



# Our quality account

2023/24

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## Quality statement

**We're delighted to present our 2023/24 quality account. It's been another significant year in our strategic journey and we're very proud to be able to report on our progress.**

**We all know how challenging the health and social care landscape is. Demand has outpaced funding and the workforce is under pressure like never before. But despite these challenges, this year has been one of progress and investment at Everyturn.**



**Graham Puntis**  
(he/him)  
Vice Chair of Trustees



**Adam Crampsie**  
(he/him)  
Chief Executive

When we set our organisational strategy two years ago, our goal was to return to our roots of working in close partnership with the NHS. The work we've done over the last 12 months has done just that.

We're proud to support the North East and North Cumbria Integrated Care Board (NENC ICB) as the voluntary, community, and social enterprise (VCSE) lead for mental health, helping to join up the system to align with the ICB's strategy. Adam was also invited to chair the ICB's VCSE sub-group.

Integration has continued to be key to our activities this year. Whether launching new services to relieve pressure on the NHS and Northumbria Police, investing in best-in-class clinical systems to improve interoperability and outcomes, or expanding our services into new areas, we're continually investing in our role as a trusted partner of the NHS.

We are very pleased with the progress against our 23/24 quality priorities. These have had a significant positive impact on how we deliver our services and on our quality offer. It's because of the dedication and of our brilliant teams across Everyturn that we've been able to take such strides.

In 2024/25, we look forward to continuing to innovate and improve our quality outcomes, with the transformation of our quality agenda and clinical management firmly at the heart of delivering high-quality mental health services.

Two handwritten signatures in black ink, one for Graham Puntis and one for Adam Crampsie, positioned next to each other.

## Commissioner statement from North East and North Cumbria Integrated Care Board (NENC ICB)

The North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Everyturn Mental Health. NENC ICB is responsible for ensuring that the healthcare needs of the residents/service users that they represent are safe, effective and that the experiences of residents/service users are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on the 2023/24 Quality Account for Everyturn Mental Health.

Firstly, the ICB recognises that 2024/24 remained a challenging year across the system due to increasing service demands and the ICB would like to extend their sincere thanks to Everyturn Mental Health and their staff for the commitment and dedication demonstrated throughout these difficult times and for ensuring that resident/service user care continued to be delivered to a high standard.

The report provides a good description of the quality improvement work undertaken by Everyturn Mental Health and an open account of where improvements in priorities have been made.

The ICB recognises the significant progress made implementing the National Patient Safety Incident Response Framework (PSIRF) priority, through the development of Everyturn Mental Health's PSIRF policy and plan, introduction of system-based investigation and a focus on learning. Everyturn Mental Health formally transitioned to PSIRF in March 2024 following agreement with the ICB. The ICB looks forward to continuing to work in partnership and fully supports Everyturn Mental Health's PSIRF Steering Group taking this forward as a quality priority in 2024/25.

The ICB acknowledges the progress made against the priority to create a data-informed culture across all services using data analytics, particularly the development of a data warehouse enabling colleagues to access information, which was previously unavailable, improving decision making. It is positive to note that to expand the culture of data-informed decision making, Everyturn Mental Health are rolling out a new visualisation tool (Tableau) concurrently with a campaign to improve data literacy and have provided access to the online Everyturn Academy and bespoke training sessions.



The ICB welcomes the significant work undertaken via the priority to replace the clinical management systems across services with industry-leading products. It is pleasing to note that following a project undertaken in 2023, two new systems have been procured to support numerous services. These new systems will improve and streamline ways of working for colleagues and in turn, free up time to care for their residents and service users.

The ICB recognises that implementation of the two new systems will not be complete until 2025 but are assured that this will have a positive impact for all involved and look forward to receiving updates on progress.

The ICB recognises the significant progress made with the quality priority to further develop the adult services and supported housing with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT). Notably Everyturn Mental Health has delivered new service models which include a Complex Transition Support Service to deliver assessments to those placed in acute secondary care inpatient and independent hospital beds.

It is encouraging to note that focus will also be given to moving residents back to the NENC region if residing out of area, and the development of a pilot to assist residents with their first

steps into independent living within the community using bespoke care packages. The ICB commends and supports Everyturn Mental Health for their continued commitment to build on and maintain the relationships with their residents and to partnership working.

The ICB acknowledges the work undertaken through the priority to develop quality outcome measures and metrics across all services, to better describe the outcomes of the work Everyturn Mental Health do. Through delivery of 'Project Impact' and in collaboration with two organisations, Everyturn Mental Health engaged with colleagues and the people they support to complete a qualitative analysis of their services, with tools developed to calculate the social return on investment for each of their services. It is encouraging to note that work has begun to implement Patient Record Outcome Measures and will be included within the new clinical recording systems.

The ICB is assured by Everyturn Mental Health's commitment to quality governance, in particular their Quality Governance and Assurance Framework, which gives clear direction to ensure that quality governance and continuous improvement is a priority at all levels within the organisation.

As is the routine monitoring of quality indicators, with the use of reporting systems and commitment to a 'speak up' culture. The employment of a new Chief Quality Officer to lead on the development of a new clinical quality strategy is admirable.

The ICB commends Everyturn Mental Health for their continued promotion of the Freedom To Speak Up (FTSU) culture enabling employees to raise any issues or concerns both internally and externally via a 24-hour confidential whistleblowing service. It is very encouraging to note that a network of 10 FTSU Champions will also be available to support and provide guidance to colleagues.

The ICB acknowledges that the registered sites at Everyturn Mental Health all have a Care Quality Commission (CQC) rating of 'Good'. The ICB applauds Everyturn Mental Health for proactively undertaking a mock CQC inspection, by an independent agency, which also produced a 'Good' rating across all services.

The ICB is reassured by the introduction of a new Infection Prevention and Control (IPC) Lead to monitor compliance and standards across the organisation. Everyturn Mental Health reported 3 IPC incidents in 2023/24. It is positive to see that there is a programme of IPC audits, including a new annual audit, action plans to monitor areas of concern, and that mandatory IPC training compliance is monitored (March 2024 = 96%).

The ICB congratulates Everyturn Mental Health for the success of their 24-hour older adult specialist nursing service, which aims to avoid admissions to acute hospital. It is noted that the service supported 117 people of which 33 moved to their own home or the place they call home. Time limited engagement from the Community Behaviour Support Service who provide support and advice to families, carers and professionals caring for an individual is invaluable.

The ICB commends Everyturn Mental Health for their continued work alongside clinical and emergency organisations to provide Together In A Crisis (TIAC) and Distress Brief Intervention (DBI) services. It is pleasing to note that of the 4,271 referrals, equating to 59,335 contacts, 100% of referrals were triaged and assessed within 24-hours and 100% of people began support within 5 working days.

The ICB acknowledges the role of Everyturn Mental Health with Northumbria Police and CNTWFT in 'Right Care, Right Person' to support those in a mental health crisis. Since this service was launched in January 2024 many positive outcomes have been observed, including fewer mental health incidents attended by Northumbria Police, fewer mental health incidents escalated to local clinical mental health services, and reduced impact of frequent callers within the Force Control Room.

The ICB welcomes the work undertaken by Everyturn Recovery College providing engaging, accessible, group-based support to improve mental health and wellbeing. Evidence demonstrates that 52% of students felt able to deal with their problems more effectively after taking part in the sessions.

The ICB supports Everyturn Mental Health's commitment to continue leading on the Northumberland Voluntary, Community and Social Enterprise (VCSE) Mental Health Alliance providing direct links between Community Mental Health Transformation and the community. It is encouraging to note that grants benefitted 15 projects across the Northumberland region.

The ICB commends the proactive approach in seeking, listening, and responding to feedback from service users and carers. It was particularly heart-warming to read the case studies included within the quality account and the positive outcomes that were achieved. The ICB also applauds the steps taken to support their colleagues through various engagement, wellbeing and learning approaches, such as colleague forums and networks, financial wellbeing support, on-site health checks, and the Everyturn Academy.

The ICB welcomes the five quality priorities set for 2024/25 and considers that these are appropriate areas to target for continuous evidence-based quality improvement and link well with the commissioning priorities.

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

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



Richard Scott  
Director of Nursing (North)  
NENC ICB

June 2024

## About us

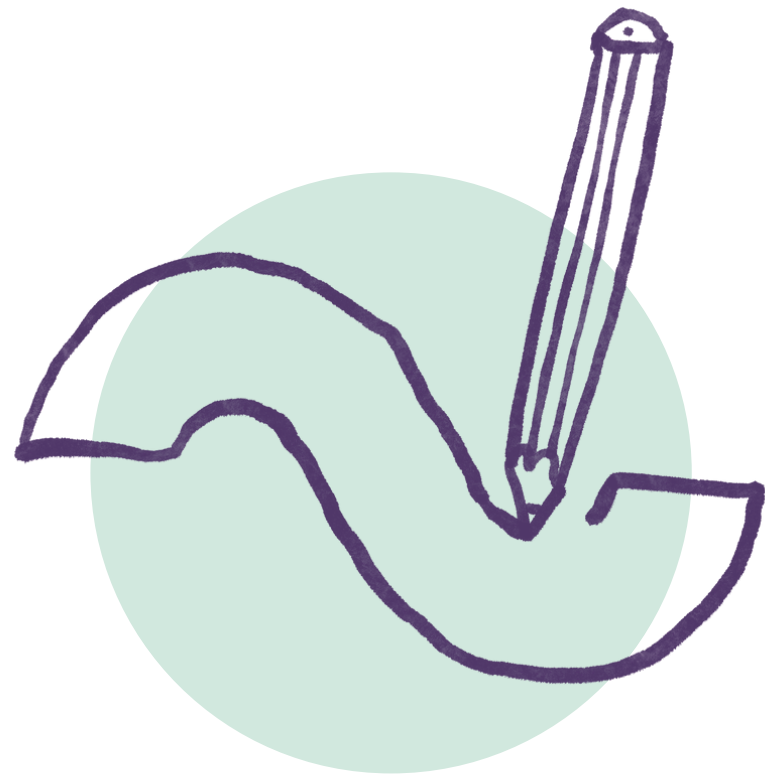
Everyturn Mental Health is a non-profit with nearly 40 years' experience of supporting people with complex mental health needs. We're here so no one has to struggle alone.

Our mission is to provide high-quality, integrated mental health and wellbeing services across the country, predominantly on behalf of the NHS and local authorities.

Our services include a wide range of community teams supporting primary care and secondary care, including crisis support, 24/7 specialist nursing units for people with serious functional mental health needs or complex dementia, and NHS Talking Therapies.

As a charity, we continuously invest in our frontline services to make them as effective as possible. We're committed to delivering high-quality care, to support the needs of our local population and our partners.

Underpinning everything we do are our organisational values of innovation, compassion, accountability, respect, and excellence.









Everyturn Mental Health is a national partner to the NHS. Our unique place as a non-profit means we can innovate and act as an extension to the NHS.



High-intensity specialist care

Lower-intensity support



#### Dementia services



24-hour CQC registered high-acuity services

For dementia and older person's functional mental health.

#### Housing and 24-hour nursing care



24-hour CQC registered services

Rehabilitation services for adults and older adults taking their first steps away from hospital or forensic services.

Supported housing services for people with serious mental illness

Providing houses and specialist mental health support.

#### Community and wellbeing services



Crisis services working in partnership with Trust crisis teams

Meeting psychosocial needs contributing to mental health crisis in the community.

Link workers and peer support workers

Delivery of community mental health transformation.

#### NHS Talking Therapies & employment services



Talking therapies & employment services

Integrated NHS Talking Therapies model with community mental health framework.



# Updates on our 23/24 quality priorities





## Priority 1: We will fully implement the new Patient Safety Incident Reporting Framework (PSIRF)

With the national publication of PSIRF in August 2022, we prepared to roll out the framework across Everyturn. This included:

- Establishing a working group to scope out requirements and promote a just and restorative culture, with a focus on learning and improvement.
- Developing our PSIRF policy and Patient Safety Incident Response Plan (PSIRP), using data to identify our key quality and safety improvement areas.
- Introducing PSIRF methodology into our existing processes, following systems-based training for key senior colleagues. This focuses on systems, rather than looking for root causes, when investigating incidents.
- Introducing new mandatory patient safety training for all colleagues, including the board of trustees and senior leadership teams.
- Amending our incident reporting process to connect to the NHS national reporting system, Learning from Patient Safety Events (LFPSE).

- Increasing capacity in our governance and quality team, and developing a dedicated role to support incident response training. This will include in-depth system investigation, rapid review, thematic review, and audit, to equip our colleagues to respond to safety events.
- Collaborating with the ICB to develop our policy and PSIRP, to consider oversight and measurement of our new systems of learning and improvement.

Next steps are planned for 2024/25, which will be overseen by a PSIRF steering group. The group will:

- Embed our work so far and review our governance and oversight mechanisms.
- Promote and embed an open, just, and learning safety culture.
- Develop meaningful patient, service user, and colleague involvement, to provide opportunities for challenge and create a positive impact across our patient safety activities.



## Priority 2: We will create a data-informed culture across all services using our data analytics

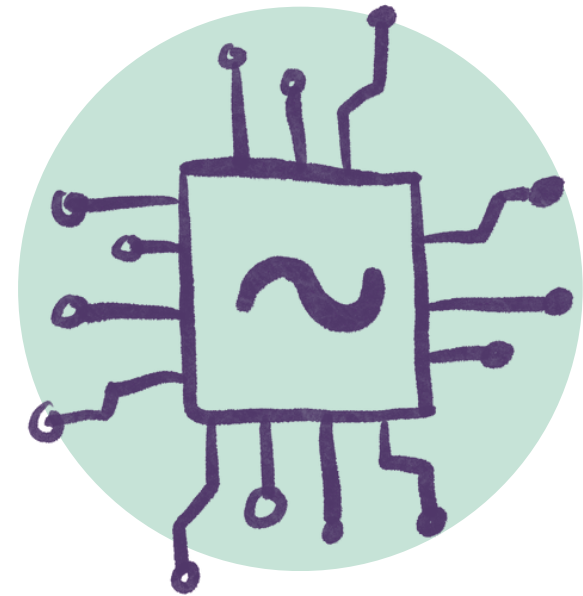
Our data warehouse is now operational, providing key information to our services from various systems. This enables our colleagues to access insights that were previously unavailable, improving decision-making through data analysis.

Our NHS Talking Therapies services prioritise data-informed decision-making, and we are working to expand this culture across our registered, community, and crisis services by implementing a new visualisation tool: Tableau.

To support informed decision-making, we're also integrating several data sources from our clinical and support services, along with external data, into our data warehouse.

Alongside the roll-out of the visualisation tool, we're conducting a campaign to improve data literacy among our colleagues. This includes using our online Everyturn Academy and providing individual training sessions for management and clinical leadership.

We're also in the process of transitioning all commissioner dashboards and reporting processes to Tableau. These upgraded reports will serve as substitutes for current monthly spreadsheets and provide services and commissioners with real-time access to performance data.



### **Priority 3: We will replace our clinical management systems across our services with industry-leading products**

We launched an ambitious project in 2023 to replace our existing clinical care record systems with best-in-class, clinical management systems, to help us grow and deliver operational and clinical excellence.

Following a successful tender and rigorous selection process, we identified two new systems which will support our registered services, community and crisis services, and NHS Talking therapies services.

The new systems will improve service efficiency and streamline ways of working for colleagues. In turn, this will free up more time to care for the people and communities we support.

This project is not just a technology platform replacement, it is also a cultural transformation for our organisation which will see us transform the way we operate to fully realise the potential of ‘the digital colleague’.

The implementation of the new systems, and decommissioning of the old systems, is a large piece of work which will take place during 2024 and will be complete in 2025.



#### **Priority 4: We will further develop our adult services and supported housing, working with Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Trust**

This year was a period of transition for our specialist adult and supported housing services, as we improved the quality, sustainability, and integration of our delivery models.

We completed a strategic review into our bed-based services, including a review of the pathways we offer from hospital into the community. We also reviewed the workforce for these services, creating new roles which improve the clinical and operational oversight across our services.

We have delivered new service models in partnership with the NHS and social care providers. This includes our new Complex Transition Support Service, commissioned by the North East and North Cumbria (NENC) Integrated Care Board (ICB) after a successful pilot. The service will deliver trusted assessments of people placed in acute secondary care inpatient and independent hospital beds.

Our team will work with the ICB and local NHS Trusts to support people to transition into alternative community settings in the NENC area. We will also focus on moving people back to the NENC region if they are placed out-of-area.

We're also developing a pilot service to support our residents to take their first steps away from our registered nursing care into independent living in the community.

Our Community Rehabilitation Support Service will work with residents, CNTW's clinical teams and local authorities to support people into the community with tailored care packages. This care is designed to build independent living skills like tenancy, financial skills, and mental health management.

We've also improved our links with other housing providers, to improve outcomes for people we support. This includes working with strategic partners to develop pathways into independent and supported accommodation or care placements, depending on the person's needs.



## **Priority 5: We will further develop our quality outcome measures & metrics across all services**

This priority recognises the important role of our services in delivering improved mental health and wellbeing of our communities. We recognised that, given our focus on integration with the NHS, we needed to do a better job of describing the outcomes of the work we do with systems, communities, and individuals.

For this priority, we delivered 'Project Impact' in collaboration with two organisations: Social Change and Envoy Partnership. They engaged our colleagues and people we support to complete a qualitative evaluation of our services. We also developed a standardised approach to regular, quantitative analysis of the social value of our services.

Envoy Partnership have also created 'Social Value Manager', our bespoke social value calculator. This tool gathers service-level performance data and calculates the social return on investment for each of our services, per pound spent. We're now working with Envoy Partnership to refine the calculator, and train our service managers to use it. In the future, we'll automate the data flow from our new clinical recording systems outlined in Priority 3.

We've also recognised the NHS's work towards standard Patient Reported Outcome Measures (PROMs), recommended for use across all community mental health services. Recovering Quality of Life (ReQoL), Goal Based Outcomes (GBO), and DIALOG were selected by the NHS and experts by experience to better reflect the recovery focus of modern mental health services.

We've begun to plan how we will implement the PROMs in our services and have included them in our minimum requirements for our new clinical recording systems, which will launch in 2025.





# Clinical and quality governance



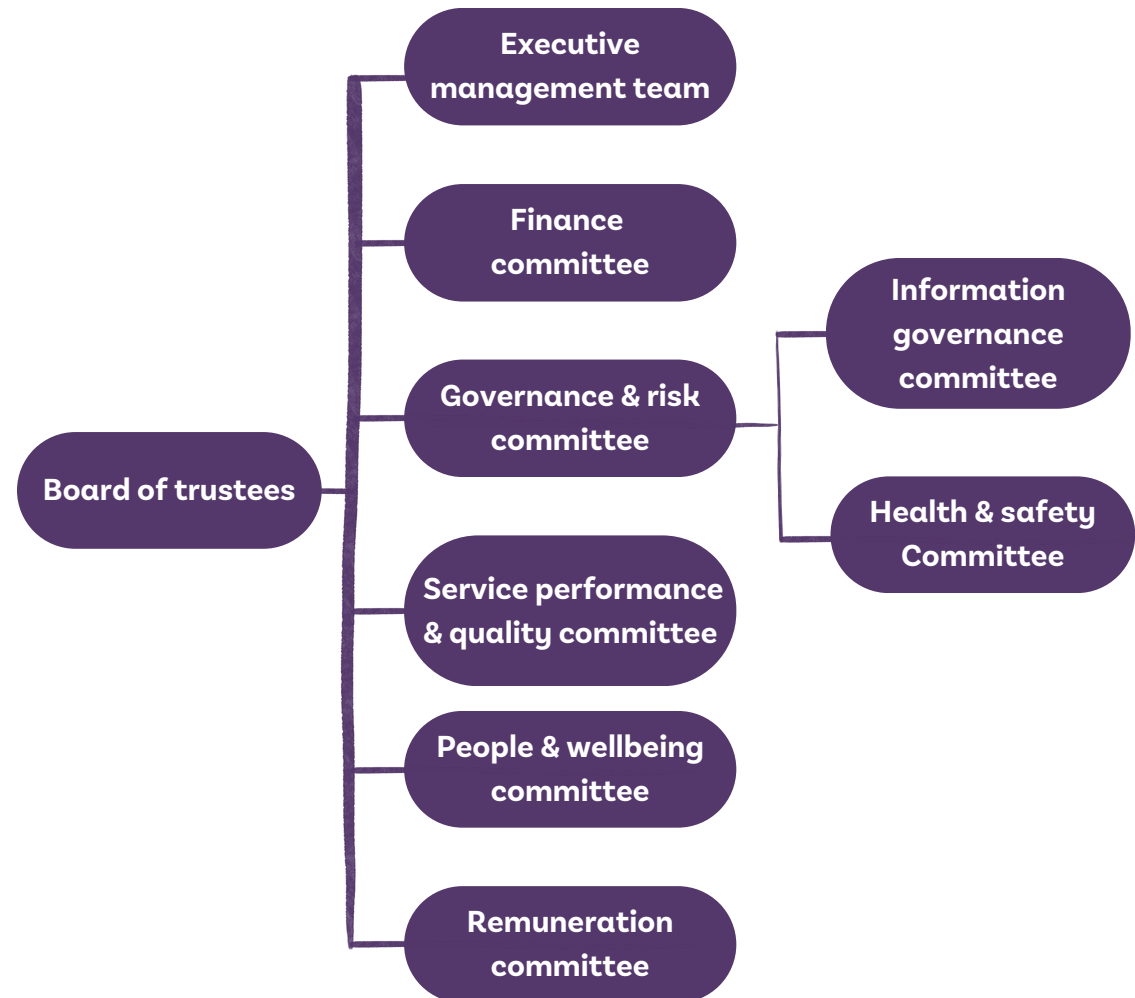
## Our governance structure

We're governed by our board of trustees, whose members have a wide range of experience and diverse backgrounds. They meet formally bi-monthly.

Our governance structure is aligned with the Charity Governance Code. Our five board committees are:

- Governance and risk committee
- Service quality and performance committee
- People and wellbeing committee
- Finance committee
- Remuneration committee

The chairs of the committees are experienced trustees and terms of reference are reviewed annually.



## Our approach to quality governance

Our services are supported by our quality governance and assurance framework, which gives a clear direction and a vision for how we deliver high-quality, safe services.

Our combined clinical, operational, and governance roles provide leadership for quality. This is overseen by our senior operations meeting structure and the executive management team, reporting to our quality and performance committee and the board of trustees.

We routinely track quality indicators in our integrated performance reports, including service user surveys, audits, infection prevention and control performance, serious incidents, safer staffing, pressure ulcers, complaints, and safeguarding.

Last year we implemented Ulysses, a web-based incident reporting system, which allows us to analyse data in new ways to support our PSIRF development. We also improved our approach to risk management, with the introduction of operational risk registers on our risk register software.

We continued to promote our 'speak up' culture as part of whole-system approach to improving standards, and protecting the people we support from unacceptable standards of care.

Our executive lead for quality improvement and quality governance is our Chief Operating Officer and following review of our structure and investment we have added a new Chief Quality Officer role. This new position begins in April 2024 and will lead the development of a new clinical quality strategy.

## Care Quality Commission (CQC)

The CQC is the independent regulator of health and social care services in England. Everyturn is registered with the CQC to provide the following activities at Pinetree Lodge, Alderwood, Briarwood, Jubilee Mews, and Coalway Lane:

- Accommodation for persons who require nursing or personal care.
- Treatment of disease, disorder or injury.

No inspections or visits took place during 2023/24 and each service remains rated as 'Good'.

As part of our commitment to delivery outstanding care and support, we asked an independent agency to carry out 'mock' inspections, based on the CQC key lines of enquiry. We were proud to achieve 'Good' ratings across all our services.



## Freedom to Speak Up

Our Freedom to Speak Up (FTSU) Guardian is an independent, impartial contact to support, signpost, and advise colleagues who want to raise issues or concerns. They can be confidentially contacted (by telephone, email, or in person) about possible wrongdoing.

We also have an external whistleblowing service, which provides 24-hour access for colleagues to speak up securely and confidentially.

We began developing a network of FTSU Champions across the organisation. 10 Champions are being onboarded and their responsibilities will include:

- Working with colleagues to develop a culture where speaking up is recognised and valued.
- Promoting local speaking up processes and sources of support and guidance to colleagues.

FTSU initiatives took place throughout the year, including:

- ‘In conversation with’ video of our Chief Executive and our FTSU Guardian.
- ‘Breaking barriers’ colleague survey
- ‘What speaking up means to me’ comments from our senior leaders.





## Clinical audits

Clinical audits are part of our quality governance framework and approach to continuous improvement.

Over the year, areas of potential risk or which supported a strategic aim were targeted for audit. The findings and action plans are reviewed in operational meetings. We also have an ongoing programme of compliance and monitoring audits, which gives assurance on our compliance with key standards and helps us to identify and address areas for improvement.

Topics include infection prevention and control, record keeping, assessment and care plans, and medication. During 2023/24, over 100 audits took place across our services.

## Learning bulletins

We issued seven learning bulletins, focused on sepsis, wounds, seizure management, head injury, hip fractures, risk assessments, and alcohol guidance.

In line with our Patient Safety Incident Response Policy, we will join the national reporting system Learn from Patient Safety Events (LFPSE) to contribute to the national learning from patient safety events.

## Learning from incidents and Duty of Candour

Our colleagues reported 803 incidents in 2023/24, using our Ulysses incident reporting system. Reporting incidents encourages a positive safety culture, where colleagues feel supported and committed to learn and increase safety for people using our services.

Most of our incidents are reported as no or low harm incidents, but four of our incidents involved death or serious harm and in these cases a thorough investigation took place. We held in-depth case reviews for seven other incidents where people experienced harm.

We published four 'Sharing Learning' newsletters, with key learnings including:

- Crisis house support plans must clearly address risk of self-harm.
- External doors must be routinely inspected, and any issues reported. The Herbert Protocol was implemented across our registered services.
- Clinical records must always be updated at the time of an event or as soon as possible after it happens.
- Safeguarding referrals to the local authority must be made where an adult is at risk of abuse or harm from others.
- Dedicated ligature and allergen training for colleagues.

## Learning from complaints and feedback

We received 12 complaints across our services throughout the year, which was a slight increase on last year's 10. These included complaints resolved informally at service level.

All responses and actions were completed within our 25 day timescale and none were referred to the Parliamentary Health Service Ombudsman.


A recurring theme from the complaints was communication and being clear about the support available from a service.

Examples of learnings from our complaints:


- If colleagues are asked to provide a letter or report for a person we support, this must be discussed and agreed by their line manager, to make sure the content is appropriate.
- The importance of clear communication with family members and a full understanding of restrictive practices when a person has capacity.
- Regular issuing of, and referring to, group guidelines at the start of sessions which cover confidentiality, safeguarding, and the importance of only sharing information you're comfortable to share.

## Compliments

187 compliments were recorded from people who used our services, their families, and other professionals involved in their care.



**I am so pleased I have found the Recovery College. I would like to thank you personally for your wisdom, enthusiasm and hard work setting up this invaluable service. I have been given a lifeline and a BIG cup of kindness.**



**You truly deliver the most amazing person-centered care**

## Information Governance

Our information governance (IG) and information security policies and processes are designed to make sure the data we hold comply with NHS guidance on integrity, confidentiality, and availability.

### Data Security and Protection Toolkit

Work is progressing for our 23/24 data security and protection toolkit return, having met all standards last year, which we submitted in June 2023.

### Information governance incidents

In 2023/24 there were 18 information governance incidents reported for our services via the Ulysses system. No incidents met the criteria for reporting to the Information Commissioner's Office.

### Freedom of information

Our services received no freedom of information requests during 2023/24

### Subject access requests

Our services received five subject access requests through the year. All requests were responded to within the one month deadline. With the growth of our services, we're anticipating a rise in requests in the future, so we're investing in resources and software to support people's right of access.







**Infection prevention  
and control**

In April 2023, we introduced a new Infection Prevention and Control (IPC) Lead, to monitor compliance with policies and standards across the organisation.

We issued regular bulletins throughout the year, following up-to-date guidance by the NHS IPC team, and we continued to have a community link nurse available to contact as required. All IPC policies were reviewed and updated during the year.

We had three reported IPC incidents this year, which included a Covid-19 outbreak in one of our older adult care homes. The outbreak affected a number of colleagues and residents, but it was reported correctly and the service took immediate action to prevent more outbreaks. Our colleagues wore PPE and followed hand hygiene standards; affected colleagues were absent from work; and affected residents were isolated, following the government guidance.

## Audits

We ran a program of quarterly IPC audits for all our CQC-registered services, led by designated Control of Infection Link Nurses. A total of 17 audits were completed, along with hand hygiene audits. Action plans were implemented and monitored for areas of concern.

We also introduced an annual IPC audit in January 2024, and all registered services were visited by the IPC Lead for an environmental audit.

Standards were found to be very good overall, with some areas for improvement, including using temporary closures on sharps containers, to prevent needlestick injuries; and ensuring blood spillage kits are available in each service.

## IPC Forums

Quarterly meetings were well-attended, with a representative from each service to feed back to their colleagues. These meetings feed into our Health, Safety and Environment Committee, to provide assurance.

## Training

We regularly monitor mandatory IPC training. At the end of March 2024, compliance was 96%.



**Performance outcomes  
of our specialist  
residential services**





## 24-hour adult specialist nursing services

A recovery-focused approach is at the core of our specialist services.

We work with people to help them achieve their goals, improve their wellbeing, and increase their independence.

We measure key milestones using recognised, evidenced-based mental health tools.

We're particularly proud that of 14 out of 35 people admitted with complex mental health needs were able to step down from our services to a home address, or more independent living accommodation

We also work closely with CNTW to provide crisis beds to people who need short-term, intensive support during a difficult time in their lives. We prevented 21 admissions to hospital through this service.

Lisa\* has been involved with mental health services from a young age, including lengthy in-patient stays and significant self-harming. She has attempted suicide following difficult home leaves with her family, and she describes using self-harm to regulate her feelings and emotions.

Lisa moved into Coalway Lane in 2020 and has not attempted suicide since, or self-harmed since August 2021. She is stable in her mental health, and has built therapeutic relationships with staff, spends time with other residents, and generally feels supported to talk more about her feelings - all of which has helped her to avoid self-harm.

Looking to the future, Lisa successfully completed a college course in mathematics in 2022, a boost to her self-belief and confidence. Other key successes for Lisa include managing her own finances and medication.

Lisa now feels ready for independent living. She's signed up to a housing scheme and has been allocated a housing officer, who supports her regularly on this goal.

\*Name changed for privacy

## Sarah's story

Sarah\* was experiencing delusional, unusual beliefs, in which she believed she was being monitored and spied on by people living in her attic. Sarah stopped taking her medications, as she believed 'they' were trying to poison her, and she had stopped showering or bathing, as she thought she was being watched. Sarah's care package had also broken down.

A mental health assessment was due to take place, with the possibility of Sarah being admitted to hospital, but we were able to respond urgently to her referral and instead she moved into Alderwood.

Sarah accepted being at Alderwood for the short-term and discussed her diagnosis of schizophrenia with her keyworker, something she'd never discussed before.

Our colleagues worked closely with Sarah, building up a trusting and supportive relationship. They also kept hopeful for Sarah, as she initially had low self-esteem alongside her unusual beliefs.

After seeing another resident move on from Alderwood, a person that she had become good friends with, Sarah started to ask whether she could move into the same supported accommodation as her friend. Our team worked with her community psychiatric nurse, social worker, and consultant as well as supporting her in completing and applying for placement at the establishment.

In December 2023, a place became available, so we arranged overnight stays which went well.

On 5 January 2024, we were delighted that Sarah moved out of Alderwood and into her new accommodation with her friend.

\*Name changed for privacy



## 24-hour older adult specialist nursing services

**This past year has seen an increase in bed capacity of all our older services enabling us to support more people.**

One of the key measures of success of our specialist services is avoiding the need for people to be admitted to acute hospital or to support to step down. We work with people who have complex organic and functional mental health needs and related behaviours that others may perceive as challenging.

We help people to move back to living in their communities, or a less intensive environment. Over the past 12 months, we have supported 117 people in our specialist services, with 33 people ultimately moving to their own home or the place they call home.

Our Community Behaviour Support Service also provided support and advice to families, carers, and other professionals caring for someone living with dementia for up to 12 weeks in the community.

The service received 183 referrals and our support meant that 86% were able to stay in the place they call home.

Jim\* was admitted to Alderwood from hospital. It was thought that Jim would be with Alderwood for up to a year, because of his mental health complexities and the because he only wanted to live alone in the community.

Jim engaged with the rehabilitation programme at Alderwood, but had started to become anxious and experienced feelings of despair and doubt due to the length of time it was taking for him move back into the wider community.

The delay was because Jim's social worker was unable to get approval for a suitable home and the lack of home support resources to support Jim in the community. There were some early signs that Jim was becoming 'institutionalised' due to the time it was taking to find suitable accommodation. The risks were that Jim would relapse to the point where discharge would not be possible.

In July 2023, Jim went to view Fountain Court in Gateshead which had a vacancy. He was very excited, so our team worked closely with his social worker to make sure she didn't lose the offer.

Jim signed his tenancy agreement later that week and moved out of Alderwood in August 2023.

\*Name changed for privacy



# Performance outcomes of community & crisis services





## Together in a Crisis (TIAC) & Distress Brief Intervention (DBI)

In 23/24 Everyturn crisis provision continued to work in partnership with clinical and emergency services, to provide the highest standards of support to people experiencing a mental health crisis.

### Our referrals

TIAC and DBI performed well in 2023/24. Our services in NENC ICB received 4,271 referrals and made 59,335 contacts with people experiencing a mental health crisis.

100% of our referrals were triaged and assessed within 24 hours of referral, and 100% of people began support within five working days. Our referral to treatment data shows a strong and steady position with performance comparable to 22/23.

Of those who began treatment with us, 61% of people completed 12 weeks of crisis support, and reported a significant improvement in their mental health.

It's important to us that our services provide high-quality care and are inclusive. Our data tells us that people aged 35-74 were most likely to access our services in 23/24. This year we have also seen an increase in people aged 65-74 needing crisis support. In 23/24, more women (65.9%) than men (33.8%) accessed our crisis services, which is statistically significant in comparison to 22/23. 0.3% of the people we supported identified as transgender.

Area	Service	People supported
Northumberland & North Tyneside	Together in a Crisis (TIAC)	1,269
South Tyneside & Sunderland	TIAC	1,049
Newcastle upon Tyne	TIAC	841
Tees	TIAC	775
Derwentside	Distress Brief Intervention	337

## **Working with Northumbria Police and CNTW to support people in mental health crisis**

We're particularly proud of our role in 'Right Care Right Person', which aims to ensure that people who are experiencing a mental health crisis are seen by the right professional, at the right point in time. This helps to make sure people who need support get a better experience and have improved outcomes.

By partnering with Northumbria Police to provide mental health support within the force control rooms, we have been able to support callers who are experiencing mental health distress.

We launched this service in January 2024 and already we have seen many positive outcomes, including:

- Fewer mental health incidents attended by Northumbria Police officers.
- Fewer mental health incidents escalated by police to local clinical mental health services, including CNTW's crisis or street triage teams.
- Less time spent by Northumbria Police responding to mental health crisis incidents.
- Reduced impact of frequent callers on the Force Control Room.

Our colleagues are diverse, with rich skills and experiences. This includes people with varied backgrounds, such as mental health nursing and social work.

We also employ people with lived experience of mental health difficulties, which brings a wealth of knowledge and understanding to our roles. Our teams are carefully chosen to make sure each person we support receives a compassionate, needs-led response to mental health crisis when they contact the police for help.



## Community mental health 1:1 services

Our community services continued to go from strength to strength in 2023/24, by supporting people with a wide range of complex mental health needs. Our services have remained diverse to meet those needs, including delivering maternal mental health support, annual health check support, and community mental health support.

This year we worked with 5,938 people in need of mental health support, with 72,504 individual contacts made.

We deliver our specialist non-clinical mental health services because we know that life can be really hard for people, and we want to make sure they don't have to go through those tough times alone.

We understand the pressures that statutory services are under, so we work in partnership with specialist teams, acute hospitals, and GPs to get people the right treatment at the right time.



During 2023/24, our waiting list support service worked across Sunderland, Gateshead, and we also mobilised a new service in North Cumbria. We worked closely with the local NHS Trusts and Community Treatment Teams to identify and support referrals to our service.

Across all areas, we received a total of 451 referrals, with engagement rates of 70%. Of those referrals, 403 were able to be discharged from the CTT Waiting List.

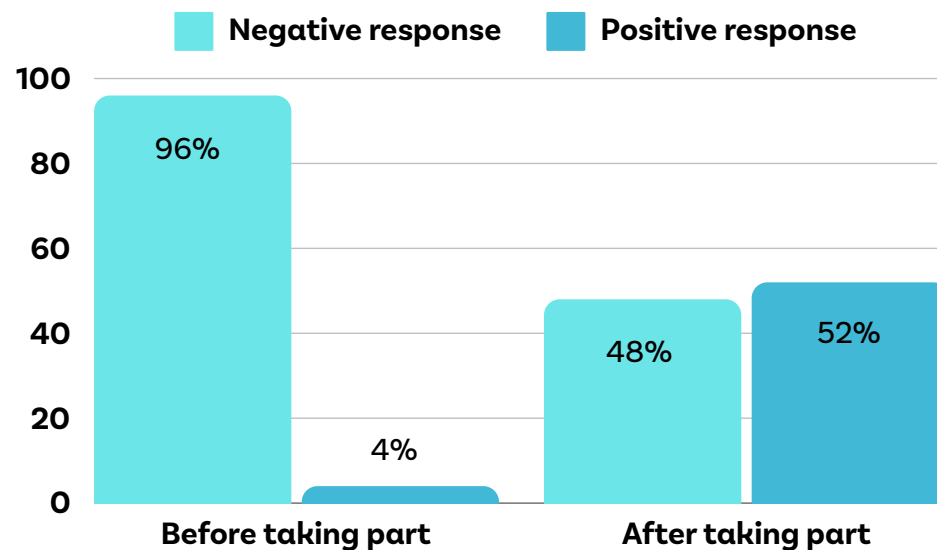
A total of 7,886 contacts were made across the course of the year. 79.5% of people who were discharged from our service showed an improvement in their wellbeing.

## Recovery colleges

Northumberland Recovery College and Kind Mind Community have continued to exceed expectations this year, working deep into the heart of the communities they serve. Our recovery colleges continue to perform very well, with 2,191 students enrolled to date. We continue to work in partnership with our local communities to provide engaging, accessible, group-based support that improves mental health and wellbeing.

Our recovery colleges provide a wide range of sessions, courses, and drop-ins that provide social connection, support, and friendships. By providing sessions focused on mental health and wellbeing, people are able to stay well for longer whilst reducing the need for clinical support and the risk of hospital re-admissions.

Each person who joins our recovery colleges completes the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), a mental wellbeing scoring tool, at the start and the end of their journey with us. The table below is an example of the impact in Northumberland.



## VCSE Mental Health Alliance

We're proud to continue to lead the Northumberland VCSE Mental Health Alliance.

With a strong, community-based partnership of 21 voluntary, community, and social enterprise organisations, the VCSE Mental Health Alliance provides a direct link between Community Mental Health Transformation and the community.

A strong governance framework has enabled the Alliance to allocate funds in 23/24. Drawing on the wealth of knowledge and resources of local community providers, through contracts and grants that provide funding to mental-health based projects.

To date, small grants have benefited 15 projects across Northumberland, improving clinical care by providing wraparound support for people living with mental health conditions.





**Experiences of the people we support**





## The impact of our services

The following case studies illustrate the impact of the support our colleagues provide. Names and identifying details have been changed for privacy.

### Older adult nursing services - Iris's story

Iris was admitted to hospital after refusing to take her medications when living at home. Iris came to one of our services for 4 days as part of her discharge plan. As part of the discharge agreement, Iris had to be accompanied by a member of staff when she left the unit.

Iris was placed on a Deprivation of Liberty Safeguards (DoLS) after her leave. As part of an enhanced positive risk-taking approach, we agreed with Iris and the wider team that we would plan unescorted trips off the unit.

On her first trip out, Iris planned on going to the shops and to visit the area where she used to live. We made a plan for Iris to take her mobile phone, so we could contact her if needed. She also had a card showing Alderwood's name and address.

On this trip, Iris went out at midday and our team received a phone call from a taxi driver at teatime, saying Iris has asked him to let us know she was on her way back.

This showed that Iris was conscious that our team might have been concerned about her, and that she was keeping us updated. This was a great outcome so early on in her stay at Alderwood and Iris has been out several times since sometimes alone and sometimes with other residents.



## Waiting List Initiative - Connor's story

"When I first came to the service I'd recently been released from prison. I had really struggled since I was young, I'd been abused as a child and that had a really bad impact on my mental health, to the point that I'd been sectioned before. I was also using substances to cope.

"When I first came to the service I wasn't sure if it was going to work for me. I struggle to trust new people due to my past, but my worker was patient and allowed me to build trust over time and took things at my pace.

"My worker introduced some skills based on DBT (dialectical behavior therapy), and I found the skills focusing on grounding particularly helpful for when I feel overwhelmed. We also worked together to build a WRAP (Wellness Recovery Action Plan), which helps me notice when I'm starting to feel unwell and gives me tools to help.

"My worker recognised the impact that my childhood trauma was having on my life, and was able to advocate on my behalf to get me an assessment for trauma therapy. I was accepted for this and hope to start it soon.

"I feel my mental health has improved since I started working with the service. I now do things I enjoy every day like going to the gym, cooking and looking after my dad. I haven't used any drugs since I started working with the service."

## Our Link Worker's perspective

"We made good progress, as Connor began to trust me, which was extremely hard for him because of past trauma.

"Over our appointments, Connor was honest about what he was struggling with and made an effort to stick to routines and goals we had set (going to the gym and cooking for his dad, etc.).

"At the beginning, he often talked about how let down he felt due to the lack of support, but by the end they were more hopeful that something was being done to try and provide him with the support he wanted."

## Community mental health support service - Charlie's story

"In February 2023, I was admitted to A&E. My life felt unmanageable, I'd lost everything, and I felt overwhelmed. I felt desperate, was depressed, and was having suicidal thoughts. After receiving help from the NHS crisis team, I was referred to the community mental health support service.

"My support worker took time outside of her normal working hours to arrange appointments at a local coffee shop every two weeks. These increased to weekly as we developed a rapport.

"Being linked to my support worker made me feel heard, supported, and valued. The support I received was individual - tailored to me and how I was feeling that week. It was relaxed, flexible, and I wasn't rushed, I felt able to put my mental health first.

"I really felt I had time to speak and was listened to, with non-verbal and verbal cues like gentle nods or reassuring smiles. My support worker helped me to find my feet and not rushed with deadlines. I also appreciated the quick referral time.

"During our sessions, we made a WRAP (Wellness Recovery Action Plan), which helped me recognise things that trigger my mental ill-health.

"I now understand there are stages I go through before I enter crisis. If I feel myself starting to become lost or stuck in that deep space I now have the tools to get myself out of it. This has had a very positive impact on my life, and its helped me to build a strong, permanent foundation for my mental health.

"Other services I've used, like CBT and traditional therapies, haven't made a lasting impact - you have!"



**I would describe my support worker as my angel on the shoulder. If I was faced with a trigger or hadn't taken time for myself, I would think about her positive encouragement and 'What would my support worker say?'**





## Older adult nursing services - Sandra's story

Sandra was admitted to Alderwood from hospital, where she had been for several years. Sandra had tried to take her own life, which resulted in life-threatening injuries and the possibility that she would never walk again. She needed 24-hour nursing care.

Whilst in hospital, Sandra worked with the physiotherapist and the nursing team to regain some of her mobility and independence, but she still needed full assistance with personal care and used specialist equipment when eating.

In the short time that Sandra has been at Alderwood, she's been able to regain most of her mobility and only occasionally uses a walking frame to get around the building.

Sandra now engages with all colleagues and mixes on the unit with her peers. She's also taken a lead role in welcoming new residents, and takes an active part in activities and groups. Sandra likes to go out several times a week, including going to the cinema, shops, and social events.

Sandra has also taken a lead in speaking to external agencies about her finances and benefits, and engages well with her social worker and consultant. She's now planning to administer her own medication, with the support of our team.

Sandra can be outspoken at times, but we welcome this, because it shows she feels empowered in many aspects of her life. Sandra attends resident meetings and has made good suggestions on how we can improve our service.

Sandra is still anxious about her future move from Alderwood, but acknowledges that with the right level of support she will be able to return to the community in her own home, or in supported housing style.

These are fantastic outcomes for Sandra, as the professionals involved in her care initially believed she wouldn't be able to reach her goals.

One year ago, Sandra was bedbound, unable to feed herself, and was very reluctant to accept help from others. Now Sandra has hope, stability, and a positive future to look forward to.





**Our colleagues  
and their wellbeing**

We're proud to have created a workplace where people feel accepted for who they are and can thrive in their career. Through our approaches to colleague engagement; equity, diversity, and inclusion; recognition; wellbeing; and learning, we place a huge focus on investing in our people.

### Colleague engagement highlights

- Our colleague forum and networks (neurodiversity, LGBTQIA+, menopause, multicultural, and carers) came together regularly to feed back on organisational initiatives, suggest ideas, and challenge the organisation.
- Our 'Speaking Up' service was available to all for any feedback through our 'Freedom to Speak Up' guardian and our external SeeHearSpeakUp service.
- A confidential 'Just Ask' service for financial concerns was led by our Chief People Officer.
- Through our internal communications via emails, Viva Engage posts, and our bi-monthly 'Stand Up' live event for all colleagues, we were able to seek everyone's views and give people an opportunity to ask questions.
- We conducted two colleague wellbeing check-in surveys during the year.

### Colleague wellbeing highlights

- All colleagues have access to wellbeing benefits including Vitality at Work (including fully funded physiotherapy, the Headspace app and an Employee Assistance Programme including access to talking therapies).
- Financial wellbeing support including the Wagestream financial wellbeing app, a free will writing service and financial education programmes.
- On-site health checks, including blood pressure and cholesterol testing.
- Online mindfulness sessions hosted by our clinicians.

### Learning highlights

- We launched our Everyturn Academy for all colleagues. This online platform contains 297 courses including eLearning, online live training, and in-person sessions.
- Our leadership programme developed the core leadership skills of over 120 leaders with 4 sessions delivered across the year. The sessions covered effective communication as a leader, coaching and feedback, tackling difficult conversations, and setting objectives and reviewing performance.



# Our quality priorities for 2024/25



## Priority 1

### **Patient Safety Incident Reporting Framework (PSIRF) – next steps**

We will build on our PSIRF foundations and:

- Develop our learning and culture, and roll out training to support our response to patient safety incidents.
- Define our leadership and oversight approach to achieve engagement and empowerment.
- Develop our engagement and involvement of the people we support and families affected by safety incidents.

## Priority 2

### **Patient and Carer Race Equality Framework (PCREF) implementation**

We will roll out the new framework to:

- Embed PCREF into our governance structures, to support our commitment to becoming an anti-racist organisation.
- Implement the six critical competencies to support service transformation.
- Improve feedback mechanisms, including patient experience and outcome measures for our racialised communities.

## Priority 3

### **Our ‘Good to Outstanding’ journey for our CQC-registered services**

We will:

- Complete internal audits for all our registered services, to create improvement action plans to achieve ‘outstanding’ ratings.
- Co-produce and implement our service improvement action plans with our colleagues.
- Continue to develop and embed the voice of the people we support, their families, and carers in our improvement plans.

## Priority 4

### Organisational philosophy to care

We will:

- Develop a unified organisational wide philosophy that underpins the delivery of all our services.
- Review and update all our standard operating procedures.
- Co-produce our philosophy with the people we support, experts by experience, carers, and families.

## Priority 5

### System leadership approach

We will:

- Continue to support the system by maintaining our role as the mental health VCSE lead for the ICB.
- Help mobilise the mental health data set within VCSEs, to move towards a more data-informed community.
- We will help strengthen VCSE Alliance contracting, through partnership working as the ICB's VCSE lead.





## **Everyturn Mental Health**

2 Esh Plaza  
Sir Bobby Robson Way  
Newcastle upon Tyne  
NE13 9BA

T: +44 (0)191 217 0377  
E: [enquiries@everyturn.org](mailto:enquiries@everyturn.org)

**[everyturn.org](http://everyturn.org)**

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and Everyturn Services Ltd (company registered in England & Wales, number 4391008).