

Northumberland, Tyne and Wear NHS Foundation Trust

Quality Report

St. Nicholas Hospital,
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Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and psychiatric intensive care units	Campus for Ageing and Vitality	RX4E6
	Hopewood Park	RX4Z3
	Queen Elizabeth Hospital	RX442
	St Georges Park	RX4E2
Long stay / Rehabilitation mental health wards for working age adults	St Georges Park	RX4E2
	Hopewood Park	RX4Z3
	Elm House	RX461
	Brooke House	RX487
	St Nicholas Hospital	RX4E4
Community-based mental health services for adults of working age	St Nicholas Hospital	RX4E4
Forensic inpatient / Secure wards	St Nicholas Hospital	RX4E4
Child and adolescent mental health wards	St Nicholas Hospital	RX4E4
	Ferndene	RX4CA
Specialist community mental health services for children and young people	St Nicholas Hospital	RX4E4
Wards for people learning disabilities or autism	Northgate Hospital	RX467
	Roselodge	RX4Y0
	Craigavon	RX4K9

Summary of findings

Community mental health services for people with a learning disability or autism	St Nicholas Hospital	RX4E4
Wards for older people with mental health problems	Campus for Ageing and Vitality Hopewood Park Monkwearmouth Hospital St Georges Park	RX4E6 RX4Z3 RX4K2 RX4E2
Community-based mental health services for older people	St Nicholas Hospital	RX4E4
Mental health crisis care services and health-based places of safety	St Nicholas Hospital Hopewood Park Queen Elizabeth Hospital St Georges Park	RX4E4 RX4Z3 RX442 RX4E2
Substance Misuse Services	St Nicholas House	RX4E4
Medical Services	Walkergate Park	RX4W4
Adult Social Care	Easterfield Court	RX422

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We found that the provider was performing at a level which led to a judgement of Outstanding because:

- The trust had a clear vision and values which were incorporated into all aspects of the trust's business and supported by a set of strategic objectives which were developed with the involvement of patients, carers and staff. Staff felt involved in most changes and empowered to contribute to the development of services. Staff were given the autonomy to provide services based upon the needs of their service users and to develop innovative practice. Staff we spoke to told us that the trust leadership was approachable, accessible and encouraging.
- Feedback from patients and carers regarding their care and treatment was consistently positive. Staff were professional, thoughtful and caring when supporting patients and their carers throughout all the services we visited. Staff supported each other, many staff told us of the strength of teamwork and the support they received from their colleagues. Staff recognised the contribution of families and carers in supporting patients and sought and valued their views.
- Assessment of patients' needs was holistic and identified potential risks. Care plans were developed with patients and carers to meet the identified needs. Multi-disciplinary teams with a range of professionals worked together to support patients in their recovery and achievement of goals through evidence based care and treatment.
- The trust was open and transparent about safety and staff were encouraged to report incidents. Processes were in place to keep adults and children safe and safeguarded from abuse. Staff were able to describe what action they would take to safeguard a patient if they had a concern. Data provided by the trust showed each pressure ulcer, fall, catheter associated urinary tract infection and venous thromboembolism reported was fully investigated and identified the cause.
- The trust supported the physical healthcare of patients and mental health nurses were trained in tissue viability to meet the needs of patients on the ward. A physical healthcare practitioner provided expert advice, guidance and support to mental health nurses and acted as a liaison with acute hospitals, to ensure that patients' physical healthcare needs could be fully met before being transferred to a mental health hospital.
- Where services provided care and treatment to patients detained under the Mental Health Act, this was found to meet the requirements of the Code of Practice in most areas. The Mental Health Act office in the trust provided support to clinical areas to ensure relevant documentation was completed correctly, reviewed and appropriately stored.
- Discharge planning started from the point of admission. Outcome measures were used to inform the assessment process and measure the success of interventions and treatment outcomes. Staff worked flexibly to adapt care and stretch existing boundaries to meet the needs of individual patients and their carers.
- Staff were enthusiastic and generally very positive about working in the trust. Staff had pride in the care and treatment they provided and looked for opportunities to improve the experience of patients receiving services. The trust encouraged personal and professional development in all roles within the organisation and the inspection team saw many examples of staff who were continuing to develop their career with the trust.
- External stakeholders found the leadership within the trust to be proactive. The senior leadership could clearly articulate the strategy and the key issues and challenges they faced, and how they were responding to these. Working in triumvirates, clinical leads worked with senior managers to ensure clinical engagement and involvement in operational management.
- Governance within the trust was robust with clear ward to board structures and process in place. An electronic dashboard accessible to all staff within the organisation supported this. The board assurance framework included principal risks linked to the trust's strategic objectives.
- The trust use values based recruitment to ensure that it recruited staff that shared its values and vision of

Summary of findings

delivering services and held the required knowledge and skills. Staff at service level confirmed this process resulted in people with the right attitudes and values joining the trust.

- The trust exceeded the majority of its internal targets. Medical revalidation rates were 100% for the trust as a whole. The overall mandatory training rate was 92%, exceeding the trust target of 85%. The average rate for clinical supervision across all 155 teams was 90% in the period 1 May 2015 – 30 April 2016.
- The trust had systems in place to monitor its services against national guidance. Staff in core services participated in clinical audit which led to improvements in services. The trust participated in research and had a director of research, innovation and clinical effectiveness who led in this area.
- The trust looks to work collaboratively in the delivery of all services. The trust worked with a neighbouring trust to provide considerable improvement to a region-wide eating disorders service, with two key,

senior staff members seconded to the other trust. The trust participates in external peer review and accreditation schemes and services from around the trust had gained accreditation in these schemes.

- The trust's 'Positive and Safe Strategy' led by the executive director of nursing and operations, aims to reduce the use of restrictive practices in response to managing challenging behaviour, aggression and violence.
- All wards and community team bases were found to be clean and mostly well maintained. The patient led assessments of the care environment score in relation to cleanliness in 2015 was 99%. Environmental risk assessments were completed in all areas and where risks were identified action was taken to remove or reduce these risks. The trust has an estates strategy in place to improve the environment for patients, visitors and staff. A number of projects were due to start or complete around the inspection period.
- However, the environment at Alnwood did not support children and young people's recovery and linked to high levels of mechanical restraint.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of the services.

Are services safe?

We rated safe as good because:

- There was openness and transparency in relation to safety across the trust. Staff were encouraged to report incidents and knew how to do so. There were robust processes in place to monitor and investigate incidents. Learning from incidents following analysis of findings was embedded across the trust at all levels and improvements to services as a result were evident.
- Environmental risk assessments were completed in all areas and where risks were identified action was taken to remove or reduce these risks. Environmental risk assessments identified factors such as ligature risks and blind spots. Risks were escalated through the governance structure to board level where this was required. Staff at all levels were aware of risks relevant to their role. Risks were regularly reviewed and pro-actively managed. The trust worked with stakeholders to identify potential risks and manage new risks.
- All wards and community team bases were found to be clean and most were well maintained. The patient led assessments of the care environment score in relation to cleanliness in 2015 was 99%.
- The trust has an active estates programme of refurbishment or replacement of some of its buildings to improve the environment for patients, visitors and staff.
- Patients had comprehensive risk assessments completed on admission to services and these were regularly updated to reflect any change in the patient's level of risk.
- Robust processes were in place to keep adults and children safe and safeguarded from abuse. Staff were able to describe what action they would take to safeguard a patient if they had a concern.
- Minimum staffing levels in mental health inpatient areas were agreed at a level to meet the assessed needs of patients. Ward managers and nurses in charge were able to increase staffing levels where this was required to respond to the increased needs of patients without the need for senior manager

Good



Summary of findings

authorisation. In medical services at Walkergate Park, the centre was accredited as a specialised level 1 rehabilitation service, meeting British Society of Rehabilitation Medicine medical staffing standards.

- All the trust's services exceeded the compliance target for all mandatory training of 85%. The overall trust average for compliance was 92%.
- The trust provided details of monitoring arrangements for pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism. Data provided by the trust showed each was fully investigated and identified the cause, impact, details, outcome type and description of actions taken.
- Medication was effectively managed across the trust. Medication use was monitored and reduced in services for people with learning disabilities wherever possible through a focus on alternative strategies.
- Seclusion rooms were used in line with the principles of the Mental Health Act Code of Practice. Staff had a clear understanding of the need to monitor patients' physical health during physical restraint and following the use of rapid tranquilisation.
- Staff were able to tell us about the need for openness and transparency when mistakes were made to meet the Duty of Candour requirements. There was evidence of the trust being open with patients, carers and stakeholders when mistakes had been made.
- Lone working procedures were followed in most community teams and appropriate equipment provided to support staff safety.

However:

- The environment at Alnwood medium secure unit for children and young people did not provide a therapeutic environment which supported the recovery of patients.
- Mechanical restraint was used as an intervention to assist with the transfer of patients in children and young people's services. In acute admission and psychiatric intensive care services, mechanical restraint was used when patients were being transported between services.
- There were some blanket restrictions on wards for older people and wards for people with learning disabilities and autism.

Summary of findings

- Mental health staff were trained to the minimum standard of immediate life support recommended by the National Institute for Health and Social Care Excellence for staff who deliver or are involved in rapid tranquilisation, physical restraint and seclusion.

Are services effective?

We rated effective as outstanding because:

- There was strong multi-disciplinary and multi-agency working evident in the provision of care and treatment. Teams consisted of a range of disciplines that supported each other to meet each patient's needs. Services work collaboratively with other agencies to deliver care, treatment and support that met patients' needs.
- Services offered patients a comprehensive, holistic approach to their assessment, planning and delivery of care. Care plans in the majority of services were individualised, person centred and holistic. In community mental health services for adults of working age, patients' religious and spiritual identity was incorporated in their recovery journey, care and treatment through access to spiritual therapy delivered by the chaplaincy team.
- The trust was committed to the continual development of its staff in all roles within its workforce. Staff were encouraged and supported to attend additional specialist training and improve the quality of care and treatment provided to patients.
- Innovation in practice was actively encouraged. From improvements in process at team level through to research projects with academic institutions, support was provided to staff to deliver improved care and treatment to patients.
- Patient records were kept on an electronic patient record system (RIO). The electronic record allowed staff access to historic and current patient information at the time it was required.
- Staff annual appraisal rates were high and staff accessed regular management supervision.
- There was a strong emphasis of promoting equality in healthcare for people with learning disabilities and autism. Positive behaviour support plans were in place and interventions were focused on reducing incidents of violence and aggression and the use of medication as an intervention.

Outstanding



Summary of findings

- Patients had good access to physical healthcare on admission and ongoing monitoring, including support to access specialists when needed. The need to enhance the provision of physical healthcare was recognised by the trust and staff were being trained in specialist skills such as tissue viability. A physical healthcare practitioner provided advice and guidance to staff and worked to promote parity between physical healthcare and mental healthcare in the trusts mental health hospitals.
- Staff were actively encouraged to be involved in clinical audit across all services. Actions were developed and implemented following audit to improve the quality of services. Staff proactively pursued research opportunities. Staff used new evidence based techniques to support the delivery of high quality care. The trust was proactive in service review and redesign to meet the needs of patients and developed new models of care, which had proven to have positive outcomes for patients.
- Where services provided care and treatment to patients detained under the Mental Health Act, this was found to meet the requirements of the Code of Practice in most areas.
- The trust valued and invested in mental health rehabilitation services and recognised how these can promote positive outcomes for patients.
- There was good access to an extensive range of psychological therapies for patients across all services.
- Discharge planning started from the point of admission and continued through the patient's journey. Outcome measures were used to inform the assessment process and measure the success of interventions and treatment outcomes.
- Community services for children and young people had embraced the key elements of "Future in Mind" and this was embedded into clinical practice across community services for children and young people.

Are services caring?

We rated caring as outstanding because:

- Staff were motivated, inspired and enthusiastic in offering care that promoted peoples dignity. Staff demonstrated that they cared about the well-being of patients and had pride in their work.

Outstanding



Summary of findings

- We observed extremely positive, thoughtful, sensitive and warm interactions between staff and patients.
- Staff knew patients well and were highly caring and respectful and worked flexibly and proactively to meet the needs of patients. Staff understood the impact decisions made by the trust may have on the patients and openly discussed these.
- Feedback from the patients and carers we spoke with regarding their care and treatment was consistently positive.
- Staff worked to ensure carers and families were kept informed and had access to support they needed. Families and carers views were important and they were seen as partners in care and treatment.
- Staff looked to adapt care and stretch team and service boundaries to meet the needs of individual patients and their carers.
- There was a culture of care and support within staff teams. Staff felt supported and cared for by other members of their team.
- Staff used appropriate communication skills that varied based upon patients need.
- An open culture was encouraged and patients could approach staff or managers at any time.

Are services responsive to people's needs?

We rated the trust as outstanding because:

- It was exceeding most of its referral to initial assessment targets, achieving 100% in nearly all services. Services were developed to be flexible and tailored to meet individual patient need and to respond to need.
- Service users, carers and staff were consulted and involved in the design and development of new services and there was evidence of the trust listening to and learning from patients. At Walkergate Park, the service designed wards in such a way to make optimum use of space to deliver patient care. Facilities and premises were designed for the access and availability of the specific patient profile using the centre. The layout of the centre enabled patients to exercise within the corridors to aid their rehabilitation.
- Services were continually reviewed and developed to respond to the needs of patients and improve care and treatment offered.

Outstanding



Summary of findings

- The trust knew the population they provided services to and worked to ensure that services were accessible and that staff at all levels were representative of the communities they served.
- The trust actively reviewed comments and complaints, identified the key issues and learned lessons across the organisation.
- Patients views and feedback were actively sought, in a variety of ways including service reviews and this information was used to improve services. Each board meeting has a presentation from a patient regarding their experience of care from the trust.
- The trust had introduced a street triage service which had led to a significant reduction in the number of people being detained under section 136 of the Mental Health Act, and an associated reduction in the use of health based places of safety. Bed occupancy levels were slightly below the national average, at 84%. Community services for people with learning disabilities had been developed to allow easy access from referral to treatment and from treatment to discharge.
- The trust has developed its own tissue viability services to support those patients who have tissue or wound care needs relating to their mental health issues. A tissue viability clinical nurse specialist provided support to 12 tissue viability link nurses who have a foundation skill in tissue viability.
- Community services for people with learning disabilities had been developed to allow easy access. Systems and processes that provided intensive and person centred support were aimed at reducing the number of admissions to hospital.
- Patients on the acute wards at Hopewood Park hospital had access to an exercise therapy team. This had been instrumental in reducing the incidents of violence and aggression on the wards.
- Patients on the acute and forensic wards were able to grow and consume their own fruit and vegetables and patients in the learning disability service had been supported to set up a healthy snack tuck-shop.

Are services well-led?

We rated well-led as outstanding because:

Outstanding



Summary of findings

- The trust had a clear vision and values which were incorporated into all aspects of the trusts business and was supported by a set of strategic objectives which were developed with the involvement of patients, carers and staff. Staff demonstrated the vision and values in their work regardless of role.
- The trust achieved better than the average for mental health trusts in the 2015 NHS staff survey and staff morale was high throughout all areas of the organisation. Staff were given the autonomy to decide how they provided their service, based upon the needs of their patients and were involved in the decisions about the design and operation of their respective services. Staff feel listened to and involved in most changes. Feedback from staff in focus groups confirmed the leadership to be approachable, accessible and encouraging. Managers were visible and accessible and encouraged devolved decision making.
- External stakeholders felt leadership within the trust was proactive. Staff groups within the trust told us of a 'seamless cooperation' between the trust and local authorities. The board of governors told us they felt supported and fully included by the trust and staff across the organisation said that senior managers were visible and supportive.
- The senior leadership could clearly articulate the strategy of the trust and the key issues and challenges it faced, and how they were responding to these. Clinical leads worked with senior leadership within triumvirates to ensure clinical engagement and involvement in operational management.
- There were clear ward to board governance structures and process in place, which were supported by an electronic dashboard accessible to all staff within the organisation. The trust's board assurance framework and corporate risk register was revised, incorporating recognised best practice and recommendations from the Monitor well led governance review. The board assurance framework included principal risks linked to the trust's strategic objectives.
- The number of black and minority ethnic staff in bands 8-9, was 6%, compared with the 3% of the overall workforce. In 2015, the trust started to work with the "Time to Change" campaign and at the start of 2016 signed the employer's pledge. They scored 6% higher than the national average for percentage of staff believing that the organisation provides equal opportunities for

Summary of findings

career progression or promotion. The trust's website also had a section in relation to equality and diversity with links to trust documents relating to equality and diversity, including the equality and diversity action plan.

- The trust undertook values based recruitment to ensure that it recruited staff that were aligned to its vision of delivering services and had the required values, knowledge, skills and experience to provide those services. Staff at service level confirmed that the values based recruitment process ensured that people who shared the values were recruited. The values were incorporated into the supervision and appraisal system.
- Medical revalidation rates were 100% for the trust as a whole. The overall mandatory training rate was 92%, exceeding the trust target of 85%. Additional specialist training was encouraged and service specific training was provided in some areas to improve skills within teams.
- The average rate for clinical supervision across all 155 teams was 90% in the period 1 May 2015 – 30 April 2016. Of the 155 teams 108 (70%) had a clinical supervision rate of 80% or higher.
- The trust had a director of research, innovation and clinical effectiveness who led the clinical effectiveness, research and development and clinical audit strategies. Systems were in place throughout the trust to ensure that services were provided in line with national guidance and we saw evidence of participation in clinical audit at core service level across the trust which had led to improvements in services.
- All community teams within the trust had access to mobile technology which allowed them to access the trusts information technology systems from remote locations. Staff were able to access relevant physical health information from the electronic record held by their GP. A pilot programme had started to allow GP practices to access information from the trusts electronic patient record. Enabling work is on-going to allow patients to access their patient records.
- The trust worked with a neighbouring trust to provide considerable improvements to a region wide , with two key, senior staff members seconded to the other trust. The organisations also have joint approaches to services within learning disabilities and the two trusts engage in bi-annual board to board meetings.

Summary of findings

- The chief executive recognised the challenge of maintaining the current good level of engagement with 5 clinical commissioning groups and six local authorities. The trust demonstrated consistently, its need to work in collaboration with partner agencies and commissioners to develop and improve services.
- Staff in all areas and disciplines had access to training and learning opportunities, ranging from being supported to undertake foundation degrees to support access to nurse training, engineering degrees in the estates and facilities services, secondment opportunities and post graduate clinical training opportunities.
- The trust appointed a Chaplain into the post of Freedom to Speak Up guardian. He had a clear vision to develop a Freedom to Speak Up champions' network, with the objective of having at least one champion on every trust site and ideally one in each team. At the time of the inspection 25 volunteers had been recruited to the role.
- Patients and the public were involved in the development of the trusts quality improvement priorities for 2016/17.
- The trust has three long term quality goals. To reduce incidents of harm to patients, improve the way they relate to patients and carers and to ensure the right services are in the right place at the right time for the right person. Each year the trust sets new quality priorities to help achieve the quality goals. The quality priorities for 2016/17 were developed in consultation with patients, carers and other stakeholders.
- The triangle of care tool kit was used widely across mental health and the trust was considering the suitability of the tool for use in learning disabilities services and for people with neurological conditions.
- The trust had implemented a 'Positive and Safe Strategy' led by the executive director of nursing and operations, to reduce the use of restrictive practices in response to managing challenging behaviour, aggression and violence.
- The trust participated in external peer review and accreditation schemes and services from around the trust had gained accreditation in these schemes.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Lelliott, Deputy Chief Inspector, Care Quality Commission

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leader: Brian Cranna, (Mental Health Hospitals), Care Quality Commission

Jennifer Jones (Mental Health Hospitals), Care Quality Commission

Sandra Sutton, (Acute Hospitals), Care Quality Commission

The team included CQC inspectors and a variety of specialists: consultant psychiatrists, Mental Health Act Reviewers, occupational therapists, social workers, registered nurses (adult, mental health and learning disabilities) and senior managers.

Why we carried out this inspection

We inspected Northumberland, Tyne and Wear NHS Foundation Trust as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit the inspection team:

- Requested information from the trust and reviewed the information we received.
- Asked a range of other organisations for information including Monitor, NHS England, clinical commissioning groups, Healthwatch, Health Education England, Royal College of Psychiatrists, other professional bodies and user and carer groups.
- Sought feedback from patients and carers through attending 10 detained patient groups and 6 carer groups and meetings.
- Received information from patients, carers and other groups through our website.

During the announced inspection visit from the 31 May to the 10 June 2016 the inspection team:

- Visited 93 wards, teams and clinics.
- Spoke with over 248 patients and 92 relatives and carers who were using the service.
- Collected feedback from 364 patients, carers and staff using comment cards.
- Joined service user meetings.
- Spoke with over 580 staff members.
- Supported 48 focus groups attended by over 370 staff.
- Interviewed 26 senior staff and board members.
- Attended and observed over 40 hand-over meetings and multi-disciplinary meetings.
- Joined care professionals for 30 home visits and clinic appointments.
- Looked at over 330 treatment records of patients.
- Carried out a specific check of the medication management across a sample of wards and teams.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Requested and analysed further information from the trust to clarify what was found during the site visits.

We also carried out announced and unannounced visits between 12 June and 24 June 2016 to the following core services. This was to gather further evidence to support the findings of our inspection or because we had not have been able to visit every ward during the inspection.

Summary of findings

- Wards for people with learning disabilities or autism on 13 and 20 June 2016.
- Community mental health services for older people on 14 June 2016.
- Wards for older people on 14 June 2016.
- Community mental health services for children and young people on 22 June 2016
- Inpatient child and adolescent mental health wards on 24 June 2016

We did not inspect the following services:

- Prison In Reach Service.

- Newcastle Talking Therapies.
- Eating Disorder Service.
- Complex neurodevelopmental disorders
- Criminal justice and liaison teams
- Gender dysphoria
- Mental health and deafness
- Perinatal services
- Psychiatric liaison services
- Self harm teams
- Specialist psychological services
- Sunderland IAPT
- Veterans service

Information about the provider

Northumberland, Tyne and Wear NHS Foundation Trust is one of the largest mental health and disability Trusts in England employing more than 6,000 staff, serving a population of approximately 1.4 million, providing services across an area totalling 2,200 square miles.

Northumberland, Tyne and Wear NHS Foundation Trust has a total of 16 registered locations and became a foundation trust in December 2009.

The trust operates from over 60 sites across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. In addition, the trust provides a number of regional and national specialist services. The trust provides services commissioned by five Clinical Commissioning Groups, specialist services commissioned by NHS England and works with six local authorities.

The health of people in Northumberland is varied compared with the England average. Deprivation is lower than average, however about 18% (9,300) children live in poverty. Life expectancy for women is lower than the England average. Northumberland was ranked 135th most deprived out of the 326 local authorities across England in 2010.

The health of people in Sunderland is varied compared with the England average. Deprivation is higher than average and about 23% (13,070) children live in poverty. Life expectancy for both men and women is lower than the England average.

The health of people in Newcastle upon Tyne is varied compared with the England average. Deprivation is higher than average and about 26% (14,200) children live in poverty. Life expectancy for both men and women is lower than the England average.

The health of people in North Tyneside is varied compared with the England average. Deprivation is higher than average and about 19% (6,800) children live in poverty. Life expectancy for both men and women is lower than the England average.

The health of people in North Tyneside is varied compared with the England average. Deprivation is higher than average and about 19% (6,800) children live in poverty. Life expectancy for both men and women is lower than the England average.

The health of people in South Tyneside is varied compared with the England average. Deprivation is higher than average and about 25% (7,410) children live in poverty. Life expectancy for both men and women is lower than the England average.

The health of people in Gateshead is varied compared with the England average. Deprivation is higher than average and about 21% (8,195) children live in poverty. Life expectancy for both men and women is lower than the England average.

The trust provides the following 11 core mental health services:

- Acute wards for adults of working age and psychiatric intensive care units

Summary of findings

- Child and adolescent mental health wards
- Forensic inpatient/secure wards
- Long stay/rehabilitation mental health wards for working age adults
- Mental health crisis services and health-based places of safety
- Wards for people with learning disabilities or autism
- Wards for older people with mental health problems
- Community based mental health services for older people
- Community mental health services for people with learning disabilities or autism
- Community based mental health services for adults of working age
- Specialist community mental health services for children and young people

The trust provides the following acute care services:

- Medical care and outpatient services (Walkergate Park)

The trust also provides the following services which we inspected:

- Substance misuse services
- Adult social care (Easterfield Court)

In the financial year 2014/15, the trust reported a total income of £314.9 million and had an expenditure of £340 million, resulting in an operating deficit of £25 million due to a reduction in the value of trust owned land and buildings. If this change in land value is excluded, the trust had a surplus of £5.4 million.

At the time of inspection, 15 registered locations have previously been inspected under the Health and Social Care Act (Regulated Activities) Regulations 2010. At the time of this inspection, there were no outstanding breaches of regulation. These locations included Brooke House, Campus of Aging and Vitality, Craigavon Short Break Respite Unit, Easterfield Court Residential care home, Elm House, Ferndene, Hepple House, Monkwearmouth Hospital, Northgate Hospital, Queen Elizabeth Hospital, Rose Lodge, Royal Victoria Infirmary, St George's Park, St Nicholas Hospital and Walkergate Park.

This was the first inspection of the trust under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is responsible for protecting the interests of people detained under the Mental Health Act 1983. We monitor this by visiting hospitals and speaking to patients about the care and treatment they receive. Mental Health Act reviewers visit every place a person is detained on a regular basis. During the period 1 April 2015 and 26 April 2016, we made 45 monitoring visits to the trust.

Hopewood Park was registered with CQC on 12 September 2014.

What people who use the provider's services say

We received 364 comment cards from people who use services. Of these comment cards the majority (49%) contained positive comments regarding the service. The remaining comments were either mixed views (31%) or contained negative comments regarding the service provided (20%).

We received most comment cards from substance misuse services (47); we did not receive any comment cards in 28 of our comment boxes these were located in places such as; Beadnell Unit, children and young people's service at Benton House and Fellside at Queen Elizabeth Hospital.

The majority of the positive comments described what patients felt about the staff they see within services.

Comments described staff as professional, caring, friendly, supportive, amazing and remarkable. Other positive comments included the comments about how clean the service was, the facilities such as gyms, being seen quickly and feeling safe.

Negative comments included:

- Poor quality food, limited choice, small portions.
- The trust no smoking policy.
- Travelling distance to services and car parking.
- Lots of bank and agency staff.
- Sometimes not enough staff, staff always changing.

Summary of findings

Healthwatch carried out a survey regarding the service provided by the trust before our inspection. There was a limited response from members of the public but of those who did respond 50% rated the standard of care as good or outstanding. When asked if people knew how to make a complaint about the trust, 78% said they did know how to do this.

We met with patients who were detained under the Mental Health Act (1983) and their carers both individually and in groups. Feedback from these patients and carers was mainly positive about the care they received.

During the inspection we talked to over 248 patients and 92 relatives or carers. We asked about the care and treatment they received from the trust. The feedback we received was consistently positive across all the services we inspected.

Good practice

Medical Care and Outpatients

A well-established service users and carers forum was in place and social activities for service users and their families had been established with the Headway Charity.

The hospital had established a brain injury group providing opportunities for discussion of a variety of issues such as brain injury and sleep monitoring.

The social therapeutic and recreational rehabilitation team had been developed to promote independence and increase the quality of life of patients through taking part in social and leisure activities.

The service had adopted best practice in support of the provision of care and treatment, for example 'Reducing the risk of deep vein thrombosis for patients in hospital', functional independence measure and functional assessment measure scores.

The establishment of a spasticity management clinic for individuals with spasticity following a neurological injury.

The North East Drive and Mobility Service had worked with a number of external agencies to develop the services to service users, for example the Driver and Licensing Authority and the local police.

Staff in outpatients had worked with a local university to develop a short course on the holistic management of spasticity and hypertonia. This was developed because a need for training was identified by staff.

The hand hygiene clinic was a service developed in response to patient need and research by the outpatients department. The development of this work had led to additional support services available for patients with hand hygiene and contributed to staff development in outpatients.

As part of the caring hands project, the trust had provided an additional two training sessions to home care managers and care staff in Newcastle. Information provided by the trust highlighted that they are developing the education programme further.

Acute Mental Health Wards and Psychiatric Intensive Care Units

On the wards at Hopewood Park the pharmacist, ward manager and consultant held a weekly meeting to look at prescriptions of patients. The object of the meetings was to remove any 'as required medication' that had not been used in 14 days, to review the anti-psychotic medication and if possible change it or reduce the dose. They also used the opportunity to look at general health and mental health pharmacy issues to ensure medications did not react with one another.

The ward manager from the psychiatric intensive care unit had implemented a "prevent" management of violence and aggression reflection group. This was a weekly meeting open to all staff on site. The meetings were an opportunity to discuss specific cases, incidents, and care plans for new patients. It was also an opportunity to reflect on practice and share lessons learned.

Rehabilitation and Long Stay

An electronic dashboard performance system enabled ward managers to manage performance on a daily basis and improved autonomy. Managers praised the tracker systems being piloted at Elm House, Brooke House, Willow View and Hopewood Park as these improved links with community care coordinators and led to discharge efficiencies.

Wards for people with learning disabilities and autism

Summary of findings

Staff across the services had been involved in research and developing innovative practice. Staff on Alnwick ward had developed a discharge planning model to effectively engage patients on their discharge pathway. This had resulted in a reduction in the average length of stay on the ward, and reduced readmission rates.

Senior managers within the trust had developed effective relationships with commissioners. This positive relationship had resulted in funding being retained following the closure of a unit, to enable the development of a community transitions team. Staff in this team worked with patients on the wards prior to discharge and continued to support patients in community placements after discharge. This had positively impacted on community placements being successful. As part of this model, Responsible Clinician cover was routinely provided by the consultant psychologist or consultant psychiatrist up to six months after discharge from the ward. The team facilitated risk management workshops for stakeholder groups including community treatment provider and day service providers and gave advice and support for up to six months following discharge. This had resulted in sustainable community placements for patients and a reduction in readmission rates.

Staff within the trust had delivered presentations and workshops at national conferences on models they had developed. Staff also facilitated training workshops to staff from community teams to improve discharge pathways.

Specialist Community Services for Children and Young People

Two staff members from the South Tyneside and Sunderland children and young people's service were piloting a new project delivering attention-deficit hyperactivity disorder awareness training to local schools. This outreach project targeted education staff in school and was designed to raise awareness and understanding of the symptoms of attention-deficit hyperactivity disorder in children at school. The project aimed for increased early referrals of young people displaying symptoms of attention-deficit hyperactivity disorder from schools. The presentation was piloted at two schools and at the time of inspection staff were collating feedback and refining the presentation to be used in more schools.

Community Mental Health Services for Older People

Staff were proactive in reviewing the service they delivered and seeking opportunities to develop and improve. Staff in the South Tyneside and Sunderland services had undertaken a rapid process improvement workshop to develop a 'new ways of working' model. This enabled patients and carers to speak with a consultant at the time of their initial assessment to formulate a plan of care. The service was developing this further to include the use of skype in this process.

Staff across all services were heavily involved in research and innovative practice. The challenging behaviour team had developed a model to support family carers. This had been published in the Journal for Dementia Care and the staff had been asked to speak at national conferences about this. They also developed a risk management model, which had again been published and rolled out across the trust. The consultant psychiatrist in the memory assessment service was the dementia lead for the trust. He was a key contributor to a national research study looking at how a patient's progress through their initial assessments at memory assessment services was related to their subsequent outcome assessments and episodes of care.

Community Services for People with Learning Disabilities

There was a process in place to ensure that National Institute for Health and Care Excellence guidance was being followed in respect of the prescribing of medication. In Sunderland, the psychiatrist was supported by a nurse and a pharmacist when deciding whether to prescribe medication to a service user with learning disability or autism. The nurse led on what alternative interventions could be suggested and tried. The pharmacist supported the psychiatrist on how to minimise the dose of medication for a shorter period. There was a plan in place to review the effectiveness of the medication and reduce it in a timely manner if no positive change was noted. This model of prescribing was in the process of being introduced to other teams.

The Sunderland learning disability community team met on a daily basis to discuss service users who were at risk of relapse. The aim of the meeting was to alert all relevant agencies of any mental health or challenging behaviour crisis, to respond quickly and for all agencies to be well coordinated. There was a multidisciplinary approach to service user care and treatment which was holistic and

Summary of findings

comprehensive. All staff within the team as well as local authority social work teams, inpatient and crisis staff attended the meeting. Clinical advice and guidance was offered from occupational therapists, nurses with various specialisms, psychologists, speech and language therapists and psychiatrists. If necessary, extra support in the community could be offered to service users which was provided by the team. Other teams meet on a daily or weekly basis and mirrored this team approach.

Crisis and Health Based Places of Safety

The trust's street triage team had been operational since September 2014 and worked collaboratively with Northumbria Police. The service was based on national and local drivers to reduce the numbers of avoidable section 136 detentions. The service also aimed to improve the outcome for people who were detained and for those people who were cared for in the community. Since implementation, detention levels had reduced by approximately 90% of their pre-street triage levels. The trust demonstrated excellent inter-agency working with the police. Staff, police and other stakeholders spoke overwhelmingly positively about the service.

Community Services for Working Age Adults

Patients' religious and spiritual needs were supported and included in their care and treatment. Sunderland South Community Treatment Team worked collaboratively with the trust chaplaincy service to link religion and spirituality into mental health recovery and treatment. Regular pathway meetings took place which the chaplaincy service attended.

A member of the chaplaincy team held a caseload and had dedicated time per week to work with patients who used community based mental health services in Sunderland South area. The chaplaincy worker continued their involvement through the community to inpatient and rehabilitation with people. The chaplaincy worker specifically worked with patients to promote religious and spiritual belief in mental health recovery.

Forensic Wards

Staff on Oswin ward had developed a formulation pathway for all patients. This involved input from all relevant professionals including probation, prison staff and the patient, ensuring the ward had a comprehensive risk profile for all patients.

The use of restraint and seclusion was generally low across the forensic service. The principles of relational security were embedded throughout the service and staff were able to use this to identify potential trigger points and deescalate situations before incidents arose. The service also held a weekly multidisciplinary single point of referral meeting with representation from NHS England to review all referrals.

Wards for Children and Young People

On Riding ward, staff used social stories to orientate patients to the ward. Riding ward's social stories included photographs of the unit and the patient's named nursing staff. Riding ward also had social stories for the taking of bloods and making amends after disagreements.

Wards used a pictorial seclusion and a restraint-debriefing document with patients following an incident of harm or restraint that considered the comprehension needs of the patients. The template explored why patients thought they were restrained or secluded and what triggered the situation, how they felt about the episode and what staff were most appropriate to be involved, how staff spoke to them, and their preferred restraint hold. The document also raised medication preferences and what the staff should do differently next time.

Fraser ward had developed a dietetic screening tool in the absence of anything available nationally and had an article published in the International Journal of Behavioural Support.

Child and adolescent mental health wards had developed a resource tool that enabled the multidisciplinary team to assess the needs of the current patient group in relation to the available staff resources of each ward nursing team. The tool enabled teams to review current and future pressures on the services and included a process where options were reviewed to ensure that practice was safely provided within current resources. Scores were allocated in respect to anticipated behaviour; patients were given a number that described their level of risk, need or responsiveness and the numbers added to derive a 'resource level' number between 0 and 30.

Substance Misuse Services

Treatment naïve project. This began in January 2016 and has been delivered to 201 individuals in Northumberland who are new to the service. Research has shown that those

Summary of findings

who are new to addictions services are more likely to be successful in their treatment journey. Participants receive additional telephone recovery support. Phone calls are focused on listening to concerns and worries, encouraging changes, offering information, dispelling myths about treatment, harm reduction advice and inviting participants to support groups. Peer mentors also work on the project and share their experience with a view to instilling hope and positivity for change.

Employment support. Over the past three years over 60 clients have been supported into sustained employment. Clients receive support with CV writing, interview skills, application forms, job searching and covering letters. Clients may participate in a two week placement into the workplace with expenses for travel, uniform and lunches paid. Companies invest money into the scheme as part of their corporate social responsibility. We were told that 75% of clients attending a placement move onto employment within three months of completing their placement.

Recovery street film festival. This was in the planning stages by clients and staff to provide a pop up cinema tour in Durham in September 2016. The aim is to reduce stigma surrounding drug and alcohol problems by showing the public three short films of personal accounts of addiction and how clients lives have changed.

Following a five year review of incidents, focus groups and case note reviews, the service had developed an APP (software designed to run on a computer). This was updated each day and allowed staff to access the system and update their knowledge of incidents, the outcomes and any shared learning or changes to practice. This is a relatively new system and some of the staff we spoke to were not aware of it. We were told the application received 400 views in January 2016 but this had increased to 7000 views so far in June 2016. This demonstrated increased usage within the service. Due to the efficiency and take up of the system, it is being looked at for implementation trust wide.

Areas for improvement

Action the provider SHOULD take to improve

The trust:

SHOULD review the use of mechanical restraint with its partner agencies to reduce its use during the transfer of patients between wards or when on transport to and from hospital.

SHOULD review the physical environment of Alnwood to ensure it supports children and young peoples' recovery and reduce the high level of mechanical restraint.

SHOULD review training for members of mental health resuscitation teams that have specific involvement in resuscitation, particularly team leaders, to ensure it is of an adequate level in view of their expected clinical responsibilities.

Northumberland, Tyne and Wear NHS Foundation Trust

Detailed findings

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

We reviewed trust policies which were linked to the Mental Health Act and found that they reflected the revised Mental Health Act Code of Practice.

In May 2016, the trust had achieved **86%** compliance for the number of staff trained in the Mental Health Act. This training reflected the revised Mental Health Act Code of Practice.

We looked at the results of trust audits in relation to section 132 rights, use of section 136, Mental Health Act tribunal reports and consent to treatment.

We held focus groups for Mental Health Act administrators and hospital managers and met with the Mental Health Act legislation lead. During the inspection period, we also visited one of the Mental Health Act offices to review the processes they followed. Mental Health Act Reviewers visited eight seclusion rooms during the inspection. All seclusion reviews were found to have taken place within the required timeframe and records were well kept to evidence that seclusion was used correctly. There were 45 Mental Health Act Reviewer visits between 1 April 2015 and 26 April 2016, of which 44 were unannounced and one was short notice. Over the 45 visits there were 212 issues found at locations across the trust.

Overall, compliance with the Mental Health Act was good across services with some areas where improvements could be made within core services.

Mental Capacity Act and Deprivation of Liberty Safeguards

The trust had a Mental Capacity Act Policy in place. Mandatory training was provided to staff and in May 2016, the overall compliance rate for this training course across the trust was 90%.

Staff understanding of the Mental Capacity Act varied across services but they were aware of the trust policy and key issues in relation to capacity and consent. Staff said that they could access advice on the Mental Capacity Act if this was needed.

We saw evidence in services of capacity being assessed as part of a patient's care and treatment.

The trust provided information around the Deprivation of Liberty Safeguards applications they have made between 1 November 2015 and 30 April 2016. There were 118 Mental Health Deprivation of Liberty Safeguards applications made with over half (65 applications, 55%) being made at by medical services at Walkergate Park.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

Our findings

Safe and Clean Care Environments

The majority of all wards and community bases were found to be clean and well maintained. All areas had cleaning schedules in place and regular audits were carried out to monitor the cleanliness of the environment.

The patient-led assessments of the care environment score in relation to cleanliness in 2015 was 99%. This is above the England average (97%) for mental health trusts. Patient led assessments of the care environment assessments are self-assessments undertaken by teams of NHS and private/independent health care providers, and include at least 50 per cent members of the public (known as patient assessors). They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services such as cleanliness.

Environmental risk assessments, including identification of ligature risks and blind spots had been completed in all areas. A ligature point is a place where a patient intent on self-harm might tie something to strangle themselves. These risk assessments were regularly updated and contained a description of what action would be taken to reduce identified risks if they could not be removed. The environmental risk assessment had not been updated regularly at Hopewood Park.

The environment at Alnwood at St Nicholas Hospital, a medium secure ward for children and young people, did not support the recovery of patients. The layout of the wards at Alnwood did not support staff in the management of challenging situations and the use of least restrictive practices. In a quality network review carried out in May 2016, Alnwood wards were felt to be clinical and not very homely. They also found that visiting rooms were small and

there were not enough activities to keep younger children entertained. We also saw this during our inspection. NHS England commissions this service and the trust had no immediate plans to provide a more suitable environment.

In learning disability services, the environments in Woodside and Ingram were not fit for purpose. The trust had identified this issue and a new purpose built ward was in the final stages of completion to replace these wards.

We found the decoration in Gainsborough, a ward for adults of working age, was tired and required attention.

The trust had an active programme of refurbishment of its buildings with a number of projects in planning or nearing completion at the time inspection including the refurbishment of community bases in the community service for adults of working age, wards in learning disability services and older people's services.

Most wards and teams had access to fully equipped clinic rooms. Equipment used within services was well maintained, regularly checked and serviced to ensure its safety.

Staff adhered to infection control principles and alcohol gel and handwashing facilities were available across all wards and team bases.

Staff alarms and nurse call systems were in place in wards. Where nurse call buttons were not available in rooms patients could use personal alarms to summon help or support from staff. Staff working in all community teams were provided with a personal safety device which helped locate the member of staff and summon help in an emergency. The use of these personal safety devices was audited to monitor their use in line with the trust's lone working policy.

The trust had 26 seclusion rooms across its wards. The majority of these rooms were safe and met the relevant guidance on seclusion rooms. However, we did identify issues in some areas, which included:

Are services safe?

- The wall covering in some seclusion rooms was not fixed to the wall correctly which meant that patients may have been able to remove it. The trust was aware of the problem and was working with the supplier of the wall covering to correct this in all affected areas.
- The seclusion rooms on Cheviot and Lindisfarne had low ceilings which meant that patients could reach the cameras in the ceiling which were used for observation.

In services for older people, the trust had designed Mowbray and Roker to Stirling standards. These are standards recommended by University of Stirling to provide dementia friendly environments.

Safe Staffing

In April, the trust employed 5825 staff and 3% of its posts were vacant. The trust had an average staff turnover rate of 8% during the period 1 May 2015 to 30 April 2016. The trust nursing establishment is 1850.6 whole time equivalent qualified nurses and 1373.7 whole time equivalent nursing assistants.

Across all inpatient services staffing levels were based on the complexity of patient's needs. We saw evidence of staffing levels regularly exceeding the agreed staffing levels to reflect changes in patient need. Ward managers and nurses in charge of shifts had the autonomy to increase staffing levels where this was required. Staffing levels in most areas allowed patients to be supported in activities and one to one time with named nursing staff. For patients detained under the Mental Health Act there were very few occasions when section 17 leave had to be cancelled as a result of staffing issues.

All services had access to a multi-disciplinary team which was formed by a range of professionals to meet the assessed needs of patients. Members of multi-disciplinary teams included doctors, registered nurses, occupational therapists, psychologists, social workers, speech and language therapists and physical health nurses. There was good access to psychiatry across services both in and out of normal working hours which meant that patients could be assessed quickly when this was required.

In medical services at Walkergate Park, the centre was accredited as a specialised level 1 rehabilitation service meeting British Society of Rehabilitation Medicine medical staffing standards.

In some services a flexible staffing workforce was also available. At St Georges Hospital, experienced flexible staff were placed on shift for the hospital and were allocated to the wards at the start of the shift as additional staff to meet patient need or to cover staff sickness and absence.

In community services staffing levels and the range of skills within the team were based on those commissioned. Community services for working age adults and community services for children and young people had particular pressures in relation to referrals and caseload. In community services for working age adults if additional staff were needed these were secured through agency fixed term contracts. All use of bank or agency staffing in these teams were agreed with senior management and team managers told us they felt that requests for additional staffing was supported by senior managers. In children and young people's services, the trust had responded to an increase in waiting times during 2015 by securing short term investment from commissioners to increase staffing levels and reduce the waiting time. The trust was in discussion with commissioners regarding how this reduction in waiting times can be maintained when the current additional funding ends.

The vacancy rate for qualified nursing (14%) and nursing assistant posts (9%) was higher than the overall trust average. The trust had good understanding of its qualified nursing workforce requirements into the future and the challenges in meeting these requirements. The trust demonstrated a commitment to developing its current workforce through additional training and education to meet its future needs. In addition, the trust were actively seeking recruitment opportunities locally, nationally and internationally.

Forensic and secure inpatient wards had the highest qualified nursing vacancy rate at 20%, and wards for people with LD or autism was second highest at 17.7%.

Mental health crisis and HBPOS had the highest nursing assistant vacancy rate at 31%. The second highest was Community based MH services for older people at 23.5%.

Other services with both qualified nursing and nursing assistant vacancies higher than the trust average (of 14% and 9% respectively) were wards for people with LD or autism, acute medical outpatients and MH crisis services & HBPOS.

Are services safe?

In all areas, bank staff were used to cover sickness, absence or vacancies in the first instance. Bank staff covered 7986 shifts between 1 May 2015 and 30 April 2016. The highest use of bank staff to cover shifts was wards of people with LD or autism (1622 shifts) and wards for older people with MH problems (1458 shifts). Agency staff were used to provide this cover if bank staff were not available with 2240 shifts during the same period. The highest use of agency staff was in Child & Adolescent MH wards with 1447 shifts being covered between 1 May 2015 and 30 April 2016. During this period, 1098 shifts were not covered with bank or agency staff across the trust.

Staff turnover and sickness rates during the period 1 May 2015 – 30 April 2016 showed that two of the 14 core services had turnover rates above the trust average of 8% with Community-based mental health services for adults of working age having the highest rate of 11%. During the same period, seven of the 14 core services had vacancy rates above the trust average of 3% with Community-based mental health services for older people having the highest rate of 9%.

Sickness rates during the period 1 May 2015 – 30 April 2016, four of the 14 core services have sickness rates above the trust average of 5% with wards for older people with mental health problems having the highest rate of 8%.

As at May 2016, the mandatory training compliance for all services across the trust was 92% against a trust target of 85%. Staff were able to view their current mandatory training status on “my dashboard”. This online tool allowed staff to easily access information regarding their employment including training courses.

Only three training courses failed to achieve the 85% trust training compliance target, clinical supervision (79%), prevention and management of violence and aggression breakaway (81%) and safeguarding children Level 3 (81%).

Information governance training (91%) was also below the separate trust compliance target of 95%.

Long stay/ rehabilitation mental health wards for adults of working age and wards for people with learning disabilities or autism both had the highest percentage of staff completing training with an overall compliance of 95%. Medical services at Walkergate Park had the lowest training compliance with 87%, Specialist community mental health services for children and young people followed with 88%.

Records and Record Keeping had the highest training compliance across the trust with a 99% completion rate. Clinical supervision scored the lowest out of all the training courses with 79% of staff being trained.

Assessing and managing risk to patients and staff

We looked at patient records during the inspection. Records contained up to date risk assessments and management plans which were reviewed regularly to ensure they were up to date. The trust used the functional analysis of care environments risk assessment tool and other specialist risk assessment tools, which looked at a set of risk indicators relevant to the patient. Across all services, staff discussed patient needs and any current risks within handover meetings. In some areas, these handover meetings were only allocated 10 minutes. Although a training video was available to support staff to use the time effectively, staff sometimes stayed at work after their shift had finished making sure all patients were discussed.

In community services for working age adults, there was a system in place where staff contacted patients on waiting lists at least once every four weeks and completed a welfare check conversation. Staff would reassess patient need and risk during this conversation. In community services for children and young people and community services for older people, a waiting list was maintained but after initial triage and assessment of risk, there was no system to monitor or detect changes in the level of risk. Contact details were provided explaining how patients and carers could access help if the patient’s mental health deteriorated or risks changed whilst waiting for treatment. However, this meant that the service was not proactively monitoring people waiting for treatment.

The trust had an observation policy and staff understood their responsibilities when carrying out observations. The level of observation was determined by staff from the presentation of the patient and their risk assessment. The trust policy stated that observations should be used as a period of positive engagement where possible rather than an intrusive action.

Some wards had locked doors which stopped patients and visitors entering or leaving without speaking to staff. Where wards were locked, the trust displayed notices explaining the reasons why the ward was locked and how to access staff assistance to open the door. Staff also informed informal patients of their right to leave wards and how to request the doors are unlocked to facilitate this.

Are services safe?

In low and medium secure wards the entrance to wards was through an airlock, controlled by staff. An airlock strengthens security by providing an additional locked room that all staff, visitors and patients have to pass through to gain entrance or exit from a building. In Hopewood Park, access to rehabilitation wards was through an airlock. This level of security is more appropriate to a secure setting than a rehabilitation ward.

On Woodhorn, Akenside, Castleside and Mowbray, there were some blanket restrictions around access to bedrooms. On Castleside, Rosewood and Roker access to secure outside space was restricted. We also found some blanket restrictions around access to bedrooms and kitchens at Castleside, Rosewood and Roker in wards for older people with mental health problems. A blanket restriction is a restriction imposed on a full ward due to the risks identified for some patients.

There was a trust search policy. This policy stated which items were not allowed on the wards and items that were restricted and staff would hold. Searches would be carried out only if staff were concerned about a risk to the patient or to the therapeutic environment. Staff would first speak to the patient regarding risk items and ask for consent if a search was required. Where a patient was detained under the Mental Health Act and they would not consent, a search would only be carried out following a multi-disciplinary team meeting. We saw evidence that staff followed the trust's policy when carrying out a search. The trust also had a search dog which visited wards where there were concerns that drugs had been smuggled on to the ward. The search dog also visited wards as a patient therapy dog when not searching for drugs.

The CQC received 73 direct notifications from Northumberland Tyne and Wear NHS Foundation Trust between 1 April 2015 and 26 April 2016. Of these notifications, 72 (99%) were Deprivation of Liberty Safeguards applications. The majority of Deprivation of Liberty Safeguards applications were made for patients at Walkergate Park (28) and Craigavon Short Break Respite Unit (18).

The CQC receive safeguarding notifications regarding providers. There are two types of safeguarding notifications, alerts and concerns. Safeguarding alerts describe instances where the CQC are the first receiver of information about abuse or possible abuse, or where we may need to take immediate action to ensure that people

are safe. Safeguarding concerns describe instances where the CQC are not the first receiver of information about abuse, and there is no immediate need for us to take regulatory action. For example, where the CQC are told about abuse, possible abuse or alleged abuse in a regulated setting by a local safeguarding authority or the police.

There were 24 safeguarding notifications recorded by the CQC regarding Northumberland Tyne and Wear NHS Foundation Trust between 6 March 2015 and 25 April 2016. These may still be going through the process of being confirmed as safeguarding notifications. Of the 24 notifications, 22 (92%) are closed. Hopewood Park has the highest number of safeguarding notifications with 5 (21%).

Staff across services had a good understanding of safeguarding and were able to explain the safeguarding procedure to us. There was evidence of appropriate safeguarding referrals to local safeguarding teams and attendance at multi-disciplinary meetings with the local authority.

The trust have participated in seven serious case reviews for which they have developed and implemented action plans during the period 1 December 2013 to 30 November 2015. These serious case reviews were carried out by local safeguarding boards in Sunderland (two reviews in December 2013 and one in November 2013), South Tyneside (December 2015, January 2016 and July 2016) and one review in Northumberland in August 2014.

The trust had a positive and safe strategy, which outlined in detail the organisational position in relation to the prevention and safe and therapeutic management of aggression and violence. Staff received mandatory training in the prevention and management of violence and aggression. Staff were trained in the use of de-escalation techniques to reduce the need to use physical restraint.

The trust had 4,021 incidents of restraint and 966 incidents of seclusion between 1 November 2015 and 30 April 2016. There were 1,481 incidents of prone restraint which accounted for 37% of the restraint incidents, of which 420 resulted in rapid tranquilisation. The trust had a rapid tranquilisation policy, which was in line with National Institute for Health and Care Excellence guidance (NG10). Staff followed this policy to keep patients safe following rapid tranquilisation.

Are services safe?

Child and adolescent mental health wards show the highest number of restraint incidents with 2,211 (55%) involving 66 individual patients and the highest number of incidents of seclusion (418, 43%). There was a low use of restraint within forensic inpatient services with 33 restraint incidents and 17 incidents of seclusion, during the period.

In acute admission and psychiatric intensive care services, staff including ward managers and clinical leads, held monthly “positive and safe” meetings where they reviewed all incidents that had happened to see if they could improve their practice. The trust positive and safe strategy included the use of mechanical restraint, the use of handcuffs and emergency response belts. The trust also had a practice guidance note for staff on the safe use of mechanical restraint equipment. These documents were in line with the Mental Health Act Code of Practice on the use of mechanical restraint. In areas where mechanical restraint was used care plans were in place and appropriate authorisations had been sought, in line with trust policy and the Mental Health Act Code of Practice. In acute admission wards and wards for children and young people, emergency response belts and soft handcuffs were being used during the transfer of patients either to wards for admission or to seclusion rooms off ward.

The ward-based clinical pharmacy service was available during normal hours Monday to Friday with a limited medicines supply service at weekends and a pharmacist on-call service for information and advice outside working hours. Ward staff told us about the comprehensive support provided by the pharmacy team, which included a visit by a clinical pharmacist at least twice per week and attendance at multidisciplinary team meetings. An electronic medicines storage and management system was in use on some wards as well as a system for remotely clinically checking prescriptions. This enabled ward pharmacists to spend more time in patient-facing activities rather than being involved in medicines supply. There was also the facility for pharmacy staff to label medicines on the ward for patient discharge or periods of home leave.

Pharmacy staff checked patient’s medicines on admission on all wards, and we saw examples of how this worked to ensure patients received the right treatment. Medicines reconciliation was monitored on a monthly basis on all wards, however, the trust had set a standard of completion within 72 hours which is not in accordance with

national guidance (National Institute for Health and Care Excellence 2015: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes).

Staff we spoke with knew how to report medicines errors and incidents via the trust online reporting system and they were supported by managers to learn from incidents. Arrangements were in place to ensure medicines incidents were investigated through the trust governance arrangements and senior clinical pharmacists routinely attended incident review panels. Trends and patterns were identified and discussed at the Safer Medication Practice Sub-Group of the Medicines Management Committee. Appropriate actions were taken in response to incidents and learning shared to prevent reoccurrence.

We found physical health monitoring was carried out in accordance with national guidance. Monitoring following rapid tranquilisation was carried out in accordance with the trust policy although we saw one example on the CAMHS ward where monitoring had not been recorded. We saw some examples of care planning for people with long term physical health conditions; however this was inconsistent across the trust. For example, on one ward we saw a comprehensive care plan for a patient with chronic obstructive pulmonary disease (a breathing disorder), which contained detailed and personalised information about their management. However, on the same ward for another person with the same condition there was no care plan in place. We also found a lack of guidance for some “when required” medicines. For example, we saw a person who was prescribed a variable dose of a medicine for agitation who had been given the highest possible dose. There was no information to guide staff what dose to administer, and no rationale had been recorded in the progress notes to support this decision.

Supplies of emergency equipment, oxygen and defibrillators were adequate and stocks of emergency medicines were kept in line with the trust’s resuscitation policy. The trust had taken the decision to only stock adrenaline as an emergency medicine because staff had not been trained in advanced life support (national guidance recommends immediate life support as a minimum standard for staff who deliver or are involved in rapid tranquilisation, physical restraint and seclusion).

Are services safe?

We looked at the systems in place for medicines management across the long stay/rehabilitation wards at Hopewood hospital. We reviewed 21 prescription records and spoke with nursing staff that were responsible for medicines.

Medicines were stored securely and were only accessible to authorised staff. There were appropriate arrangements for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Medicines were stored appropriately and temperatures monitored daily in line with national guidance.

Prescription records were completed fully and accurately, and medicines were prescribed in accordance with the consent to treatment provisions of the Mental Health Act for most people.

There was a policy in place to monitor high dose antipsychotic treatment. We saw patients were monitored in line with trust policy.

'When required' prescriptions contained relevant information to enable staff to administer them safely. However, staff had not updated the care plan following changes to prescribed medication.

Some patients managed their own medications under the supervision of a nurse and staff discussed patients' progress at multi-disciplinary team meetings.

Track record on safety

We analysed data about safety incidents from three sources: incidents reported by the trust to the National Reporting and Learning system, and to the Strategic Executive Information System and serious incidents reported by staff to the trust's own incident reporting system. These three sources are not directly comparable because they use different definitions of severity and type and not all incidents are reported to all sources. For example, the national reporting and learning system does not collect information about staff incidents, health and safety incidents or security incidents.

Providers are encouraged to report all patient safety incidents of any severity to the National Reporting and Learning Service at least once a month. The most recent Patient Safety Incident Report (covering 1 April 2015 to 30 September 2015) states that for all mental health organisations, "50% of all incidents were submitted to the

National Reporting and Learning Service more than 26 days after the incident occurred." For Northumberland Tyne and Wear NHS Foundation Trust, "50% of incidents were submitted more than 15 days after the incident occurred which means that it is considered to be a consistent reporter."

The trust reported 10,472 incidents to the National Reporting and Learning Service between 1 January 2015 and 31 December 2015. When benchmarked against other providers, the trust were in the middle 50% of reporters of incidents. Of the incidents reported, 43% (4,573) resulted in no harm to patients, 50% (5,181) of incidents were reported as resulting in low harm to patients, 5.5% (575) in moderate harm to patients, 0.6% (60) in severe harm to patients and 0.8% (83) in death. The National Reporting and Learning Service considers that trusts that report more incidents than average and have a higher proportion of reported incidents that are no or low harm have a maturing safety culture. Of the incidents reported to the National Reporting and Learning Service, 40% were related to 'self-harming behaviour' (includes patient-to-patient), 17% to 'patient accident' and 15% to 'Disruptive, aggressive behaviour'.

Trusts are required to report serious incidents to the Strategic Executive Information System. These include 'never events' (serious patient safety incidents that are wholly preventable). The trust reported 94 serious incidents between 1 January 2015 to 31 December 2015. None of these were Never Events.

Twenty three of the incidents occurred in community mental health services for working age adults (24%). Fifty two of the incidents were classified as commissioning incidents (55%). All these incidents concerned patient deaths in the community but have not been categorised further. Twenty incidents of the unexpected death of a community patient were recorded during the period.

In the period 1 January 2015 to 31 December 2015, the trust reported 149 serious incidents through its Serious Incidents Requiring Investigation reporting system. Of these, 34% related to adult community mental health and 26% related to Substance Misuse.

All but seven of the incidents related to an unexpected or avoidable death or severe harm of one or more patients, staff or members of the public.

Between 1 April 2015 to 30 April 2016 (inclusive), the trust reported a total of 34,658 incidents. The highest number of

Are services safe?

incidents were reported by wards for child and adolescent mental health services with 27% (9,305). 4,437 of these incidents were categorised as aggression & violence, followed by self-harm with 2,586 incidents.

Acute admission and psychiatric intensive care wards had the second highest number of incidents reported with 1,958 for aggression & violence, self-harm also followed with 630 reported incidents. Aggression and violence accounted for 39% of the incidents reported trust wide, followed by self-harm with 14%.

Ninety three percent of the incidents reported were categorised as no or low harm. Moderate harm incidents accounted for 4%, major harm for 0% and catastrophic/death for 3%. The majority of the death incidents had a cause of 'Unexpected Death – Natural Causes' which accounted for 64% of the death incidents reported, followed by expected death at 12%. Community based mental health services for older people had the highest number of incidents reported with a severity of catastrophic/death with 397. 300 (78%) of these were caused by unexpected death – natural causes, followed by 81 (20%) by expected death.

Community based mental health services for adults of working age had the second highest number incidents reported with a severity of catastrophic/death with 185. 97 (52%) of these were caused by unexpected death – natural causes, followed by 15 (8%) by expected death.

Mental health crisis services and health-based places of safety had the third highest number incidents reported with a severity of catastrophic/death with 162. 99 (61%) of these were caused by unexpected death – natural causes, followed by 15 (9%) by Unexpected Death - More Than 6 Months.

The NHS Safety Thermometer measures a monthly snapshot of areas of harm including falls and pressure ulcers. The trust reported 10 new pressure ulcers during the period March 2015 to March 2016. The highest monthly number reported was three in March 2016 with a prevalence rate of 1%. This was also the highest monthly prevalence rate during the 12-month period. There were no reported new pressure ulcers in May 2015, June 2015, July 2015, September 2015, October 2015, November 2015 and December 2015.

The trust reported 31 falls with harm during the time specified. The highest monthly number reported was four

which occurred in four of the 12 months; June 2015 (1% prevalence rate), August 2015 (1% prevalence rate), October 2015 (1% prevalence rate) and February 2016 (1% prevalence rate). The prevalence rate was at its lowest in July 2015 and September 2015 at 0.32% where there was one fall reported in each month.

The trust reported 13 catheter and new urinary tract infection cases in the time specified. The highest monthly number reported was three in December 2015. This was also the highest monthly prevalence rate recorded with 1.14%. No cases were reported during April 2015, August 2015, October 2015 and January 2016.

Reporting incidents and learning from when things go wrong

The trust has effective systems for the reporting and investigation of incidents. Staff across services told us about what they would report as an incident and how they would report it.

Some of the responses to questions in the NHS Staff Survey 2015 provide circumstantial evidence about the culture of safety and incident reporting. The percentage of staff witnessing potentially harmful errors, near misses or incidents in last month was the same as the national average for combined mental health trusts (26%). The percentage of staff reporting errors, near misses or incidents witnessed in the last month was 94%, higher than the national average of 91%. The trust reported a score of 3.79 in reporting staff confidence and security in reporting unsafe clinical practice.

There was an increase of 3% in the percentage of staff reporting that they experienced harassment, bullying or abuse from staff in the last 12 months (17%). This is five percentage points lower than the national average for mental health trusts. The trust board agreed actions, such as an information campaign across the trust, to encourage staff to speak out if they experienced bullying, harassment or abuse from other staff.

Staff reporting that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was 30%. This was two percentage points lower than the 2014 survey. The trust was 4% higher than the national average for staff reporting that they experienced physical violence from patients, relatives or the public in the last 12 months.

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3% of staff reported that they experienced physical violence from staff in the last 12 months. This was the same as the 2014 survey. This is higher than the national average for mental health trusts.

We reviewed serious incidents and found an appropriate level of analysis of the information available was carried out, in addition to the identification of the potential root cause and contributing factors of the incident.

Serious incidents were monitored and reported through the trusts management and governance structures, at all levels.

The trust had a central alerting system, which generated alerts to staff from incidents and observations reported. The trust also operated a communication system designed to share lessons learned following incident reviews. Staff received emails outlining the nature of the incident and key lessons learned. The trust carried out reviews of the actions taken after incidents to ensure that learning from incidents had been actioned and embedded into practice.

We saw examples of learning from incidents taking place at all levels in the trust. There was discussion about incidents in staff meetings or handovers and action agreed to prevent them happening again. In substance misuse services staff had access to an application designed to share information about incidents and to encourage learning and changes in practice. Learning from incidents was shared within and across care groups to improve services for patients.

The Chief Coroner's Office publishes the local coroners Reports to Prevent Future Deaths which all contain a summary of Schedule 5 recommendations made by the local coroners, with the intention of learning lessons from the cause of death and preventing deaths.

The trust has submitted one Prevention of Future Death report which they received in the 12 month period up to 1 April 2016 which raised concerns regarding the observation / engagement form and its completion. The trust responded to these concerns on 24 April 2015, accepting the conclusion of the Jury. However, the trust expressed concern regarding the conclusions reached and clarified the Observation Policy.

Duty of Candour

The trust has published a statement as a practice guidance note on its website: "Being Open" – Fulfilling our Duty of Candour in April 2016. In this statement, the trust promises to implement the 10 principles of being open in its actions and ensure that this practice guidance note is followed after all patient safety incidents where harm has occurred.

There is an expectation that all staff adhere to this practice guidance note in line with the trust's incident policy. It is the responsibility of the group directors, directorate managers and clinical nurse / community clinical managers to ensure that staff adhere to this practice guidance note in line with the Incident Policy.

Staff across services told us about the principles of the duty of candour and we saw examples where staff had been open and transparent with patients and carers when something had gone wrong.

We saw evidence that the trust was meeting its obligations under Duty of Candour.



Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

Our findings

Assessment of needs and planning of care

The trust uses RIO, an electronic patient record system to make all recordings regarding a patient's care and treatment. This system allowed staff across the trust to access both historical and current patient information without delay.

There was a comprehensive assessment of each patient's needs on admission. This assessment was holistic, covering a wide range of needs including physical and mental health. The majority of patient care plans were developed from this assessment, were individualised and accurately stated how the patients' needs would be met, focusing on outcomes, strengths and goals. Patients' care plans included crisis plans including key contacts and important telephone numbers. Children and young people were involved in the development of their care plans and we saw communication passports and colourful pictorial communication profiles which identified communication difficulties and goals.

In wards for older people, some care plans were not individualised and staff did not use the electronic record as their first point of reference. This meant that some patients did not receive care in accordance with their agreed care plan.

In forensic services, care planning and the care pathway followed 'my shared pathway' a recognised methodology, developed by service users, staff and commissioners of secure care which focuses on an individual's needs and outcomes.

Most patients and carers we spoke to said they had been involved in decisions regarding their planned care and had agreed their care plan.

Care plans also identified how to meet physical health needs and any additional support the patient would need to meet these needs.

Best practice in treatment and care

Care plans were recovery focused and reflected national guidance and local policies. In acute admission wards, discharge planning started at a 72-hour formulation meeting which took place after every admission. This meeting involved a consultant psychiatrist, a nurse, the discharge facilitator and the patient. Discussion took place regarding identified risks and the planned care and treatment.

The trust supported the physical health needs of patients through a physical health examination on admission and the provision of ongoing support to meet any needs identified from the assessment. This included support to attend primary care and acute hospital appointments, and dental care. The trust also employed a physical healthcare practitioner. This nurse provided advice and guidance to mental health nursing staff in meeting the physical health needs of patients. Prior to discharge from an acute hospital, the nurse ensured that patients' physical health needs could be met appropriately within a mental health ward.

In medical care services, treatment was in line with national guidance from the National Institute of Health and Care Excellence and local policies were updated regularly to reflect national guidelines. The care group reviewed patient outcomes through a number of audits and through the UK Rehabilitation Outcome Collaborative.

Substance misuse services followed the drug misuse and dependence UK guidelines on clinical management (department of health 2007). These guidelines were fully implemented and pathways aligned to them and followed within the services and one of the consultant psychiatrists has been a member of the consultation group for the updated guidelines expected in October 2016.



Are services effective?

We saw outcome measures such as the Health of Nation Outcome Scales, Short Warwick-Edinburgh Mental Well-being Scale, Goal Attainment Scaling and Recovery Star in use to inform the assessment of patients and to monitor the outcome of interventions.

In community services for people with learning disabilities, we found the positive behaviour support model to be embedded in the culture of the service and formed a significant aspect to patient's care.

Patients had access to a range of psychological therapies as part of their pathway of care. Psychology staff joined multi-disciplinary meetings and discussed potential alternatives to medication where this was appropriate.

Staff participated in local and national audit. Examples of local audit included, Emergency Preparedness (February 2015), Mental Health Act patient rights (March 2015), Governance Arrangements for Sustainable Development Audit Reference (January 2015), St Nicholas Park Pharmacy Processes for Ordering, receipt, Storage and Dispensing of Medicines (April 2015) and the National Audit of Schizophrenia – Action Plan February 2016.

The trust subscribed to the Prescribing Observatory for Mental Health and the National Audit of Schizophrenia to enable audit of prescribing practice against national standards and to benchmark their performance against other similar trusts. The pharmacy department also led a number of other clinical audits, for example prescribing for people with a personality disorder and the use of antipsychotics in people with a learning disability. An annual medicines management risk assessment was presented to the trust board to give assurances on key performance and safety indicators.

The National Audit of Schizophrenia – Round 2 for the trust carried out in 2014; found that overall prescribing and the monitoring of physical health risk factors was around average for the trust. The audit also found that availability of psychological therapies was below what should be provided, although was similar to other trusts. The trust developed an action plan in response involving staff from across the organisation. Some of the actions identified from the wider recommendations in the report require the support of commissioners. The trust has already completed some of the key actions although progress towards full implementation of actions is dependent on a range of other projects in progress.

Staff also supported a range of clinical audits which included, physical health monitoring of initiation of an antipsychotic in a crisis team setting (October 2015), improving the information given to patients admitted to Rosewood, Hopewood Park, about purpose and possible side effects of psychotropic medication (September 2015), clinical audit on prescription of psychotropic medications for referred patients for admission to inpatient learning disability child and adolescent services at Ferndene, comparing practice against standards and guidelines (September 2015), Prescribing Observatory for Mental Health antipsychotic prescribing in people with a learning disability (February 2016) and Prescribing Observatory for Mental Health UK prescribing for attention deficit hyperactivity disorder, adolescents and adults (October 2015).

The trust had a robust process for the development and monitoring of action plans to address identified areas of improvement in its audit programme.

Skilled staff to deliver care

Care and treatment provided to patients through a multi-disciplinary framework. The multi-disciplinary team in most areas included, doctors, registered nurse, speech and language therapy, social workers, psychologists, physiotherapy and occupational therapy.

The trust invested in the training and development of its staff. Staff who attended focus groups told us of the full support they received in their personal and professional development. Staff told us they had support from the trust to access a range training which was relevant to their area of work and to complete courses which would allow their career to develop. We spoke to a number of staff who, with support from the trust, qualified as registered nurses from their original role as nursing assistants.

As part of the appraisal process staff discussed and agreed their personal development plans. The trust's overall appraisal rate for non-medical staff exceeded the trust target of 85%. As at April 2016, the overall appraisal rates for non-medical staff was 87%. The core service with the highest average appraisal rate was medical services outpatients with 94%, whilst wards for children and young people had lowest appraisal rate with 80%.



Are services effective?

The trusts overall appraisal rate for medical staff met or exceeded the trust target of 85% in all core services, as at April 2016. Eight core services achieved 100% compliance. The lowest appraisal rate was within acute medicine. However this still met the 85% trust target.

In the NHS Staff Survey 2015, 92 % of trust staff said they had been appraised in the last 12 months compared to a national average of 89%. Staff also rated the quality of appraisal at 3.14 compared to 3.11 nationally.

The trust has provided their doctors revalidation information to the inspection team. In April 2016 the trust achieved the revalidation of 100% of its 213 whole time equivalent doctors.

A preceptorship programme was in place to support newly qualified nurses to develop confidence and competence in their chosen area of work.

Staff had clear job objectives and personal development plans which supported the trust business plan and aimed to improve patient care. Staff in most services told us that they received regular management supervision.

There was a detailed trust and local induction for agency and bank staff to undertake which made them familiar with the patient group and the running of the service on starting with the trust. The induction pack included orientation to the site and facilities, policies and processes, access to computer systems, a training checklist and the staff handbook. The staff handbook contained information on the trust values and vision, payroll and human resources information, the staff survey and training details. Each site also had an induction folder that outlined the service profile and the locality.

Multi-disciplinary and inter-agency team work

Services had structured multi-disciplinary and review meetings to discuss each patient's care and treatment in detail and any changes agreed. Meetings focused on the patients' needs, current risks and recovery. Patients and carers were encouraged and supported to attend many of these meetings to participate in their care. We observed staff to have a good knowledge of individual patients during discussions in these meetings.

The care programme approach supported the delivery of effective multi-agency care, treatment and support to patients. The care programme approach is a co-ordinated

approach used in assessing, planning and reviewing services with the patient. We observed a care programme approach meeting involving the patient, consultant psychiatrist, mental health nurse and social worker.

Nursing handovers took place at each shift change. Staff discussed each patient's current presentation and issues such as risk management or safeguarding. In some areas the handover period was limited to 10 minutes. Where there had been significant changes in relation to patient care or new patients admitted staff would stay on shift to complete the handover.

Staff in the trust maintained excellent links with other teams within the trust and external agencies. In community services for people with learning disabilities, teams routinely provided service user specific training to third sector organisations working in partnership to provide the best care for service users. Feedback from external organisations highlighted good liaison with external organisation, with staff stating they felt valued and involved in person centred care. In community services for working age adults, teams attended regular interface meetings with local authorities, primary care services and third sector organisations to improve multi-agency working.

In community services for children and young people, staff had positive working relationships with mainstream schools and schools for young people with special needs. Staff described that they were able to observe and assess young people in school when necessary. The service also worked closely with third sector organisations which provided additional support for school or home observations for young people starting the autism diagnosis pathway and voluntary organisations which provided counselling interventions for young people.

In the NHS Staff Survey 2015, the trust scored 3.85 for staff reporting effective team working compared to a national average of 3.82 which is considered a similar finding.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Trust policies and procedures which linked to the Mental Health Act reflected the revised Mental Health Act Code of Practice. We looked at the results of trust audits in relation to section 132 rights, use of section 136, Mental Health Act tribunal reports and consent to treatment. We found that the audit on section 132 rights allow 7 days for rights to be given to the patient following admission to hospital. The



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trust found that they were 100% compliant with this standard. However, it would be best practice to ensure a patient receives and understands their rights much sooner following admission.

We also found that there were issues in relation to the use of section 62. The trust did not monitor its use and the request for a second opinion approved doctor was not always carried out in a timely manner. This resulted in 3 out of 13 cases where a request for a second opinion approved doctor was not made despite use of section 62.

Approved Mental Health Professionals told us that they had difficulty arranging for Section 12 approved doctors to assess patients. Section 12 approved doctors are doctors who have specific expertise in mental health and have received training in the application of the Mental Health Act.

We held focus groups for Mental Health Act administrators and hospital managers and met with the Mental Health Act legislation lead. During the inspection period we also visited one of the Mental Health Act offices to review the processes they followed.

The trust had clear systems to check Mental Health Act forms and documents for all patients. There had been a recent reduction of staff within the Mental Health Act office but staff were able to carry out the function of the office and meet deadlines. Hospital managers had received training in their role and there were adequate numbers in the role. However, the current managers did not represent a cross section of the community in the area the trust serves. The trust advised it had made attempts to address this issue but have not been successful in resolving this to date. We found documentation in relation to hearings to be comprehensive. Hospital managers were aware of requirements regarding Community Treatment Orders and recall and have been declining renewals of these orders and ending detention if appropriate. The hospital managers have access to legal advice if required.

Compliance with the Mental Health Act was good across services. In wards for children and young people and wards for older people, patients were not given their rights on a regular basis. The high presence of an Independent Mental Health Advocate in wards for children and young people

provided some mitigation in this service. In wards for older people referrals to Independent Mental Health Advocate was not timely. In many services staff did not record the patient's perspective of how section 17 leave had been.

Mental Health Act Reviewers visited eight seclusion rooms during the inspection. In three of the rooms there was standing water on the floor which posed a potential slip hazard. In one room staff had reported it as a maintenance issue. In the other two rooms staff were unaware of issue as they had thought the cause was the cleaning of the room. Seclusion rooms at Kenneth Day Unit, wards for people with learning disabilities, have low ceilings which meant that patients could reach the CCTV cameras that support the observation of patients in this room.

In the seclusion room at the rehabilitation ward there was a sanitary bin in the toilet area. Although there was no patient using the seclusion room at the time, it was unclear if the bin would be risk assessed before a patient entered. All seclusion reviews were found to have taken place within the required timeframe and records were well kept to evidence that seclusion used correctly.

Segregation was in use in two areas, Walkergate Park and Alnwood. Mental Health Act reviewers looked at the use of segregation and found that the staff followed the requirements of Mental Health Act Code of Practice.

There were 45 Mental Health Act Reviewer visits between 1 April 2015 and 26 April 2016, of which were 44 were unannounced and one was short notice. Over the 45 visits there were 212 issues found at locations across the trust.

The highest category for issues was Purpose, Respect, Participation, least Restriction with 73 issues, equating to 34% of the total. Admission to the Ward followed with 51 issues; 24% of the total. Castleside and Wilton on Alnwood (previously known as Roycroft 3) both had the most issues in a single visit (9 each). Marsden view and Willow View Ward both had the lowest number of issues in a single visit (0 each).

The trust provided actions statements following these visits to tell us how they would address the issues and at the time of inspection the trust had addressed the majority of issues.

As at May 2016, the trust reached 86% compliance for the number of staff trained in the Mental Health Act. Four of the core services failed to achieve the trust target of 85%



Are services effective?

compliance. Substance misuse had the lowest compliance rate with 78%, Specialist community mental health services for children and young people with 79%, Acute Medicine with 80% and Child and adolescent mental health wards with 81%.

Mental Health Act training reflected the changes to Mental Health Act Code of Practice (2015).

Good practice in applying the Mental Capacity Act

The trust had a Mental Capacity Act policy in place. In May 2016, the trust had a compliance rate of 90% for Mental Capacity Act training across its services. Only specialist community mental health services for children and young people were not meeting the trust target of 85%. Staff complete Mental Capacity Act training every three years to keep their knowledge current.

Staff understanding of the Mental Capacity Act varied across services but they were aware of the trust policy and key issues in relation to capacity and consent. Staff said that they could access advice on the Mental Capacity Act when needed.

We saw evidence in services of the assessment of capacity as part of a patient's care and treatment.

The trust provided information around the Deprivation of Liberty Safeguards applications they have made between 1 November 2015 and 30 April 2016. There were 118 Mental Health Deprivation of Liberty Safeguards applications made with over half (65 applications, 55%) being made at by Medical services at Walkergate Park.

CQC records show that we received 66 Deprivation of Liberty Safeguarding Applications from the trust between 1 April 2014 and 31 December 2015. Medical services at Walkergate Park made the majority of applications (28). Craigavon Short Break Respite Unit made 12 applications during the period.



Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

Our findings

Kindness, dignity, respect and support

Across all wards and teams, patients spoke very highly of the staff and the quality of care they received. Patients and carers told us staff were caring, respectful and supportive. In some services, patients were keen to tell us about specific members of staff where they felt they had provided outstanding support and care.

We observed extremely positive interactions between staff and patients. Staff knew their patients well and showed a genuine wish to support them in their recovery. In wards for people with learning disabilities, staff took patients' communication skills into account, and we saw copies of easy read and pictorial care plans. Staff had also developed pictorial aids specifically for use with patients for de-brief after an incident or episode of seclusion.

We found staff we spoke to during the inspection and in focus groups to be passionate about their work and proud of the care and treatment they provide to patients and their carers. Staff engaged with the inspection process and talked to inspectors about the care they delivered and the improvements they would like to see for patients.

The 2015 patient led assessment of the care environment survey rated privacy, dignity and wellbeing for the trust at 92%. This was above the England average of 86%. The survey rated wards for learning disability and autism on the Northgate Hospital site at 97% and Rose Lodge, at 90%. The score for Craigavon was 72%. The unit had developed an action plan to resolve the issues highlighted following the survey. All actions from the survey were completed.

The Friends and Family Test, launched in April 2013, asks people who use services whether they would recommend the services they have used; giving the opportunity to feedback on their experiences of care and treatment.

The trust has scored below the England average for recommending the trust as a place to receive care for each

of the six months in the period between September 2015 to February 2016 scoring between 78% and 84%. Those that would not recommend the trust as a place to receive care was similar to the England average. The response rate over the period has been significantly below the England average and therefore less likely to be representative of the standard of care delivered.

The most recent month of February 2016 (also the highest response rate with 1.1%) has the highest percentage who would recommend and also the lowest who would not recommend the trust as a place to receive care.

The staff Friends and Family Test launched in April 2014 in all NHS trusts providing acute, community, ambulance and mental health services in England. It asks staff whether they would recommend their service as a place to receive care, and whether they would recommend their service as a place of work.

The percentage of staff who would recommend the trust as a place to receive care is slightly below than the England average at 75% compared to 79%. However, staff who would not recommend the trust as a place to receive care is slightly lower than the England average at 6% compared to 7%.

The trust had a higher staff response rate than the England average (13% compared to 11%) from 1 July to 31 September 2015.

At the start of 2015, the Care Quality Commission Community Mental Health Survey questionnaire was sent to 850 people who received community mental health services from the trust. Responses were received from 227 people who used these services.

The trust achieved a score similar to other mental health trusts in nine of the ten questions with the remaining question relating to planning of care, scoring better than other similar trusts at 7.3.

We completed a short observational framework for inspection tool in a day service for older people. This is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems. These



Are services caring?

tools showed a high level of good interactions between staff and patients. Staff knew the history of the patients attending and brought information about their previous employment into conversation. There was lots of laughter and familiarity between the staff and patients. The two patients we spoke with told us they enjoyed attending.

The involvement of people in the care they receive

All wards had an admission process which included welcoming new patients onto the ward. Most wards had a welcome pack for new patients; this information was also on the trust website.

In relation to privacy, dignity and wellbeing, the 2015 PLACE score for Northumberland, Tyne and Wear NHS Foundation Trust is 92%, which is above the England average of 86%.

Four locations had a site score below the England average with Craigavon registering the lowest score with 72%, Royal Victoria Infirmary 81%, Monkwearmouth Hospital 81% and Hopewood Park 85%.

All wards had information boards with information about the ward and how to contact other services such as the Care Quality Commission. On many wards, staff photographs were on a board so that patients and visitors could see who worked on the ward and what their role was.

All detained patients had access to an independent mental health advocate as the Mental Health Act office made an

automatic referral to the advocacy service. Most of the detained patients asked during the inspection said they had seen and spoken to an independent mental health advocate.

When asked patients and carers mostly felt involved in their care and treatment. However, in some services the patient care record did not always evidence this.

In wards for older people, we saw very good involvement of families and carers. Wards invited carers and families to the 72-hour post admission meeting and all relevant meetings thereafter. Staff carried out carers assessments to ensure they had appropriate support if needed. Some staff on wards took on a carers champion role to ensure the carers and families were integral to the patient's care. Carers gave positive feedback about these services.

In rehabilitation wards, wellness recovery action plans incorporated the patients' perspective of how to manage their illness. Patients' views were also included in their recovery pathway and discharge planning records.

Community meetings took place on most wards, giving patients an opportunity to raise issues with staff. Records were made of the discussions within meetings and we saw evidence that staff had acted on the concerns raised. In other wards, changes made as a result of patient feedback were presented on "you said, we did" boards.



Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

Our findings

Access and discharge

The trust was meeting most of its referral to initial assessment targets. Targets had been set at 95% and the trust were achieving 100% for acute consultant led outpatient services and other consultant led services for patients being seen within less than 18 weeks. Community based mental health services for adults have a local quality target of 100% seen within 18 weeks.

The crisis service provided a 24hour a day 365 days a year service and accepted direct referrals from service users and staff were available to assess people who needed services immediately. There was no exclusion criteria so all people who needed services could access the crisis teams.

Specialist community mental health services for children and young people had local targets that vary depending on the service location. Community mental health services for children and young people had reduced the total number of people waiting for treatment by 65% within the past eighteen months. However, the trust target from referral to treatment was 12 weeks and the service was not meeting this target. Commissioners told us that the trust had worked successfully with them to reduce the waiting times, but they were beginning to see an increase in the waiting times more recently, however, the service had clear criteria for accepting referrals into the service and a thorough understanding of alternative services for referrals it could not accept.

The need of patients in community services for older people were met by services which were tailored to meet the needs of individual patients and able to respond quickly to referrals and did not therefore operate waiting lists. The community mental health team for adults of working age (non-psychosis) based in Gateshead held weekend assessment clinics when needed which prevented long waiting times.

Community services for people with learning disabilities had developed systems and processes that provided intensive and person centred support aimed at reducing the number of admissions to hospital in line with the recommendations from the Winterbourne View Interim Report 2012. This allowed people with learning disabilities easy access from referral to treatment and from treatment to discharge. This meant that service quickly saw service users and discharge was safe and with appropriate support.

The forensic inpatient ward often had difficulty finding suitable facilities for patients to progress on to which resulted in their ability to accept new referrals.

The optimum bed occupancy rate for hospitals varies between organisations depending on the context in which the service is provided. The National Audit Office has suggested that hospitals with average bed occupancy levels above 85% can expect to have regular bed shortages, periodic bed crises and increased numbers of health care-acquired infections. The trust provided details of bed occupancy rates for 59 wards between 1 November 2015 and 30 April 2016. The average bed occupancy rate was 84% across all wards. The bed occupancy rate includes leave days. Of the 59 wards, 32 had bed occupancies of 85% and above. All wards in the child and adolescent mental health core service were below 85% however, every other inpatient service had at least one ward with a bed occupancy for 85% or higher.

The acute wards for adults of working age had a system in place in which patients who were on leave from the ward were rated red, green or amber. New patients were not admitted to a bed rated as red so that the patient on leave was able to return to the ward at short notice.

Overall, the trust had an average of 315 days length of stay across all wards for discharged patients between January and December 2015, and 355 days for current patients as of 30 April 2016. The long stay rehabilitation wards had an overall average length of stay across the service of 343 days. This showed good coordination and links with community mental health teams leading to good throughput.



Are services responsive to people's needs?

There were 12 out of area placements between 1 November 2015 and 30 April 2016. Ten of these were for acute adult mental health wards, one for learning disability/autism wards and one for older people mental health wards. The longest placement had been in place since January 2016. The trust provided details of nine placements made before November 2015 which were still in place during the reporting period. The trust stated that these patients were originally placed out of area due to the complexity of their presentation and not due to the lack of bed availability. The number of patients recently placed in facilities out of area was significantly reduced and the trust had reached an agreement with each of the clinical commissioning groups that it would be allowed to keep any savings from reducing out of area placements to invest in services to enable patients to be treated within the trust catchment area.

There were a total of 193 readmissions within 90 days reported by the trust between 1 November 2015 and 30 April 2016 across 59 wards. The significant majority of readmissions within 90 days occurred in acute wards for adults of working age and psychiatric intensive care units, with 158 (82% of all readmissions within 90 days).

Long stay/rehabilitation mental health wards for working age adults had the highest percentage of readmissions within 90 days when compared with the number of admissions to the ward. However they recognised the importance of social inclusion to the recovery process and established links with local communities to enable continued recovery within the community.

Between 1 November 2015 and 30 April 2016 there were a total of 64 delayed discharges in the trust. The forensic wards often had difficulty finding suitable move on facilities for patients to progress on to which resulted in delayed discharges and their ability to accept new referrals.

In wards for older people, although discharge planning did not begin at an early stage, they did have robust plans in place to prevent a patient's re-admission following discharge from hospital.

Over the 12 months, March 2015 to February 2016, the reason of awaiting residential home placement or availability was the main reason for delayed patients transfer. However 18% were due to awaiting further NHS non-acute care and 14% were due to awaiting care packages in patients' own homes.

The trust recorded 99% of patients who are subject to the care programme approach had been followed up within 7 days after discharge in quarter 3 2015/16. This was just above the England average of 97%. The care programme approach is a way that services assess, plan and co-ordinate care for patients with mental health problems or a range of related complex needs. In the previous three quarters the trust performance has been consistently above the England average.

The facilities promote recovery, comfort, dignity and confidentiality

The trust had involved patients, carers and staff in the design and development of new services which meant that patients were cared for in environments which were comfortable, clean and spacious. There were however some environments which were less than optimal, for example in the wards for children and young people, the patients on Lennox ward could not easily go outside because the ward was on the third floor of the premises. This occasionally meant that young people were not able to access outside space. Some of the visiting rooms on these wards were ill equipped to keep families and patients entertained which impacted on the quality of visits.

Walkergate Park Centre for neurorehabilitation and neuropsychiatry and Hopewood Park hospital were both new buildings and therefore designed to the latest guidance and specification. At the Walkergate Park Centre the service designed wards in such a way to make optimum use of space to deliver patient care. The design of facilities and premises responded to the needs of the patient group who would use the buildings. We observed the layout of the centre enabled patients to exercise within the corridors to aid their rehabilitation. At Hopewood Park all wards had outdoor space, which patients could access. Patients in seclusion on the psychiatric intensive care unit could also access secure separate outside space at the back of the ward. The wards had cameras in all the communal areas, which meant staff could observe patients at a distance. The seclusion room on the psychiatric intensive care unit also had cameras but it did not record the patients whilst they were in seclusion. This allowed staff to monitor patients whilst allowing them space. However, we did identify that the design of Hopewood Park was to medium secure specification although the wards were not medium secure



Are services responsive to people's needs?

services. This meant that all wards felt like secure environments, including wardrobes with no doors, beds fixed to the floor and entry to the wards was through airlocks.

Patient-led assessment of the care environment survey in 2015 had rated food quality for the trust overall at 89%. This was above the England average. However, staff at Northgate hospital informed us that the cafeteria which was a place where patients were able to spend time off the ward with their families during visits had closed at weekends and the hospital was not located near to any similar community based facilities. This meant that patients and visitors only had access to an area with a vending machine to meet off the ward unless they left the hospital site.

A variety of therapeutic activities were available to patients and we saw some excellent initiatives to involve patients in activities within the local communities, such as those in forensic services which had organised a local museum to provide activities on the ward, trainee guide dogs visiting the ward.

At Hopewood Park hospital each ward had an activities organiser and patients also had access to the exercise therapy team. This team consisted of staff registered with the British Association of Sport and Exercise and holding a sports science degree. We saw evidence of a reduction in violence and aggression on the wards since the introduction of exercise therapy.

Both the forensic and acute wards had their own allotment where patients could grow their own produce and Ferndene had helped patients to set up a healthy snack tuck-shop where patients planned, budgeted and chose what to buy before preparing the snacks for sale as a group.

Meeting the needs of all people who use the service

The trust had a Chaplaincy service which provided spiritual care across the organisation. A chaplain visited the wards on a regular basis and they worked with people of other faiths to ensure patients received the spiritual support that was important to them. Community mental health services for adults supported patient's religious and spiritual needs by its inclusion in their care and treatment. Sunderland South community treatment team worked collaboratively with the trust chaplaincy service to link religion and spirituality into mental health recovery and treatment. The

chaplain held a small caseload and had dedicated time to work with people who used community based services in the Sunderland Area. The chaplaincy worker continued their involvement through the community to inpatient and onto rehabilitation with people when needed.

The trust acknowledged that it served a large Jewish community and that this community was represented in the makeup of the trust board or board of governors by one non executive director, however, the trust was actively seeking to increase the recruitment of non-executive directors and governors from within the Jewish community..

The patient bureau provided a number of services to patients across the trust, including assistance with benefits applications, setting up of a bank account within the trust and an online ordering service for inpatients who were unable to visit shops. The patients were able to choose goods which the trust then ordered and paid for on their behalf. The money was then transferred from the patient's bank account to the trust. Patients were able to access their trust banks statements online on the wards to enable them to monitor and manage their financial affairs. The bureau also ensured there was access to petty cash at all sites for emergencies and contingencies.

Patients who identified as lesbian, gay, bisexual or transgendered were treated with respect. We saw evidence that advice had been sought from the gender clinic, and networks supporting gay people and the trust had a consultant psychiatrist who led in the provision of transgender services. Staff were clear when asked that patients would receive treatment on a ward of their identified gender if they required hospital treatment.

The community mental health services for older people offered flexibility and choice to patients. Patient's individual needs determined which pathway and service they accessed and links with statutory and voluntary organisations allowed services to collectively deliver person centred care. There were occasions in wards for older people where the trust had placed patients with organic diseases such as Alzheimer's disease onto wards for patients with functional disorders, such as mood disorders due to shortages in beds.

We saw how the community services for people with learning disabilities had developed links with other organisations to meet the needs of people with learning



Are services responsive to people's needs?

disabilities. Teams had good links with GP surgeries and hospitals. Staff shared skills, experience and education regarding providing reasonable adjustments. This meant that people with learning disability or autism had better access to essential healthcare services. The Newcastle team had developed a breast screening project aimed at increasing the number of women with learning disability and autism attending the breast screening clinic. This was successful and had improved links and understanding in primary care settings.

The introduction of a street triage service in which mental health nurses accompany police officers to incidents where police believe people need immediate mental health support. This has significantly reduced the number of people assessed in the health based places of safety. The police also told us that following the introduction of the street triage service more people were returning to their own homes, as the officers on the beat had immediate access to advice and guidance from a mental health professional.

There were very few facilities and equipment to carry out physical examinations in the health based places of safety. However, the use of these facilities had reduced since the introduction of the street triage service.

At one location in substance misuse service the services were provided on the first floor of the building and there were no facilities for anyone with physical disabilities to access these areas, this was mitigated by using alternative rooms for clinical interventions or clients had to attempt to use the stairs.

Tissue viability is not a requirement of a mental health, specialist or learning disability nurses core skills. However, the trust identified that this skill was essential part of the holistic care provided to patients to manage skin integrity and provide wound care. The trust took the innovative decision to appoint a nurse who is a registered mental health nurse with tissue viability qualifications in order to provide a unique perspective on the potentially difficult management of this client group. The trust also has 122 tissue viability link nurses with a foundation skill in tissue viability who receive support from a tissue viability clinical nurse specialist. To assist the provision of effective and consistent interventions pictorial wound care plans were developed, these are to supplement the electronic care planning and formal interventions. These are used in complex care settings such as forensic and child and

adolescent services. Pictorial care plans help to engage patients and clinicians and allow consistent application of a chosen intervention, allowing more accurate review of outcomes. Staff use tablet computers to take pictures of wounds when a tissue viability nurse was unable to attend a patient in a timely way. This meant registered mental health nurses received guidance by tissue viability nurses how to deal with a wound until the tissue viability link nurse or clinical nurse specialist could attend.

Service users and carers were involved in the development of new IT projects, an example of this was the "Express yourself" group in the child and adolescent service, which was involved in the development of the a system set up to enable people to have appointments via Skype rather than face to face if that is their preference (Skype is a computer program that can be used to make free voice calls over the Internet to anyone else who is also using Skype). This has led to a reduction in missed appointments.

The trust had developed an app which enables access to all the patient information produced by the trust. An app is a software application designed to run on mobile devices such as smartphones and tablet computers. This enables access to information from any location at any time. The trust has received positive feedback from users of the app.

Listening to and learning from concerns and complaints

The trust received 330 written complaints 2014/15, 16 less than the 346 in 2013/2014.

The trust received 248 formal complaints with 161 upheld or partially upheld during the last 12 months (1 May 2015 – 30 April 2015). Community-based mental health services for adults of working age received the highest number of complaints with 31%.

Nine complaints were referred to the ombudsman, one of which was upheld. The trust responded to the ombudsman and to the complainant in the appropriate timescales and developed and shared the action plan with the complainant.

The trust wide quality and performance committee monitored complaints through a monthly report which highlighted any areas of concern. The care group quality and performance groups received complaint activity in their areas.



Are services responsive to people's needs?

The trust had a complaints and comments policy in place which was clear and easily understood. We found staff from across all areas of the trust knew how to deal with complaints and information for patients on how to make a complaint was on display. Teams discussed complaints in team meetings and key messages from complaints was shared from across the trust. In community mental health teams for older people staff actively reviewed complaints and provided feedback to patients on the outcomes. Sharing learning from complaints informs service development. CQC intelligent monitoring identified the

number of fully and partially upheld investigations into complaints as an elevated risk for the trust. However, during the inspection there was evidence of good investigation, learning and improving from complaints.

Patients told us they knew how to make a complaint and the patient advice and liaison service often attended patients' community meetings to help resolve complaints at ward level. However, not all leaflets were available in easy-read format for people with learning disabilities and autism which meant that important information was not easily available to promote safe and responsive care.



Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

Our findings

The trust had a clear vision which was to improve the wellbeing of everyone we serve through delivering services that match the best in the world. The vision is supported by their mission which was “We strive to provide the best care, delivered by the best people, to achieve the best outcomes.” Values which underpinned the vision were to be:

- Caring and compassionate
- Respectful
- Honest and transparent

The strategic objectives support the vision and values of trust. The trust was in the process of developing a new 5 year strategy, involving staff, patients and carers in the development.

Good governance

The trust had a board made up of a chief executive, a chair, 5 executive and 7 non-executive directors which provided overall strategic leadership. There was also a council of governors who provided a link to the communities served by the trust. The governors were enthusiastic and well engaged with the work of the trust, they told us they felt that the board of directors listened to them and their contribution to the trust was valued. Governors sat on various committees and were involved in the recruitment process for non-executive directors. They told us they felt well prepared and supported by the trust to undertake the role and had received training to enable them to fulfil all aspects of the role.

The executive management team provided executive oversight and decision making at board level. Below this, to support transformation of services the trust introduced, in 2011, a triumvirate model of operational management.

Three care groups; in-patient, community and specialist services were each led by a group director, medical director and a nurse director who were jointly accountable for the operational management.

We spoke with the directors of each triumvirate and found them to be cohesive teams who described the “whole being greater than the sum of the parts.” They could clearly articulate the strategy and the key issues and challenges they faced, and how they were responding to these. Clinical leads worked with senior leadership within triumvirates to ensure clinical engagement and involvement in operational management and direction. Staff, service users and carers had been involved in developing the strategy for each triumvirate.

There was a clear governance structure which had 6 committees providing assurance directly to the board. These were:

- Quality and performance committee
- Audit committee
- Resource and business assurance committee
- Mental health legislation committee
- Charity committee
- Remuneration committee

These committees were supported by 13 further groups, which made up the trusts integrated governance structure. Each care group also had its own governance structure in place which provide ward to board assurance.

In order to support the integrated governance agenda the trust had developed a bespoke electronic dashboard system which could provide real time information on workforce, safety and patient experience, finance, friends and family test, medical performance, clinical quality and performance figures. All staff had access to the system, from an individual clinician using the information to support patient care to the directors of the trust to inform and manage governance processes. We saw this in use by individuals, teams and managers throughout the trust to support operational and governance issues.

We attended a board meeting immediately prior to the inspection. The board followed the agenda and functioned



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effectively. The board received a presentation from a service user about their experience of care whilst a patient on one of their children and young people's wards. All members had the opportunity for debate and challenge on the issues discussed. In the public meeting, people had the time to ask questions and received appropriate responses from the board.

The trust's board assurance framework and corporate risk register were reviewed during the latter part of 2015/16. This review incorporated recognised best practice, recommendations from Monitor's well led governance review and further refinements suggested by the trust's internal audit. These included the controls to assurance and the inclusion of clinical audits which evidence assurance. In April 2016, the corporate decisions team, quality and performance committee, audit committee and board of directors agreed the revised board assurance framework and corporate risk register.

The process for populating and reporting on the trust's assurance framework was the subject of a review by the trust's internal auditors in 2015/16 and they confirmed it offered significant assurance with no issues of note. A risk management sub group of the corporate decisions team established in March 2016 led the further development of the framework.

The trust board assurance framework included those risks identified with a residual risk rated 15 and above linked to the trust's strategic objectives.

There were 23 risks on the Trust's Corporate Risk Register (April 2016), 9 of these are rated as moderate risks:

- Lack of ownership of public finance initiative buildings. Restrictions in contract hinder ability to develop estate.
- That we do not meet significant statutory and legal requirements in relation to Mental Health Legislation
- That we do not sufficiently develop the capacity of management and clinical teams to deliver change, including embedding leadership skills across the trust.
- That staff have a lack of key skills and knowledge
- That we do not effectively communicate with and involve service users and carers
- The risk that high quality, evidence-based and safe services will not be provided if we do not have robust clinical effectiveness processes in place, including the implementation of NICE guidance.

- That we do not have effective governance arrangements in place.
- That we do not further develop integrated information systems across partner organisations.
- That the trust fails to effectively support, promote and lobby the needs of people with mental ill health and disabilities.

The register identified action taken to mitigate these risks and was subject to regular review to reflect the current status of the risk and actions.

In the 12 months leading up to the inspection the trust had engaged in a process of benchmarking evidence and action planning for the Equality Delivery System 2. This is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. They also undertook the same process for the Workforce Race Equality Standard, a standard introduced in April 2015, to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. In the Equality Delivery System 2, the trust were rated as:

- Developing' for better health outcomes goal.
- Achieving' for improved patient access and experience goal.
- Developing' for representative and supported workforce goal.

The trust reported against the workforce race equality indicators a slight reduction from 2013/14 to 2014/ 15 in the percentage of black and minority ethnic staff in bands 8-9, (including executive board members and senior medical staff) compared with the percentage of black and minority ethnic staff in the overall workforce. However, the proportion of black and minority ethnic staff employed within the organisation was 3% and the number employed in bands 8-9 was 6.1%, reduced from 6.4%.

It also reported the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public and the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months as slightly higher among black and minority ethnic staff. The trust responded to this information through the formation of a black and minority ethnic staff network.



Are services well-led?

The Trust was a finalist in the Chartered Institute of Personnel and Development North East awards for the diversity and Inclusion in the workplace award and was awarded the NHS Employers diversity and inclusion partnership status for 2015/16. The trusts equality and diversity lead has become a member of the National Working Longer Group and will be working with NHS England on the introduction of the Workforce Disability Equality Standard. The trust's website also has a section in relation to Equality and Diversity with links to trust documents relating to equality and diversity, including the equality and diversity action plan.

In 2015, the trust started to work with the Time to Change campaign and at the start of 2016 signed the Employer's Pledge. They scored 6% higher than the national average for percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.

The trust undertook values based recruitment to ensure that it recruited staff who aligned to its vision of delivering services and had the required values, knowledge, skills and experience to provide those services. Staff at service level confirmed that the values based recruitment process ensured that people with the right attitude joined the trust. The senior leadership recognised that they had an aging workforce and they had developed a number of initiatives to recruit and retain staff. This included a retire and return initiative, supporting staff through apprenticeships, and development of a nursing academy where unqualified staff are supported to obtain a care certificate, and foundation degree, thus enabling them to undertake nurse training. The trust held recruitment events such as open days and were also looking internationally to recruit doctors and nurses. However, some staff felt that improvements in the central recruitment process could reduce the length of time it took to recruit staff into post.

The trust's overall appraisal rate for non-medical staff exceeded the trust target of 85%. As at April 2016, the overall appraisal rates for non-medical staff was 87%. The core service with the highest average appraisal rate was medical services outpatients with 94%, whilst wards for children and young people had lowest appraisal rate with 80%.

The trusts overall appraisal rate for medical staff met or exceeded the trust target of 85% in all core services, as at April 2016. Eight core services achieved 100% compliance. The lowest appraisal rate was within acute medicine. However this still met the 85% trust target.

The overall mandatory training rate was 92%, exceeding the trust target of 85%. We saw that additional specialist training was encouraged and how service specific training improved skills within teams. An example of this was in the adult acute inpatient wards where basic cognitive behavioural therapy and dialectic behavioural therapy training was provided to staff.

There was no trust-wide clinical supervision target, however the trust policy states qualified staff are to have formal clinical supervision at least once a month, and unqualified nurses should have formal clinical supervision every other month. The average rate across all 155 teams was 90% in the period 1 May 2015 – 30 April 2016. Of the 155 teams 108 (70%) had a clinical supervision rate of 80% or higher.

The trust had a director of research, innovation and clinical effectiveness who led the clinical effectiveness, research and development and clinical audit strategies.

The trusts clinical effectiveness strategy, 2014 to 2017 incorporated five key objectives which aligned to the strategic objectives. These were:

- All service users (and carers where relevant) will have the outcomes that are important to them, reported and tracked over time.
- There is evidence that the culture of the organisation is supporting staff in delivering clinically effective care.
- Routine measurements demonstrate that evidence-based guidelines, including, but not limited to National Institute for Health and Care Excellence quality standards, will inform care provided to all service users.
- There is evidence that the infrastructure of the trust will support staff to deliver clinically effective care.
- Routine measurements demonstrate that the physical health care needs of our service users are consistently recognised, monitored and managed.

Systems were in place throughout the trust to ensure that services provided were in line with national guidance.

The trust had a research and development strategy in place which was in the fourth year of a ten year aim, the aim



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being to match the outputs of the mental health trusts that were then the top in research and development performers, while ensuring those outputs were maximised locally. At the end of the third year, the trust was the second most research active mental health trust on the basis of the number of nationally funded studies it was involved in. The trust's annual research and development report, 2014-15 identified a number of examples of the impact that the strategy had in the previous three years, these include a project which improved recognition for alternative to drug treatments in schizophrenia, improvements for eye care in dementia and improvements in treatment for anxieties and phobias for people with autism.

A register of all clinical audits held by a central team at trust level was overseen at care group levels and available at trust, group or individual level. Audits were categorised as trust level programmes, group level programmes or individual programmes. Audits are not signed off as complete until an implementation plan was in place to effect any changes following completion of the audit. The trust were engaged in or had recently completed a number of national clinical audits

Inspectors saw evidence of participation in clinical audit at core service level across the trust. The child and adolescent community mental health teams gave examples where audits informed the review of operational issues such as staff capacity and caseloads. Within the community mental health teams for adults, clinical audits regularly took place, including an audit across all community adult mental health services in May 2016 into the reading of rights for people subject to community treatment orders. The findings of this audit identified that patients were not having their rights read every three months as per trust policy across all services. The teams subsequently developed action plans to rectify this and the findings of the audit were discussed in team meetings with all staff. Within the community services for learning disabilities, audits included referral rate audits, post involvement questionnaire audits, national institute of health and social care excellence guidelines audits and medication management audits. We saw many examples of how staff were involved or aware of clinical audits happening across older peoples services the service.

All community teams within the trust had access to some form of mobile technology which allows them to access the trusts IT systems from remote locations, however, due to

the rurality of some locations internet speeds the speed of access is slow and we were told by staff from one community team based at Monkwearmouth hospital of their frustration at not having access to mobile technology and of having limited access to computers at their base. There were challenges to improving access to technology on some of the wards due to the age of the building. However, the trust plan to introduce mobile technology such as Wi-Fi enabled tablet computers in these areas.

With the consent of the patient, staff are able to access relevant physical health information from the electronic record held by their GP and a pilot programme has commenced to allow GP practices to access information from the trust's electronic patient record. Enabling work is on-going to allow patients to access their clinical records

Relationships with stakeholders were very positive on the whole. Five Clinical Commissioning Groups and NHS England and NHS Scotland commissioned services from the trust. Stakeholders described the trust as having a willingness to work together on issues and as being a learning organisation. An example of this was following a service review undertaken by NHS England the recommendations made to improve the service were considered, including their relevance to other services, and implemented by the trust. An action plan then demonstrated how recommendations relevant to other services were to be implemented. There are some tensions in relation to clinical autonomy to admit to the tier 4 child and adolescent inpatient service. In recent months there had been a reported rise in admissions which NHS England had not agreed in advance. Both the trust and the commissioners felt this was due to the reduction in local authority funding. The commissioners believed that these admissions had a negative impact on the children as not all children in crisis have a mental health problem, however, the trust believe that it is difficult to refuse admission when the risks to a child are high should they remain in the community. The trust and NHS England were in discussions to resolve the problem.

The trust worked with Tees, Esk and Wear Valleys NHS Foundation Trust to provide considerable improvements to a region-wide eating disorders service, with two key, senior staff members from NTW seconded to the other Trust The



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organisations also have joint approaches to services within learning disabilities. The two trusts engage in bi-annual board to board meetings and are currently engaged in a joint project around how to categorise unexpected deaths.

The chief executive spoke about the difficulties of maintaining a good level of engagement with 5 clinical commissioning groups and six local authorities, and how, in order to maintain engagement, they have introduced a system whereby three directors are each responsible for the trust's business with two localities. In focus groups representatives from the local authorities spoke about improving relationships and that the trust had moved from being internally focused and difficult to work with to identifying shared objectives and being involved in partnership working.

Despite good working relationships, the chief executive stressed his concerns regarding the decline in social care due to reduction in funding.

A statement from Newcastle Council in the trusts 2015/16 Quality Account states that the council were particularly pleased to note the approach the trust has taken to understand the views of stakeholders and to seek ideas for quality improvement on which the quality account is based.

Local Healthwatch groups were generally positive about their involvement with the trust, they told us that they had welcomed the opportunity to be involved in the trusts quality accounts, however one Healthwatch team reported that the trust were not easy to work with.

A representative from Northumbria police described the trust as superb in relation to its will to work together on issues. An example of this is the development of the street triage service, which, since its introduction the area has seen a 70% reduction in the use of arrests under section 136 of the Mental Health Act.

The staff side bodies described to us a positive working relationship with trust officers, including the chief executive. They described how they felt listened to and how they had seen the trust amend policies in response to feedback from them. Following the results of the staff survey they were working jointly to further develop the trust's work in this area, including revising policy and communications

Leadership and culture

We found staff morale to be high throughout all areas of the organisation. The Chief Executive told us that everybody within the organisation could be a leader that they did not have to be in a management role. Staff throughout the organisation told us they had the autonomy to decide how they provided their service, based upon the needs of their service users and were involved in the decisions about the design and operation of their respective services. Staff across the trust said the culture had changed and improved significantly since the current Chief Executive took up post 2 years ago. Staff feel increasingly listened to and involved in changes. Feedback from staff in focus groups confirmed the leadership to be approachable, accessible and encouraging. Managers were visible and accessible and encouraged devolved decision making. Staff also told us about regular visits to ward areas by the non-executive directors.

During the inspection we held a number of focus groups for staff in a range of different roles and services across the trust. All staff we spoke to were enthusiastic and generally very positive about working in the trust. They told us that their ideas were encouraged and they received support to initiate changes and developments to their services, there was a consensus that staff felt involved in decision-making however the allied health professionals felt they did not have a clear pathway for representation at senior level within the trust. Staff recognised the trust as a caring employer, identifying well-being issues and giving staff support in a timely way.

Within six focus groups, including one with staff side / unions, there was acknowledgement of the trust having an open and transparent reporting culture whereby staff at all levels (including doctors in training) are encouraged and feel able to raise concerns and to report incidents and performance issues. Staff felt that one reason the trust was 'high' in reporting incidents was because the culture is to encourage all reporting including verbal abuse.

External stakeholders indicated the perception of leadership within the trust to be proactive and staff groups within the trust confirmed 'seamless cooperation' between the trust and local authorities.

Staff in all areas and disciplines spoke positively about the training and learning opportunities available to them, examples of these ranged from support to undertake foundation degrees to support to access to nurse training,



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engineering degrees in the facilities, secondment opportunities and post graduate clinical training opportunities. Junior doctors and qualified nurses noted the value of having study leave for exam preparation. The staff identified some areas for improvement in terms of how well the electronic system recorded and updated records of training and that the trust induction had recently changed and was no longer as comprehensive as was valued in the past. Staff commented that the MRC Psych training for doctors was too abstract, though it was noted that staff felt all other training was relevant and of a high standard. The trust was committed to developing new ways of working and has a high number of non- medical Responsible Clinicians approved under the Mental Health Act, which has a benefit for both staff and patients. Staff across the organisation felt that the trust had an appetite for and commitment to learning and development which was not just limited to formal training courses. Examples demonstrated learning activities were taking place through a culture of learning and improvement.

The trust achieved better than the average for mental health trusts in the 2015 NHS staff survey with 21 key findings that exceeded the average and the trust was identified as a positive outlier in relation to:

- Staff recommendation of the organisation as a place to work or receive treatment.
- Percentage of staff reporting good communication between senior management and staff.
- Percentage of staff suffering work related stress in last 12 months.
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

However the trust achieved below average results in two key areas. These were:

- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months.
- Percentage of staff reporting most recent experience of harassment, bullying or abuse.

The percentage of staff who would recommend the trust as a place to work is 5% above the England average - 67% compared to 62%.

Results of the 2015 General Medical Council training survey showed the trust scored above average for access to educational resources and feedback within forensic psychology, overall satisfaction and access to educational resources within medical psychotherapy and work load within psychiatry of learning disability. They did not score below average in any area.

The trust commissioned work from the human resources advisory service of a legal firm to help reduce the number of grievances, employment tribunals and staff suspensions. There has been a significant reduction in the number of grievance, and disciplinary processes as a result of processes introduced since. In 2013, the trust commissioned work from the Human Resources Advisory Service of a legal firm to help reduce the number of employee relations cases. Over the last three years there has been a clear reduction in such cases and the trust has seen positive benefits of the partnership. Reductions in cases have also included the number of tribunals reducing from 5 to only 1 and staff suspended from 16 to only 4 in May 2016.

We looked at two disciplinary cases and found the policy which was clear and sensitive to staff involved and followed was in both cases. The outcomes in each case were proportionate to the incident.

Fit and Proper Person Requirement

From 27 November 2014 a new regulation, the fit and proper person's requirement has applied to all NHS trusts, NHS foundation trusts, and special health authorities. Regulation 5 says that individuals, who have authority in organisations that deliver care, including providers' board directors or equivalents, are responsible for the overall quality and safety of that care. This regulation is to ensure that those individuals are fit and proper to carry out this important role and providers must take proper steps to ensure that their directors (both executive and non-executive), or equivalent, are fit and proper for the role.

Directors, or equivalent, must be of good character, have the necessary competence, skills and experience and be physically and mentally fit enough to fulfil the role. They must also be able to supply information including a Disclosure and Barring Service check and a full employment history.



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We saw the trust had in place a system for checking compliance with regulation 5. We reviewed the personnel records of three executive directors and two non executive directors. We found all to be compliant with the requirements of the regulation.

Whistleblowing

In response to The Sir Robert Francis report on 'Freedom to speak up' and the investigation at Morecambe Bay University Hospitals NHS Foundation Trust and their report 'Learning not Blaming' published in July 2015, the Department of Health, accepted a number of recommendations including that there should be a "Freedom to Speak Up Guardian" in every NHS trust and NHS foundation trust, appointed by the chief executive, to act in a genuinely independent capacity to provide the leadership and support to create a culture where staff understand and feel confident in raising concerns. Northumberland Tyne and Wear NHS Foundation Trust appointed a Chaplain into this position in December 2015; he provides Chaplaincy services 4 days a week to the trust and undertakes the role of Freedom to Speak Up Guardian 1 day a week. He had a clear vision to develop a Freedom to Speak Up champions' network, with the objective of having at least one champion on every trust site and ideally one in each team. Twenty five volunteers were in this role at the time of inspection. He spoke positively about the role and how he had worked with the training department to develop a "raising concerns" training module. At the time of inspection eighty staff members had completed the module. He had been involved in 6 concerns, and told us that the trust had taken all the issues raised seriously.

There have been two whistleblowing enquiries raised to the CQC in relation to Northumberland Tyne and Wear NHS Foundation Trust in 2016. Issues were regarding staff behaviour, staff levels and incidents of violence.

Staff throughout the trust were aware of how to raise concerns and told us they felt they would be able to raise concerns without fear and that their concerns would be heard.

Engagement with the public and with people who use services

The chairman spoke of how the role of governor had developed within the trust and how governors now sat on board committees and were engaged and empowered. Governors' spoke of a meaningful relationship with the

trust board in which their views were listened to in decision making at a senior level. A governor who had been a service user said they "felt valued and listened to," and consulted regarding major decisions.

Members of the executive team described the governors as ambassadors for the organisation. The governors were enthusiastic, well trained and very engaged with the business of the trust.

The service user and carer update is a newsletter which developed following feedback from service user and carer groups, service user and carer governors and individuals. We saw evidence of patient and public involvement in the development of the trusts quality improvement priorities for 2016/17 in the form of workshops and an online survey.

Quality improvement, innovation and sustainability

The trust has three long term quality goals,

- Reduce incidents of harm to patients.
- Improve the way we relate to patients and carers.
- Ensure the right services are in the right place at the right time for the right person.

Each year the trust sets new quality priorities to help achieve the quality goals. In 2015 these were:

- To improve the assessment and management of risk, which was made up of 3 parts,
 1. To continue the roll out of the enhanced suicide risk training course.
 2. To review the risk assessment tool used across the trust.
 3. To develop a Risk of Harm training package and develop trainers of the package.
- Greater choice, quality of food and timing of meals to inpatient areas.
- To improve communication to, and involvement of carers and families (focus on young carers).
- To improve waiting times for referrals to multidisciplinary teams.
- To continue to embed the Recovery Model.
- To ensure comprehensive diagnosis information is available in relation to community service users.
- To improve the recording and use of outcome measures by improving suppression rates of patient rated outcome measurement.



Are services well-led?

Although much of the work around the quality priorities was on going, the trust had achieved the targets set for 2015/16 in all areas except the plans for the suicide risk training course and the Risk of Harm trainers which were not fully achieved. This was carried forward into the 2016/17 quality priority.

The quality priorities for 2016/17 were developed in consultation with patients, carers and other stakeholders, these are:

- Embed suicide risk training for staff.
- Improve transitions between young people's services and adulthood.
- Improve transitions between inpatient and community mainstream services.
- Improve the referral process and the waiting times for referrals to multidisciplinary teams.
- Implement principles of the Triangle of Care.
- Improve the recording and use of Outcome Measures.
- Develop staff and their skills to prevent and respond to violence and aggression, through implementing the Positive and Safe Strategy.

The triangle of care is a tool, developed by carers, which supports therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains well-being. Used widely across mental health services, the trust was considering the suitability of the tool for use in learning disabilities services and for people with neurological conditions.

The Quality and Performance Committee monitored progress against the quality priorities regularly. Services across the organisation were able to identify their progress against the quality priorities using the electronic dashboard system.

The trust participated in external peer review and accreditation schemes and services from around the trust had gained accreditation in these schemes, including:

- The Quality Network for Forensic Mental Health Services.
- The Quality Network for Perinatal Mental Health Services.
- The Psychiatric Liaison Accreditation Network.
- The Accreditation for Inpatient Mental Health Services scheme.
- The Home Treatment Accreditation Scheme.
- The Quality Network for Community Child and Adolescent Mental Health Services.
- The Electro Convulsive Therapy Accreditation Service.
- The Memory Services National Accreditation Programme.

The trust has a high level of incidents of violence and aggression and of restraint. In order to understand the reasons for this and to improve practice the trust were implementing a 'Positive and Safe Strategy' which was led by the executive director of nursing, to reduce the use of restrictive practices in response to managing challenging behaviour, aggression and violence. Increasing their understanding of the causes of violence and aggression and training staff appropriately will help them to provide services that are safe for their patients and staff.