director of Commissioning and Quality Assurance*

11. CQC Community Mental Health Service User Survey 2020.pdf (7 pages)
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## 12. Individual Placement Support

*John Bolland, IPS Service Lead*

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## Strategy and Partnerships

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## 13. Update on CAMHS services, Tees Valley

*Gary O'Hare, Executive Director of Nursing and Chief Operating Officer*

13. West Lane Board Update Dec 2020.pdf (4 pages)
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## 14. Collaborative Newcastle Agreement

*James Duncan, Deputy Chief Executive and Executive Finance Director*

- 14a. Collaboration cover sheet.pdf (4 pages)  
14b. Collaborative Newcastle Collaboration Agreement FINAL 121120.pdf (43 pages)  
14c. Collaborative Newcastle PP template Updated\_EGW.pdf (10 pages)
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## 15. Delivering a 'Net Zero' National Health Service

*James Duncan, Deputy Chief Executive and Executive Finance Director*

Anna Foster and Sarah Neil attending for this item.

15. Dec 2020 Open Board report net zero Greener NHS v2.pdf (6 pages)
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## 16. North Cumbria ICP Board

*John Lawlor, Chief Executive*

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## Workforce

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### 17. Workforce Directorate Quarterly Update

*Lynne Shaw, Executive Director of Workforce and OD*

17. Quarterley Workforce Report - Dec 2020.pdf (7 pages)

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### 18. Strategic Workforce Planning update

*Lynne Shaw, Executive Director of Workforce and OD*

18. Strategic Workforce Planning Update.pdf (4 pages)

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## Regulation and Compliance

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### 19. Provider Collaborative Sub-Committee Terms of Reference

*Lisa Quinn, Executive Director of Commissioning and Quality Assurance*

19. PC Committee ToR - Final.pdf (3 pages)

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## Updates/papers for information

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### 20. Committee updates

*Committee Chairs*

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### 21. Council of Governor issues

*Ken Jarrold, Chairman*

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### 22. Any Other Business

*Ken Jarrold, Chairman*

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### 23. Questions from the public

*Ken Jarrold, Chairman*

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### 24. Date and time of next meeting

Wednesday 3rd February 2021, 1.30pm, Via Microsoft Teams

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**Minutes of the Board of Directors meeting held in Public  
Held on 4 November, 1.30pm – 3.30pm  
Via Microsoft Teams**

**Present:**

Ken Jarrold, Chairman  
Darren Best, Non-Executive Director  
Les Boobis, Non-Executive Director  
Paula Breen, Non-Executive Director  
Alexis Cleveland, Non-Executive Director  
Michael Robinson, Non-Executive Director  
Peter Studd, Non-Executive Director

John Lawlor, Chief Executive  
James Duncan, Deputy Chief Executive/Executive Finance Director  
Rajesh Nadkarni, Executive Medical Director  
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer  
Lisa Quinn, Executive Director of Commissioning and Quality Assurance  
Lynne Shaw, Executive Director of Workforce and Organisational Development

**In attendance:**

Debbie Henderson, Director of Communications and Corporate Affairs  
Kirsty Allan, Acting Corporate Affairs Manager (Minute Taker)  
Fiona Regan, Carer Governor for Learning Disabilities  
Claire Keys, Staff Governor - Clinical  
Margaret Adams, Public Governor for South Tyneside  
Tom Bentley, Public Governor for Gateshead  
Bob Waddell, Staff Governor – Non-clinical  
Felicity Mendelson, Local Authority Governor  
Russell Bowman, Service User Governor – Neuro Disability Services  
Wilf Flynn, Local Authority Governor – South Tyneside Council  
Damian Robinson, Group Medical Director, Safer Care (*item 11*)

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Stephen Naylor, CEDAR Project Team (*item 19*)  
Tony Railton, CEDAR Project Team (*item 19*)  
Fiona Kettle, CEDAR Programme Support Officer (*item 19*)

**1. Service User story**

Ken Jarrold introduced Mabel's story and asked Debbie to pass on the Board's thanks to Mabel for sharing her life through a poem. Lisa Quinn provided the background to the Mabel's story.

**2. Welcome and apologies for absence**

There were no apologies for absence.

**3. Declarations of interest**

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There were no conflicts of interest declared for the meeting.

#### **4. Minutes of the meeting held 7 October 2020**

The minutes of the meeting held 7 October were considered.

**Approved:**

- **The minutes of the meeting held 7 October 2020 were approved as an accurate record**

#### **5. Action log and matters arising not included on the agenda**

With regards to action 02.09.20 (13) Rajesh Nadkarni confirmed a paper would follow with an update on Medical staffing positions within North Cumbria.

With regards to action 02.09.20 (13) James Duncan provided a verbal update and noted that a small group would be established to address further work required in relation to living wage arrangements.

With regards to action 29.05.20 (17) Lynne Shaw confirmed a Freedom to Speak Up report, in which whistleblowing has been incorporated, is included on the agenda for discussion. The Board agreed to close the action.

With regards to actions 05.08.20 (18) and 07.10.20 (8) Lisa Quinn requested to work with Debbie Henderson regarding logistics to agreed timescales to correlate with Board Development meetings.

#### **6. Chairman's remarks**

Ken Jarrold referred to the extent of which food poverty was now a significant issue and highlighted the report from Unicef where it was estimated 2.5m British children are in food insecure households and 10% in severe food uncertainty.

Ken referred to the difficulty faced by public sector workers in securing housing and ownership. Ken mentioned there were only five regions; North West, North East, Wales, Scotland and Yorkshire and Humber where health service workers at a Band 5 level could afford to secure a mortgage.

Ken shared a report from Richard Murray of the Kings Fund on Integrated Care Systems and Partnerships and highlighted the recommendation 'strengthening ICS's should not undermine local place collaboration' where integration is most effective.

**Resolved:**

- **The Board noted the Chairman's verbal update.**

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## 7. Chief Executive's Report

John Lawlor referred to the North East and North Cumbria ICS and confirmed the process had commenced to appoint an independent Chair with an expectation that the Chair would be in post by April 2021.

John explained Gary O'Hare, Chief Operating Officer and Director of Nursing would be retiring and returning part-time into the role of Director Nursing therefore a recruitment process had commenced for the Chief Operating Officer post.

John referred to a recently published CQC Report 'Out of Sight - who cares?' which focussed on restraint, seclusion and segregation for people with autism, learning difficulties and/or mental health with a particular focus on the balance between human rights and risk management arrangements.

John confirmed a focussed CQC inspection was currently underway into children inpatient services in Ferndene and Alnwood. Lisa Quinn highlighted the focussed inspection would focus on the Safe, Effective and Well-Led domains. Lisa advised initial verbal feedback had been positive in relation to Ferndene and feedback relating to Alnwood was yet to be provided. Lisa confirmed the CQC report would be available once the inspections have been completed.

### Resolved:

- **The Board received and noted the Chief Executive's update.**

## Quality, Clinical and Patient Issues

### 8. Covid-19 response

Gary O'Hare provided an update on the Trusts response to the Covid-19 pandemic and advised the Board of the significant increases in hospital admissions, noting that the impact is not reflected in reporting until around 2 – 3 weeks following initial infection.

The Trust are reporting 13 Covid-19 positive patients with one patient transferred to the RVI. There were eight declared Covid-19 outbreaks across the Trust at the time of reporting. Absence levels had increased significantly and the Trust was reporting 138 staff Covid-19 positive cases since 1<sup>st</sup> September. Key themes and learning related to staff not adhering to personal protective behaviours and Gary noted that this had been identified as a concern nationally. Of the 170 Covid-19 outbreaks being reported in the North East and Yorkshire, more than 70% related to staff behaviour outside of work.

Gary referred to the national move back into lockdown measures from 5 November for a period of four weeks. The Covid-19 Gold Command Team were undertaking a review of guidance to ensure staff members receive as much clarity as possible.

Gary provided assurance that the planning will support the Trusts ability to maintain the maximum services possible, safely including implementing learning from Wave 1

and maintaining community and face to face services where possible and safe to do so. It was acknowledged that the Trust would need to take a firm stance on some of key messaging for staff in order to ensure everything can be done to keep staff, patients, carers and our communities safe.

Debbie Henderson advised of the need for change in the approach to communications had been acknowledged to incorporate not only an instructional approach to communicating guidance but also recognising the need for a cultural shift in behaviours both inside and outside the work. Revised updates have included messages in differing formats to ensure that the updates are accessible to staff which are in the form of animation, posters and videos.

Claire Keys commented having been recently poorly with Covid-19 that the support received from the Trust, Central Absence Line and Gold Command had been incredibly helpful.

**Resolved:**

- **The Board received and noted the Covid-19 update.**

## **9. Commissioning and Quality Assurance Report (Month 6)**

Lisa Quinn spoke to the report and highlighted one remote Mental Health Act reviewer visit received this month to Ashby Ward and made particular reference to a young person being nursed in seclusion who is now restarting some activities and having access to outside space.

There had been a significant improvement in access to community services with 66 people waiting more than 18 weeks, a significant reduction to the 157 reported last month. Within children services there are currently 359 children and young people waiting more than 18 weeks to treatment, a reduction to the 424 reported last month.

James Duncan referred to the financial performance dashboard and highlighted in line with the NHS response to the Covid-19 pandemic that the Trust was delivering a break even financial position at Month 6. The Trust had incurred £0.7m additional costs due to Covid-19 in Month 6 which was covered by a top-up payment. The Trust had however identified £4.4m of operational Covid-19 costs up to Month 6.

**Resolved:**

- **The Board received and noted the Commissioning and Quality Assurance Report (Month 6).**

## **10. Service User and Carer Experience Report**

Lisa Quinn spoke to the report and highlighted within Quarter 2 the Trust received over 160 survey returns, of which 80% were from service users and 20% from carers. The Covid-19-related pause to the Points of View survey meant that the volume of responses was reduced by 90% compared to the same quarter last year.

Lisa confirmed the Trust remained committed to improving the quality of services by using experience feedback to understand what matters the most to service users and carers. Lisa referred to NHS England and Improvement high level advice about reducing the burden and releasing capacity to manage the Covid-19 pandemic. After a decision was made by Gold Command to cease sending Points of You at the end of March and NHS England and Improvement were currently exploring when would be the optimum time to restart the Friends and Family Test data submissions and would advise providers when to restart submitting data in the weeks ahead.

Lisa highlighted the Points of You demographics related to ethnic grouping of service user and carers where analysis showed a small number received from Black African/Caribbean, Black British showing less favourable Friends and Family recommendation score and confirmed this would be monitored with a further update to be provided within future reports.

Alexis Cleveland mentioned the report was discussed at a recent Quality and Performance meeting where the addition of the ethnicity reporting was also welcomed.

**Resolved:**

- **The Board received and noted the Service User and Carer Experience Report.**

## **11. Safer Care Report**

Gary O'Hare introduced Damian Robinson who spoke to the enclosed report and highlighted the number of unexpected deaths reported have increased in this quarter by 62 deaths compared to quarter 1 reflecting the transfer of services from North Cumbria. Damian advised the Trust had received one Regulation 28 report relating to North Cumbria regarding an incident prior to the transfer of services. Damian confirmed as CNTW were not made aware of the Regulation 28 and a response to the Coroner was currently being compiled.

24 serious incidents were reviewed and of these, four cases from the North, South and Central Locality Care Groups were noted to have significant findings relating to care and treatment that had potential to cause harm. Damian advised a planned table-top exercise had been organised to review all deaths that occur after 90 days discharge.

There has been a review of the Learning Improvement Group (LIG) which will now be replaced by an ongoing series of lunchtime webinars to encourage participation from a wider audience of front-line and corporate staff.

The Flu vaccination campaign commenced on 29<sup>th</sup> September 2020. The aspirational vaccination coverage target set by the Trust for this year is 100% of all staff, not just frontline staff. Currently the uptake is at 53%, better than at the same time in 2019.

Complaints have increased in last quarter compared to the previous quarter potentially reflecting the fact that at the height of the Covid-19 pandemic there was an exceptionally low month for complaints.

Ken Jarrold commended the Learning Improvement Webinars that are now attracting significant audience.

Les Boobis queried the nature of the Regulation 28. Damian confirmed it was in relation to the monitoring of patients on antipsychotic medication. This is an area the trust has robust arrangements in place. Gary O'Hare highlighted to the Board that a separate paper would be submitted to December Closed Board with regards to this particular Regulation 28.

**Resolved:**

- **The Board received and noted the Safer Care Report.**

**Action:**

- **Regulation 28 update will be provided to December Closed Board.**

## **12. Safer Staffing Levels Report (Quarter 2)**

Gary O'Hare spoke to the enclosed report which provided assurance on the current position across all inpatient wards within CNTW in accordance with the National Quality Board Safer Staffing requirements. The report also included the exception data of all wards against Trust agreed Safer Staffing levels for the period of August 2020 where the period covered also included the ongoing response to the Covid-19 pandemic. Gary confirmed the report also includes information on medical staffing.

Gary mentioned despite the continued response to the challenges throughout the pandemic the plan for recruitment had continued throughout using alternative assessment methods, whilst ensuring fidelity to values-based recruitment. PMVA training had continued to be supported by Covid-19 testing prior to commencement and models for increasing capacity to deliver PMVA have been developed.

The retention strategy continues to remain a focus across the organisation as we continue to recognise the significant achievements over the past quarter in relation to working differently during the Covid-19 pandemic with new ways of working, virtual consultations and the use of Microsoft Teams. Staff have been creative in augmenting delivery of care to patients at home and hospital.

Following a request from Ken Jarrold regarding information on overall vacancies, Gary confirmed information would be provided by banding and professional groups and incorporated in future reports under Recruitment and Retention.

**Resolved:**

- **The Board received and noted Safer Staffing Levels Report (Quarter 2)**

**Action:**

- **Trust vacancy information to be incorporated in future reports under Recruitment and Retention which will be provided by Banding and Professional Groups**

## **Strategy and Partnerships**

It was noted there was no issues for this month.

## **Workforce**

### **13. Staff Friends and Family Test Quarterly Report**

Lynne Shaw spoke to the enclosed report and highlighted there were no Staff Friends and Family Test questions during quarter one due to COVID-19 pandemic. The Trust response rate for quarter two was 47% which is a minimal decrease compared to Quarter 4 of 48%. There was an increase in positive responses to the question “How likely are you to recommend the organisation to Friends and Family as a place to work?” increasing to 74% from 70% in quarter 4. Lynne also mentioned an increase in positive responses to the question, “How likely are you to recommend our services to Friends and Family if they needed care or treatment?” increasing to 79% from 76% in quarter 4.

Lynne confirmed the Trust remained above the national average in terms of place to work and remains similar in terms of recommending as a place for care and treatment which is above the Mental Health national average but slightly below the overall national average.

Michael Robinson enquired whether Friends and Family test has a specific question related to Covid-19. Lisa confirmed the focus had been through the Staff Survey nationally to seek comments from staff around experience of Covid-19. During Wave 1, learning and feedback from our own staff was sought and received which Lisa confirmed had been previously shared.

#### **Resolved:**

- **The Board received and noted Staff Friends and Family Test Quarterly Report**

### **14. Raising Concerns Whistleblowing Report**

Lynne Shaw spoke to the enclosed report and confirmed during the period there had been 36 issues identified which had been raised either centrally or via the Freedom to Speak up Guardian. This was an increase of 11 compared to the previous period and out of the 36 concerns raised one concern had been categorised as whistleblowing.

Lynne referred to three themes during the reporting period: the Covid-19 pandemic; bullying and harassment due to race where investigations were ongoing; and policies and procedures.

**Resolved:**

- **The Board received and noted the Raising Concerns Whistleblowing Report.**

## **Regulatory / Compliance**

### **15.CQC Action Plan update**

Lisa Quinn spoke to the enclosed report and confirmed in August the Board agreed to close seven of the 46 areas of improvement identified from inspections. The action plans specific to North Cumbria locality and those relating to the focused inspection were listed in Appendix 1. Lisa recommended to the Board that there was sufficient evidence and assurance to close four actions.

Referring to Appendix 2, action plans that were due to be completed by 30 September 2020 have been extended to 31 December 2020. Work continues to address each of the remaining action plans and the key pieces of work identified in Quarter 2 update would help mitigate against the risks which have been raised. Lisa requested for the Board to agree the change in timescales.

Alexis Cleveland referred to Appendix 2 and the extension of the actions plans to 31 December 2020 and advised given the further COVID-19 lockdown, if the action plans could not be cleared by December that the plans should be rolled forward. Progress would then be continually reviewed at Quality and Performance Committee which will provide a recommendation to the Board.

**Resolved:**

- **The Board received and noted the CQC Action Plan update and approved the change in timescales.**

### **16.Risk Management Strategy**

Lisa Quinn provided an update against the strategy which has been in place since 2017 and confirmed most actions had been completed in relation to various ambitions within the Risk Management Strategy.

Lisa proposed to refresh the Risk Management Strategy in-line with the Organisational Strategy work. It was proposed to have a session on Risk Management and Board Assurance Framework at December's Board Development Session. The Board accepted the report.

**Resolved:**

- **The Board received and noted the Risk Management Strategy**

## **17. Board Assurance Framework and Corporate Risk Register**

Lisa Quinn spoke to the enclosed report which had been reviewed by all sub-committees of the Board. Lisa mentioned the report highlights all risks that had been reviewed for the period and also highlights those that breach the risk appetite. The Board accepted the report.

### **Resolved:**

- **The Board received and noted the Board Assurance Framework and Corporate Risk Register.**

## **18. NHSE/I Single Oversight Framework Compliance Report**

Lisa Quinn confirmed the report did not need to be formally submitted through the Single Oversight Framework but was completed for the Board's overview of the position.

### **Resolved**

- **NHSE/I Single Oversight Framework Compliance Report**

## **19. CEDAR Programme – Full Business Case for approval**

Stephen Naylor, Tony Railton and Fiona Kettle provided the Board with an update through a presentation. Stephen advised the Full Business Case was approved by the Joint Investment Committee on 11 September and by Ministers at the end of the month. HM Treasury approval was expected early in November.

Three planning submissions were made in late 2019 which had all received approval. All three major developments are linked to wider national and regional care model initiatives which are imperative in maintaining the Trust's long term sustainability as a provider of national and regional specialist services. The CEDAR programme focused on improving the safety and quality of care for patients in line with national standards and latest best practice. This included the re-provision of learning disability medium secure accommodation to meet current standards and increase capacity to meet demand for mental health secure services and the need to move away from the current position of adult mental health and learning disability services being located on two separate sites.

Stephen provided an overview of the capital costs and risks associated with the scheme including valuation of the land at Northgate in terms of the impact of the pandemic on land value.

James Duncan reiterated the significance of the scheme for the Trust with strategic importance across three key service areas and that it was also a significant scheme for the region. It is included on the list of 40 new hospitals announced by the Prime Minister.

Claire Keys queried if there was a PFI element to the scheme. James Duncan confirmed the scheme was based on entirely capital expenditure which was awarded as one of the few schemes successful in bidding for national funding. In addition to this, funding has come from Trust capital monies and funding from asset sales.

Peter Studd mentioned the Trust had also reviewed new ways of working in which staff would operate across the Northgate site. This had, and will continue to involve consultation and engagement with staff as part of the process.

James commended the CEDAR Project Team for the work that has been undertaken to get to this stage. James asked the Board to approve the Full Business Case which was still awaiting Treasury approval.

**Approved:**

- **The Board approved the CEDAR Programme Full Business Case**

**Minutes/papers for information**

**20. Committee updates**

There were no further updates to report.

**21. Council of Governors update**

Ken Jarrold referred to the forthcoming Governor's Elections for which communications were currently being prepared.

Ken referred to the recent Council of Governors Engagement Session where the main focus was on Talk First and Restraint and a demonstration was helpfully provided for the Governors on physical and mechanical restraint.

Ken also referred to David Arthur, Non-Executive Director who shared his personal biography with the Governors which was very well received.

**22. Any Other Business**

No further business for discussion.

**23. Questions from the public**

None to note.

**Date and time of next meeting**

Wednesday, 2 December 2020, 1.30pm via Microsoft Teams

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Board of Directors Meeting held in public

Action Log as at 2 December 2020

Item No.	Subject	Action	By Whom	By When	Update/Comments
<b>Actions outstanding</b>					
02.09.20 (13)	Quarterly Workforce Report	Details of the allocation and placement of overseas staff to be circulated to the Board	Rajesh Nadkarni	<del>October</del> <del>November</del> December 2020	Verbal update to be provided at the November meeting A paper to be circulated detailing medical staffing positions in NC locality
05.08.20 (07)	Chief Executive's Report	Trust Green Paper to be presented to the December meeting	James Duncan	December 2020	Verbal update to be provided
06.11.19 (12) 02.09.20 (5)	Staff Friends and Family Test	Agreed that actions to address potential impact of automated messages on people who contact services by telephone to be included in the Reset and Redesign of services work.	Gary O'Hare	May 2020 <del>August 2020</del> December 2020	Update to be provided in line with the Reset and Redesign work.
05.08.20 (18)	BAF/CRR	A future Board Development Session to be arranged to further review the BAF / CRR	Lisa Quinn	February 2021	Schedule to take place at February Board Development session
07.08.19 (19)	Safer Staffing Levels incl 6 monthly skill mix review	A revised paper to include an MDT approach to safer staffing including agency medical locums to be presented to a future Board meeting	Gary O'Hare/Rajesh Nadkarni	February 2021	GoH gave assurance that Feb 2021 report will include MDT reporting
05.08.20 (07)	Chief Executive's Report	Update on Trieste to be provided to a future Board development session	James Duncan	February 2021	Included on annual cycle for Board development topics
<b>Completed Actions</b>					

Item No.	Subject	Action	By Whom	By When	Update/Comments
02.09.20 (13)	Quarterly Workforce Report	Provide the Board with an update on living wage arrangements for staff contracted from elsewhere	James Duncan	October November 2020	Complete – update provided at the November meeting
07.10.20 (8)	Commissioning and Quality Assurance Report	Overview of out of area activity to be discussed at a future Development Session followed by an update at a Board meeting held in public	Lisa Quinn	December 2020	Complete – Board development session item December

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# Northumberland, Tyne and Wear NHS Foundation Trust

## Board of Directors Meeting

**Meeting Date:** 2 December 2020

**Title and Author of Paper:** Chief Executive's Report  
John Lawlor, Chief Executive

**Paper for Debate, Decision or Information:** Information

### **Key Points to Note:**

#### **Trust updates**

- Trust Governor Elections
- Flu Vaccinations
- Staff Survey
- Covid-19 Lateral Flow Testing
- Trust Organisational Improvement Collaborative

#### **Regional updates**

- Community Mental Health Transformation
- Newcastle Collaborative Agreement
- First Anniversary of the NENC Applied Research Collaboration for our Region

**Outcome required:** For information

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## Chief Executive's Report 2 December 2020

### Trust updates

#### **Governor Elections**

The Trust Governor Election process commenced on Monday 16<sup>th</sup> November in the following constituencies:

- **Public** – Cumbria (1 seats)
- **Service users** – Adult Services (1 seat)
- **Carers** – Adult Services (1 seat)
- **Carers** – Neuro Disability Services (1 seat)
- **Staff** – Clinical (2 seats – one specifically for the North Cumbria locality)

Our members and governors are at the heart of the Foundation Trust's accountability and governance and can become involved in numerous way: having a number of statutory duties and responsibilities; receiving updates and newsletters; being consulted on plans for future developments; taking part in focus groups to help improve services; and much, much more.

We are promoting the Governor elections and encourage anyone who may be interested in standing to contact our Corporate Affairs Team.

#### **Flu Vaccinations**

The flu campaign started on 21<sup>st</sup> September and the Trust currently has 62.8% compliance compared to 59% at the same point last year. The Trust target is 100% of all staff vaccinated as soon as possible and no later than the end of December. Each locality has a flu plan which they are following to ensure the maximum vaccine uptake for staff and patients. All teams now have access to electronic dashboards regarding local tracking of vaccine stocks and timely stock taking of available provision of vaccines for use. The Trust has engaged with local and regional partners to develop system wide approaches to increase uptake across the community.

#### **Staff Survey**

The National Staff Survey closes on 27 November 2020. The Trust currently has a response rate of 49% (as at 23 November) which is lower than in the previous four years. Whilst there is a mixed picture regionally in terms of response rates compared to previous years, the national return rate is higher than last year.

The Trust decided due to Covid-19 restrictions and the logistics of distributing paper copies of the survey to our sites, to move to an electronic version only for Trust staff. Inpatient areas in particular have seen lower responses than previously which may be a consequence of this method of delivery.

The survey is similar to previous years in terms of the questions asked, with the exception of some additional questions relating to Covid-19. These questions relate to how organisations have supported their workforce during the pandemic.

As in previous years the initial staff survey results are due to be published in late December with the final publication expected in February 2021.

#### **Covid-19 – Lateral Flow Testing**

This test is part of the Government's response to Covid-19 and its commitment to minimising the spread of infection. We have now received 6500 test kits that will be distributed to all

patient facing staff. Each member of staff will receive a box containing 25 test kits to support self-testing for 12 weeks, with staff testing themselves twice weekly.

Any staff testing positive will be required to self-isolate and a Covid-19 Swab Test will be arranged through the Trust's absence line to confirm the result.

We have developed an online solution to support staff to return results as we are reporting daily to Public Health England and weekly to NHS England / Improvement.

### **Trust Organisational Improvement Collaborative**

The Trust has recently established an Organisational Improvement Collaborative launched on 26 November 2020. The Collaborative is open to staff at all levels across the organisation who would like to be involved in improvement work or projects across the organisation with the aim of making things better for our service users, carers and staff. This has benefits for the organisation in engaging our staff to be involved in transformational or incremental change to support our strategic ambitions and workforce priorities. It also supports our talent management approach by giving those involved the opportunity to learn new skills and gain experience outside of their current role.

### **Regional updates**

#### **Community Mental Health Transformation**

The NHS Long Term Plan and subsequent Community Mental Health Framework set out a bold vision for transforming community mental health care for adults and older people. The mental health work stream for the North East and North Cumbria ICS, chaired by myself, led on the development of a proposal which was submitted to NHS England for consideration on the 18<sup>th</sup> November 2020. Draft plans were produced at 'place' level within the ICS which were then incorporated into a range of guiding principles which would drive the transformation in future.

Fundamental to the model is delivering care which is integrated in primary and community services, and in arrangements with local authorities, housing and voluntary and community social enterprise centres, and influenced by service users, families and carers. The region will receive feedback about our plans in December 2020, with a final review in January 2021, hopefully culminating in funding allocations by June 2021. An update on this vitally important work and our approach to it across the Trust and the ICS will be brought to a future Board meeting.

#### **Newcastle Collaborative Agreement**

Partners across Newcastle have been working together for a number of years to think about how we work as a system first rather than as individual organisations in the interests of promoting and enabling the health wealth and wellbeing of our local communities. This presents many challenges, but also many opportunities, and as the work has developed it has become clearer to all parties that to further develop this work, we need to set it within a clear and agreed framework. To this end we have drawn up a Collaborative agreement which sets out our aims and ambitions, our approach to working together and our priorities for action. These are set out below:

1. Co-governance and leadership
2. Co-production – using the 'Being Well' framework to improve health and wellbeing and reduce inequalities around
3. Integrated children's service
4. Care homes
5. Complex care for adults

6. Positive mental health
7. Co-location
8. Command Centre – particularly leveraging digital and data to design and deliver personalised services
9. Covid-19 – Outbreak control and Recovery

This agreement is presented to the Board for approval today, and marks a significant step forward. As an organisation, CNTW are actively involved in all of the areas of priority working. It should be noted that the positive mental health work-stream is the vehicle in Newcastle for developing and implementing community mental health transformation, described elsewhere in this report. It should also be noted that while the core agreement is across statutory health and care organisations, primary care, the VCS and other partners are actively engaged in the partnership arrangements.

### **First Anniversary of our NENC Applied Research Collaboration for our Region**

The CNTW-hosted NIHR ARC NENC (National Institute for Health Research Applied Research Collaboration for North East and North Cumbria) is celebrating its first anniversary since its launch. The ARC is a wide collaboration featuring NHS, Universities, Local Authorities and 3<sup>rd</sup> Sector organisations across the whole region with an aim of developing and implementing research to the benefit of the populations we serve. Please [click here](#) to view letter from Professor Eileen Kaner, Director, ARC NENC and Professor Chris Price, Deputy Director, ARC NENC.

The first year has focussed on developing the core team (based in CNTW) and recruiting to 15 Research Fellow posts at partner universities. These Fellows are developing experts who will be actively involved in building communities of interest into their work, and scientifically examining how to improve wellbeing and making best use of the health and care resources of the region. In addition the ARC has been allocated a leadership role in two national themes of Prevention and Inequalities which will involve coordinating across all 15 ARCs on national work relating to these.

The ARC is also committed to supporting new research and the first round of ‘responsive funding’ was allocated from ARC resources this year to 31 projects totalling £1.6m. These were a range of exciting projects developing research collaborations from across the region.

John Lawlor  
**Chief Executive**

Cumbria, Northumberland Tyne & Wear  
11/26/2020 18:21:11

**Report to Board of Directors  
4 November 2020**

<b>Title of report</b>	<b>Quality Account 2019-20 (Final Version)</b>
<b>Report author(s)</b>	<b>Julie Robson, Corporate and Quality Governance Manager</b>
<b>Executive Lead (if different from above)</b>	<b>Lisa Quinn, Executive Director of Commissioning and Quality Assurance</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	X
To achieve “no health without mental health” and “joined up” services	X	Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	X
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	Council of Governors, Service User and Carer Group, CCG's, OSC's, Local Healthwatch Groups

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	X
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability	X	Reputational	X
Workforce	X	Environmental	X
Financial/value for money	X	Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>

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## Key points to note

- The final 2019-20 Quality Account (Quality Report) is presented to Board.
- This has been subject to an extensive engagement process.
- The Quality Account has been reviewed at a number of internal committees prior to presentation to Board.
- The Quality Account sets out the 2020-21 Quality Priorities which were approved by Board in March 2020.
- External stakeholders have had the opportunity to comment on the Quality Account and statements have been received (and are included) from CCG's, local healthwatch groups and OSC's.
- Board are asked to approve the Statement of Directors' Responsibilities in respect of the Quality Account (Appendix 5).
- The final approved Quality Account is required to be published by 15<sup>th</sup> December 2020.

## Recommendations

The recommendation to the Board is to approve the Quality Account 2019-20 to be submitted and published as per national guidance.

Cumbria, Northumberland Tyne and Wear  
11/26/2020 18:21:11



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

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# Quality Account

Cumbria, Northumberland, Tyne and Wear  
NHS Foundation Trust

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2019/20

Cumbria, Northumberland Tyne and  
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Caring | Discovering | Growing | **Together**

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



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# Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2019/20 in numbers:

**88%**

The proportion of 7,000 service users and carers who responded to the Friends and Family Test and would recommend our services in 2019/20 an increase of 1% point compared with the previous year. The mental health average national score in March 2019 was 90%

**150**

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

**1 of 6**

The number of mental health and disability trusts rated “Outstanding” by the Care Quality Commission, out of 53 NHS trusts.

**80%**

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

**56%**

The response rate to the 2019 staff survey, which was 2% points above the national average and 11% points lower than the previous year

**53,500**

The number of service users cared for by the Trust on 31 March 2020

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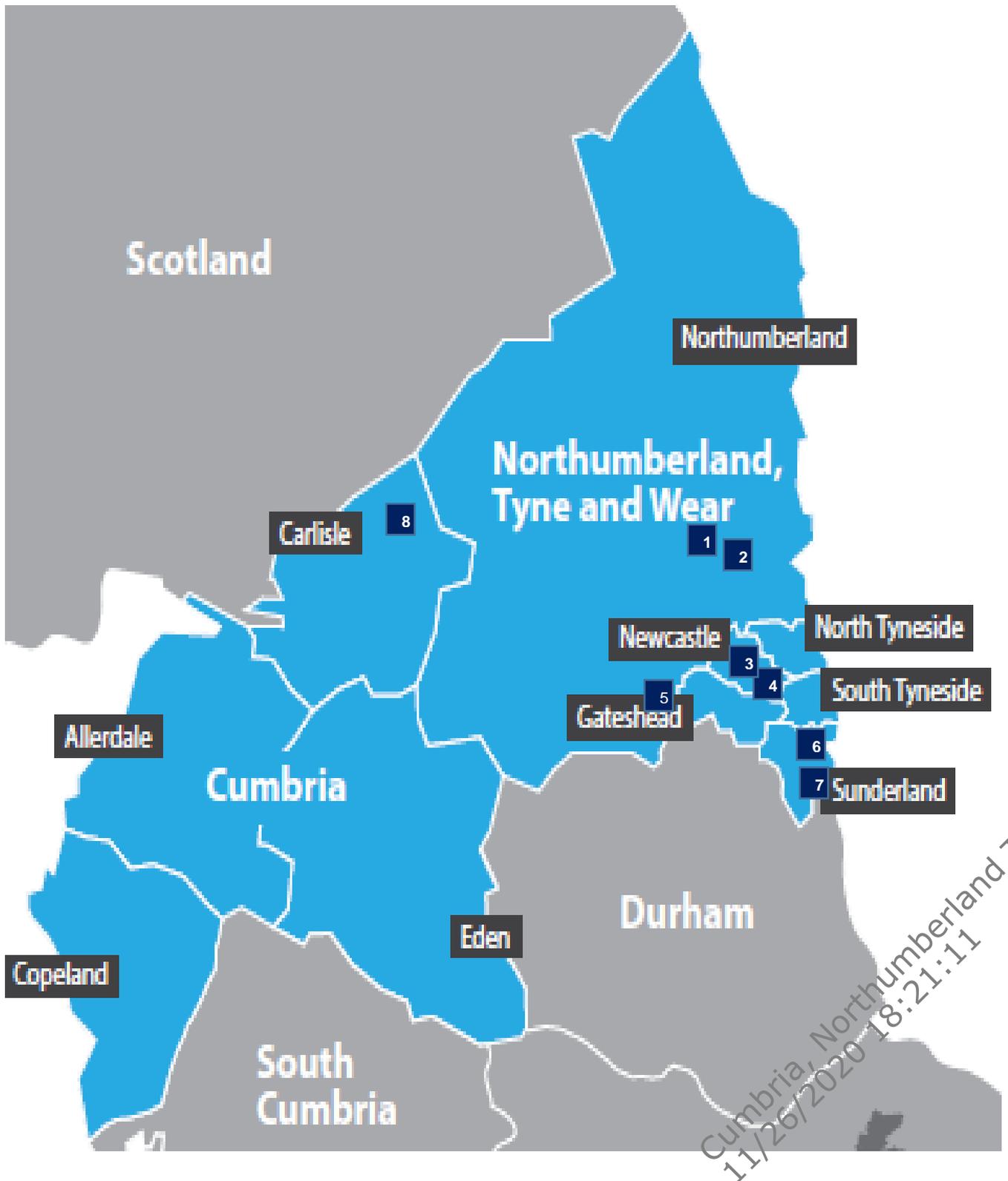
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# Map

## Main hospital sites



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## Part 1

# Welcome and Introduction to the Quality Account

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was formed in 2019 when the mental health and learning disability services in North Cumbria were transferred to Northumberland, Tyne and Wear NHS Foundation Trust. We are one of the largest mental health and disability organisations in the country and have an annual income of more than £380 million.

We provide a wide range of mental health, learning disability and neuro-rehabilitation services to a population of 1.7 million people in Cumbria and the North East of England. We employ over 7,000 staff, operate from over 70 sites and provide a range of comprehensive services including some regional and national services.

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

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

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

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

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# What is a Quality Account?

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

We welcome the opportunity to outline how we have performed over the course of 2019/20, taking into account the views of service users, carers, staff and the public, and comparing ourselves with other Mental Health and Disability Trusts. This Quality Account outlines the good work that has been undertaken, the progress made in improving the quality of our services and identifies areas for improvement.

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

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

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

**This is an “experience” box**  
It gives the experience of service users.

*“My treatment has always been consistent and reliable. I have found a lot of benefit from talking to my therapist as it has given me the strength to face my problems”*

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# Statement of Quality from the Chair and Chief Executive



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

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

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

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

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

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

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

We thank you all.

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Ken Jarrold  
Chairman



John Lawlor  
Chief Executive

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

Cumbria, Northumberland Tyne and  
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# Statement from Executive Medical Director and Executive Director of Nursing & Chief Operating Officer

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

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

This year we have focussed upon the following quality priorities:

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

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

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



Dr Rajesh Nadkarni  
**Executive Medical Director**



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

Cumbria, Northumberland Tyne & Wear  
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# Statement of Quality from Council of Governors Quality Group



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

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

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

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

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

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

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

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

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

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



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

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust  
11/26/2020 18:21:11

# Care Quality Commission (CQC) Findings

In 2018, the Care Quality Commission (CQC) conducted an inspection of our services and once again rated us as “Outstanding”. We are one of only six Mental Health and Disability Trusts in the country to be rated as such, as at 1 April 2019.

All of our core services are rated overall as either “Good” or “Outstanding”, and we aim to protect, build upon and share our outstanding practice. We are also addressing all identified areas for improvement, which included:

- Reducing blanket restrictive practices,
- Availability of nurse call systems on inpatient wards, and
- Recording of physical health observations following the use of rapid tranquillisation.

Mental health and learning disability services from North Cumbria transferred to the Trust on 1<sup>st</sup> October 2019 and with those services accepted 38 areas of improvement that had been identified by CQC at previous inspections which we are looking to address. CQC have notified the Trust that ratings will not be aggregated for a period of 2 years.



Last rated  
26 July 2018

**Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust**

Overall rating

Inadequate

Requires improvement

Good

Outstanding  
★

**Are services**

Safe? Good

Effective? Outstanding  
★

Caring? Outstanding  
★

Responsive? Outstanding  
★

Well led? Outstanding  
★

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



Last rated  
26 July 2018

**Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust**

Overall rating

Inadequate

Requires improvement

Good

Outstanding  
★

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

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

Caring and compassionate	Respectful	Honest and Transparent
<ul style="list-style-type: none"> <li>Put ourselves in other people's shoes</li> <li>Listen and offer hope</li> <li>Focus on recovery</li> <li>Be approachable</li> <li>Be sensitive and considerate</li> <li>Be helpful</li> <li>Go the extra mile</li> </ul>	<ul style="list-style-type: none"> <li>Value the skill and contribution of others</li> <li>Give respect to all people</li> <li>Respect and embrace difference</li> <li>Encourage innovation and be open to new ideas</li> <li>Work together and value our partners</li> </ul>	<ul style="list-style-type: none"> <li>Have no secrets</li> <li>Be open and truthful</li> <li>Accept what is wrong and strive to put it right</li> <li>Share information</li> <li>Be accountable for our actions</li> </ul>

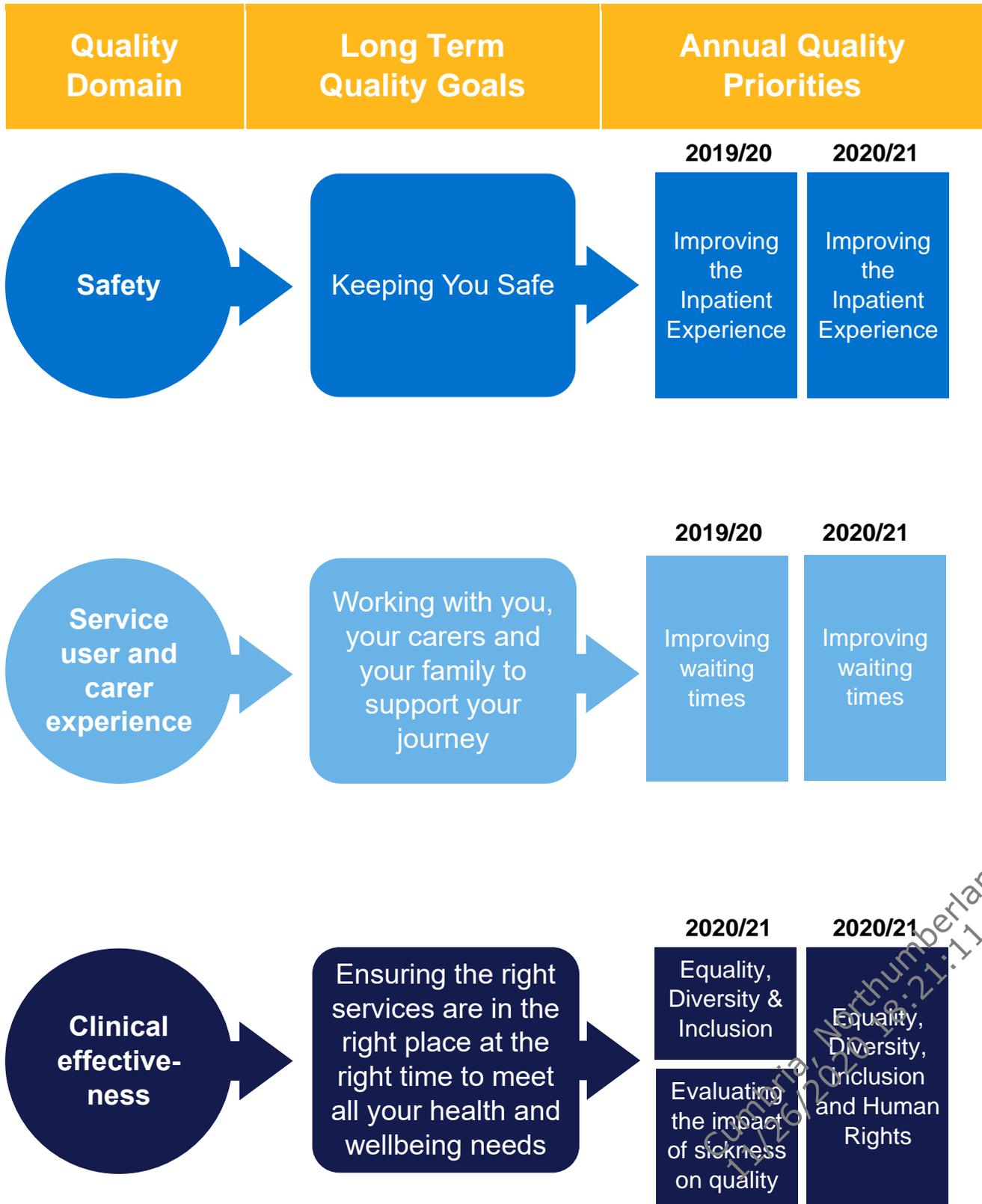
Our values ensure that we will strive to provide the best care, delivered by the best people, to achieve the best outcomes. Our concerns are quality and safety and we will ensure that our values are reflected in all we do:

## Our Strategy for 2017 to 2022

Our strategy takes into account local and national strategies and policies that affect us, and our ambitions are:



Our long term Quality Goals are based on safety, service user and carer experience, and clinical effectiveness. Each year we set Quality Priorities to help us achieve our long term Quality Goals:



## Trust Overview of Service Users

Table 1 below shows the number of current service users as at 31 March 2020 by locality, and Table 2 shows the total number of referrals in the year. Both tables have a comparison to the previous 2 years and the increase in referrals received is mainly attributable to investment in crisis, psychiatric liaison, street triage and substance misuse services.

Table 1: Service Users by locality 2017/18 to 2019/20 (data source: CNTW)

Clinical Commissioning Group (CCG)	2016/17	2017/18	2019/20
North Cumbria CCG	287	304	<b>9650</b>
North Tyneside CCG	4013	4161	<b>3924</b>
Northumberland CCG	9671	9274	<b>9056</b>
Newcastle & Gateshead CCG (Total)	13195	13405	<b>13730</b>
Newcastle	8533	8659	<b>8904</b>
Gateshead	4662	4746	<b>4816</b>
South Tyneside CCG	3713	3735	<b>3846</b>
Sunderland CCG	9711	9917	<b>10688</b>
Durham Dales Easington & Sedgefield CCG	474	526	<b>537</b>
North Durham CCG	633	721	<b>705</b>
Darlington CCG	110	130	<b>138</b>
Hartlepool & Stockton CCG	193	217	<b>235</b>
South Tees CCG	223	270	<b>283</b>
Other areas	349	426	<b>747</b>
<b>Total Service Users</b>	<b>42572</b>	<b>43086</b>	<b>53539</b>

Table 2: Total referrals by locality 2017/18 to 2019/20 (data source: CNTW)

Clinical Commissioning Group (CCG)	2016/17	2017/18	2019/20
North Cumbria CCG	285	334	<b>15316</b>
North Tyneside CCG	12989	14132	<b>15195</b>
Northumberland CCG	30628	30943	<b>30802</b>
Newcastle & Gateshead CCG (Total)	40554	43497	<b>43032</b>
Newcastle	24214	26222	<b>26374</b>
Gateshead	16332	17256	<b>16623</b>
South Tyneside CCG	17402	17533	<b>16252</b>
Sunderland CCG	47007	50192	<b>47489</b>
Durham Dales Easington & Sedgefield CCG	1635	1698	<b>1748</b>
North Durham CCG	1185	1242	<b>1169</b>
Darlington CCG	107	121	<b>97</b>
Hartlepool & Stockton CCG	222	232	<b>186</b>
South Tees CCG	181	212	<b>199</b>
Other areas	1181	1280	<b>2089</b>
<b>Total Service Users</b>	<b>153376</b>	<b>161416</b>	<b>173574</b>

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

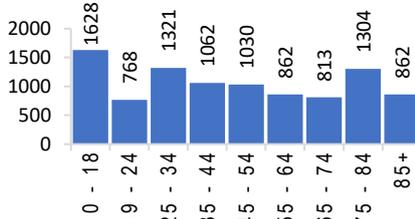
Figure 1: Gender, age and ethnic group breakdown of service users for our local CCGs

### North Cumbria CCG

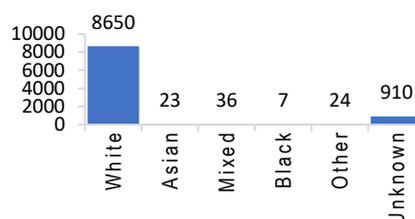
#### Gender Breakdown



#### Age Breakdown

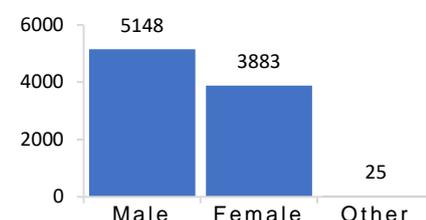


#### Ethnicity Breakdown

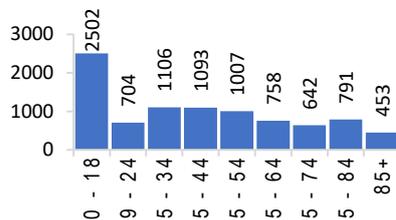


### Northumberland CCG

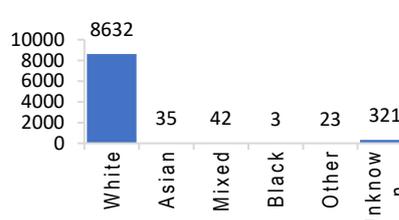
#### Gender Breakdown



#### Age Breakdown

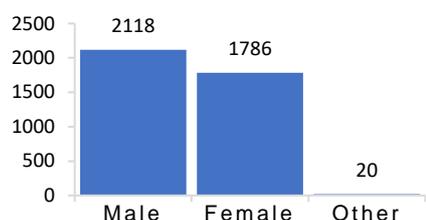


#### Ethnicity Breakdown

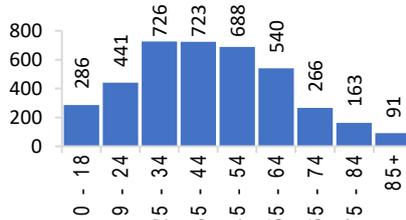


### North Tyneside CCG

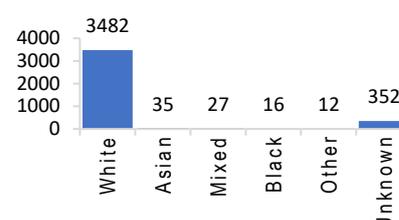
#### Gender Breakdown



#### Age Breakdown

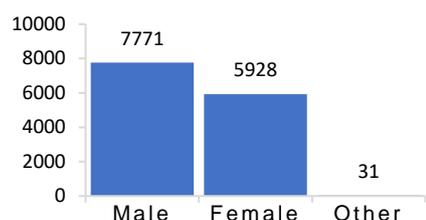


#### Ethnicity Breakdown

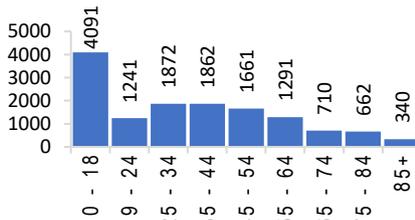


### Newcastle Gateshead CCG

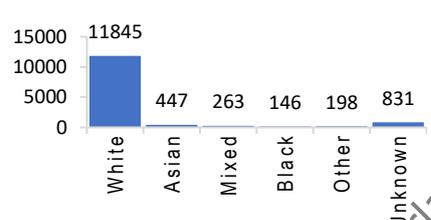
#### Gender Breakdown



#### Age Breakdown

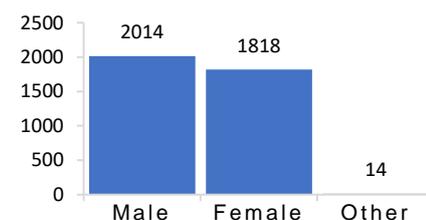


#### Ethnicity Breakdown

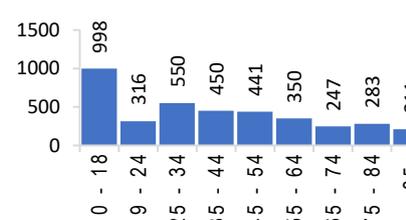


### South Tyneside CCG

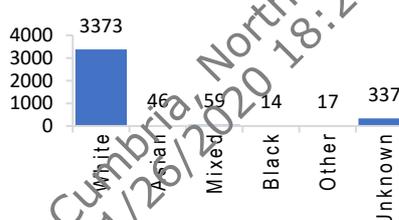
#### Gender Breakdown



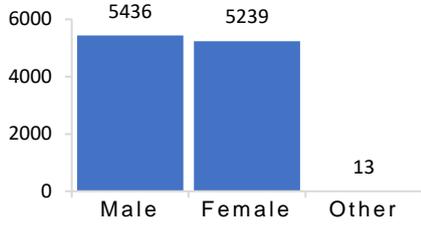
#### Age Breakdown



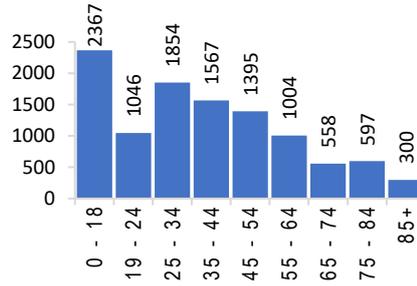
#### Ethnicity Breakdown



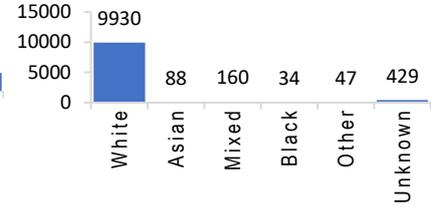
**Sunderland CCG**  
Gender Breakdown



Age Breakdown



Ethnicity Breakdown



Data source: CNTW

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## Part 2a

# Looking Ahead – Our Quality Priorities for Improvement in 2020/21

This section of the report outlines the annual Quality Priorities identified by the Trust to improve the quality of our services in 2020/21.

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

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

An engagement process was undertaken from December 2019 to January 2020, inviting governors, service users, carers, staff, commissioners and other stakeholders to consider the development of a quality priority which would focus on Human Rights and asked for comments on the following questions; it is envisaged that this would be appended to the existing quality priority relating to Equality, Diversity and Inclusion:

1. What is important to you with regard to fairness, respect, equality, dignity and autonomy?

2. Any other areas of concern for consideration as a quality priority?

By engaging with the diverse communities we serve, gathering information on how our work affects different groups, we can identify and remove barriers that prevent people we serve from being treated equally.

These are the agreed Quality Priorities for the year 2020/21, and how we intend to achieve them:

## Safety

### Improving the inpatient experience

Continue to monitor inappropriate out of area treatment days against plan set out in Figure 2.

Continue to monitor average bed occupancy on adult and older people's mental health wards (including PICU - psychiatric intensive care unit) against the plan in 3.

Implement reporting average patient days receiving out of area treatment within CNTW.

Continue to monitor service user and carer experience.

Figure 2: Inappropriate out of area bed days planned trajectory 2019/20 and 2020/21



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

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

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

In the older people's pathway, the planned occupancy rate increases in quarter 4 as a consequence of decommissioning existing empty beds. No increase in inpatient admissions is anticipated.

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## Service User & Carer Experience

### Improving waiting times

**To ensure Trust services are responsive and accessible, and that no one waits more than 18 weeks to access community services.**

- Continue to monitor and report waiting times to treatment for adult and OPS MH services against the 18 week standard.
- Continue to report CYPS waiting times by pathways (using 2nd contact as treatment proxy).
- Continue to monitor and report Gender Dysphoria, adult ADHD diagnosis and adult ASD diagnosis waiting times.

## Clinical Effectiveness

**Equality, Diversity, Inclusion and Human Rights (in relation to the core values of fairness, respect, equality, dignity and autonomy (FREDA))**

Implement and raise awareness of Sexual Orientation Monitoring Information Standard (SOMIS) through services

To develop a communications campaign to raise awareness of human rights principles with staff

Implement masterclasses

To develop a clear vision of what a human rights based approach would look like to help with awareness raising amongst staff

Locality Groups to report progress against action plans

To review specific trust policies with a view to including prompts for staff with regards to human rights principles when undertaking routine reviews of policies.

Develop resources on dedicated intranet page to raise awareness and support staff in the delivery of the Accessible Information Standard

To work with service user and carer reference group and peer support workers to identify human rights advocates.

To increase awareness of service user and carer experience feedback available via dashboards

Identification of an appropriate unconscious bias training tool for use within teams for self-assessment and reflection and develop a formula to disseminate across the organisation.

Ensure that health literacy awareness increases to ensure that people have enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems

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## Part 2b

# Looking back – Review of Quality Priorities in 2019/20 and their impact on our long term Quality Goals

In this section we will review our progress against our 2019/20 **Quality Priorities** and consider the impact they may have made on each overarching **Quality Goal**.

Our 2019/20 Quality Priorities were:

Safety	Service User & Carer Experience
Improving the inpatient experience <ul style="list-style-type: none"><li>• see page 26</li></ul>	Improving waiting times see page 36

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

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# Improving the inpatient experience

<p><b>We said we would:</b></p>	<ul style="list-style-type: none"> <li>a) Continue to monitor inappropriate out of area treatment days against plan.</li> <li>b) Implement reporting average patient days receiving out of area treatment within CNTW.</li> <li>c) Continue to monitor average bed occupancy on adult and older people’s mental health wards (including PICU - psychiatric intensive care unit) against the plan.</li> <li>d) Continue to monitor service user and carer experience on inpatient wards.</li> </ul>
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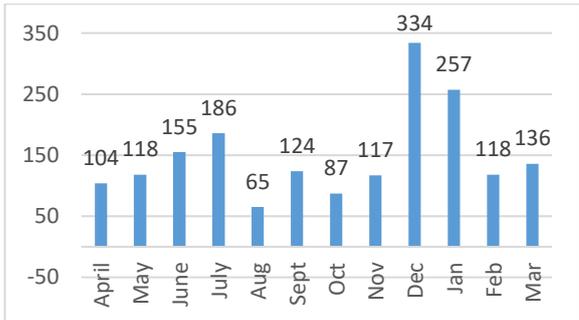
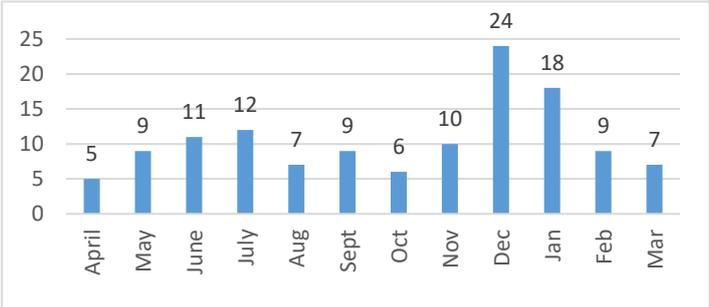
<p><b>Progress</b></p>	<p><b>Partially Met</b></p> <p>(1) The number of inappropriate out of area bed days during 2019/20 is shown in figure 3. The Trust experienced an increase in inappropriate out of area beds during December 19 and January 20. During this time there were national pressures for access to adult acute mental health beds</p> <div style="text-align: right;"> <p><i>Figure 3: Number of inappropriate Out of Area bed days by month, 2019/20</i></p>  <p>Data source: CNTW</p> </div> <p><i>Figure 4: Number of service users in inappropriate Out of Area placements by month 2019/20</i></p>  <p>Data source: CNTW</p> <p>(2) An approach to capture out of area placement bed usage within CNTW remains in development.</p> <p>(3) Average bed occupancy levels during 2019/20 have been monitored and compared with planned trajectories for the year, which take into account any planned bed closures. Bed occupancy trajectories do not include North Cumbria.</p>
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Table 5 - During the year the number of available adult mental health beds (acute and PICU, exclude rehabilitation) reduced in Q3 in line with the Newcastle/Gateshead CCG “Delivering Together” consultation. As a consequence, the bed occupancy rate increased, and despite this being factored into the planned bed occupancy trajectory, the trajectory was exceeded (2% over the trajectory). As noted above, at a national level adult acute inpatient services experienced significant pressures during this period in 19/20. Complimentary to bed occupancy, Table 6 illustrates the number of occupied bed days, and it evident that over the year there has been a reduction in occupied bed days.

As within adult mental health inpatients services, the number of available beds in older peoples has reduced due to the decommissioning of existing empty beds in Q4. While the older peoples bed occupancy rate fluctuated during the year, the bed occupancy percentage as at the end of the year was under the planned bed occupancy trajectory (11% under the trajectory), with occupied bed days also at their lowest during Q4.

The graphs and tables below illustrate the bed occupancy over the year.

Table 4: Average % bed occupancy by locality care group and quarter, 2019/20

Average % Occupied Beds Including Leave	Adult mental health wards including PICU				Older People’s mental health wards			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Bed occupancy trajectory (do not include North Cumbria)	100	100	100*	100*	72	77	77	94**
Trustwide (excluding North Cumbria)	102.1 %	100.7 %	102.5 %	102.8 %	74.8 %	85.5%	82.0 %	79.9 %
North	103.5 %	102.8 %	103.9 %	105.2 %	91.9 %	101.0 %	99.6 %	96.5 %
Central	102.7 %	102.4 %	101.8 %	102.3 %	90.9 %	98.2%	98.0 %	88.7 %
South	100.2 %	97.2%	102.0 %	101.5 %	63.9 %	76.1%	70.9 %	70.2 %
North Cumbria			83.8%	97.6%			91.9 %	95.1 %
Trustwide (including North Cumbria)	102.1 %	100.7 %	98.3%	101.8 %	74.8 %	85.5%	84.1 %	83.2 %

\*Reduction in adult acute beds in line with the Newcastle/Gateshead CCG “Delivering Together” consultation.

\*\*Reduction in older peoples beds due to the decommissioning of existing empty beds.

Table 5: Occupied mental health beds, 2019/20

Occupied Bed Days Including Leave	Adult mental health wards including PICU				Older People’s mental health wards			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Trustwide (excluding North Cumbria)	19,438	18,316	17,693	17,508	7,217	8,334	7,996	7,081

Average occupied beds per day	214	199	192	192	79	91	87	78
Trustwide (including North Cumbria)	19,438	18,316	21,908	21,772	7,217	8,334	10,410	9,417
Average occupied beds per day	214	199	238	239	79	91	113	103

Figure 5: Number of inpatients for working-age adult MH wards (acute and PICU, exclude rehabilitation), 2019/20

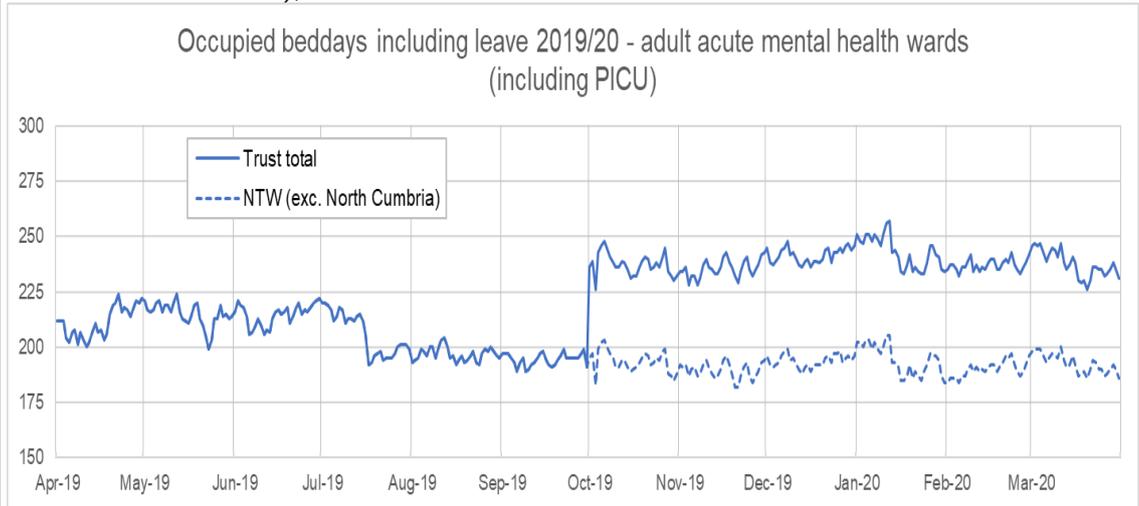
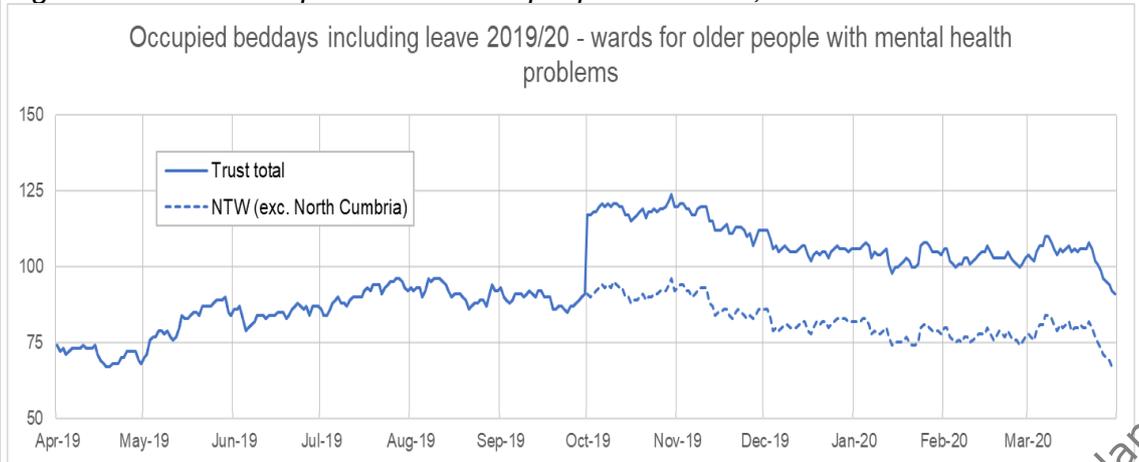


Figure 6: Number of inpatients for older people's services, 2019/20



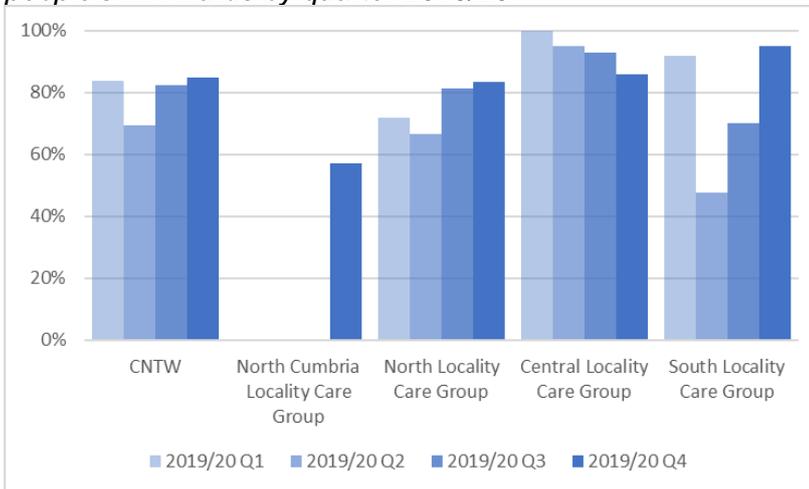
(4) Analysis of the Friends and Family Test recommend scores for adult (acute and PICU, exclude rehabilitation) and older peoples mainstream mental health wards April 2019 to March 2020.

Figure 7 shows the Friends and Family Test “recommend” score for each quarter of 2019/20. The results are based upon 237 surveys received; North Locality 90; South Locality 87; Central Locality 53; North Cumbria Locality 7. The South locality has received the greatest variation in scores.

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Note that uptake of Points of You within some of the inpatient areas remains low, work is ongoing to encourage higher volumes of responses. For more information on Points of You please see pages 48 and 104.

*Figure 7: Friends and Family Test scores for adult (acute and PICU) and older people's MH wards by quarter 2019/20*



There was one complaint received during the year, which was not a complaint about travelling to a ward, but a concern regarding whether an admission could be in Cumbria, which is far from home, due to the transfer of services from North Cumbria to Northumberland, Tyne and Wear NHS Foundation Trust. This complaint was responded to in line with the due processes.

*“.....It truly is a team of medical professionals who work "together" to support patients and their cares following life changing events. When a support need is identified staff will refer you to the relevant specialist to ensure the right type of support / treatment is given when required. Thus helping recovery.....”*

*“.....The care I received has been excellent and tailored to my needs and wishes....”*

*“....I feel I was patronised and casually dismissed from the opportunity to be given any further practical help.....”*

*“....More communication is needed between service and service users / carers, find myself being the all to chase and call. Not a fantastic duty of care overall. As mentioned understand services are stretched, not a good experience for younger patients.....”*

*Cumbria, Northumberland Tyne and Wear NHS Foundation Trust  
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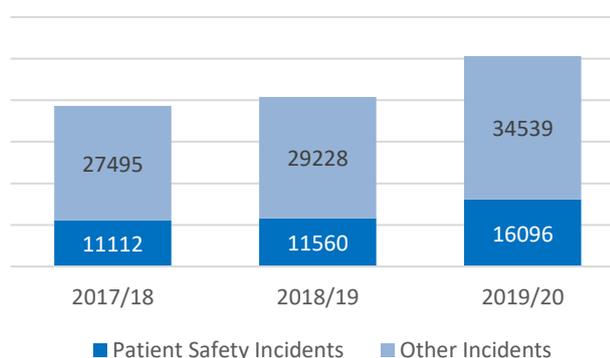
# How has the Improving the inpatient experience Quality Priority helped support the Safety Quality Goal of Keeping You Safe?

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

Figure 4 shows the total number of patient safety incidents reported by the Trust over the past 3 years:

Compared with the previous year, there has been a 4% increase in the number of patient safety incidents. Patient safety incidents represent 32% of the total number of incidents reported for the year, which totalled 50635 (an increase of 8% from the previous year).

Figure 4: Number of reported **patient safety** incidents and total incidents 2017/18 to 2019/20



Data source: CNTW

Table 6: Number and percentage of **patient safety** incidents by impact 2017/18 to 2019/20

Number of Patient Safety incidents reported by impact:	2017/18		2018/19		2019/20	
No Harm	6584	59.3%	7344	63.5%	<b>10537</b>	<b>65.5%</b>
Minor Harm	3693	33.2%	3607	31.2%	<b>4965</b>	<b>30.8%</b>
Moderate Harm	751	6.8%	541	4.7%	<b>526</b>	<b>3.3%</b>
Major Harm	38	0.3%	43	0.4%	<b>53</b>	<b>0.3%</b>
Catastrophic, Death*	46	0.4%	25	0.2%	<b>15</b>	<b>0.1%</b>
<b>Total patient safety incidents</b>	<b>11112</b>	<b>100%</b>	<b>11560</b>	<b>100%</b>	<b>16096</b>	<b>100%</b>

Data source: CNTW

Note, annual totals for previous years may differ from previously reported data due to ongoing data quality improvement work and to reflect coroner's conclusions when known. Data is as at 2 April 2020.

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The “no harm” or “minor harm” patient safety incidents now account for 96% of reported patient safety incidents, with an increase in the number assessed as “no harm”.

### Degree of harm in incident reports

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

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

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

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

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

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

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

Table 7: **Total** incidents 2019/20 for local CCGs, includes patient safety and non-patient safety incidents

Total incidents by locality	No Harm	Minor Harm	Moderate Harm	Major Harm	Catastrophic, Death*
NHS CUMBRIA CCG	1228	396	29	4	66
NHS NORTHUMBERLAND CCG	6856	1895	207	17	162
NHS NORTH TYNESIDE CCG	2276	590	69	6	96
NHS Newcastle Gateshead CCG	7953	2357	253	25	276
<i>Newcastle</i>	5881	1688	167	17	208
<i>Gateshead</i>	2072	669	86	8	62
NHS SOUTH TYNESIDE CCG	1913	574	87	10	106
NHS SUNDERLAND CCG	4596	1350	325	23	223
<b>Total for local CCGs</b>	<b>23240</b>	<b>6865</b>	<b>959</b>	<b>84</b>	<b>921</b>

Data source: CNTW

\*Note that the “Catastrophic, Death” column includes all deaths including by natural causes, and that there are also incidents relating to service users from other non-local CCGs, the trust total deaths for CNTW is 921. There is more information on Learning from Deaths on page 77.

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

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

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

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

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

By email: [complaints@CNTW.nhs.uk](mailto:complaints@CNTW.nhs.uk)

By phone: 0191 245 6672

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

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

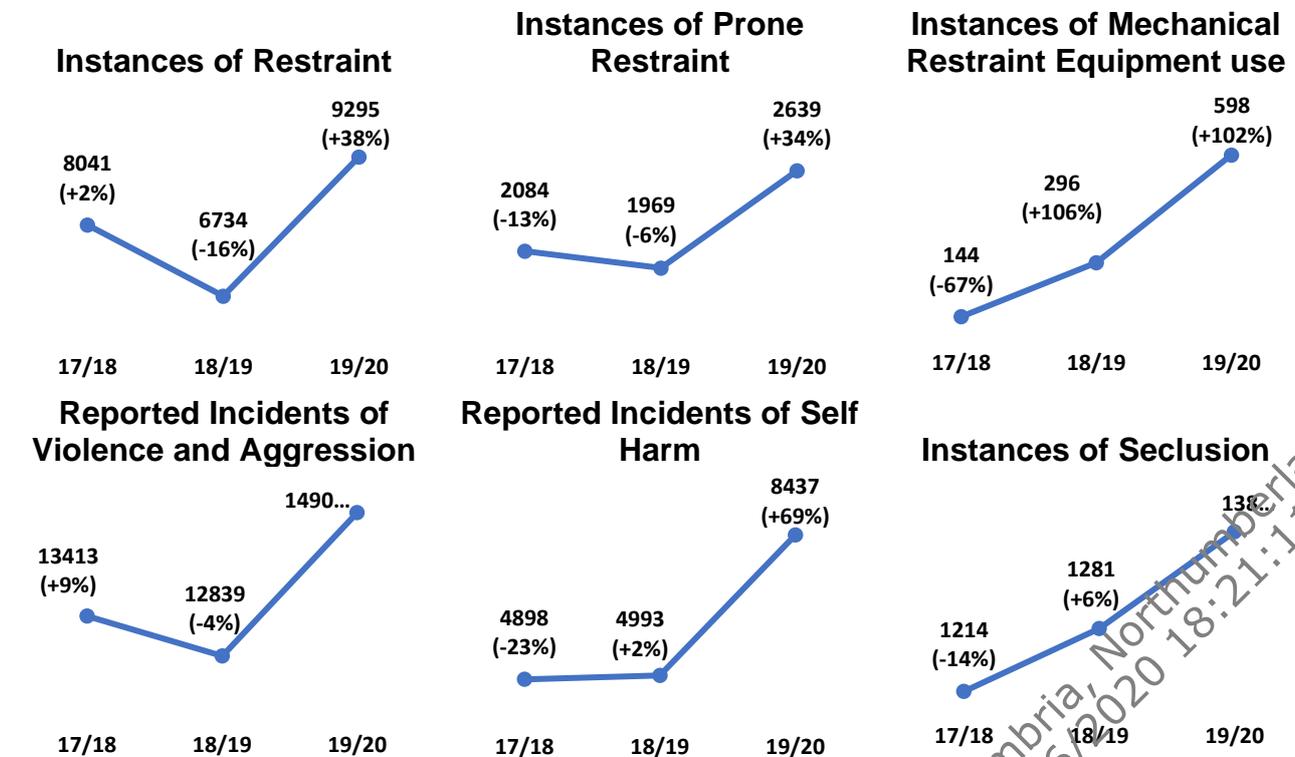
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The Safer Care directorate supports clinical Locality Groups in delivering safe and high quality services to service users while also ensuring a safe working environment for all staff. The directorate comprises a number of corporate governance functions brought together under a single leadership team. These include: infection, prevention and control; safeguarding; health safety and security; emergency preparedness; and a number of staff recruitment and professional management activities. The directorate leads on the investigation of serious incidents; mortality reviews and learning from deaths; the dissemination of learning – both internal and external; and co-ordinates the complaints process.

The Learning and Improvement Group, and monthly Bulletin share learning across the organisation. Monthly and quarterly safer care reports inform the Locality Groups, Trust Board and Quality Review Groups of the safety profile of the Trust. This process has been advanced over the last year by the development of safer care dashboards which provide a near-time view of vital safety parameters and inform local and Trust wide decision making.

## Positive and Safe Strategy - impact in numbers:

Figure 5: Talk 1st number of incidents (and change on previous year) 2017/18 to 2019/20



Data source: CNTW

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The activity recorded during 2019 -20 has demonstrated increases in all categories when compared with last year's activity, there have been a number of in year issues which have contributed to this.

CNTW have supported patients involved in both the Whorlton Hall and West lane closures, patients from both units have been transferred to our services. This involved rapid changes to environments and in some instances temporarily destabilised some of those patients whom were transferred.

Teams have worked flexibly and have rapidly adapted existing services and pathways to accommodate patient need, in some cases adding additional new clinical skills. It is pleasing to note that the patients involved have settled well and some have been discharged.

Following the merger with the former North Cumbria partnership an additional eight wards were added to the Trusts restrictive intervention dashboard in October simply this has added additional activity when compared with 2018 -19.

The Positive and safe strategy will be revised and launched in 2020 along with a revised Trust reducing restrictive intervention policy , successful pilots improving the sleep health of patients , body worn cameras , alternatives to the use of prone restraint and safety huddles undertaken in 2019 will be rolled out across 2020 and beyond.

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## Freedom to Speak Up

As the key to the delivery of safe and compassionate care, the Trust is committed to an open reporting culture about the quality of care, patient safety, or bullying. Staff are encouraged to embrace as normal practice the raising of concerns, speaking to their manager or in team meetings. They are further supported by the Freedom to Speak Up Guardian and a network of 33 Freedom to Speak Up Champions. Managers are required to also inform self-employed, contractors, agency staff, volunteers, or students/apprentices/trainees on placement, about the raising concerns process.

Every page of the staff Intranet gives Raising Concerns information, including details of how to raise concerns outside the Trust, giving details of (among others) the CQC and Public Concern at Work. Posters detailing how to contact the Freedom to Speak Up Guardian are widely distributed.

Concerns are responded to as locally as possible. Those hearing the concerns may instigate investigatory processes. Those hearing concerns are required to report back to those raising concerns about the outcome of any enquiry and any proposed remedial action. This is usually done in writing or in a feedback meeting, and may be done to individuals or staff groups.

As a matter of policy, staff who speak up are protected from detriment even if it later transpires that they were mistaken in their suspicions or belief. The Trust does not tolerate bullying, harassment or victimisation of anyone raising a concern, and such behaviour would be dealt with under the Trust's Disciplinary Procedure (including the possibility of dismissal).

### **Neil Cockling**

Freedom to Speak Up Guardian

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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# Improving waiting times

<p><b>We said we would:</b></p>	<p>Continue to report waiting times to treatment for adult and OPS MH services</p> <p>Split CYPS waiting times reporting into pathways (using 2nd contact as treatment proxy), monitor and report using new format</p> <p>Continue to monitor and report Gender Dysphoria, adult ADHD diagnosis and adult ASD diagnosis waiting times</p>												
<p><b>Progress</b></p>	<p><b>Partially Met</b></p> <p>Nobody should wait more than 18 weeks for their first contact with a community service. In line with nationally reported 18 weeks data, we measure progress against this by looking at the waiting list at the end of the year, and calculating how many of those service users waiting had been waiting for more or less than 18 weeks at that point.</p> <p>Referrals which are regarded as a priority or emergency by the clinical team would not be expected to wait 18 weeks for first contact. The definition of what constitutes a priority or emergency referral differs per service.</p> <p>We encourage service users, carers and referrers to keep in touch with us while they are waiting for the first contact with a service, to manage risks and to ensure that we understand if anything about their situation changes.</p> <p>This year we have seen waiting times remaining stable within community services for adults and older people* with 61 people waiting more than 18 weeks for their first contact with a service at 31st March 2020, which is a slight increase of 5% when compared with the same date last year, when 57 people were waiting.</p> <p>Please note North Cumbria services data was included from 1st October 2019 following the merger of the organisations.</p> <p><i>Figure 6: People waiting more than 18 weeks for first contact for adult and older peoples community services*, 2019/20</i></p> <div data-bbox="363 1547 1050 1955"> <table border="1"> <caption>Number of service users waiting more than 18 weeks for first contact - non specialised services</caption> <thead> <tr> <th>Date</th> <th>Number of service users</th> </tr> </thead> <tbody> <tr> <td>31-03-19</td> <td>57</td> </tr> <tr> <td>30-06-19</td> <td>38</td> </tr> <tr> <td>30-09-19</td> <td>30</td> </tr> <tr> <td>31-12-19</td> <td>71</td> </tr> <tr> <td>31-03-20</td> <td>61</td> </tr> </tbody> </table> </div> <div data-bbox="1107 1547 1437 1872"> <p>*excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services</p> </div> <p>Data source: CNTW</p>	Date	Number of service users	31-03-19	57	30-06-19	38	30-09-19	30	31-12-19	71	31-03-20	61
Date	Number of service users												
31-03-19	57												
30-06-19	38												
30-09-19	30												
31-12-19	71												
31-03-20	61												

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Reported waiting times to access community services for children and young people have significantly improved in Northumberland and there has been large reductions in the number waiting in Newcastle and Gateshead – see overleaf for further information.

Note the methodology used to calculate waiting times for children and young people's services changed during 2019/20 whereby both face to face and indirect contacts are now included, and the second contact is classed as the proxy for entering treatment.

### **How we support service users while waiting to access our services**

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

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

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

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

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## Trustwide waiting times analysis

The charts below show the waiting times position trustwide, as at 31 March 2020 and compared to the previous year. The number of adults waiting for community services has seen a marginal increase from 57 to 61 in the year (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The number of children and young people waiting for treatment has increased while the proportion waiting less than 18 weeks has remained stable at 73% at 31st March 2020. Please note that North Cumbria services have been included in this data from 1st October 2019.

There has been a significant increase to waiting times for the adult Attention Deficit Hyperactivity Disorder diagnosis service and for the adult Autism Spectrum Disorder diagnosis service.

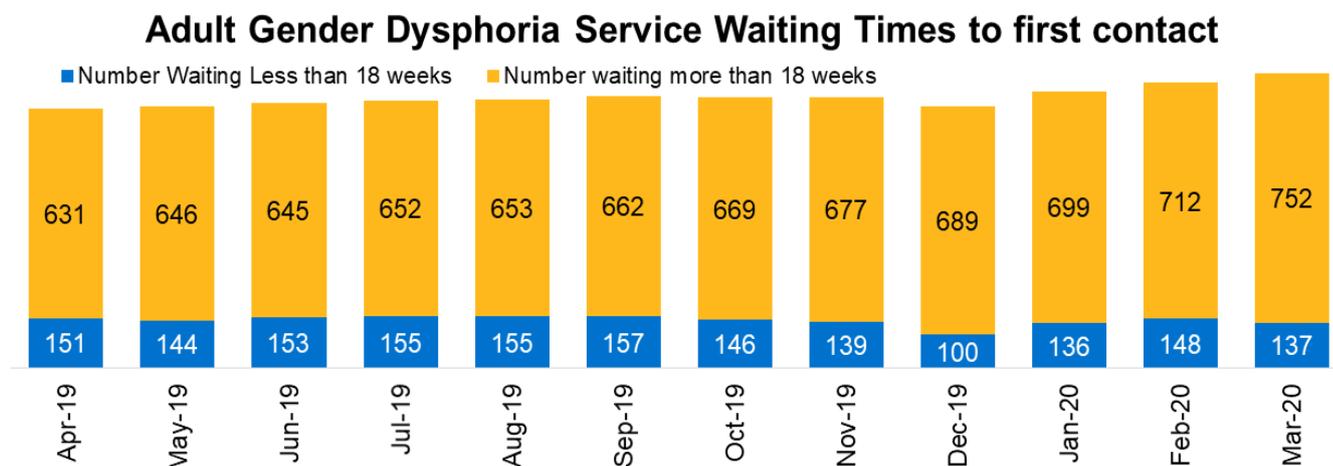
Figure 7a-f: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust waiting lists, assorted metrics



Data source: CNTW

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

Figure 8: Gender identity service waiting list 2019/20



Data source: CNTW

The overall waiting list for the adult Gender Dysphoria service has increased during the year, due to the sustained increase in referrals received. As at 31 March 2020, there were a total of 889 adults waiting to access the service, a 16% increase compared to the equivalent number as at 31 March 2019 (763).

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

Table 8: Five Year Forward View for Mental Health waiting times data 2019/20

Area	Waiting time measure	Minimum standard	CNTW data	Data period
Early Intervention in Psychosis (EIP) *	% starting treatment within two weeks of referral	53%	<b>73.5%</b>	April 2019 to March 2020
Improving Access to Psychological Therapies (IAPT)	% entering treatment within 6 weeks	75%	<b>100% (NTW)</b>	April 2019 to March 2020
			<b>99.5% (Cumbria)</b>	
Children and young people with an eating disorder	% urgent cases starting treatment within one week of referral	95% by 2020/21	<b>94.6%</b>	April 2019 to March 2020
	% routine cases starting treatment within four weeks of referral		<b>79.5%</b>	

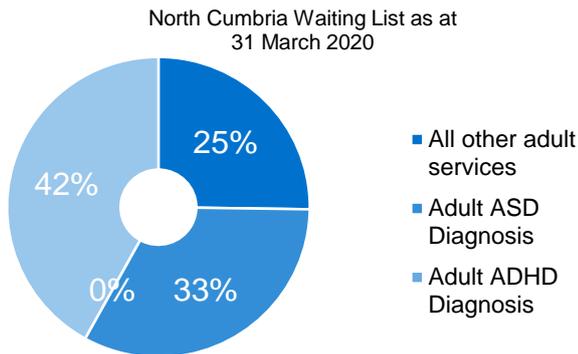
Data source: CNTW

\*to note: Internal Audit response to EIP No issues. We normally sample 5 exceptions to the indicator, but were unable to do this remotely. However, the auditor did check that the 20 items sampled all related to first episode psychosis. Nothing there that should have been excluded. In addition, EIP has been subject to previous internal audit where we have tested the exception process with no issues found in the way that items are excluded from the indicator.

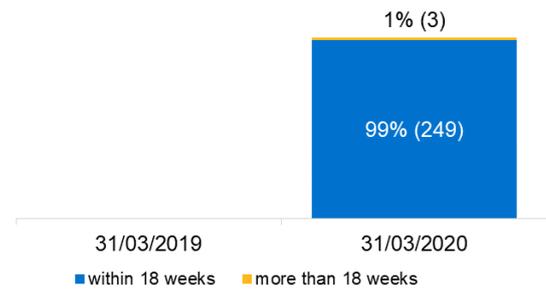
## Waiting times analysis at locality level

In **North Cumbria**, services waiting times data has been included following the merger of the organisations from 1st October 2019. Waiting times have improved throughout the last six months and within Children and Young Peoples services (CYPS) there has been a significant improvement in the overall numbers waiting for treatment.

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



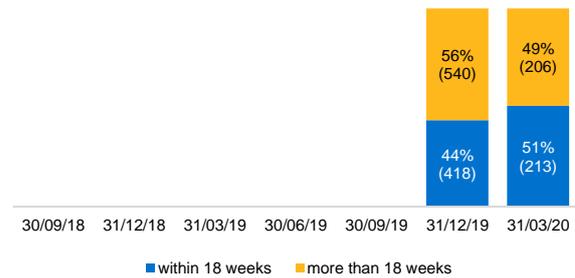
North Cumbria all other adult services % and number waiting more than and within 18 weeks



North Cumbria CYPS Waiting List Size



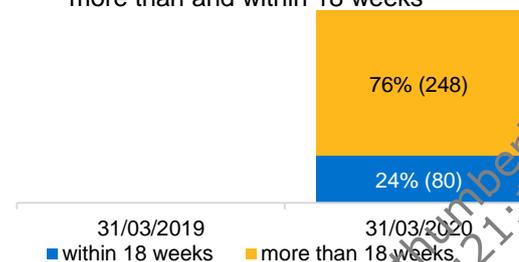
North Cumbria CYPS % and number waiting more than and within 18 weeks



North Cumbria Adult ADHD Diagnosis % and number waiting more than and within 18 weeks



North Cumbria Adult Autism Spectrum Disorder Diagnosis % and number waiting more than and within 18 weeks



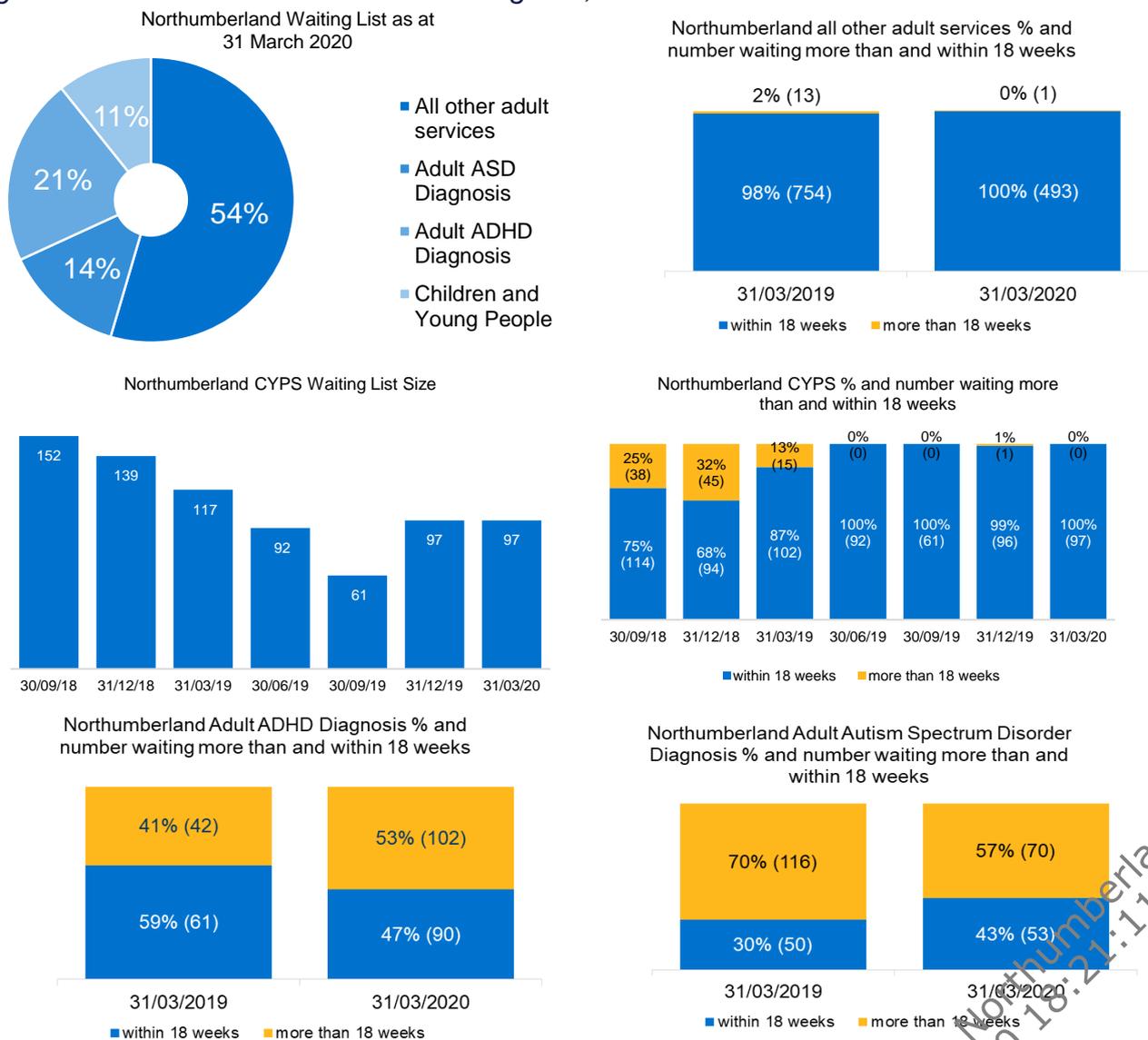
Data source: CNTW

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In **Northumberland**, waiting times for adult services have reduced, with only 1 individual waiting more than 18 weeks for their first contact as at 31 March 2019 (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

Within services for CYPS, there has been a sustained improvement, with no child or young person waiting more than 18 weeks for treatment during the whole year. Waiting times for the adult attention deficit hyperactivity disorder diagnosis services have increased and waits for the adult Autism Spectrum Disorder diagnosis service have improved.

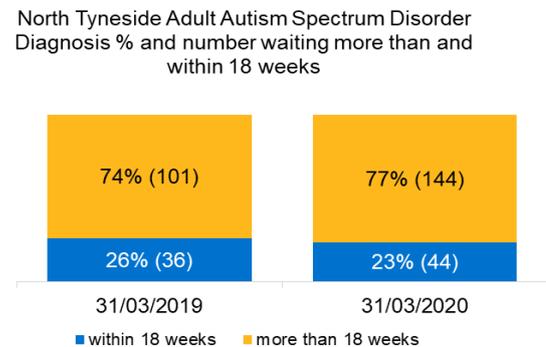
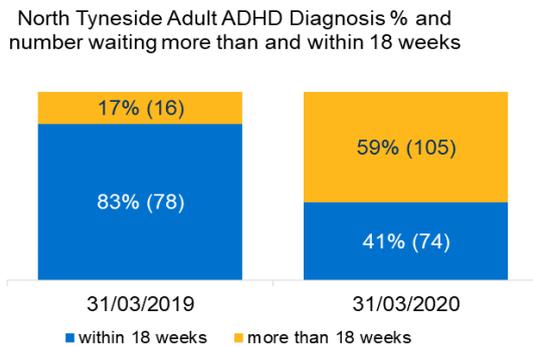
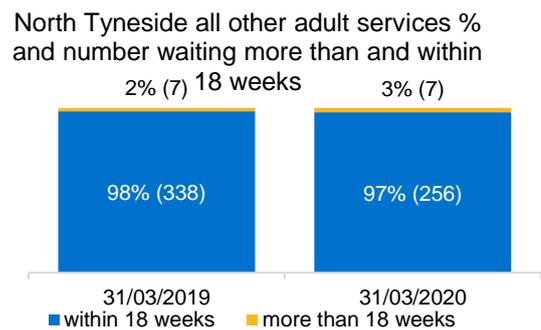
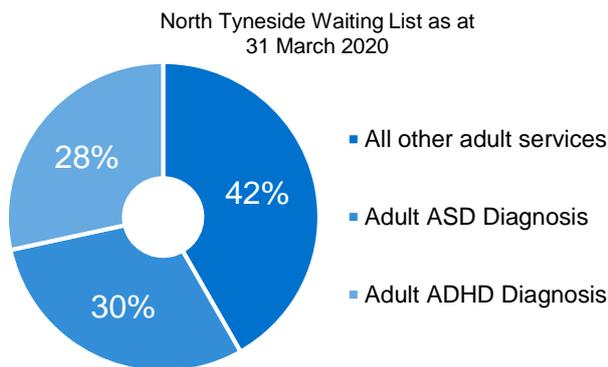
Figure 14a-f: Northumberland CCG waiting lists, assorted metrics



Data source: CNTW

In **North Tyneside**, the waiting times for adult services “excluding” adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have remained broadly under 18 weeks and waits for adult ADHD (Attention Deficit Hyperactivity Disorder) services have lengthened significantly. There has been some increase in services users experiencing long waits within the adult Autism Spectrum Disorder diagnosis service.

Figure 15a-d: North Tyneside CCG waiting lists, assorted metrics



Data source: CNTW

Note there is no chart provided for community services for children and young people in North Tyneside as this service is provided by Northumbria Healthcare NHS Foundation Trust, not CNTW, for more information please see:

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

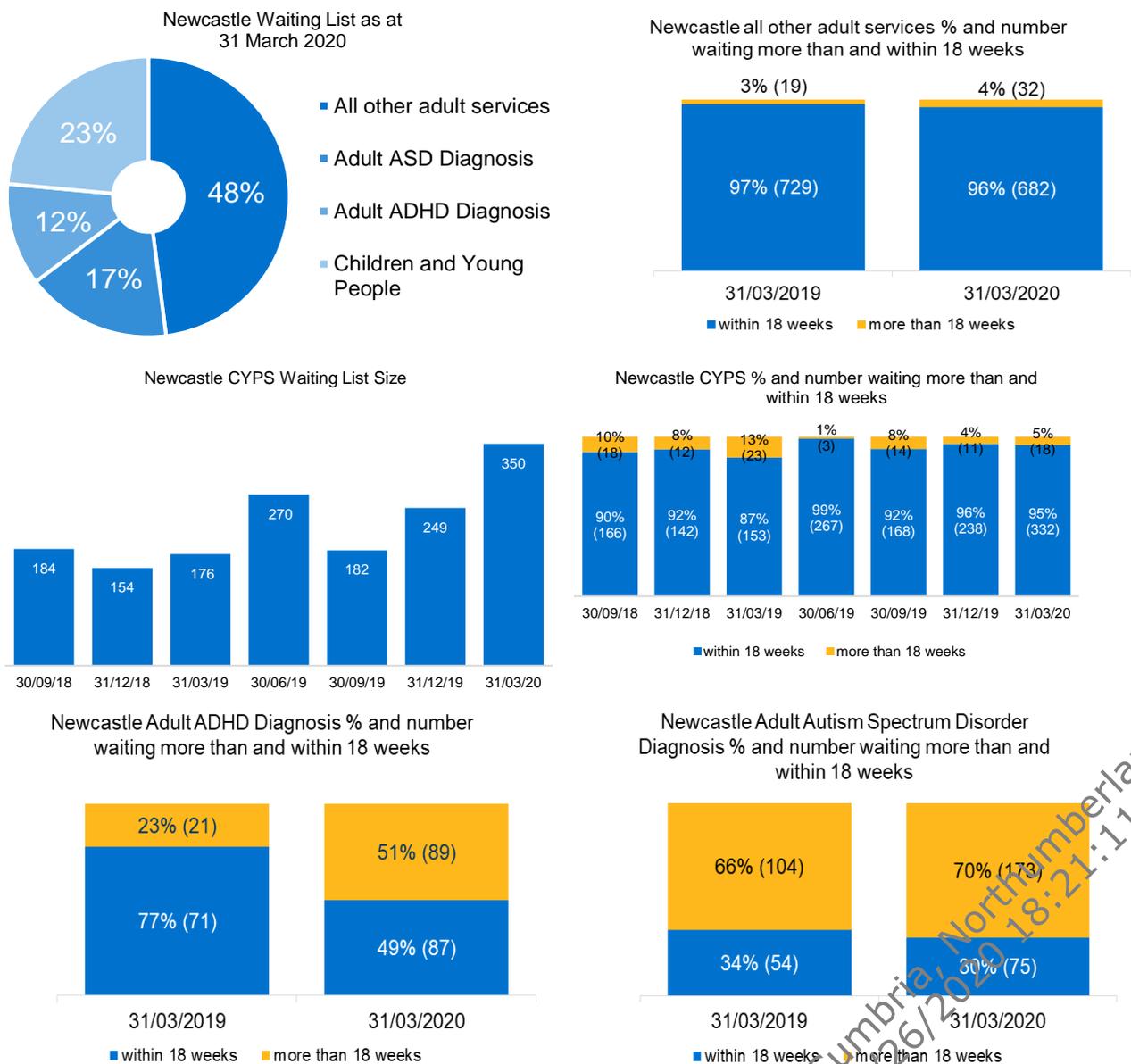
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In **Newcastle**, the waiting times for adult services have increased slightly compared to last year where only a small number of service users have a long wait to be seen and these are mostly within specialist teams (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The number of Children and Young People waiting for treatment as at 31 March 2020 have increased throughout the year, although the *proportion* waiting more than 18 weeks has reduced.

There has been an increase in the waiting times for the adult attention deficit hyperactivity disorder diagnosis services and the adult Autism Spectrum Disorder diagnosis service.

Figure 16a-f: Newcastle locality waiting lists, assorted metrics



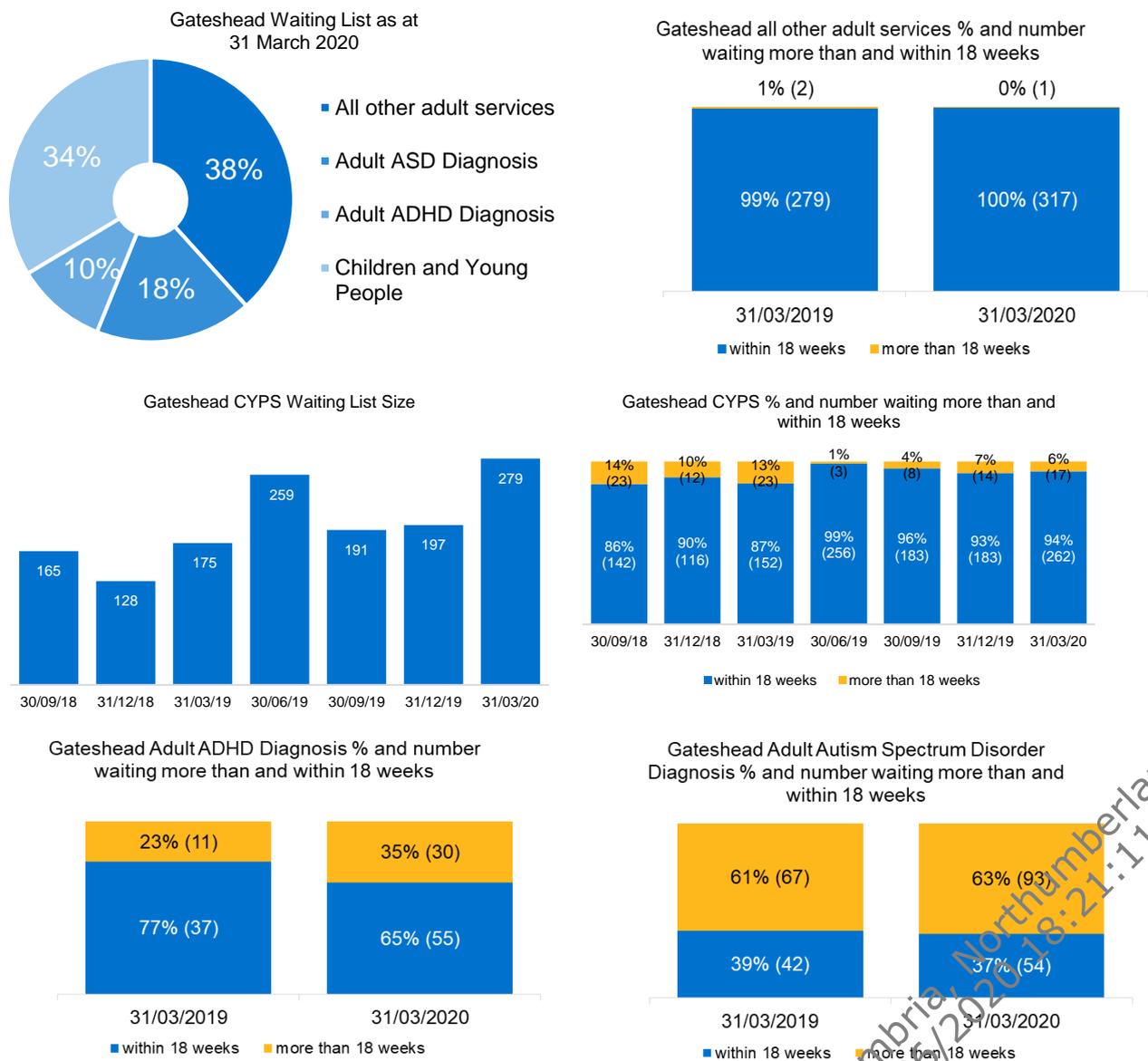
Data source: CNTW

In **Gateshead**, waiting times have been maintained throughout the year across adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

The number of Children and Young People waiting for treatment as at 31 March 2020 have increased throughout the year but those waiting over 18 weeks has decreased.

There has been increases in the waiting times for the adult attention deficit hyperactivity disorder diagnosis services and for the adult Autism Spectrum Disorder diagnosis service.

Figure 17a-f: Gateshead locality waiting lists, assorted metrics



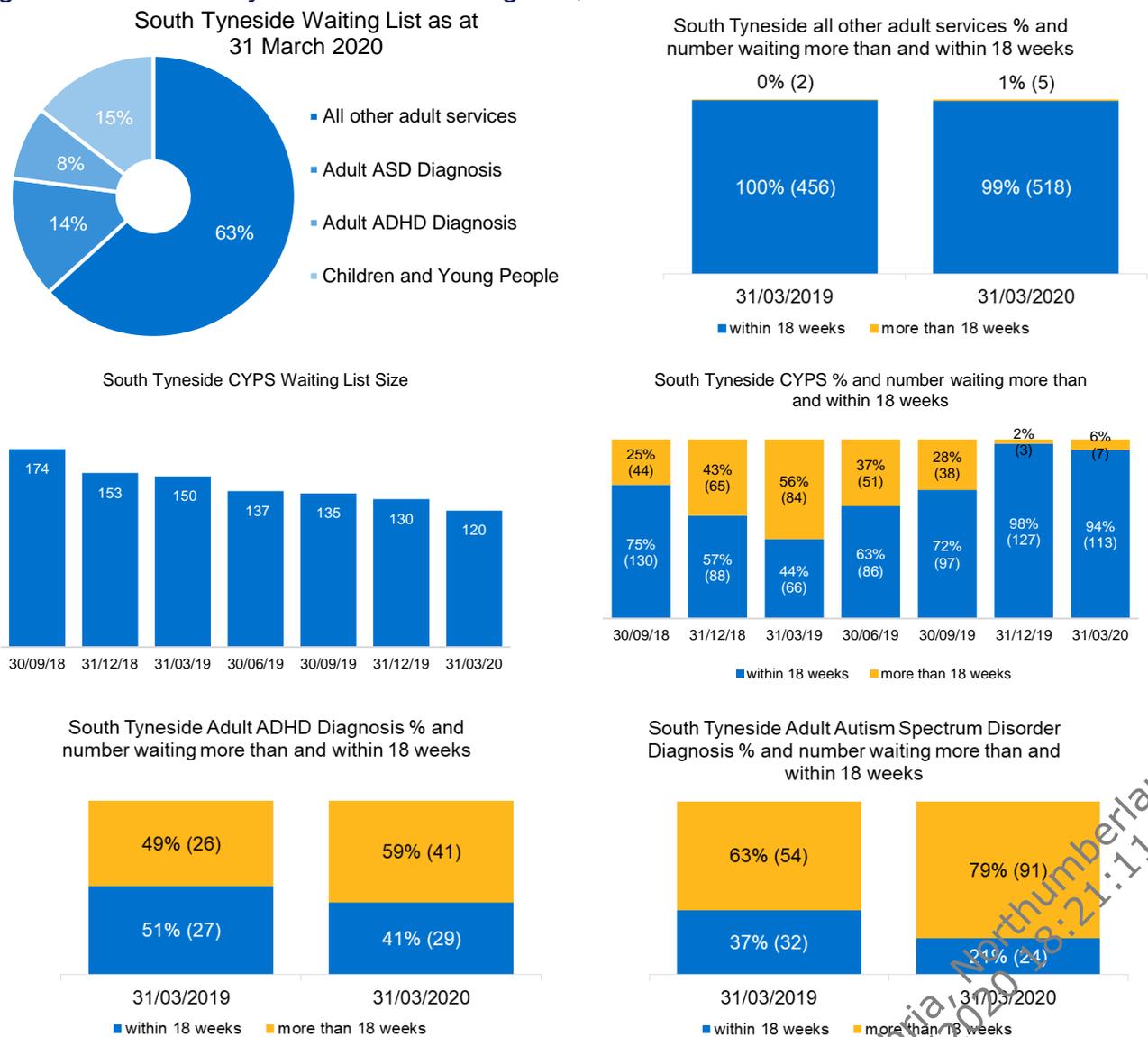
Data source: CNTW

In **South Tyneside**, there has been a marginal increase in the waiting times to first contact for adult services, with only 5 waiting more than 18 weeks (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services).

Waiting times for children and young people services have seen a reduction in both the number waiting and the proportion waiting over 18 weeks compared with one year ago.

There has been an increase in waits to access the adult attention deficit hyperactivity disorder diagnosis service and those waiting to access the adult Autism Spectrum Disorder diagnosis service.

Figure 18a-f: South Tyneside CCG waiting lists, assorted metrics



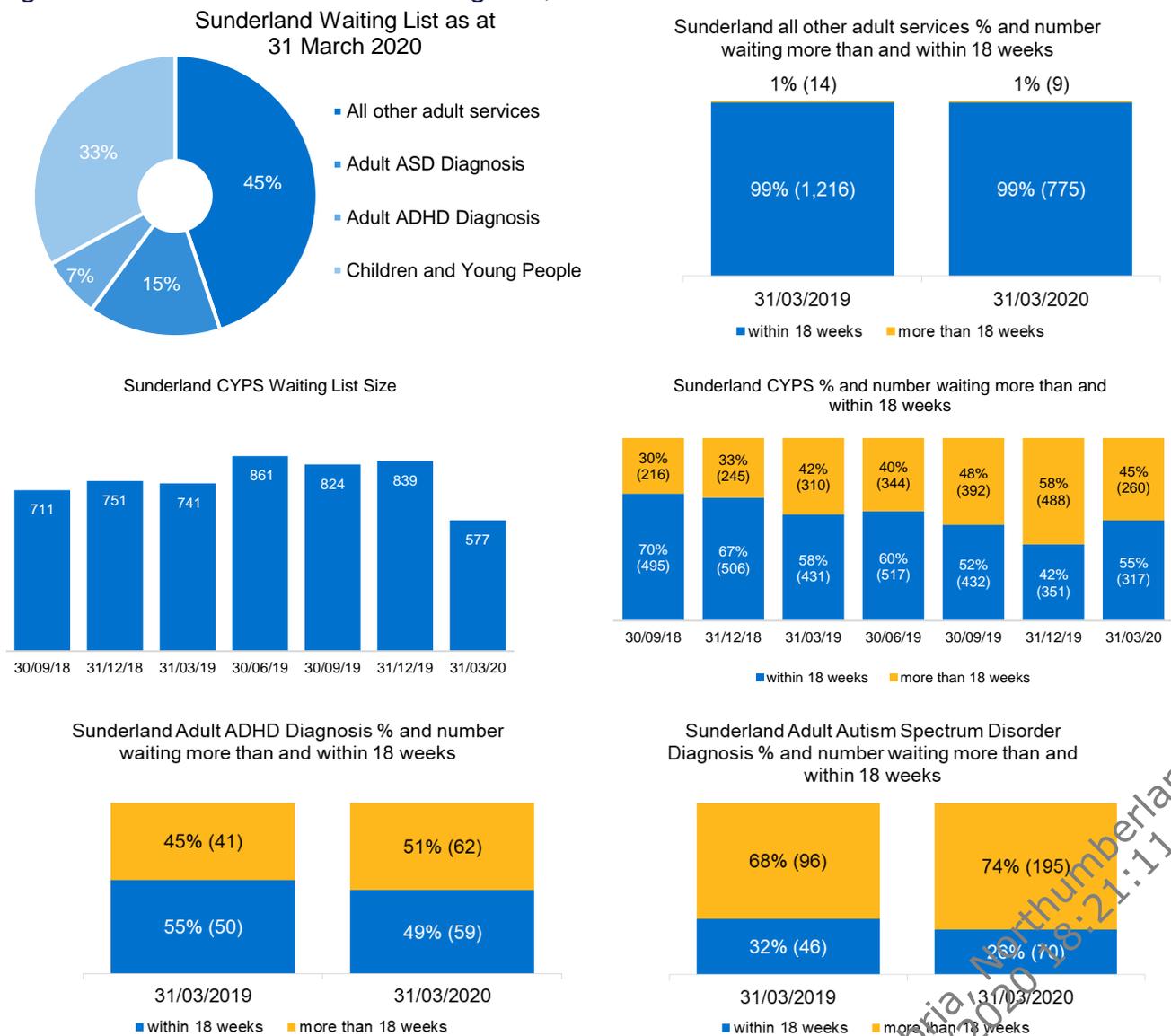
Data source: CNTW

In **Sunderland**, waiting times for adult services (excluding adult Autism Spectrum Disorder Diagnosis, adult Attention Deficit Hyperactivity Disorder diagnosis and Gender Dysphoria services) have improved significantly.

Waiting times for children and young people have improved throughout the year, though there is still a large percentage waiting over 18 weeks to access the service at 31 March 2020.

There has been a marginal increase in waits to access the adult Autism Spectrum Disorder diagnosis service and the adult Attention Deficit Hyperactivity Disorder diagnosis service waits have lengthened.

Figure 19a-f: Sunderland CCG waiting lists, assorted metrics



Data source: CNTW

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# How has the Service User & Carer Experience 2019/20 Quality Priority helped support the Service User & Carer Experience Quality Goal to work with you, your carers and your family to support your journey?

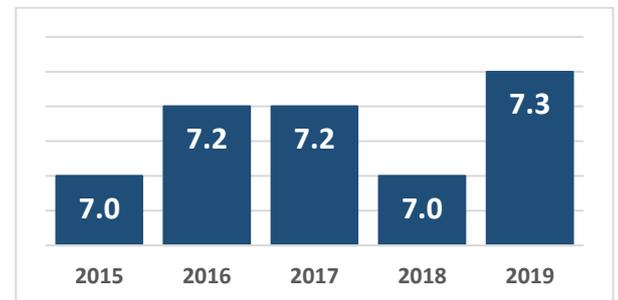
We aim to demonstrate success against this Quality Goal by improving the overall score achieved in the annual CQC survey of adult community mental health services and by reducing the number of complaints received. We will also review the feedback received from our Points of You survey which includes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

## CQC Community Mental Health Service User Survey 2018

This national survey gathered information from over 12,000 adults across England who were in receipt of community mental health services between September 2018 and November 2018. CNTW’s response rate was higher than the national response rate of 29%.

**Overall, the Trust scored 7.3 (out of 10) in response to the question about overall experience of care. This was within the expected range for the Trust and the CNTW result for this question has been relatively static for the last four years (see Figure 20).**

Figure 20: CNTW's overall experience of care score 2015 to 2019



Data source: [CQC](#)

When comparing results with other providers, CQC identifies whether a Trust performed “better”, “worse” or “about the same” as the majority of trusts for each question. The results were an improvement against the previous

year and there were seven areas in 2019 where CNTW performed better than other trusts to an extent that is not considered to be through chance. These related to the following questions:

- Were you given enough time to discuss your needs and treatment?
- How well does this person organise the care and services you need?
- Did you feel that decisions were made together by you and the person you saw during this discussion?
- Do you know who to contact out of office hours within the NHS if you have a crisis?
- Have the possible side-effects of your medicines ever been discussed with you?
- In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?
- Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

There were no areas where CNTW performed worse than expected. Of the quantitative comments made by survey respondents the key themes relating to anything good about your care and what could be improved are shown below:

**Is there anything particularly good about your care?** Most responses were classified as Patient Care, or Values and Behaviours with many examples of good practice:-

- “Mental health nurse was very good and caring in June after my overdose. CPN, when eventually got to see one, was helpful.”
- “The memory clinic staff are patient, caring and very thorough.”

**Is there anything that could be improved?** Access to treatment, and commissioning were other main themes, which also overlap with waiting times, appointments and continuity of care.

- “Wait times are too long for talking therapies. Waiting times to see a psychiatrist, even for a med review is upwards of 6 months. There's a really high staff turnover in our area - so no continuity of care, and I've heard people are leaving because they are unhappy and very overstretched.”
- “My psychiatrist seems to change every 6 months, which is very frustrating. The Tranwell Unit closing down due to lack of funding is worrying.”

The CNTW scores by survey section are shown below, highlighting that CNTW score in the upper range of scores for all sections: none of the year on year score changes are considered statistically significant.

*Table 9: National Mental Health Community Patient Survey results for 2017 to 2019*

Survey section	2017 CNTW score (out of 10)	2018 CNTW score (out of 10)	2019 CNTW score (out of 10)	2019 lowest – highest question score	2019 Position relative to other mental health trusts
1. Health and Social Care Workers	7.8	7.4	<b>7.6</b>	6.0 - 7.7	About the Same
2. Organising Care	8.5	8.6	<b>8.7</b>	7.8 - 8.9	About the Same
3. Planning Care	7	7.2	<b>7.1</b>	6.3 - 7.6	About the Same
4. Reviewing Care	7.4	8	<b>7.9</b>	6.6 - 8.3	About the Same
5. Changes in who you see	6.7	6.4			About the Same
6. Crisis Care	6.2	7.3	<b>7.6</b>	5.6 - 7.8	Better
7. Medicines		7.5	<b>7.5</b>	6.2 - 7.7	About the Same
8. NHS Therapies (prior to 2019 was Treatments)		8	<b>7.5</b>	6.8 - 8.4	About the Same
9. Support & Wellbeing	5.1	5	<b>4.8</b>	3.6 - 5.5	About the Same
10. Overall Views of Care and Services	7.4	7.5	<b>7.6</b>	6.2 - 7.8	About the Same
<b>11. Overall Experience</b>	<b>7.2</b>	<b>7</b>	<b>7.3</b>	<b>5.8 - 7.7</b>	

Data source: [CQC](#). The Medicines and Treatments sections have changed from previous years.

## Complaints

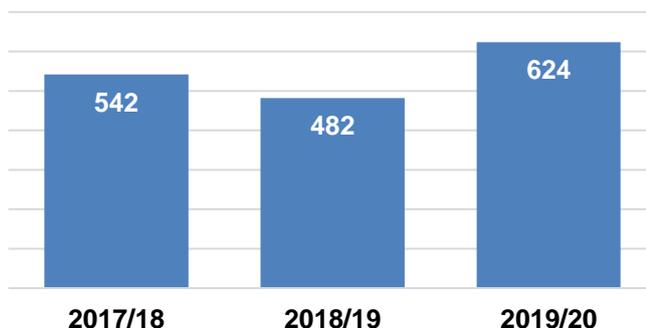
Figure 21: Number of complaints received 2016/17 to 2019/20

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

Complaints have increased during 2019-20 with a total of 624 received during the year. This is an overall increase of 142 (23%) in comparison to 2018-19. The

biggest increase was in the Central Locality Care Group which saw an

increase of 44 complaints (22%) followed by the North Locality Care Group which had an increase of 24 complaints (15%). The South Locality Care Group complaint rate remained relatively stable. The merger with North Cumbria mental health services on 1 October 2019 also added to the increase in complaints received, with North Cumbria Locality Care Group accounting for 66 complaints received between 1 October 2019 and 31 March 2020.



Data source: CNTW

Complaint categories which have significantly increased in comparison to 2018-19 are:

- Complaints related to access to treatment or drugs have increased by 211%
- Complaints related to prescribing have increased by 120%
- Complaints related to clinical treatment have increased by 117%
- Complaints related to appointments have increased by 116%
- Complaints related to admissions and discharges have increased by 61%
- Complaints categorised as other have increased by 425% (however to note these complaints were an extremely low number in 2018-19)

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

- Complaints related to patient care increased by 34%
- Complaints relating to communications decreased by 16%
- Complaints relating to values and behaviours increased by 5%

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

Table 10: Number of complaints received by category 2016/17 to 2019/20

Complaint Category	2017/18	2018/19	2019/20
Patient Care	156	139	186
Communications	83	116	97

Complaint Category	2017/18	2018/19	2019/20
Values And Behaviours	107	86	<b>90</b>
Admissions And Discharges	37	23	<b>37</b>
Clinical Treatment	21	24	<b>52</b>
Appointments	32	19	<b>41</b>
Prescribing	31	15	<b>33</b>
Trust Admin/ Policies/Procedures Including Rec Man	17	22	<b>14</b>
Access To Treatment Or Drugs	10	9	<b>28</b>
Other	13	4	<b>21</b>
Facilities	7	9	<b>6</b>
Waiting Times	17	7	<b>5</b>
Privacy , Dignity And Wellbeing	4	6	<b>7</b>
Restraint	4		<b>2</b>
Staff Numbers	2	2	<b>1</b>
Integrated Care		1	<b>2</b>
Commissioning			<b>1</b>
Consent	1		
Transport			<b>1</b>
	<b>542</b>	<b>482</b>	<b>624</b>

Data source: CNTW

## Outcomes of complaints

Within the Trust there is continuing reflection on the complaints we receive, not just on the subject of the complaint but also on the complaint outcome. In 2019/20 we responded to complaints in line with agreed timescales in 80% of cases. Table 12 indicates the numbers of complaints and the associated outcomes for the past three years:

Table 11: Number (and percentage) of complaint outcomes 2016/17 to 2019/20

Complaint Outcome	2017-18		2018-19		2019-20	
Closed - Not Upheld	168	31%	145	30%	<b>145</b>	<b>23%</b>
Closed - Partially Upheld	184	34%	159	33%	<b>164</b>	<b>26%</b>
Closed - Upheld	89	16%	85	18%	<b>97</b>	<b>16%</b>
Comment	3	1%	1	0%	<b>3</b>	<b>0%</b>
Complaint Withdrawn	50	9%	40	8%	<b>60</b>	<b>10%</b>
Compliment		0%		0%		<b>0%</b>
Decision Not To Investigate	4	1%	4	1%	<b>20</b>	<b>3%</b>
Patient Opinion		0%		0%	<b>3</b>	<b>0%</b>
Query Completed		0%	2	0%		<b>0%</b>
Still Awaiting Completion	11	2%	14	3%	<b>83</b>	<b>13%</b>
Unable To Investigate	33	6%	32	7%	<b>49</b>	<b>8%</b>
Total	<b>542</b>	<b>100%</b>	<b>482</b>	<b>100%</b>	<b>624</b>	<b>100%</b>

Data source: CNTW

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## Complaints referred to the Parliamentary and Health Service Ombudsman

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

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

*Table 12: Outcome of complaints considered by the PHSO*

Outcome of complaints considered by the PHSO, as at 31 March 2020 there were 12 cases ongoing and their status at the time of writing is as follows:

Request for records	1
Enquiry	8
Intention to Investigate	2
Notification of a Judicial Review on a PHSO decision – Trust classed as an ‘interested party’	1

## Friends and Family Test – Service Users and Carers

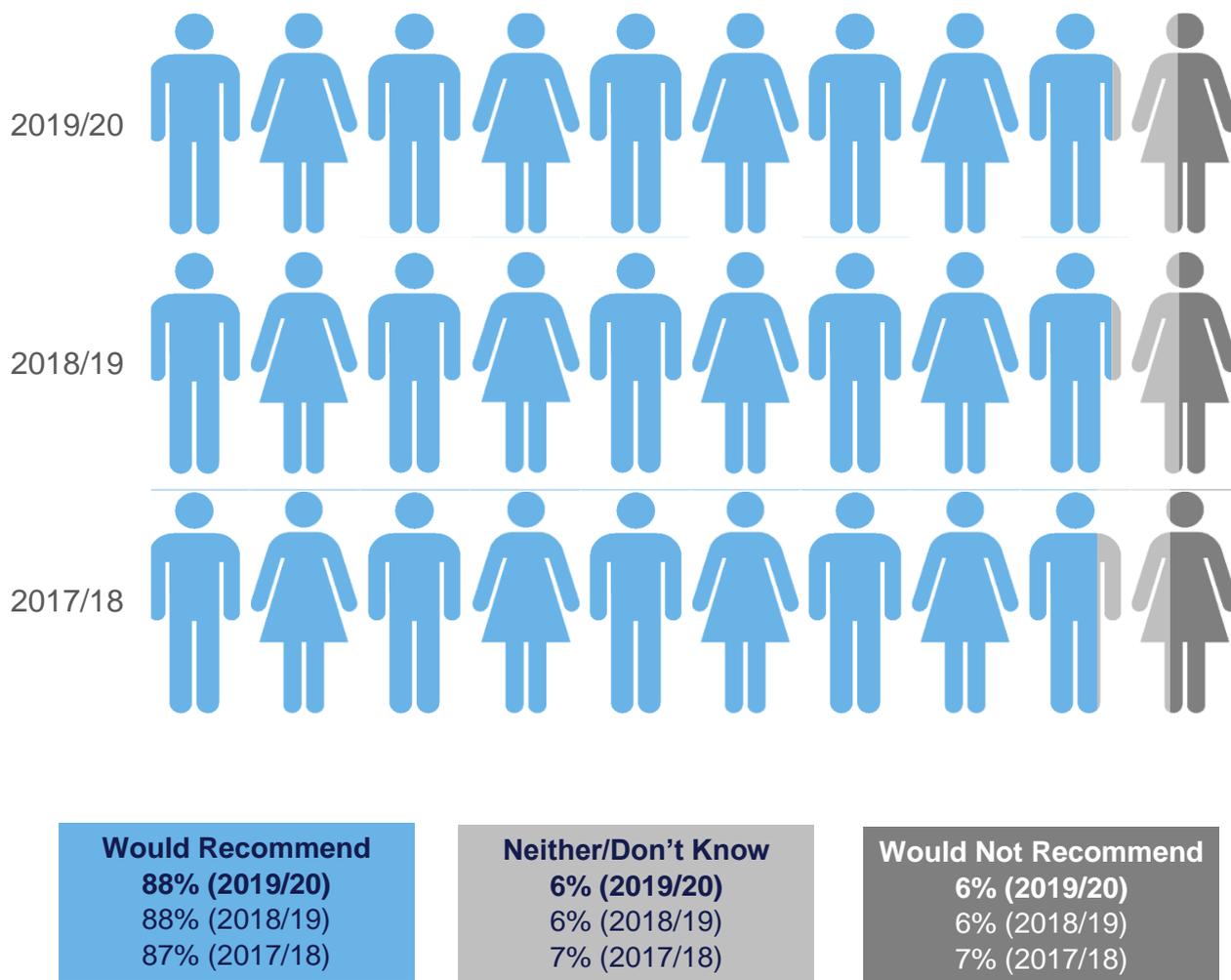
The NHS Friends and Family Test is a national service user and carer experience feedback programme. The Friends and Family Test question asks:

**How likely are you to recommend our service to friends and family if they needed similar care or treatment?**

There are 5 possible answer options ranging from extremely likely to extremely unlikely (with an additional option of ‘don’t know’).

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Figure 10: Percentage of respondents who would or would not recommend the services they received to their friends and family 2017/18 to 2019/20. Data source: CNTW



During 2019/20, around 6,500 responses to the Friends and Family Test question were received which was a 7% decrease in responses compared to 2018/19. Of respondents, 88% said they would recommend the service they received (rating of extremely likely or likely), this score has not changed compared to 2017/18. Six percent of respondents indicated they would not recommend the service they received (ratings of extremely unlikely or unlikely) which is also the same as 2018/19.

## Points of You Survey

We use the Points of You survey to gather feedback from service users and carers about their experience of our services. For more information on Points of You please see page 104.

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The below Table 12 shows the questions asked in the survey and the results for the past 3 years, in 2019/20 around 75% of feedback received was from service users and 25% was from carers. All question scores have increased compared with the previous year.

Table 12: Points of You question scores (out of 10), 2017/18 to 2019/20

Question	2017/18	2018/19	2019/20
How kind and caring were staff to you?	9.3	9.4	9.4
Were you encouraged to have your say in the treatment or service received and what was going to happen?	8.5	8.6	8.6
Did we listen to you?	8.8	8.9	8.9
If you had any questions about the service being provided did you know who to talk to?	8.5	8.5	8.5
Were you given the information you needed?	9.0	9.1	9.1
Were you happy with how much time we spent with you?	8.2	8.3	8.3
Did staff help you to feel safe when we were working with you?	9.1	9.2	9.2
Overall did we help?	8.6	8.7	8.7

Data source: CNTW

This data for 2019/20 can be displayed by service type, as per Table 13 below:

Table 13: Points of You responses by service type, April 2018 to March 2019

	Number of Responses 2019/20	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
<b>Trust</b>	<b>6782</b>	<b>9.4</b>	<b>8.6</b>	<b>8.9</b>	<b>8.7</b>	<b>9.2</b>	<b>8.4</b>	<b>9.2</b>	<b>8.8</b>
Neuro Rehab Inpatients (Acute Medicine)	112	9.7	8.6	8.9	9.0	9.4	8.5	9.4	9.3
Neuro Rehab Outpatients (Acute Outpatients)	533	9.9	9.4	9.5	9.4	9.7	9.1	9.8	9.5
Acute mental health wards for adults of working age and psychiatric intensive care units	161	8.7	7.0	7.4	8.3	8.4	7.1	7.9	7.8
Child and adolescent mental health wards	41	8.5	7.3	8.2	8.9	9.7	8.1	9.0	8.2
Community forensic mental health teams	52	9.3	8.9	9.4	7.9	9.2	8.1	9.1	8.6
Community mental health services for people with learning disabilities or autism	220	9.3	8.4	8.7	8.3	9.2	8.1	9.0	8.7
Community-based mental health services for adults of working age	1161	9.0	8.1	8.5	8.1	8.8	7.8	8.8	8.1
Community-based mental health services for older people	1792	9.7	8.9	9.2	8.7	9.5	8.7	9.5	9.2

	Number of Responses 2019/20	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Long stay/rehabilitation mental health wards for working age adults	42	9.3	8.0	8.6	9.5	9.7	8.3	9.0	8.6
Mental health crisis services and health-based places of safety	307	8.8	8.0	8.3	7.6	8.1	7.9	8.4	8.0
Mental health liaison services	97	9.7	9.2	9.5	9.2	9.4	8.9	9.4	8.9
Other specialist mental health services	20	10.0	9.6	9.8	10.0	10.0	9.6	9.9	9.3
Perinatal mental health services	77	9.9	9.4	9.5	9.9	10.0	9.1	9.6	9.5
Secure mental health wards/Forensic inpatients	24	8.2	6.5	6.9	8.6	7.7	6.9	7.4	7.6
Specialist community mental health services for children and young people	813	9.1	8.6	8.9	8.5	8.7	8.0	9.4	8.0
Substance Misuse Services	484	9.4	8.8	9.1	9.1	9.5	8.6	9.3	9.1
Wards for older people with mental health problems	78	9.7	8.1	8.4	8.7	8.7	8.5	9.1	9.4
Wards for people with learning disabilities or autism	32	9.5	7.7	8.1	9.0	9.0	8.4	8.5	8.9
Other	724	9.6	8.9	9.2	9.2	9.4	8.8	9.4	9.3

Data source: CNTW

Note: services with fewer than 10 responses for the period of 12 months have been excluded from the table above.

Key to colours in Points of You question scores:

		
Score 8-10 (highest score)	Score 6-7.9	Score 4-5.9

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# Equality, Diversity and Inclusion

<p><b>We said we would:</b></p>	<p><b>To implement a trustwide approach working across Locality Groups, the Equality &amp; Diversity Lead, CNTW Academy, Chaplaincy, Commissioning &amp; Quality Assurance, Accessible Information Standard Group and Communications</b>  <b>We will work with the staff networks for BAME, Disability, LGBT+ and the Mental Health Staff Network.</b></p>
<p><b>Progress</b></p>	<p><b>Partially Met</b></p> <p>During 2019-20 we have achieved the following in relation to our Equality, Diversity and Inclusion quality priority. This quality priority will continue to be taken forward during 2020-21:-</p> <ul style="list-style-type: none"> <li>• A baseline of E&amp;D information was shared with the locality groups. Conversations began in the Trust wide Equality, Diversity and Inclusion Steering Group to ensure that the information was used to raise awareness, develop links and ultimately to develop local action plans. We also advised our locality groups of local faith groups as part of this initiative. Local E&amp;D plans began to emerge during the year and will continue to be developed in 2020/21, using the nationally recognised EDS2 to help plan those actions.</li> <li>• We used this database to establish links with local BAME forums. Through a recruitment event we linked in with many community groups and notably Spice FM the community radio station that can also reach beyond these forums. We also used our own staff network to widen our links.</li> <li>• We trained members of staff in the RCN cultural ambassador initiative. The ambassadors work in the Trust was launched at the March 2020 Nursing Conference. The ambassadors will not only work to ensure that BAME members of staff cultural differences are recognised as part of formal processes, but will also contribute to awareness raising for staff in masterclasses.</li> <li>• During the year we have launched masterclasses to raise awareness about LGBT+ issues and have also developed an allies' programme to help promote equality for staff who identify as LGBT+</li> <li>• A similar approach was adopted for Disabled Staff. We raised awareness of disability issues during disability awareness month and raised the Purple Flag on the International Day of Disabled People in December. An awareness programme was developed for staff that was due to be trialled in March 2020.</li> <li>• Work has taken place on RiO our electronic patient record programme, to ensure that we can monitor the sexual orientation of our service users in line with the Sexual Orientation Monitoring Information Standard. This will be rolled out with awareness training as part of the quality priority for year 2.</li> </ul>

- We have relaunched our staff networks with Executive sponsors for each and conducted an engagement exercise with staff in all localities with Equality and Diversity Speak Easy events taking place during quarter 4. The issues raised in these will shape our equality and diversity actions for 2020/21. Networks can now meet virtually through their closed Facebook groups and Skype/Microsoft Teams. The latter was successfully trialled for the Mental Health Welfare Network and was followed by the Disabled Staff Network extending its meeting attendance using this method too.
- We have audited RiO as part of our work on ensuring that we are meeting the Accessible Information Standard. In response to the audit we have made further changes to RiO to better capture the requirements of service users that identify as requiring more accessible information. This change will be coupled with a PGN on the Accessible Information Standard that will be launched in early 2020/21.
- During the year we published our Workforce Disability Equality Standard submission and action plan for the first time. This along with the Workforce Race Equality Standard action plan is monitored on a monthly basis at the Trust Equality, Diversity and Inclusion Steering Group to ensure that progress is being made. Our Equality and Diversity Lead has also worked with NHS Employers providing advice and guidance for the introduction of the Workforce Disability Equality Standard.

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# Impact of Sickness on Quality

<b>We said we would:</b>	<p><b>Determine a methodology for conducting a comparative analysis of staff sickness absence rates.</b></p> <p><b>Establish a measure of “continuity of care” for community services.</b></p> <p><b>Undertake a comparative analysis of staff sickness absence rates and relevant factors for each locality care group.</b></p> <p><b>Highlight the impact of staff sickness on quality to relevant clinical areas.</b></p>
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<b>Progress</b>	<p><b>Achieved</b></p> <p><b>Methodology</b></p> <p>A methodology for the analysis of staff sickness absence rates on inpatient non specialist wards has been agreed using 3 months data to be analysed by the end of Quarter 2.</p> <p>A review was undertaken of the sickness rate for the period across three adult mental ward types:</p> <ol style="list-style-type: none"> <li>a. Acute adult mental health wards (incl PICU)</li> <li>b. Wards for older people</li> <li>c. Rehabilitation wards.</li> </ol> <p>All of these ward types had an overall average sickness absence rate for the year above the Trust standard of 5%, as demonstrated in the graph below:</p> <p><i>Figure 22: CQC Core Service Average Sickness % July 2018 – June 2019</i></p> <div style="text-align: center;"> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th></th> <th>MH - Wards for older people with mental health problems</th> <th>MH - Long stay/rehabilitation mental health wards for working age adults</th> <th>MH - Acute wards for adults of working age and psychiatric intensive care units</th> </tr> </thead> <tbody> <tr> <td>Short Term Sickness %</td> <td>4.15%</td> <td>3.53%</td> <td>3.17%</td> </tr> <tr> <td>Long Term Sickness %</td> <td>3.53%</td> <td>3.73%</td> <td>2.99%</td> </tr> <tr> <td>Sickness %</td> <td>7.68%</td> <td>7.26%</td> <td>6.16%</td> </tr> </tbody> </table> </div> <p>Further scrutiny of the data highlighted variation in sickness absence rates between localities and wards, with sickness rates ranging from 2.16% to 13.0% as shown in the graphs below:-</p>		MH - Wards for older people with mental health problems	MH - Long stay/rehabilitation mental health wards for working age adults	MH - Acute wards for adults of working age and psychiatric intensive care units	Short Term Sickness %	4.15%	3.53%	3.17%	Long Term Sickness %	3.53%	3.73%	2.99%	Sickness %	7.68%	7.26%	6.16%
	MH - Wards for older people with mental health problems	MH - Long stay/rehabilitation mental health wards for working age adults	MH - Acute wards for adults of working age and psychiatric intensive care units														
Short Term Sickness %	4.15%	3.53%	3.17%														
Long Term Sickness %	3.53%	3.73%	2.99%														
Sickness %	7.68%	7.26%	6.16%														

Figure 23: Adult Mental health wards sickness absence % July 2018 to June 2019 by locality:

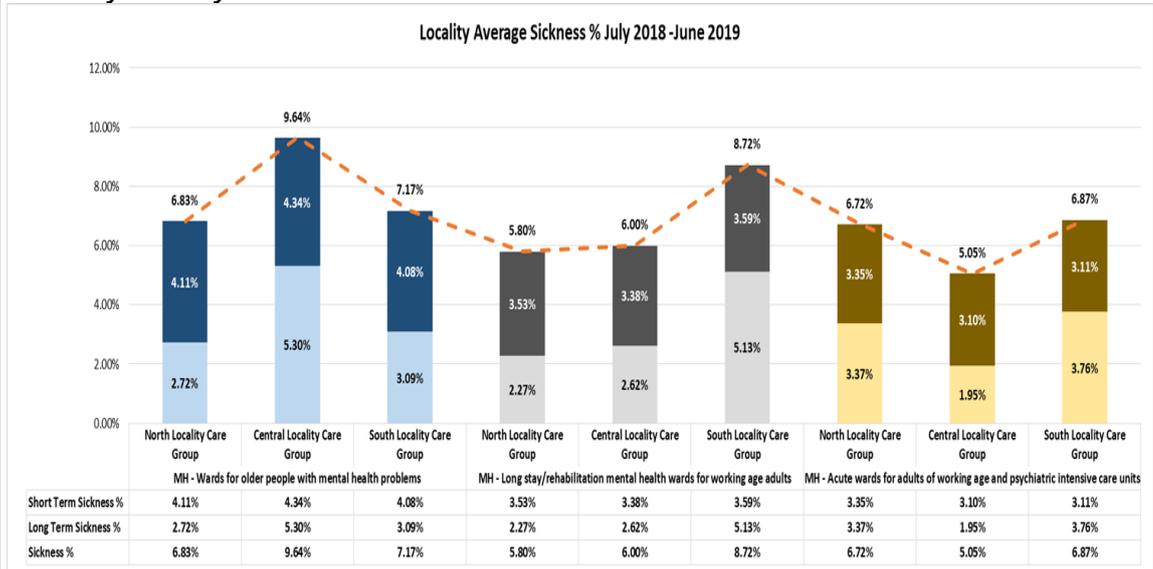
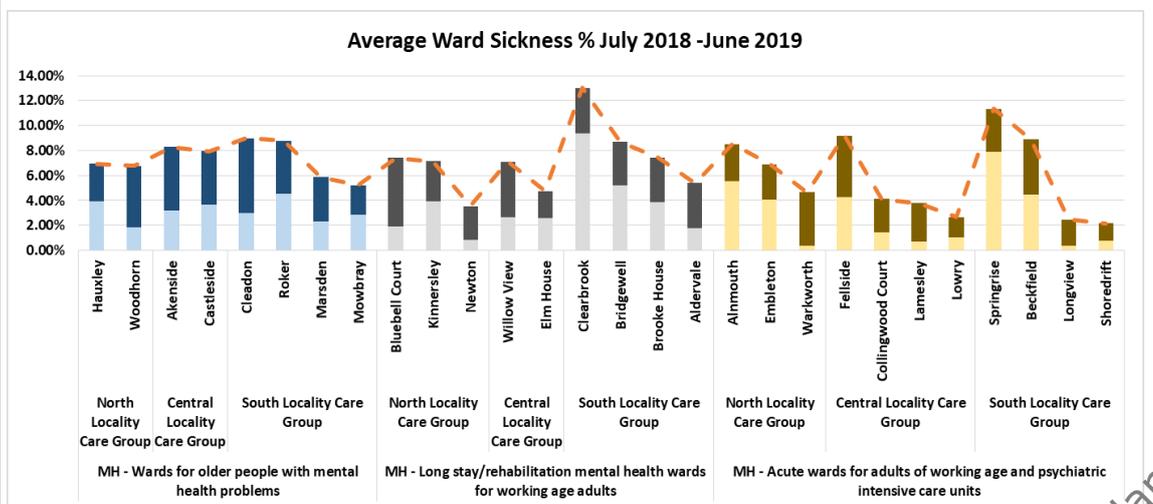


Figure 24: Adult Mental health wards sickness absence % July 2018 to June 2019 by ward:

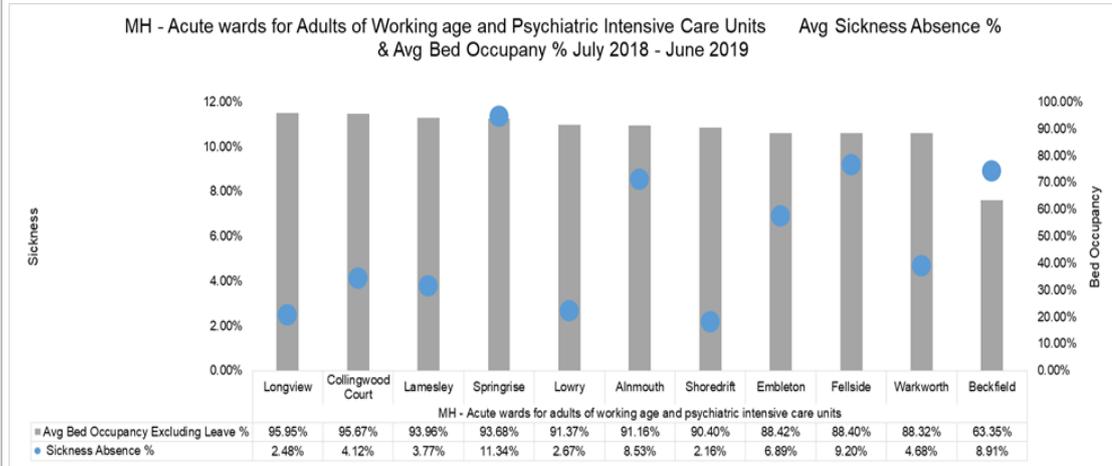


An exercise was undertaken to compare bed occupancy rates and sickness absence rates across the adult acute wards. Two adult male acute mental health wards at Hopewood Park with similar bed occupancy and significantly different sickness rates for the period July 2018 to June 2019 were identified as suitable for further analysis as demonstrated in the chart below:

- i. Springrise 11.34%
- ii. Shoredrift 2.16%

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Figure 25: Average sickness absence % and average bed occupancy % July 2018 to June 2019 by ward:



A review of relevant comparative data for both wards was undertaken, encompassing activity, service user and carer feedback, staff feedback, workforce data, restraint and incident data. Some of this data was extracted from the Provider information Request submitted to CQC in relation to the period October 2018-September 2019, a slightly different timescale.

The ward managers of each ward were also interviewed, to explore the clinical context and any other relevant factors to take note of.

**Similarities between the two wards:**



Budget:	25 WTE	25 WTE
Number of beds:	18	18
Average bed occupancy:	100%	101%
Percentage of staff who would recommend the Trust as a place to work:	67%	65%
Incidences of restraint:	81	78
Number of individuals subject to restraint:	32	33
Incidences of prone restraint:	22	20
Instances of seclusion:	79	73

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### Differences between the two wards:

Average vacancies:	0	5.5 WTE
Percentage of staff who would recommend the Trust as a place to receive treatment:	71%	65%
Number of admissions:	152	215
Average length of stay:	52 days	33 days
Total number of incidents:	392	634
Clinical Supervision rate:	95%	77%

### Potential Indicators of Quality

Average sickness absence rate:	<b>11.3%</b>	<b>2.2%</b>
Short term sickness:	3.4%	1.4%
Long term sickness:	7.9%	0.8%
Qualified nursing %:	5.9%	2.5%
Unqualified nursing %:	17.3%	1.7%
Readmission rate:	13%	5%
Service user/carer Friends and Family Test Score	<b>65%</b>	<b>91%</b>

### Findings

While the two wards have many similarities, Shoredrift ward experienced:

- a higher number of vacancies,
- a lower average length of stay, leading to higher admissions/throughput, and
- a higher number of incidents than Springrise ward.

Despite this, the ward had:

- a very high service user and carer Friends and Family test score,
- a lower rate of readmissions, and
- a low sickness absence rate.

Hence the data could suggest that the positive feedback and low readmissions on Shoredrift ward resulted from the low levels of sickness absence on the ward, however, it is not possible to directly attribute one to the other.

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# How have the two Clinical Effectiveness Quality Priorities helped support the Quality Goal of ensuring the right services are in the right place at the right time to meet all your health and wellbeing needs?

Underpinned by the organisation's approach to delivering the Clinical Effectiveness Strategy, we will demonstrate success by delivering improvements in service delivery.

## Service Improvement and Developments throughout 2019/20

These are some of the key service improvements and developments that the Trust implemented during 2019/20:

### **NORTH CUMBRIA LOCALITY**

#### **Edenwood Ward (Learning Difficulties), Carleton Clinic**

In August 2019, a significant long-term segregation was commenced for a service user with complex needs. The environment required significant estates works in order to modify it to ensure it met the service user's needs. The ward has closed to admissions and has accommodated two service users into Acorn to ensure all needs are met.

Additional staff have been required to support the split of Edenwood Ward with a consistent team of staff involved in the care of the service user. This has been achieved by entering into short term assignments with bank (and also agency) staff. The model of care offered has allowed for family relationships to be maintained throughout.

Frequent calls have been held with the clinical care team and CCG to progress and confirm estimated discharge – now planned for October 2020.

#### **Positive and Safe Care Initiative**

Since joining CNTW in Oct 2019, North Cumbrian Mental Health and LD Services have adopted the positive and safer care initiative. This has included:

- Embedding of a range of therapeutic and safer care initiatives
- Increased meaningful approach to inpatient care
- Clinical OT Lead appointed
- Senior OT's appointed as part of a newly developed MDT
- Plans in place to appoint x3 peer supporters as part of service user and carer development work

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## **Ruskin Ward – response to COVID-19**

The ward staff were required to respond quickly to the threat posed by the COVID-19 pandemic in order to maintain the safety of patients with dementia on Ruskin Ward. This included splitting the 15 bed ward into two, so that there was a 6 bed isolation area. This area was used to treat patients who met the criteria to be on the ward, but who also had COVID-19 symptoms. As a result of the swift and decisive action in making this change, the ward staff were able to limit the spread of COVID-19 on the ward and maintain the safety of patients and staff.

## **Increase in Nurse Consultants**

A key benefit of transferring MH services from NCIC to CNTW in October 2019 has been that we have been able to increase the number of nurse consultants available to inpatient services from 2 to 5. This has allowed the CBU to develop an enhanced MDT service and also an improved career pathway for mental health nurses.

## **Estates Strategy**

Since joining CNTW in October 2019, Inpatient Services have had good engagement from the estates team who are looking to make improvements to the areas listed below in line with CQC recommended actions. These investments are long overdue and will have a positive impact in terms of the improvements in patient experience during their stay on inpatient wards.

- Conversion of Oakwood so that there are no dormitory style bedrooms
- Introduction of nurse call systems in patient bedrooms (all wards where needed)
- Introduction of lockable bedroom doors to increase levels of dignity and privacy where appropriate (all wards where needed)
- Additional seclusion suite (Rowanwood)
- Edenwood improvements for service user and purchase of a modular unit

## **CRISIS Home Treatment and Psychiatric Liaison**

Further to investment being received, improved 24/7 crisis home treatment and psychiatric liaison service is in place. This has enabled significant improvements to be developed alongside key partners.

## **Better connected community services**

Since moving services over to CNTW in October 2019, access and community services have been combined into a single clinical business unit. This is consistent with how CNTW structures its services and has allowed North Cumbrian services to better connect existing pathways, ensuring that the needs of the service user and carer are at the centre of delivery. Cross team collaboration has been enhanced as a result of this.

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## Early Intervention Psychosis (EIP)

Historically, the EIP service sat within community mental health services. Since the move to CNTW however, this service has now been resourced as a stand alone service which has allowed for an increased focus in this area allowing for increased effectiveness and performance.

## Service User and Carer Involvement

In line with CNTW 'together' strategy, x2 service user & carer involvement facilitators were appointed. This is allowing the CBU to take forward strategy to introduce improved service user and carer involvement in all access & community services. This includes the introduction of peer support and carer support across service areas.

## NORTH LOCALITY

### Primary Care Strategy

The North Locality Group Medical Director has been working internally and externally with key colleagues to help develop our Primary Care Strategy, which will function alongside other strategies to achieve the objectives of the Trust going forward. We continue to engage and work with our Primary Care Networks across the Locality.

### New Care Models for CYP services

Transforming Care bed closures were successfully delivered to the agreed schedule. As per the approved reinvestment business case, the intensive community learning disability team is fully operational. There is significant under-occupancy of the remaining learning disability beds and plans are now in place, through CEDAR, to reconfigure bed stock at Ferndene to better reflect current and future anticipated demand.

Developments at Ferndene to support young people with eating presentations have progressed well, supported by a strong working relationship and a service level agreement with the Great North Children's Hospital. The progression of this innovative partnership arrangement has been shortlisted for the CNTW excellence awards. The resulting use of out of area eating disorder beds has reduced by 87% against the baseline.

Two significant new improvement projects were initiated in 2019/20 and are progressing well. One project sees an increased focus on support to families and an on-going trial of parent peer support is receiving a lot of positive attention. The second will see the development of a "personality difficulties and complex trauma" pathway for young people and is already gathering interest from services and individual clinicians across existing pathways with expert support from the Trust lead for Personality Disorders.

Clinical Case Management, which commenced in February 2019, is now well established as a key component of our services and has provided significant support to achieving a reduction in the reliance on inpatient beds. In 2019/20 the New Care Model avoided over 5100 bed days and almost £3.6M of costs versus the baseline position, with all savings reinvested into the local health economy. The consistent and sustainable reduction in bed

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reliance led to our New Care Model being shortlisted, and subsequent runner up, for the Health Service Journal's Service Redesign award.

As part of NHS England's move to mainstream New Care Models (NCM), CNTW successfully bid to become a Provider Collaborative. Provider Collaboratives are an evolution of the New Care Models pilot and will see the NCM approach to specialised commissioning become business as usual. A key development in our transition will see an expansion of CNTW's commissioning function as we take on the role of lead provider in a new CYP collaborative which will include TEWV and may extend into the North Yorkshire region. The new Provider Collaborative is likely to launch in April 2021.

## Northumberland

### Universal Crisis Team

As part of the service improvements aligned to the Mental Health Five Year Forward View, and newly published NHS Long Term Plan, Northumberland CCG commissioned CNTW to expand the current crisis provision to a Universal Crisis Service to meet the needs of a broader cohort of the population. Therefore, ensuring a responsive service with an emphasis on providing timely and effective care for people of all ages experiencing a mental health crisis.

Over the year, the service has successfully expanded to a Universal Crisis Service offering an equitable 24/7 crisis provision across the county of Northumberland.

### Children and Young People's Community Mental Health Services

In 2018/19 Northumberland was selected as one of the 12 Trailblazer sites to pilot a four-week waiting time standard to access children and young people's mental health services. Over the last year, Northumberland Children's and Young People's Community Mental Health Service has successfully continued to reduce waiting times to access evidence-based treatment for young people who require 'getting more help'. The Service operates within a multi-agency framework to ensure that children and young people are put on the right pathway for treatment and support, not only in a timely manner, but in the first instance.

### Consultant Connect

Consultant Connect (telephone advice and guidance line) – Following a successful pilot we have now rolled out this initiative within Northumberland Adult Mental Health Services, providing advice and guidance for general enquiries as well as medication enquires. This has been extended to some Social Worker leads and we are considering extending this into our Children services.

## North Tyneside

### Mental Health Practitioners in Primary Care

Following the implementation of Mental Health Practitioners in Primary Care the Locality continues to work closely with GP's and key partners to ensure this initiative is embedded into everyday working practices.

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## CENTRAL LOCALITY

### **Newcastle Treatment & Recovery (NTaR)**

In December 2019, Newcastle Treatment & Recovery launched as an ageless, integrated drug and alcohol service supporting the residents of Newcastle-upon-Tyne. CNTW being lead provider in partnership with Changing Lives and Humankind.

The service provides:

- Early intervention and prevention
- Entry to the treatment service
- Assessment, Recovery Coordination and Treatment Interventions
- Recovery Support and aftercare

### **HMP Haverigg Drug & Alcohol Recovery Team (DART) service**

In 2019 HMP Haverigg was re-categorised from Category C to Category D prison. The DART service has supported the residents and staff within the prison with the change in population and responded to the clinical needs of this new client group. The team utilised this opportunity to visit other similar establishments to increase their awareness of good practice examples to help inform the service provision moving forward.

### **Newcastle Gateshead Crisis Resolution Home Treatment Team**

Following the merger of the Newcastle and Gateshead Crisis Teams in 2019, the new service has established itself as a cohesive service providing care to residents of both Newcastle and Gateshead. The team was received Home Treatment Accreditation Scheme (HTAS) re-accreditation from the Royal College of Psychiatry in early 2020. HTAS aims to ensure that people who experience mental health crises and their family/carers receive high quality care from their home treatment team, with fair access for all.

### **Electro-Convulsive Therapy (ECT) Team at Hadrian Clinic**

In April 2020, received the ECT Team at Hadrian Clinic successfully completed their interim review; remaining accredited as part of the ECT Accreditation Service (ECTAS) by the Royal College of Psychiatrists. Achieving accreditation confirms that the demonstration a high level of compliance with our standards and receive positive feedback from the people that use the service. To maintain accreditation, services need to demonstrate a commitment to improving care.

### **In response to COVID-19 pandemic, Central Access CBU has:**

- Introduced an Alternative to Emergency Department for those requiring support at Queen Elizabeth Hospital, Gateshead. This service is provided by Gateshead Psychiatric Liaison Team (PLT).
- Introduced an ageless Crisis Resolution Treatment Team including Children, Young People and Older Persons.
- Sought and secured alternative treatments to complement the current provision of ECT.

- 
- Supported in the development of Psychiatric liaison Service for the Nightingale Hospital in Sunderland

## **SOUTH LOCALITY**

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

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

### **Community Services**

#### **IAPT**

##### **Single Point of Access**

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

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

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

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

#### **CYPS**

Looked After Children's Pathway

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New pathway devised during 2019 and launched April 2020. The Pathway ensures young people who are Looked After access Mental Health services as a priority. The staffing team is a Multi-Disciplinary Team who all hold specific therapeutic qualifications to support the needs of the young people. The team offer consultation to partner agencies, bespoke psychological care into the residential children's homes, foster carer and psychological support and psychoeducation groups with partner agencies.

With the new pathway implemented we currently have no young people who are Looked After awaiting an appointment.

### ADHD Pathway

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

### Adults

#### Online Consultation

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

### Older Adults, Adults & LD Pathway

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

### Access

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

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

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## Inpatient

### GP alliance service improvement

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

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

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# NICE Guidance Assessments Completed 2019/20

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. During 2019/20 the Trust undertook the following assessments against appropriate guidance to further improve quality of service provided. Assessments were conducted against all published NICE guidance deemed relevant to the Trust

Table 14: NICE Guidance Assessments Completed in 2019/20

Ref	Topic Details / Objective	Compliance Status/ main actions
CG 26	PTSD	Partial compliance. 5 priority areas identified, including audits covering time elapsed between traumatic event(s) and referral, referral to treatment, Training to be identified to assess identification of cases, emergency planning process and response and an audit of training in recognition and differential diagnosis.
QS 154	Violent and aggressive behaviours in people with mental health problems	Compliant. An audit has been undertaken around Physical health monitoring where patients have been administered given rapid tranquillisation has been undertaken.
NG 69	Eating disorders: recognition and treatment	Partial compliance. The recent version of NICE-ED requires the delivery of a specific and narrow range of psychological treatments based on manuals in which we are not currently trained Increase in provision of community eating disorder services
NG 60	HIV testing: increasing uptake among people who may have undiagnosed HIV	Partial compliance. Trust to undergo a full review of services provided
QS 161	Sepsis	Compliant. Sepsis awareness not consistent - Sepsis tool should be used automatically but this can just be seen as yet another tool for nurses to complete. Further training materials produced and a Clinical Audit to be undertaken

Ref	Topic Details / Objective	Compliance Status/ main actions
NG 87	Attention deficit hyperactivity disorder	<p>Partial compliance. For Adult pathway there is a gap in psychological support (CYPS teams are compliant as have full MDT) to the team and evidence indicates CBT input would be beneficial;</p> <p>Part of longer term service improvement plan to include psychological interventions within adult pathway following discussions with commissioners to support the extra resource required.</p> <p>ADHD services will be included within trust's exploration of telehealth</p>
NG 103	Flu vaccination: increasing uptake	Compliant

Data source: CNTW

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## Part 2c

# Mandatory Statements relating to the Quality of NHS Services Provided

## Review of Services

During 2019/20 the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provided and/or sub-contracted 174 NHS Services.

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust have reviewed all the data available to them on the quality of care in all 174 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 100 per cent of the total income generated from the provision of relevant health services by the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust for 2019/20.

## Participation in clinical audits

During 2019/20, 17 national clinical audits covered relevant health services that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provides.

The national clinical audits eligible for participation by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2019/20 are shown in Table 15.

Table 15: National Clinical Audits in 2019/20

National Clinical Audits 2019/20	
1	National Clinical Audit of Psychosis (NCAP)
2	National Clinical Audit of Anxiety & Depression (NCAAD)
3	POMH-UK: Topic 16b: Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour in Acute Adult and Adult Secure Services
4	National Audit for Care at the end of Life 2018 (NACEL)
5	POMH-UK: Topic 18a The Use of Clozapine
6	Quality of Comprehensive Health Assessment Tool (CHAT) Assessments & Subsequent Care Planning
7	National Clinical Audit of Anxiety & Depressions (NCAAD) Spotlight Audit: Psychological Therapies
8	POMH-UK Topics 6d: Assessment of the side effects of depot/LAI antipsychotics
9	National Audit of Inpatient Falls (NAIF) Continuous Audit
10	POMH-UK Topic 7f: Monitoring of Patients prescribed Lithium
11	POMH-UK Topic 9d: Antipsychotic prescribing in people with a learning disability
12	National Clinical Audit of Psychosis (NCAP) 2019-2020: Spotlight Audit: Early Intervention in Psychosis Re-Audit

National Clinical Audits 2019/20	
13	POMH-UK Topic 19a (Baseline Audit) Prescribing antidepressants for depression in adults
14	POMH-UK Topic 17b: Use of depot/LA antipsychotic injections for relapse prevention
15	National Clinical Audit of Anxiety & Depression (NCAAD) Second Spotlight Audit Topic: Service User Experience (informed 04.09.19)
16	National Audit of Care at the End of Life (NACEL) Stage 3
17	FFFAP & NAIF Facilities Audit 19-20 (Jan-20)

Data source: CNTW and [HQIP](#)

During that period Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust participated in 100% of national clinical audits which it was eligible to participate in.

The national clinical audits that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust participated in, **and for which data collection was completed during 2019/20**, are listed below alongside the number of cases submitted to each audit, and as a percentage of the number of registered cases required by the terms of that audit if applicable.

Table 4: Cases submitted for National Clinical Audits 2019/20

National Clinical Audits 2019/20		Cases submitted	Cases required	%
1	National Audit of Inpatient Falls (NAIF) Continuous Audit (CA-18-0025)	Continuous audit process – cases are submitted as and when they occur	n/a	n/a
2	National Clinical Audit of Psychosis (NCAP) 2019-2020: Spotlight Audit: Early Intervention in Psychosis Re-Audit (CA-19-0010)	CNTW: 333 North Cumbria: 85	418	100%
3	Prescribing Observatory for Mental Health (POMH-UK) Topic 19a (Baseline Audit) Prescribing antidepressants for depression in adults (CA-19-0018)	Sample Submitted: 28	n/a	100%
4	Prescribing Observatory for Mental Health (POMH-UK) Topic 17b: Use of depot/LA antipsychotic injections for relapse prevention (CA-19-0020)	Sample Submitted: 208	n/a	100%
5	National Clinical Audit of Anxiety & Depression (NCAAD) Second Spotlight Audit Topic: Service User Experience (CA-19-0025)	No additional data collection required – data already submitted from NCAAD to be used	n/a	n/a

Data source: CNTW and [HQIP](#)

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The reports of 7 national clinical audits were reviewed by the provider in 2019/20, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Table 17: Actions to be taken in response to National Clinical Audits

Project		Action
1	National Clinical Audit of Psychosis (CA-17-0017)	<ol style="list-style-type: none"> <li>1. Core Physical Health form to be amended to incorporate interventions made</li> <li>2. Task and Finish Group working on other aspects of the form before going live</li> <li>3. Presentations to be made to CMT to provide clarity around responsibilities when abnormal lipids and glucose results are found, and how to record interventions made</li> <li>4. Audit of patient records on interventions – to provide assurance that changes have been embedded and performance is improving, to be undertaken 3 and 6 months from go-live date</li> <li>5. Medication, Allergies and Sensitivities form to be amended to incorporate record of written documentation being given to patient</li> <li>6. RiO change request form to be submitted for the additional question 'Have they been given written information about their prescribed medication'</li> <li>7. SNOMED recording is to be introduced to EIP as part of the MHSDS. This could be extended to other services to capture offer and provision of CBTP</li> <li>8. Ongoing consideration of how the Trust can improve access to CBTP and provide the resources to meet this demand</li> <li>9. Annual reviews of services (NCAP) and service-based reviews should identify provision in services of CBTP, and also the offer of CBTP to be considered in CPA reviews with service users</li> </ol>
2	POMH-UK: Topic 16b Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour in Acute Adult and Adult Secure	<ol style="list-style-type: none"> <li>1. Results to be shared with relevant clinical groups and Associate Directors for dissemination and sharing with clinical staff. Communicate need for a prompt debrief and update of the patient's care plan following RT.</li> <li>2. Medical fellow to assist with actions regarding updating of care plans following RT.</li> <li>3. To review the potential to include within ward electronic boards.</li> </ol>

Project		Action
	Services (CA-17-0033)	<ol style="list-style-type: none"> <li>4. Post-RT monitoring requirements and methods reviewed and included within recently revised RT policy and as part of the actions following CQC visit in 2018.</li> <li>5. Changes to RT policy to be communicated Trust wide.</li> <li>6. NEWS 2 training and use following RT to be introduced.</li> <li>7. Results to be shared with relevant clinical groups and Associate Directors for dissemination and sharing with clinical staff of the importance after RT for the assessment of mental and behavioural state, physical and documentation, including refusals, and also the need for increased monitoring for patients identified as 'at-risk'.</li> <li>8. Additional Trust re-audit of physical monitoring after RT has occurred in April 2019 and will be repeated in November 2019.</li> </ol>
3	POMH-UK Quality Improvement Programme: Topic 18a The Use of Clozapine (CA-18-0013)	<ol style="list-style-type: none"> <li>1. Audit summary to be produced for the Safer Care Bulletin and MOC Newsletter reminding staff of clozapine standards. To be distributed to all medics (including junior doctors).</li> <li>2. PPT-PGN-05 Safe Prescribing of Clozapine updated in April 2019 to aid concordance with standards. Ensure appropriate communication strategy.</li> <li>3. Present findings to Medical Staffing Committee (and localities where appropriate) to encourage discussion about clozapine monitoring required and importance of documentation.</li> <li>4. Present findings to Locality Quality and Safe subgroups to encourage discussion about monitoring being undertaken and documentation.</li> <li>5. Findings to be presented to the Non-Medical Prescribing Group to inform work plan and strategy.</li> <li>6. Information governance to be approached to consider adding consent to MIG access that would allow routine participation in POMH-UK QIPs.</li> <li>7. POMH-UK Change Intervention re clozapine documentation on Summary Care Records to be shared with primary care colleagues at the regional MSO network</li> </ol>
4	Quality of Comprehensive Health	<ol style="list-style-type: none"> <li>1. CDDFT to establish protocol and enable access</li> </ol>

Project	Action
<p>Assessment Tool (CHAT) Assessments &amp; Subsequent Care Planning (CA-18-0015)</p>	<ol style="list-style-type: none"> <li>2. List of documents to be devised from all agencies and sent to SAN Referrals</li> <li>3. Duty Managers to be briefed to ensure requests are made for documents when looking at referrals</li> <li>4. Review new health care standards in relation to information sharing</li> <li>5. Information where appropriate to be pre populated</li> <li>6. Integrated escalation procedure to be developed</li> <li>7. Audit process to be devised and put in place</li> <li>8. Briefing session to be performed with Duty Managers to ensure consistency</li> <li>9. Co-ordination of completion CHAT discharge summary</li> <li>10. Check completion, accuracy and confirm who information is being sent to</li> <li>11. Health Staff to be briefed on guidance</li> <li>12. Governance Board to look at following recommendations to overcome separate documentation</li> </ol>
<p>5 Prescribing Observatory for Mental Health POMH-UK Topics 6d: Assessment of the side effects of depot/LAI antipsychotics (CA-18-0020)</p>	<ol style="list-style-type: none"> <li>1. Raise awareness of audit findings via MOC Newsletter briefing and/or Safer Care Bulletin</li> <li>2. Investigate training of band 4 staff to ensure this covers appropriate physical health monitoring parameters</li> <li>3. Obtain a level of assurance from CBUs, through the Quality Standard Groups, as to what level of depot reviews patients are receiving, be that via prescribers or support staff. The MOC agreed that the results suggested further learning should be introduced around the whole holistic review of a patient</li> <li>4. Consider amendments to RiO Physical Health Documentation pages to include: <ul style="list-style-type: none"> <li>• Links to GASS or LUNSERS as appropriate</li> <li>• Confirmation of side effects being absent</li> <li>• Ability for individual sections on physical health forms to be</li> </ul> </li> </ol>

Project		Action
		<p>updated separately as for Mental Capacity Forms</p> <p>5. Disseminate the findings of this clinical audit with the Clinical Networks</p>
6	<p>Prescribing Observatory for Mental Health (POMH-UK) Topic 7f: Monitoring of Patients prescribed Lithium (CA-18-0028)</p>	<ol style="list-style-type: none"> <li>1. Raise awareness of Quality Improvement Programme findings via Safer Care Bulletin.</li> <li>2. Remind clinical staff of the importance of recording biochemical test results in RiO and escalating erroneous results via MOC Newsletter article.</li> <li>3. Raise awareness of importance of reviewing calcium levels via MOC Newsletter.</li> <li>4. Roles and responsibilities of prescribing team with respect to pre-lithium counselling to be set out in MOC Newsletter article.</li> <li>5. Raise awareness of importance of more frequent lithium monitoring in patients with pre-existing risk factors via MOC Newsletter.</li> <li>6. Consider lithium policy amendment to highlight risk of teratogenicity and author MOC Newsletter article.</li> <li>7. Consider policy amendment to refer clinical teams to the Cockcroft-Gault calculation where patients are receiving high-risk therapies such as lithium.</li> <li>8. MOC Newsletter article to raise awareness of RiO lithium forms and importance of completion</li> </ol>
7	<p>National Audit for Care at the end of Life 2018 (NACEL) (CA-18-0001)</p>	<p>Stage 1 of this audit was an Organisation Position Statement - MH involved in 18-19 for first time. Stage 2 is not applicable to MH. There is a MH Reference Group looking at how Stage 3 will work for MH Services and we are taking part in this. Stage 3 will be undertaken during 19-20</p>

Data source: CNTW

Additionally, 17 Priority clinical audits were reviewed by the provider in 2019/20 and the details can be found in **Appendix 2**.

## Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in 2019/20 that were

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recruited during that period to participate in research approved by a research ethics committee was 1949. This is a 35% decrease on last year's recruitment figure.

The Trust was involved in 60 clinical research studies in mental health, dementia, learning disability and neuro-rehabilitation related topics during 2019/20, of which 50 were National Institute for Health Research (NIHR) portfolio studies. This is a 25% decrease from last year's figure.

During 2019/2020, 164 clinical staff employed by the trust participated in ethics committee approved research.

We have continued to work closely with the NIHR Clinical Research Network to support large scale national portfolio research projects and have achieved further successes with respect to large scale research funding in collaboration with Newcastle University.

According to the latest NIHR Clinical Research Network annual league tables CNTW are the 4th most research active mental health and disability trust in England based on the number of active research studies.

## Goals agreed with commissioners

### Use of the Commissioning for Quality & Innovation (CQUIN) framework

A proportion of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2019/20 and for the following 12 month period are available electronically at [www.CNTW.nhs.uk](http://www.CNTW.nhs.uk).

For 2019/20, 3.4m of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's contracted income was conditional on the achievement of these CQUIN indicators (£6.0m in 2018/19. The reduction in the 19/20 value is due to a lower CQUIN % applied nationally).

## CQUIN Indicators

All CQUIN requirements for 2019/20 are fully delivered for quarters 1 to 3 and pending agreement for quarter 4. A summary of CQUIN indicators for 2019/20 are shown in Table to Table below, with a summary of the actions completed for each indicator.

Note that the CQUIN indicators are either mandated or developed in collaboration with NHS England and local Clinical Commissioning Groups (CCGs). The range of CQUIN indicators can vary by commissioner, reflecting the differing needs and priorities of different populations.

Table 18: CQUIN Indicators to improve Safety

CQUIN Indicators to improve Safety
<b>72 hour Follow Up Post Discharge</b>
<p>The Trust was required to achieve 80% of adult mental health inpatients receiving a follow up within 72 hours of discharge from CCG commissioned services from October 2019.</p> <p>The Trust successfully met this target with 88.7% of patients who were discharged from adult inpatient care (CCG commissioned services) receiving a follow up within 72 hours of discharge during Q3 and Q4.</p>
<b>Staff Flu Vaccinations</b>
<p>The Trust was required to achieve an 80% target for the number of frontline workers received the influenza vaccine. Over the period 1<sup>st</sup> September 2019 – 29<sup>th</sup> February 2020 the number of HCWs involved with direct patient care 5,623, there were 4,622 seasonal flu doses given, this a final percentage of 82.2%</p>
<b>Alcohol and Tobacco Brief Advice</b>
<p>The Trust was successful in ensuring that over 90% of inpatient service users were screened for alcohol and tobacco use and if required provided with a brief intervention. The target of 80% in relation to access to specialist support and or medication was also met by the majority of inpatient wards with only minor improvements required to achieve full compliance.</p>
<b>Healthy Weight in Adult Secure Services</b>
<p><b>Secure services were/are required to:</b></p> <ul style="list-style-type: none"> <li>• Active implementation of change programme</li> <li>• Providers to demonstrate they are developing an understanding of what interventions are most likely to drive a healthy weight in this setting considering the advice of dieticians, healthier food provision and uptake (even where this may go beyond normal service requirements as set out in the NHS contract)</li> <li>• Evidence of progress made against programme including demonstration of changes made at corporate, service and patient level and impact on service baselines</li> <li>• Demonstrate active engagement and involvement in the work of the Adult Secure Clinical Reference Group Healthy Weight Task &amp; Finish Group including its outputs and timeframes for delivery</li> </ul> <p>For each Quarter</p> <ul style="list-style-type: none"> <li>• Patient scores on Simple Physical Activity Questionnaire (SPAQ), BMI, and Warwick Edinburgh Mental Wellbeing Score (WEMWS) showing changes over time</li> <li>• Number of eligible patients receiving lifestyle intervention programme</li> </ul> <p>This CQUIN is now an established Trust &amp; CBU priority and links to the Long Term Plan for Secure CBU. During Q4, the patients' face to face focus groups will be temporarily suspended during the Covid 19 situation, however we will develop telephone and skype contact to promote and maintain momentum. Individual exercise programmes will be developed during the Covid 19 situation to ensure patient's levels of activities are closely monitored. We aim to develop a patient boot camp in conjunction with The Secure</p>

### CQUIN Indicators to improve Safety

Recovery College, this will be co delivered by patients who have completed Gym training courses.

Feedback will continue to be gathered from all activities and data used to develop processes of evaluation, this will inform our sports and recovery courses as well as developing ward based activities which patients have identified as being helpful and meaningful. We will continue to train all staff and patients in 'A Weight Off your Mind'. CNTW have recently promoted guided walks, we have embraced this way of working and have daily and evening mile walks in all of our services. At Northgate Hospital there are preliminary talks about developing a cycle path within our woodland area, this will be for staff and patients.

Monthly meetings will continue to be held to review and reflect on progress. Multi-disciplinary teams and clinical team's will review individuals health and wellbeing plans, they will also review team results to establish innovative ways of working to develop and maintain a environment which promotes health and wellbeing as an important aspect of clinical care. On a monthly basis two patient led focus groups have been meeting to review the progress for this CQUIN, experts by experience have reviewed all of the data and established a report with findings and new ways of working which should support 2020/21. These groups have called their report Men's Health and Wellbeing committee report. The governance group established by Dennis Davison has overseen and supported the committee in reviewing and feeding back all information, one of the committee representatives have attended the governance group to ensure communication is effective. 67 patients were asked to complete the required documentation, 13 % declined. This is a slight improvement since the reporting for the last quarter. A dietician has been appointed and will be in post in the next few months.

Table 19: CQUIN Indicators to improve Patient Experience

### CQUIN Indicators to improve Service User & Carer Experience

#### Mental Health for the Deaf

In line with CQUIN requirements all service users are now offered 'All about Me' and Sunburst assessments are also completed for all service users. The service is an active member of the National Deaf Advisory Group and National Provider network.

#### Local Neuro-rehabilitation Inpatient Training

In line with CQUIN Requirements over 85% of relevant staff have undertaken catheter training. The service fell below the 85% target for Mental Health Act training with 74% of relevant staff completing training throughout the year. Until Q4 the service was on track to achieve the requirement however based on Trust guidance to reduce COVID 19 spread classroom training was suspended.

Table 20: CQUIN Indicators to improve Clinical Effectiveness

CQUIN Indicators to improve Clinical Effectiveness
<b>CAMHS Tier 4 Staff Training Needs</b>
<p>The aim of this programme has been to adopt and adapt where necessary appropriate team based training that will improve outcomes for children and young people.</p> <p>Early 2019/20 the Trust's Children and Young People's Inpatient Services (located at Ferndene and St Nicholas), undertook a formulation audit and training needs analysis to inform the development of a team based Training Programme.</p> <p>Based on the information, a Training Programme curriculum was designed and piloted during December 2019. Based on the evaluation feedback the Training Programme was adapted and was scheduled to be delivered to staff from February 2020.</p> <p>Due to the escalating COVID-19 pandemic, the scheduled Training Programme has been paused.</p>
<b>Use of specific Anxiety Disorder Measures in IAPT</b>
<p>Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the Anxiety Disorder Spectrum Measure (ADSM)</p> <p>Actual performance for the quarter is 67%.</p>
<b>Improved Data Quality Reporting/Interventions</b>
<p>IT systems have been improving over the course of 2019/20 and the Trust has aimed to achieve a 95% standard for the Mental Health Services Dataset (MHSDS) Data Quality Maturity Index (DQMI).</p> <p>The Mental Health Services Data Set (MHSDS) collects data from the health records of individual children, young people and adults who are in contact with mental health services.</p> <p>The MHSDS is used for:</p> <ul style="list-style-type: none"> <li>• commissioning services</li> <li>• clinical audit</li> <li>• research</li> <li>• service planning</li> <li>• inspection and regulation</li> <li>• monitoring government policies and legislation</li> <li>• local and national performance management and benchmarking</li> <li>• national reporting and analysis</li> </ul> <p>Throughout 2019/20 the Trust has been improving the data quality of the information in its clinical system and also enabled the national submission of additional data items.</p> <p>There is ongoing work to continue to improve data quality and reduce burden on clinical staff. On area of improvement relates to the recording of clinical interventions. Key clinical staff have volunteered from each specialty to help with this piece of work.</p> <p>Data source (Table to Table ): <a href="#">NHS England</a> and CNTW</p>

## Statements from the Care Quality Commission (CQC)

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions and therefore licensed to provide services. The Care Quality Commission has not taken enforcement action against Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during 2019/20.

In March 2020 the CQC undertook a focussed inspection which involved visits to all of the wards for people with learning disability or autism. The findings from this inspection are awaited.



Last rated  
26 July 2018

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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

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## External Accreditations

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

48% of adult and older people's mental health wards have achieved the Accreditation for Inpatient Mental Health Services.

100% of the adult forensic medium and low secure wards have been accredited by the Quality Network for Forensic Mental Health Services.

100% of children and young people's wards have are part of the national Quality Network for Inpatient Children and Adolescent Mental Health Services.

*Table 21: Current clinical external accreditations (as at 31 March 2020)*

External Accreditation	Ward/Department	Location
Accreditation for Working Age Wards (AIMS)	Springrise	Hopewood Park
	Akenside	Campus for Ageing and Vitality
	Castleside	Campus for Ageing and Vitality
Quality Network for Older Adult Wards (QNOAMHS)	Cleadon	Monkwearmouth Hospital
Quality Network for Psychiatric Intensive Care Unit (QNPICU)	Hauxley	St George's Park
Quality Network for Older Adult Wards (QNOAMHS)	Mowbray	Monkwearmouth Hospital
	Roker	Monkwearmouth Hospital
	Woodhorn	St George's Park
Accreditation for Rehabilitation Wards (AIMS)	Aldervale	Hopewood Park
Accreditation for Rehabilitation Wards (AIMS)	Bluebell Court	St George's Park
	Clearbrook	Hopewood Park
	Elm House	Elm House
Quality Network for Forensic Mental Health Services (QNFMHS)	Kinnersley	St George's Park
	Newton	St George's Park
	Willow View	St Nicholas Hospital
Quality Network for Forensic Mental Health Services (QNFMHS)	Bamburgh Clinic	St Nicholas Hospital
	Kenneth Day Unit	Northgate Hospital
	Stephenson	Ferndene
Quality Network for Inpatient CAMHS (QNIC)	Fraser	Ferndene
	Redburn	Ferndene
Quality Network for Community CAMHS (QNCC)	Ferndene PICU	Ferndene
	Alnwood	St Nicholas Hospital
ECT Accreditation Scheme (ECTAS)	Hadrian ECT Clinic	Campus for Ageing and Vitality
	ECT Treatment Centre	St George's Park

External Accreditation	Ward/Department	Location
Psychiatric Liaison Accreditation Network (PLAN)	Sunderland Psychiatric Liaison Team	Sunderland Royal Hospital
Home Treatment Accreditation Scheme (HTAS)	Northumberland Crisis Team	St George's Park
Home Treatment Accreditation Scheme (HTAS)	Sunderland Crisis Team	Hopewood Park
	South Tyneside Crisis Team	Palmers Community Hospital
	Memory Protection Service	Monkwearmouth Hospital
Memory Services	Sunderland Psychological Wellbeing Service (IAPT)	Monkwearmouth Hospital
National Accreditation Programme (MSNAP)	Sunderland and South Tyneside Psychological Services	Monkton Hall
Accreditation for Psychological Therapies Services (APPTS)		

Data source: CNTW

## Data Quality

Good quality information underpins the effective delivery of care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2020/21 the Trust will build upon actions already taken to ensure that we continually improve the quality of information we provide.

*Table 22: Actions to be taken to improve data quality*

Clinical Record Keeping	We will continue to monitor the use of the RiO clinical record system, learning from feedback and incidents, measuring adherence to the Clinical Records Keeping Guidance and highlighting the impact of good practice on data quality and on quality assurance recording. We will continue to improve and develop the RiO clinical record system in line with service requirements.
CNTW Dashboard development	We will continue to review the content and format of the existing CNTW dashboards, to reflect current priorities including the development and monitoring of new and shadow metrics that are introduced in line with national requirements. We will continue to develop and embed the Points of You dashboards. For more information on Points of You please see pages 48 and 106.
Data Quality Kite Marks	We will continue to roll out and review the use of data quality kite marks in quality assurance reports further.
Data Quality Group	We will implement a Trust wide data quality group.
Mental Health Services Dataset	We will continue to understand and improve data quality issues and maintain the use of national benchmarking data. We will seek to gain greater understanding of the key quality metric data shared between Mental Health Services Dataset, NHS Improvement and the Care Quality Commission.

	We will continue to improve our data maturity index score and understand areas where improvement is required.
Consent recording	We will continue to redesign the consent recording process in line with national guidance and support the improvement of the recorded consent status rates.
ICD10 Diagnosis Recording	We will continue to increase the level of ICD10 diagnosis recording within community services.
Mental Health Clustering	We will increase the numbers of clinicians trained in the use of the Mental Health Clustering Tool and improve data quality and data completeness, focusing on issues such as cluster waiting times analysis, casemix analysis, national benchmarking and four factor analysis to support the consistent implementation of outcomes approaches in mental health.
Contract and national information requirements	We will continue to develop quality assurance reporting to commissioners and national bodies in line with their requirements. We will monitor and improve our data quality in line with our CQUIN requirements, Specialised Mental Health and the Aggregate Contract Monitoring dataset.
Quality Priorities	We will continue to develop a robust reporting structure to support the quality priorities relating to waiting times and improving inpatient care.
Outcome Measures	We will enhance the current analysis of outcome measures focusing on reporting information back to clinical teams.

Data source: CNTW

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## North East Quality Observatory (NEQOS) Retrospective Benchmarking of 2018/19 Quality Account Indicators

NEQOS provide expert clinical quality measurement services to many NHS organisations in the North East.

CNTW once again commissioned NEQOS to undertake a benchmarking exercise, comparing the Trust's Quality Account 2018/19 with those of all other NHS Mental Health and Disability organisations. A summary of frequent indicators found in all Quality Accounts has been provided in Table 23 below:

Table 23: Nationally available Quality Account indicators for 2018/19

Quality Account Indicators	Target	England Average	Peer*	CNTW
1 Staff who would recommend the trust to their family/friends, 2018	-	3.70	3.71	3.84
2 FFT patients recommending service (%), Jan to March 2019		90.8	88.0	87.7
3 Admissions to adult urgent care wards gatekept by CRT (%) Q4 18/19	95	99.0%	98.9%	100.0%
4 Inpatients receiving follow up contact within 7 days of discharge (%) Q4 18/19	95	97.0%	96.0%	96.9%
5 Incidents for severe harm/death (%), 2018/19	-	1.0	1.6	0.6
6 EIP patients treated within 2 weeks (%), March 2019	50	81.3	67.3	81.3
7 Written complaints per 1000 FTEs, 2018/19		69.6	82.3	62.7
8 MHSDS - clients in settled accommodation (%) March 2019		62.5	50.0	52.0
9 MHSDS - clients in employment (%) March 2019		8.0	8.0	8.0

Data source: North East Quality Observatory

The above table shows that the Trust consistently performs above average.

\*Table includes data for a peer group of similar trusts: Birmingham and Solihull Mental Health NHS Foundation Trust; Cheshire and Wirral Partnership NHS Foundation Trust; Lancashire Care NHS Foundation Trust; North East Essex Mental Health NHS Trust; Oxford Health NHS Foundation Trust; South London and Maudsley NHS Foundation Trust; Sussex Partnership NHS Foundation Trust; and Tees, Esk and Wear Valleys NHS Foundation Trust.

### Learning from Deaths

The Serious Incident Framework (2015) forms the basis for the Trust's Incident Policy which guides/informs the organisation about reporting, investigating and learning from incidents including deaths. The Learning from Deaths policy supports and enhances this learning and investigation process. This is currently being reviewed in collaboration with other mental health and learning disability Trusts in the North of England. . This remains under review however the introductory version titled "The Patient Safety Incident Response Framework" is currently being piloted by the identified early adopters.

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We report all deaths of people with learning disabilities who are service users to the Learning Disabilities Mortality Review (LeDeR) Programme for further investigation. CNTW is represented on the regional LeDeR steering group and has implemented learning arising from the national programme within the Trust.

During 2019/20, 1,219 of Northumberland, Tyne and Wear NHS Foundation Trust's patients were reported to have died, with the majority of these being natural deaths in nature.

Qtr 1 – 254 (21%)

Qtr 2 – 235 (19%)

Qtr 3 – 290 (28%)

Qtr 4 – 384 (32%)

Of the 1,219 deaths, and in line with our Incident Policy – CNTW (O) 05 and our Learning from Deaths Policy – CNTW(C) 12, 212 of these deaths would fit the criteria for further investigation.

By 21st April 2020, the following investigations were carried out in each quarter, 61 in the first quarter; 33 in the second quarter; 56 in the third quarter and 62 fourth quarter, some of which remain under investigation and reports not completed due to the time frames.

Of the 477 Natural Cause deaths subject to an investigation, 35 have been subject to a Mortality Review with 24 completed and 11 currently outstanding.

One of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

1 representing 1.6% for the first quarter;

0 representing 0.00% for the second quarter;

0 representing 0.00% for the third quarter;

0 representing 0.00% for the fourth quarter.

13 investigations that were reported in the 18/19 reporting period where subsequently investigated and completed in the reporting period 19/20

These numbers have been estimated using the findings from Serious Incident investigations. Where there has been either a root or contributory cause found from the incident review then this has been used as a way to determine if the patient death may have been attributable to problems with care provided.

There is currently no agreed or validated tool to determine whether problems in the care of the patient contributed to a death within mental health or learning disability services so we are using this approach until such a tool becomes available. This means that currently mental health and learning disability organisations are using differing ways of assessing this. The Royal College of Psychiatrists has developed a mortality review tool which the Trust is now using along with other mental health and learning disability trusts. To note the

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new/under pilot framework moves away from making such decision / comments to focus on the learning opportunities.

Over the last twelve months our investigations have identified five main areas of **learning**:

**Never Event** (wrong route of administration of prescribed medication)

The Never Event incident highlighted significant findings/learning that was felt to be contributory to the incident. The investigation identified deficiencies in the training provided to newly qualify nursing staff regarding the administration of parenteral medicines, leading to gaps in their knowledge around risk and to competency and confidence issues. As a result changes have been made to ensure these gaps are covered in conjunction with the training academy.

### **The use of the AUDIT (Alcohol Use Disorder Identification Test) Tool**

Several incidents reviewed identified that clinical teams including Addiction services were not utilising this tool. Initially this was being reported as a documentation issue, however this is not the case this tool should be used to identify current alcohol use which may lead to an intervention that supports the pathway for the patient's care and treatment. This has identified the need for further training which has previously been provided and refresher/update training. This has linked to work done and presented at the Learning and Improvement Group by Addiction Services.

### **Veterans and Serving Soldiers**

The lack of understanding of this patient pathway has come up in several cases reviewed. One particular case was reviewed jointly with the Ministry of Defence Therefore a Practice Guidance has been devised to address this, alongside a trust-wide presentation.

### **Medication Management/knowledge**

Several cases reviewed identified gaps in knowledge in relation to certain drugs and their management:

**Clozapine Management:** Patient showing increasingly poor concordance, this not being explored at every opportunity, and therefore not discontinuing as per prescribing guidelines.

**Naloxone:** Not being offered as per standard.

**Pregabalin:** One investigation highlighted lack of awareness regarding a rare but potential risk of suicide following initiation.

**Medication Pathways:** One review highlighted the consideration required when prescribing for both pain management and mental health conditions.

**ADHD Management:** Availability of prescriptions, lack of drug testing kits.

**Inflammatory Bowel Disease and prescribing:** Medical histories not necessarily considered when prescribing.

All of the above have been addressed within local, trust wide learning forums, the use of the CAS system, Safer Care Bulletin and articles published by pharmacy.

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## Dissemination of Learning

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

Making sure the learning becomes part of practice within the organisation and across the organisation is done in several different ways. The organisation has a variety of audit programmes running which will check if any learning from deaths is put into practice. Changes made from learning are introduced into policies which are regularly reviewed. Training programmes are changed and updated following learning from incident investigation findings. Teams have learning at the top of their agenda for meetings to ensure awareness raising is constantly maintained and becomes part of everyday culture. Learning groups use incident findings to inform their agendas to check out staff understanding of learning and the impact on their service areas.

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

CNTW has introduced a formal Learning and Improvement Group to monitor all of the above and evaluate the impact of actions identified from incident and complaint investigations. This meeting is chaired jointly by the Executive Director of Nursing & Operations and Executive Medical Director, and can be accessed by staff from across the Trust using Skype.

## Investigations into deaths in 2019/20

1 death reviewed during 2019/20 is judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the findings from Serious Incident investigations. Where there has been either a root or contributory cause found from the incident review then this has been used as a way to determine if the patient death may have been attributable to problems with care provided. There is currently no agreed or validated tool to determine whether problems in the care of the patient contributed to a death within mental health or learning disability services so we are using this approach until such a tool becomes available. This means that currently mental health and learning disability organisations are using differing ways of assessing this. The Royal College of Psychiatrists has developed a mortality review tool which the Trust is now using along with other mental health and learning disability trusts.

## NHS Number and General Medical Practice Code Validity

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data for April 2019 to February 2020.

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

99.7% for admitted patient care; and 99.3% for outpatient care.

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

99.6% for admitted patient care; and 99.8% for outpatient care.

## Data Security and Protection Toolkit attainment

In light of the national pandemic, the DSPT submission has been moved from 31st March 2020 to 30 September 2020.

## Clinical Coding error rate

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

## Safe working hours for doctors in training

A report on safe working hours for doctors in training covering January to December 2019 was presented to the CNTW Trust board in May 2020. The report is reproduced in Appendix 3.

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# Performance against mandated core indicators

The mandated indicators applicable to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are as follows:

The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period (data governed by a national definition)

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reason - we have established, robust reporting systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement.

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by ensuring clinicians are aware of their responsibilities to complete these reviews.

Table 24: 7 day follow up data 2017/18 to 2019/20 (higher scores are better)

7 day follow up %	2017/18				2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CNTW	96.0%	97.5%	97.4%	97.7%	97.1%	96.5%	96.7%	96.9%	<b>96.5%</b>	<b>95.1%</b>	<b>91.7%</b>	
National Average	96.7%	96.7%	95.4%	95.5%	95.8%	95.7%	95.5%	95.8%	<b>95.1%</b>	<b>94.5%</b>	<b>95.5%</b>	
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	<b>100%</b>	<b>100%</b>	
Lowest national	71.4%	87.5%	69.2%	68.8%	73.4%	83.0%	81.6%	83.5%	<b>86.1%</b>	<b>77.9%</b>	<b>86.3%</b>	

Quarter 4 data will not be collected and published by NHS England due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS.

Data source: [NHS England](#)

The percentage of admissions to acute wards for which the Crisis Home Treatment Team acted as a gatekeeper during the reporting period (data governed by a national definition)

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons - we have established, robust reporting

systems in place through our electronic patient record system (RiO) and adopt a systematic approach to data quality improvement.

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by closely monitoring this requirement and quickly alerting professionals to any deterioration in performance.

Table 25: Gatekeeping data 2017/18 to 2019/20 (higher scores are better)

Gate-Keeping %	2017/18				2018/19				2019/20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CNTW	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	<b>100%</b>	<b>99.0%</b>	
National Average	98.7%	98.6%	98.5%	98.7%	98.1%	98.4%	97.8%	98.1%	<b>98.2%</b>	<b>98.2%</b>	<b>97.1%</b>	
Highest national	100%	100%	100%	100%	100%	100%	100%	100%	<b>100%</b>	<b>100%</b>	<b>100%</b>	
Lowest national	88.9%	94.0%	84.3%	88.7%	85.1%	81.4%	78.8%	88.2%	<b>84.0%</b>	<b>91.2%</b>	<b>80.0%</b>	

Quarter 4 data will not be collected and published by NHS England due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS.

Data source: [NHS England](#)

The score from staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends

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

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this score, and so the quality of its services by continuing to hold multidisciplinary staff engagement sessions at Trust and local levels regarding the results of the staff survey and identifying actions for improvement.

“If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”

Table 26: NHS staff survey data (question 21d), shown against benchmarking group

% Agree or Strongly Agree	2017	2018	2019
CNTW %	68%	69%	<b>67%</b>
National Average %	61%	61%	<b>62%</b>
Highest national %	87%	81%	<b>76%</b>
Lowest national %	42%	38%	<b>38%</b>

Data source: [Staff Survey Coordination Centre](#)

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

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

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

Table 27: Community Mental Health survey scores, 2017 to 2019

Health and social care workers	2017	2018	2019
CNTW	7.6	7.4	<b>7.7</b>
National Average	7.2	7.1	<b>7.2</b>
Highest national	8.0	7.7	<b>7.8</b>
Lowest national	6.0	5.9	<b>6.2</b>

Score out of 10, higher are better. Scores based on same two questions used in 2019

Data source: [CQC](#)

## The number and, where available the rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death (data governed by a national definition)

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust considers that this data is as described for the following reasons – this is data we have uploaded to the National Reporting and Learning System (NRLS).

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust has taken the following actions to improve this rate/number/percentage, and so the quality of its services by ensuring all serious Patient Safety Incidents are robustly investigated and lessons shared throughout the organisation (including the early identification of any themes or trends).

Table 28: Patient Safety Incidents, National Reporting and Learning System

Indicator	Performance	2017/18 Apr-Sep	2017/18 Oct-Mar	2018/19 Apr-Sep	2018/19 Oct-Mar	2019/20 Apr-Sep	2019/20 Oct-Mar
Number of PSI reported (per 1,000 bed days)	CNTW	43	44	48	49	59	
	National average	48	46	51	57	63	
	Highest national	127	97	114	119	130	
	Lowest national*	16	15	25	15	17	
Severe PSI (% of incidents reported)	CNTW	0.4%	0.3%	0.4%	0.4%	0.3%	
	National average	0.3%	0.3%	0.3%	0.3%	0.3%	
	Highest national	2.0%	2.1%	2.1%	2.1%	2.3%	
	Lowest national*	0.0%	0.0%	0.0%	0.0%	0.0%	
PSI Deaths	CNTW	0.5%	0.2%	0.3%	0.1%	0.1%	

Indicator	Performance	2017/18 Apr-Sep	2017/18 Oct-Mar	2018/19 Apr-Sep	2018/19 Oct-Mar	2019/20 Apr-Sep	2019/20 Oct-Mar
(% of incidents reported)	National average	0.7%	0.8%	0.8%	0.7%	0.6%	
	Highest national	3.4%	3.9%	2.3%	3.7%	2.2%	
	Lowest national*	0.0%	0.0%	0.1%	0.0%	0.0%	

Data source: [NHS Improvement](#) Data for October 2019 to March 2020 will be published on later in the year.

\*note that some organisations report zero patient safety incidents, national average for mental health trusts

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## Part 3

# Review of Quality Performance

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

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

## NHS Improvement Single Oversight Framework

The NHS Improvement Single Oversight Framework identifies NHS providers' potential support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Individual trusts are “segmented” by NHS Improvement according to the level of support each trust needs. In 2019/20 CNTW has been assigned a segment of “1 – maximum autonomy”.

*Table 29: Self-assessment against the Single Oversight Framework as at March 2020 (previous years data in brackets where available)*

	Period	Trustwide	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	South Tyneside CCG	Sunderland CCG	North Cumbria CCG
<b>Patient Safety Quality Indicators</b>								
Admissions to adult facilities of patients under 16	2019/20 (2018/19)	0 0	0 0	0 0	0 0	0 0	0 0	0
CPA follow up - proportion of discharges from hospital followed up within 7 days	Sept 19 - Mar 20 (2018/19)	93.50% (96.8%)	95.10% (95.3%)	96.90% (99%)	95.70% (97.9%)	98.90% (95.1%)	98.80% (97.8%)	84.50%

Inappropriate Out of Area Placements <i>average bed days per month</i>	2019/20 <i>(2017/18 Q4 avg.per month)</i>								
<b>Clinical Effectiveness Quality Indicators</b>									
% clients in settled accommodation	2019/20 <i>(2018/19)</i>	71.70% <i>(80.7%)</i>	83.30% <i>(82.8%)</i>	77.60% <i>(80.9%)</i>	83.30% <i>(84.5%)</i>	80.00% <i>(77.9%)</i>	80.60% <i>(81.4%)</i>		35.30%
% clients in employment	2019/20 <i>(2018/19)</i>	6.80% <i>(6.7%)</i>	7.20% <i>(5.9%)</i>	7.60% <i>(8.7%)</i>	8.20% <i>(7.2%)</i>	7.40% <i>(9%)</i>	6.00% <i>(5.2%)</i>		5.30%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:									
• Inpatient wards	2019/20 <i>(31/03/2019)</i>	96.20% <i>(98.4%)</i>							
• Early intervention in psychosis services	2019/20 <i>(31/03/2019)</i>	74.20% <i>(90.7%)</i>							
• Community mental health services (people on care programme approach)	2019/20 <i>(31/03/2019)</i>	79.30% <i>(98.2%)</i>							
Data Quality Maturity Index	31.12.19 <i>(Q2 2017/18)</i>	92.70% <i>(95.8%)</i>							
IAPT- Proportion of people completing treatment who move to recovery	Mar-20 <i>Mar-19</i>	51.20% <i>(55.3%)</i>					51.40% <i>55.30%</i>		51.00%
<b>Service User Experience Quality Indicators</b>									
RTT Percentage of Incomplete (unseen) referrals waiting less than 18 weeks*	2019/20 <i>(2018/19)</i>	100% <i>(100%)</i>	100% <i>(100%)</i>	100% <i>(100%)</i>	100% <i>(100%)</i>	100% <i>(100%)</i>	100% <i>(100%)</i>		
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	2019/20 <i>(2018/19)</i>	73.50% <i>(79.6%)</i>	74.60% <i>(66.7%)</i>	82.50% <i>(75.3%)</i>	92.50% <i>(80.8%)</i>	54.20% <i>(92.2%)</i>	96.70% <i>(98.6%)</i>		49.00%
IAPT Waiting Times to begin treatment – incomplete									
6 weeks	Mar-19 <i>(March 19)</i>	99.20% <i>(99.6%)</i>					100.00% <i>(99.6%)</i>		99.00%
18 weeks	Mar-20 <i>(March 19)</i>	99.90% <i>(99.8%)</i>					99.90% <i>(100%)</i>		100.00%

Data source: CNTW. \*Note that this relates only to a small number of consultant-led services

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# Performance against contracts with local commissioners

During 2019/20 the Trust had a number of contractual targets to meet with local clinical commissioning groups (CCGs). Table 30 below highlights the targets and the performance of each CCG against them for quarter four 2019/20 (1 January 2020 to 31 March 2020).

Table 30: Contract performance targets 2019/20 Quarter 4 (2018/19 Quarter 4 in italics)

CCG Contract performance targets Quarter 4 2018/19 (target in italics)	Newcastle Gateshead CCG	Northumberland CCG	North Tyneside CCG	Sunderland CCG	South Tyneside CCG	North Cumbria
CPA Service Users reviewed in the last 12 months (95%)	95.60% <i>97.50%</i>	96.00% <i>98.00%</i>	97.70% <i>97.00%</i>	98.70% <i>98.70%</i>	95.70% <i>98.00%</i>	72.70%
CPA Service Users with a risk assessment undertaken/reviewed in the last 12 months (95%)	96.90% <i>98.20%</i>	97.60% <i>97.20%</i>	96.10% <i>97.50%</i>	98.20% <i>97.80%</i>	98.00% <i>98.10%</i>	10.50%
CPA Service Users with identified risks who have at least a 12 monthly crisis and contingency plan (95%)	94.50% <i>96.00%</i>	97.10% <i>97.10%</i>	94.90% <i>96.60%</i>	95.60% <i>95.00%</i>	97.60% <i>96.20%</i>	85.90%
Number of inpatient discharges from adult mental health illness specialties followed up within 7 days (95%)	96.40% <i>96.10%</i>	98.80% <i>98.30%</i>	92.20% <i>97.10%</i>	98.80% <i>96.20%</i>	98.10% <i>95.20%</i>	91.70%
Current delayed transfers of care -including social care (<7.5%)	2.50% <i>1.70%</i>	3.50% <i>4.00%</i>	0.00% <i>2.40%</i>	2.20% <i>3.20%</i>	2.30% <i>4.60%</i>	15.70%
RTT percentage of incomplete (unseen) referrals waiting less than 18 weeks (92%) <small>Note that this relates only to a small number of consultant-led services</small>	100% <i>100%</i>	100% <i>100%</i>	100% <i>100%</i>	100% <i>100%</i>	100% <i>100%</i>	
Current service users aged 18 and over with a valid NHS Number (99%)	99.90% <i>99.90%</i>	99.90% <i>99.90%</i>	100.00% <i>99.90%</i>	100% <i>100%</i>	100% <i>100%</i>	100%
Current service users aged 18 and over with valid Ethnicity completed (90%)	95.20% <i>93.50%</i>	97.00% <i>94.10%</i>	89.60% <i>92.90%</i>	95.30% <i>94.70%</i>	91.90% <i>90.60%</i>	84.50%

The number of people who have completed IAPT treatment during the reporting period (50%)	n/a	n/a	n/a	51.40%	n/a	51.00%
				54.30%		
People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks of referral	75.80%	81.80%	87.50%	86.70%	84.60%	52.10%
	72.10%	84.60%	77.80%	90.00%	92.90%	

Data source: CNTW

Note the figures above relate to quarter 4 average while the equivalent data in Table 29 on the previous page is for the whole of 2019/20.

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# Statutory and Mandatory Training for 2019/20

It is important that our staff receive the training they need in order to carry out their roles safely.

Table 31: Training position as at 31 March 2020

Training Course	Trust Standard	Position at 31/03/2018	Position at 31/03/2019
Fire Training	85%	90.1%	<b>81.0%</b>
Health and Safety Training	85%	95.8%	<b>92.0%</b>
Moving and Handling Training	85%	92.3%	<b>88.2%</b>
Clinical Risk Training	85%	77.5%	<b>72.0%</b>
Clinical Supervision Training	85%	87.9%	<b>72.7%</b>
Safeguarding Children Training	85%	92.6%	<b>92.8%</b>
Safeguarding Adults Training	85%	94.5%	<b>83.7%</b>
Equality and Diversity Introduction	85%	95.1%	<b>93.6%</b>
Hand Hygiene Training	85%	94.0%	<b>90.7%</b>
Medicines Management Training	85%	91.4%	<b>82.1%</b>
Rapid Tranquillisation Training	85%	91.2%	<b>86.1%</b>
MHCT Clustering Training	85%	87.7%	<b>61.3%</b>
Mental Capacity Act / Mental Health Act / DOLS Combined Training	85%	78.1%	<b>67.0%</b>
Seclusion Training (Priority Areas)	85%	94.1%	<b>82.6%</b>
PMVA Basic Training	85%	79.4%	<b>66.2%</b>
PMVA Breakaway Training	85%	90.0%	<b>75.2%</b>
Information Governance Training	95%	95%*	<b>84.9%</b>

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

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

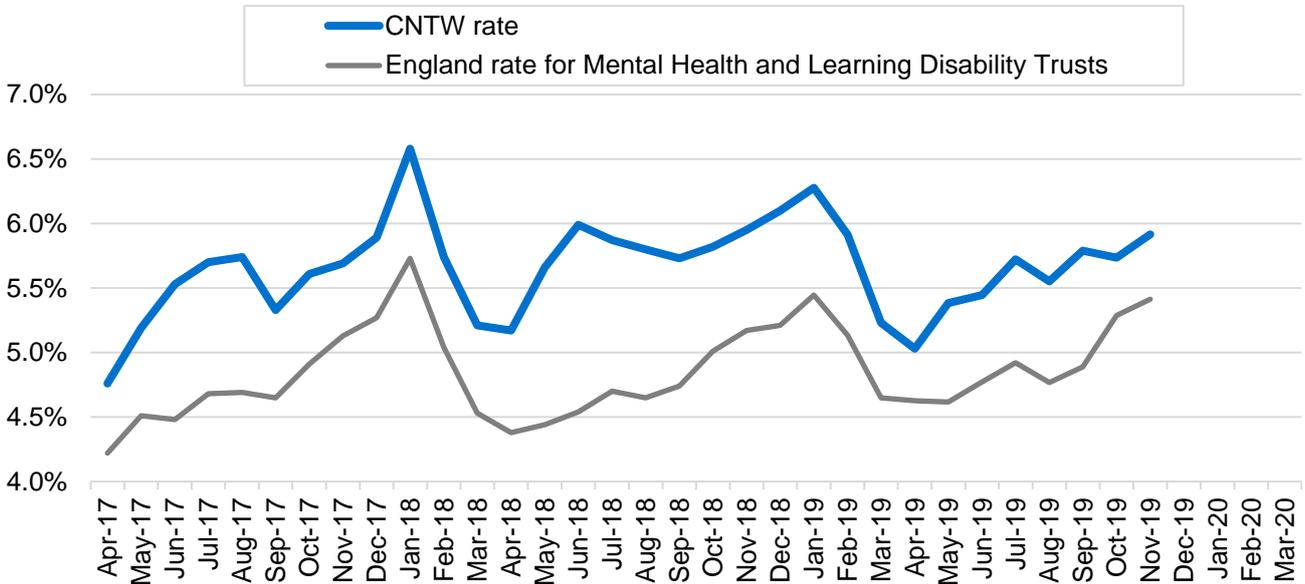
<span style="color: green;">■</span>	Performance at or above target
<span style="color: yellow;">■</span>	Performance within 5% of target
<span style="color: red;">■</span>	Under Performance greater than 5%

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# Staff Absence through Sickness Rate

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

Figure 26: Monthly staff sickness, CNTW and national, April 2017 to November 2019



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

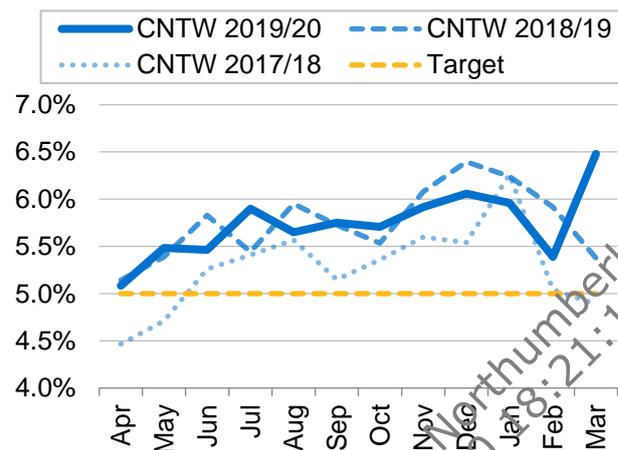
The Trust continues to place a high priority on supporting the wellbeing and health of staff and this is highlighted in the Workforce and Organisational Development strategy 2017-2022.

The Trust is continually reviewing the Wellbeing and Health Agenda ensuring it is taking into account the differing needs of the staff as well as incorporating best practice and both Local and National Wellbeing agendas.

The Trust is working with staff and partners to revise Wellbeing and Health policies and is working with its new occupational health provider who commenced with the Trust in December 2019. There will be an increased focus on supporting staff mental health including looking at the impact the Covid-19 pandemic has had on staff.

We continue to hold the Better Health at Work, continuing excellence award.

Figure 27: CNTW Sickness (in month) 2017/18 to 2019/20



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

# Staff Survey

Since 2010 the Trust has adopted a census approach to the Staff Survey, seeking views from all staff. Whilst the results listed here are relating to the National Survey (based on a sample), our action planning also takes into account the findings from our census report as well as themes identified from the comments received.

The Trust, in the past five years, and as a direct consequence of staff survey findings, has been working on improving its approach to staff engagement. We have developed a schedule of listening events called Speak Easy where Senior Managers listen to the views of staff across the Trust, with a focus on empowering people to be able to take action to improve matters at a local level. Staff Survey results are disseminated widely throughout the Trust with presentation of key findings at meetings with Trust Board, Corporate Decisions Team, Business Development Group, Council of Governors, Staff Side and Corporate and Operational Directorates throughout the Trust. At each of these meetings views are sought on our intentions to take action on issues highlighted in the survey results. The Trust wide Staff Survey Action Plan is agreed by Trust Board and is monitored through the Trust's Corporate Decisions Team (Workforce) Group. In addition localities also develop their own specific action plans which are monitored through local assurance groups.

Table 32: NHS staff survey responses 2017 to 2019

Response rate	2017	2018	2019
Trust	64%	67%	<b>56%</b>
National Average (Mental Health/Learning Disability)	52%	54%	<b>54%</b>

From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those. Scores for each indicator together with that of the survey benchmarking group Mental Health /Learning Disability Trusts are presented below.

Table 33: Response scores by theme, Staff Survey 2017 to 2019

Theme	2017		2018		2019	
	CNT W	Benchmarking Group	CNT W	Benchmarking Group	CNT W	Benchmarking Group
Equality, diversity and inclusion	7.5	7.2	7.5	7.2	<b>7.5</b>	7.3
Health and wellbeing			6.6	6.2	<b>6.5</b>	6.3
Immediate managers	5.9	5.5	5.9	5.7	<b>6.0</b>	5.8
Morale	7.5	7.3	7.5	7.3	<b>7.5</b>	7.4

Theme	2017		2018		2019	
	CNTW	Benchmarking Group	CNTW	Benchmarking Group	CNTW	Benchmarking Group
Quality of appraisals	8.3	8.0	8.2	7.9	<b>8.3</b>	8.0
Quality of care	8.9	9.2	9.1	9.3	<b>9.1</b>	9.3
Safe environment – bullying and harassment	7.0	6.7	7.0	6.7	<b>7.1</b>	6.8
Safe environment – violence	7.1	7.0	7.1	7.0	<b>7.1</b>	7.0
Safety culture					<b>7.1</b>	7.0
Staff engagement	7.5	7.2	7.5	7.2	<b>7.5</b>	7.3
			6.6	6.2	<b>6.5</b>	6.3

Data source (Table 32 and Table 33): [Staff Survey Coordination Centre](#). Data includes CNTW Solutions, a wholly owned subsidiary company of CNTW.

## Actions

The following are actions under consideration

- Continue to identify any concentrations of staff reporting discrimination. Actions to form part of Equality Diversity and Inclusion Group work.
- Continue to prioritise the issue of reported physical deterioration and stress at work and analyse ways in which we can meet problems.
- Look to reinforce the positive view of commitment from staff and being aware that this should not come at a cost to their own health and wellbeing.
- Continue to prioritise the development of line managers. Consider how this links directly to some of the other areas covered in the survey.
- Ensure that line managers are able to make the link between the Trust's goals and how staff fit in with this.
- Ensure that managerial and supervisory roles include the duty to give feedback to staff including both positive and negative comments as appropriate.
- Improve staff involvement in changes that happen in their area of work. Communication is key.
- Consider how all staff can be made to feel more involved in decision making processes and having more control over how they carry out their work.
- Continued focus on appraisals cycle.
- Ensure that patient experience data is regularly shared with staff to highlight areas which are positive as well as areas for improvement.
- Continue to promote awareness of the need to report incidents of violence, harassment, bullying and abuse and ensure that staff are aware of the process around this.
- Identify the location of spikes in Harassment, Bullying and Abuse from patients and the public / Managers and other colleagues.

- 
- Explore support groups and de-briefing sessions.
  - Continue to ensure that staff are aware of the policy and process for raising concerns about unsafe clinical practice and are provided with reassurance about how these would be handled to encourage and reassure staff that their concerns will be treated seriously and with transparency.
  - Ensure that team members have shared objectives and that these are communicated effectively and understood.

Cumbria, Northumberland Tyne and Wear  
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Statements from Clinical Commissioning Groups (CCG), local Healthwatch and Local Authorities

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

## **Healthwatch Newcastle and Healthwatch Gateshead combined statement for the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2019/2020**

We are very pleased to read the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's (CNTW) Quality Account for 2019/20. It is an informative read and, during a time of great change, clearly shows that the Trust has endeavoured to make improvements against the priorities it has set itself. In particular, we would like to congratulate the Trust on the following:

- The successful merger of Cumbria Partnership NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation to form Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, one of the largest mental health and disability organisations in the country
- Continuing to be one of only six Mental Health and Disability Trusts rated as Outstanding by the Care Quality Commission.
- Preparing and presenting this Quality Account, whilst also having to cope with the huge challenges of the COVID pandemic.

### **Quality priority one: Improving the inpatient experience**

We are pleased to note that there has been continued careful monitoring of inappropriate out of area bed usage and of average bed occupancy levels on adult and older people's mental health wards, against the planned trajectories for each. However it is disappointing to read that in both cases the Trust has failed to meet the targets set. Whilst we understand the national and local pressures that have impacted on the Trust's ability to meet its targets, we feel this is an issue of concern and we are pleased to see that work will continue in this area throughout 20/21

We also note that the Trust has continued to monitor service user and carer experience on inpatient wards and we are pleased to see that Friends and Families scores have remained consistent across the Trust. However we note that scores for the Central Locality (Newcastle and Gateshead – of particular interest to us), were very high at the start of the year but have dropped quite significantly. We would be interested to understand why this might be?

We read with interest that there has been a 4% increase in the number of patient safety incidents compared with the previous year but are pleased to note that once investigated the proportion of incidents assessed as 'no harm' or 'minor harm' accounts for 96% of the total and represents an increase on previous years. However we are concerned that the

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number of Talk 1st incidents recorded during 2019 -20 have increased in all categories, when compared with last year's activity. We note that you intend to revise and relaunch The Positive and Safe strategy in 2020 and await the outcome with interest.

Given that progress against this priority has been somewhat limited, we are pleased that 'Improving the inpatient experience' continues to be a priority in 2020/21.

### **Quality priority two: Improving waiting times**

Improving waiting times has been a quality priority for a number of years now and at Healthwatch we know it continues to be an area of great concern both to service users and their families.

We note that there has been only a small increase across the Trust in the number of adults and older people waiting for more than 18 weeks for non-specialised community services (from 57 people on 31 March 2019 to 61 people on 31 March 2020). We note with pleasure that no one in Gateshead has had to wait more than 18 weeks

And, we are particularly happy to read that the number of young people waiting more than 18 weeks to be seen, has fallen slightly across the Trust as a whole and more significantly in the Central Locality. However we are concerned that all these positive changes will be reversed by the impact of the COVID pandemic.

We are very concerned that there has been a significant increase to waiting times for the adult Attention Deficit Hyperactivity Disorder diagnosis service and for the adult Autism Spectrum Disorder diagnosis service, and that the proportion of service users waiting more than 18 weeks to access those services, has also increased, both at a Trust wide level and within the Central Locality. Waiting times for the Gender Identity Service are also an area of great concern.

Based on these comments, we think it is imperative to continue this priority into 2020/21 and are pleased to note this is the case.

### **Quality priority three: Equality, Diversity & Inclusion**

We are pleased to read about various the initiatives the Trust has developed in relation to this important priority. However more information about numbers of staff trained, numbers of BAME communities engaged with and numbers of cultural ambassadors appointed would have been useful, as would some insight in to the positive (or otherwise) impact of these initiatives. Whilst we are aware that work is still progressing in this area, the lack of detailed analysis to date is disappointing.

For this reason we are pleased to note that this work is continuing to be a priority for 2020/21 and we endorse the inclusion of new Human Rights element. We particularly support your plans to work with the service user and carer reference group and peer support workers to identify human rights advocates.

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### **Impact of sickness on quality**

Although a methodology has been developed and work undertaken to assess the impact of sickness on quality, the findings of this work appear to be inconclusive.

The Trust's new and continuing priorities for 2020/21 are reasonable and comprehensive.

We wish the Trust continued success and look forward to receiving updates on progress.

Cumbria, Northumberland Tyne and Wear  
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**Councillor WENDY TAYLOR**  
**Dene and South Gosforth Ward**

12 Boundary Gardens  
High Heaton  
Newcastle upon Tyne  
NE7 7AA

Tel: 0191 281 7018

Email: [wendy.taylor@newcastle.gov.uk](mailto:wendy.taylor@newcastle.gov.uk)

Opposition Office

Tel: 0191 211 6826

[www.newcastle.gov.uk](http://www.newcastle.gov.uk)

Lisa Quinn  
Executive Director of Commissioning and Quality Assurance  
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust  
Executive Suite  
St. Nicholas Hospital, Jubilee Road,  
Gosforth  
NE3 3XT

Our Reference: WT/JH20

14 September 2020

Dear Lisa

**Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account  
2019/20 – Response of Health Scrutiny Committee, Newcastle City Council**

As Chair of Newcastle Health Scrutiny Committee, I welcome the opportunity to comment on your draft Quality Account for 2019/20.

The Quality Account is an important tool in ensuring that services are reviewed objectively and as a means of illustrating to patients, carers and partners the performance of the trust in relation to your quality priorities.

We recognise that this committee has a responsibility to review the account for the whole organisation, as your headquarters are based in the city. However, the document is significant and covers a large footprint and so we would also like to see future Quality Account presentations include some additional information that is bespoke to our particular area. The report does also provide just a snapshot of the organisation, and we would like to explore additional ways of engaging with you throughout the year, in order to get a more in-depth picture.

We note that you have now taken over responsibility for the delivery of mental health, learning disability and autism services to the North Cumbria population, and as such, are operating on a much larger footprint than previously. We are pleased to hear that there

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have been improvements made to recruitment in North Cumbria and we would like to see an update on this next year.

In relation to progress against your 2019/20 priorities, we make the following points:

- We have concerns about the high levels of inappropriate out of area placements at certain points during the year and the impact this could have on patients and their families. We understand that this has mainly been an issue within adult acute in-patient provision, but we are especially concerned about the negative impact of out of area placements for young people and were pleased to note that there is to be a continuing focus on developing services for young people and, in particular, on improving the pathway for eating disorders, to prevent the need to travel significant distances for care.

There is an obvious relationship between out of area placements and the recent reduction in bed capacity within the organisation. Whilst we recognise the challenge around making best use of resources, we feel that mental health trusts should be supported to maintain an appropriate level of excess bed capacity, in order to cater for acute admissions.

We will review progress on inappropriate out of area placements next year.

- We are pleased to note progress against the Equality, Diversity and Inclusion priority target, but would like to see further engagement with BAME communities. At our meeting we sought and received assurance that the ethnic breakdown of service users was reflective of local populations but are pleased to note that there is a continuing review into how open and accessible services are to BAME communities.
- We are disappointed to see that there has been a lower number of responses to the staff survey this year, but are pleased to hear that efforts are being made to address this, including working with trade unions, and we hope to see this reflected in next year's figures.
- We are concerned to see an increase in use of restraint. At our meeting we were able to discuss some of the reasons for this, which included taking on additional service users with particular acuties, but were pleased to note that work on the Positive and Safe Strategy was continuing and that this would include an exploration of alternative methods of intervention.
- We note an increase in waiting times for ASD, ADHD and Gender Dysphoria services. We understand that there are pressures nationally on Gender Dysphoria services and that a national procurement exercise to address this has been paused as a result of the Covid-19 pandemic. We are pleased to hear that commissioners in Newcastle and Gateshead are actively involved in work to reduce waiting times for ASD and ADHD services. We will review progress on this next year.

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In relation to 2020/21 priorities we make the following points:

- The scale of the agenda around human rights is significant. We are pleased to hear that you are consulting staff and service users about what they feel is important, in order to determine what aspects you will focus on, and also that you recognise that there will be differing priorities for different patient groups.

Finally, I would like to acknowledge the continued efforts of the trust to engage with stakeholders and its willingness to engage with this committee whenever requested and I hope that this will continue.

Yours sincerely



Cllr Wendy Taylor  
Chair, Health Scrutiny Committee

Cumbria, Northumberland Tyne and Wear  
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Healthwatch Northumberland  
Adapt (North East)  
Burn Lane  
Hexham  
Northumberland  
NE46 3HN  
Tel 03332 408 468  
Fax 01434 605251  
Email [info@healthwatchnorthumberland.co.uk](mailto:info@healthwatchnorthumberland.co.uk)  
Web [www.healthwatchnorthumberland.co.uk](http://www.healthwatchnorthumberland.co.uk)



Lisa Quinn  
Executive Director of Commissioning & Quality Assurance  
Cumbria, Northumberland Tyne & Wear NHS Foundation Trust  
St Nicholas Hospital  
Gosforth  
Newcastle upon Tyne  
NE3 3XT

26 October 2020

Dear Lisa

**Quality Account for year ending 31 March 2020**

We welcome the opportunity to respond to the draft quality account of Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust and congratulate the Trust on some good results.

Overall, we considered the report gives a fair reflection of the services provided by the Trust. We felt that the document despite being detailed is easy to read, logical and clear throughout. Plain English usage is much appreciated with very few acronyms. We found the glossary and the explanation boxes to be useful.

There were clearly articulated Values, Strategy, and Annual and Long-Term Quality Goals, as well as a valuable commentary by the Council of Governors Quality Group.

We were pleased to see the report of services which address the needs of Northumberland, in particular the Universal Crisis Service, Children and Young People Community Mental Health Trailblazers and Consultant Connect.

The Review of the 2019/2020 Priority Goals was generally comprehensive with commendable strides having been taken regarding Inpatient Experience, Improving Waiting Times and Equality/Diversity/Inclusion, each of which reported significant progress whilst still highlighting areas of necessary improvement within the partially met objectives. We endorse the 'taking an individual approach'.

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We appreciate the concerns around effective and meaningful engagement during pandemic and feel they have achieved an acceptable outcome.

The detailed information provided indicates that considerable efforts have been made to maintain the very good and outstanding range of services reported in the Outstanding CQC.

We note that service user experience is reported as mainly good, as in the Family and Friends Test, which resulted in 88% of service users and carers reporting that they would recommend the Trust, and the overall staff survey results and reducing staff absence rates.

In terms of more external accountability, there is further assurance that quality of service is being maintained at a high level.

The improving score in the CQC survey of adult community mental health services, with no areas worse than expected and all scores in the upper range (although Support and Well Being is still on the low side).

The National Clinical Audits were all at 100%, the CQUIN Indicators were fully delivered, the NEQOS Retrospective Benchmarking Quality Account Indicators reported above average performance, Learning from Deaths was undertaken, performance against Mandated Core Indicators was invariably slightly above average (although a noticeable dip in Q3 of 2019/2020 for seven day follow up), very good Gatekeeping data and performance against contracts with local commissioner.

Within this positive picture, however, attention should be given in 2020/2021 towards the NICE Guidance Assessments as 3 compliant while 4 were partially compliant.

Mental health services are a concern to the people of Northumberland. Healthwatch Northumberland conducts an annual survey to hear the people of Northumberland's views and experiences of health and social care. This year's survey reached a record 800 people from a wide range of backgrounds.

Mental health services were the second top priority service our respondents chose for us to work on, with 260 votes. In our survey, they had a high dissatisfaction rating – of those that use service 79 people said they were dissatisfied with mental health services (54%) - this was the only time more people said they were dissatisfied with a service than said they were satisfied with it.

Issues included co-ordination of services, waiting times and navigating the different services. We have produced a report of the findings which includes the response from Northumberland CCG. This is available on our website.

The increase in complaints, particularly in the North Locality is noted. It is of concern that complaints about patient care have increased.

We also note:

- 
- The safety concerns in acute ward for adults of working age and psychiatric intensive care units, but note all other aspects are 'good'
  - Waiting time for talking therapy or psychiatrist and would ask what support is available for people who referral is not accepted and how they are directed to it.

The Trust is to be commended for continuing to perform at a high standard, offering a very wide range of services to a vast number of people within a very extensive geographical area whilst at the same time absorbing the North Cumbria Mental Health Trust into its sphere of influence and activity.

We look forward to working with CNTW in the coming year and continuing to build on the positive working relationship we have established.

Yours sincerely



David Thompson  
Chair

Cumbria, Northumberland Tyne and Wear  
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## **Corroborative statement from Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside and Sunderland Clinical Commissioning Groups for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Account 2019/20**

The Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the Annual Quality Account for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust for 2019/20 and would like to offer the following commentary:

Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside and Sunderland Clinical Commissioning Groups (CCGs) are committed to commissioning high quality services from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and have a responsibility to ensure that the healthcare needs of the patients that they represent are safe, effective and that they ensure that the experience of patients are reflected and acted upon.

Firstly, the CCGs acknowledge that this year has been, and continues to be, an extremely challenging time for the NHS due to the COVID-19 pandemic. The CCGs would like to thank the Trust and all their staff for the excellent commitment shown in responding to the pandemic and for transforming services to deliver new ways of working to ensure patient care continues to be delivered to a high standard.

Throughout 2019/20 the CCGs continued to hold regular quality review group meetings with the Trust which were well attended and provided positive engagement for the monitoring, review and discussion of quality issues. The CCGs also conducted a programme of assurance visits to a number of Trust sites to gain assurances and a valuable insight into the quality of care being delivered to patients. This has resulted in valuable partnership working with the Trust and provided the CCGs with an opportunity to make recommendations on suggested areas of improvement. Due to the COVID-19 pandemic commissioner assurance visiting arrangements for 2020/21 are currently paused.

The CCGs commends the Trust on retaining their “Outstanding” rating from the Care Quality Commission (CQC) following an inspection in 2018; which is an excellent achievement. It is noted that the Trust is one of only six mental health and learning disability Trusts in England to be rated at this level. The wide range of national accreditations gained by wards and services across the Trust provides further evidence of the quality of services being delivered. With the transfer of mental health and learning disability services into the Trust from North Cumbria in October 2019, the CCGs acknowledge there were 38 areas of improvement identified in previous CQC inspections. The Trust is addressing these areas of improvement and the CCGs look forward to receiving updates on their progress. NCCCG anticipate that the ‘Outstanding’ rating will help the organisation improve the quality of services in North Cumbria, and are encouraged with the standard and transparency the Trust has demonstrated in the governance processes in patient safety investigations.

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In 2019/20, the Trusts long term quality goal of 'Keeping You Safe' through the annual quality priority of 'Improving the Patient Experience' was partially met. The CCGs recognise that national pressures had a role to play in the increase in out of area placements towards the end of the year, with additional pressures of a reduction of bed numbers exacerbating bed occupancy rates. With an approach to capture out of area bed placement usage still in development and a continued commitment to this quality priority in 2020/21, the CCGs expect to see further improvements going forward.

More generally within the Safety quality domain, the CCGs commend the Trust for the improvements that are demonstrated across their 'Positive & Safe' strategy. It is encouraging to see that the reported levels of harm in incidents has fallen, whilst the number of reported incidents has risen. This is a clear signifier of a positive reporting and safety culture which can only be improved and supported by the Trust commitment to the Freedom to Speak Up Guardian and Champion roles.

The CCGs would, however, like to emphasise the importance of ensuring that staff receive the required statutory and mandatory training, as it is noted that only six of the seventeen training courses met the internal standard of 85%. The Trust should provide further information on how it intends to improve this position in 2020/21 which will provide the CCG with assurance that staff are able to deliver the fundamental aspects of their roles safely.

The CCGs are disappointed to note that the Trust partially met the 'Improving waiting times' quality priority. There has been a marginal increase in the number of service users waiting for more than 18 weeks within non-specialised community services for adults and older people compared to the previous year. It is however acknowledged that there have been improvements through the year within non-specialised community services for Children and Young Peoples Services (CYPS), despite the inclusion of North Cumbria service performance in October 2019 having a negative effect on these figures, though NCCCG are pleased to note the 'significant improvement' in the overall CYPS waiting times.

The CCGs were pleased to note that there have been significant improvements in CYPS waiting times in Northumberland, Newcastle, Gateshead and South Tyneside and would like to see this improvement continue and spread to the other areas. However of particular concern is the increase in the number of patients waiting more than 18 weeks in Sunderland and North Cumbria, despite the significant decrease in the waiting list sizes. It is also important to note that the Trust performance against the 'Five Year Forward View for Mental Health' waiting time standards for Early Intervention in Psychosis and Improving Access to Psychological Therapies has been excellent with CYPS Eating Disorder services well on track to meet the required standard.

The CCGs note that again there has been a significant increase to waiting times for the Adult Autism Spectrum Disorder Diagnosis and Adult Attention Deficit Hyperactivity Disorder Diagnosis Services. Although the CCGs are pleased that the Trust intends to continue to monitor waiting times in these services, it may be that more specific direct action should be considered in order to address the increasing volumes of patients waiting over 18 weeks. The CCGs would be happy to work in collaboration with the Trust to look at ways of improving service user and carer experience in these areas. It is also noted that there has been increase in the volume of referrals received and waiting times for the regionally commissioned Gender Identity Service, which is commissioned by NHS England & NHS Improvement.

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More generally within the Service User & Carer Experience long term quality goal, the CCGs are pleased to see the Trust consistently receives positive feedback on patient experience via a number of different surveys. Results across the CQC Community Mental Health Service User Survey, the Friends and Family Test and the internal 'Points of You' survey demonstrate that the Trust continues to engage with and listen to its patients. However, where actions have been identified to improve some areas within these surveys the CCGs would like to see examples of the planned actions included in the Quality Account.

The CCGs note there was a 23% increase in the number of complaints received in 2019/20 and only 80% were responded to within the agreed timescale. The number of complaints upheld and partially upheld saw an increase on the previous year although it is acknowledged that in terms of the overall percentages of complaints received this showed a decrease. It is acknowledged that the transfer of services from North Cumbria may account for some of the increased activity however the Trust should consider exploring further the root causes of the increasing complaints in areas such as patient care, clinical treatment and access to treatment or drugs. As noted previously, the CCGs feel that there would also be great value in the Trust including within the Quality Account some examples of actions taken, recommendations made and service improvements implemented as a result of complaints.

The CCGs acknowledge the progress made in implementing a trust wide approach to the Equality, Diversity and Inclusion, however note this quality priority was only partially met. The CCGs commend the Trust on the wide range of positive work achieved in-year across the areas of BAME, disability and LGBT communities and working with localities, local forums and community groups to raise awareness of issues across all staff. The Trust has clearly undertaken the important groundwork and infrastructure needed to bring networks of staff together, particularly 'virtually', and the use of events such as the 'Equality & Diversity Speak Easy' to shape the actions needed in 2020/21 will be invaluable. The CCGs fully support the Trusts plans to build further on this work into 2020/21, with a focus on human rights, and look forward to progress being made to develop a clear vision for a human rights based approach to mental healthcare.

The CCGs congratulate the Trust on achieving the 'Measuring the Impact of Sickness on Quality' quality priority. It is acknowledged that the Trust sickness rate has been consistently higher than the England rate across the year. However with the development of a methodology for analysing staff sickness absence rates this will hopefully provide the Trust with insight into how to improve sickness rates and therefore the quality of the services delivered.

The CCGs are very pleased to note the wide range of quality and service improvements described in the report, ensuring that the right services are in the right place at the right time to meet the health and wellbeing needs of patients. The examples of service improvements across every locality in the organisation gives assurance that the Trust is committed to continuous improvement and service redesign to meet the needs of the changing healthcare landscape. This includes the development of key relationships with Primary Care Networks, GP Federations and the Provider Collaborative to deliver New Models of Care. The introduction of a range of measures to help and support patients through the COVID-19 pandemic also help demonstrate the critical role that mental health services can play in these trying times. The CCGs welcome the specific quality priorities for 2020/21 highlighted in the Quality Account. These are appropriate areas to target for continued improvement and link well with CCGs commissioning priorities. The CCGs 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 2019/20. It is clearly presented in the format required and contains information

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that accurately represents the Trust's quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The CCGs look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2020-21.

**Annie Topping**

Director of Nursing, Quality & Patient Safety  
NHS Northumberland CCG

**Lesley Young Murphy**

Executive Director of Nursing and Chief Operating Office  
NHS North Tyneside CCG

**Chris Piercy**

Executive Director of Nursing, Patient Safety and Quality  
NHS Newcastle Gateshead CCG

**Ann Fox**

Executive Director of Nursing, Quality & Safety  
NHS Sunderland CCG

**Jeanette Scott**

Executive Director of Nursing, Quality and Safety  
NHS South Tyneside CCG

**Louise Mason Lodge**

Director of Nursing and Quality  
North Cumbria CCG

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## APPENDICES

### Appendix 1

# CQC Registered locations

The following table outlines the Trust's primary locations for healthcare services as at 31st March 2020.

Table 34: CQC registered locations

Location	Regulated Activities			Service Types							
	Treatment of disease, disorder or injury	Assessment or medical treatment for persons detained under the Mental Health Act 1983	Diagnostic and Screening Procedures	CHC	LDC	LTC	MHC	MLS	PHS	RHS	SMC
Brooke House	●	●	●							●	
Carleton Clinic	●	●	●			●		●		●	
Elm House	●	●	●					●			
Ferndene	●	●	●			●		●		●	
Hopewood Park	●	●	●			●		●		●	
Monkwearmouth Hospital	●	●	●			●		●		●	
Campus for Ageing and Vitality	●	●	●					●		●	
Northgate Hospital	●	●	●			●		●		●	
Rose Lodge	●	●	●					●			
Royal Victoria Infirmary	●	●	●					●			
St George's Park	●	●	●			●		●		●	
St Nicholas Hospital	●	●	●	●	●	●	●	●	●	●	●
Walkergate Park	●	●	●					●		●	
West Cumberland Hospital	●	●	●			●		●			

#### Service Types:

**CHC** – Community health care services

**LDC** – Community based services for people with a learning disability

**LTC** – Long-term conditions services

**MHC** – Community based services for people with mental health needs

**MLS** – Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse

**PHS** – Prison healthcare services

**RHS** – Rehabilitation services

**SMC** – Community based services for people who misuse substances

Data source (Table 34): [CQC](#)

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## Appendix 2

# Priority clinical audits undertaken in 2019/20

Table 35: Priority clinical audits undertaken in 2019/20

Board Assurance		
1	CA-17-0022	NICE (Implementation) CG28: Depressions in CYPS
2	CA-18-0016	NICE (Implementation) Ante and Postnatal Mental Health incorporating Contraception (CG192 & QS129)
3	CA-18-0023	NICE (Implementation) CG103: Audit of Clinical Practice against Delirium Standards
4	CA-19-0006	Lower Urinary Tract Infections: audit of compliance to Trust and NICE guidance (QS 90)
5	CA-19-0008	NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust
6	CA-17-0030	CYPSS CPA Care and Treatment audit
7	CA-18-0006	Care Coordination Audit - North Locality
8	CA-18-0007	Care Coordination Audit - Central Locality
9	CA-18-0008	Care Coordination Audit – South Locality
10	CA-18-0010	Medicines Management: Safe and Secure Medicines Handling (MMRA)
11	CA-18-0011	Systems in place to monitor the management of Controlled Drugs (CDs)
12	CA-18-0022	Audit of Benzodiazepine and Z-drug prescribing in 3 CTTs against the BNF guidelines and Trust PPT-PGN-21)
13	CA-18-0026	Medicines Reconciliation
14	CA-18-0029	Physical Health Monitoring following Rapid Tranquilisation
15	CA-19-0001	Seclusion 18-19
16	CA-19-0029	Cumbria Children & Young People's Service Care Co-ordination Audit Aug-19 (Pilot)
17	CA-19-0011	Clinical Audit of unallocated cases awaiting treatment

Data source: CNTW

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## Appendix 3

# Annual report on safe working hours: doctors in training

### Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from 2<sup>nd</sup> August 2017 are on the New 2016 Terms and Conditions of Service. There are currently 142 trainees working into CNTW with 132 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 23 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching Fellows. (Total 165). WEF 1<sup>st</sup> October 2019 North Cumbria Trainees have been added to the Report.

### Introduction

This is the Annual Board report on Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow trusts to have an overview of working practices of junior doctors as well as training delivered.

The new contract is being offered to new trainees' as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 160 trainee posts, we do not directly employ the majority of these trainees, also due to current recruitment challenges a number of the senior posts are vacant.

### High level data

Number of doctors in training (total): 142 Trainees (at December 2019)

Number of doctors in training on 2016 TCS (total): 132 Trainees (December 2019)

Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity

Admin support provided to the guardian (if any): Ad Hoc by MedW Team

Amount of job-planned time for educational supervisors: 0.5 PAs per trainee

Trust Guardian of Safeworking: Dr Clare McLeod

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## Exception reports (with regard to working hours)

Table 36: Working hours exception reports received

Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest
CT1-3	Gateshead/MWH	5	10			15
CT1-3	St George's Park	4	6	6	1	17
CT1-3	NGH	1	8	1	4	14
CT1-3	RVI	2	4			6
CT1-3	St Nicholas		1		1	2
CT1-3	Hopewood Park			2	10	12
CT1-3	Cumbria					
ST4+	North of Tyne		2		1	3
ST4+	South of Tyne					
ST4+	CAMHS					
Total		12	31	9	17	69

## Work schedule reviews

During the year there have been 69 Exception Reports submitted from Trainees all for hours and rest throughout 2019; the outcome of which was that TOIL was granted for 42 cases, 7 no action required and payment was made on 15 occasions. 5 cases remain open. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

### a) Locum bookings (Agency)

Table 37: Locum bookings (agency) by department

Specialty	Q1	Q2	Q3	Q4
Hopewood Park			1	2
Gateshead	5			1
NGH		1		
RVI				
SNH				
CAMHS				
LD				
SGP		1	1	1
South of Tyne				
North of Tyne			2	
Total	5	2	4	4

Table 38: Locum bookings (agency) by grade

Grade	Q1	Q2	Q3	Q4
FT2				
CT1-3	14	9	5	2
ST4+		3	4	1
Total	14	12	9	3

Table 39: Locum bookings (agency) by reason

Reason	Q1	Q2	Q3	Q4
Vacancy	4	2	1	4
Sickness/other	1	2	3	
Total	5	4	4	4

## b) Locum work carried out by trainees

Table 40: Number of locum shifts worked by trainees

Area	Q1	Q2	Q3	Q4	Total
SNH	20	8	13	31	72
SGP	16	39	47	18	120
Gateshead/MWH	13	14	26	24	77
Crisis	5	10	2	n/a	17
Hopewood Park	9	10	15	28	62
RVI	2	1	18	14	35
NGH	9	3	9	3	24
Cumbria	0	0	0	0	0
North of Tyne	6	1	11	17	35
South of Tyne	10	11	17	13	51
Total	90	97	158	148	493

## c) Vacancies

Table 41: Vacancies by quarter

Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	1		2	
	GP	1			
	FY2				2
SNH	CT	6		7	3
	GP	2		1	
SGP	CT	16	1	21	8
	GP	3			
RVI	CT	2		1	
	GP	2		2	1
Hopewood Park	CT	8		13	5
	GP	7		2	
	FY2	1			
Gateshead/MWH	CT	2	1	7	1
	GP	5		1	
	FY2			2	
Total					

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

## Emergency Rota Cover

Table 42: Emergency Rota Cover by Trainees

Reason	Q1	Q2	Q3	Q4
Vacancy		11	2	
Sickness/Other	1	12	16	30
Total	1	23	18	30

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#### d) Fines

There were no fines during the last year.

#### Issues Arising:

The numbers of Exception Reports has increased from 2018, with 69 submitted in 2019 in comparison to 36 in 2018.

The majority of Exception Reports continue to be closed with TOIL. In 2019, 42 were closed with TOIL and 15 by payment for the extra hours.

There have been 88 IR1s submitted for Insufficient Medical Handover in 2019. In 2018, there were 17 IR1s in the period May-December; so this represents a relative increase.

The Trust was awarded £84,166.33 (£60,833.33 from 'old CNTW' and £23,333 from North Cumbria) following the adoption of the BMAs Fatigue and Facilities charter, to be spent to improve the working lives of junior doctors.

There was an increase in the number of times Emergency Rota cover was necessary, from 55 in 2018 to 70 in 2019.

The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased very slightly from 482 in 2018 to 493 in 2019. However, there were bigger relative increases on the SGP rota (95 to 120) and the Gateshead/ Monkwearmouth rota (29 to 77).

#### Actions Taken to Resolve These Issues:

The numbers of Exception Reports received would be seen as moving towards a more representative picture. However, numbers remain lower than would be expected, most notably amongst higher trainees. There is a low rate of reporting generally, with reasons cited as trainees being concerned about potential repercussions, that it won't result in changes, uncertainty about the process, the time taken to complete the documentation as well as the continued culture of staying late.

The profile of Exception Reporting continues to be raised at Trust induction, through the forum and in meetings with trainees. We have looked to address the perceived barriers to reporting, by talking about the positive outcomes from Exception Reports (e.g. highlighting a busy post or change in workload which has been addressed with a successful supportive outcome), reminders of the process and provision of screen shots of how to complete the documentation and discussion about the guidance of when it is appropriate to submit an exception report.

The majority of Exception Reports continue to be closed with TOIL which is encouraging.

The Guardian and the Medical Staffing team meet with trainees every month, arranged at times which coincide with teaching. These visits are rotated between SGP, CAV and HWP in addition to attendance at the trainee forum in Carlisle on 20<sup>th</sup> November 2019.

The number of IR1s for Insufficient Medical Handover at admission has increased in 2019 in comparison to 2018, with the numbers for each month being fairly stable (approximately 7-8 per month). Each report submitted is sent to the Guardian, the DME and to Medical

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Staffing. The reports are reviewed and followed up by the DME and collated to share with clinical staff throughout the Trust and discuss at each GoSW forum, as well as updates to MSCs at regular intervals. The Guardian, with one of the core trainees, has met with the crisis teams in Sunderland and Newcastle/Gateshead to promote medical handover and update on progress made. We plan to meet with the Northumberland crisis team and the liaison teams as well as follow up our meetings to update teams on progress. The stability of numbers would seem to reflect the increasing completeness of reporting and the addition of reports from Cumbria (since October 2019) balanced with an overall fall in numbers of admissions without handover.

A working group has met three times, with a smaller group meeting a further twice to consider the best use of the money that the Trust was allocated having adopted the BMA Fatigue and Facilities charter. This has also been discussed at the GoSW forum and opinions of trainees sought by email. It was noted that some on-call facilities are better equipped than others and it has been agreed that providing equipment to improve all the on-call facilities so that they are all similarly equipped would be the best way to spend the money to the benefit of all trainees. Medical Staffing have collated information about the equipment in each on-call facility and we plan to purchase futons/sofa-beds for rest periods, televisions, lap tops and coffee machines. The Cumbria trainees had, prior to the merge, collated a list of priorities which have been incorporated. The on-call facilities at the Carlton Clinic in Cumbria are to be moved, but we have assurance that any new items purchased through the Fatigue and Facilities monies can be stored until the new mess is established. We have costed and ordered the agreed items and will plan thereafter how to spend any surplus in advance of the end of the financial year.

Emergency rota arrangements come into place if there is a gap in the on-call rota that is not filled by lunchtime on the day of the shift. I am confident that Medical Staffing make every effort and spend considerable attention and time to try to fill vacant shifts but sometimes this does not prove possible. On the occasions when this does occur, the other members of the on-call team are informed as well as the night coordinators; in addition following feedback from trainees, the ward managers will now also be informed so that they can help in prioritisation of work and Medical Staffing will give trainees notice in advance that there is a possibility of the emergency rota arrangements being implemented. On every occasion that the emergency rota arrangements are necessary, there is a monitoring process to ensure that patient care is not compromised and to date there have been no concerns raised about patient safety. Emergency rota arrangements are monitored and discussed though the GoSW forum and there are now discussions taking place about alternatives to the on-call arrangements which would serve to avoid such situations altogether and also provide additional training opportunities which will be explored further in a working group.

### **Summary**

With the merge of CNTW and North Cumbria in October 2019, we now have an additional 20 trainees within CNTW.

Work is ongoing to increase the completeness of Exception Reporting and change the culture of under-reporting. It is encouraging to see the increase in numbers of Exception Reports over the last year.

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We will continue to encourage trainees to report episodes of Insufficient Medical Handover and promote good practice and feedback progress to clinicians throughout the Trust. I hope that the stability we have seen in this year will progress to an actual fall in numbers of reports submitted and for the balance to shift with continued more complete handover but with a reduction in numbers of episodes.

The process of allocating the funds from the BMA Fatigue and Facilities charter is progressing well and we expect that the orders will be made for new equipment to improve and standardise the on-call facilities throughout the Trust in advance of the next financial year.

I am confident that all efforts to avoid emergency rota arrangements are in place, and the process remains under review. There have been no risks to patient safety as a result of implementing the emergency rota, but these shifts are stressful to trainees. As a result of recent feedback, some additional changes have been made to reduce this stress. Consideration is being made to a change to the on-call rotas which potentially would provide additional training opportunities as well as reduce the need for the emergency rota arrangements.

Dr Clare McLeod  
Guardian of Safe Working for CNTW  
January 2020

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## Appendix 4

# Further information on the Points of You experience survey

Points of You is a survey designed with service user and carer involvement to capture feedback about their experience of the care and treatment provided. The survey is composed of 10 questions to help Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust make improvements in specific areas. NHS England requires us to ask the 'Friends and Family Test' question which is also included in the Points of You survey as the first question.

Service user and carer experience is an important indicator of service quality, and only by asking our service users and carers about their experience can we monitor and continuously improve the quality of our services. All service users and carers should have the opportunity to provide feedback of their experience. It is important to hear from all service users and carers who are accessing or have recently accessed our inpatient, community and outpatient services.

Points of You can be completed as a hard copy that should be freely available in all clinical areas, online at [www.cntw.nhs.uk/poy](http://www.cntw.nhs.uk/poy), or via a postal survey.

The questions we ask are:

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment?
2. How kind and caring were staff to you?
3. Were you encouraged to have your say in the treatment or service received and what was going to happen?
4. Did we listen to you?
5. If you had any questions about the service being provided did you know who to talk to?
6. Were you given the information you needed?
7. Were you happy with how much time we spent with you?
8. Did staff help you to feel safe when we were working with you?
9. Overall did we help?
10. Is there anything else you would like to tell us about the team or ward? (You can also use this space to tell us more about any of the questions on this survey)

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## Appendix 5

# Statement of Directors' Responsibilities in respect of the Quality Report

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

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

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2019 to May 2020
  - papers relating to quality reported to the board over the period April 2019 to May 2020
  - feedback from commissioners
  - feedback from governors
  - feedback from local Healthwatch organisations
  - feedback from overview and scrutiny committee
  - the trust's Annual review of complaints information which was presented to the Board within the Safer Care (Quarter 4) report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - the 2019 national patient survey
  - the 2019 national staff survey
  - the Head of Internal Audit's annual opinion of the trust's control environment dated
  - CQC inspection report dated 26/07/2018
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- 
- the quality report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

29 May 2020



Ken Jarrold

Chair

29 May 2020



John Lawlor

Chief Executive

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## Appendix 6

# Limited Assurance Report on the content of the Quality Account

Information not required to be included within the Quality Account 2019/20 as per direction from NHS Improvement.

Assurance work on quality accounts and quality reports should cease, and no limited assurance opinions are expected to be issued in 2019/20. Where auditors have completed interim work or early testing on indicators, auditors should consider whether value can be derived from work already completed, such as a narrative report being provided to the trust, or governors at a NHS foundation trust. For NHS foundation trusts, there is no formal requirement for a limited assurance opinion or governors' report.

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## Appendix 7

# Glossary

<b>A&amp;E</b>	Accident & Emergency department
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder – a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness
<b>AIMS</b>	Accreditation for Inpatient Mental health Services
<b>Bed days</b>	The number of days that a hospital bed is occupied overnight.
<b>Blanket restriction</b>	Rules or policies that restrict a service user's liberty and other rights, which are routinely applied to a group of service users without individual risk assessments to justify their application.
<b>CAMHS</b>	Children and Adolescent Mental Health Services. In CNTW we usually refer to our services as CYPS (see below)
<b>Casemix</b>	a term used to identify groups of statistically similar patients
<b>CCG</b>	Clinical Commissioning Group – a type of NHS organisation that commissions primary, community and secondary care from providers
<b>CAS alert</b>	The Central Alerting System is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS.
<b>CCQI</b>	College Centre for Quality Improvement – part of the Royal College of Psychiatrists, working with services to assess and increase the quality of care they provide.
<b>CGI</b>	Clinical Global Impression Rating Scale
<b>Commissioner</b>	Members of Clinical Commissioning Groups (CCGs), regional and national commissioning groups responsible for purchasing health and social care services from NHS Trusts.
<b>CQUIN</b>	Commissioning for Quality and Innovation – a scheme whereby part of our income is dependent upon improving quality
<b>Clinician</b>	A healthcare professional working directly with service users. Clinicians come from a number of healthcare professions such as psychiatrists, psychologists, nurses and occupational therapists.
<b>Cluster / Clustering</b>	Mental health clusters are used to describe groups of service users with similar types of characteristics.
<b>CQC</b>	Care Quality Commission – the independent regulator of health and adult social care in England. The CQC registers (licenses) providers of care services if they meet essential standards of quality and safety and monitor them to make sure they continue to meet those standards.
<b>CPA</b>	Care Programme Approach – a package of care for some service users, including a care coordinator and a care plan
<b>CRIS</b>	Clinical Record Interactive System allows researchers to conduct research using the large amount of information from electronic patient records

<b>CTO</b>	Community Treatment Order
<b>CYPS</b>	Children and Young Peoples Services – also known as CAMHS
<b>Dashboard</b>	An electronic system that presents relevant information to staff, service users and the public
<b>DOLS</b>	Deprivation Of Liberty Safeguards – a set of rules within the Mental Capacity Act for where service users can't make decisions about how they are cared for.
<b>Dual Diagnosis</b>	Service users who have a mental health need combined with alcohol or drug usage
<b>ECT</b>	Electroconvulsive therapy
<b>EIP</b>	Early Intervention in Psychosis
<b>Forensic</b>	Forensic teams provide services to service users who have committed serious offences or who may be at risk of doing so
<b>Freedom to Speak Up</b>	Encouraging and supporting staff to raise concerns at work, based on recommendation from Sir Robert Francis' Freedom to Speak Up Review in response to the Mid-Staffordshire scandal.
<b>Friends and Family Test (FFT)</b>	A process for people who use NHS services to provide feedback on their experience.
<b>FTE</b>	Full-Time Equivalent, a unit of employment that accounts for some people working part-time
<b>Gatekept</b>	Gatekeeping involves assessing the service user before admission to hospital to consider whether there are alternatives to admission
<b>GP</b>	General Practitioner – a primary care doctor
<b>HDAT</b>	High Dose Antipsychotic Therapy
<b>HQIP</b>	The Healthcare Quality Improvement Partnership promotes quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement
<b>IAPT</b>	Improving Access to Psychological Therapies – a national programme to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
<b>ICD10</b>	International Classification of Diseases (ICD) 10th Revision, used to code diagnoses
<b>Integrated Care System</b>	A collaborative arrangement where NHS organisations, local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
<b>LD</b>	Learning Disabilities
<b>LeDeR</b>	The Learning Disabilities Mortality Review Programme aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.
<b>Lester Tool</b>	The Lester Positive Cardiometabolic Health Resource provides a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in service users with psychosis receiving antipsychotic medication.

<b>LGBT</b>	Lesbian, Gay, Bisexual, and Transgender
<b>MHCT</b>	Mental Health Clustering Tool – a computerised system used in clustering
<b>Multimorbidity</b>	Relating to service users with several co-occurring diseases
<b>NHS</b>	National Health Service – the publicly funded national healthcare system for England
<b>NHS Improvement</b>	The independent regulator of NHS Foundation Trusts, ensuring they are well led and financially robust.
<b>Single Oversight Framework</b>	An NHS Improvement framework for assessing the performance of NHS Foundation Trusts (replacing the Monitor Risk Assessment Framework)
<b>NEQOS</b>	North East Quality Observatory System – an organisation that helps NHS Trusts to improve quality through data measurement
<b>NICE</b>	National Institute for Health and Care Excellence – an organisation that produces best practice guidance for clinicians
<b>NIHR</b>	National Institute of Health Research – an NHS organisation undertaking healthcare related research
<b>NRLS</b>	National Reporting and Learning System – a system for recording patient safety incidents, operated by NHS Improvement
<b>CNTW</b>	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
<b>Out of area placements</b>	Service users admitted inappropriately to an inpatient unit that does not usually receive admissions of people living in the catchment of the person's local community mental health team.
<b>Pathway</b>	A service user journey through the Trust, people may come into contact with many different services
<b>Personality Disorder</b>	a class of mental disorders characterized by enduring maladaptive patterns of behaviour, cognition, and inner experience
<b>PHSO</b>	The Parliamentary And Health Service Ombudsman
<b>PICU</b>	Psychiatric Intensive Care Unit
<b>Points of You</b>	An CNTW service user and carer feedback system that allows us to evaluate the quality of services provided. For more information on Points of You please see page 124.
<b>POMH-UK</b>	Prescribing Observatory for Mental Health – a national organisation that helps mental health trusts to improve their prescribing practice.
<b>PMVA</b>	Prevention and Management of Violence and Aggression
<b>QPR</b>	Process of Recovery Questionnaire, a patient reported outcome measure
<b>Rapid tranquillisation</b>	When medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them.
<b>REACT</b>	Relatives Education And Coping Toolkit, an online self-help package for relatives and friends of people with mental health problems
<b>Recovery College</b>	Recovery Colleges take an educational approach to provide a safe space where people can connect, gain knowledge and develop skills.
<b>RiO</b>	CNTW's electronic patient record
<b>RTT</b>	Referral To Treatment – used in many waiting times calculations

<b>Serious Incident</b>	An incident resulting in death, serious injury or harm to service users, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern. This includes 'near misses' or low impact incidents which have the potential to cause serious harm.
<b>Talk 1st</b>	Part of CNTW's Positive & Safe Care Strategy. We aim to reduce violence and aggression, and restrictive interventions.
<b>Transition</b>	When a service user moves from one service to another, for example from an inpatient unit to being cared for at home by a community team.
<b>Triangle of Care</b>	a national scheme, to promote therapeutic alliance between the service user, their mental health professional and their carers
<b>Tyne and Wear Citizens Programme</b>	The local chapter of Citizens UK, organising communities to act together for power, social justice and the common good.

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

Copies of this Quality Account can be obtained from our website ([www.CNTW.nhs.uk](http://www.CNTW.nhs.uk)) and the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)). If you have any feedback or suggestions on how we could improve our quality account, please do let us know by emailing [qualityassurance@CNTW.nhs.uk](mailto:qualityassurance@CNTW.nhs.uk) or calling 0191 246 6935.

Printed copies can be obtained by contacting:

Commissioning and Quality Assurance Department

St Nicholas Hospital  
Jubilee Road, Gosforth  
Newcastle upon Tyne  
NE3 3XT

Tel: 0191 246 6935

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**Report to the Board of Directors  
2<sup>nd</sup> December 2020**

<b>Title of report</b>	COVID-19 update
<b>Report author(s)</b>	Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control
<b>Executive Lead (if different from above)</b>	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer/Accountable Executive Officer

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	X
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
Quality and Performance	N/A	Executive Team	N/A
Audit	N/A	Corporate Decisions Team (CDT)	N/A
Mental Health Legislation	N/A	CDT – Quality	N/A
Remuneration Committee	N/A	CDT – Business	N/A
Resource and Business Assurance	N/A	CDT – Workforce	N/A
Charitable Funds Committee	N/A	CDT – Climate	N/A
CEDAR Programme Board	N/A	CDT – Risk	N/A
Other/external (please specify)	N/A	Business Delivery Group (BDG)	N/A
<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	X
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X
<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>			
N/A			

**Coronavirus (COVID-19)  
Report for the Board of Directors meeting  
2<sup>nd</sup> December 2020**

**1. Executive Summary**

This report provides an exception report in response to the COVID-19 pandemic since the last Trust Board. For the purpose of this month the report includes five areas:

- Outbreak management and Learning lessons
- Asymptomatic Staff Testing
- Covid19 Vaccination
- Covid Secure Workplace Assessments
- EU Brexit update

For the sections previously reported i.e. PPE, new Guidance and Service Change Assurance is provided through Gold Command and IMG.

**2. Trust Covid19 Outbreak management:**

It should be noted that to close a Covid19 outbreak there must be 28 days without any new patients or staff testing positive that can be linked to the initial outbreak. Since the last report, week commencing 16<sup>th</sup> November 2020, we have closed ICTS, IAPT, Cleadon and Castleside outbreaks.

- 2.1** There are currently 9 outbreaks which have been managed in line with the PGN for outbreaks and the regional guidance. Weekly returns outlining the Trust outbreak position have been completed in line with the EPRR/PHE requirements.

**South Locality has 4 outbreaks**

- Shoredrift - outbreak declared 25/10/20
- Beckfield - declared 28/10/2020
- Ward 1 Walkergate Park - declared 15/11/2020
- Ward 2 Walkergate Park - declared 3/11/2020

**Cumbria Locality has 1 outbreak**

- Hadrian ward - declared 3/11/2020

**North Locality- 2 outbreaks**

- Bluebell - declared 4/11/2020

**Central Locality- 2 outbreaks**

- Fellside - declared 17/11/2020
- Bede - declared 17/11/2020

All outbreaks are managed and have a robust action plan in place overseen by the DIPC Gold Command and Locality leadership team. Board members will be kept informed of any further escalations related to outbreaks out-with the board meeting.

## 2.2 Learning from Outbreaks

Learning from actions taken has been shared across the Trust through the IPC Assurance Group and the IMG/Exec Q&A. The learning points include:

- Contact Tracing - Being honest when undertaking close contact risk assessments we need to keep staff and patients safe
- Must change gloves frequently between patient contacts and NOT to double glove
- Supporting both patients, where possible and staff to socially distance 2 metres apart
- Effective communication during safety huddles helps focus staff regarding PPE
- Learners induction to placements - articulate IPC expectations and reinforce PPE and take a contact number
- Supported eating with patients - socially distance and wear masks at all times
- Risk assess prolonged support for those who have swallowing/choking risk - wear mask and visor given close contact
- Covid19 secure environmental risk assessments need to be updated and social distancing reinforced
- Ensuring spaces are ventilated - all environments including cars/patient transport
- The cleaning of shared equipment such as phones, keyboards
- Person identified daily to top up PPE supplies including wall dispenser hand sanitizers
- When undertaking Microsoft Team calls, use individual lap tops and avoid sharing screens

## 3. Patient and Staff Testing

CNTW continues to provide testing in-line with the government's testing strategy, including the responsibility for Test and Trace processes for our staff and inpatient contacts

### 3.1 Staff Testing and new developments

Testing continues for staff or household members who are symptomatic however we are taking forward the government plans to introduce asymptomatic testing with staff

#### Asymptomatic staff testing-Lateral Flow Testing

As part of the government's response to the pandemic and commitment to controlling infection and supporting our healthcare staff, we have received 6500 test kits that will be distributed to all patient facing, administration and solutions staff. Each member of staff will receive a box containing 25 test kits to support self-testing for 12 weeks, with staff testing themselves twice weekly.

Any staff testing positive will be required to self-isolate and a PCR swab test will be arranged through the absence line to confirm the result. Any staff testing negative through PCR swab test will be asked to return to work.

We have developed an online solution to support staff to return results as we are reporting daily to Public Health England and weekly to NHS England / Improvement.

### **3.2 Covid-19 Vaccination**

The Government has asked the NHS to be ready to deliver a Covid-19 vaccination programme from 1<sup>st</sup> December 2020 for all clinical staff. We are preparing to mobilise and start offering vaccinations as soon as one becomes available. The Joint Committee on Vaccination and Immunisation (JCVI) interim guidance prioritises health and social care workers as one of the initial cohorts eligible for the vaccine. The vaccine is expected to be a 2-dose vaccination with a required gap between doses of 21-28 days subject to confirmation of the final characteristics of the vaccine.

Internally a Covid-19 vaccine mobilisation group has been established in CNTW to put operational plans in place to enable vaccination of our staff when a vaccine becomes available. This is linked into the NE Covid-19 vaccine hub.

### **4. COVID-19 Secure Workplace Risk Assessment (COSWRA) & Service Change Process**

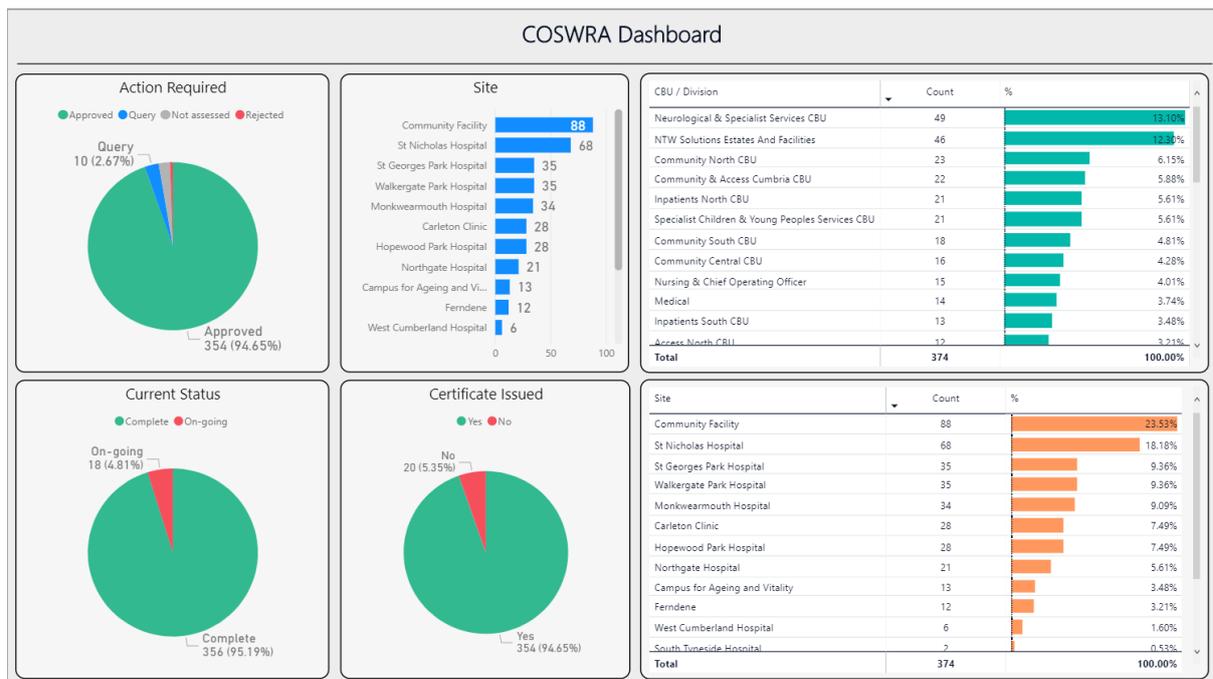
#### COVID-19 Secure Workplace Risk Assessment

Since the last update to the Board, significant work has been progressed on the COVID-19 secure workplace risk assessment process which supports the service change requests to step up and reset the service provision across both clinical and non-clinical services on hospital and community sites.

At the November meeting of the Working Safely Group a number of actions were agreed as follows:

- Review of the presentation of the support information, to separate COVID Secure Workplaces on Hospital Sites and Community Services, and Working Safely from Home, which has seen updated guidance issued.
- Agreement to review the COVID secure workplace guidance and assessment form, based on changes to PPE use in COVID secure environments and learning from outbreaks.

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Work is being undertaken to review the remaining services where COVID Secure risk assessments have not been received, and to support services with the reviews of their current risk assessments based on the learning from outbreaks.

## 5. Brexit – Transition Update

As Agreed at the Board Development Day in November, an update is included in this report to be formally received at the Board. The information is included in the COVID 19 update as national emergency planning and management by NHS England and Improvement are co-ordinating COVID-19 response, Winter planning and EU Transition planning in an integrated way to reduce burden for the NHS. Also as can be seen below, some key areas are already integrated, due to relationship with suppliers based in Europe who supply the NHS.

The presentation at the Development Day included the following information for assurance purposes:

- A refresh of the Brexit to EU Transition timeline from original update provided to the board in early 2019 in advance of the planned Brexit day of 31<sup>st</sup> March 2019, including all extensions up until 31<sup>st</sup> January 2020, when the United Kingdom formally left the EU.
- A refresh of the key areas that were subject to risk assessment as major areas of concern.
- The current position, of the work being progressed nationally and locally in preparation of the end of transition period on 31<sup>st</sup> December 2020.
- Details of the national timescales for transition, and the actions in place now and in future for escalation reporting through established EPRR arrangements.

- Significant assurance has been received from key national project leads in relation to the following areas, which have been strengthened and tested through the COVID-19 pandemic:
  - Medicines.
  - Medical Devices and Clinical Consumables (MDCC).
  - Non-Clinical Goods & Services (NCGS).
  - Vaccines (including COVID-19) produced in Europe – subject to specific government contingency planning.
  - NHS Blood and Transplant.
  - Clinical Trials, Research and Clinical Networks.
  - Workforce – including EU settlement scheme.
  - Data – including a refresh of GDPR requirements and data transfer.
  - Reciprocal Healthcare and Overseas Visitor Charging.
  - Specific impacts in Adult Social Care.
  - Specific impacts in Primary and Community Care.

Based on information received from a national perspective and the current work being undertaken within the Trust, all areas are expected to be risk assessed as LOW, and the risk assessment will continually be updated by the key subject experts as more information is received, and throughout December and after Transition into January 2021.

### **Recommendation**

The Board are asked to receive this report for assurance on the measures taken to date.

**Anne Moore**  
**Group Nurse Director Safer Care,**  
**Director of Infection, Prevention & Control**  
**Gold Command Team**

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Report to the Board of Directors  
2<sup>nd</sup> December 2020

<b>Title of report</b>	<b>CNTW Integrated Commissioning &amp; Quality Assurance Report</b>
<b>Report author(s)</b>	<b>Allan Fairlamb, Head of Commissioning &amp; Quality Assurance</b>
<b>Executive Lead (if different from above)</b>	<b>Lisa Quinn, Executive Director of Commissioning &amp; Quality Assurance</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	23.11.20
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	23.11.20
Corporate Decisions Team (CDT)	
CDT – Quality	23.11.20
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	X
Workforce	X	Environmental	
Financial/value for money	X	Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

**Board Assurance Framework/Corporate Risk Register risks this paper relates to**

# CNTW Integrated Commissioning & Quality Assurance Report

## 2020-21 Month 7 (October 2020)

### Executive Summary

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There have been three remote Mental Health Act reviewer visit report received this month. The following issues were noted:

#### Woodhorn, St George's Park (Ward for older people with mental health problems) – 6 October 2020

- One relative raised a concern about the ward being mixed gender following what they described as a sexual assault to their relative. Staff advised that male and female patients were in bedrooms opposite each other on the same corridor. The incident was discussed with staff and found they had taken steps to protect all patients following this incident and followed safeguarding processes.
- Patients still did not have access to bedroom door keys.
- Patients reported a lack of access to meaningful activities.

#### Tweed, Northgate Hospital (Ward for people with learning disabilities or autism and Secure Forensic inpatient ward) – 13 October 2020

- Patients did not have access to a GP.
- During a records review, it was found that a patient was missing for a number of hours before staff noticed and followed the absent without leave process. The patient had left the ward for an activity session supervised by staff, which it appears they did not attend, and then was found not to have returned to the ward over three hours after they should have done.
- There were concerns about the impact of staffing on patients and the opportunity provided for patients to engage in their care and treatment.
- Patients said that they did not have access to a toilet, shower facilities or fresh air during the time they needed to self-isolate. Staff said there was an identified toilet and washing facilities where possible for COVID-19 positive patients.
- Some patients said that they did not have enough to do due to the restrictions linked to COVID-19. Some patients said they felt bored and lonely during their time in isolation.
- Patients complained about the food. This issue is frequently raised by patients in this hospital.
- There were issues involving communication and involvement of carers when speaking with relatives.
- The patient in seclusion said that their access to activities was significantly affected by the weather. This included access to fresh air and learning sessions as the internet signal was poor within the seclusion room. This action links to Cheviot ward.

Rowanwood, Carlton Clinic (Acute ward for adults of working age and PICU) – 20 October 2020

- Half of patients were waiting for transfer from the PICU and did not require this environment. One patient had been admitted to the PICU due to the lack of beds in male acute wards. This patient did not require this level of security. Delays in discharging patients to a more appropriate setting was impacting on their situation, progress and wellbeing. The trust was aware of this issue and a piece of work was taking place to fully understand the system issues impacting on patients.
  - The ward had a patient with a learning disability who was waiting for a bed in a specialist learning disability hospital. Staff on the ward had not received training regarding learning disability and autism. However, staff had received support from a previous key worker and from the on-site learning disability ward.
  - Patients raised concerns regarding their detention. These included:
    - Patients did not understand what they needed to do to leave the PICU. Some patients felt frustrated that they were given information but that this was later changed.
    - Patients felt the noise and other patients on the ward did not promote their wellbeing.
    - Patients felt they did not have enough opportunities for leave and normal day to day activities.
  - Patients did not all appear aware of the IMHA service. One patient said they were waiting to hear from the IMHA. The ward manager said that one of the IMHA's were on long-term sick leave and the service was limited.
  - The current locum responsible clinician worked part time hours, spending two days on the ward and one day working remotely. There was concern that this left patients unable to access section 17 leave as there could be five days between the responsible clinician being available.
  - There were issues following review of seclusion record audits:
    - The doctor did not attend with 60 minutes of seclusion starting in one case.
    - The clinical manager or doctor were not informed that seclusion had started on three occasions.
    - The four-hourly review by a doctor was not completed on three occasions.
    - Two registered nurses had not completed the required two-hourly nursing review on four occasions.
    - Some required reviews were delayed.
  - The audits of long-term segregation records showed that in the category "documentation correct" there were a number of occasions that this was recorded as "no" in the audit.
- 3 The Trust met all local CCG's contract requirements for month 7 with the exception of:
- CPA metrics within Newcastle Gateshead, South Tyneside, Sunderland, Durham, Darlington and Tees and North Cumbria CCG's.
  - Numbers entering treatment within Sunderland IAPT service (517 patients entered treatment against a target of 801) and North Cumbria (data to be reported at Quarter 3)
  - Delayed Transfers of Care within Durham, Darlington and Tees

- 5 The Trust met all the requirements for month 7 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.3%).
- 6 All CQUIN schemes for 2020/21 have been suspended due to the COVID-19 pandemic.
- 7 There are 45 people waiting more than 18 weeks to access services this month in non-specialised adult services (66 reported last month). Within children's community services there are currently 311 children and young people waiting more than 18 weeks to treatment (359 reported last month).

8 Training topics below the required trust standard as at month 7 are listed below:

Fire (82.4%)	Medicines Management (84.9%)
Information Governance (86.0%)	PMVA basic training (28.6%)
PMVA breakaway training (63.0%)	Mental Health Act combined (65.0%)
MHCT Clustering (60.7%)	Clinical Risk (77.5%)
Clinical Supervision (74.3%)	Seclusion training (69.9%)
Rapid Tranquilisation (71.4%)	Moving and Handling training (84.0%)

- 9 Appraisal rates currently stand at 76.6% Trust wide against an 85% standard which is an increase from last month (71.8%).
- 10 Clinical supervision training is reported at 74.3% for October (was 71.9% last month) against an 85% standard.
- 11 The confirmed September 2020 sickness figure is 5.30%. This was provisionally reported as 5.60% in last month's report. The provisional October 2020 sickness figure is 5.69% which is above the 5% standard. The 12 month rolling average sickness rate has decreased to 5.61% in the month.
- 12 At Month 7, the Trust has a surplus of £0.1m which is £0.1m ahead of its recently submitted revised plan. The revised plan and forecast deficit is £2.2m. In line with the financial arrangements put in place in response to COVID-19 the Trust was breakeven at the end of September. Additional costs due to COVID-19 from April – October were £4.7m. Agency spend at Month 7 is £8.8m and forecast spend is £15.1m.

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Other issues to note:

- There are currently 21 notifications showing within the NHS Model Hospital site for the Trust.
- The number of follow up contacts conducted within 72 hours of discharge has decreased in the month and is reported trust wide above at 92.2% which is above the 80% standard. (was 96.0% last month).
- There were a total of 53 inappropriate out of area bed days reported in October 2020 relating to five patients who were placed out of area. Four patients required an adult acute bed and one patient required a psychiatric intensive care bed. This compares with 23 inappropriate bed days in September.
- During October 2020 the Trust received 59 Points of You survey returns, of which 76% were from service users and 15% from carers. Of the 59 responses all answered the FFT question with 85% of service users and carers recommending our services.

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Regulatory Single Oversight Framework										
1		The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).					Use of Resources Score:		2	
CQC										
Overall Rating		Number of "Must Dos"		There have been three Mental Health Act reviewer visit reports received since the last report. The visits have now commenced virtually with the process including interviews with Ward Managers/Clinical Leads, service users and carers and IMHA representatives						
Outstanding		45								
Contract										
Contract Summary: Percentage of Quality Standards achieved in the month:										
NHS England	Northumberland CCG		North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	North Cumbria CCG		
94%	100%		100%	90%	90%	86%	62%	80%		
CQUIN - Suspended										
Cirrhosis & fibrosis tests for alcohol dependant patients	Staff Flu Vaccinations	Use of specific Anxiety Disorder measures within IAPT	Routine outcome monitoring in CYPS & Perinatal MH Services	Routine outcome monitoring in Community Mental Health Services	Biopsychosocial assessment by Mental Health Liaison Services	Healthy Weight in Adult Secure Services	Achieving high quality 'formulations' for CAMHS inpatients	Mental Health for Deaf	Routine outcome monitoring in perinatal inpatient services	
All CQUIN schemes are currently suspended for 2020/21										
Internal										
Accountability Framework										
North Locality Care Group Score: September 2020		Central Locality Care Group Score: September 2020		South Locality Care Group Score: September 2020		North Cumbria Locality Care Group Score: September 2020				
4	The group is below standard in relation to CPP metrics and training requirements		4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements
Quality Priorities: Quarter 1 internal assessment RAG rating										
Improving the inpatient experience			Improve Waiting times for referrals to multidisciplinary teams			Equality, Diversity & Inclusion and Human Rights				

### Waiting Times

The number of people waiting more than 18 weeks to access services has decreased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has increased in month 7. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

### Workforce

#### Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:

5

Number of courses <5% below standard Trustwide:

3

Number of courses Standard not achieved (>5% below standard):

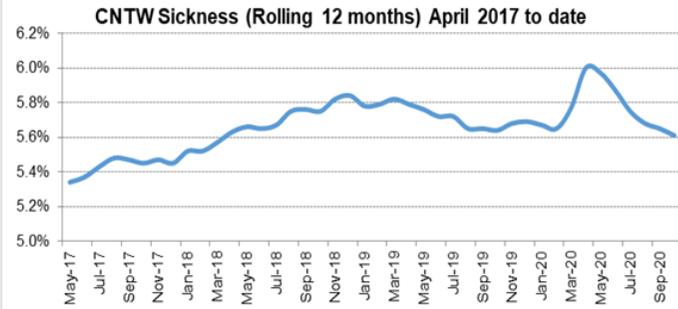
9

Fire training (82.4%), Moving and Handling training (84.0%), and Medicines Management training (84.9%), are within 5% of the required standard. Rapid Tranquilisation training (71.4%) Information Governance (86.0%), PMVA basic training (28.6%), PMVA Breakaway training (63.0%), MHA combined training (65.0%), MHCT Clustering Training (60.7%), Clinical Risk training (77.5%), Seclusion training (69.9%) and Clinical Supervision training (74.3%) are reported at more than 5% below the standard.

#### Appraisals:

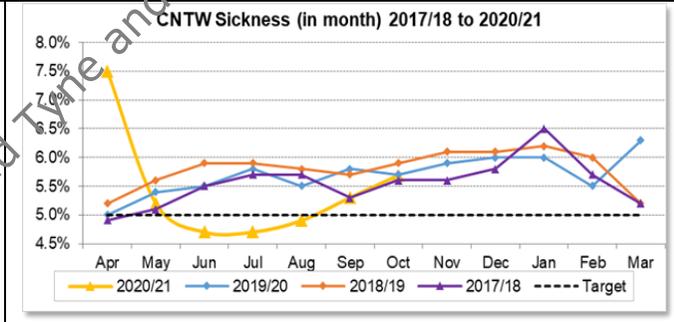
Appraisal rates have increased to 76.6% in October 20 (was 74.6% last month).

#### Sickness Absence:



The provisional “in month” sickness absence rate is above the 5% target at 5.69% for October 2020

The rolling 12 month sickness absence average has decreased to 5.61% in the month



### Finance

At Month 7, the Trust has a surplus of £0.1m which is £0.1m ahead of its recently submitted revised plan. The revised plan and forecast deficit is £2.2m. In line with the financial arrangements put in place in response to COVID-19 the Trust was breakeven at the end of September. Additional costs due to COVID-19 from April - October were £4.7m. Agency spend at Month 7 is £8.8m and forecast spend is £15.1m.

## Financial Performance Dashboard

### Income & Expenditure

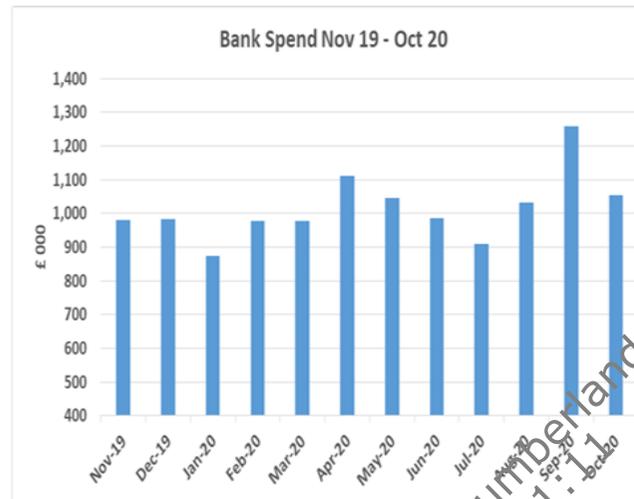
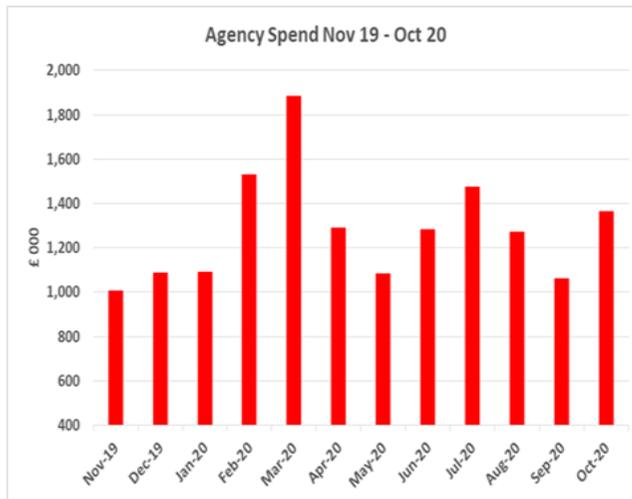
	Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	241.3	241.4	(0.1)	414.6	415.0	(0.4)
Pay	(192.9)	(192.7)	(0.2)	(332.8)	(333.5)	0.7
Non Pay	(48.4)	(48.6)	0.2	(84.0)	(83.7)	(0.3)
<b>Surplus/(Deficit)</b>	<b>0.0</b>	<b>0.1</b>	<b>(0.1)</b>	<b>(2.2)</b>	<b>(2.2)</b>	<b>(0.0)</b>

### Key Indicators

Key Indicators	Year to Date	Forecast
Surplus/ (Deficit)	£0.1m	(£2.2m)
Agency Spend	£8.8m	£15.1m
Cash	£65.1m	£33.8m
Capital Spend	£6.3m	£24.3m

### Key Issues/Risks

- Following an agreement with the North Integrated Care Partnership (ICP) the Trust has agreed a financial profile of income and expenditure for month 7 – 12.
- At month 7 the Trust has delivered a £96k surplus which is £80k ahead of M7-12 plan.
- Bank & overtime costs have decreased this month but remain higher than levels in 19/20 and the decrease is offset by an increase in agency costs.
- The Trust has incurred £0.3m additional costs due to COVID-19 in month 7. These were included in the forecast in the M7-12 financial plan. The Trust has identified £4.7m of Operational COVID costs up to month 7. The Trust is also incurring the costs of additional services developed to support the pandemic.
- Cash – £65.1m at month 7 which is higher than normal due to early payment of income.
- Capital Spend - £6.3m at month 7 which is £2.4m less than plan.



### Reporting to NHSI – Number of Agency shifts and number of shifts that breach the agency cap

	05/10/2020		12/10/2020		19/10/2020		26/10/2020	
Medical	109	54	109	54	109	54	109	54
Qual Nursing	140	118	165	112	166	112	145	125
Unq Nursing	1,050	49	1,073	46	1,015	46	1,008	55
A&C	54		55		50		61	
<b>Total</b>	<b>1,353</b>	<b>221</b>	<b>1,402</b>	<b>212</b>	<b>1,340</b>	<b>212</b>	<b>1,323</b>	<b>234</b>

In October the Trust reported an average of 220 price cap breaches (54 medical, 117 qualified nursing and 49 unqualified). At the end of October 11 medics were paid over the price cap.

## Risks and Mitigations associated with the report

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 7.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities
- The Trust continues to see a number of out of area bed days
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19.

## Recommendations

The Board of Directors are asked to note the information included within this report.

Allan Fairlamb

Lisa Quinn

Head of Commissioning & Quality Assurance

Executive Director of Commissioning & Quality Assurance

17<sup>th</sup> November 2020

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Report to

<b>Title of report</b>	<b>2020 Community Mental Health Survey Results</b>
<b>Report author(s)</b>	<b>Allan Fairlamb, Head of Commissioning &amp; Quality Assurance</b>
<b>Executive Lead (if different from above)</b>	<b>Lisa Quinn, Executive Director of Commissioning &amp; Quality Assurance</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability	X	Reputational	X
Workforce		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
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## CQC Community Mental Health Service User Survey 2020

### 1. CONTEXT

- 1.1 This report provides an analysis of the 2020 CQC Community Mental Health survey, published on 24 November 2020<sup>1</sup>. This mandatory national survey gathered information from over 17,000 adults who were in receipt of community mental health services between September and November 2019 with questionnaires being sent out and returned between February and June 2020 (see also 1.3 below).
- 1.2 All 55 English providers of NHS Mental Health services were included in the survey and at 28% the response rate for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust's (CNTW, based on 348 total responses) was slightly higher than the national response rate of 26%.
- 1.3 Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the COVID-19 pandemic, national analysis has shown that the national lockdown has very likely impacted the way service users responded to the survey. When comparing with equivalent time periods from previous surveys, responses received after the lockdown was introduced differ significantly across most questions this year. The 2020 Community Mental Health survey is classed as not directly comparable with previous surveys. Therefore, comparisons with results of the Community Mental Health surveys for previous years have not been included.
- 1.4 This annual survey is a helpful national benchmarking analysis and complements the findings of our internal service user and carer experience tool (Points of You) with a broader range of questioning.
- 1.5 Trust level results are published and are available online<sup>2</sup>
- 1.6 The survey consists total of 46 questions, of which 28 are scored questions, organised into the following eleven sections:
  - Health and social care workers
  - Organising care
  - Planning care
  - Reviewing care
  - Crisis care
  - Medicines
  - NHS therapies
  - Support and wellbeing
  - Feedback
  - Overall views of care and services
  - Overall experience

Some of the unscored questions may contain useful information but aren't used to compared performance between trusts.

<sup>1</sup> <https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020>

<sup>2</sup> <https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2020/>

1.7 Scores for each question are calculated out of ten, with 0 representing the least positive possible response and 10 the most positive. Trust scores are standardised to account for differences in the age and gender in the number of respondents between trusts to ensure that no trust will appear better or worse than another because of its respondent profile. Some questions are not applicable to all the service users receiving the survey.

1.8 CQC has highlighted that nationally areas identified as key areas for improvement. These include:

- **Crisis care** – more than one in four respondents didn't know who to contact, out of office hours in the NHS, if they had a crisis
- **Support and wellbeing** – more than one in three people responding didn't feel supported with their physical health needs, with even worse results for other kinds of support
- **Accessing care** – more than four in 10 people responding felt they waited too long to receive NHS therapies and nearly one in four people felt they had not seen NHS mental health services often enough to meet their needs
- **Involvement** – only around one in two people were 'definitely' involved as much as they wanted to be in the planning of their care
- **Communication** – more than one in four people had not been told who oversees organising their care

See appendix 1 for more information on CNTW's question scores.

1.9 NHS England use 15 of the 29 scored questions in the Community Mental Health Survey to produce Overall Patient Experience Scores. These scores are generally in line with the full results published by the CQC.

## 2. CNTW 2020 RESULTS

2.1 When comparing results with other providers, CQC identifies the best and worst performing trusts for each question and section.

2.2 At individual question level, there are twelve areas in 2020 where CNTW performed better than other trusts to an extent that is not considered to be through chance. These questions are shown in green in appendix 1.

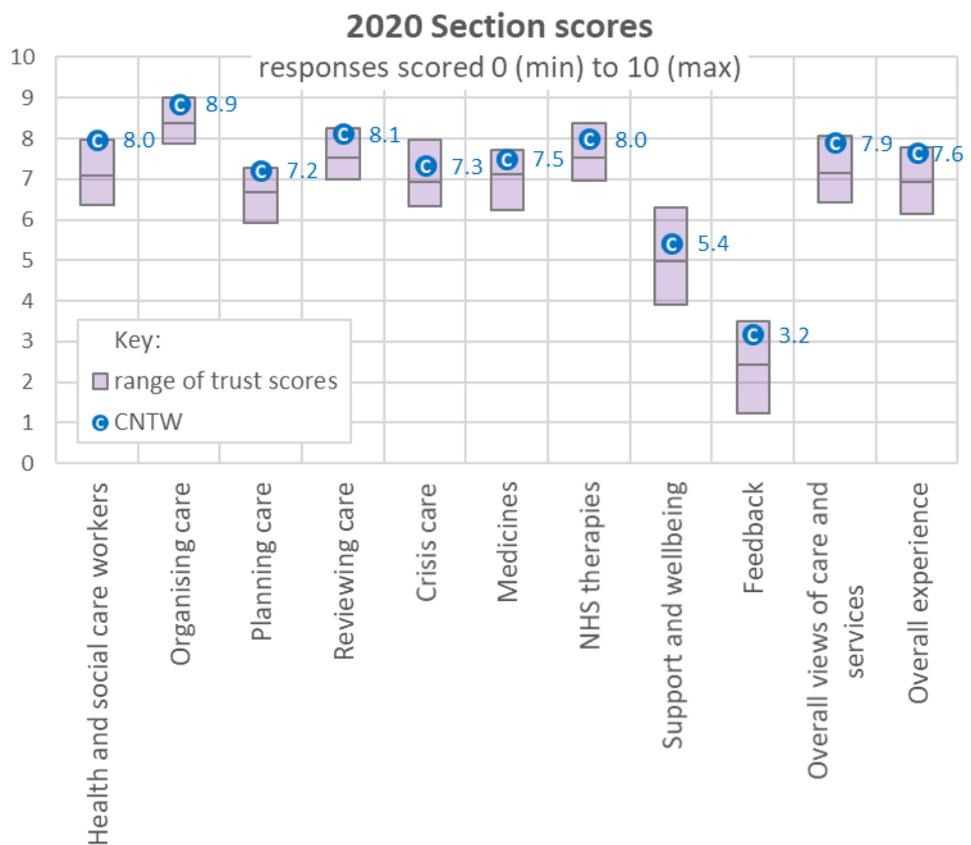
2.3 There were no questions where CNTW performed worse than expected.

2.4 Quantitative comments made by CNTW survey respondents can be grouped into the following themes. Further details are in appendix 3.

- The quality of care provided
- The values and behaviour of staff
- Difficulty in accessing services
- The shortage of staff affecting service quality and continuity of care

2.5 The scores for each question for CNTW are shown in appendix 1.

2.6 The CNTW scores by survey section are shown with the shaded area representing the range of trust scores, the blue dot representing the CNTW score. CNTW scores were higher than the England score for all sections apart from Crisis care, Medicines, NHS therapies, and Support and wellbeing.



### 3. NATIONAL RESULTS

3.1 A benchmarking analysis of trust results has been included at appendix 2, showing the number of questions that were rated within the categories “worse than expected”, “better than expected” and “about the same as other trusts”. CNTW was the second highest trust for the number of questions scoring better than expected.

### 4. NEXT STEPS AND RECOMMENDATIONS:

- 4.1 This high level analysis will be considered further by locality groups to identify actions to be taken in response to the survey results.
- 4.2 Further breakdown by condition and demographic analysis is also to be undertaken. Nationally some groups of people using mental health services consistently reported poorer experiences especially people diagnosed with non-psychotic and challenging disorders, and people aged 18-35.
- 4.3 The board are asked to note the information included in this report and supporting documents and consider any areas for improvement.

**Allan Fairlamb**  
**Deputy Director of Commissioning & Quality Assurance**  
**November 2020**

Report contributor: Andy Carroll, Senior Information Analyst

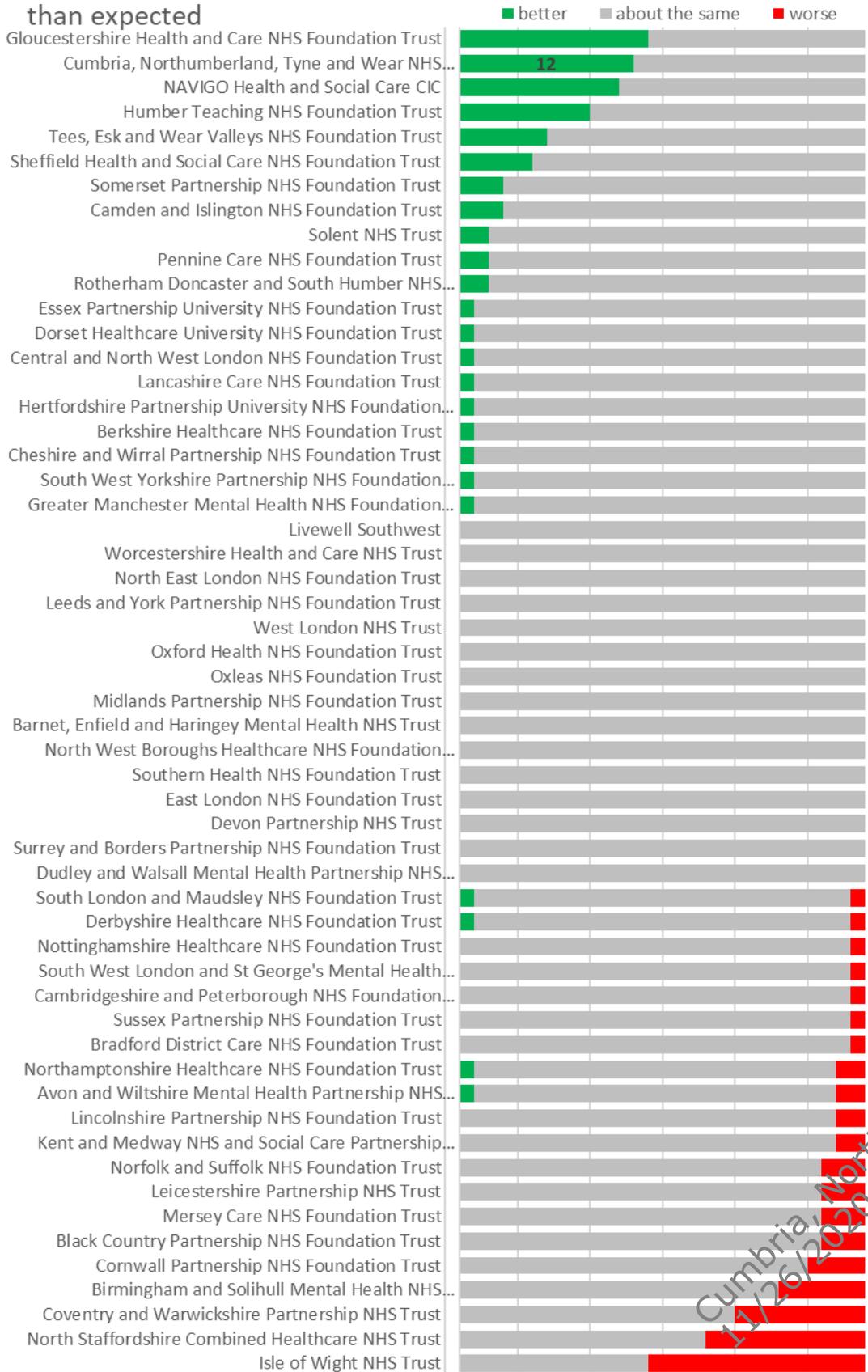
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	2020 CQC Community Mental Health Survey - Question scores	CNTW score	All trusts score
Health and social care workers	4: Were you given enough time to discuss your needs and treatment?	8.3	7.3
	5: Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.8	7.0
	6: Did the person or people you saw appear to be aware of your treatment history?	7.8	7.0
Organising care	7: Have you been told who is in charge of organising your care and services?	7.8	7.2
	9: Do you know how to contact this person if you have a concern about your care?	9.9	9.7
	10: How well does this person organise the care and services you need?	8.9	8.2
Planning care	11: Have you agreed with someone from NHS mental health services what care you will receive?	6.6	6.0
	12: Were you involved as much as you wanted to be in agreeing what care you will receive?	7.7	7.3
	13: Does this agreement on what care you will receive take into account your needs in other areas of your life?	7.4	6.7
Reviewing care	14: In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?	8.2	7.5
	15: Did you feel that decisions were made together by you and the person you saw during this discussion?	8.1	7.6
Crisis care	16: Would you know who to contact out of office hours within the NHS if you have a crisis?	7.7	7.2
	17: In the last 12 months, did you get the help you needed when you tried contacting this person or team?	6.9	6.7
Medicines	19: Were you involved as much as you wanted to be in decisions about which medicines you receive?	7.1	7.0
	20: Has the purpose of your medicines ever been discussed with you?	8.0	7.6
	21: Have the possible side effects of your medicines ever been discussed with you?	6.5	5.9
NHS therapies	24: In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	8.4	7.9
	26: Were these NHS therapies explained to you in a way you could understand?	8.3	8.1
Support and wellbeing	27: Were you involved as much as you wanted to be in deciding what NHS therapies to use?	7.7	7.0
	30: In the last 12 months, did NHS mental health services support you with your physical health needs?	5.8	4.9
	31: In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	4.7	4.4
	32: In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	4.6	4.2
Feedback	33: In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	5.0	4.7
	34: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	7.1	6.6
Overall views of care and services	37: In the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	3.2	2.4
Overall experience	3: In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.8	6.0
	36: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	9.0	8.3
	35: Overall...	7.6	6.9

Scores that are statistically significant are shown in green or red (where score is above or below the expected range)

CQC COMMUNITY MENTAL HEALTH SURVEY 2020

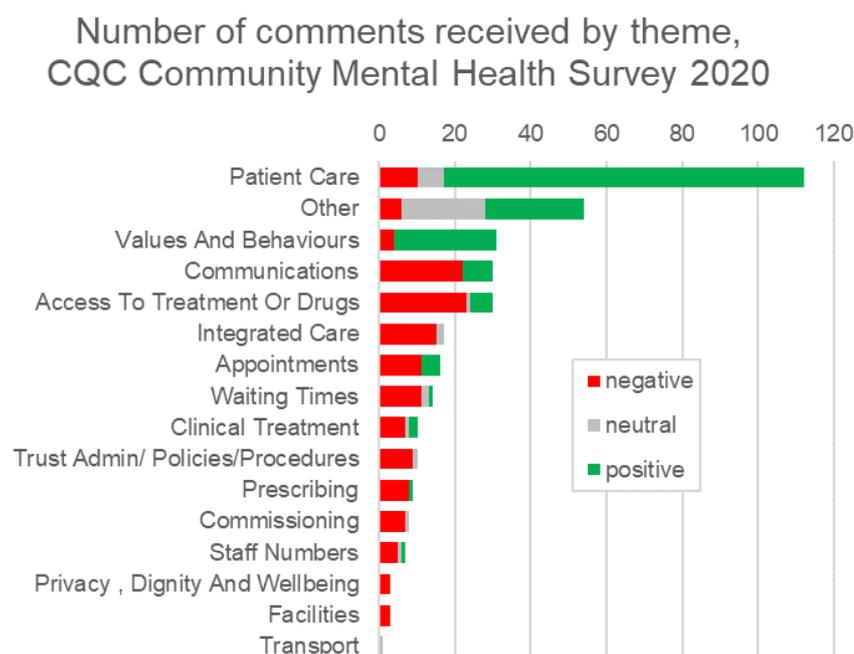
All Trust Results - Number of questions better or worse than expected



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## Qualitative questions

Alongside the survey results, the Trust has received and analysed qualitative comments made by CNTW respondents to the following three open questions, as categorised by CNTW.



The responses are made to the following questions:

### Is there anything particularly good about your care?

Most responses were classified as Patient Care, or Values and Behaviours with many examples of good practice

- *“My care coordinator and CBT therapists are lovely and genuinely care for my health.”*
- *“I don't feel alone and my thoughts are listened to without judgement. I don't feel patronised.”*

### Is there anything that could be improved?

Many responses were hard to classify, and put in the “Other” category.

Communications, Access to treatment, and Waiting times were other main themes.

- *“I saw a psychiatrist once and he changed my medication. I hated this new medication and had to be taken off of it. I thought he was too quick to decide this and should've spoken to me for longer.”*
- *“I find referrals from GP to community mental health distressing. I feel like a ball being passed back and forth.”*

### Any other comments?

Patient care and “Other” were the main themes.

- *“I am still in the diagnosis stage. I accept this might take longer than usual due to the priorities in force in NHS and for driving assessments.”*
- *“Soldier on please, we do care, even if we call you trick cyclists.”*

**Report to the Board of Directors  
2<sup>nd</sup> December 2020**

<b>Title of report</b>	Children and Young Peoples Inpatient Services, West Lane Hospital: Board Briefing Paper
<b>Report author(s)</b>	David Muir – Group Director, North Cumbria Locality
<b>Executive Lead (if different from above)</b>	Gary O’Hare - Executive Director of Nursing & Chief Operating Officer

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	✓	Work together to promote prevention, early intervention and resilience	
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	✓
To be a centre of excellence for mental health and disability	✓	The Trust to be regarded as a great place to work	✓

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	
Workforce	✓	Environmental	✓
Financial/value for money	✓	Estates and facilities	✓
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness	✓	Service user, carer and stakeholder involvement	✓

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
BAF - Risk Number 1680 - Compliance and Regulatory

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# Children and Young Peoples Inpatient Services, West Lane Hospital: Board Briefing paper 2<sup>nd</sup> December 2020

## Introduction

This brief paper follows on from last month's Board update paper and outlines progress to date in relation to establishing services at West Lane Hospital.

West Lane closed following regulatory action in 2019 and a formal request to take over the running of inpatient services at West Lane was made of CNTW. This will be to set up a 10 bed General Adolescent Unit comprising 10 beds in the first instance. This will be operated on the West Lane site, with an anticipated 'opening' of April 2021 with incremental patient occupation thereafter.

## Operational Management Change

### Specialist Children and Young Peoples Services CBU

From the 1<sup>st</sup> December the management of the Specialist Children and Young Peoples Services has transferred from the North Locality to the North Cumbria Locality as their 3<sup>rd</sup> CBU. This will enable the link up of services that will operate on the West Lane site with existing CNTW children and young people's inpatient services at Ferndene and Alnwood forming a North of England Centre for children and young peoples inpatient care<sup>1</sup>. This has clear operational and quality focused advantages that centre around having a unified clinical, governance and management structure.

## Progress to Date

### Communications and Service User / Care Involvement

The visit to Ferndene services for impacted families that was scheduled to take place week of the 16<sup>th</sup> November was postponed as a result of the 2<sup>nd</sup> national 'lock down' and family wishes in relation to this. This will be rearranged once restrictions have been lifted. Young People have been involved in the interviews of ward staff that took place week commencing 16<sup>th</sup> of November. This has included setting questions (Ferndene) for peer support staff to ask on their behalf and participation directly in the interviews themselves (Alnwood). Meetings continue at Executive level with external stakeholders and there is a plan to invite a representative Director of Childrens Services to be part of the Multi Agency Joint Steering Group.

### Operational Management and Safety

This workstream, as per previous updates, continue to influence to the direction of all the other workstreams and is currently engaged in several areas of work including those linked to these areas, particularly, estates and workforce. Progress continues to be made across several areas related to operational management and safety. Examples of progress in the last month include; CERA site visit, advocacy discussions, ongoing discussions about pathology access, initial PALS discussions,

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<sup>1</sup> CBU also includes specialist children's outpatient's services and secure in-reach

development of pharmacy PID, review of initial incident data received from TEWV as well pending discussion about assets to remain on site at West Lane for CNTWs use.

### Workforce

Following discussion at the Trust Covid-19 Response meeting and receipt of the necessary approvals regarding the strict PPE and Covid security measures, face to face value-based recruitment interviews took place across the week 16th November for both registered and unregistered nursing staff on site at West Lane. Due to a high number of withdrawals and DNAs not all posts were appointed. Further adverts have been placed to continue this recruitment drive. In light of the operational management change outlined above, there have been further discussions about the wider MDT whole time equivalency and skill mix, in that, bringing services together under one CBU offers opportunity for some economies of scale to be made. This join up will also facilitate easier exploration CNTWs existing workforce with regard building a 'nucleus' of experience.

### Estates / Informatics

Estates and Informatics groups continue to have conversations with colleagues in TEWV. Further site visits have been undertaken across November. Following discussion about the suitability of Newberry ward, particularly, the lack of a seclusion area and the potential capital costs needed to remedy several issues a decision was reached to use the Westwood ward as an alternative. Whilst capital is still required to for Westwood, this is significantly less than what was required for Newberry. IT requirements have been scoped and associated start-up costs established. Across both, costs are in the region of £200k. Funding of this has been agreed with NHSE as part of winter plans 20/21.

### Commissioning and Regulation

Work continues across several areas to reach agreement in relation to budgetary elements and Occupied Bed Day pricing. A comparative costing analysis of West Lane proposals has been prepared against existing Ferndene and proposed CEDAR costs. This has been used to inform discussion at Executive and Operational Director level and reinforce the need to seek wider economies of scale in relation to MDT structure whilst at the same time securing the ability to sustain a quality and safe service going forward. Initial agreement has also been reached with TEWV that the site and ward should be renamed going forward. Preliminary work to scope out potential names is underway including discussions with impacted families and young people themselves. TEWV will lead on the wider overarching aspects of this consultation. Work continues in relation to the steps required for registration with the CQC.

### Programme Approach, Governance and Risk

The frequency of Multi Agency Joint Steering Group continues a monthly basis. Based on the crossover between the workstreams, IT, Estates, workforce and operational work meetings have merged to facilitate a more programme-based approach. Work streams continue to have joint CNTW / TEWV membership going forward.

## **Recommendation**

1. Note the contents of this paper.
2. Advise on further detail or supplementary information required at this stage.

**David Muir**  
**Group Director – North Cumbria Locality Care Group**

Cumbria, Northumberland Tyne and Wear  
11/26/2020 18:21:11

**Board of Directors  
 2 December 2020**

<b>Title of report</b>	Collaborative Newcastle – Collaboration Agreement
<b>Report author(s)</b>	James Duncan, Deputy Chief Executive / Executive Director of Finance
<b>Executive Lead (if different from above)</b>	James Duncan, Deputy Chief Executive / Executive Director of Finance

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	x	Work together to promote prevention, early intervention and resilience	x
To achieve “no health without mental health” and “joined up” services	x	Sustainable mental health and disability services delivering real value	x
To be a centre of excellence for mental health and disability	x	The Trust to be regarded as a great place to work	x

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
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CDT – Quality	
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CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability	x	Reputational	x
Workforce	x	Environmental	x

Financial/value for money	x	Estates and facilities	x
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness	x	Service user, carer and stakeholder involvement	x

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>



## Collaborative Newcastle – Collaboration Agreement

### 1. Executive Summary

#### Background & Purpose

#### Why is the proposal being put forward?

In May 2018, the Chief Executive Officers from Newcastle City Council, Newcastle Hospitals, Cumbria, Northumberland Tyne and Wear NHS Trust and Newcastle Gateshead CCG agreed to come together as a Newcastle Joint Executive Group (JEG) to agree the future plans for the City of Newcastle. The JEG is agreed on the primacy of place and the need to focus collectively on the challenges and opportunities within Newcastle, with the ultimate aim of creating an integrated, all-age, place based health and care system for the City.

The Parties are already working together informally as “Collaborative Newcastle” and have developed the following overarching vision:

“To improve the health, wealth and wellbeing of Newcastle citizens, and reduce the widening inequalities that too many citizens experience, by preventing avoidable problems from arising and tackling the big things that hold some people back”

#### The Collaboration Agreement

The Collaboration Agreement is intended to provide a formal underpinning for this approach, providing an overarching framework based on a legally binding “Alliance” model for the development of place-based collaborative arrangements for health and care provision in Newcastle.

The arrangements set out within the Agreement are intended to further strengthen relationships between the Parties, all of whom are commissioners and/or providers of health and care services in Newcastle, for the benefit of the population of the City. The Agreement is based on an alliance approach and is designed to work alongside existing NHS Standard Contracts and arrangements for the delivery of those Council

services deemed to be within scope. The Agreement is not intended to conflict with or take precedence over the terms of the partners Service Contracts and Section 75 Agreements unless expressly agreed by the Parties.

The intention is that partners will work together under the governance framework set out in the agreement to develop place-based arrangements, which ultimately will include requirements in relation to outcomes, risk/gain share, financial and contract management and regulatory requirements. The agreement includes a financial framework for service budgets being increasingly categorised as In-view, Aligned or, where agreed, Pooled.

The partners have developed Collaborative Newcastle arrangements in order to establish an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately improve health and care outcomes for Newcastle's residents.

To this end, Collaborative Newcastle partners have identified initial Priority Areas during the initial term as follows:

1. Co-governance and leadership
2. Co-production – using the 'Being Well' framework to improve health and wellbeing and reduce inequalities around
  - a. Integrated children's service
  - b. Care homes
  - c. Complex care for adults
  - d. Positive mental health
3. Co-location
4. Command centre – particularly leveraging digital and data to design and deliver personalised services
5. Covid – Outbreak control and Recovery

The Parties will develop and implement work plans for each of the initial Priority Areas in order to monitor progress against key milestones.

### **Why is a legally binding agreement proposed?**

The Parties have agreed to work together to develop Collaborative Newcastle arrangements in order to establish an improved financial, governance and contractual framework for delivering integrated health support and care to develop and ultimately deliver improved health and care outcomes for the population.

By entering into this formal agreement each organisation commits to the mutual promises and obligations set out in the Collaborative Newcastle arrangements. This is the first time that the 'anchor' institutions have made such a commitment to the development and ultimate implementation of a population health management approach for Newcastle.

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## What is the timetable for implementation?

The Agreement will be entered into on the date at which the Agreement is signed by all Parties – the “Commencement Date”.

It is proposed that partners will review progress made and the terms of this Agreement at six monthly intervals from the Commencement Date and may agree to either vary the Agreement to reflect developments or enter into a new agreement in respect of subsequent phases of the arrangements.

The table below outlines prospective Board/Cabinet dates for sign off. It is the ambition of Chief Executives for them to model the progress made to date in respect of joint working, by ‘attending’ each other’s Cabinet/Boards where the Agreement will be presented for sign off. A VCS webinar will be held on 2<sup>nd</sup> December 2020. This will provide an opportunity to discuss the Collaboration Agreement.

	October	November	December
<b>CNTW</b>		04/11/2020	05/12/2020 (Board)
<b>NCC</b>		16/11/2020 (Cabinet)	
<b>NGCCG</b>	13/10/2020 (Exec)	24/11/2020 (Board)	
<b>NUTH</b>	29/10/2020 (Workshop)	26/11/2020 (Board)	
<b>City Futures Board</b>		17/11/2020	15/12/2020
<b>VCS Webinar</b>			02/12/2020

## RECOMMENDATIONS

The Board are asked to

- Support and approve the Collaboration agreement.
- The agreement will be launched at the City Future Board in December.

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# COLLABORATION AGREEMENT

**Collaborative  
Newcastle**



**DATE**

**2020**

## **COLLABORATIVE NEWCASTLE**

- 1. NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP**
- 2. NEWCASTLE CITY COUNCIL**
- 3. THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**
- 4. CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**
- 5. NEWCASTLE GENERAL PRACTICE SERVICES LIMITED**

## **COLLABORATION AGREEMENT**

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## COLLABORATION AGREEMENT

### **Overarching Note – Collaboration Agreement for Collaborative Newcastle**

This Agreement provides an overarching framework for the development of place-based collaborative arrangements for health and care provision in Newcastle. The Parties are already working together informally as “**Collaborative Newcastle**” and this Agreement is intended to provide a formal underpinning for this approach. The arrangements set out are intended to further strengthen relationships between the Parties, all of whom are commissioners or providers of health and care services in Newcastle, for the benefit of the Newcastle population.

This Agreement sets out the Parties’ approach to the first phase of development, during which the Parties will collaborate to further develop the place-based model. Initially, this Agreement will cover the agreed first phase Priority Areas and such other priority areas / services as may be agreed by the Parties from time to time.

This Agreement is based on an alliance approach, and provides an overarching arrangement. It is designed to work alongside existing NHS Standard Contracts (commonly the Services Contracts but also, where relevant, Section 75 Agreements) and arrangements for the delivery of non-NHS care, support and community services via the Council to the extent such services are within the scope of the Agreement. The Agreement is legally binding.

The intention is that the Parties will work together under the governance framework set out in this Agreement to develop the place-based arrangements, which ultimately may include requirements in relation to outcomes, risk/gain share, financial and contract management and regulatory requirements. The governance structure for the arrangements as at the Commencement Date is illustrated in Figure 1 below.

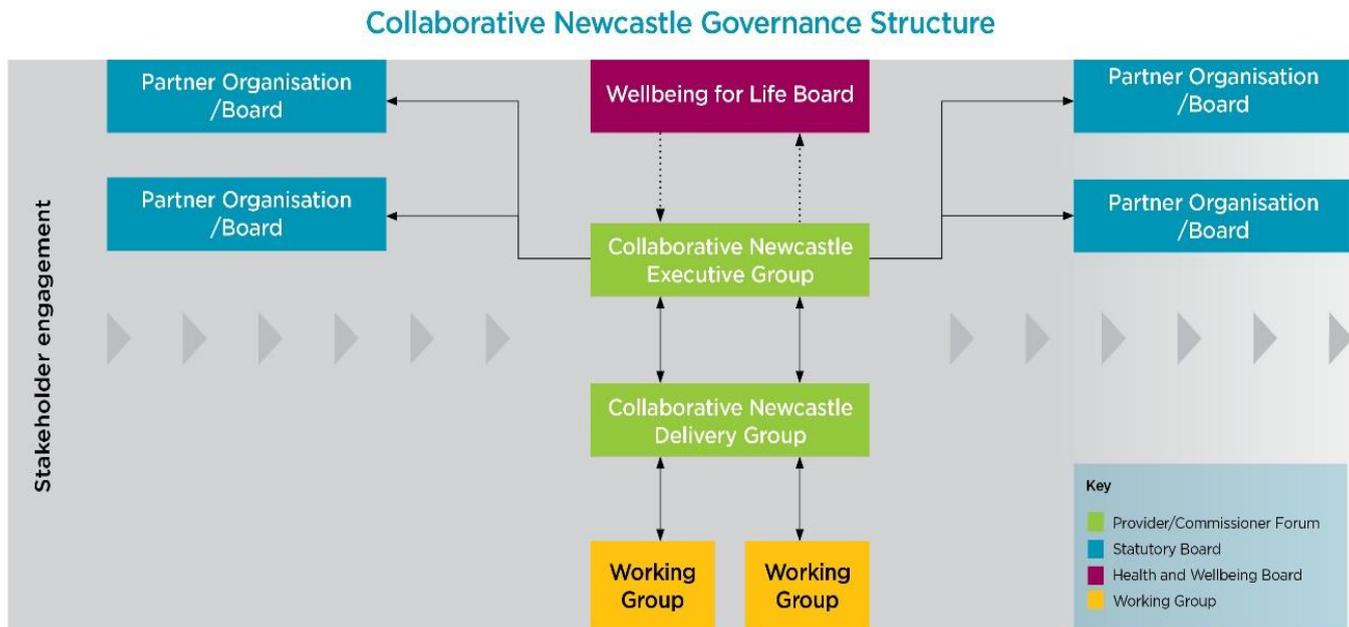
The Parties will review progress made and the terms of this Agreement at six monthly intervals from the Commencement Date and may agree to either vary the Agreement to reflect developments or enter into a new agreement in respect of subsequent phases of the arrangements.

The Parties have identified two categories of membership of Collaborative Newcastle – “full member” and “associate member”, as described in Schedule 5. At the outset, primary care, acting through Newcastle General Practice Services Limited, will be an associate member. The remaining Parties to this Agreement will be full members.

In due course, the Parties may invite others to become associate members, e.g. representatives of care homes, universities, the housing sector and the voluntary sector.

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Figure 1



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# COLLABORATION AGREEMENT

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## COLLABORATION AGREEMENT

**DATE:**

2020

This Collaboration Agreement (the **Agreement**) is made between:

1. **NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP** of Riverside House, Goldcrest Way, Newcastle upon Tyne NE15 8NY (the "**CCG**");
2. **NEWCASTLE CITY COUNCIL** of Civic Centre, Newcastle upon Tyne NE1 8QH (the "**Council**");
3. **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST** of Freeman Hospital, Freeman Road, High Heaton, Newcastle upon Tyne NE7 7DN ("**NUTHFT**");
4. **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST** of St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne NE3 3XT ("**CNTWFT**"); and
5. **NEWCASTLE GENERAL PRACTICE SERVICES LIMITED** of The Grainger Suite, Dobson House, Gosforth, Newcastle upon Tyne NE3 3PF (Company number 08854894) ("**Primary Care**")

together referred to in this Agreement as the "**Parties**".

The CCG and the Council (in its role as commissioner of social care and public health services) are together referred to in this Agreement as the "**Commissioners**".

NUTHFT, CNTWFT, the Council (in its role as provider of social care services, whether directly or through contracting arrangements with third party providers) and Primary Care are together referred to in this Agreement as the "**Providers**".

### RECITALS

- a) The NHS Long Term Plan set out a clear goal that the NHS will increasingly be more joined-up and coordinated in its care, breaking down traditional barriers between care institutions, teams and funding streams so as to support the increasing number of people with long-term health conditions, rather than viewing each encounter with the health service as a single, unconnected 'episode' of care.
- b) This Agreement sets out the vision, objectives and shared principles of the Parties in supporting the development of place-based health and care provision, including the provision of NHS-funded healthcare services (including primary care and social care services for adults, children and young persons) for the people of Newcastle. In entering into and performing their obligations under this Agreement, the Parties are working towards

## COLLABORATION AGREEMENT

the development and ultimate implementation of a population health management approach for Newcastle.

- c) The Commissioners are the statutory bodies responsible for planning, organising and buying social care, NHS-funded healthcare, support and community services for people who live in Newcastle.
- d) The Providers (including the Council in its provider role) are together providers of social care, NHS funded healthcare services including primary care services, community and support services to the population of Newcastle.
- e) The Parties acknowledge that the Council has a dual role within the Newcastle health and care system as both a commissioner of social care and public health services but also as a provider of social care services either through direct delivery or through contracts with third party providers. In its role as commissioner of social care services the Council shall work in conjunction with the CCG and in its role as a provider of social care services the Council shall work in conjunction with the Providers. The Council recognises the need to and will ensure that any potential conflicts of interest arising from its dual role are appropriately identified and managed.
- f) This Agreement is an overarching agreement setting out how the Parties will work together in a collaborative and integrated way in respect of the Priority Areas from the Commencement Date in accordance with the Principles. The Parties have committed to collaborate in respect of certain agreed initial Priority Areas through which they will work together in accordance with the Principles to achieve the Objectives. The initial Priority Areas are: Co-governance and leadership; Co-production; Co-location; Command Centre; and Covid – Outbreak control and recovery, as described in Schedule 2.
- g) The intention is that the Parties will evolve the arrangements for Collaborative Newcastle as set out in this Agreement in phases. Further Priority Areas will be added by agreement of the Parties as required to further the collaborative work of the Parties for the benefit of the Newcastle population.
- h) This Agreement is intended to work alongside other agreements and arrangements already in place and/or that are to be put in place in due course between the Parties and other system partners.
- i) The terms of this Agreement are set out in the following sections:
  - i. SECTION A: sets out the vision, objectives and principles of Collaborative Newcastle.
  - ii. SECTION B: sets out the operation of and roles in Collaborative Newcastle.
  - iii. SECTION C: sets out the governance arrangements of Collaborative Newcastle.
  - iv. SECTION D: sets out details of financial planning.

## COLLABORATION AGREEMENT

v. SECTION E: sets out the remaining contractual terms.

### IT IS AGREED AS FOLLOWS:

#### 1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
- 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
- 1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;
- 1.2.3 a reference to a “Provider” or a “Commissioner” or any Party includes its personal representatives, successors or permitted assigns;
- 1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted; and
- 1.2.5 any phrase introduced by the terms “including”, “include”, “in particular” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms.

#### 2. STATUS AND PURPOSE OF THIS AGREEMENT

- 2.1 The Parties have agreed to work together to develop the Collaborative Newcastle arrangements in order to establish an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately deliver improved health and care outcomes for the Population.
- 2.2 This Agreement sets out the key terms that the Parties have agreed.
- 2.3 In consideration of the mutual promises exchanged by the Parties and set out in this Agreement, the Parties agree to be bound by the terms and conditions of this Agreement. The Parties each enter into this Agreement intending to honour all of their respective obligations.
- 2.4 Each of the Providers has one or more individual Services Contracts (or where appropriate combined Services Contracts) and Section 75 Agreements with the CCG or

## COLLABORATION AGREEMENT

the Council. This Agreement will work alongside these Services Contracts and the Section 75 Agreements as appropriate.

- 2.5 Each of the Commissioners and the Providers agree to work together on the activities which they undertake pursuant to this Agreement in a collaborative and integrated way on a Best for Newcastle basis and the Services Contracts and Section 75 Agreements set out how the Providers provide Services to the Population. This Agreement is not intended to conflict with or take precedence over the terms of the Services Contracts and Section 75 Agreements unless expressly agreed by the Parties in writing.

### 3. ACTIONS TO BE TAKEN PRIOR TO THE COMMENCEMENT DATE

Each Party acknowledges and confirms that as at the date of this Agreement, it has obtained all necessary authorisations to enter into this Agreement.

### 4. DURATION

- 4.1 This Agreement shall take effect on the Commencement Date and will continue for the Initial Term, unless it is terminated earlier in accordance with the terms of this Agreement.
- 4.2 At the expiry of the Initial Term this Agreement shall expire automatically without notice unless, no later than 3 months before the end of the Initial Term, the Parties agree in writing that the term of the Agreement shall be extended for a further term to be agreed between the Parties (the “**Extended Term**”).

## SECTION A: VISION, OBJECTIVES AND PRINCIPLES

### 5. VISION

- 5.1 The overarching vision for Collaborative Newcastle is as follows:

*“To improve the health, wealth and wellbeing of Newcastle citizens, and reduce the widening inequalities that too many citizens experience, by preventing avoidable problems from arising and tackling the big things that hold some people back”*

### 6. THE OBJECTIVES FOR COLLABORATIVE NEWCASTLE

- 6.1 The Parties’ ambition is for local people to have long and healthy lives with a great sense of wellbeing supported by provision of world class health and care services for people when they need them, particularly for those who are vulnerable by virtue of ill health or disability to the loss of opportunity, independence, connection to others and control over their own lives, ensuring that everyone enjoys good health throughout the life course.

To achieve this, the Parties will create new models of integrated treatment, care and support for people of all ages that are:

## COLLABORATION AGREEMENT

- (i) Prevention orientated – prioritising early intervention over costlier, reactive interventions;
- (ii) Person centred – ensuring that all citizens experience the support they receive as a seamless package addressing their specific needs and aspirations and helping them to live independent and fulfilling lives;
- (iii) Evidence-based – applying the best available science; and
- (iv) Delivered by a workforce that enjoys good employment and is enabled to do good work.

6.2 Further, the Parties agree to work together and to perform their duties under this Agreement consistent with UN Sustainability Goals 3 : Good health and wellbeing; 10: Reduced inequalities; and 17 : Partnerships, and in pursuit of all other UN Sustainability Goals.

### 7. THE PRINCIPLES FOR COLLABORATIVE NEWCASTLE

7.1 The Principles underpin the delivery of the Parties' obligations under this Agreement and set out key factors for a successful relationship between the Parties.

7.2 The Parties acknowledge and confirm that the successful development and delivery of the Objectives will depend on the Providers' ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the delivery of the Priority Areas (together with the Council as a Provider) under this Agreement in conjunction with the CCG and Council (as a Commissioner).

7.3 The Principles are that the Parties will work together in good faith and, unless the provisions in this Agreement state otherwise, the Parties will:

7.3.1 genuinely collaborate with honesty, trust and understanding in working towards the success of Collaborative Newcastle;

7.3.2 work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts;

7.3.3 agree improvements which are specific, challenging, add value and eliminate waste; and

7.3.4 always demonstrate that the best interests of people resident in Newcastle are at the heart of the activities which they undertake under this Agreement and the Services Contracts and Section 75 Agreements and not organisational interests, and engage effectively with the Population,

## COLLABORATION AGREEMENT

(together these are the “**Principles**”).

- 7.4 The Parties acknowledge that NUTHFT and CNTWFT also provide services in areas outside of Newcastle which they may need to take into account when seeking to act in accordance with the Principles.
- 7.5 The Parties acknowledge that the CCG commissions services for Gateshead, in addition to Newcastle, and the CCG may need to take this into account when seeking to act in accordance with the Principles.

### **8. PROBLEM RESOLUTION AND ESCALATION**

- 8.1 The Providers and the Commissioners agree to adopt a systematic approach to problem resolution which recognises the Objectives and the Principles set out in Clauses 6 and 7 above and which:
- 8.1.1 seeks solutions without apportioning blame;
  - 8.1.2 is based on mutually beneficial outcomes;
  - 8.1.3 treats Providers and the Commissioners as equal parties in the dispute resolution process; and
  - 8.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.
- 8.2 If a problem, issue, concern or complaint comes to the attention of a Party in relation to the Objectives, Principles or any matter in this Agreement and is appropriate for resolution between the Commissioners and the Providers such Party shall notify the other Parties and the Parties each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion within 20 Operational Days of such matter being notified.
- 8.3 Any Dispute arising between the Parties which is not resolved under Clause 8.2 above will be resolved in accordance with Schedule 6 (*Dispute Resolution Procedure*).
- 8.4 If any Party receives any formal enquiry, complaint, claim or threat of action from a third party relating to this Agreement (including, but not limited to, claims made by a supplier or requests for information made under the FOIA) the receiving Party will liaise with the other Parties as to the contents of any response before a response is issued, save where doing so may prejudice the position of the Party in receipt of the formal enquiry, complaint, claim or threat of action.

### **SECTION B: OPERATION OF AND ROLES IN COLLABORATIVE NEWCASTLE**

## COLLABORATION AGREEMENT

### 9. RESERVED MATTERS

- 9.1 The Parties acknowledge that each of the Commissioners is required to comply with certain statutory duties as statutory commissioners and will be required to act in accordance with their statutory duties in relation to certain matters. Consequently, the Commissioners each reserve the matters set out in Clause 9.2 for their respective determination as they see fit in accordance with Clause 9.3.
- 9.2 Each of the Commissioners shall be free to determine the following Reserved Matters:
- 9.2.1 making any decision or taking any action necessary to ensure compliance with their respective statutory duties, including the powers and responsibilities conferred on each of the Commissioners respectively by Law and/or its constitution;
  - 9.2.2 any matter upon which they may be required to engage with the public (including by way of public consultation) or in relation to which they may be required to respond to or liaise with a Local Healthwatch organisation; and/or
  - 9.2.3 any matter in relation to which the CCG may be required to consult the Council.
- 9.3 The Parties agree that:
- 9.3.1 the Reserved Matters are limited to the express terms of Clause 9.2 above; and
  - 9.3.2 neither the Executive Group nor the Delivery Group may make a final recommendation on any of the matters set out in Clause 9.2 above, which are reserved for determination by the relevant Commissioner(s).
- 9.4 Where determining a Reserved Matter which may have an impact on any of the Priority Areas and/or this Agreement, subject to any need for urgency because to act otherwise would result in the relevant Commissioner breaching their statutory obligations or failing to act in accordance with any relevant guidance, the relevant Commissioner will first consult with the Executive Group in respect of their proposed determination of a Reserved Matter in line with the Objectives and the Principles.
- 9.5 Neither Commissioner shall be required to consult with the Executive Group prior to determining a Reserved Matter in accordance with Clause 9.4 where such consultation may require the relevant Commissioner to:
- 9.5.1 breach obligations of confidentiality to a third party; and/or
  - 9.5.2 disclose a third party's personal data.

## COLLABORATION AGREEMENT

### 10. TRANSPARENCY

- 10.1 Subject to complying with the Law, the Parties will provide to each other all information that is reasonably required in order to deliver the Priority Areas in line with the Objectives.
- 10.2 The Parties have responsibilities to comply with Law (including Competition Law). The Parties will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, the Executive Group and Delivery Group will each ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:
- 10.2.1 it is essential;
  - 10.2.2 it is not exchanged more widely than necessary;
  - 10.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and
  - 10.2.4 it may not be used other than to achieve the Objectives in accordance with the Principles.
- 10.3 Subject to compliance with Clause 10.2 above, the Parties will ensure that they provide the Delivery Group with financial cost resourcing, activity or other information as may be reasonably required so that the Delivery Group can assure the Executive Group that the system financial planning framework is being developed in accordance with Schedule 3.
- 10.4 The Commissioners will make sure that the Delivery Group establishes appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Objectives and for no other purpose whatsoever so that the Parties do not breach Competition Law.
- 10.5 It is accepted by the Parties that the involvement of the Providers in the governance arrangements for Collaborative Newcastle is likely to give rise to situations where information will be generated and made available to the Providers which could give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate Provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the CCG and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in Collaborative Newcastle, other than as a result of a breach of this Agreement, does not preclude the CCG and/or the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.

## COLLABORATION AGREEMENT

10.6 Notwithstanding Clause 10.5 above, the Commissioners may take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under Law (for example, the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013) which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

### 11. OBLIGATIONS AND ROLES OF THE PARTIES

#### *Categories of membership*

11.1 The Parties have identified certain categories of membership of Collaborative Newcastle and consequently the Parties to this Agreement are divided into the following categories:

11.1.1 Full Member;

11.1.2 Associate Member; and

11.1.3 any other categories agreed between the Parties as are described in Schedule 5 (Rights and Obligations of Full Members and Associate Members) to this Agreement.

11.2 As at the date of this Agreement, the Parties have agreed the following categorisation across the Parties:

Party	Full Member	Associate Member
NHS Newcastle Gateshead Clinical Commissioning Group	X	
Newcastle City Council	X	
The Newcastle Upon Tyne Teaching Hospitals NHS Foundation Trust	X	
Cumbria, Northumberland, Tyne And Wear NHS Foundation Trust	X	
Newcastle General Practice Services Limited		

## COLLABORATION AGREEMENT

- 11.3 The roles and responsibilities of the Full Members and Associate Members are as described in Schedule 5 (Rights and Obligations of Full Members and Associate Members) to this Agreement. Schedule 5 also sets out the Parties' obligations to consider the inclusion of other organisations as part of Collaborative Newcastle, which should be read in conjunction with the roles and responsibilities that apply to all categories of Parties as described in this Agreement.
- 11.4 The Parties have agreed the categorisation referred to in Clause 11.2 as at the Commencement Date on the basis of the Parties' expectations of delivery of the Objectives. The Parties recognise that it is possible that the categorisation may need to change over time and that some of the Parties may wish/need to move from one category of membership to another. Should those circumstances arise, the Party wishing/needing to move categories shall give as much notice as possible to the other Parties together with full reasons as to why a change of membership category is desired/required. The Parties commit to considering such requests and will act transparently and in good faith in such circumstances recognising the significant implications for Collaborative Newcastle that may flow from such a decision.
- 11.5 Any additions to or removal from the list of Parties set out in Clause 11.2 above will be subject to the approval of the Full Members (excluding any Full Member being removed) acting unanimously and in accordance with the Objectives and the procedure set out in Clause 18 (Variations) in the case of the inclusion of additional members and Clause 15 (Exclusion and Termination) in the case of the withdrawal of a Party.

### ***Commissioners' obligations and roles***

- 11.6 Each Commissioner will:
- 11.6.1 help to establish an environment that encourages collaboration between the Providers where permissible;
  - 11.6.2 provide clear system leadership to the Providers, clearly articulating health, care and support outcomes for the Providers, performance standards, scope of services and technical requirements;
  - 11.6.3 support the Providers in developing links to other relevant services;
  - 11.6.4 comply with their statutory duties;
  - 11.6.5 seek to commission the services within the Priority Areas in an integrated, effective and streamlined way to meet the Objectives; and
  - 11.6.6 work collaboratively with the Providers to develop Collaborative Newcastle approach for the Priority Areas in accordance with this Agreement.

## COLLABORATION AGREEMENT

### ***Providers' obligations and roles***

11.7 Each Provider will:

11.7.1 act collaboratively and in good faith with each other in accordance with the Law and Good Practice to achieve the Objectives, having at all times regard to the best interests of the Population;

11.7.2 co-operate fully and liaise appropriately with each other Provider in order to ensure a co-ordinated approach to promoting the quality of patient care across the Priority Areas and so as to achieve continuity in the provision of services within the Priority Areas that avoids inconvenience to, or risk to the health and safety of, Service Users, employees of the Providers or members of the public; and

11.7.3 through high performance and collaboration, unlock and generate enhanced innovation and better outcomes and value for the Population in line with the Objectives.

11.8 Each Provider acknowledges and confirms that:

11.8.1 it remains responsible for performing its obligations and functions for delivery of services to the CCG and/or the Council in accordance with its Services Contracts;

11.8.2 it will be separately and solely liable to the CCG or the Council (as applicable) under its own Services Contracts;

11.8.3 it remains responsible for its own compliance with all relevant regulatory requirements and remains accountable to its Board/Cabinet and all applicable regulatory bodies; and

11.8.4 it will work collaboratively with the Commissioners and the other Providers to develop the Collaborative Newcastle approach for the Priority Areas in accordance with this Agreement.

## **SECTION C: GOVERNANCE ARRANGEMENTS**

### **12. COLLABORATIVE NEWCASTLE GOVERNANCE**

12.1 The Parties must communicate with each other and all relevant staff in a clear, direct and timely manner. In addition to the Parties' own Boards / Cabinet / Governing Body, which shall remain accountable for the exercise of each of the Parties' respective functions, the governance structure for Collaborative Newcastle arrangements will comprise:

## COLLABORATION AGREEMENT

- 12.1.1 the Collaborative Newcastle Executive Group (**Executive Group**); and
  - 12.1.2 the Collaborative Newcastle Delivery Group (**Delivery Group**).
- 12.2 The diagram in Schedule 4 (*Governance*) sets out the governance structure and the links between the various groups in more detail.

### *The Wellbeing for Life Board*

- 12.3 The Wellbeing for Life Board is the Health and Wellbeing Board for Newcastle, and committee of Newcastle Council, charged with promoting greater health and social care integration in Newcastle. The Wellbeing for Life Board will receive reports from the Executive Group as to the development of the Collaborative Newcastle arrangements under this Agreement and progress against the areas for development in Schedule 2 (*Priority Areas*).

### *Collaborative Newcastle Executive Group*

- 12.4 The Executive Group is accountable to each of the Parties and is the group responsible for:
- 12.4.1 overseeing Collaborative Newcastle arrangements under this Agreement;
  - 12.4.2 approving workplans for and monitoring delivery of the Objectives, development of the Priority Areas and development and implementation of the Financial Planning Framework;
  - 12.4.3 holding the Delivery Group to account; and
  - 12.4.4 liaising where appropriate with relevant local and national partners and stakeholders.
- 12.5 The Executive Group will act in accordance with its terms of reference and will:
- 12.5.1 promote and encourage commitment to the Principles and Objectives amongst all the Parties;
  - 12.5.2 ensure alignment of all organisations to facilitate sustainable and better care which is able to meet the needs of the Population;
  - 12.5.3 agree joint policy as required, including values to be adopted and annual and short term performance outcomes/targets;
  - 12.5.4 oversee the implementation of this Agreement;
  - 12.5.5 in undertaking its role, consider recommendations from the Delivery Group in respect of the development and operation of Collaborative Newcastle, the

## COLLABORATION AGREEMENT

delivery of the Objectives and the development of the Priority Areas and implementation of the Financial Planning Framework; and

12.5.6 carry out the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.5.

### *Collaborative Newcastle Delivery Group*

12.6 The Delivery Group is the group responsible for managing the operation of Collaborative Newcastle to achieve the Objectives and developing proposals for the delivery and transformation of services in the Priority Areas. The Delivery Group will report to the Executive Group, acting in accordance with its Terms of Reference set out in Schedule 4 (*Governance*) Part 2 and will:

12.6.1 be responsible for delivery of workplans for development of the Priority Areas and implementation of the Financial Planning Framework;

12.6.2 make recommendations to the Executive Group in relation to changes to the Priority Areas in respect of Service User pathways / services;

12.6.3 develop and implement strategies for closer collaborative working between the Providers, in order to achieve the Objectives;

12.6.4 seek and reflect the views of key stakeholders in drawing up recommendations to the Executive Group;

12.6.5 make recommendations to the Executive Group as to the addition of new parties to the arrangements under this Agreement, including new providers of services in the Priority Areas; and

12.6.6 carry out the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.6.

## **13. CONFLICTS OF INTEREST**

13.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality the Parties agree to share all information relevant to the development and delivery of the Priority Areas in an honest, open and timely manner.

13.2 The Parties will:

13.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or the operation of the Executive Group and/or the Delivery Group immediately upon becoming aware of the conflict of interest whether that conflict concerns the

## COLLABORATION AGREEMENT

Party or any person employed or retained by them for or in connection with the performance of this Agreement;

13.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Parties) before they participate in any decision in respect of that matter; and

13.2.3 use best endeavours to ensure that their representatives on the Executive Group and Delivery Group also comply with the requirements of this Clause 13 when acting in connection with this Agreement.

### SECTION D: FINANCIAL PLANNING

#### 14. PAYMENTS

14.1 The Parties will continue to be paid in accordance with the mechanism set out in their respective Services Contracts and Section 75 Agreements.

14.2 The Parties have not agreed as at the Commencement Date to share risk or reward. However the Parties will work together during the Initial Term to consider the development of risk/reward sharing mechanisms in accordance with the framework and principles described in Schedule 3 (*Financial Planning Framework*) with the aim of achieving the Objectives.

14.3 Any future introduction of such a mechanism would require additional provisions to be agreed between the Parties and incorporated into this Agreement in accordance with Clause 18.

### SECTION E: GENERAL PROVISIONS

#### 15. EXCLUSION AND TERMINATION

15.1 A Provider may be excluded from this Agreement on notice from the Commissioners (acting in consensus) in the event of:

15.1.1 the termination of their Services Contract and/or Sections 75 Agreement; or

15.1.2 an event of Insolvency affecting them.

15.2 A Party may withdraw from this Agreement by giving not less than 12 months' written notice to each of the other Parties.

15.3 A Party may be excluded from this Agreement on written notice from all of the remaining Parties (acting in consensus) in the event of a material or a persistent breach of the terms of this Agreement by the relevant Party which has not been rectified within

## COLLABORATION AGREEMENT

30 days of notification issued by the remaining Parties (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Party.

15.4 The Executive Group may resolve to terminate this Agreement in whole where:

15.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or

15.4.2 where the Parties agree this Agreement should be replaced by one or more formal legally binding agreements between them.

15.5 Where a Provider is excluded from this Agreement, or withdraws from it, the excluded or withdrawing (as relevant) Party shall procure that all data and other material belonging to any other Party shall be delivered back to the relevant Party or deleted or destroyed (as instructed by the relevant Party) as soon as reasonably practicable.

### 16. INTRODUCING NEW PROVIDERS

Additional parties may become parties to this Agreement on such terms as the Parties shall jointly agree in writing, acting at all times on a Best for Newcastle basis. Any new Party will be required to agree in writing to the terms of this Agreement before admission.

### 17. LIABILITY

The Parties' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and Sections 75 Agreements and not this Agreement.

### 18. VARIATIONS

Any amendment to this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Parties.

### 19. CONFIDENTIALITY AND FOIA

19.1 Each Party shall keep confidential all Confidential Information that it receives from the other Parties except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Party to this Agreement.

19.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Party or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Party may have in respect of such Confidential Information.

## COLLABORATION AGREEMENT

- 19.3 The Parties agree to procure, as far as is reasonably practicable, that the terms of this Clause 19 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.
- 19.4 Nothing in this Clause 19 (*Confidentiality and FOIA*) will affect any of the Parties' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.
- 19.5 The Parties acknowledge that they are each subject to the requirements of the FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that each Party is able to comply with their statutory obligations.
- 19.6 Each Party will hold harmless each other and will indemnify and keep indemnified each of the other Parties, in full and on demand, against all Claims (and related costs, charges and reasonable legal expenses) which the other Parties to this Agreement may incur or suffer, arising from any claim at law (including in negligence of any degree or other tort, or collateral contract or otherwise at law) by any of the other Parties for any direct, indirect, incidental or consequential or other loss or damage of whatsoever kind, arising from any breach by such a Party to this Agreement of the obligations under this Clause 19 (*Confidentiality and FOIA*) or otherwise.

## 20. INTELLECTUAL PROPERTY

- 20.1 In order to develop and deliver the arrangements under this Agreement in accordance with the Principles each Party grants each of the other Parties a fully paid up, non-exclusive licence to use its existing Intellectual Property insofar as is reasonably required for the sole purpose of the fulfilment of that Party's obligations under this Agreement.
- 20.2 If any Party creates any new Intellectual Property through the development and delivery of the arrangements under this Agreement, the Party which creates the new Intellectual Property will grant to each of the other Parties a fully paid up, non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Party's obligations and the development and delivery of the arrangements under this Agreement.

## 21. GENERAL

- 21.1 Any notice or other communication given to a Party under or in connection with this Agreement shall be in writing, addressed to that Party at its principal place of business or such other address as that Party may have specified to the other Party in writing in

## COLLABORATION AGREEMENT

accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.

- 21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1 above; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.
- 21.3 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Parties, constitute any Party the agent of another Party, nor authorise any Party to make or enter into any commitments for or on behalf of any other Party except as expressly provided in this Agreement.
- 21.4 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Party has executed at least one counterpart.
- 21.5 This Agreement, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Parties irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.
- 21.6 A person who is not a Party to this Agreement shall not have any rights under or in connection with it.

This Agreement has been entered into on the date stated at the beginning of it.

Cumbria, Northumberland Tyne & Wear  
11/26/2020 18:21:11

COLLABORATION AGREEMENT

Signed by **MARK ADAMS**

for and on behalf of **NHS NEWCASTLE GATESHEAD  
CLINICAL COMMISSIONING GROUP**

.....  
**Mark Adams**  
**Accountable Officer**

Signed by **PAT RICHIE**

for and on behalf of **NEWCASTLE CITY COUNCIL**

.....  
**Pat Richie**  
**Chief Executive**

Signed by **DAME JACKIE DANIEL**

for and on behalf of **THE NEWCASTLE UPON TYNE  
HOSPITALS NHS FOUNDATION TRUST**

.....  
**Dame Jackie Daniel**  
**Chief Executive**

Signed by **JOHN LAWLOR**

for and on behalf of **CUMBRIA, NORTHUMBERLAND,  
TYNE AND WEAR NHS FOUNDATION TRUST**

.....  
**John Lawlor**  
**Chief Executive**

Signed by **CHRISTIAN TOWNEND**

for and on behalf of **NEWCASTLE GENERAL PRACTICE  
SERVICES LIMITED**

.....  
**Christian Townend**  
**Chief Executive**

Cumbria, Northumberland Tyne and Wear  
11/26/2020 18:21:11

## SCHEDULE 1

### Definitions and Interpretation

1. The following words and phrases have the following meanings:

<b>Agreement</b>	this agreement incorporating the Schedules.
<b>Best for Newcastle</b>	best for the achievement of the Objectives for the Newcastle population on the basis of the Principles.
<b>Claims</b>	any claims, actions, demands, fines or proceedings.
<b>Commencement Date</b>	the date entered on page one (1) of this Agreement.
<b>Commercially Sensitive Information</b>	Confidential Information which is of a commercially sensitive nature relating to a Party, its intellectual property rights or its business or which a Party has indicated would cause that Party significant commercial disadvantage or material financial loss.
<b>Competition Law</b>	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector by Monitor in accordance with the Health and Social Care Act 2012.
<b>Competition Sensitive Information</b>	Confidential Information which is owned, produced and marked as Competition Sensitive Information by one of the Providers and which that Provider properly considers is of such a nature that it cannot be exchanged with the other Providers without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Party, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
<b>Confidential Information</b>	the provisions of this Agreement and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing

	before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information.
<b>Delivery Group</b>	the Collaborative Newcastle Delivery Group, the terms of reference of which are set out in Part 2 of Schedule 4 ( <i>Governance</i> ).
<b>Dispute</b>	any dispute arising between two or more of the Parties in connection with this Agreement or their respective rights and obligations under it.
<b>Dispute Resolution Procedure</b>	the procedure set out in Schedule 6 for the resolution of disputes which are not capable of resolution under Clause 8 ( <i>Problem Resolution and Escalation</i> ).
<b>Executive Group</b>	the Collaborative Newcastle Executive Group, the terms of reference of which are set out in Part 1 of Schedule 4 ( <i>Governance</i> ).
<b>Extended Term</b>	has the meaning set out in Clause 4.2.
<b>Financial Planning Framework</b>	the financial planning framework as described in Schedule 3.
<b>FOIA</b>	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act.
<b>Good Practice</b>	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Services Contracts), as appropriate.
<b>Initial Term</b>	the period from and including the Commencement Date until the second anniversary of the Commencement Date.
<b>Insolvency</b>	(as may be applicable to each Party) a Provider taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business, or any analogous process for a public body.
<b>Intellectual</b>	patents, rights to inventions, copyright and related rights, trade

<b>Property</b>	marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.
<b>Law</b>	<ul style="list-style-type: none"> <li>a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation;</li> <li>b) any enforceable EU right within the meaning of section 2(1) European Communities Act 1972;</li> <li>c) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;</li> <li>d) Guidance (as defined in the NHS Standard Contract);</li> <li>e) National Standards (as defined in the NHS Standard Contract); and</li> <li>f) any applicable code.</li> </ul>
<b>NHS Standard Contract</b>	the NHS Standard Contract for NHS healthcare services as published by NHS England from time to time.
<b>Objectives</b>	the objectives for Collaborative Newcastle set out in Clause 6.1.
<b>Operational Day</b>	a day other than a Saturday, Sunday or bank holiday in England.
<b>Population</b>	the population of Newcastle covered by each of the Commissioners.
<b>Principles</b>	the principles for Collaborative Newcastle set out in Clause 7.3.
<b>Priority Area</b>	one of the priority areas set out in Schedule 2 ( <i>Priority Areas</i> ) as may be amended or added to by agreement of the Parties from time to time.
<b>Reserved Matter</b>	has the meaning set out in Clause 9.2.
<b>Section 75 Agreement</b>	an agreement entered into by any of the Parties under section 75 of the National Health Service Act 2006.
<b>Service Users</b>	people within the Population served by the Commissioners who are in receipt of the Services.
<b>Services</b>	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Services Contract.

<b>Services Contract</b>	a contract entered into by the CCG and/or the Council and a Provider for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires.
<b>UN Sustainability Goals</b>	the United Nations Sustainability Goals, set out here: <a href="https://www.un.org/sustainabledevelopment/sustainable-development-goals/">https://www.un.org/sustainabledevelopment/sustainable-development-goals/</a>
<b>Wellbeing for Life Board</b>	the Health and Wellbeing Board for Newcastle.

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## SCHEDULE 2

### Priority Areas

The Parties have identified the initial Priority Areas during the Initial Term (as may be agreed and amended from time to time by the agreement of the Parties in accordance with Clause 18 (*Variations*)) as the following:

1. Co-governance and leadership
2. Co-production - using the Being well framework to improve health and wellbeing and reduce inequalities around
  - Integrated children's service
  - Care homes
  - Complex care for adults
  - Positive mental health
3. Co-location
4. Command centre – particularly leveraging digital and data to design and deliver personalised services
5. Covid – Outbreak control and recovery

Immediately following the Commencement Date the Parties will develop and implement workplans for each of the initial Priority Areas.

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## SCHEDULE 3

### Financial Planning Framework

#### Part 1: Principles

The Parties will develop a system financial planning framework based on the following principles:

- 1 We will define what the Newcastle £ is and spend it best for the benefit of local people; deciding together what is best done at a place and locality level.
- 2 We will plan and deliver together rather than looking for solutions that just cost shift between organisations.
- 3 We will focus on delivering real medium and long term benefits over short term gains.
- 4 We will trust our staff to spend the Newcastle £ wisely, by empowering them to spend it like it is their own, regardless of which organisation they work for.
- 5 We will get better benefit from the money we spend by reducing waste from reducing the unwarranted duplication in teams visiting individuals with the highest needs, and look to repurpose savings into spending more on preventative measures that 'shift the curve'.
- 6 We will spend more of the Newcastle £ with local organisations to get the most possible local social value.
- 7 We will get the maximum possible benefit from the Newcastle £ by making good use of technology/digital.
- 8 We will use our capital assets in ways that maximise what we can achieve with the revenue funding available to us.

The financial planning framework will split finances relevant to the Objectives and Priority Areas into the following categories:

- a) Finances which can be pooled between the Parties
- b) Finances which can be aligned
- c) Finances which are "in view" of the Parties, including those of third party providers whose services are linked to the Priority Areas

## Part 2: Implementation

In order to implement the Financial Planning Framework the Parties will work towards the following financial arrangements from the Commencement Date:

Collaborative Newcastle				NHS CARE			
Framework for							
Service line	Contract type (eg block / tariff etc)	Commissioner	Provider	Pooled	Aligned	In view	Opaque
Adult Community Nursing Services	Block	CCG	NUTH				
Joint Equipment Loan Service	Block	NCC CCG	NUTH				
Urgent Care	Alliance agreement	CCG	NUTH, NGPS and others				
0 – 19 Service	Block	NCC	NUTH				

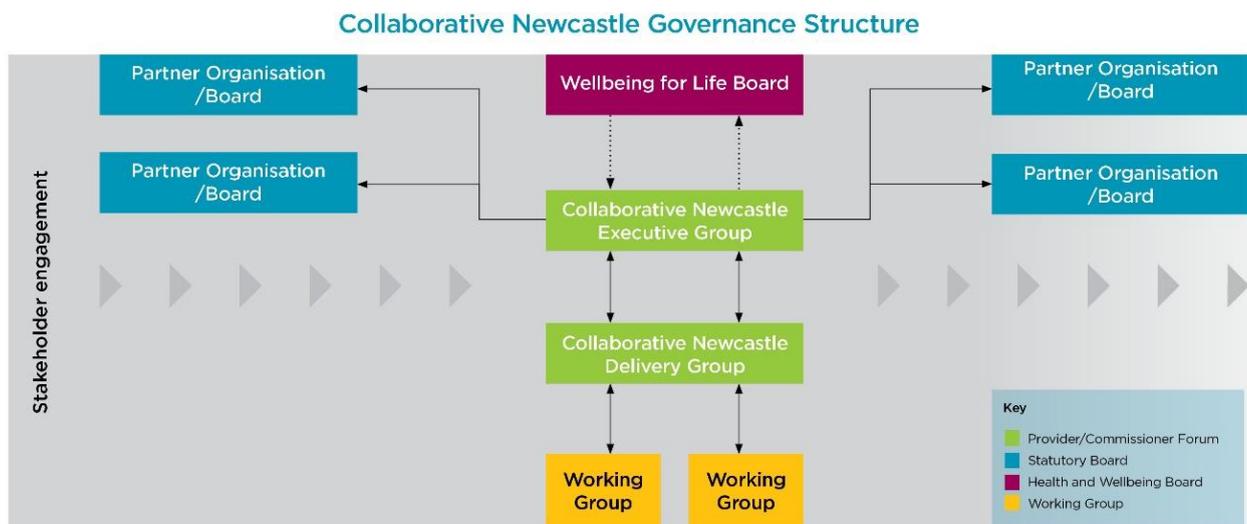
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## SCHEDULE 4

### Governance

This Schedule 4 sets out the governance arrangements for Collaborative Newcastle under this Agreement.

The diagram below summarises the governance structure which the Parties have agreed to establish and operate from the Commencement Date, to provide oversight of the development and implementation of the Collaborative Newcastle approach and the arrangements under this Agreement.



This Schedule also contains the terms of reference for the Collaborative Newcastle Executive Group (Part 1) and the Collaborative Newcastle Delivery Group (Part 2).

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## Part 1: Collaborative Newcastle Executive Group - Terms of Reference

1.	Purpose	<p>The purpose of the Executive Group is to provide strategic oversight of the Collaborative Newcastle arrangements to achieve the Objectives and improve the health and wellbeing of the Newcastle population. This supports the vision for Newcastle as set out in the Collaboration Agreement (<b>Agreement</b>).</p>
2.	Status and authority	<p>The Executive Group is established by the Full Members, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between all of the parties to the Agreement (<b>Parties</b>) to achieve the Objectives in line with the Principles.</p> <p>The Executive Group is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation ‘overrule’ the other on any matter. As a result, the Executive Group will operate as a place for discussion of issues with the aim of reaching consensus between the Full Members.</p> <p>The Executive Group will function through engagement and discussion between the Full Members so that each of the Full Members makes a decision in respect of, and expresses its views about, each matter considered by the Executive Group. The decisions of the Executive Group will, therefore, be the decisions of the individual Full Members, the mechanism for which shall be authority delegated by each Full Member to its representative on the Executive Group.</p> <p>To that end:</p> <ul style="list-style-type: none"> <li>• the Executive Group will provide information to the Wellbeing for Life Board as appropriate; and</li> <li>• each of the Full Member organisations will ensure that their representative: <ul style="list-style-type: none"> <li>○ is appointed to attend and represent their organisation on the Executive Group with such authority as is agreed to be necessary in order for the Executive Group to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation’s respective scheme of delegation (or similar);</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ has equivalent delegated authority to the representatives of all other Full Member organisations comprising the Executive Group; and</li> <li>○ understands the status of the Executive Group and the limits of their responsibilities and authority.</li> </ul>
3.	Accountability	In line with the principles that the Executive Group is not a separate legal entity but a place for discussion, the individual members of the Executive Group are accountable to their respective organisations.
4.	Responsibilities	<p>The Executive Group members are responsible for leading the Full Members' collaborative approach and working in accordance with the Principles in line with the terms of the Agreement.</p> <p>The Executive Group members will make decisions together at Executive Group meetings in respect of the Priority Areas identified in the Agreement and Financial Planning Framework, including in relation to recommendations from the Delivery Group.</p> <p>The Executive Group is not a decision making body, although it will be instrumental in developing proposals and recommendations by consensus which shall be presented to the statutory boards of the Full Member organisations.</p>
5.	Membership and attendance	<p>The Executive Group will include one representative nominated by each of the Full Members.</p> <p>It is important that members or their deputies commit to attending Executive Group meetings. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute to the discussion and make decisions on behalf of the organisation they are representing.</p> <p>Associate Members will be entitled to attend meetings of the Executive Group and contribute to discussion, but will not participate in decision-making.</p> <p>The Executive Group members may invite others to attend meetings of the Executive Group as observers. Such observers will not participate in decisions.</p>
6.	Quorum	One representative of each of the Full Members, or their deputies, must be present for the Executive Group to be quorate.
7.	Chairing	The chair or co-chairs of meetings of the Executive Group will be

	arrangements	appointed by the Full Members.
8.	Decision making	The Executive Group members will aim to achieve consensus wherever possible.
9.	Conduct of business	<p>Meetings of the Executive Group will be held monthly or at such other frequency as may be agreed between the Parties.</p> <p>Meetings may be held by telephone or video conference. Members of the Executive Group may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.</p> <p>Any Full Member may call an extraordinary meeting of the Executive Group at their discretion subject to providing at least five working days' notice to the other Full Members.</p> <p>Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting. Agendas and papers will be published on the member organisations' websites as agreed.</p> <p>In the event Executive Group members wish to add an item to the agenda they must notify the chair accordingly.</p> <p>The Executive Group will have administrative support as agreed to:</p> <ul style="list-style-type: none"> <li>- take minutes of the meetings and keep a record of matters arising and issues to be carried forward; and</li> <li>- maintain a register of interests of Executive Group members.</li> </ul> <p>The minutes of Executive Group meetings will be sent to the Parties' respective Boards / Cabinet / Governing Bodies within 14 days of each meeting.</p> <p>Meetings will be open to the public as agreed by the Full Members.</p>
10.	Conduct of members and conflicts of interest	<p>All members of the Executive Group are required to uphold the Nolan Principles and it is expected that members will act in the spirit of co-production and collaboration in line with the key principles and ethos of Collaborative Newcastle.</p> <p>The members of the Executive Group must refrain from actions that are likely to create any actual or perceived conflicts of interests. Executive Group members must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties.</p>

11.	Review	These terms of reference and effectiveness of the Executive Group will be reviewed by the Full Members on an annual basis or more frequently if required.
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**Part 2: Collaborative Newcastle Delivery Group – Terms of Reference**

1.	Purpose	<p>The purpose of the Delivery Group is to manage the operation of Collaborative Newcastle to achieve the Objectives and develop proposals for the delivery and transformation of services in the Priority Areas to improve the health and wellbeing of the Newcastle population as identified in the Collaboration Agreement (Agreement). This supports the vision for Newcastle as set out in the Agreement.</p> <p>The Delivery Group will report to individual Boards / Cabinet / Governing Body and to the Executive Group and will seek and reflect the views of key stakeholders in drawing up recommendations to the Executive Group.</p>
2.	Status and authority	<p>The Delivery Group is established by the Full Members, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between all of the parties to the Collaboration Agreement (Parties) to achieve the Objectives in line with the Principles.</p> <p>The Delivery Group is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation ‘overrule’ the other on any matter. As a result, the Delivery Group will operate as a place for discussion of issues with the aim of reaching consensus between the Full Members.</p> <p>The Delivery Group will function through engagement and discussion between the Full Members so that each of the Full Members makes a decision in respect of, and expresses its views about, each matter considered by the Delivery Group. The decisions of the Delivery Group will, therefore, be the decisions of the individual Full Members, the mechanism for which shall be authority delegated by each Full Member to its representative on the Executive Group.</p> <p>To that end:</p> <ul style="list-style-type: none"> <li>• a report from the Delivery Group will be a standing item on every meeting agenda for the Executive Group; and</li> <li>• each of the Full Member organisations will ensure that their representative: <ul style="list-style-type: none"> <li>○ is appointed to attend and represent their organisation on the Delivery Group with such</li> </ul> </li> </ul>

		<p>authority as is agreed to be necessary in order for the Delivery Group to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar);</p> <ul style="list-style-type: none"> <li>○ has equivalent delegated authority to the representatives of all other Full Member organisations comprising the Delivery Group; and</li> <li>○ understands the status of the Delivery Group and the limits of their responsibilities and authority.</li> </ul>
3.	Accountability	In line with the principles that the Delivery Group is not a separate legal entity but a place for discussion, the individual members of the Delivery Group are accountable to their respective organisations.
4.	Responsibilities	<p>The Delivery Group members are responsible for ensuring the delivery of the Full Members' collaborative approach in line with the terms of the Agreement.</p> <p>The Delivery Group members will make decisions together at Delivery Group meetings in respect of the Priority Areas identified in the Agreement. The Delivery Group will also be responsible for:</p> <ul style="list-style-type: none"> <li>• delivery of workplans for development of the Priority Areas and implementation of the Financial Planning Framework;</li> <li>• making recommendations to the Executive Group in relation to changes to the Priority Areas in respect of Service User pathways / services;</li> <li>• developing and implementing strategies for closer collaborative working between the Providers, in order to achieve the Objectives; and</li> <li>• making recommendations to the Executive Group as to the addition of new parties to the arrangements under this Agreement, including new providers of services in the Priority Areas.</li> </ul>
5.	Membership and attendance	<p>The Delivery Group will include one representative nominated by each of the Full Members.</p> <p>It is important that members or their deputies commit to attending Delivery Group meetings. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute to the discussion and make decisions on behalf</p>

		<p>of the organisation they are representing.</p> <p>Associate Members will be entitled to attend meetings of the Delivery Group and contribute to the discussion, but will not participate in decision-making.</p> <p>The Delivery Group members may invite others to attend meetings of the Delivery Group as observers. Such observers will not participate in decisions.</p>
6.	Quorum	The Delivery Group will be quorate if one representative of each of the Full Members of the Delivery Group are present.
7.	Chairing arrangements	Meetings of the Delivery Group will be chaired as agreed by the Full Members.
8.	Decision making	The Delivery Group members will aim to achieve consensus wherever possible.
9.	Conduct of business	<p>Meetings of the Delivery Group will be held monthly or such other frequency as may be agreed between the Parties.</p> <p>Meetings may be held by telephone or video conference. Members of the Delivery Group may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.</p> <p>Any Full Member may call an extraordinary meeting of the Delivery Group at their discretion subject to providing at least five working days' notice to Delivery Group members.</p> <p>Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting. Agendas and papers will be published on the member organisations' websites as agreed.</p> <p>In the event Delivery Group members wish to add an item to the agenda they must notify the chair accordingly.</p> <p>The Delivery Group will have administrative support as required to:</p> <ul style="list-style-type: none"> <li>- take minutes of the meetings and keep a record of matters arising and issues to be carried forward; and</li> <li>- maintain a register of interests of Delivery Group members.</li> </ul> <p>The minutes of Delivery Group meetings will be sent to the Executive Group within 14 days of each meeting.</p> <p>Meetings will be open to the public as agreed.</p>

10.	Conduct of members and conflicts of interest	<p>All members of the Delivery Group are required to uphold the Nolan Principles and it is expected that members will act in the spirit of co-production and collaboration in line with the key principles and ethos of Collaborative Newcastle.</p> <p>The members of the Delivery Group must refrain from actions that are likely to create any actual or perceived conflicts of interests. Delivery Group members must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties.</p>
11.	Review	<p>These terms of reference and effectiveness of the Delivery Group will be reviewed by the Executive Group on an annual basis or more frequently if required.</p>

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## SCHEDULE 5

### Rights and Obligations of Full Members and Associate Members

- 1.2 The Parties agree that a Full Member shall (without limitation to the roles and responsibilities of the Parties):
  - 1.2.1 play an active role in the plans for system transformation and place-based systems of health and care in Newcastle;
  - 1.2.2 be entitled to attend and participate in decisions at meetings of the Executive Group (and the Parties acknowledge that all such Parties and their representatives shall act within the decision making processes of their respective organisations and relevant delegated authority);
  - 1.2.3 be entitled to attend and participate in decisions at meetings of the Delivery Group;
  - 1.2.4 share risks and rewards relating to such Priority Areas and the Financial Planning Framework as agreed; and
  - 1.2.5 commit to the Principles at all times.
- 1.3 The Parties agree that an Associate Member shall (without limitation to the roles and responsibilities of the Parties):
  - 1.3.1 be invited to attend and contribute to all meetings of the Executive Group but not participate in decisions at such meetings;
  - 1.3.2 be invited to attend and contribute to all meetings of the Delivery Group and all other meetings in the supporting governance structure but not participate in decisions; and
  - 1.3.3 not be a part of financial and risk sharing arrangements as referred to in Clause 14.2.
- 1.4 The Parties may consider the inclusion of an additional category of membership of Collaborative Newcastle, an "Affiliate Member", which the Parties will consider with those third parties that share the Principles.
- 1.5 The categorisation described in this Schedule and consequently which membership category individual Parties (and possibly in time others) choose reflects the Parties' expectations about the alignment of financial and risk sharing arrangements needed to achieve the Objectives in the Initial Term.
- 1.6 The Parties acknowledge that primary care will play an integral role in delivery of the Objectives. The Parties agree to fully engage with general practice through Newcastle General Practice Services Limited to determine how general practice would best be able to interface with Collaborative Newcastle and contribute to the achievement of the

Objectives in accordance with a process to be agreed between the Parties as appropriate.

- 1.7 The Parties acknowledge that there are other service provider organisations that Collaborative Newcastle will work with and who will have an important role to play in the design and delivery of services aimed at better achieving the Objectives. For example, current contracts with third parties such as ambulance service; out of hours providers; other NHS Trusts and Clinical Commissioning Groups; Independent care and voluntary organisations; District and Borough Councils; housing providers; and the Police and Fire Services. The Parties anticipate that in keeping with the existing principles of partnership working, the Parties may invite these providers to attend relevant meetings of the supporting governance structure and/or any other groups tasked with service redesign, including relevant meetings of the Executive Group when proposals are discussed.

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## SCHEDULE 6

### Dispute Resolution Procedure

#### 1. Avoiding and Solving Disputes

- 1.1 The Parties commit to working cooperatively to identify and resolve issues to the Parties' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Parties will look to collaborate and resolve differences under Clause 8 (*Problem Resolution and Escalation*) of this Agreement prior to commencing this procedure.
- 1.2 The Parties believe that by focusing on their agreed Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with Collaborative Newcastle arrangements set out in this Agreement.
- 1.3 The Parties shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of Collaborative Newcastle (each a '**Dispute**') when it arises.
- 1.4 In the first instance the relevant Parties' representatives shall meet with the aim of resolving the Dispute to the mutual satisfaction of the relevant Parties. If the Dispute cannot be resolved by the relevant Parties' representatives within 10 Operational Days of the Dispute being referred to them, the Dispute shall be referred to senior officers of the relevant Parties, such senior officers not to have had direct day-to-day involvement in the matter and having the authority to settle the Dispute. The senior officers shall deal proactively with any Dispute on a Best for Newcastle basis in accordance with this Agreement so as to seek to reach a unanimous decision.
- 1.5 The Parties agree that the senior officers may, on a Best for Newcastle basis, determine whatever action they believe is necessary to try and resolve the Dispute including the following:
  - 1.5.1 If the senior officers cannot resolve the Dispute, they may agree by consensus to select an independent facilitator to assist with resolving the Dispute; and
  - 1.5.2 The independent facilitator shall:
    - (i) be provided with any information he or she requests about the Dispute;
    - (ii) assist the senior officers to work towards a consensus decision in respect of the Dispute;
    - (iii) regulate his or her own procedure;

- (iv) determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and
- (v) have its costs and disbursements met by the Parties in Dispute equally.

1.5.3 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 6 and only after such further consideration again fails to resolve the Dispute, the Parties may agree to:

- (i) terminate this Agreement in accordance with Clause 15.1.1; or
- (ii) agree that the Dispute need not be resolved.

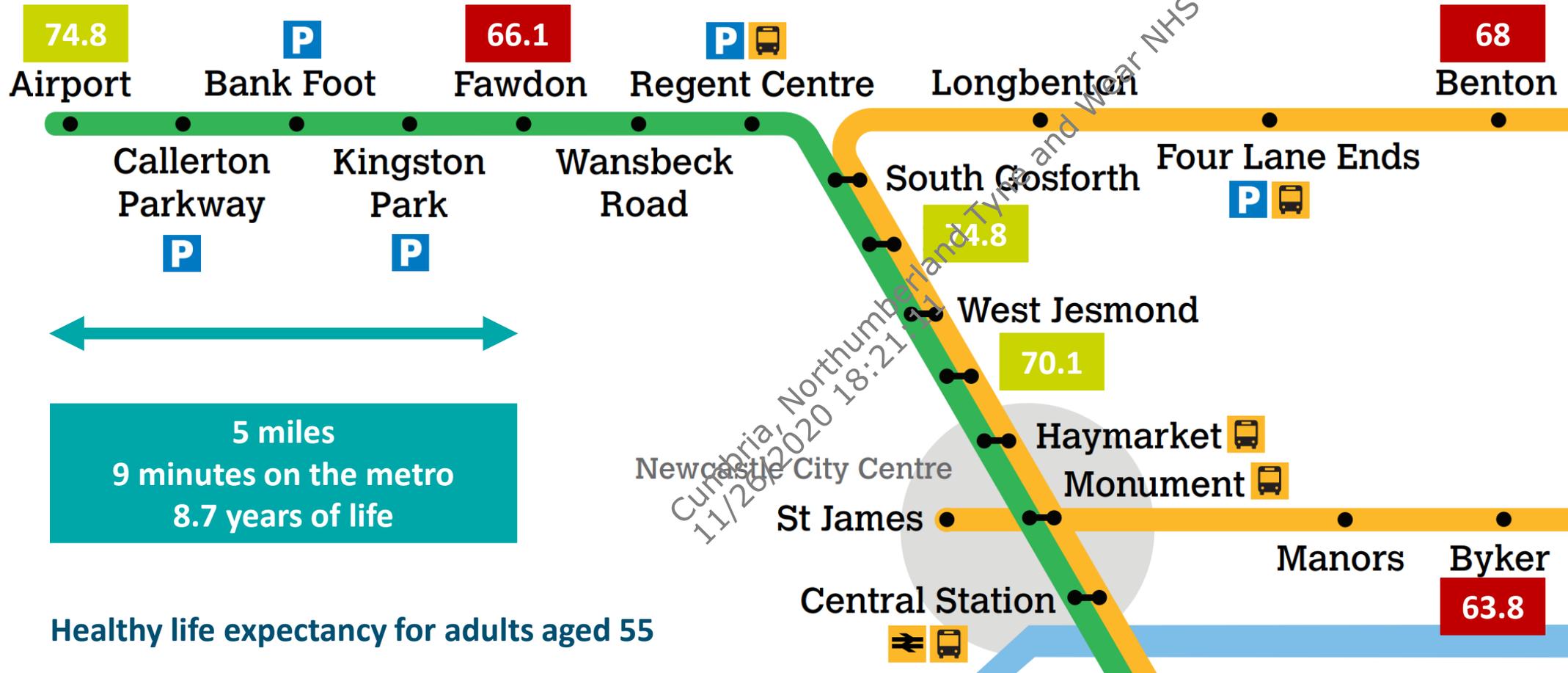
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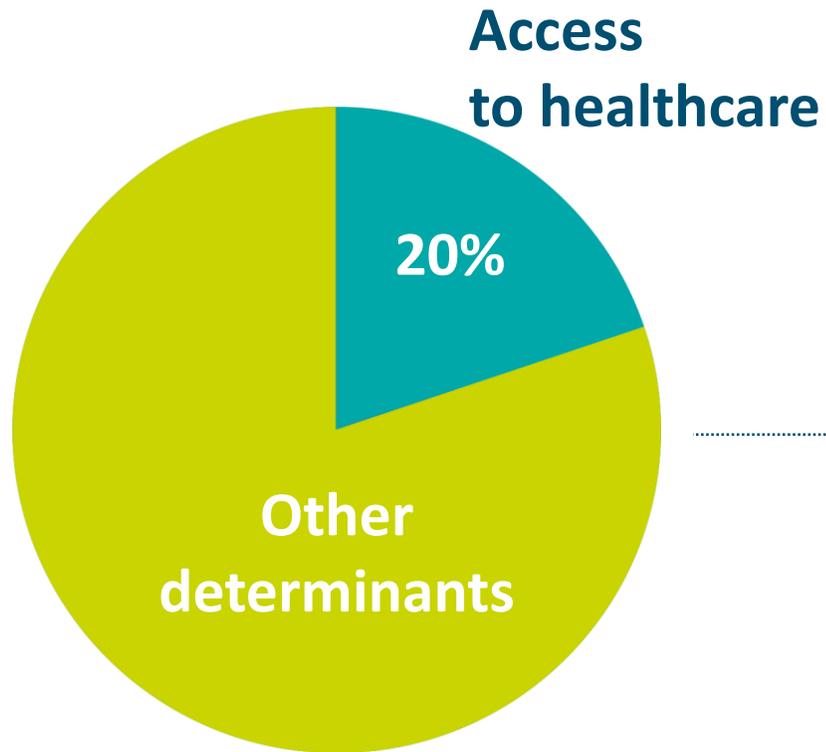


# An overview of Collaborative Newcastle

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-  Good work
-  Our surroundings
-  Money and resources
-  Housing
-  Education and skills
-  The food we eat
-  Transport
-  Family, friends & communities



### Markets



### Human

- Personal relationships  
Meeting individual's needs



### Metrics



### Learning

- Managing continuous learning  
and adaption amidst complexity



### Managers



### Systems

- Leadership to create healthy systems  
that deliver positive outcomes

## Joint Delivery Group (JDG)




## Joint Executive Group (JEG)



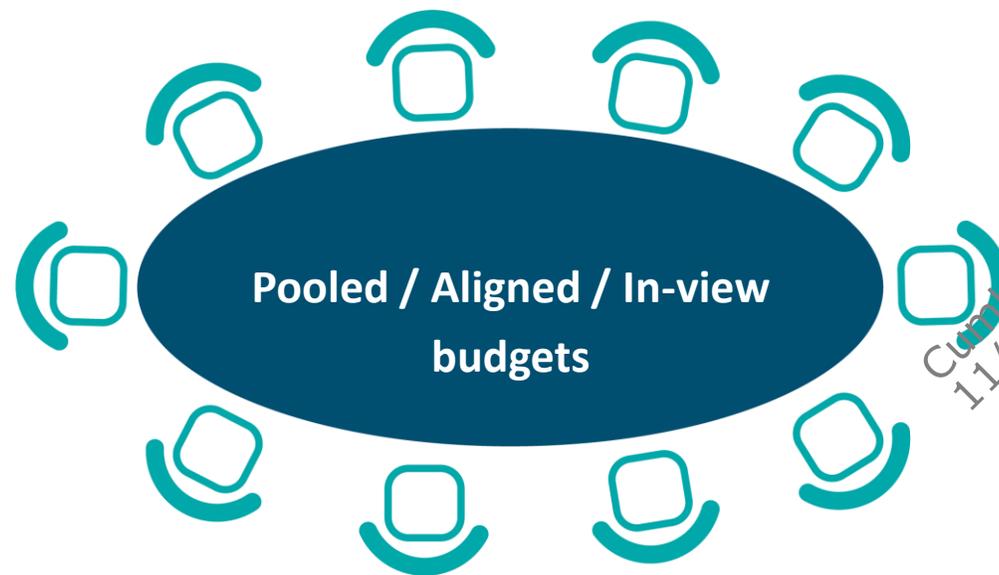

## City Futures Board






## Co-production

- Move from competition → collaboration as a driver of better service change
- Joint responsibility for commissioning for population health outcomes





## Our collaborative agreement

- A formal underpinning for this approach
- A shared vision “to improve the health, wealth and wellbeing of Newcastle citizens, and reduce the widening inequalities that too many citizens experience, by preventing avoidable problems from arising and tackling the big things that hold some people back”
- Established an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately improve health and care outcomes for Newcastle’s residents
- May also afford future opportunities to secure national or regional funding for the city



## Our priority areas

1. **Co-governance and leadership**
2. **Co-production - using the 'Being Well' framework to improve health and wellbeing and reduce inequalities around**
  - a) **Integrated children's services**
  - b) **Care homes**
  - c) **Complex care for adults**
  - d) **Positive mental health**
3. **Co-location**
4. **Command centre - Particularly leveraging digital and data design and deliver personalised services**
5. **Covid- outbreak control and recovery**



## Our priority areas

3. **Co-location**
4. **Command centre - Particularly leveraging digital and data design and deliver personalised services**
5. **Covid- outbreak control and recovery**

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust # 697850  
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<b>Title of report</b>	<b>Delivering Net Zero</b>
<b>Report author(s)</b>	<b>Anna Foster Deputy Director of Commissioning &amp; Quality Assurance &amp; Trust Lead for Sustainability</b>
<b>Executive Lead (if different from above)</b>	<b>James Duncan, Deputy Chief Executive and Executive Finance Director</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	<input type="checkbox"/>	Work together to promote prevention, early intervention and resilience	<input type="checkbox"/>
To achieve “no health without mental health” and “joined up” services	<input type="checkbox"/>	Sustainable mental health and disability services delivering real value	<input type="checkbox"/>
To be a centre of excellence for mental health and disability	<input type="checkbox"/>	The Trust to be regarded as a great place to work	<input checked="" type="checkbox"/>

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	<input type="checkbox"/>
Audit	<input type="checkbox"/>
Mental Health Legislation	<input type="checkbox"/>
Remuneration Committee	<input type="checkbox"/>
Resource and Business Assurance	<input type="checkbox"/>
Charitable Funds Committee	<input type="checkbox"/>
CEDAR Programme Board	<input type="checkbox"/>
Other/external (please specify)	<input type="checkbox"/>

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	<input type="checkbox"/>
Corporate Decisions Team (CDT)	<input type="checkbox"/>
CDT – Quality	<input type="checkbox"/>
CDT – Business	<input type="checkbox"/>
CDT – Workforce	<input type="checkbox"/>
CDT – Climate	<input type="checkbox"/>
CDT – Risk	<input type="checkbox"/>
Business Delivery Group (BDG)	<input type="checkbox"/>

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability	<input type="checkbox"/>	Reputational	<input type="checkbox"/>
Workforce	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Financial/value for money	<input checked="" type="checkbox"/>	Estates and facilities	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Compliance/Regulatory	<input type="checkbox"/>
Quality, safety, experience and effectiveness	<input type="checkbox"/>	Service user, carer and stakeholder involvement	<input type="checkbox"/>

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
N/A

## INTRODUCTION

1. This paper introduces the recently published NHS England and NHS Improvement (NHSE/I) report, “Delivering a ‘Net Zero’ National Health Service” and reflects on the implications for CNTW, in the context of the CNTW Board declaration of a Climate and Ecological Emergency in March 2020 and commitment to becoming “net zero” by 2040, and the draft CNTW Green Plan 2020-2025.

## BACKGROUND

2. The NHSE/I is shifting its priorities and expectations around sustainability, becoming the world’s first health system to commit to become ‘net zero carbon’, to mitigate the impact of climate change and its profound threat to the health of the nation.
3. To support this aim, NHSE/I have invested in their sustainability capacity (previously known as the “Sustainable Development Unit”), launching a “Greener NHS” programme in March 2020 and appointing Dr. Nick Watts into the new national role of Chief Sustainability Officer. Dr Watt’s previous role was as Executive Director of The Lancet Countdown, a project working to ensure that health is at the centre of how governments understand and respond to climate change, whose findings are published annually in medical journal “The Lancet”.
4. NHSE/I published a report “Delivering a ‘Net Zero’ National Health Service” in October 2020, setting out a clear plan with credible milestones to get to ‘net zero carbon’ covering both care delivery (the NHS Carbon footprint) and the entire scope of NHS emissions (the NHS Carbon Footprint Plus).

## REPORT SUMMARY

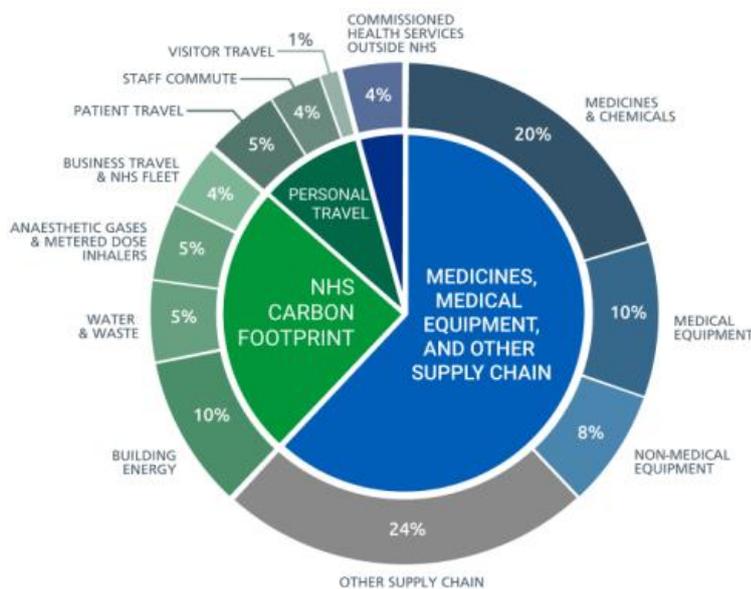
5. The report sets out clear expectations of NHS providers to play their part in delivering this ambition transition, explaining the levers NHSE/I will use to embed sustainability within the system and the support they will provide to help Trusts reduce their carbon footprints.
6. The report sets out the expectation that all NHS organisations – including every region and integrated care system – will also be required to have a board-level lead, responsible for leading on net zero and the broader greener NHS agenda. Within CNTW, the Non-Executive Director Lead is Darren Best and the Executive Director Lead is James Duncan.
7. The report sets out a helpful summary of the NHS carbon footprint, and demonstrates how proposed actions improve patient care, delivering sustainable healthcare and supporting the reduction of health inequalities.



8. In line with CNTW’s aspiration to influence the national sustainability agenda, CNTW represents the mental health and disability sector as a member of the national “Net Zero System Leadership Group” to evaluate provider support needs and share good practice.

## NHS CARBON FOOTPRINT

9. While the overall NHS carbon footprint has reduced by 62% compared with 1990 levels, reducing current emissions to net zero presents a significant challenge.
10. The NHS Carbon footprint associated with direct care delivery covers direct and some indirect emissions, such as fossil fuels, NHS fleet, anaesthetics, energy and water use and metred dose inhalers.



11. The NHS Carbon Footprint Plus reflects the wider NHS system, including the supply chain, medicines, food and staff commutes to work.

12. Medicines, medical equipment and other supplies account for 62% of the NHS Carbon Footprint Plus, with energy, water and waste accounting for 15%, all forms of travel accounting for 14%.

13. Carbon emissions by the mental health and disability sector are small in comparison to the acute and primary care sectors, however, all NHS organisations have a duty to reduce their own emissions to net zero, by 2040 for care delivery (with 80% of the planned reductions expected by no later than 2032), and by 2045 for the wider system.

Scope	Interim target	Net Zero
NHS Carbon Footprint	80% reduction by 2028-32	2040
NHS Carbon Footprint Plus	80% reduction by 2036-39	2045

14. These dates assume that the NHS is successful in securing the investment, capacity and capability required to deliver all actions identified to date. Aggressive action would be required to achieve the earlier dates.

## GREENER NHS AREAS FOR DECARBONISATION & CNTW CONSIDERATIONS

15. The NHSE/I report sets out eight areas for action, describing the typical interventions required to meet the targets, highlighting risks and potential opportunities for any accelerated timescales.
16. The table below provides a high-level summary of these areas, plus commentary on the associated CNTW approach.

National Greener NHS Net Zero programme ambitions	CNTW considerations
<b>Care</b> 	
<p>Evaluate carbon reduction when considering new models of care to meet Long Term Plan requirements. Reduce waste in the system. Focus on prevention, health inequalities, population health, digitally enabled care and empowering patients.</p>	<p>These principles are well embedded throughout the draft CNTW Green Plan 2020-2025.</p>
<b>Medicines and supply chain</b> 	
<p>Work with suppliers to deliver net zero emissions. National Hospital Food Review.</p>	<p>Deliver the NHS Plastic Reduction Pledge and reduce paper use. Further work to be developed relating to food.</p>
<b>Transport &amp; Travel</b> 	
<p>The NHS accounts for 3.5% of all road travel in England. Transition to zero emissions fleet by 2032.</p>	<p>Ensure all vehicles purchased or leased are low or ultra-low emission (ULEV) – contractual requirement. Electric charge point strategy to be developed. Green travel plan required to promote active travel and reduce vehicle use.</p>
<b>Innovation</b> 	
<p>Net zero to be included in the NHS Research Strategy. Rapidly embed sustainability into the decision-making processes of all innovation programmes.</p>	<p>To be explored further with Director of Research, Innovation &amp; Clinical Effectiveness</p>

National Greener NHS Net Zero programme ambitions	CNTW considerations
<b>Hospitals</b> 🏥	
Apply Net Zero Carbon Standard to 40 new hospitals	The CNTW Cedar programme is considered to be one of the 40 new hospitals programme, the impact of the Net Zero Carbon Standard on the current design is being established.
<b>Heating &amp; Lighting</b> 💡	
Upgrade retained estate to reduce emissions and deliver 100% LED lighting. Real time energy monitoring and control systems. Increase on-site renewable energy and heat generation. Net zero carbon capital planning tool & other supporting strategies to be developed.	NTW Solutions are developing a bid to secure funding for an external energy audit, ensuring that the Trust is in a good position to apply for external funds when available.
<b>Adaptation</b> 🏡	
Building resilience and adaptation into the net zero agenda, taking into account the forthcoming Health and Social Care Sector Climate Change Adaptation Report.	The draft CNTW Green Plan includes adaptation in recognition of the health impact of a warming climate, of increased extreme weather events alongside implications for infrastructure.
<b>Values &amp; Governance</b> 🤝	
<p>NHSE/I to improve their staff understanding of links between climate change and climate change, via their induction.</p> <p>Sustainable healthcare to be introduced into the curricula for all health professionals.</p> <p>NHS Confederation to develop training for non-executive directors.</p> <p>Net zero and sustainable development to be incorporated into the NHS Constitution and contract requirements.</p>	<p>CNTW has a clear governance structure up to Board level for monitoring progress against the Green Plan, which itself contains a number of actions to develop awareness of the health impact of climate change across the organisation and to ensure that environmental and social considerations are taken into account in all decision-making.</p>

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust # 697856  
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## **RECOMMENDATIONS**

17. That the Board:

- a. take note of this national report, its aims and implications for CNTW.
- b. consider this report in the context of the CNTW Climate and Ecological Emergency declaration, and the emerging Green Plan 2020-2025.
- c. note the increasing requirements and targets being built into NHS contractual and governance processes, setting clear expectations of NHS providers actions to reduce emissions.
- d. Receive and discuss regular Green Plan progress reports, proportionate to the significance of this agenda item.

Anna Foster

Deputy Director of Commissioning & Quality Assurance & Trust Lead for Sustainability  
November 2020

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**Report to the Board of Directors  
2 December 2020**

<b>Title of report</b>	North Cumbria Integrated Health and Care Partnership – Summary of Governance Framework
<b>Report author(s)</b>	David Muir – Group Director. North Cumbria Locality
<b>Executive Lead (if different from above)</b>	Gary O'Hare - Executive Director of Nursing & Chief Operating Officer

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	<input checked="" type="checkbox"/>	Work together to promote prevention, early intervention and resilience	<input checked="" type="checkbox"/>
To achieve “no health without mental health” and “joined up” services	<input checked="" type="checkbox"/>	Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify) North Cumbria CCG Governing Body - 19 <sup>th</sup> November 2020	<input checked="" type="checkbox"/>

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	<input checked="" type="checkbox"/>
Workforce		Environmental	
Financial/value for money	<input checked="" type="checkbox"/>	Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness	<input checked="" type="checkbox"/>	Service user, carer and stakeholder involvement	<input checked="" type="checkbox"/>

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>

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11/26/2020 18:21:11

# North Cumbria Integrated Health and Care Partnership

## Summary of Governance Framework

### December 2020

#### Introduction

Following the appointment of Jon Rush to the Chair of the North Cumbria ICP Leadership Board (previously known as the System Leadership Board) a commitment was made by the Board that it would review its governance arrangements. This work has now been undertaken a request made that the Boards of partner organisations be made aware. This paper aims to serve this purpose.

#### Background

##### North Cumbria ICP

This governance framework describes the arrangements in place for the North Cumbria Health and Care Partnership. In June 2019 the North East and North Cumbria Integrated Care System (ICS) was created. This has resulted in four Integrated Care Partnerships (ICPs) being created in the ICS; of which North Cumbria is one.

This framework sets out how partners work together in a collaborative and integrated way to achieve the vision, aims and priorities, in accordance with the strategy set out for the North Cumbria Integrated Health and Care Partnership 2020-24.

The initial partners of the North Cumbria ICP include:

- North Cumbria Integrated Care NHS Foundation Trust (NCIC)
- NHS North Cumbria Clinical Commissioning Group (NCCCG)
- North Cumbria Primary Care Networks (PCNs)
- Cumbria County Council (CCC)
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)
- North West Ambulance Service NHS Trust (NWAS)
- Cumbria Council for Voluntary Services (CVS)

A copy of the Governance Framework is shown at **Annex A** and a high-level schematic of the of this showing wider accountabilities, reporting arrangements and connections is shown at **Annex B**.

##### Associated ICP Leadership Groups

Reflective of this updated Governance Framework system wide groups that CNTW participates in have been renamed as follow:

- North Cumbria Health and Care Partnership will be our local name for the North Cumbria ICP arrangements
- The North Cumbria System Leadership Board will now be called the North Cumbria ICP Leaders Board
- The North Cumbria System Executive Board will now be called the North Cumbria ICP Executive Group

## Ongoing Work

Further work will be undertaken to:

- Develop a work programme for the ICP Leadership Board based on its remit as highlighted in the approved Framework and ToRs for approval – to be presented at January 2021 meeting
- Devise an action plan for monitoring of outcomes which will be reported – to be presented at the March 2021 meeting
- Do an initial review of the TOR in late Summer 2021, depending on national/regional changes and then ensure that more formal year end processes are in place for reviewing Terms of Reference, Membership and effectiveness of the Board by March 2022

## Recommendation

The Board is asked to:

1. Note the contents of this paper, associated agreements and workplan
2. Advise on further detail or supplementary information required at this stage.

**David Muir**  
**Group Director – North Cumbria Locality Care Group**

Cumbria, Northumberland Tyne and Wear  
11/26/2020 18:21:11

Report to the Board of Directors  
Wednesday 2 December 2020

<b>Title of report</b>	<b>Workforce Quarterly Update</b>
<b>Report author(s)</b>	<b>Michelle Evans, Acting Deputy Director of Workforce and OD</b>
<b>Executive Lead (if different from above)</b>	<b>Lynne Shaw, Executive Director of Workforce and OD</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	<input type="checkbox"/>	Work together to promote prevention, early intervention and resilience	<input type="checkbox"/>
To achieve “no health without mental health” and “joined up” services	<input type="checkbox"/>	Sustainable mental health and disability services delivering real value	<input type="checkbox"/>
To be a centre of excellence for mental health and disability	<input type="checkbox"/>	The Trust to be regarded as a great place to work	<input checked="" type="checkbox"/>

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	<input type="checkbox"/>
Audit	<input type="checkbox"/>
Mental Health Legislation	<input type="checkbox"/>
Remuneration Committee	<input type="checkbox"/>
Resource and Business Assurance	<input type="checkbox"/>
Charitable Funds Committee	<input type="checkbox"/>
CEDAR Programme Board	<input type="checkbox"/>
Other/external (please specify)	<input type="checkbox"/>

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	<input type="checkbox"/>
Corporate Decisions Team (CDT)	<input type="checkbox"/>
CDT – Quality	<input type="checkbox"/>
CDT – Business	<input type="checkbox"/>
CDT – Workforce	<input checked="" type="checkbox"/> 16.11.2020
CDT – Climate	<input type="checkbox"/>
CDT – Risk	<input type="checkbox"/>
Business Delivery Group (BDG)	<input type="checkbox"/>

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability	<input type="checkbox"/>	Reputational	<input type="checkbox"/>
Workforce	<input checked="" type="checkbox"/>	Environmental	<input type="checkbox"/>
Financial/value for money	<input type="checkbox"/>	Estates and facilities	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Compliance/Regulatory	<input type="checkbox"/>
Quality, safety, experience and effectiveness	<input type="checkbox"/>	Service user, carer and stakeholder involvement	<input type="checkbox"/>

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
N/A

**Trust Board of Directors  
Workforce Quarterly Update  
Wednesday 2 December 2020**

## **Executive Summary**

The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015 and refreshed in March 2017.

### **Strategic aims - Workforce**

- We will develop a representative workforce which delivers excellence in patient care, is recovery focussed and champions the patient at the centre of everything we do
- We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making
- We will lead and support staff to deliver high quality, safe care for all
- We will help staff to keep healthy, maximising wellbeing and prioritising absence management
- We will educate and equip staff with the necessary knowledge and skills to do their job
- We will be a progressive employer of choice with appropriate pay and reward strategies

In addition the report also includes updates on other changes which may have an impact on the workforce such as legislation changes.

This paper includes updates on:

1. Hate Crime Champions
2. Black History Month
3. Disability History Month
4. Organisational Improvement Plan
5. The Trust Improvement Collaborative
6. International Recruitment
7. Health and Wellbeing Campaigns
8. Better Health at Work
9. Apprenticeship Business Plan
10. National Apprenticeship Award
11. CWD/CPD
12. Five Year Degree Level Nursing Apprenticeship
13. Accredited Learning Centre
14. CPD Events
15. Living Wage

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## **Strategic Aim 1**

### **1. Hate Crime Champions**

The Trust welcomed Police Officer Tor Metcalfe-Meggison to the October Equality, Diversity and Inclusion Steering Group meeting. Tor leads on the Force's work on Hate Crime within the Community Engagement Team. A lot of work is focused on raising awareness of hate crimes by training champions within organisations using a two tier training programme which is endorsed by NCFE National Accrediting Agency.

The Trust has agreed to train volunteers to be Hate Crime Champions. The role of such champions is to signpost and offer support to people who have experienced hate crimes. A number of members of the Equality, Diversity and Inclusion Steering Group expressed an interest in getting involved in this work and we will be taking this forward in the coming weeks.

### **2. Black History Month**

The Trust held a series of events to celebrate Black History Month in October. The BAME Staff Network was instrumental in delivering a varied programme of activities and resources that celebrate the lives of Black People in the UK and raised awareness about issues that affect the lives of these communities. Throughout the month a screensaver campaign was undertaken sharing information and interesting historical facts about key figures in the development of healthcare from Black History such as Mary Seacole.

During the month a number of staff were reading Reni Eddo-Lodge's debut book 'Why I'm No Longer Talking to White People About Race'. The book begins with a summary of the experience of Black and Asian people in the UK, including the Atlantic slave trade, Indian soldiers in World War 1, the Bristol Bus Boycott and the 1981 riots that led to the Scarman Report. On 26 October 2020 the library facilitated an online book club discussion on the book.

The Staff Network in conjunction with the Trust's Staff Psychological Centre has developed a series of Multilingual Livecasts on Kindness that went live on the Trust's YouTube Channel in mid-October. A number of staff from the network recorded messages in their first languages (with a transcript) on the theme of kindness. The messages include the importance of compassion around mental health, equality and diversity and the need to address the issues of stigma and race discrimination.

On 16 October 2020 staff dressed in red and adopted a themed backdrop for Microsoft Teams meetings to Show Racism the Red Card. Show Racism the Red Card is a national charity (based in North Shields) that delivers education and training to promote anti-racist behaviour in organisations.

In the final week of October catering facilities across the Trust delivered a Black History Month menu which included a selection of dishes that celebrate African and Asian cuisine.

On the 30 October 2020 our first BAME Conference took place via Microsoft Teams. Speakers included Roger Kline, John Brouder and Dame Elizabeth Anionwu. The event was well attended. Many of the presentations during the afternoon had a focus on how we move to an inclusive culture and this too was reflected in the questions for these sessions, such as how best to work with the Workforce Race Equality Standard.

### **3. Disability History Month**

UK Disability History Month 2020 is taking place from 18 November until Friday 18 December 2020. The theme this year – in which we mark the 25<sup>th</sup> anniversary of the introduction of the Disability Discrimination Act (now incorporated into the Equality Act) is Access: How far have we come? How far have we to go? In the Trust we have a number of activities planned to mark the month:

- Raising the Purple Flag on 3 December to mark the International Day of Disabled People
- Launching our Passport for disabled staff in the first week of December
- Teams events for disabled staff and managers to introduce the passport
- Lunchtime sessions to look at disability awareness, partnering with Difference North East and Dare to be You
- Communications/social media presence during the month.

## **Strategic Aim 2**

### **4. Organisational Improvement Plan**

The Trust's Organisational Improvement Plan has been developed and work is underway to map all statements of intent/actions to the governance framework to ensure oversight and progress against plan.

The Plan articulates the actions we plan to take to continuously improve the organisation. It is centred on the strategic aim of "putting our people at the heart of all we do" with a focus on ensuring CNTW is a Great Place to Work and be cared for.

### **5. The Trust Improvement Collaborative**

The Trust's Improvement Collaborative (TIC) is being launched on 26 November 2020. Membership of the collaborative is open to staff at all levels across the organisation who would like to be involved in various projects/pieces of work to make things better for our service users, carers and staff. It also gives those who are involved the opportunity to learn new skills and gain experience outside of their current role.

Leaders are being asked for suggestions and ideas for members of the TIC to support/engage with to help improve the organisation. By way of example suggestions to date include: involvement in the redesign of the Trust Intranet, the opportunity to run a Rapid Quality Improvement clinical audit cycle, the opportunity to become a local champion for the Sexual Orientation Monitoring Information Standard and the opportunity to become an NHS Ambassador, promoting NHS & CNTW careers.

A further launch session is planned for the New Year for those unable to attend the first session.

## **Strategic Aim 3**

### **6. International Recruitment**

In August 2020, the Trust appointed four Associate Directors for the Fellowship Programme to support Dr Neeraj Berry as Deputy Medical Director for International Recruitment. Each locality now has an Associate Director to support the programme.

Following our recent International recruitment drive, the Trust has, to date, welcomed 15 international doctors. On arrival, the doctors have had to quarantine for 14 days as per guidelines. During this period they have completed corporate induction as well as the Fellowship induction program. They have also had the opportunity to meet with their respective Clinical Business Unit teams, supervisors and the Executive Team.

There has been a delay to the arrival of nurses due to the impact of the Covid-19 pandemic and it is expected that the first cohort of 10 will arrive in December 2020, all of whom will be placed in Cumbria.

The international recruits will be working into areas where there are vacancies and service pressures and once they are embedded into the organisation this will help improve agency usage in these areas.

## **Strategic Aim 4**

### **7. Health and Wellbeing Campaigns**

There have been several recent campaigns to support health and wellbeing across the organisation including a virtual version of Know Your Numbers week in September. Typically an on-site campaign, this year the virtual platform provided information about the importance of knowing key numbers such as your blood pressure, BMI and cholesterol.

Campaigns also took place around musculoskeletal week in October, Stoptober (supporting staff who wish to stop smoking) as well as during alcohol awareness week in November.

Training has recently been delivered to a number of workforce leads and senior managers around Menopause Awareness by Miss Menopause, Sharon McArthur. The training received positive feedback and there is work ongoing to deliver this training to the wider workforce to ensure women who are going through the menopause feel supported.

### **8. Better Health at Work (BHAW)**

Since September 2020, a further 18 people have attended Health Advocate training through BHAW. This training, which includes Making Every Contact Count guidance, enables staff to become Health Champions, supporting the wider wellbeing conversations within the areas in which they work.

The Health Champions have been busy across the Trust and set up A Weight off Your Mind staff challenge and created a staff facebook group. A wide range of staff have been engaging in the facebook group sharing ideas of how people are staying healthy, including exercise, sharing recipes and healthy eating tips.

A Health and Wellbeing calendar has been developed for 2021, focusing on one main campaign a month and identifying connections with other areas of the Trust where possible, aiming to draw on the varied expertise across the organisation.

Two sessions have been organised for Line Managers around "Managing a Healthy Workforce" and will be delivered through the Better Health at Work network. Take up of this session has been extremely positive and there is varied representation from across the operational groups and corporate services.

## **Strategic Aim 5**

### **9. Apprenticeship Business Plan**

The Apprenticeship Business plan has been developed and includes the expansion of apprenticeships and other development opportunities across the organisation for all levels and disciplines of staff as informed by workforce plans. This is now enhanced to include the People Plan priorities from CNTW and will incorporate Next Phase work as appropriate.

The Trust remains one of only two Trusts in the region to have exceeded the public sector target for apprenticeships and currently has in excess of 340 apprentices on programmes. In November, another 30 Trust staff were successful at interview to commence their nursing degree apprenticeships in February 2021. A further cohort of 8 Masters level Advanced Clinical Practice apprenticeships are being recruited for the February 2021 intake and will join the 10 staff the Trust already has on the programme. This helps to support the Trust workforce plan and talent management initiatives to ensure the workforce of the future have the right skills.

## 10. National Apprenticeship Award

The Trust has been awarded the QA Award for Macro Employer of the Year in the 2020 North East National Apprenticeship Awards. The virtual ceremony to announce the regional winners was held on Monday 2 November 2020. CNTW won the coveted award, and will now progress to represent the region at the National final on 25 November 2020.

Now in their 17th year, the National Apprenticeship Awards highlight business and individual success in apprenticeships. This year is particularly poignant given the challenges many employers and apprentices have faced during the pandemic.

Apprentice employers, apprentices and apprenticeship champions from all industries entered the awards – with over 1,100 entries received nationally, from sectors including: public sector, construction, health, IT, science and digital.

## 11. CWD/CPD

Continued work has been ongoing with colleges and Higher Education Institutions (HEIs) to expand the Continuing Workforce/Professional Development (CWD/CPD) opportunities available to our staff using blended models of learning to meet workforce needs. Announced late in 2019, HEE funding of circa £850k per year (£2.5m total to end of 2022/23) has been awarded to CNTW to allow the equivalent of £1,000 per registrant over 3 years for CPD purposes (Nurses, Nursing Associates and AHPs – excludes psychology and pharmacy professionals). This can be used for individual CPD and/or organisation-wide CPD to meet strategic need. CNTW is in the early stages of planning the use of this funding which is strongly linked to workforce development.

## 12. Five Year Degree Level Nursing Apprenticeship

The Trust is developing plans to explore taking school leavers as five-year degree level nursing apprentices, planning ahead for the predicted tapering of internal support staff ready for, and wishing to develop, professional careers. Aligned to the Nursing Strategy and People Plan, work is underway to attract appropriate young people directly from the community from June 2021.

## 13. Accredited Learning Centre

The Trust has become an 'Accredited Learning Centre' and will be recognised by academic institutions nationally. Several programmes of education have been accredited including our first externally accredited PG Certificate; a pilot case to launch the CNTW Patient Safety and Quality Improvement - Reducing Restrictive Interventions (PG Certification 60 credits, level 7). The first cohort was delayed due to Covid-19 but commenced in September 2020.

A second suite of programmes (CYPS) has been developed across levels 4, 5 and 6, and discussions are underway to create a level 7 PG Cert. The inaugural bespoke CYPS module Foundational Key Competencies; Registrant Working with Children and Young People in a Mental Health and Learning Disability Specialist Service. L6: 30 Credits launched at the end of July 2020. The start date for all modules (L4-L6) across community and inpatient areas is Autumn 2020.

## 14. CPD Events

The CPD team are continuing to offer one hour virtual sessions on a weekly basis and the attendance remains good with positive evaluation.

CPD events provided in the last quarter include:

### September 2020

- Medical aspects of Covid-19 and implications for doctoring going forward

- CBT techniques for psychiatrists working with voices and delusions
- Movies and psychiatry
- Autism CPD (Half day)
- Dilemmas in diagnosis and management of catatonia
- Biological aspects of psychological trauma

#### **October 2020**

- Why do we need to think about veterans?
- Mindfulness medication and mental health
- The NHS Zero Suicide Ambition- does Covid make this aspiration unachievable and what can we do now?
- Suicide prevention in the elderly

### **Strategic Aim 6**

#### **15. Living Wage**

Week commencing 9 November 2020 was living Wage week and an announcement was made to increase the living wage to £9.50. The Trust is signed up to be a Living Wage Employer and Michelle Evans, Acting Deputy Director of Workforce and OD, was a panel member on the Living Wage Week Webinar talking about why the Trust feels it is important to sign up to the living wage and the benefits it brings to the organisation as well as staff.

**Michelle Evans**

**Acting Deputy Director of Workforce and OD**

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Report to the Board of Directors  
Wednesday 2 December 2020

<b>Title of report</b>	<b>Strategic Workforce Planning - Update</b>
<b>Report author(s)</b>	<b>Claire Vesey, Head of Workforce Developments</b>
<b>Executive Lead (if different from above)</b>	<b>Lynne Shaw, Executive Director of Workforce and OD</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	x

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	23.11.20
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	
Workforce	x	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
N/A

**Strategic Workforce Planning - Update  
Board of Directors Meeting  
Wednesday 2 December 2020**

## **1. Executive Summary**

The following paper sets out work which has been undertaken to date with regards to the production of five year Trust Wide Strategic Workforce Plan(s), including external and internal requirements. To note:

- The Trust has developed an internal planning approach to incorporate deliverables within the Long Term plan, of which workforce planning is part of. This planning approach will now also be aligned to Next Phase (Covid-19) work.
- The unforeseen consequences of Covid-19 has meant Workforce Planning has not progressed at the pace we would have hoped. However, it is recognised as an integral component of the Trust Planning approach.
- Work continues to progress in the form of Resource Planning and the development of a planning 'toolkit' and Workforce Supply modelling.
- NHSI 'Developing Workforce Safeguards' ([https://improvement.nhs.uk/documents/3320/Developing\\_workforce\\_safeguards.pdf](https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf)) was published in October 2018 (and came into effect in April 2019) and sets out requirements in line with the Single Oversight Framework and CQC fundamental standards; of which the Trust Board are required to have oversight of the Trust Workforce Plan on an annual basis.

## **2. Risks and mitigations associated with the report**

Strategic Workforce Planning is an integral part of the planning approach in the delivery of the Long Term Plan and the recovery phase of Covid-19 planning in establishing the skill mix of our future workforce to deliver safe, quality services.

## **3. Recommendation/summary**

The Board of Directors is asked to support the approach to incorporate workforce planning into the Trust Wide planning approach and recovery phase work.

Claire Vesey  
Head of Workforce Developments

Lynne Shaw  
Executive Director of Workforce & OD

19 November 2020

Cumbria, Northumberland Tyne & Wear  
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## Strategic Workforce Planning

### 1. Overview and Workforce Projections

The clinical localities have previously undertaken a workforce planning exercise to identify what their future workforce requirements would look like. This required them to not only consider WTE numbers, but also skill mix, succession planning, retention and development of the workforce.

The release of the NHS Long Term Plan in January 2019 presented an opportunity to integrate workforce planning into the wider Trust planning process and align alongside finance and activity planning.

Work has been scoped and undertaken to better understand the correlation and impact of activity upon workforce and subsequently finance. There is recognition that the workforce, and ultimately the skills of the workforce, play an integral part in the delivery of quality services. The 'CNTW planning approach' will see the deliverables within the long term plan (and other significant developments such as Community Transformation) identified at CBU, local and Trust level, and the subsequent alignment of activity, workforce and finance to achieve these. However, the unforeseen consequences of Covid-19 have resulted in a further stocktake of this work to understand what the impact will be on future services and the workforce who deliver them; as a result workforce planning has not progressed at the pace we would have previously anticipated.

It is recognised that planning (which includes strategic workforce planning) will be crucial in the delivery of Covid-19 Next Phase and Recovery. Whilst the impact of Covid-19 has delayed the progress of some of this work, there continues to be momentum and work undertaken to progress the planning process within the Trust. A 'Planning Toolkit', which includes workforce, has been developed and has received positive feedback. Work is currently being undertaken to develop an internal workforce supply forecasting model, and this will, in time, align with population health demographics. There is also a need to understand the impact of Covid-19 on services and what this may look like when 'modelled' into future months and years.

Work also continues in the clinical groups and corporate services to undertake a resource planning exercise, with a specific focus on the next 18 months, of which workforce planning is a key element alongside activity and finance. It is envisaged these plans will be regarded as 'live' plans and eventually, over time, progress into 5 year plans.

Externally, there remains a requirement to submit workforce projections to the ICS and NHSE/I and this continues to be completed as a joint exercise alongside finance.

Ongoing reviews of 'hard to fill posts' shows that both nationally and regionally there is a shortage supply of psychiatrists and mental health/LD nurses. We continue to mitigate against these risks through the development of 'grow our own', new roles and job redesign. Safer staffing reports also continue to be reported via CNTW governance committees.

The table below shows workforce projections which were submitted in the ICS activity return in August 2020. These show a projected increase in Pharmacy, Psychology, AHP and support to clinical staff, recognising supply issues in some traditional roles and working towards skill mix changes across some services, factoring in the anticipated impact of Covid-19. Notably we are being asked to produce short term plans externally, but within the Trust

we continue to work towards medium to long term planning through our resource management approach.

	20/21							
	Year end							
	Position	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<b>Workforce (WTE)</b>								
Substantive	7277	7157	7202	7252	7277	7277	7277	7277
Bank	325	300	325	325	325	325	325	325
Agency	375	350	375	375	375	375	375	375
Total Provider Workforce (WTE)	7977	7807	7902	7952	7977	7977	7977	7977
<b>Substantive by staff group</b>								
Registered nursing, midwifery	2150	2150	2150	2150	2150	2150	2150	2150
Allied health professionals	388	368	388	388	388	388	388	388
Scientific, therapeutic and technical	480	465	480	480	480	480	480	480
Health Care scientists	38	38	38	38	38	38	38	38
Support to nursing staff	1800	1725	1725	1775	1800	1800	1800	1800
Support to AHP	125	125	125	125	125	125	125	125
Support to STT & HCS Staff	100	90	100	100	100	100	100	100
Total non-medical - Clinical	5081	4961	5006	5056	5081	5081	5081	5081
Consultants	180	180	180	180	180	180	180	180
Career/Staff grades	75	75	75	75	75	75	75	75
Trainee grades	80	80	80	80	80	80	80	80
Total medical a substantive	335	335	335	335	335	335	335	335
NHS Infrastructure support	1861	1861	1861	1861	1861	1861	1861	1861

## 2. The Next Steps in Strategic Workforce Planning

Timescales are being agreed (as part of the Trust internal approach to planning and Next Phase (Covid) work) as to when a refresh on long term clinical locality plans will take place. However, resource planning work is underway and there is also an acknowledgement that corporate workforce plans need to be developed in line with this approach. It is imperative that within these plans we begin to understand and see changes across future skill mix, understand training priorities and identify workforce risks and mitigations as part of our long term plans. The production of workforce plans at both a CBU, Group and Trust level will also support the Trust internal succession planning and Talent Management approach, and as such are integral to the development of this work.

In line with the 'Developing Workforce Safeguards' guidance, an update on workforce plans will be brought to the Trust Board on an annual basis.

Claire Vesey  
 Head of Workforce Developments  
 19 November 2020

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Report to Board of Directors  
2 December 2020

<b>Title of report</b>	<b>Provider Collaborative and Lead Provider Sub-committee of the Board ToR</b>
<b>Report author(s)</b>	<b>Lisa Quinn, Executive Director of Commissioning &amp; Quality Assurance</b>
<b>Executive Lead (if different from above)</b>	<b>Lisa Quinn, Executive Director of Commissioning &amp; Quality Assurance</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	X
To achieve “no health without mental health” and “joined up” services	X	Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability	X	Reputational	X
Workforce	X	Environmental	
Financial/value for money	X	Estates and facilities	
Commercial	X	Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
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## Sub-Committee of the Board of Directors Terms of Reference

<p><b>Committee Name:</b> Provide Collaborative &amp; Lead Provider Committee (PCLP)</p> <p><b>Committee Type:</b> Standing sub-committee of Board of Directors</p> <p><b>Timing &amp; Frequency:</b> 4 times a year, Wednesday of week prior to Board of Directors meeting</p> <p><b>Personal Assistant to Committee:</b> TBC</p> <p><b>Reporting Arrangements:</b> Minutes and Report from Chair to Board of Directors</p>
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<b>Membership:</b>	
<b>Chair:</b>	Non-Executive (Michael Robinson)
<b>Deputy Chair:</b>	Non-Executive
<b>Members:</b>	Executive Director Commissioning and Quality Assurance Executive Medical Director Executive Nurse Director 2 Non-Executive Directors (including Chair and Vice-Chair)
<b>In Attendance:</b>	Provider Collaborative Clinical Directors (ED & CAMHS) Provider Collaborative Programme Managers Head of Income & Contracting Head of Commissioning & Quality Assurance Group Head of Commissioning & Quality Assurance x4  1 Governor PA to Committee
<b>Quorum:</b>	Chair or Deputy Chair 2 Executive Director
<b>Deputies:</b>	Deputies Required for all members
<b>Purpose:</b>	
Provide assurance to the Board that:	
<ul style="list-style-type: none"> <li>• The Trust has effective systems and processes in place for the management of risks pertaining to Provider Collaborative and Lead Provider Models.</li> <li>• The Trust has an effective management of Provider Collaborative and Lead Provider Contracts, including the sub-contracts of the lead provider contracts and any partnership agreements.</li> <li>• The Trust complies with the law, best practice, governance and regulatory standards which are within the Committee's scope.</li> </ul>	
<b>Scope:</b>	

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- Oversee and assure the successful delivery of Provider Collaborative and Lead Provider Models, including the sub-contracts of the lead provider contract. In accordance with the business cases and agreements reached by the Board of Directors.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
  - Review the management of the Corporate Risk Register and the Groups top risks;
  - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
  - Report to the Board of Directors on any significant risk management and assurance issues.
- Gain assurance that the Trust’s action plans in relation to compliance and legislative frameworks, which are within the scope of the Committee, are robust, completed and signed off.
- Gain assurance that each contract is managed and that there are effective systems and processes in place to ensure standards of care, compliance with relevant standards, quality, financial, risk and assurance arrangements.
- On behalf of the Board of Directors provide assurance that the financial and quality risks are articulated, evaluated and managed.

**Authority:**  
 To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee’s scope across the organisation.

**Deliverables:**  
 Assurance to the Board re:

- The successful implementation and management of Provider Collaborative and Lead Provider models across the Trust.
- The Trust’s action plans in relation to compliance and legislative frameworks are robust and completed/signed off, within the scope of this committee.
- The risks, that the Provider Collaborative and Lead Provider Committee are responsible for, are appropriately identified and effective controls are in place.

**Sub Groups:**  
 PCLP Quality Group  
 PCLP Commission/Contracting Group

**Current Review Date: November 2020**  
**Date of Previous Committee Review: N/A**  
**Date of Board Approval: December 2020**

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