Board of Directors PUBLIC Meeting

6 July 2022
13:30 GMT+1 Europe/London

Microsoft Teams AND Crowne Plaza Newcastle - Stephenson Quarter, Hawthorn Square, Forth St, Newcastle, NE1 3SA

Agenda

1. Agenda

Speaker: Ken Jarrold, Chairman

References:

- BoD DRAFT PUBLIC Agenda (001) July 2022.pdf

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Board of Directors PUBLIC Board Meeting Agenda

Board of Directors PUBLIC Board meeting **Venue: Crowne Plaza, Newcastle upon Tyne (behind Central Station)** **Those in attendance can also join via MS Teams**	**Date: Wednesday 6th July 2022** **Time: 1:30pm– 3:30pm**

Agenda Item		Owner	
1.1	Welcome and Apologies for Absence	Ken Jarrold, Chairman	verbal
2	Service User / Carer / Staff Story	Guest Speaker	verbal
3	Minutes of the meeting held 4 May 2022	Ken Jarrold, Chairman	enc
4	Action Log and Matters Arising from previous meeting	Ken Jarrold, Chairman	enc
5	Chairman's update	Ken Jarrold, Chairman	verbal
6	Chief Executive Report	James Duncan, Chief Executive	enc
Quality, Safety and patient issues			
7	COVID Response update	Gary O'Hare. Chief Nurse	enc
8	Influenza Vaccination Plan including COVID 19	Gary O'Hare, Chief Nurse	enc
9	Commissioning and Quality Assurance update Month 2	Lisa Quinn, Executive Finance Director / Commissioning and Quality Assurance	enc
10	Safer Care Report	Rajesh Nadkarni, Deputy Chief Executive / Medical Director	enc
Workforce issues			
11	Volunteering Strategy	Wendy Spratt, Volunteer Manager	enc

Regulatory / compliance issues			
NONE TO NOTE			
Strategy, planning and partnerships			
12	**CNTW2030 Strategy Update**	**James Duncan, Chief Executive**	**enc**
13	**Integrated Care System (ICS) / Integrated Care Board (ICB) update**	**Rajesh Nadkarni, Deputy Chief Executive / Medical Director**	**verbal**
Committee updates			
14	**Quality and Performance Committee**	**Darren Best, Chair**	
15	**Audit Committee**	**David Arthur, Chair**	
16	**Resource and Business Assurance Committee**	**Paula Breen, Chair**	
17	**Mental Health Legislation Committee**	**Michael Robinson, Chair**	
18	**Provider Collaborative Committee**	**Michael Robinson, Chair**	
19	**People Committee**	**Darren Best, Chair**	
20	**Charitable Funds Committee**	**Louise Nelson, Chair**	
21	**Council of Governors' Issues**	**Ken Jarrold, Chairman**	
22	**Questions from the Public**	**Ken Jarrold, Chairman**	

Date and Time of Next Meeting: **Wednesday 3rd August 2022 1:30pm – 3:30pm**
Crowne Plaza, Newcastle.

Please note there is no September meeting.

1.1 Welcome and Apologies for Absence

Speaker: Ken Jarrold, Chairman

2. Service User / Carer / Staff Story

Speaker: Guest Speaker

3. Minutes of the meeting held 4 May 2022

Speaker: Ken Jarrold, Chairman

References:

- 4. Board Public Minutes 4 May 2022.pdf

Minutes of the Board of Directors meeting held in Public
Held on 4 May 2022 1.30pm – 3.30pm
Via Microsoft Teams

Present:
Ken Jarrold, Chairman
David Arthur, Non-Executive Director
Darren Best, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Louise Nelson, Non-Executive Director
Brendan Hill, Non-Executive Director
Michael Robinson, Non-Executive Director

James Duncan, Chief Executive
Ramona Duguid, Chief Operating Officer
Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director
Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance
Lynne Shaw, Executive Director of Workforce and Organisational Development

In attendance:
Margaret Adams, Lead Governor and Public Governor for South Tyneside
Evelyn Bitcon, Public Governor for North Cumbria
Daniel Cain, Staff Governor, Non-Clinical
Anne Carlile, Carer Governor for Adult Services
Revell Cornell, Staff Governor, Non-Clinical
Anthony Deery, Group Nurse Director / Acting Chief Nurse
Debbie Henderson, Director of Communications and Corporate Affairs
David MacDonald, Service User *(item 3)*
Jane Noble, Carer Governor for Adult Services
Leyton Rahman, Public Governor for Northumberland
Tom Rebair, Service User Governor for Adult Services
Chris Rowland, Equality, Diversity and Inclusion Lead
Jayne Simpson, Corporate Governance Officer
Deborah Stoker, Individual Placement Support Team *(item 3)*
Sam Volpe, Health Reporter
Jane Welch, Policy Advisor

1. Welcome and apologies for absence

Ken Jarrold welcomed everyone to the meeting. Apologies for absence were received from Gary O'Hare, Chief Nurse.

2. Declarations of Interest

There were no new declarations of interest to note.

3. Service User/Carer Story

Ken Jarrold extended a warm welcome and thanks to David MacDonald for sharing his personal story.

4. Minutes of the meeting held 6 April 2022

The minutes of the meeting held on 6 April 2022 were considered and an amendment to page 7 of the minutes to reference *waiting times for diagnosis for dementia* was noted.

Approved:

- **The minutes of the meeting held 6 April 2022 were approved as an accurate record subject to the amendment noted above.**

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

There were no outstanding actions to report.

6. Chairman's update

Ken Jarrold noted that the meeting represented the final CNTW Board meeting for Alexis Cleveland, Non-Executive Director. Ken said that Alexis will be greatly missed by all saying it had been a privilege to work with her, acknowledging her exceptional contributions to the Board as Chair of Quality and Performance Committee and previous roles including Interim Chair, Vice-Chair and Senior Independent Director. It was recognised that very few Non-Executive Directors make such an outstanding contribution to the NHS.

Alexis thanked Ken and the Board for their kind words and reflected on her time at the Trust in particular, the close relationship with Governors.

All Board members and everyone in attendance wished Alexis well for the future.

7. Chief Executive's Report

James Duncan referred to the report and extended his congratulations to Anthony Deery, Claire Thomas and Bill Kay who had recently been successfully appointed to the posts of Deputy Chief Nurse, Deputy Director of Safer Care and Group nurse Director for the Central Locality, respectively.

James provided an update on national issues including the consultation on the 10-year cross-departmental mental health and wellbeing plan. The Trust would be providing an organisational response and the consultation has also been promoted internally for staff and to the Council of Governors.

James referred to the Government's announcement regarding additional funding to improve treatment for substance misuse issues in the country's most deprived areas.

The report provided detail on the results of a survey conducted by the Royal College of Psychiatrists revealing discrimination on basis of gender identity and sexuality. James advised that this would be included in the Trust's work on Equality, Diversity and Inclusion.

Resolved:

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

Quality, Clinical and Patient Issues

8. COVID-19 Response update

Anthony Deery provided an update on the current position regarding the number of Covid-positive patients within the Trust, staff absence, outbreak management and the continuation of the vaccination programme for both staff and patients.

Resolved:

- **The Board received the COVID-19 Response update**

9. Commissioning and Quality Assurance update (Month 12)

Lisa Quinn presented the report as at month 12 and advised that the Trust has a draft surplus before exceptional items of £0.2m which is £0.2m ahead of plan. Agency spend for the year is £20.2m of which £12.7m (63%) relates to nursing support staff.

Regarding regulatory requirements, the Trust continued to perform well and although the Trust reported some out of area placements, this had reduced in April and early May. Pressures remain in terms of Care Programme Approach metrics, and Delayed Transfers of Care and this is receiving focused attention from the Chief Operating Officer and operational colleagues on an ongoing basis.

Lisa advised that pressure remained in terms of access, and this had been agreed as a quality priority for 2022/23. A slight improvement was noted during March for the Adult and Older Person's pathway, but the Trust was still seeing an increase in Children and Young People's services for waiting times and referrals.

Due to the pandemic and the decision to pause internal monitoring of training standards, Lisa stated that reporting on agreed trajectories would commence from Month 1, 2022/23.

Jane Noble commended the workforce and their continued efforts during the pandemic as a recipient of both inpatient and community services. Jane reflected on the challenges of managing sickness absence and pressures while balancing continuity of care for patients. Ramona Duguid agreed and advised that these reflections would be considered as part of the Community Mental Health Transformation work.

Resolved:

- **The Board received the Month 10 Commissioning and Quality Assurance update**

10. Service user and carer experience quarterly report

Lisa Quinn provided an update on the detail contained with the report including the number of responses received to the Points of View questionnaire, friends and family test, and external feedback.

From quarter 1, Lisa advised that visual posters would be distributed for individual wards and teams to demonstrate the Trust's commitment to listening to feedback and actioning as a result.

Resolved:

- **The Board received the Service User and Carer experience quarterly report**

11. Safer staffing levels quarterly report

Anthony Deery presented the report and reflected on a challenging time making specific reference to high bed occupancy rates and other operational pressures. Escalation has involved the use of temporary staff to alleviate pressures. It is hoped that use of temporary staff will reduce in line with the reduction in sickness absence.

Anthony provided a detailed overview of the 'hotspot' areas and referred to the work of the Recruitment and Retention Taskforce as well as a review of staffing establishments and a review of service models.

Alexis Cleveland noted that the Quality and Performance Committee have been seeking additional assurance on hotspot areas and associated processes to mitigate the challenges. James Duncan advised that work related to reporting and use of data continued in terms of what is required to run a ward/department. These discussions were taking place as part of the Urgent and Emergency Care workstream.

Louise Nelson queried whether work had been undertaken to review roles and posts to work differently to support the services, for example the use of Peer Supporters. Brendan Hill queried the importance of working with regulators around what is achievable and pragmatic and agreed that how data is presented does not always reflect the innovative work being carried out. Anthony Deery supported the move to look at roles differently and developing a more flexible workforce.

Evelyn Bitcon reflected on a recent Governor service visit to the North Cumbria locality in terms of a lack of visibility of staff, recognising the increasing acuity of patients and the impact of delayed discharges.

Jane Noble noted the impact of temporary staffing on the substantive workforce in terms of the additional support required and stated that increasing numbers of staff does not necessarily result in quality and experience.

Resolved:

- **The Board received the Safer Staffing Levels quarterly report**

Workforce Issues

12. Workforce quarterly report

Lynne Shaw referred to the quarterly workforce report which provided updates in relation to equality, diversity and inclusion, staff survey outcomes, and health and well being activity.

Resolved:

- **The Board received the Workforce quarterly report**

13. Raising concerns and whistleblowing annual report

Lynne Shaw referred to the report and noted that during the period, 31 issues had been raised either centrally or with the Freedom to Speak Up Guardian (FTSUG). This was a decrease of one compared to the previous period. Of the 31 concerns raised, four have been categorised as 'whistleblowing'.

In terms of themes, most cases related to safety and staffing levels. Lynne advised that there had been a slight increase in anonymous concerns raised and stated that although the staff survey responses were largely positive in terms of people feeling confident to raise concerns, there is clearly further work to do in this regard.

Resolved:

- **The Board received the Raising concerns and whistleblowing annual report**

14. Equality, Diversity and Inclusion Annual Report

Lynne Shaw presented the Equality, Diversity, and Inclusion (EDI) Annual Report focusing on the high-level objectives for the coming year. Three priority areas have been proposed: making recruitment/progression more inclusive, implement initiatives to reduce discrimination faced by our staff and service users, and deliver initiatives to improve staff awareness of disability issues and disability equality.

As a Non-Executive Director member of the People Committee, Brendan Hill advised that the Committee fully supported the priority areas and the Committee had discussed some of the detail which underpinned these.

Resolved:

- **The Board received the Equality, Diversity and Inclusion Annual Report**

Approved:

- **The Board approved the three priority areas for 2022/23 outlined in the report**

15. Staff Survey Update

Chris Rowlands provided a detailed overview of the outcome of the 2021 CNTW Annual Staff Survey. Darren Best noted that the impact of the pandemic had been referenced however, stated that all NHS providers had experienced similar challenges and advised that this be taken into consideration when benchmarking outcomes.

Resolved:

- **The Board received the Staff Survey Update**

Strategy, Planning and Partnerships

16. Integrated Care System (ICS) / Integrated Care Board (ICB) Update

James Duncan advised that following confirmation of legislation being passed, the ICB will commence as a statutory body on 1st July 2022. A significant amount of work had been undertaken across the system and a fuller update will be provided at the July Board.

Regulatory Items

17. Annual NHS Code of Governance review

Debbie Henderson referred to the report which formed a key part of the annual reporting process. NHS Foundation Trust Boards are required to undertake an annual review of the organisation's compliance with the requirements of the NHS Code of Governance. The review falls within a 'comply or explain' approach.

The report provided an overview of compliance for statutory requirements, requirements to be supported by a statement within the Annual Report and requirements whereby evidence of compliance must be made available either publicly or on request.

Debbie confirmed that the Trust continued to be compliant with all requirements of the code. Debbie highlighted that although compliance was maintained in terms of ongoing processes, actions, and activities, this did not negate the need to continue to review and improve our approach in some areas going forward. The report acknowledged some of the constraints over the past two years due to the pandemic and some key areas for further development relate to the development of a Trust wide Communications Strategy aligned to the CNTW2030, induction processes for new Board members and Governors, and in-person service visits.

The report was also reviewed and supported at the Audit Committee on 14th April.

Resolved:

- **The Board received and noted the outcome of the Annual NHS Code of Governance review**

18. Annual Declaration of Interest and Fit and Proper Person Test review

As part of the annual reporting process, Debbie Henderson referred to the report which provided detail on the outcome of the annual review of the Board Declarations of Interests and Fit and Proper Persons Test (FPPT). No issues of concern were highlighted following the review of the FPPT)

Ken Jarrold advised that his son works for the Trust and requested that this be included in the declaration of interest final report.

The Board were advised that the final declaration of interest report would be uploaded to the Trust website.

Resolved:

- **The Board received the Annual Declaration of Interest and Fit and Proper Person Test review and noted the requirement to upload the DOI Report to the Trust website**

19. Infection Prevention and Control Board Assurance quarterly report

Anthony Deery presented the IPC Board Assurance Framework (BAF) report for quarter 4 2021/22. The report provides the Board with an assessment against the IPC guidance for Covid-19 as a source of internal assurance that quality standards continue to be maintained.

The IPC BAF was updated in December with additional areas for compliance. It is anticipated that the BAF will be updated further to reflect the latest changes to IPC guidance.

Anthony noted that during quarter 4, the Trust experienced a significant surge in Covid-19 infections in patients admitted to our wards from the community. This activity mirrored the sudden increase in community prevalence following the relaxation of Government restrictions coupled with the new variant.

Resolved:

- **The Board received the Infection Prevention and Control Board Assurance quarterly report**

Board sub-committee minutes and Governor issues for information

20. Quality and Performance Committee

No meetings have taken place since the April meeting of the Board.

21. Audit Committee

David Arthur provided an update following the meeting held on 14th April which included a final review of issues relating to the Annual Reporting and Accounts process. David noted that the Internal Audit work to form the Head of Internal Audit Opinion for 2021/22 had been challenging due to the impact of the pandemic and limited access to individuals. All issues had however been resolved. David advised that the Audit Committee did not foresee any issues.

22. Resource and Business Assurance Committee

No meetings have taken place since the April meeting of the Board.

23. Mental Health Legislation Committee

No meetings have taken place since the April meeting of the Board.

24. Provider Collaborative Committee

No meetings have taken place since the April meeting of the Board.

25. People Committee

Brendan Hill chaired the meeting in Darren Best's absence and noted that the number and frequency of reports was still subject to change as the Committee develops.

Darren Best took an opportunity to thank Danny Cain, Staff Governor and Margaret Adams, Lead Governor as the newly appointed Governor members of the Committee.

26. Charitable Funds Committee

No meetings have taken place since the April meeting of the Board.

27. Council of Governors issues

Ken Jarrold advised that Allan Brownrigg, Staff Governor had been appointed as a new member of the Governors' Steering Group, replacing Bob Waddell.

Ken Jarrold provided an update on the recent Governor by-election process confirming the appointment of Jane Noble as Carer Governor for Adult Services. The successful candidate

for the vacancy for Public Governor for Sunderland stepped down from the role immediately following their appointment.

28. Any Other Business

There were no further issues to report.

29. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 6 July 2022, 1.30pm venue, Microsoft Teams.

4. Action Log and Matters Arising from previous meeting

Speaker: Ken Jarrold, Chairman

References:

- 5 BoD Action Log PUBLIC as at 6.7.22.pdf

Board of Directors Meeting held in public

Action Log as at 6 July 2022

RED ACTIONS – Verbal updates required at the meeting
GREEN ACTIONS – Actions are on track for completion (no requirement for discussion at the meeting)

Item No.	Item	Action	By Whom	By When	Update/Comments
Actions outstanding					
		There are no outstanding actions to note			
Completed Actions					
		There are no complete actions since the previous meeting to note			

5. Chairman's update

Speaker: Ken Jarrold, Chairman

6. Chief Executive Report

Speaker: James Duncan, Chief Executive

References:

- 6. CEO Report July 2022.pdf

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting
Chief Executive's Report
Wednesday 6th July 2022

Title of report	**Chief Executive's Report**
Report author(s)	**Jane Welch, Policy Advisor to the Chief Executive**
Executive Lead (if different from above)	**James Duncan, Chief Executive**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	N/A
Audit	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

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

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

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

Meeting of the Board of Directors
Chief Executive's Report
Wednesday 6th July 2022

Trust Updates

CNTW Annual Nursing Conference

CNTW held its first Annual Nursing Conference since 2020 on June 22nd at the Gosforth Grand Hotel. Chaired by our CEO James Duncan and led by Gary O'Hare Chief Nurse and Anthony Deery Deputy Chief Nurse, delegates heard from a number of inspirational speakers.

Our Annual Nursing Conference provides us with an opportunity to reflect, focus on the way ahead and provides an opportunity for nursing staff to come together to listen, learn and share our experiences. Each year we have seen conference attendance numbers grow and it has now become an important part of our nursing calendar.

At this year's conference we welcomed our first cohort of Registered Nurse Apprentices who qualified this year and commenced their nursing career. They are the first cohort to receive the CNTW Academy Nursing Badge which was designed by one of our apprentices.

The theme this year was one of HOPE and how through working together we can shape the future. Keynote speakers included.

- Lisa Strong and Michelle Glascott Consultant Nurses who led a session on Trauma: There is only us, finding the humanity in the therapeutic encounter. This thought-provoking session explored the context for adversity and trauma and the impact of adverse childhood experience on health in later life. The session challenged clinicians to reflect on the ways we may inadvertently retraumatise our service users and what we can do to help and do no harm through establishing therapeutic alliance.
- Gavin Harding MBE, Rebecca Graham and Jo Brackley. Gavin Harding is an NHS England Advisor with lived experience, Rebecca Graham and Jo Brackley are HOPE Consultant Practitioners in the North East and Yorkshire region. HOPE is a national programme which focuses on a rights-based approach to care for people with autism in segregation based on research and clinical practice. In this challenging session we were asked to reflect on the use of long-term segregation and consider its impact on quality of life, human rights and trauma. In hearing Gavin's personal experience and through impactful role play we were able to reflect on the emotional impact of long-term segregation on both the individual and clinical staff. The session outlined the HOPE programme outcomes and the way in which we can use it to change lives leaving us to reflect on a set of questions challenging our practice.
- Positive and Safe Care Team. The focus of this session was on the impact of seclusion from both service user and staff perspective and how we might reduce/eliminate this practice and ensure a human rights approach through a number of current initiatives designed to reduce restrictive interventions and promote this vital agenda.

National updates

Fuller stocktake of primary care published

The review of primary care integration led by Dr Claire Fuller, GP and Chief Executive Designate of Surrey Heartlands ICS was published at the end of May. In her report Dr Fuller acknowledges that the current primary care system which is fragmented and causing frustration among patients and staff is not fit for purpose, and calls for a shift towards a streamlined and integrated urgent care system in which primary care is an essential component.

Fuller recommends that Primary Care Networks (PCNs) should evolve into 'integrated neighbourhood teams', with secondary, community and mental health capacity aligned to primary care neighbourhood teams. Components of integrated neighbourhood teams could include:

- A full alignment of clinical and operational workforce, with community health providers working alongside dedicated, named specialist teams from acute and mental health trusts

- Making back office and transformation functions available to PCNs, including HR, quality improvement, organisational development, data and analytics and finance – for example, by leveraging this support from larger providers such as GP federations, supra-PCNs, and NHS trusts
- A shared, system-wide approach to estates, including Trust participation in system estates reviews, with organisations co-locating teams in neighbourhoods and places

The report suggests that integrated neighbourhood teams should be operational in the top 20% most deprived neighbourhoods by April 2023 with a view to rolling the model out more widely by April 2024, while acknowledging that investment in workforce, estates and data will be crucial in order to deliver the model. The report also suggests a greater role for community pharmacy, with pharmacists supported to make referrals to mental health, diagnostic or other services.

The report is accompanied by a supporting letter to Amanda Pritchard, CEO of NHS England and Improvement, signed by all 42 ICS Chief Executives.

Messenger review of health and social care leadership published

The Messenger review of health and social care leadership was published last month. Key findings include:

- Over time an 'institutional inadequacy' has developed in the way that leadership and management is trained, developed and valued
- There is evidence of poor behaviours and attitudes including discrimination, bullying and blame cultures in parts of the health and social care system, with some staff in the NHS in particular not feeling able to speak up
- A lack of equal opportunity for managers to access training and progress in their careers

The Messenger review makes seven recommendations, which the Secretary of State for Health and Social Care has accepted in full:

1. Targeted interventions on collaborative leadership and a unified set of values across health and social care, including a new national entry-level induction and a new national mid-career programme for managers
2. Action to improve equality, diversity and inclusion (EDI), including embedding inclusive leadership practice as the responsibility of all leaders, committing to promoting equal opportunity and fairness standards, more stringently enforcing existing measures to improve equal opportunities and fairness, and enhancing the Care Quality Commission's (CQC) role in ensuring improvement in EDI outcomes
3. Consistent management standards delivered through accredited training, including a single set of unified, core leadership and management standards for NHS managers, and a curriculum of training and development to meet these standards, with completion of this training made a prerequisite to advance to more senior roles

4. A simplified, standard appraisal system for the NHS, including a more effective and consistent appraisal system focusing on how people have behaved not just what they have achieved
5. A new career and talent management function for managers, including the creation of a new function at regional level to address a lack of clarity and structure in NHS management careers, providing clear routes to progression and promotion, and ensuring a strong pipeline of future talent
6. More effective recruitment and development of non-executive directors (NEDs)
7. Encouraging top talent into challenged parts of the system, including a better package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles

Increased cost of treating mental illness during Covid pandemic

Wilmington Plc's State of the Nation report shows increases in prescribing spend for mental health conditions including anxiety, psychosis and depression following the onset of the Covid-19 pandemic. NHS figures for primary care prescribing in 2020-21 suggest that spending on sertraline, used to treat anxiety, depression and OCD increased by over 300 per cent, representing the largest increase in primary care spend. Suggested reasons for the increase in spend on mental health medications include lack of access to specialist services during lockdown including face-to-face appointments, increased antidepressant prescribing within primary care, supply chain issues affecting alternative medications which may have driven up spending on specific medications, and supply chain issues leading to prescribing of increased quantities of drugs like sertraline in order to deliver the same dose.

Royal College of General Practitioners warns of impending 'mass exodus' from primary care

The Royal College of General Practitioners (RCGP) has claimed general practice is facing a 'mass exodus', with 18,950 GPs and trainees set to leave the profession over the next five years if steps are not taken to address intense workload and workforce pressures. There are currently more GPs in training than ever before, with an intake of 4,000 in 2021 – but even if this level of intake is maintained over the next five years and all trainees enter the profession, it will not be enough to counter the numbers planning to leave the profession and sufficiently increase GP numbers, according to the RCGP.

The Health Secretary Sajid Javid recently suggested a new plan was needed for general practice; the RCGP is calling on the Government to commit to a bold plan which provides GPs and patients with the support they need, including:

- A new recruitment and retention strategy that will surpass the target of 6000 more GPs.

- An NHS-wide campaign to free up GPs to spend more time with patients by cutting unnecessary workload and bureaucracy.
- Improving patients' experience of accessing care by investing in a new suite of IT products and support for practices, making it easier for patients to choose to see the same GP or the next available member of the team.
- Returning funding for general practice to 11% of total health spend, including £1 billion additional investment in GP premises.

7. COVID Response update

Speaker: Gary O'Hare, Chief Nurse

References:

- 7. Appendix 1 - Covid-19-Inquiry-Terms-of-Reference-Final.pdf
- 7. Covid 19 Board Update - June 2022 (FINAL).pdf

Covid-19 Inquiry Terms of Reference

The Inquiry will examine, consider and report on preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland, up to and including the Inquiry's formal setting-up date, 28 June 2022.

In carrying out its work, the Inquiry will consider reserved and devolved matters across the United Kingdom, as necessary, but will seek to minimise duplication of investigation, evidence gathering and reporting with any other public inquiry established by the devolved governments. To achieve this, the Inquiry will set out publicly how it intends to minimise duplication, and will liaise with any such inquiry before it investigates any matter which is also within that inquiry's scope.

In meeting its aims, the Inquiry will:

a) consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998;

b) listen to and consider carefully the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic. Although the Inquiry will not consider in detail individual cases of harm or death, listening to these accounts will inform its understanding of the impact of the pandemic and the response, and of the lessons to be learned;

c) highlight where lessons identified from preparedness and the response to the pandemic may be applicable to other civil emergencies;

d) have reasonable regard to relevant international comparisons; and

e) produce its reports (including interim reports) and any recommendations in a timely manner.

The aims of the Inquiry are to:

1. Examine the COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland, and produce a factual narrative account, including:

a) The public health response across the whole of the UK, including

   i) preparedness and resilience;

   ii) how decisions were made, communicated, recorded, and implemented;

   iii) decision-making between the governments of the UK;

   iv) the roles of, and collaboration between, central government, devolved administrations, regional and local authorities, and the voluntary and community sector;

v) the availability and use of data, research and expert evidence;

vi) legislative and regulatory control and enforcement;

vii) shielding and the protection of the clinically vulnerable;

viii) the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings;

ix) testing and contact tracing, and isolation;

x) the impact on the mental health and wellbeing of the population, including but not limited to those who were harmed significantly by the pandemic;

xi) the impact on the mental health and wellbeing of the bereaved, including post-bereavement support;

xii) the impact on health and care sector workers and other key workers;

xiii) the impact on children and young people, including health, wellbeing and social care;

xiv) education and early years provision;

xv) the closure and reopening of the hospitality, retail, sport and leisure, and travel and tourism sectors, places of worship, and cultural institutions;

xvi) housing and homelessness;

xvii) safeguarding and support for victims of domestic abuse;

xviii) prisons and other places of detention;

xix) the justice system;

xx) immigration and asylum;

xxi) travel and borders; and

xxii) the safeguarding of public funds and management of financial risk.

b) The response of the health and care sector across the UK, including:

i) preparedness, initial capacity and the ability to increase capacity, and resilience;

ii) initial contact with official healthcare advice services such as 111 and 999;

iii) the role of primary care settings such as General Practice;

iv) the management of the pandemic in hospitals, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels;

v) the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections;

vi) care in the home, including by unpaid carers;

vii) antenatal and postnatal care;

viii) the procurement and distribution of key equipment and supplies, including PPE and ventilators;

ix) the development, delivery and impact of therapeutics and vaccines;

x) the consequences of the pandemic on provision for non-COVID related conditions and needs; and

xi) provision for those experiencing long-COVID.

c) The economic response to the pandemic and its impact, including governmental interventions by way of:

i) support for businesses, jobs and the self-employed, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants;

ii) additional funding for relevant public services;

iii) additional funding for the voluntary and community sector; and

iv) benefits and sick pay, and support for vulnerable people.

2. Identify the lessons to be learned from the above, to inform preparations for future pandemics across the UK.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
6th July 2022

Title of report	COVID-19 update
Report author(s)	Janet Thomson, Associate Director, Gold Command Vida Morris Senior Nurse Gold Command
Executive Lead (if different from above)	Gary O'Hare, Chief Nurse / Accountable Executive Officer

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	N/A
Audit Committee	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Provider Collaborative and Lead Provider	N/A
People Committee	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

Management Group meetings where this item has been considered (specify date)	
Executive Team	N/A
Trust Leadership Team (TLT)	N/A
Business Delivery Group (BDG)	N/A
Trustwide Safety Group (TSG)	N/A
CQC Compliance Group	N/A
Equality, Diversity & Inclusion Steering Group	N/A
Caldicott Information Governance Group	N/A
Clinical Records Improvement Group	N/A

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
N/A

Coronavirus (Covid-19)
Report for the Board of Directors meeting
6th July 2022

1. Executive Summary

This report provides an exception report in response to the Covid-19 pandemic since the last Trust Board. For the months of May and June 2022 the report focus is on:

- Covid-19 Prevalence, Surge and Business Continuity
- Nosocomial & Outbreak Management
- National IPC Guidance - Health and Care Settings
- Lateral Flow Tests
- Autumn Vaccination Programme
- National Inquiry
- Working Safely Group

2. COVID-19 Prevalence, Surge and Business Continuity

During the month of May 2022 case rates, nationally, regionally, and locally had taken a significant downward turn since the last report. However during the month of June 2022 nationally, regionally, and locally there has been an increase in cases. There are a number of contributory factors which have potentially impacted on this increase including: new variants of concern, increased international and local travel, large events, and a prolonged bank holiday period to mark the Jubilee. Covid-19 Restrictions have also been further reduced during that period.

Scarlet Fever and Chicken Pox

Scarlet fever is a seasonal bacterial illness which mainly effects children and is treatable with antibiotics. Scarlet fever surveillance is showing an increase in recent notification, this is in line with the usual seasonal pattern.

Concurrent increases have been noted in Chicken Pox again consultations reflect a seasonal rise. Due to the coronavirus (Covid-19) pandemic there has been very little chicken pox activity in the last two seasons and so a larger pool of susceptible children has accrued during this period.

There has also been a reported increase in other respiratory illness and infections and D&V.

Monkey Pox

Monkey Pox is a zoonotic infection caused by the monkey pox virus that occurs mostly in West and Central Africa. Previous cases in the UK had either been imported from countries where monkey pox is endemic or contacts with documented epidemiological links to imported cases. Between 2018 and 2021 there were only seven cases in the UK. Monkey pox was listed as a notifiable disease in Law form 8th June 2022.

The current epidemiological situation is that from 6th May 2022 there has been an outbreak mainly in gay, bisexual and men who have sex with men, without

documented history of travel to endemic countries. Up until 20th June 2022 there have been 793 confirmed laboratory cases in the UK. The highest proportion of these (80%) being London residents. 99% of cases are male. The median confirmed age being 37 years. There have been only five cases in the North East of England. Daily surveillance continues nationally and this remains high on the Public Health Agenda.

Variants of Concern:

The United Kingdom Health Security Agency designated Omicron BA.4 and BA.5 as Variants of Concern on the 18th May 2022. BA.4 and BA.5 are becoming dominant in the UK and are driving the increase in infections. They currently make up more than half of new Covid-19 cases in England.

These variants have an apparent growth advantage over the previously dominant omicron BA.2 variant. BA.5 is growing 35.1% faster than omicron BA.2 and BA.4 is growing approximately 19.1% faster. This suggests that BA.5 is likely to become the dominant Covid-19 variant in the UK. There is no evidence that BA.4 or BA.5 cause more severe illness than previous variants.

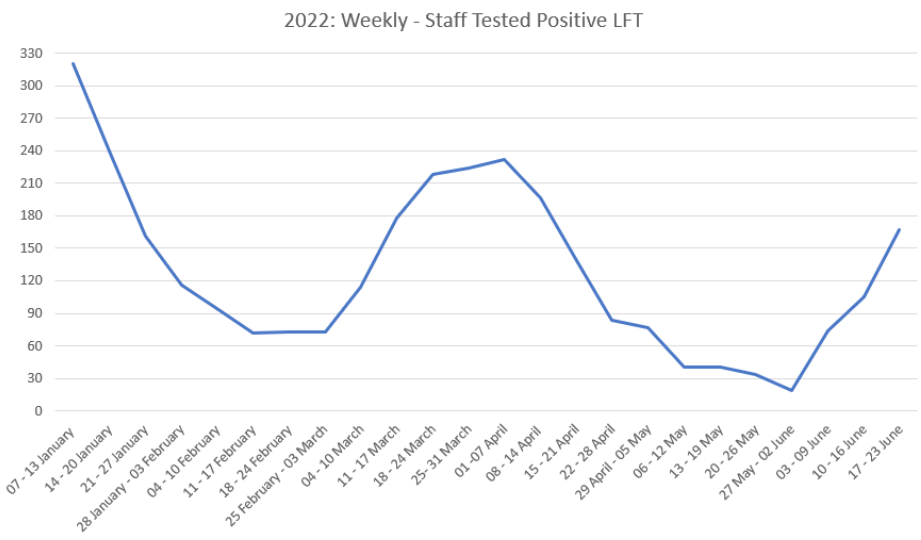
Vaccinations are continuing to keep ICU admissions and deaths at low levels. Vaccinations continue to be encouraged as vaccination remains the best form of defence against the virus.

2.1 CNTW Position

Whilst numbers reduced significantly in the month of May 2022, June 2022 is seeing an increase in both staff and patient cases. As at 28th June 2022 the Trust has 15 positive patients and covid absence is 158 of a total figure of 753 staff absent. There are currently only two outbreaks in the Trust on Bridgewell (Day 10) and Hauxley (Day 22) and immediately an outbreak is suspected all Covid protective measures are reinstated in that area and outbreak mangement initiated.

2022: Weekly – Staff Tested Positive LFT

DATE	Staff Tested Positive
07 - 13 January	320
14 - 20 January	240
21 - 27 January	161
28 January - 03 February	116
04 - 10 February	94
11 - 17 February	72
18 - 24 February	73
25 February - 03 March	73
04 - 10 March	114
11 - 17 March	178
18 - 24 March	218
25- 31 March	224
01 -07 April	232
08 - 14 April	197
15 - 21 April	139
22 - 28 April	84
29 April - 05 May	77
06 - 12 May	40
13 - 19 May	40
20 - 26 May	34
27 May - 02 June	19
03 - 09 June	74
10 - 16 June	105
17 - 23 June	167



3. Nosocomial and Outbreak Management and Changes in Guidance

National guidance states that outbreaks must be 28 days free without a further positive case linked in time and place before it can be closed. It was proposed by the DIPC and agreed by Executive Directors that CNTW would move to close outbreaks at 14 days from the last positive case, following a risk assessment of standard IPC control measures. Post outbreak debriefs still take place. The outbreaks continue to be open on the national system until 28 days.

The Trust currently has eighteen patient positive Covid-19 cases.

Two Outbreaks on Hauxley and Bridgewell Wards remain open on the national system.

3.1 Learning/themes from Outbreak areas

Each Outbreak gives us the opportunity to review with the Clinical Team and Outbreak Management Group the key themes relating to practice and Trust processes which can be improved or reaffirmed. A summary of the learning since the last report is included below:

- Importance of staff escorting positive patients to access outdoors when in isolation period to ensure contact with other patients does not occur. Unfortunately, a situation arose where a patient did access the outdoors, unsupervised, and had close contact with another patient who then became symptomatic and confirmed positive. The close contact is regarded as the cause of transmission.
- Evidence of embedded learning in clinical team following previous outbreak and good IPC practice noted.
- Ward staff to consider what time of day they complete an LFT with patients on Day 5, to facilitate release of isolation if two consecutive negative results. A Deep Clean is required when a patient comes out of isolation, and Facilities staff need to be given notice to plan for a Deep Clean, to ensure it is not delayed until the following day.

4. CNTW Infection, Prevention and Control Measures, Covid Testing & Isolation Guidance

4.1 IPC Guidance in Health and Care settings

Revised National IPC guidance was implemented in CNTW on the 26th April 2022. As a result of the changes to social distancing and mask wearing in non-clinical areas, the Trust did **not** see a negative impact on absences and during May 2022 continued to see a decrease in positive patient and staff cases and absences following the implementation of this guidance.

A further easing of restrictions was implemented on 19th May 2022, advising clinical areas (Inpatient and Community) that they are no longer required to socially distance and the removal of social distancing and mask wearing was introduced in the public areas such as hospital corridors, cafes, and restaurants.

Universal Mask Wearing:

Further National Health and Care setting guidance was received from the Chief Medical Officer in June 2022 advising that staff in clinical and community areas

were no longer required to wear face masks unless this is a personal choice. Fluid resistant surgical masks (FRSM) must be worn as part of transmission based precaution PPE requirements when:

- Caring for a suspected or confirmed Covid-19 case
- Outbreak or Cluster is declared

Local Risk Assessment is advised to determine the use of FRSM in clinical areas. This was implemented in CNTW from 13th June 2022.

Visiting Healthcare inpatient settings while Covid-19 is in general circulation:
Updated national guidance on 7th June 2022 provided an update on the use of face masks by visitors who are attending NHS Premises. Visitors may be asked to wear a mask / face covering following a local risk assessment, including when entering and moving through the healthcare setting unless medically exempt for which evidence should be provided. Visitors will be asked to wear a surgical facemask if visiting a high risk area or a patient with suspected/known Covid-19.

Prior to visitors attending pre-visit screening checks should continue to be undertaken, visitors would be advised not to visit if they have symptoms or they have had close contact with someone who has Covid-19.

This was also implemented in CNTW from 13th June 2022.

4.2 Next steps on transitioning from Covid-19 response to recovery

NHSE/I issued a letter on the 19th May 2022 setting out the focus of the ICSs, and their constituent organisations and partners.

- **Delivering timely urgent and emergency care and discharge** – addressing the ongoing pressures across the urgent and emergency care (UEC) system and discharge pathways.
- **Providing more routine elective and cancer tests and treatments.**
- **Improving patient experience:** providers should implement in full the recently updated UK IPC guidance given the significant benefits this can bring to increasing capacity and reducing waiting times.

CNTW has implemented the UKHSA IPC guidance

5. Lateral Flow Test Kits:

National reporting continues on a weekly basis relating to the number of test kits used for **patient testing.**

Due to the number of tests in stock, no further tests have been requested from national procurement supply. Requests can, however, be submitted monthly as required.

Patient facing staff are still required to access tests via the government online system for asymptomatic testing and all NHS staff can access the government online system if symptomatic.

Patient facing staff who live in Scotland and wish to order LFT kits for asymptomatic testing, have reported that they are unable to access kits online as

the Scottish eligibility criteria is different to England. Staff have been advised that in these circumstances to record that they live in England and request delivery of the kit to their work base in England or access CNTW kits via the main reception sites.

UKHSA have indicated that LFD testing for health and care staff may reduce or cease in June, although it is anticipated that LFD testing will be required in the winter months. As yet no further guidance has been received on testing.

CNTW LFT stock has an expiry date of 31.03.23.

It will be important to review the situation in August / September 2022, taking account of a potential resurge of Covid positive cases in winter.

6. Autumn Vaccination Programme

Joint Committee on Vaccination and Immunisation (JCVI) Interim Statement on Covid-19 autumn 2022 vaccination programme: published 20th May 2022.

The JCVI's current advice is that in autumn 2022, a Covid-19 vaccine should be offered to:

- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline health and social care staff
- All those 65 years of age and over
- Adults aged 16 to 64 years in a clinical risk group.

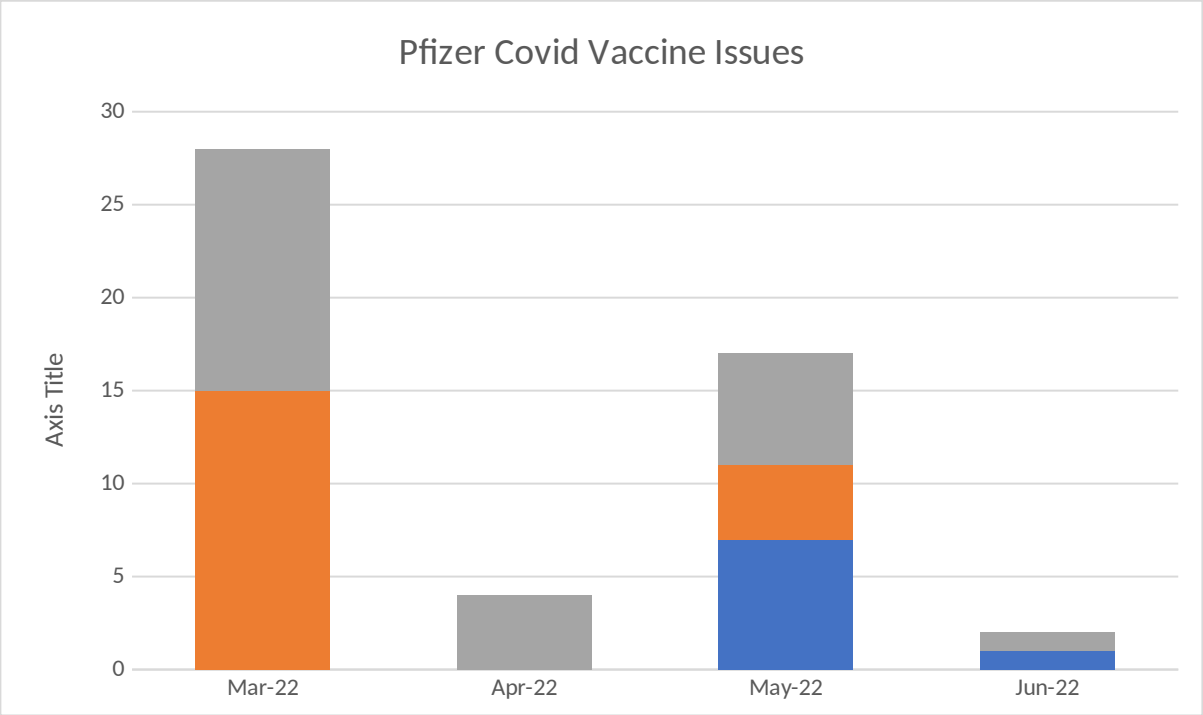
Vaccination of other groups of people remains under consideration within JCVI's ongoing review.

CNTW have started planning for the vaccination programme within the Trust, led by Deputy Chief Nurse and supported by IPC.

6.1 Continuation of vaccination delivery within CNTW:

There are a number of emerging issues impacting on the Trust's ability to continue with Vaccination over the Summer Months these include:

- Current supplies of Pfizer vaccine are low and expire at the end of this month. Pfizer is now only supplied for paediatric use so CNTW would most likely receive Moderna (Spikevax).
- Usage over the recent past as dropped markedly as illustrated in the graph below



It is recommended that the Trust pauses vaccination until the autumn booster campaign for the following reasons:

- Anticipate use will most likely continue to decline.
- The Trust will not be accessing further supply of Pfizer vaccine and do not intend to order Spikevax currently.
- Spikevax comes as a 10 dose (primary) or 20 dose (booster) multidose vial so waste would be high
- CNTW Pharmacy and vaccinators would need to adopt new Standard Operating Procedures for Spikevax
- New paperwork for recording vaccination would need to be adopted.
- Communication and guidance on how to prescribe Spikevax would need to be sent to prescribers
- Vaccinators would need to complete a new e-learning course and ensure competency with Spikevax
- The risk to the organisation is minimal as services will still be supporting patients under our care to receive a vaccination. The risk of changing vaccine abruptly poses a more substantial risk. This risk will be minimal for the autumn campaign as there will be more time to plan, communicate and train.

In support of this approach, NHSE+I released a document C1666 (22nd June 2022) which recommended the following:

- *A reduction in demand will necessitate systems agreeing sites that need to pause or hibernate until the autumn/winter campaign*

Primary care hubs will still be available within the system to support any CNTW patients to receive their booster (or primary if still not had).

7. <u>National Inquiry:</u>

Chair of the UK Covid-19 Inquiry, Baroness Hallett wrote to the Prime Minister on 12th May 2022 with revised Terms of Reference recommendations following a four week consultation. The following areas and changes have been recommended to be included.

- the impact on children and young people, including health, wellbeing, and social care
- education and early years provision
- antenatal and postnatal care
- care in the home, including by unpaid carers
- the management of the pandemic in care homes and other care settings, including infection prevention and control, and the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections.
- initial contact with official healthcare advice services such as 111 and 999
- the role of primary care settings such as General Practice
- the development, delivery and impact of therapeutics and vaccines
- the availability and use of data, research, and expert evidence
- how decisions were made, communicated, recorded and implemented
- the impact on the mental health of the population, including but not limited to those who were harmed significantly by the pandemic
- the closure and reopening of the hospitality, retail, sport and leisure and travel and tourism sectors, places of worship, and cultural institutions
- Support for businesses, jobs and the self-employed, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants.
- In carrying out its work, the Inquiry will consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998.
- The impact on the mental health and wellbeing of the bereaved, including post-bereavement support.
- legislative and regulatory control, and enforcement
- safeguarding and support for victims of domestic abuse
- collaboration between central government, developed administrations, regional and local authorities, and the voluntary and community sector (in relation to decision making)
- additional funding for the voluntary and community sector (in relation to decision making)

The revised Terms of Reference were published on the 28th June 2022 and are attached at Appendix 1.

8. <u>Working Safely Group</u>

The Homeworking and Hybrid Working Frameworks, have now been approved by Executive Directors

An Engagement session is proposed to share the Frameworks, prior to implementation.

Meeting Rooms, previously bookable via Bookit, which are not required as mask break areas for clinical staff, are available to book again via the electronic booking system.

The Working Safely Group will be stood down at this time but can be stood up again when required.

9. Moving forward

The activity currently is focused on maintaining patient safety and staff health and wellbeing whilst we learn to live safely with Covid.

10. Recommendation

The Board are asked to receive this report, noting the assurance on the measures taken to date, and significant collaborative response from the organisational teams to ensure the safe and effective delivery of care.

COVID Guidance Update Monday 27th June 2022

Medication

Coronavirus (COVID-19) vaccines adverse reactions
JCVI interim statement on COVID-19 autumn 2022 vaccination programme
JCVI provides interim advice on an autumn COVID-19 booster programme
Regulatory approval of Spikevax (formerly COVID-19 Vaccine Moderna)
Regulatory approval of COVID-19 Vaccine Janssen
National protocol for Vaxzevria COVID-19 Vaccine (ChAdOx1-S [recombinant])

Health

Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 June 2022
COVID-19: guidance for health professionals
COVID-19: information and advice for health and care professionals
COVID-19 variants identified in the UK
National flu and COVID-19 surveillance reports published
Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 5 May 2022
COVID-19 variants: genomically confirmed case numbers
Investigation of SARS-CoV-2 variants of concern: variant risk assessments

IPC

Medical devices given exceptional use authorisations during the COVID-19 pandemic
PPE portal: how to order COVID-19 personal protective equipment (PPE)
COVID-19: infection prevention and control (IPC)

Public Information

People with symptoms of a respiratory infection including COVID-19
The association between the discharge of patients from hospitals and COVID in care homes
Excess mortality in England and English regions
COVID-19 surveillance and immunity studies
Mental Capacity (Amendment) Act 2019: Liberty Protection Safeguards (LPS)
Coronavirus (COVID-19) Infection Survey, UK: 17 June 2022
UK COVID-19 Inquiry: terms of reference
Coronavirus (COVID-19): advice for UK visa applicants and temporary UK residents

EPRR daily Brief / Comms from EPRR and C19 inbox (including GRG actions)

	Date	Resulting action
World Health Organisation - IPC Global Report - Executive Summary who_ipc_global-report_executive-summary.pdf	09/05/22	For information – shared with IPC Team

	Date	Resulting action
C1647_Incident response letter - transition from response to recovery_190522	19/05/22	Sent to Gary O'Hare and Anthony Deery
C1658_Visiting healthcare inpatient settings while COVID-19 is in general circulation_ principles v5_June 2022	07/06/22	Communication drafted and circulated to all staff with regard to changes in mask wearing for visitors.
20220628 UK Covid-19 Inquiry officially is underway	28/06/22	Sent to Gary O'Hare; Ramona Duguid; James Duncan; Lynne Shaw; Lisa Quinn; Rajesh Nadkarni; Anne Moore; Sharon Gibson Terms of Reference attached as an Appendix to the Covid 19 Board Update for meeting on 06.07.22

Information from other areas

Healthcare Leaders Update - 19.04.22
Healthcare Leaders Update - 22.04.22
Healthcare Leaders Update - 26.04.22
Healthcare Leaders Update - 29.04.22
Healthcare Leaders Update - 03.05.22
Healthcare Leaders Update - 06.05.22
Healthcare Leaders Update - 10.05.22
Healthcare Leaders Update - 13.05.22
Healthcare Leaders Update - 17.05.22
Healthcare Leaders Update - 20.05.22
Healthcare Leaders Update - 24.05.22
Healthcare Leaders Update - 27.05.22
Healthcare Leaders Update - 31.05.22
Healthcare Leaders Update - 10.06.22
Healthcare Leaders Update - 17.06.22
Healthcare Leaders Update - 24.06.22

8. Influenza Vaccination Plan including COVID 19

Speaker: Gary O'Hare, Chief Nurse

References:

- 8. CNTW Influenza Vaccination Plan (including Covid) 2022 23.pdf

Report to the Board of Directors
Wednesday 6th July 2022

Title of report	**Seasonal Influenza Vaccination Plan (including Covid) 2022/23**
Report author(s)	**Elizabeth Hanley, Associate Director, Safer Care**
Executive Lead (if different from above)	**Gary O'Hare, Chief Nurse Director for Infection, Prevention and Control**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit Committee	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)
Executive Team
Trust Leadership Team (TLT)
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Trustwide Safety Group (TSG)
CQC Compliance Group
Equality, Diversity & Inclusion Steering Group
Caldicott Information Governance Group
Clinical Records Improvement Group

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

Board Assurance Framework/Corporate Risk Register risks

Seasonal Influenza Vaccination Plan (including Covid) 2022/23

Contents

Seasonal Flu Vaccination Plan (including Covid) 2022/23

1. Purpose

This plan sets out the Cumbria, Northumberland, Tyne and Wear (CNTW) strategic approach to the delivery of seasonal Influenza (flu) vaccination to both patients and staff.

The plan is not intended to provide clinical guidance on seasonal flu vaccine. Guidance for the management of patients with an influenza like illness or confirmed influenza is set out in IPC- PGN- 26, (part of CNTW (C) 23 Infection Prevention and Control Policy).

The plan below is in line with the Trust Board assurance checklist, as per Appendix 1, which needs to be completed by November 2022.

2. Seasonal Influenza (flu) Vaccination Programme 2022/23

As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask wearing, physical and social distancing and restricted international travel), influenza activity levels were extremely low globally in 2020 to 2021 and at present continue to be low. As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to a level similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantial pressures in the NHS in the coming winter months, 2022 to 2023, and, the extended period for which respiratory viruses may circulate.

The national flu immunisation programme 2022/23 is available at https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2022-to-2023-letter

Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). This year 2022/23, UKHSA has advised they will not offer those aged 50-64 years a free influenza vaccine through the NHS as part of this year's influenza vaccination programme.

Influenza vaccination remains an important priority this coming autumn to reduce morbidity and mortality associated with influenza and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of COVID-19 and other respiratory infections.

3. COVID-19 Booster vaccination Programme 2022/23

The Joint Committee on vaccination and immunisation (JCVI) has issued interim advice that a covid vaccine should be offered to:

- Residents in a care home for older adults and staff
- Frontline health and social care workers
- All those 65 years of age and over
- Adults aged 16-64 who are in a clinical risk group.

The final advice will be published before September and will take into account the latest epidemiological situation, additional scientific data from trials, real-time surveillance of the effectiveness of the vaccines over time and emerging variants. The final advice could change from the interim advice as further data is analysed.

The planning of the Trust Influenza vaccination programme has, therefore, also incorporated planning for Covid boosters. Until the final guidance is published, many of the operational and clinical logistics for the Covid booster programme are unclear.

National guidance has suggested that we should plan for a co-ordinated vaccination programme, where staff and patients could receive an Influenza and COVID-19 vaccination in the same session. Meanwhile, waiting for confirmation of the booster programme should not delay the Trust flu vaccination programme.

3.1 Reflections on Seasonal Influenza Vaccination 2021/22

The 2021/22 seasonal Influenza vaccination campaign achieved vaccination of 68.2% of frontline clinical staff. This figure was lower than the previous years, however the rates across all NHS organisations across the region reported similar vaccination figures. Suggestions that may have resulted in a low rate include:

- Concerns of having vaccines together in same time frame and the effects of this
- Low levels of flu this year and previous year
- Prioritisation of the Covid vaccine administration.

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
62.4%	63.6%	64.4%	73.5%	76.5%	82%	84%	68.2%

Due to the pandemic restrictions, the Influenza programme used local vaccinators across the Trust to deliver vaccinations in wards and teams as an alternative to the drop-in clinic model that had been used in previous years.

In 2021/22, Trust staff vaccinated 5,348 CNTW staff and 484 non CNTW staff who have contact with our patients.

A virtual learning lessons session was held to reflect on the flu and Covid vaccination programme 2021/22 and learning from the session included:

- Improving systems for recording vaccinator training
- Reviewing vaccinator training requirements to avoid duplication of topics
- Sharing information/training with vaccinators at least 8 weeks before vaccination campaign starts.
- Creating a comprehensive list of vaccinators prior to start of campaign.
- The emphasis was very much focussed on Covid, compared with previous flu campaigns
- Implementing skill mix for clinics
- Consider vaccinators undertaking the booking in via NIVS
- Changing national guidance/timeframes and difficulty in planning and production of resources when guidance changing.

- Consideration of bookable appointments and drop-in clinics.
- Having a better system for recording patient vaccination status.

The learning from the session has been reflected upon and where appropriate actioned in the planning and preparation for the flu and Covid vaccination programme 2022/23.

3.2 Vaccine Mobilisation Group

For 2022/23 vaccination planning forms part of the Infection Prevention Control (IPC) assurance meeting held monthly, with specific task and finish groups put in place which feedback into the main assurance meeting.

The purpose of this group is to:

- Produce an effective Influenza/COVID-19 vaccination delivery programme to protect patients, staff and visitors
- Ensure that all patients in clinical risk groups are identified and offered flu /Covid vaccine

The group has senior leadership, with a multi-disciplinary team of clinical and non-clinical staff delivering the campaign at local level.

Meeting dates for the group reflect the activity required as the vaccination season approaches, although additional meetings may be required to support the needs of the programme.

The group reports into the Infection Prevention and Control Committee, the Physical Health and Wellbeing Group and Business Delivery Group to give assurance to the Clinical Commissioning Groups (CCGs) in respect of winter planning.

3.3 Influenza Vaccines 2022/23

The Trust has placed orders with Seqirus for the following vaccines:

Quadrivalent Influenza Vaccine (QIVc) to be offered to both inpatients and staff (this vaccine can be offered to patients and staff who report allergy to egg products).

Patients who are 65 years old and over will receive the adjuvanted Quadrivalent Influenza Vaccine (aQIV), as recommended. This vaccine has a higher immunogenicity and effectiveness than the non-adjuvanted vaccine and is regarded as the best option for this age group.

A small number of vegan based vaccines and Live Attenuated Influenza Vaccine (LAIV) which is a nasal spray used for children and young people, will also be made available. These vaccines will be ordered in small numbers and available through pharmacy.

3.4 Flu Vaccine Delivery

Vaccine delivery schedule into the Trust is as follows. The supplier advises that dates are subject to change.

Date Expected	Total	Cumulative Total
W/C 03/10/22	8000	8000

W/C 17/10/22	2000	10000

The vaccine will be distributed across the Trust and can be transported to community areas, adhering to the maintenance of the cold chain, in discussion with the pharmacy department. It is anticipated that the seasonal flu vaccination campaign for patients and staff will commence the week commencing 3rd October 2022. This is subject to delivery dates as stated above.

3.5 Patient Vaccination

To ensure the health and well-being of our patients, Influenza vaccine is offered throughout the flu season to ensure protection against the common circulating influenza strains.

Wards will be asked to review all patients who are in the clinical risk groups and offer Influenza vaccination to both current inpatients and new admissions throughout the flu season. It is also an opportunity to ensure that patients are protected against pneumococcal infection where indicated.

Consent will always be obtained prior to vaccination. For further information staff are advised to refer to CNTW (C) (05) - Consent to Examination or Treatment Policy.

Community teams and day units across the Trust are encouraged to promote influenza and Covid vaccination to patients whom they have contact with and are in the clinical risk groups. Where appropriate, they can support patients to access local vaccination services in primary care. Where patients may not engage with primary care services, vaccination can be offered by clinical teams.

3.6 Influenza Vaccination of Health Care Workers

The Health and Social Care Act 2008 states that all health organisations should ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care. (Department of Health [DH] 2008).

The purpose of vaccination of health care workers is:

- To protect clinical risk groups in whom flu vaccination may not offer complete protection and thereby reducing the rates of flu like illness, hospitalisation and mortality.
- To protect the health care worker and their family
- To ensure business continuity by reducing sickness leave.

The table below shows the uptake rates of the front-line clinical workers in CNTW in 2021/22

Category	% Flu vaccination uptake
Doctors	69.7%
Qualified nurses	69.2%
All other professionally qualified clinical staff	78.0%

Support to clinical staff	63.0%

National guidance requires that Organisations should vaccinate all frontline health and social care staff. However, the intention of our Trust programme is to offer vaccination to all staff.

The table below outlines the frontline staff groups. This list is not exhaustive, and each post should be assessed in accordance with ESR and clinical activity.

Staff Group	Description
Doctor	All grades of hospital, community and public health doctor.
Qualified Nurse	Qualified nursing staff, working on hospital sites and community services. Includes nurse consultants, nurse managers and bank nurses but not student nurses.
Other Professionally Qualified This comprises: • Qualified scientific and therapeutic &technical staff • Qualified allied health professionals • Other qualified ST&T	Qualified allied health professionals (AHPs): • Chiropodists/podiatrists • Dieticians • Occupational therapists • Physiotherapists • Art/music/drama therapists • Speech & language therapists • Other qualified health professionals: • Pharmacists • Psychologists • Qualified ambulance staff • Ambulance paramedics, technicians, emergency care practitioners.
Support to Clinical Staff This comprises: • Support to doctors and nurses • Support to ST &T • Support to ambulance staff	Nursing assistants, nursery nurses, health care assistants and support staff in nursing areas. Also includes clerical & administrative staff and maintenance & works staff working specifically in clinical areas, for example medical secretaries and medical records officers. Also includes porters and similar roles provides support to inpatient areas.

3.7 Peer Vaccinators

In 2021/22, 427 registered staff from community teams, pharmacy, nurse directors and medical staff undertook training to be able to vaccinate all CNTW staff. This was a substantial increase from those in previous years due to the need to change the model of delivery from a centralised clinic model to a more localised one, which required more vaccinators. However, it was reflected in the lessons learned sessions that many vaccinators who had undertaken the training did not significantly contribute to the vaccine programme or given the volume of training did not complete all requirements prior to the start of the vaccination campaign.

For 2022/23 the list of vaccinators has been reviewed with support from locality Associate Nurse Directors. To plan for staffing constraints across the Trust, consideration will be given to how other professionally registered and non-registered staff can support the vaccination programme. The national protocol defines the roles and tasks that can be undertaken by different staff and the training required for each element and the process.

Vaccinator training is provided via eLearning packages and competency-based assessment. Vaccinators are required to have completed Intermediate Life Support and Anaphylaxis training.

All vaccinators must meet the competencies of the flu vaccinator competency assessment tool and be signed off as competent by an experienced vaccinator if new to the role or not vaccinated in the past 12 months. Vaccinators who have vaccinated throughout the previous 12 months can self-assess against the competency assessment tool.

3.8 Legal documents for administration of influenza and Covid vaccination.

Vaccinators will be able to administer flu vaccination to staff (CNTW and NTW Solutions) under a Written Instruction document, previously used in 2021/22.The document is currently being revised by Pharmacy for this year's flu vaccination campaign and the final document will be approved by the Trusts Medicines Optimisation Committee (MOC)

As in 2021/22 for administration of the covid vaccination a National Protocol is expected to be published to support the Covid vaccination programme. This allows for vaccinations for staff (CNTW and NTW Solutions) and patients to be given by a wide range of registered professionals under the supervision of a registered nurse, doctor or pharmacist.

3.9 Vaccination Clinics

The Influenza and COVID-19 vaccination programme delivered in CNTW in 2021/22 used high-capacity clinics across the Trust footprint at St Nicholas Hospital, Hopewood Park, St Georges Park and Carleton Clinic. This was supplemented using peer vaccinators across all localities to offer staff, who were unable to attend a clinic, flu vaccination and, on a pre-determined basis, Covid vaccinations.

In planning for Influenza and COVID-19 vaccination programme 2022/23 it is proposed to use the clinic model for specific days and times during the week, co-ordinated by each locality Associate Nurse Director. Peer vaccinators would be used to vaccinate staff who are unable to attend a centralised clinic, which is a system that has been used effectively in previous years. However, consideration needs to be given to the safe transport of the Covid vaccination.

The vaccine clinics will be utilised for both vaccinations where possible in offering vaccination with flu and Covid in the same appointment.

In recognising the importance of accessibility to vaccination for all frontline healthcare workers in both the NHS and other organisations, CNTW will be offering vaccination to all staff working within, or into CNTW.

4. Data Collection

All vaccinations will be recorded on the National Immunisation and Vaccination System (NIVS) which is a digital solution used to record COVID-19 vaccination information for both patients and health and social care workers within hospital hubs. This information is then sent automatically to update individual GP records with the vaccination details. The information team is reviewing how vaccination data interflow for staff who are resident in Scotland and work at CNTW will be recorded, as the Scottish and English systems do not align.

4.1 External reporting

As in previous years, vaccination of front-line health care workers will be reported through the ImmForm website. Uptake data information for healthcare workers will be collected on immunisations given from September 2022 to the end of February 2023 (final data collected in March 2023). It is anticipated that further reporting through the regional and national systems may be required.

4.2 CQUIN Target 2022/23

Staff Vaccination forms part of the CQUIN scheme 2022/23:

CCG1: Flu vaccination for frontline healthcare workers. The CQUIN goal has been set at 70% to 90% uptake of flu vaccinations by frontline staff with patient contact. Data collection will commence 1st September 2022 up to and including 28th February 2023.

4.3 Internal reporting

Internal dashboards will be developed and regularly updated with staff and patient vaccination information. Regular reports will be produced for Trust senior managers across all services to assist with identifying areas of poor vaccination uptake in front-line health care workers, which will assist with planning a targeted approach by peer vaccinators. Recording inpatients vaccinations will support in delivery of vaccine and prescribing to eligible patients.

5. Communication

The Communications Team are key members to the success of the seasonal flu campaign and the communication plan informs the delivery of information provided Trust-wide.

The importance of effective communication throughout the campaign is recognised in dispelling myths and in delivering important messages. The dedicated flu page on the Trust intranet is instrumental in relaying key messages, clinic dates and myth busters. All CNTW staff have access to Twitter and internal messaging through Chatterbox.

The dedicated flu fighter e-mail address (flufighter@cntw.nhs.uk) is used as a point of contact for all vaccination queries and is promoted through the vaccination training, staff

bulletin and all user e-mails. This is monitored by the Infection Prevention and Control Team.

Following the positive reviews from staff of the “real life” personal stories posters, these will continue into the 2022/23 campaign to raise awareness of the importance of vaccination to protect people in clinical risk groups.

Engagement with patients and carers in the flu campaign remains a key priority to both encourage and support patients to make an informed choice about the importance of vaccination. Community teams have the responsibility to facilitate patients attending the GP for vaccination and, where appropriate, highlighting to carers the availability of a free flu vaccine by the GP surgery.

Inpatient staff are encouraged to use carer/patient meetings as an opportunity to discuss the importance of flu vaccination, especially in clinical risk groups.

6. Reviewing and monitoring

Our commitment is to continue to increase vaccination uptake rates year on year across the Trust. Whilst this will be challenging, we will continue to:

- Work closely with clinical teams to ensure patients are offered and supported to be vaccinated.
- Support carers to ensure they make the right decisions in encouraging their relatives to be vaccinated.
- Provide clinical staff with current information regarding vaccination, including myth busting and common questions through both electronic and paper communications.
- Ensure that all patients and staff across CNTW have access to vaccination to assist with the promotion of health and wellbeing.
- Continue to provide information Trust-wide relating to the benefits of flu vaccination
- Undertake weekly internal reporting of vaccination uptake rates in front line health care workers to address areas within the Trust where there is poor vaccination uptake.
- Work with NHS colleagues to give assurances in our winter preparedness.
- Respond to and share lessons learnt both internally and externally

7. Conclusion

The Board are asked to endorse the Influenza plan for 2022/23.

APPENDIX 1

Healthcare worker flu vaccination best practice management checklist

For Public Assurance by Trust Board by November 2022

A: Committed Leadership	Trust Self-Assessment
A1 Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers (both clinical and non-clinical staff who have contact with patients).	
A2 Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers.	
A3 Board receive an evaluation of the influenza programme 2021 to 2022, including data, successes, challenges and lessons learnt.	
A4 Agree on board champion for flu campaign.	
A5 All board members receive flu vaccination and publicise this.	
A6 Flu team formed with representatives from all directorates, staff groups and trade union representatives.	
A7 Influenza team meet regularly from September 2022	
B: Communications Plan	
B1 Rationale for the flu vaccination programme and facts to be published-sponsored by senior clinical leaders and trade unions.	
B2 Drop-in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3 Board and senior managers having their vaccinations to be publicised.	
B4 Influenza vaccination programme and access to vaccination and induction programmes.	
B5 Programme to be publicised on screensavers, posters and social media.	
B6 Weekly feedback on percentage uptake for directorates, teams and professional groups.	
C: Flexible accessibility	
C1 Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered.	
C2 Schedule for easy access drop-in clinics agree.	
C3 Schedule for 24-hour mobile vaccinations to be agreed.	
D: Incentives	
D1 Board to agree on incentives and how to publicise this.	
D2 Success to be celebrated weekly	

References

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Influenza Guidance, Guidance for Management of Patients/Clients with an Influenza like Illness or confirmed influenza (IPC-PGN -26).

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, CNTW (C) 05 – Consent to Examination or Treatment Policy.

Department of Health (DH), (2008) Health and Social Care Act. Code of Practice on the prevention and control of infections and related guidance. Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)

Department of Health (DH), Immunisation against infectious diseases; Chapter 19 Influenza, Chapter 25 Pneumococcal [Online], Available: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Department of Health & Social Care/ UK Health Security Agency (2022). The NHS influenza immunisation programme 2022 to 2023 [Online] https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2022-to-2023-letter

9. Commissioning and Quality Assurance update Month 2

Speaker: Lisa Quinn, Executive Director Finance / Commissioning and Quality Assurance

References:

- 9. Commissioing & Quality Assurance Report Mth 2.pdf
- 9. Front Sheet Commissioing and Quality assurance report Mth 2.pdf

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Board Report

2022-23 Month 2 (May 2022)

Caring | Discovering | Growing | **Together**

Contents

Executive Summary

Regulatory

- Information Governance Training has decreased in the month now reported at 85.4% - standard required 95% by 30th June 2022
- Out of area bed days have increased in the month (Total of 378 QTD) but remain within the Quarter 1 trajectory (728 Q1)
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at Quarter 1 to date is reported at 47.1% against a 95% standard). There have been no urgent referrals received this month

Contract

- The Trust met all local CCG's contract requirements for month 2 with the exception of:

  CPA metrics for all CCGs

  Delayed Transfers of Care within Newcastle/Gateshead, Northumberland, South Tyneside, Sunderland and North Cumbria

  Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in North Tyneside

  IAPT numbers entering treatment in Sunderland and North Cumbria

  EIP Patients seen within 14 days - Northumberland

Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have increased in the month now reported at 264 as at 31st May 2022
- The numbers of Children and Young people waiting for treatment have increased in the month to 2047 as at 31st May 2022
- There are a number of training topics underperforming against the Quarter 1 trajectory in the month
- Appraisal rates have decreased in the month, 63.8% against a Quarter 1 trajectory of 72% Trustwide
- Management supervision has increased in the month to 55.2% remaining under the Quarter 1 trajectory of 61%

Regulatory

Single Oversight Framework	Segment	The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).
	1	Areas for improvement relate to CYPS ED waiting times and Out of Area Placements

Care Quality Commission	OUTSTANDING	A focused inspection of learning disability and autism wards commenced on Monday 16th May 2022. The wards inspected were Acorn, Rose Lodge, Mitford Unit, Mitford Bungalows, Tyne (LD long term conditions), Tweed, Lindisfarne and Cheviot. Trust awaits receipt of the draft inspection report for factual accuracy checks which is likely to be in mid July 2022. A focused inspection of Rose Lodge took place on 30th and 31st March 2022.

Number of visits in the last 12 months:	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
	3	0										

	Standard	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
DQMI Score	90%	93.1%	93.0%										
Information Governance Training	95%	86.1%	85.4%										
Out of Area bed days	0	155	223										
IAPT Recovery (Sunderland)	50%	56.4%	49.8%										
IAPT Recovery (N.Cumbria)	50%	54.0%	52.1%										
EIP (2 weeks to treatment)	60%	81.8%	82.5%										
72 hour follow up	80%	90.2%	92.7%										
Referral to treatment (RTT)		100%	100%										
CYPS ED – Urgent	95%	-	-										
CYPS ED - Routine	95%	42.9%	30.0%										

Contract

Commissioner Contracts (CCG):	**Unmet contract requirements** **4**	The Trust's met all local CCG contract requirements with the exception of: • CPA metrics for all CCG's • DTOC – Newcastle and Gateshead, Northumberland, South Tyneside, Sunderland and North Cumbria (check) • Ethnicity recording for MHSDS – North Tyneside • IAPT numbers entering treatment – Sunderland and North Cumbria • EIP Patients seen within14 days – Northumberland
Commissioner Contracts (NHSE):	**Unmet contract requirements** **1**	The Trust's met all NHSE contract requirements with the exception of: • Percentage of patients with a completed outcome plan (relating to 1 patient)

Contract Summaries:	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	North Cumbria CCG	Durham and Tees Valley
	94%	90%	80%	60%	80%	86%	50%	75%

CQUIN:	**Achieved**	**Part achieved**	**Not achieved**	
Q1				All CQUIN schemes have now been reinstated from April 2022.
Q2				
Q3				
Q4				

Friends and Family Test:	**87.9%**	The overall FFT satisfaction score for May 2022 was reported at 87.9%, this was based on the number of responses received from service users and carers who stated their overall experience with CNTW services was either good or very good. The number of Points of You survey returns received was 438, of which 58% were from service users, 24% from carers, 12% were completed on behalf of a service user and 6% did not state their person type.

Internal

Waiting Times (Adult and Older Person):	**Over 18 week waiters** **264 (5.2%)**	As at 31ST May 2022 there were a total 5108 people waiting to access services in non-specialised adult services across CNTW of which, 264 people have waited more than 18 weeks. This is a decrease from 4953 people waiting to access non-specialised adult services last month of which 188 were reported waiting over 18 weeks.
Waiting Times (CYPS):	**Over 18 week waiters** **2047**	This month there has been an increase in the total number of CYP waiting more than 18 weeks to treatment, reported at 2047 as at 31st May 2022 compared to 2045 as at 30th April 2022. The number of young people waiting to access children's community services overall has increased in month 2.

Statutory & Essential Training:	**Standard achieved (Quarter 1 trajectory met)**			**Standard almost achieved (<5% below Quarter 1 trajectory)**			**Standard not achieved (>5% below Quarter 1 trajectory)**		
	M01	**M02**	**M03**	**M01**	**M02**	**M03**	**M01**	**M02**	**M03**
	5	7	-	3	4	-	12	11	-

	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Appraisals	64.8%	63.8%										
Management Supervision	52.6%	55.2%										
Clinical Supervision	77.5%	77.8%										

Quality Priorities:	**EDI and Human Rights**	**Supporting service users & carers to be heard**	**Improving Waiting Times**	**Improving the inpatient experience**
Q1				
Q2				
Q3				
Q4				

Finance

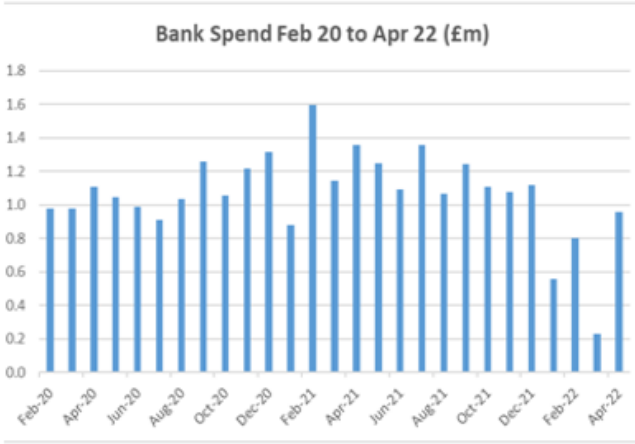
Financial Performance Dashboard

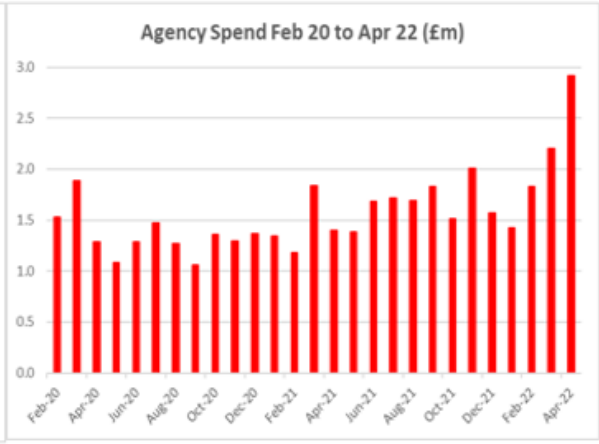
Income & Expenditure

	Month 2		
	Plan £m	Actual £m	Variance £m
Income	85.9	85.8	(0.1)
Pay	(62.2)	(64.7)	(2.4)
Non Pay	(25.1)	(23.5)	1.6
Surplus / (deficit)	**(1.4)**	**(2.3)**	**(0.9)**

Key Indicators

Key Indicators	Year End
Surplus/ (Deficit) before exceptional items	(£2.3m)
Agency Spend	£4.9m
Cash	£50.8
Capital Spend	£5.8m





Key Issues/Risks.

- At month 2 the Trust has a £2.3m deficit which is £0.9m above plan, The Trust is forecasting to deliver a £5.6m surplus as agreed as part of the ICS financial plan to deliver break-even.
  Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB. Temporary funding is being withdrawn from systems, the Trust has seen a reduction in temporary funding for 2022/23, although the Trust is receiving an addition £5.4m funding to support the change in the Trust's financial plan from break-even to a £5.6m surplus.
  Also the system arrangements limit the Trust's opportunities to generate additional income from care packages.
  Overall trust pay costs have remain high continuing the trend from Q4 21/22. Agency costs are high from a continuation of the levels seen in Q4. The Trust is expecting to see a drop in both overtime and agency costs in Q2.
  Cash – £50.8m at month 2 which is £9m below plan. Capital cash flow and working balances account for cash balances being below plan at this stage. The Trust is forecasting to have the planned level of cash balances, £42.3m at the end of the financial year.
- Capital Spend - £5.8m at M2, is £2.1m under plan.

Reporting to NHSI – Number of Agency shifts and number of shifts that breach the agency cap

	02/05/2022		09/05/2022		16/05/2022		23/05/2022		30/05/2022	
Medical	124	93	124	93	124	93	122	95	127	98
Qual Nursing	179	120	116	86	144	107	158	113	156	121
Unq Nursing	2,289	1,817	2,299	1,854	2,435	1,821	2,440	1,972	2,637	2,009
A&C	39		18		28		43		14	
	2,631	**2,030**	**2,557**	**2,033**	**2,731**	**2,021**	**2,763**	**2,180**	**2,934**	**2,228**

In May the Trust reported an average of 2,098 price cap breaches (94 medical, 109 qualified nursing and 1,895 nursing support). At the end of May 19 medics were paid over the price cap.

Risks and Mitigations

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 2.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19, recovery trajectories have been agreed for 2022-23 at both a Trustwide and locality level.

Recommendations

The Board of Directors are asked to note the information included within this report

Allan Fairlamb	Lisa Quinn
Deputy Director of Commissioning & Quality Assurance	Executive Director of Commissioning & Quality Assurance

22nd June 2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 6th July 2022

Title of report	**CNTW Integrated Commissioning & Quality Assurance Report**
Report author(s)	**Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance**
Executive Lead (if different from above)	**Lisa Quinn, Executive Director of Finance, Commissioning & Quality Assurance**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	29.06.2022
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	27.06.2022
Corporate Decisions Team (CDT)	
CDT – Quality & Safety	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

10. Safer Care Report

Speaker: Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive

References:

- 10. Safer Care Quality Q4 Report 06.07.22..pdf

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
6th July 2022

Title of report	**Safer Care Report – Quarter 4**
Report author(s)	**Claire Thomas, Deputy Director, Safer Care** **Dr Damian Robinson, Group Medical Director, Safer Care**
Executive Lead (if different from above)	**Dr Rajesh Nadkarni – Executive Medical Director**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	11.05.22.
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

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

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

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

Safer Care Report – Quarter 4

1. Executive Summary

This is Safer Care report for Quarter 4 2021/22. This report focusses on key metrics (such as those which are reported outside of the Trust). The narrative "points of note" provide an analysis of the data while also highlighting other key points the Board needs to be aware of.

2. Risks and mitigations associated with the report

None to note by exception.

3. Recommendation/summary

Receive the paper for information only

Name of Author:
Claire Thomas, Deputy Director, Safer Care
Dr Damian Robinson, Group Medical Director, Safer Care

Name of Executive Lead:
Dr Rajesh Nadkarni

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Safer Care Report – Quarter 4
Reporting Period: January to March 2022

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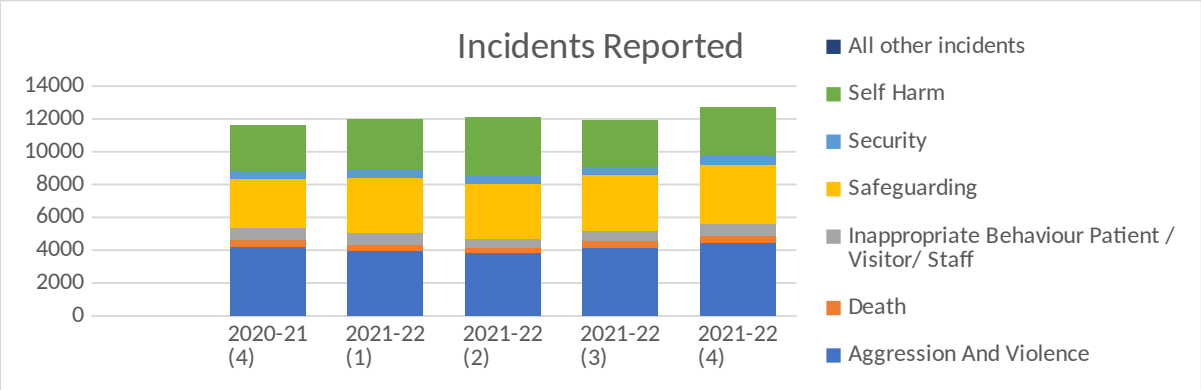
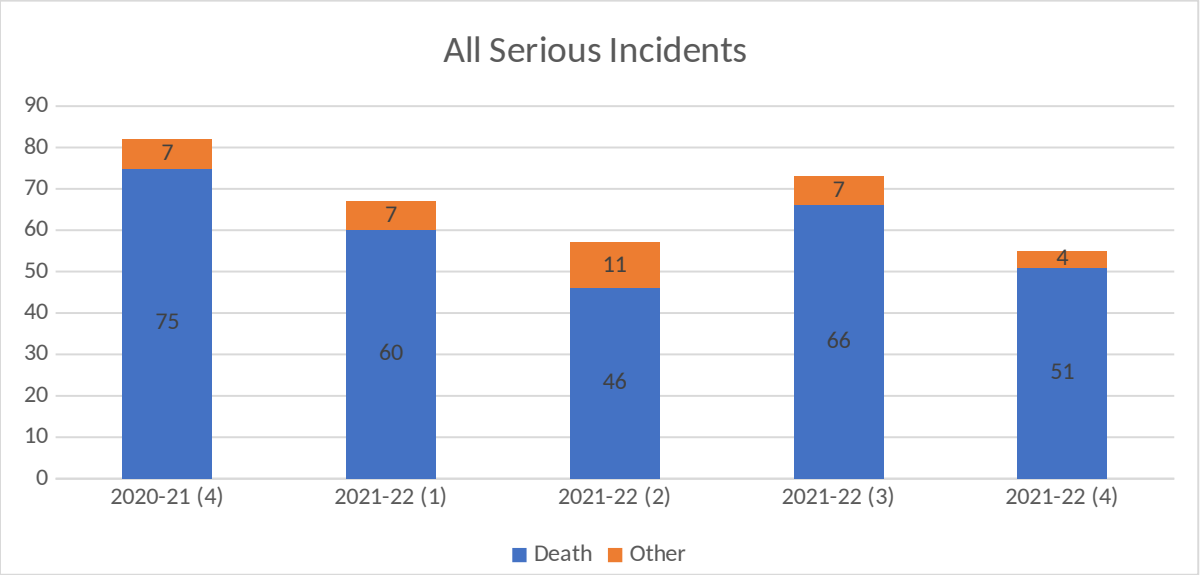
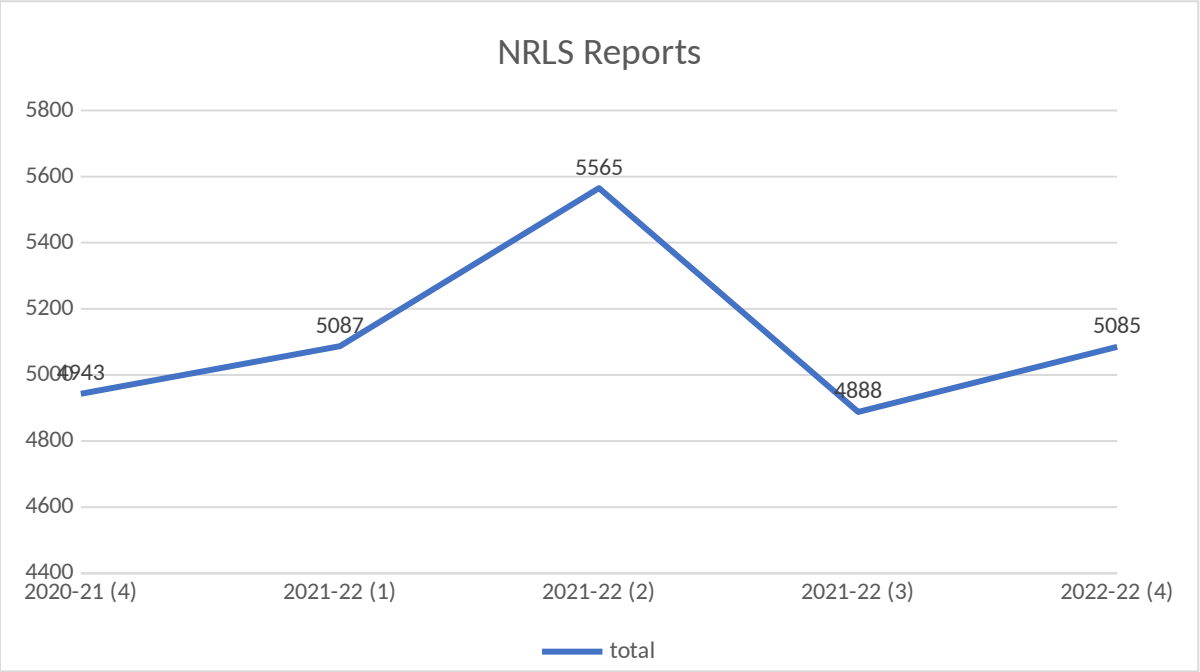
Section 1: Incidents, Serious Incidents and Deaths







All incidents
All incidents across the selected incident categories above this quarter total 12,681. This is an increase of 763 when compared to the previous quarter (11,918). The total number of all incidents reported during in quarter 4 is 16,040. All incidents in the above categories increased this quarter with the exception of deaths. The largest increase was seen in the aggression and violence category which increased from 4166 (Q3) to 4473 an increase of 307 incidents. Self-harm incidents also increased by 100 incidents from 2822 (Q3) to 2922 this quarter.

Deaths
The number of total deaths reported in this quarter was 429 which is a decrease of 21 compared with quarter 3. These figures include all natural cause deaths reported and these figures also include patients who may not have been in direct receipt of CNTW services at the time of death.

Reviews of deaths
The table below captures all levels of internal review agreed related to deaths occurring in this quarter.

Level of review	Number of reviews
Full StEIS reportable Serious Incidents	12
LAAR's	30
Non StEIS reportable Serious Incidents	2
72 Hour Initial report	27
Mortality review	40

To note a small number of deaths reported at the end of quarter 4 are still in the triage process.
In January the Clinical Risk and Investigations Department were asked to review the LAAR triage process to try and reduce some of workload caused by LAARs on the clinical teams whilst still ensuring that there is appropriate review, reflection and learning of incidents. A new more robust initial 72-hour report template has been agreed which teams are asked to complete. These reports are then reviewed at director level within localities to determine if further investigation is required or sufficient information provided in the report. An initial review of this process was undertaken at BDG-S in March. Data from qualitative questionnaires was positive and there was a 50% reduction in the need for local after-action reviews. It was agreed that new process would be continued, and regular updates will be provided to BDG - S to ensure no learning opportunities are missed.

NRLS
There was an increase in the reporting of patient safety incidents reported into the NRLS system 5085 this quarter up from 4888 in quarter 3. The number of incidents reported into NRLS related to deaths in Q4 was 18.

Serious Incidents
The number of Serious incidents this quarter is 55 a decrease of 18 from Q3 (73). The number of these incidents related to unexpected deaths was 51 which is a decrease from the previous quarter 66. All have been triaged and allocated an appropriate level of review. In addition, other incidents this quarter recorded as serious incidents relate to the following incident categories:

- Aggression and Violence - Physical assault by patient towards member of family
- Self-Harm - use of ligature and swallowing of object on an inpatient unit
- Self-Harm – Ligature use in CNTW public restroom following outpatient appointment
- Self-Harm – Jump from height following absconding from staff during section 17 leave.

LeDeR
8 deaths were reported into the LeDeR process in Q4. The Patient Safety team is discussing with the regional LeDeR leads how we can bring early learning back into the Trust as the CCGs develop revised processes for undertaking the reviews.

Complex case panel
2 cases were heard at the Complex Case Panel in Q4.

Prevention of Future Death reports - Regulation 28
No regulation 28's were received by the Trust in Q4.

Covid Related inpatient deaths
There were no Covid related inpatient deaths in Q4.

Learning from Incidents presented to the serious incident review panel in quarter 4
During COVID-19 pandemic the serious incident review panel has continued to sit and review cases on a weekly basis. Panels are held via Microsoft Teams.

Incidents investigated post the initial national lock down have been subject to an additional term of reference to address the challenges of clinical care during the pandemic "Consider and comment on any changes to care, treatment and risk management that occurred as a result of the COVID–19 pandemic, how these changes were managed and what if any impact these changes were felt to have had on the incident under review".

23 serious incidents were reviewed at the Serious Incident Panel in this quarter. Of the 23 reviewed, 8 incidents were noted to have significant findings relating to care and treatment that had the potential to cause harm, although none were felt to have been directly contributory to the incidents being reviewed. These findings are summarised below. 5 of these 8 occurred in incidents related to North Cumbria Locality, 2 relate to South Locality and 1 to Central.

North Cumbria
482121: This case related to the AWOL noted above, it occurred in North Cumbria Locality and involved a service user on escorted leave from Ferndene. The service user left a vehicle and then jumped from nearby bridge into water. The service user did not suffer any injuries and staff responded swiftly to help recover the young person from the water. The review highlighted the following: The Service user was able to lean into the front of the vehicle and press the door release button, located on the dashboard, to allow her to leave the vehicle while it was at a standstill in traffic. Panel heard that in response to this issue all vehicles used by the Trust were reviewed for safety purposes. Any vehicles with a gap between the 2 front seats were taken out of service and a screen was fitted between the front and rear of the minibus.

487815: This case relates to a suspected suicide and involved a service user open to ALIS West. The review highlighted several significant concerns:

- A home visit on the 14th of November 2021 should have been undertaken by a Band 6 qualified practitioner and should have been classified as a new assessment as Service User had been discharged from the HTT previously, however it was allocated to a band 4 staff member.
- The Safety Plan lacked the level of specific detail that would help him to mitigate identified risks, particularly when the Service User was being discharged from HTT onto the CMHART waiting list.
- It appears that the Service Users partner and main source of support, was not involved in the CRHT discharge planning process.
-

481630: This case relates to a suspected suicide and involved a service user open to ALIS East. The review highlighted the following significant concern: When the service user contacted at 06.40 am his call was taken by a Band 3 call handler. The normal expected protocol would be a Band 6 clinician would formally triage the phone call and carry out a robust risk assessment, however on this occasion that protocol was not followed, and the documentation was not up to expected standards on the 11 October from service users call at 06.40 and call back to service user at 08:40 in relation to safety planning and risks.

490522: related to an older persons inpatient unit in North Cumbria Locality. The case involved the identification and subsequent management of a pressure ulcer. The review highlighted that: The pressure ulcer once identified was cleaned and dressed and a podiatry referral was made, however the presence of the ulcer was not then communicated effectively across the MDT. Documentation did not reflect that the pressure ulcer was reviewed and managed as expected and in line with the CNTW tissue viability policy or that it was identified as an issue during handover to the care home that the service user was discharged to. The investigation was supported by the CNTW Tissue Viability lead, and the service leads, and SI panel agreed a number of actions to address the identified issues.

497667: related to crisis services in North Cumbria locality. This review highlighted some issues with risk management / safety planning. The person (friend) identified as helping manage the service users access to medication was not contacted by the service to ensure that arrangements were appropriate and robust. In addition the formulation of risk was not felt to be robust. Actions were agreed to address these issues within the service. A wider piece of work to review crisis services in North Cumbria with the support of Central Locality has also been agreed by Directors in North Cumbria.

Central Locality
486878: This case relates to a suspected suicide and involved a service user open to the Gateshead CTT and at the time of the incident was also receiving input from the Universal Crisis Team. The review highlighted that the Crisis Team did not follow the DNA protocol when the service user did not complete planned telephone contact from November 8th.

South Locality
495298: related to a South Community CBU incident. The review highlighted that during a period of extended assessment a clear treatment plan was not established identified action regarding the commencement of an OT assessment did not occur as expected and for several months leading up to the incident the service user was not seen by the CTT. The panel heard that the service have implemented a robust service improvement plan that includes the appointment of a service improvement lead, the improvement plan involves a thorough review of the CTT caseload as well as the systems and processes in place for pathway management that address the issues highlighted in this case.

495905: related to a South Community CBU incident. The review highlighted that following the service user being prescribed lithium they were not allocated to a CPN to act as Lead professional as would be expected, although this was later picked up and rectified. The

review also highlighted that as part of the investigation that the staff member subsequently tasked with filling the Lead Professional role felt that they did not have capacity to fully fulfil the role as outlined in the CNTW CPA policy. Actions were agreed at panel to address the issues from an allocation process perspective and from a supervision / caseload management perspective.

Additional learning is summarised in the appendix

Section 2: Positive and Safe Care

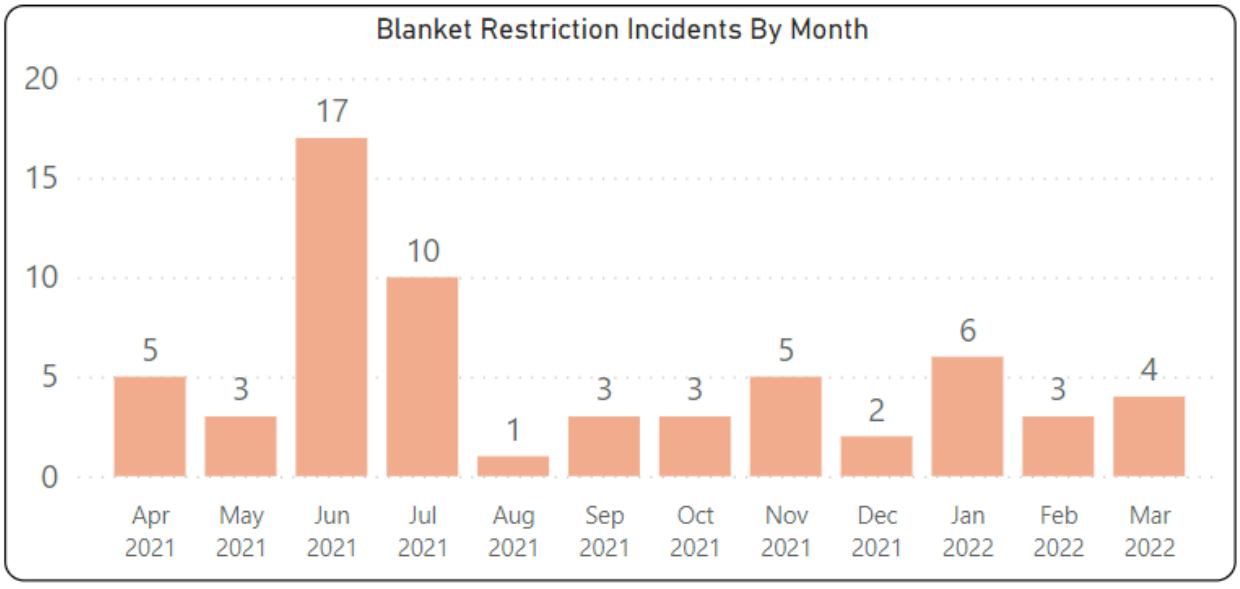
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total	Trend	Year End Fore
Restraint	825	939	739	675	742	797	647	797	723	884	814	680	9262		33.53%
Prone	191	254	154	86	99	130	85	104	118	108	86	84	1499		38.63%
Seclusion	88	115	141	135	108	91	86	88	83	88	100	114	1237		13.27%
Assaults on Staff	363	379	411	341	368	335	350	412	436	491	461	412	4759		28.61%
MRE	29	19	23	11	12	30	19	20	44	40	31	33	311		112.13%
Self Harm	938	1112	1009	1185	1189	1170	1001	1003	818	1015	964	942	12346		51.29%
VA	1307	1378	1299	1241	1289	1279	1275	1448	1439	1549	1472	1445	16421		14.47%
Total	3741	4196	3776	3674	3807	3832	3463	3872	3661	4175	3928	3710	45835		

Points of note:

- The increase in MRE continues to be related to an individual patient in secure services where the MRE is being used to facilitate time out of seclusion.
- It's pleasing to note that year-end figures have demonstrated reductions in the use of MRE.
- All previously mentioned work streams are ongoing
- Forecast data at Trust level remains broadly positive for 22/23.

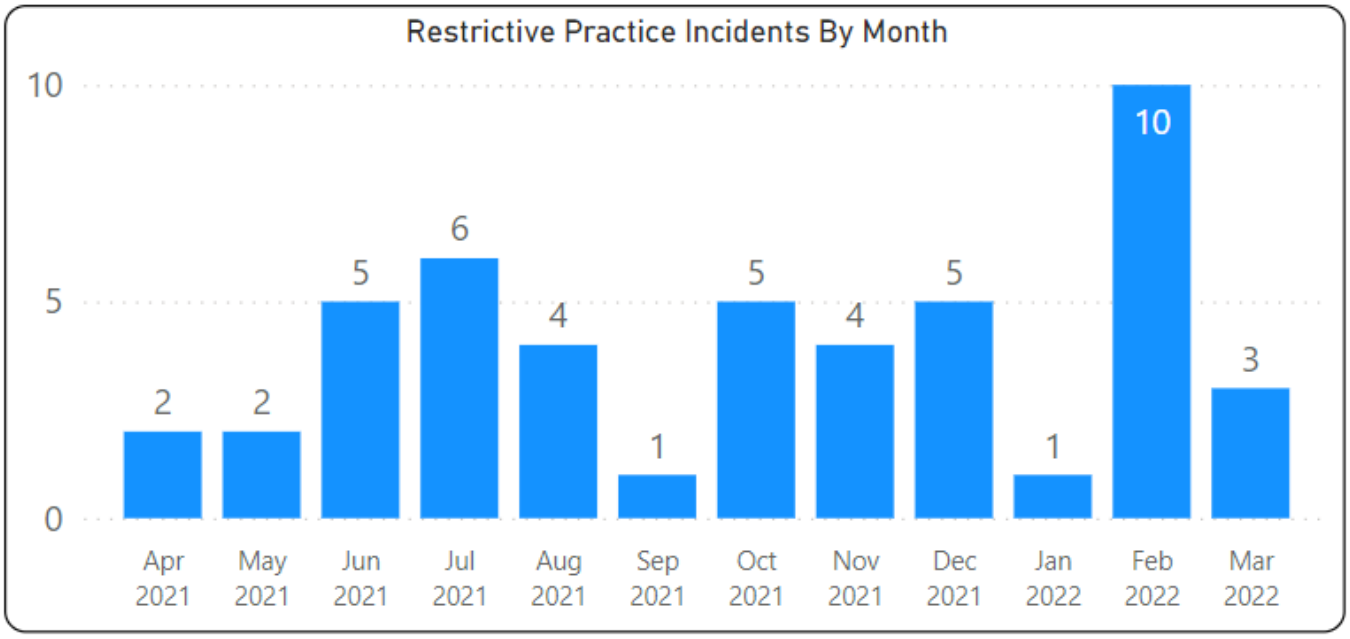
Blanket Restrictions

DIRECTORATE	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
South Locality Care Group	2		10	6			1	2	1	3	2	1	28
North Locality Care Group	2	2	6	2	1	1	1			3			18
North Cumbria Locality Care Group	1			1		2	1	2	1		1	3	12
Central Locality Care Group		1	1	1				1					4
Total	**5**	**3**	**17**	**10**	**1**	**3**	**3**	**5**	**2**	**6**	**3**	**4**	**62**



Restrictive Practice

DIRECTORATE	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Central Locality Care Group		1	1	2		1	3	1	1				**10**
North Cumbria Locality Care Group	1						2		1		2		**6**
North Locality Care Group		1		2	3			1	1	1			**9**
South Locality Care Group	1		4	2	1			2	2		8	3	**23**
Total	**2**	**2**	**5**	**6**	**4**	**1**	**5**	**4**	**5**	**1**	**10**	**3**	**48**



The Cause Group Blanket Restrictions/Restrictive Practice are broken down into: BR01 Blanket Restriction and BR02 Restrictive Practice. In this quarter a total of 27 incidents were reported - a increase of 3 from the previous quarter. 13 related to blanket restrictions (⇧ 3) and 14 ( ) related to restrictive practice.

The 13 blanket restriction incidents related to CNTW inpatient services and were spread across the North (3), South (6) and North Cumbria (4). The majority of incidents related to locked doors; all restrictions were in place to ensure the safety of patients.

All 14 restrictive practice incidents related to CNTW inpatient services with the majority of these being in the South (11). The nature of the restrictive practice varied but all were related to ensuring the safety of individual patients.

Long Term Segregation and Prolonged Seclusion

In March 2021 the Trust established a Long-Term Segregation and Prolonged Seclusion Review Panel (LTS&PSRP). The panel has oversight of all episodes of LTS and prolonged seclusion in the Trust and its purpose is to scrutinise each case to ensure decisions follow adhere to legal requirements, national guidance, Trust policy, and most importantly the person's human rights. It is designed to provide support to the clinical teams and assurance to the Trust Board. The Panel's composition is multi-disciplinary, chaired by a Group Nurse Director and meets weekly.

Long Term Segregation (exceeds 72 hours)

There were 12 cases of Long Term Segregation (LTS) during Q4:

North	2	Mitford & Newton
Central	2	Secure Services
North Cumbria	6	CYPS
South	2	Rose Lodge

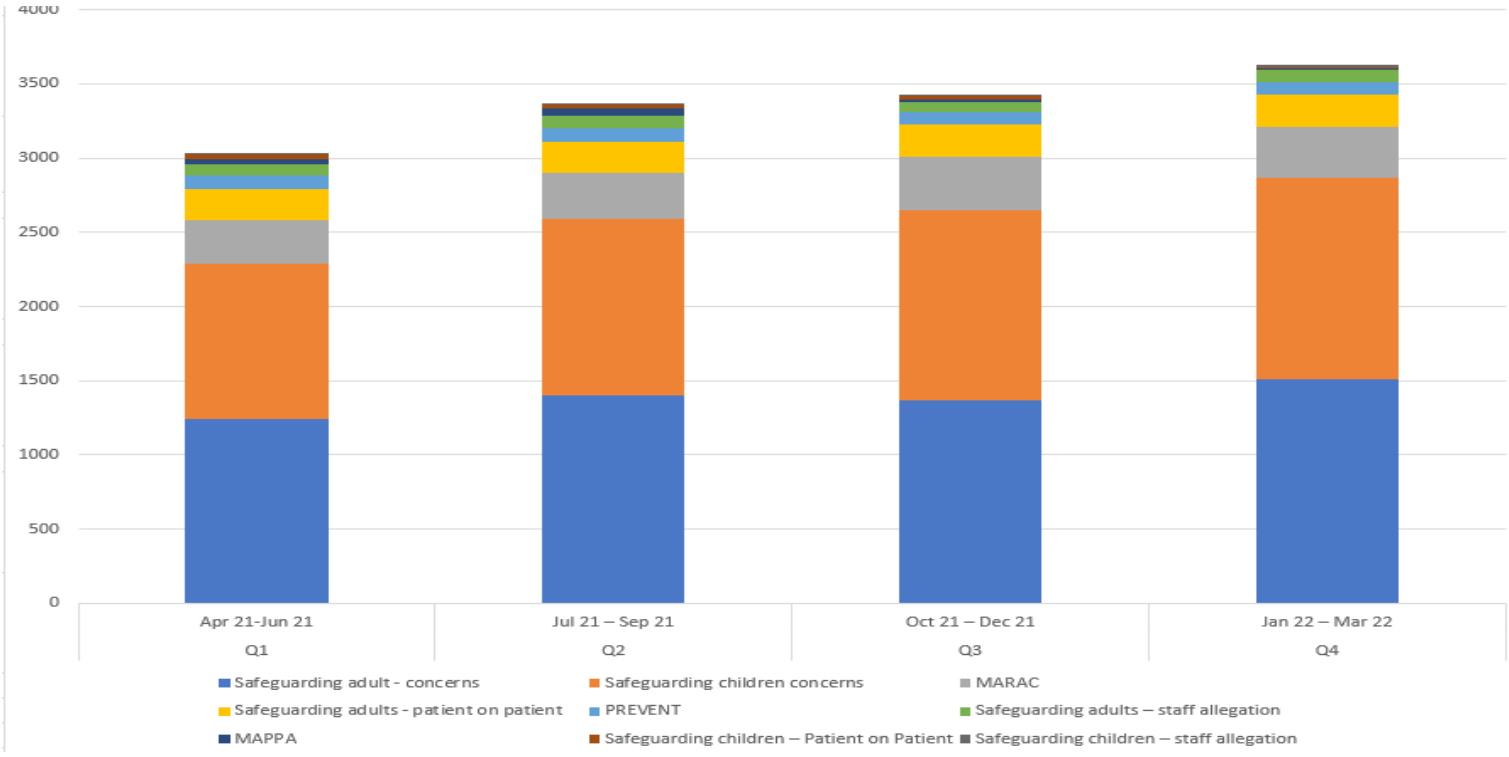
- 7 were existing cases and 5 commenced in Q4 (1 North, 2 North Cumbria, 2 South)
- 4 were reviewed during Q4 at the LTS&PS Panel
- In total 8 of the 12 have been reviewed, the remainder scheduled for review.

Prolonged Seclusions (exceed 48 hrs)

26 cases of Prolonged Seclusion were initiated in Q4. 13 were ended during the quarter

Section 3: Safeguarding & Public Protection

	Q1 Apr 21-Jun 21	Q2 Jul 21 – Sep 21	Q3 Oct 21 – Dec 21	Q4 Jan 22 – Mar 22
Safeguarding adult - concerns	1244	1402	1368	1511
Safeguarding children concerns	1043	1185	1283	1357
MARAC	298	310	354	339
Safeguarding adults - patient on patient	209	212	220	221
PREVENT	87	94	86	85
Safeguarding adults – staff allegation	78	84	67	81
MAPPA	35	47	20	6
Safeguarding children – Patient on Patient	35	30	18	15
Safeguarding children – staff allegation	3	8	4	11



Points of note:

- Safeguarding and Public Protection (SAPP) activity has continued at an increased rate to pre-pandemic levels This sustained increase remains consistent with findings of partners.

	Total Safeguarding incident reported
Q4 19/20	2490
Q4 20/21	3036
Q4 21/22	3626

- In Q4 emotional harm was the most frequently reported type of adult and child concern.
- Safeguarding Adults patient on patient allegations of abuse numbers vary in response to patient acuity.
- Safeguarding children concerns are predominantly related to emotional harm, continuing to reflect impact parental mental health and children and young people needing support with their mental health, and negative coping strategies.
- MARAC incidents are predominantly physical harm and risk of serious harm or homicide evident in cases discussed. MARAC continue to be held weekly across all 7 LA's requiring input from CNTW SAPP team.
- The reduction in MAPPA activity is potentially related to data recording. Risk to others is now captured under Safeguarding Adult concern with the relevant type of risk, e.g., risk of harm with weapons. The recording of risk to others is being reviewed and learning shared in the SAPP team and wider trust. We continue to work closely with the MAPPA units to ensure the quality of our supervision remains in line with our partner agencies.

Section 4: Infection Prevention Control & Medical Devices

MRSA bacteraemia	C. difficile infection	Medical devices incidents
0 (target 0)	**0 (target 0)**	**12**

Points of note:

- The IPC Team have continued to provide refresher training and Q & A's on any aspect of COVID for teams across the Trust where identified or requested.
- There have been 28 reported COVID-19 outbreaks in Q4, this reflects the increase in local cases in the wider community.
- There has been no reported hospital attributed cases of MRSA bacteraemia or C. difficile infection in Q4.

Medical devices

- The Medical Devices Team continue to provide support, through procurement, installation, servicing and education to the localities and clinical teams during this Quarterly reporting period for all Medical Devices.

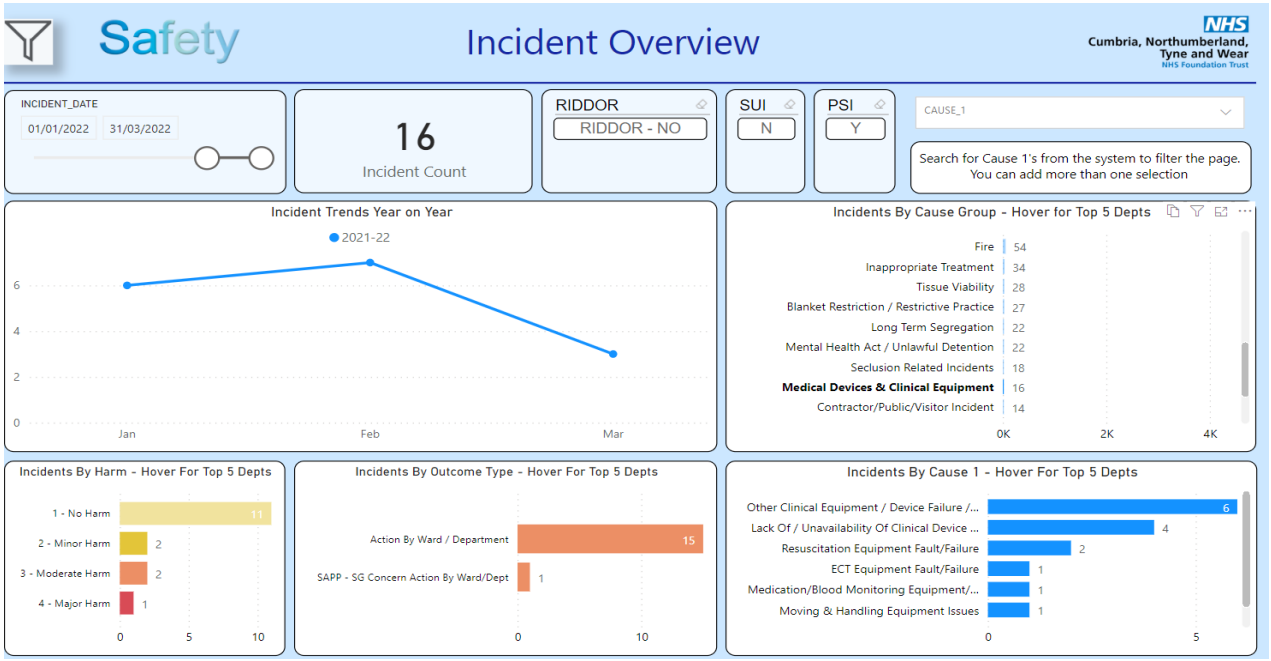
- In Quarter 4, the medical devices team have assisted the clinical services with 376 Medical Device asset IDs on new device requests. This number of acquisitions covers a broad range of Medical Devices, some replacement devices and some new acquisitions. There were 39 disposals and 112 repairs undertaken by the Medical Devices Clinical Technologist during this period.

- There were 16 reported Medical Device Incidents within this reporting period. These have been reviewed by PPE/Medical Devices Clinical Lead Paul Thompson and all issues have subsequently been resolved, with no significant harm to patients or staff and no major disruption to Patient Care and Treatment

- A business case has been developed as a joint proposal to improve the quality and safety of Medical Device management services across the CNTW Trust. This proposal has been jointly developed between the CNTW Safer Care team and NTW Solutions and is designed to reflect the guidance outlined by the Medicines & Healthcare products Regulatory Agency (MHRA) Managing Medical Devices document. The business case has been approved by CDT-B, and a meeting is in the process of being scheduled to identify stakeholders and the next steps of implementation moving forward.

- The Medical Devices team have overseen the Gift aid donation of 28 x 5 Litre Oxygen concentrators to Local Hospices within the Northeast region. This decision was supported by Senior Trust board management and taken to continue to support local healthcare providers in their response to tackle chronic COVID-19 infection rates within the region.

- The Alive Kor Kardia Mobile ECG pilot study has concluded within the Trust. A meeting is being scheduled by the Pilot study stakeholders to look at evaluating the outcomes of the study, and the next steps if implementation of these Medical Devices is agreed to wider Trust services.



Section 5: Harm Free Care - DVT / PE within in-patient areas.

Data related to both pressure ulcers and VTE continue to be monitored the Trust daily via the Tissue Viability team reviewing all incident reports pertaining to VTE or pressure damage. This includes completion of After-Action Reviews (AAR's) for all confirmed DVT / PE and Category 3 or 4 Pressure ulcers.

VTE events	Jan	Feb	Mar
Deep Vein Thrombosis (DVT)	0	0	0
Pulmonary Embolism (PE)	0	0	0

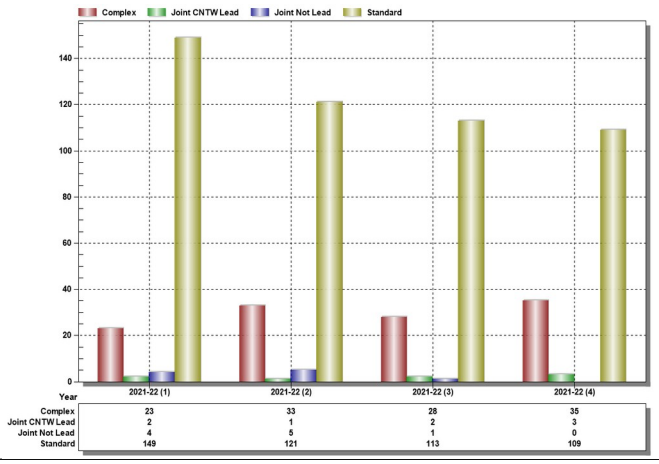
Pressure ulcers within in-patient areas.

NHSI Category	Jan	Feb	Mar
Category 1	2	3	0
Category 2	2	2	3
Category 3	0	0	1*
Category 4	0	0	0
Deep Tissue Injury	1	1	0
Unstageable	0	0	0
Moisture Associated Skin Damage	0	1	0
Device Related Pressure Ulcer	0	0	0
Medical Device Related Pressure Ulcer	0	0	0

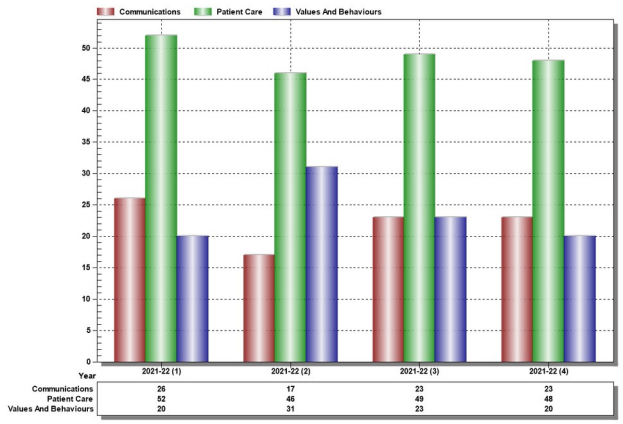
*Local After-Action Review to be arranged

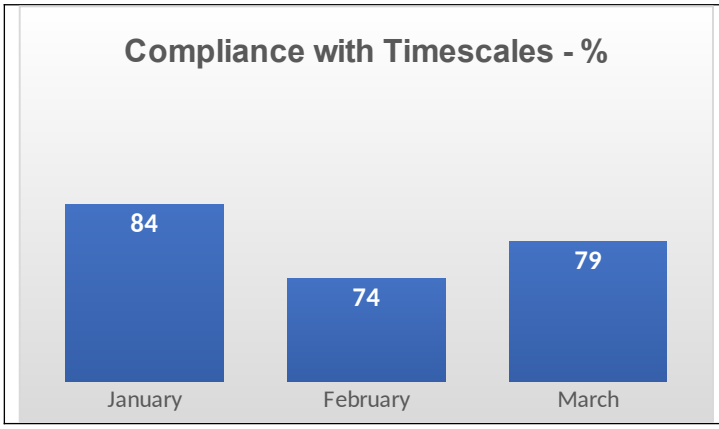
Section 6: Complaints Reporting & Management

Complaints Received by Quarter



Complaints by Top Three Themes





PHSO Final Reports Received

There were none in quarter 4

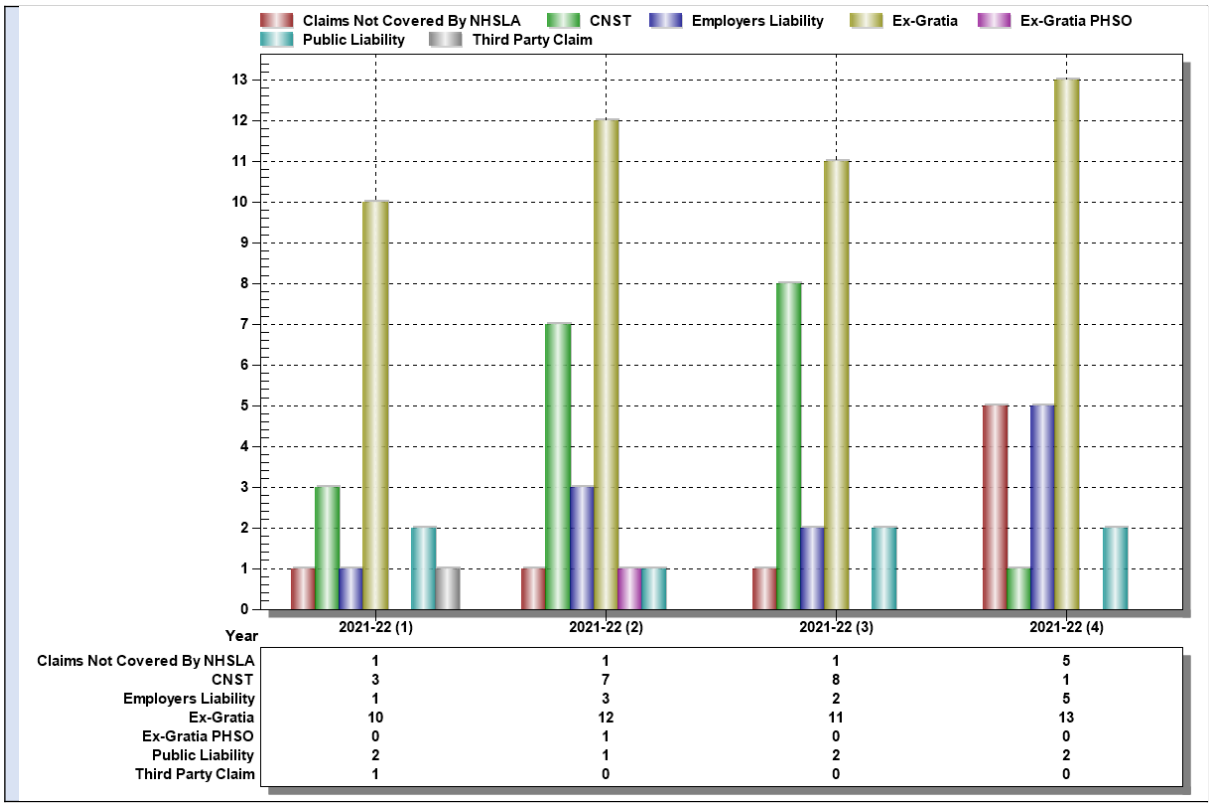
Points of note:

- Complaints have decreased by 4% in comparison to quarter 3.
- The three main themes remain consistent. Values and behaviours and patient care categories have decreased in comparison to quarter 3 and communication has remained the same.
- During the quarter 4 period, the number of complaints received by the Trust which were about or mentioned coronavirus/COVID was 7, an increase of 1 in quarter 3. While several remain open and ongoing, of the complaints closed none were upheld regarding the impact of COVID.
- The compliance with timescales has been affected this quarter due to the impact of Opel 3 and staff shortages.
- There were no PHSO final reports received in quarter 4.

Parliamentary and Health Service Ombudsman

North Locality Care Group (5)	2 Enquiry
	2 Requests for information
	1 Notification of Judicial Review – CNTW deemed to be an interested party
Central Locality Care Group (5)	1 Intention to investigate
	3 Enquiries
	1 Request for information
South Locality Care Group (11)	2 Enquiries
	8 Requests for information
	1 Intention to Investigate
North Cumbria Locality Care Group (7)	3 Enquiries
	2 Requests for information
	2 Intention to Investigate

Section 7: Claims Received by Type



Year	2021-22 (1)	2021-22 (2)	2021-22 (3)	2021-22 (4)
Claims Not Covered By NHSLA	1	1	1	5
CNST	3	7	8	1
Employers Liability	1	3	2	5
Ex-Gratia	10	12	11	13
Ex-Gratia PHSO	0	1	0	0
Public Liability	2	1	2	2
Third Party Claim	1	0	0	0

Points of note:

- 26 new claims were received during quarter 4, two more than were received in quarter 3.
- There is nothing remarkable in the claims received by type in comparison to quarter 3.

APPENDIX: Additional learning identified at panel review this quarter
Care / Service delivery
In one case it was noted that there were gaps in contact with the service users that were not explained in the clinical record. In the same case it was noted that a CPA review did not occur as expected and the service user was not involved collaboratively about any changes. This case also noted a concern that panel that risks were not fully formulated including triggers and exacerbating factors.

In another case there was a period in care between November 2020 and February 2021 where there appeared to be a gap in care and treatment the service user had not been picked up by anyone in the team following the departure of the medic that was providing outpatient appointments. Records indicate that when this oversight had been picked up appointments were resumed accordingly.

In one case it was noted that the prescription of section 17 leave should have offered clearer guidance to escorting staff to help better support the service user while away from the unit.

In one case it was noted that there was a delay in making a referral to Psychology.

In one case there was insufficient evidence of patient involvement of a 5P's formulation throughout his care and treatment which could have supported the development of care plans and risk management/safety plans.

In one case EIP staff on occasion migrated away from agreed risk management strategies.

In one case the SU had requested telephone appointments instead of face-to-face visits due to being concerned about catching Covid-19. This should have informed his electronic record documentation which would ensure clarity for other clinicians with plans to schedule a face-to-face review to enable full assessment of mental state and risks.

In one case the panel heard that the service user suffered from a diurnal variation of his mood and anxiety levels and was often worse on a morning, but the large majority of visits by CRHT were conducted afternoons and evenings, potentially impacting the presentation observed by the treating team.

One case noted that there is a current lack of functioning inpatient alcohol detoxification facilities in the Newcastle area. There were no beds available at this point for detox due to the pandemic.

In one case it was felt that a more collaborative approach should have been adopted between the NTRP Key Worker and the CTT Care Coordinator in the development of risk management plans and formal care plans

Medication
In one case potential risk escalation in the early stage of recovery and around each dosage increase in antidepressant medication was not identified within a formal risk management plan.

In another case there did not appear to be any robust plans in place with regards to newly prescribed Mirtazapine being reviewed and monitored following his discharge from CRHT, which is particularly important when considering that suicidal ideation may increase with the commencement of a new anti-depressant.

Communication
In one case there was a delay in appropriately detailed written information from CRHT medical staff to the GP, and available to the CRHT staff following review by the CRHT medic. The review and subsequent panel discussion highlighted this was due to a combination of factors including a lack of administrative support junior doctor support and supervision.

In one case there did not appear to be any discharge letter to the GP from CRHT following discharge.

In one case there was a change /challenge encountered in communication between EIP and addiction services in relation to KC from the 1 July 2021. This was due to a change in the addition service provider, the result was EIP no longer had access to the electronic notes.

In one case during the call between SU's mother and CRHT on the 7 December 2021. Mother was advised to telephone the police if she was concerned regarding SU's safety. There is no record of a CRHT follow up call to the police to ensure it had occurred and that the police were in receipt of information held by CNTW services related to recent presentation and risk.

In one case Information received around additional medication being dispensed by the GP to the service user by the inpatient team was not verbally communicated to the Crisis Team within working hours. This was documented clearly within the Progress notes however given the increase in risk a phone call should have been made to ensure this information was received.

In one case it was noted that, communication between Crisis Team and PLT to NRP did not follow the standard process. An email should have been sent to the agreed shared NRP mailbox to advise staff of contact and ensure that any actions or plans required by NRP could be identified and completed if the Recovery Co-ordinator was on planned or unplanned leave. In the same case a transfer of care occurred between recovery co-ordinators within NRP without a joint appointment being completed or the Service User having an appointment agreed with the new Keyworker.

In one case it was noted that there was no evidence of carer involvement in the 72 hour follow up post inpatient discharge. In the same case the Crisis Team did make a follow up phone call with patient or relatives to ensure patient was taken to A&E after advising attendance during a telephone contact.

Record Keeping
In One case there was no formally documented care plan or collaborative safety plan. In the same case it was noted that potential risk escalation around the service user's partner returning to work was not reflected within a formal risk management plan.

In another case it was noted that the review found that there was no documented Inpatient Care Coordination Care/Risk Management Plan, AUDIT, Getting to Know You, Nutritional Screening Tool or Falls Assessment completed during the inpatient stay on Lamesley Ward.

In one case the formal care plan was not updated to reflect changes in progress or need.

In another case the review found the Community Care Coordination Care/Face Risk Management Plan and FACE risk documentation did not reflect contemporaneous changes for the period from January 2021 and care offered via the CTT. Care Coordinator entries were incomplete with notes omitted and not validated.

In one case GTKY documentation was note completed as expected.

In one case Changes to risk management in relation to staff safety were not clearly documented within the Risk Management Plan.

In another case the review found that the FACE risk and Cluster was not updated at the point of discharge from UCT on the 29th September 2021 and the GP was not informed, as would be expected. In the same case Management Plan and FACE risk documentation did not reflect contemporaneous change for the period following discharge from UCT on the 29th September 2021

In one case The 'Getting to Know You' document was not updated even though there is good evidence of carer involvement. The panel discussion highlighted that this is a common theme noted by the SI review panel.

In another case the formal FACE risk assessment was not updated on 5 December following the service user disclosing ligaturing attempts. In the same case it was noted that the MDT records of the 6 December 2021 did not have the required detail of the discussion and rationale leading to the decision to continue with community treatment as opposed to inpatient treatment options.

In one case documentation by the CTT following the missed appointment in September did not contain information as would be expected around any contact attempted with the service user following the non-attendance at an assessment. It also did not include any rationale or discussion as to why the next appointment offered would take place in December.

In one case the review highlighted that documentation surrounding risk was not comprehensive and did not include a formulation. This did not reflect the level of understanding or discussion held around risk and expressed thoughts that was evident from clinicians within the AAR format. In the same case it was noted that clinical notes entered into the records on occasion did not provide much detail in the way of a session narrative and it was not always clear that the words documented were direct quotations from the patient.

In another case relevant Core Documentation was not updated to reflect changes, particularly following contact with the Crisis Team, on transfer between keyworkers, or at the point of discharge. The Care Plan was not updated to a non-engagement care plan when attendance at appointments had reduced, and the service users was no longer engaging well. GP letters were not completed by NRP to reflect the changes to Care and Treatment Plan. Progress note documentation did not always reflect the level of discussion held within appointments within NRP.

In one case it was noted that, the Falls Risk Tool and FACE risk was not updated on transfer to Alnmouth on 1st December 2021 to reflect deteriorating mobility and increased falls.

In one case the review noted that, the Inpatient team did not complete the Getting to Know You Assessment or WRAP plan as expected. In the same case key risk information was not carried forward upon the creation of a new core document assessment. It was also noted that risk information is stored by different teams in different places for example PLT document risk as a narrative and Crisis Teams document as a FACE risk. It was also

highlighted that different localities follow different processes for recording risk

Positive Practice
In one case care plans were noted to be exemplary. Plans were very person centred, and specific to the individual needs and wishes of NW. There was evidence that the care team regularly reviewed and revisited these care plans with NW to ensure they continued to reflect his wishes. The care team did an excellent job of balancing and respecting NW's wishes against attempting to ensure he had the best possible quality of life.

Clozapine levels were performed frequently and were done in a response to the development of side effects.

In another case the It was noted by the panel that the Support Worker provided excellent intervention and support for the service user and her record keeping was noted to be excellent.

One case highlighted several positive practice points. EIP care / RIO documentation was felt to be of a high standard. Psychology input helped shape the overall aim of EIP intervention to initially provide psychoeducation. Carer support / involvement was of a good. During EIP Care Coordinator's absence a temporary Care Coordinator was quickly nominated.

In one case the following positive practice was highlighted. It was evident throughout period of care from all teams, care was collaborative and thorough, all options explored. Team aware of where, when and how SU wanted to be contacted. Openness, honesty and willingness to reflect and engage in the serious incident process.

In another case it was identified that there was evidence of good communication with the GP and the care plan was thought to be responsive and appropriate for SU's needs, alcohol and substance misuse was discussed at every appointment with offers to refer to alcohol services discussed frequently.

In one case the panel heard that the care and treatment was collaborative and included both the SU and his wife.

The care and treatment offered was very responsive as soon as any concerns were raised about his wellbeing and mental state, he was offered additional face to face assessments and support.

One case highlighted the following positive practice: The Service user received timely and regular medical reviews by the CRHT Consultant psychiatrist with well attended CRHT MDT meetings where care and treatment was discussed. While the longer-term care pathway had yet to be definitively clarified, there was a clear understanding that once the initial crisis period had stabilised, there was a need for longer term psychological support aimed at SU gaining an understanding of the underlying issues driving his vulnerability to stressors and equipping him with the skills and knowledge to manage these.

In one case the record keeping process highlighted that the decision-making process was clear to follow to any clinicians who were accessing information. Despite COVID and services struggling with staffing there was plenty that CRHT and PLT continued to provide which was excellent responsive clinical care with the right level of clinical experience.
In one case it was highlighted that the service provided to SU from NTaR was of a good standard overall. There is clear indication that his care was discussed in regular NTaR Multi-Disciplinary Team discussions. In particular it was notable that SU's keyworker (Criminal Justice Recovery Co-ordinator) built up an effective therapeutic relationship with the SU which was clearly valued by them, and her input extended beyond a narrow approach

focusing on addiction alone but was holistic and also persistent in her efforts to engage with the SU.

In one case it was highlighted that there was a significant amount of work undertaken with Mum on carer support issues. Comprehensive care plan and very intense care package and support was offered and delivered from Oaktrees.

In one case the panel were assured that the response from the service to the issues raised was robust and commendable. And that in the same case the assessment process completed by the older people's Pathway was robust and thorough and offered additional support to family which at the time was outside their remit.

In one case it was noted that longer appointments and video appointments from the psychological wellbeing practitioner due to patients speaking difficulties were facilitated. It was highlighted that very good collaborative working occurred to ensure therapy was delivered in a timely manner.

The investigation noted that the responsiveness and reflectiveness of the team during the review process was excellent. The participation of the GP involved in this investigation was also highlighted as being extremely helpful.

In one case it was highlighted that, proactive attempts to engage the SU were made despite challenges encountered and that services were responsive to the SU and parent's needs. Duty of candour and additional support offered to SU's family was timely and of good quality. The standard of documentation from the Crisis Team was noted to have been of a high standard.

In one case it was felt that the inpatient team thoroughly explored the incongruent presentation this service user reported regarding a recent overdose and worked closely with the service user's family to ensure risks were fully understood.

In one case it was noted that the standard of documentation was noted to have been of a very high standard from all services involved with the SU's care and treatment. The panel felt a particular Crisis Team clinician should be commended on the interventions that were delivered with a complex situation. Consistency of care and engagement with family, effective communication with family acknowledged to have been to a high standard.

9th May 2022

11. Volunteering Strategy

Speaker: Wendy Spratt, Volunteer Manager

References:

- 11. 2022 Draft Volunteer Involvement Strategy.pdf

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Volunteer Involvement Strategy

2022 - 2027

CNTW Volunteer

When we asked people why they choose to volunteer within CNTW

To learn new skills and utilise existing skills

To prevent loneliness and social isolation

To be part of a community

Making a rewarding contribution and feeling valued

Giving something back whilst offering hope

Empowerment

Sense of belonging with a purpose

Altruistic

Contents

Appendices

Welcome and foreword

Volunteering has always been an essential and valuable part of the NHS and was a strong tradition long before the NHS.

For more than 30 years our volunteers within Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) have played a key role by engaging positively with our patients and carers, offering their time and skills to encourage others.

The volunteers make an immense contribution, and the Council of Governors and Board Directors are extremely grateful that they choose to make Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) their place to volunteer, enriching the lives of our patients and carers.

With the continued involvement of volunteers we will be able to build upon our reputation of not only being regarded as a great place to work but also a great place to volunteer. Volunteers utilising their skills, and learning new skills, will give them satisfaction, enhance the contribution they make and assist them if they are interested in employment in our Trust.

Our Volunteer Involvement Strategy is an important document for our organisation; it sets out our aspirations and how we will value our volunteers, how we will ensure they are welcomed and appreciated within our CNTW "family" and how we as an organisation will set out to achieve this by working together.

Through this strategy we aim to provide everyone with a good understanding on the role of a volunteer within CNTW and the value of volunteering. It is our intention through best practice in volunteer management, to provide a positive experience for every volunteer in line with our vision 'to be a leader in the delivery of high-quality care and a champion for those we serve', as well as continuing to demonstrate our values of being 'caring and compassionate, respectful, honest and transparent' through actively engaging with everyone involved in the Trust.

Our healthcare teams are committed to ensuring that all volunteers receive support and thanks for their involvement from team members, recognising and valuing the impact and support they bring to their service.

On behalf of the Council of Governors and Board of Directors, I would like to thank every volunteer for giving their time to our services and thank our colleagues who continue to support and utilise volunteer involvement in many ways for the benefit of all.

I am delighted to launch our first ever Volunteer Involvement Strategy.

Ken Jarrold CBE
Chair
Council of Governors and Board of Directors

Background

This Volunteer Involvement Strategy is the first of its kind to be launched within Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

The active engagement from volunteers, patients and staff (multi-disciplinary) has been paramount throughout the development of this strategy. In the wake of Covid-19 (Coronavirus), we have had to adapt to different ways of working, coming together and reaching out to people using a variety of technology to develop the volunteer strategy. We have been able to achieve this by arranging '*Teams*' meetings, sessions and events with volunteers, staff colleagues and third sector organisations as well as ongoing telephone and email discussions with members of the Voluntary Services Steering Group to assess their understanding and vision on what volunteer involvement may look like moving into the future and at the same time, ensuring it supports our very own Trust strategy of 2023-2028.

Covid has and will continue to change the way we work and deliver our services. Any changes will be seen as a positive move forward, giving new opportunities for all, whilst some traditional roles e.g. gardening, will remain. Covid has sped up digital transformation and technology by many years and its crucial we play our part in society and provide volunteer roles to support and educate our ageing population to minimise fewer people resulting on the wrong side of the digital divide.

This strategy aims to raise the profile of volunteering within CNTW and celebrate people coming together in many different ways, whilst aligning future development of volunteer involvement to the Trusts 5year plan. It is our intention to champion an organisational culture that welcomes, sustains, values and celebrates volunteers as an integral part of CNTW.

The CNTW Voluntary Services Steering Group has a multi-disciplinary approach (appendix 1). The Voluntary Services team remain very grateful for the time, energy and commitment of all members of the Steering Group for their genuine and honest contribution in enabling us to come together in agreeing our strategic ambitions within our Volunteer Involvement Strategy.

Volunteering

Volunteering is defined as:

"An activity undertaken freely that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than (or in addition to) close relatives".

Role in society:

Volunteering makes a significant contribution to the global economy. Volunteering helps build a more cohesive, safer, stronger community, increasing the social network between local communities and their local neighborhood. Volunteering promotes people to be more active in supporting others without necessarily expecting any monetary gain for their time and commitment of being a volunteer.

Role in the NHS:

Volunteers make a huge contribution to the health and wellbeing of the nation, giving their time, skills and expertise freely each year to support our NHS. They are crucial to the NHS's vision for the future of health and social care, as partners with, not substitutes for, skilled staff (NHS England - Volunteering).

There are over 300 types of roles in the NHS alone, allowing people of all ages and backgrounds to find challenging and rewarding opportunities which reflect their availability, ambitions, passions and skill set.

This strategy takes into account national guidance, including:

The NHS Ten-Year Plan:

- Encouraging NHS organisations to give greater access to help younger people volunteer where appropriate.
- Increasing focus on programmes in deprived areas and for those with mental health issues, learning disabilities and autism.
- Doubling the number of NHS volunteers over the next three years.

The Interim People Plan:

- Accelerating plans to create a flexible and adaptive workforce which includes volunteers: "Volunteers play a valuable role, providing more time for our professionals to provide the high-quality care they have been trained to give" (Interim People Plan 2019).
- Support Apprenticeship schemes - critical in attracting people to the NHS from less well represented groups and supporting the development of new roles. Allowing opportunities to expand our workforce and enhance our skill mix.

The We Are The NHS People Plan 2020-21:

- Identifies key volunteering areas for Trusts and systems to focus in on, including NHS Cadets, the National Volunteering Certificate and volunteering as a route into employment.

- Draws on the benefits from the contribution of those in unpaid roles - particularly carers and volunteers.

- Encouraging organisations to focus on training volunteers, routes into employment for volunteers and inspiring the next generation.

Role in CNTW:

CNTW recognises the importance of including volunteers and values their immense contribution in complementing the work of our staff in providing the highest possible levels of care.

In the wake of Covid-19 our NHS is living and functioning in an everchanging world and as we move forward this gives us undoubtedly the opportunity to consider new and widened volunteer roles, to be creative and to build our volunteer workforce that supports and strengthens our staff within our services to deliver the very best of care to our patients and carers.

The Trust aims to create a positive environment for volunteers who offer their time and skills to enrich the patient experience and participate in agreed roles across services, whilst offering rewarding opportunities to volunteers.

The Trust kindly provide additional recognition for volunteers in many ways:

- Celebrating their contribution through social and Trust events (Annual Members Meeting (AMM), Annual CNTW Nursing Conference, National Volunteers' Week).

- Special achievements by nominations for internal / external award schemes.

- Volunteer long service awards - 5, 10, 15, 20+ years of volunteering.

- Written recognition in volunteer newsletters and CNTW staff bulletin as well as CNTW social media platforms.

- Valuing their ideas and contribution through participation in monitoring and evaluating volunteer involvement policies, procedures and associated documents (Volunteer Involvement Policy, associated handbooks and good practice guidelines).

Our mission statement

Volunteers can:

- Enrich the patient and carer experience by personalising services.
- Widen the range of social activities available to patients.
- Offer additional time without the competing demands of paid staff.
- Promote diversity and inclusiveness.
- Foster good relationships with the local community.
- Support healthcare professionals in their ward / department.

Benefits to the volunteer:

- Gain confidence and self-esteem.
- Feel part of the wider community.
- Give something back.
- Utilise existing skills set.
- Learn and develop new skills.
- Experience volunteering in a hospital environment.
- Increase employment and other opportunities.

- Increase health and wellbeing, using spare time purposefully.
- Feel valued and part of a team.
- Provides a sense of purpose and belonging.
- Build confidence.
- Spend quality time away from work, studies or a busy life.

Benefits to the CNTW family:

- Additional resource to support, compliment, and enhance services.
- Fostering good working relationships with other colleagues for the benefit of our patients and carers.
- Raise awareness of the Trust's services, aims and objectives and the 5year plan of 2023-2028.
- Build positive relationships and contribute to provide volunteering opportunities for people within our local communities by meaningful engagement through participating in volunteer involvement, embedding a diverse and inclusive culture across services.
- By providing volunteering opportunities it is anticipated volunteers see CNTW as a great place to work, enhancing our future workforce.
- Expanding the multidisciplinary team approach effectively within teams.
- Engage and utilise the diverse range of skills, experience and knowledge offered by volunteers.
- There is also evidence that volunteering can help to improve health and wellbeing of all, contributing to the outcomes and outputs of services.
- Provide opportunities for patients in their recovery journey, upon discharge and beyond.

Where do we want to be?

Our vision is to:

- See a steady yearly growth in volunteer numbers.
- See an increase in services involving volunteers throughout our four locality care groups.
- See an increase in a variety of agreed and meaningful roles that continues to complement and meet the needs of our services, embraces the world of digital transformation and a positive legacy of Covid-19 should see an increase in the variety of volunteer roles across our NHS to support teams.
- Have a culture where the involvement of volunteers is seen as a positive role model for our patients, carers and staff.
- Continue to recruit and embrace a diverse and inclusive culture within volunteers throughout our local communities geographically.
- See our volunteers as a vital part of helping us to achieve our aims and objectives by way of their participation within our working groups and future initiatives regarding volunteer involvement.

How can we achieve our aims?

- An increase in Voluntary Services staffing to ensure people from our large geographic area are proportionately recruited into roles, screened, trained and supported safely and effectively throughout their volunteering journey within CNTW in line with our volunteer involvement policy.

- Continue, as well as establish new working relationships within the wider community that CNTW serve, through third sector partnership working to support our aim to be a diverse and inclusive service by the sharing of good practice, investing in skill sharing and the pooling of resources.

- Explore opportunities and actively engage in our local communities to support CNTW 2030 and our efforts to support climate change to help shape the future of CNTW by creating a values-based positive and realistic vision for all our futures in improving health for all our communities.

- Foster additional working relationships with our staff colleagues to bring new volunteer opportunities to our existing portfolio.

- Continue to utilise the skills and expertise of our communication team members (including Patient Information Centre and Marketing Team) to promote volunteering through social media platforms and branding of volunteering merchandise.

- Continue to work in collaboration with our existing volunteers and new recruits in the development, design and promotion of volunteer involvement materials.

- Buy in to an appropriate and reliable volunteer management software programme that is built specifically around volunteer management. The programme will need to provide tools for every stage of the volunteer journey, from recruitment and compliance to communication, engagement and retention. As well as meeting CNTW NHS Foundation Trust's internal Information Governance policies and procedures.

Monitoring

A Volunteer Involvement Steering Group will be created, having a membership that includes and promotes a diverse range of disciplines (appendix attached). Members of the group will meet periodically (in person / virtually) to monitor the progress of the agreed aims and objectives within the volunteer involvement strategy and agree action plans where necessary to ensure objectives are delivered.

An annual review will take place in the form of creating a Volunteer Involvement Annual Report that will be prepared by the Voluntary Services team and others, to be presented to our Trust Executive Board to be noted and subsequently circulated and shared Trust-wide and beyond.

Conclusion

Our Volunteer Involvement Strategy will support us to recruit more volunteers and create and develop meaningful roles to support our healthcare staff, so that everyone can work together collaboratively to strive to enhance the already outstanding care delivered to our patients and carers throughout CNTW and work together alongside the Trusts 5year plan of 2023-2028.

CNTW will be seen as the place for individuals to use their skills and time purposefully through engaging as a volunteer, enabling CNTW to promote and develop strong working links with our local communities.

Volunteer Involvement Strategy - aims

Our 6 strategic ambitions:

Have an organisational culture that encourages, promotes and supports volunteering and increases volunteer satisfaction.

Explore and engage across the organisation where wards / departments / services are not currently reached.

- Scoping, piloting and developing new volunteering roles i.e. Meet and Greeters, support CNTW2030 (Imagine our Future, Together), gardeners / allotment care / discharge support befrienders.

- Promote the benefits to our services of the engagement of volunteers, to all staff, patients and carers to enhance service delivery and our patients / carers experience.

- Celebrate and communicate the successes and achievements made by involving volunteers in the workplace.

How will we achieve this?

- Good, all-round communication will be key to ensure we are all forward thinking in everything we do for the benefit of our patients, carers and staff.

- Communicate and showcase success and achievements through many social platforms i.e. Talk 1st, staff bulletin, community meetings, Annual Members Meeting, internal conferences (nursing, Allied Health Professionals) and yearly calendar campaigns.

- Have a presence within meetings to represent volunteer involvement i.e. CNTW 2030, Health and Wellbeing, Individual Placement Support Employment Service, Vocational Rehabilitation Network, Service User and Carer Reference group, Service User and Carer Involvement and Experience Group, Talk 1st cohorts etc.

- Attend ward-based community meetings and other appropriate internal groups to promote volunteering to patients, carers and staff.

- To consider adding 'volunteer involvement' to check lists for health and safety assessments and other necessary assessments that would ensure volunteering is considered across our services and support a wider audit trail.

- Periodically monitor and review the progress of volunteer involvement through actively seeking and gaining feedback through many avenues to all stakeholders.

Increase the number and diversity of our volunteers by 25% on a yearly basis across all four localities.

- Improve volunteer numbers from 'hard to reach' groups to bring a stronger inclusive and diverse range of volunteers into CNTW, tackling health inequalities and our post-Covid landscape through targeted volunteer recruitment campaigns (internal and external venues).
- Target recruitment of volunteers to match agreed and specific roles across the organisation whilst considering the demography changes afoot.
- Identify specific skill set of volunteers that can be utilised meaningfully in the workplace.
- Review recruitment process and branding to ensure volunteering continues to be appealing and accessible to all.
- Monitor volunteer involvement by introducing an equal opportunities and monitoring form to provide ongoing reporting mechanisms and provide ongoing statistics that can be measured against targets set and as and when required work to address inequalities.

How will we achieve this?

- Facilitate targeted recruitment campaigns internally and externally within our geographic area.
- Recruitment of additional Voluntary Services Co-ordinators to cover each of our four localities - North, North Cumbria, Central and South.
- Work collaboratively with our Individual Placement Support team and staff networks.
- Raise awareness of the Voluntary Services Department's function within patient welcome pack and discharge information.
- Utilise CNTW staff networks (BAME, LGBTQ+ etc.) to highlight volunteering roles on offer for wider distribution to members and the wider community.
- Work in partnership to recruit suitable students from local colleges and universities.
- Utilise our meet and greet volunteers to showcase and highlight benefits of volunteering to passing trade within public areas around Trust premises.

- Work with our Equality, Diversity and Inclusion Lead to develop a process that best meets our efforts in tackling under-represented groups into volunteering within CNTW and assists in the regular monitoring to highlight areas of growth and / or need.

The next five years within CNTW will see the population we serve change in demography and it is right that we strive to recruit volunteers to support our Trusts Strategy by including volunteers in this aim going forward. We will also strive and reach out to under-represented people and groups.

Working collaboratively and innovatively with our healthcare professionals, provide new and meaningful volunteer roles to support staff and enhance our patients' recovery.

- Work creatively with staff to identify new and innovative volunteer roles that will maximise impact for patient experience and support to our colleagues beyond Covid-19 times.
- Heighten awareness across our multi-disciplinary workforce regarding possible opportunities for volunteers to complement the work of paid staff.
- Discuss the aims and vision of CNTW where volunteer engagement can enhance service models and current initiatives by participating in appropriate internal and external meetings.
- Promote the benefits of volunteering and also the engagement of volunteers to teams, particularly around health and well-being and within our patients' recovery plans and / or discharge.

How will we achieve this?

- Support our services by having readily available volunteer involvement information resources to disseminate to patients and carers as part of their discharge package.
- Assist and support registered volunteers with volunteer-to-career opportunities for people ready for work either within CNTW and / or external organisations through CV formulation, interview preparation and techniques through the creation and recruitment of a dedicated Voluntary Services Development and Wellbeing Manager.
- Regular positioning of Voluntary Services staff and current volunteers within main hospital sites, periodically to highlight aims of service through promotional materials.
- Continue to highlight and promote new and existing volunteer roles within Trust through many social media platforms with support from our Communications Team.

CNTW will be seen as a great place to 'volunteer'.

- Promote the success of staff teams and volunteers working collaboratively through agreed articles submitted via intranet / twitter and other social media platforms.

- Volunteers to have a great sense of belonging to their role, the team attached to and the wider Trust, through staff utilising their volunteer(s) time and skills effectively to enjoy good mental health.

- Ensure our volunteers have the right skills, knowledge and attitudes to engage and care for our patients.

- Volunteers to contribute to internal and external events / promotions in raising awareness and sharing their experiences of volunteering within CNTW.

How will we achieve this?

- Use internal communication methods with the support from our Communications Team colleagues.

- Attendance (staff and volunteers) at external (third sector organisations, colleges and universities, shopping malls) and in-house events (Annual Members Meeting, nursing conference), to raise the profile of volunteering within the CNTW family.

- Regular news feed promoting new volunteer roles, showcasing volunteer stories and achievements within their area of volunteering and in the sharing of feedback from patients, carers and staff.

- Provide Dementia Friend training sessions for all volunteers, and particularly for volunteers engaging and supporting our older peoples' services and other services identified to assist and equip volunteers with ease into their roles.

Build innovative partnership working with IPS Service, internal Vocational Rehabilitation Services, volunteer bureaus and local community third sector organisations that geographically covers the services of CNTW.

- Identify appropriate third sector organisations to support the promotion of meaningful volunteering roles.
- Continue to work closely with organisations to celebrate volunteering achievements.
- With people, communities and partners, together we will promote the benefits and successes of how volunteering has played a positive impact in the lives of all involved.

How will we achieve this?

- Continue to build on strong working relationships with third sector organisations regarding volunteer involvement across all localities.
- Utilise the wider community to advertise and attract future people force as volunteers within CNTW.
- Together, share in the success of partnership working by highlighting achievements of all those involved via many social platforms in line with CNTW protocols with support from our Communications Team members.
- Attend external events and third sector organisations to showcase and promote volunteering opportunities within CNTW.
- Approach local community venues to showcase and promote volunteering opportunities to seek out an inclusive and diverse people force within volunteering.

All projects to have a dedicated 'Volunteer Champion' within their staff team.

- Create a Volunteer Champion role within staff teams to be carried out within the course of normal duties where involvement of volunteers is active in workplace.
- Promote the Volunteer Champion role throughout team meetings and embed within trust initiatives as appropriate.
- Celebrate and thank staff who engage with volunteers in their workplace by sharing ideas / stories / events through Communications and other social media outlets with permission granted.
- Volunteer Champions will play a crucial role in promoting and supporting their individual teams in the engagement of volunteers through meaningful activity to compliment care provided.

How will we achieve this?

- Invite Volunteer Champions to internal and external recruitment events, Trust initiatives (Annual Members Meeting, conference).
- Encourage our Volunteer Champions and wider staff teams to promote and share good practice, news and success of their volunteer(s) within their area of work within staff bulletin and other social media platforms with the support of our communications team.
- Arrange and facilitate Volunteer Champion support meetings (1:1 / group settings) across the localities to offer ongoing support to teams.
- Volunteer Champions to be included in ward / department visible noticeboards.
- Voluntary Services Co-ordinator(s) to be included in ward / department visible noticeboards.
- Voluntary Services team to host support meetings with Volunteer Champions to gather feedback of their champion role and offer continued help, support and encouragement where needed.

When we asked people what roles they would like to see within CNTW

CNTW Volunteer

Chaplaincy support (supporting the work of our Chaplains)

Welcome volunteers/ Meet and Greet Service

Clerical/admin assistant roles (to build confidence, gain experience but not to be utilised for replacing/filling paid roles due to vacancies, leave, sickness absence) to enhance their CV to apply for relevant paid roles within CNTW and beyond

Gardening and further outdoor activities (supporting ward outings and contribute and support the Trusts Green Plan)

Telephone support (to check in with discharged patients and their carers)

COVID-19 support volunteers (Flu and Covid-19 vaccinations, ward support)

Community befriending roles to alleviate social isolation)

POY feedback roles (to gather feedback from patients and carers (currently in services and those new to discharge) to enhance service delivery

Buddying system to accompany service users travelling out of area for hospital appointments and/or surgery (i.e. Gender Dysphoria service)

Celebrating success through volunteering within CNTW

Volunteer to career

Name: Diane Armstrong

Job at CNTW: CNTW Chaplain

What made you consider volunteering with CNTW?

I started studying for a Theology degree later in life with a view to changing my career. I set off with the goal of going into teaching children with special needs. But as part of one of my modules I had to arrange a placement in a Chaplaincy Department. One of the options was mental health chaplaincy which appealed to me. I was lucky enough to secure a placement and spent 21 hours with a chaplain across services at St Georges Park and Northgate. I loved it so much that I wanted to volunteer once a month to support the Chaplaincy service on a Saturday morning alongside my studies.

How easy was it to find out about volunteering and how did you find the process, training and support?

Because I had spent that time on placement I became aware of volunteers who supported Chaplaincy. The Chaplaincy Department put me in touch with Voluntary Services and the process was very seamless. The communication was great and the team guided me through it all very supportively. They even came up to St Georges Park to complete the training with me.

Did you volunteer with the forethought of working for the Trust?

No, this was never really in any of my thoughts at the outset.

As you can probably imagine every Saturday at St Georges service would be different but there were some special moments when patients would share their stories - such an inspiration.

Is there any particular volunteer memories you would like to share?

Being invited to special events arranged by Voluntary Services – although with working and studying it was always difficult to get to them but I did appreciate the lovely invites I received.

I do recall making it to the commissioning of two Chaplains at St Georges Park one of whom I work with now. It was good to be part of that celebration. We had refreshments and a catch up afterwards with the Chaplaincy team and other volunteers.

Would you recommend volunteering within CNTW to any other potential future employees?

Definitely, it gives you very good insight and experience of what working in CNTW is like. The people are very supportive and encouraging. You never know what doors will be opened and new possibilities emerge!

Volunteer to career

Name: Paul Sams

Job at CNTW: Feedback and Outcomes Lead, Commissioning and Quality Assurance Team

What made you consider volunteering with CNTW?

I was coming out of mental health treatment after a long time (15 years) and studying. I wanted to give something back while checking my resilience and ability to be a successful part of a team.

How easy was it to find out about volunteering and how did you find the process, training and support?

The team were really welcoming to me and supported me from the moment I said I was interested. I found training to be really useful and found the person-centred approach to be supportive.

Did you volunteer with the forethought of working for the Trust?

No, I was planning to work in the heritage sector but found my past mental health difficulties to be stigmatising. I found the Trust to be the opposite, they recognised my strengths and people recommended I apply for a Trust job. The rest as they say is history.

Is there any particular volunteer memories you would like to share?

I have lots of fond memories. I remember getting a game of corridor ten pin going in the dementia day service and the consultant joining in, I think the patients really got a lot from that. I also remember supporting a man who was keen to leave as he was worried about his wife. I spent 2 hours talking to him about his childhood in wartime and by the time I left it was time for him to go and he hadn't been anxious all of the time we spoke.

Would you recommend volunteering within CNTW to any other potential future employees?

Yes, I now volunteer outside of the Trust and believe its such worthwhile work.

Volunteer to career

Name: Francesca Storey

Job at CNTW: Ward Manager of an acute female inpatient ward

What made you consider volunteering with CNTW?

Mental health has always been important to me and a topic I am very much interested in. During studying psychology at university, I decided to look for volunteering opportunities within mental health to broaden my knowledge of mental health, support others and further my professional skills. I had volunteered whilst in sixth form and really enjoyed this experience. I chose CNTW due to the fantastic feedback I had from peers and from reading about the volunteer project online. I was aware of CNTW as a Trust and its dominance within mental health care. As soon as I enquired, I was asked to come to St Nicholas' for a meeting to meet the team and discuss my skills and where may be most suitable to volunteer. The team were wonderful; so welcoming and enthusiastic about their brilliant service and made me feel at ease.

How easy was it to find out about volunteering and how did you find the process, training and support?

The process was simple, I was recommended to look into the CNTW Trust, I googled the volunteer page, sent an email and then was invited along for an informal meeting. I received an induction to the Trust and I was supported throughout by the Voluntary Service; they made me feel very valued and part of the Trust. Once a placement was found I was provided with a mentor and worked alongside this person and she further inspired me to work for the Trust. My expenses were paid for travel to and from the hospital.

Did you volunteer with the forethought of working for the Trust?

Originally, I was unsure what I wished to do in relation to my career. After university I moved back to southern England, however soon came back following applying to do a masters in nursing at Northumbria. I knew then, that I would be remaining in the north and that I would only wish to work for one Trust - CNTW. I completed my course and applied for a nursing position at St George's Park and I have just been promoted to Ward Manager of the acute female inpatient ward.

Is there any particular volunteer memories you would like to share?

Volunteering within the STARR project at Walkergate Park was one of the best opportunities I have ever had. Having the privilege to support patients through recovery; supporting people to learn to walk, talk, engage again was such a powerful experience. The team was fantastic and my mentor was exceptional. They really promoted the Trust values and goals and inspired me to follow a career within mental health. We supported an individual whom, had a keen liking for Mario kart and pool; that was my Thursday afternoon sorted; to see this person come through such adversity of his injuries and progress to going home to his family was incredible.

Would you recommend volunteering within CNTW to any other potential future employees?

I would highly recommend volunteering within CNTW; I believe that CNTW provides one of the best, most supported volunteering opportunities that can accessed within mental health care. My Volunteering opportunity opened my world to a Trust that I am currently proud to be working in today and ignited the path to my nursing career.

Appendices

1. CNTW Voluntary Services Steering Group

- Group Director
- Executive Sponsor
- Voluntary Services Manager
- Voluntary Services Co-ordinators
- Voluntary Services Administrator (Secretary)
- Clinical representatives from four localities - i.e. Associate Director / Ward Manager / Clinical Lead / Clinical Manager / Nursing Assistant / Occupational Therapy staff member(s) - inpatient and community services
- Risk Management representative
- Patient Information Centre representative
- Communications representative
- Workforce representative - (recruitment and health and wellbeing)
- CNTW volunteers / carers (from four localities)
- Patient and Carer Involvement representative
- Individual Placement Support (IPS) representative
- Chaplaincy representative
- Talk 1st representative - Positive and Safe Team

Please note:
This list is not an exhaustive list. Group members will meet periodically and a minimum of eight members (or deputies) must be present to be quorate to enable service development move forward on agenda with related topics and discussion points.

e.g:

- Review processes, policies and procedures that may impact volunteer involvement.
- Highlight volunteer legislation and impact.
- Updating of Volunteer Involvement Policy and Volunteer Code of Conduct.
- Development of guidance notes and service literature.
- Shared learning and experience.
- All-round sharing of good practice from services represented within the Steering Group.
- Showcasing volunteer involvement and success - internal and external.

2. Volunteer involvement - statistics

Pre-Covid volunteers:

North 37%

- Social Activities, St George's Park
- Chaplaincy Volunteers, St George's Park
- Arts Service
- Recovery College, Northgate
- Woodwork Volunteer, Northgate

South 41%

- Social Activities, Hopewood Park
- Chaplaincy Volunteers, Hopewood Park
- Vocational Rehab, Hopewood Park
- PALS Volunteer, Hopewood Park
- Social Activities, Grange Day Unit, Monkwearmouth Hospital
- Family Support Group Volunteer
- Sunderland Recovery College
- Points of You, Walkergate Park
- Central Therapies, Walkergate Park
- Service User Forum Volunteer, Walkergate Park

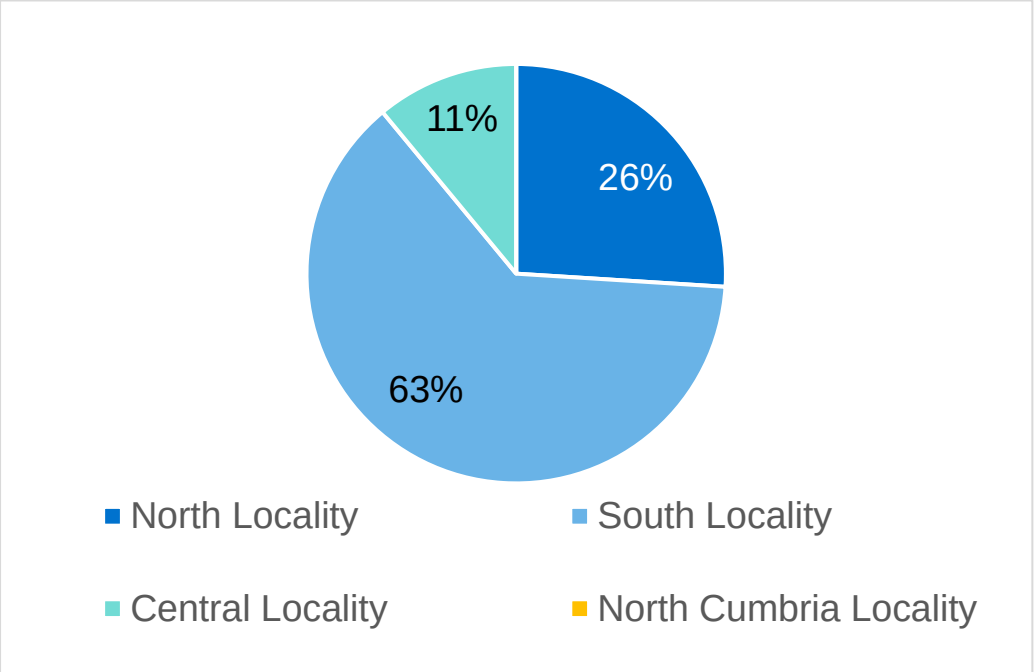
Central 21%

- Social Activities, Campus for Ageing and Vitality
- Exercise Therapy, Campus for Ageing and Vitality
- Hospital Shop, St Nicholas Hospital
- Ward Befriending, Alnwood, St Nicholas Hospital
- Community Befriending
- CQC Compliance Observer Volunteer
- Psychology Research
- Arts Service

North Cumbria 1%

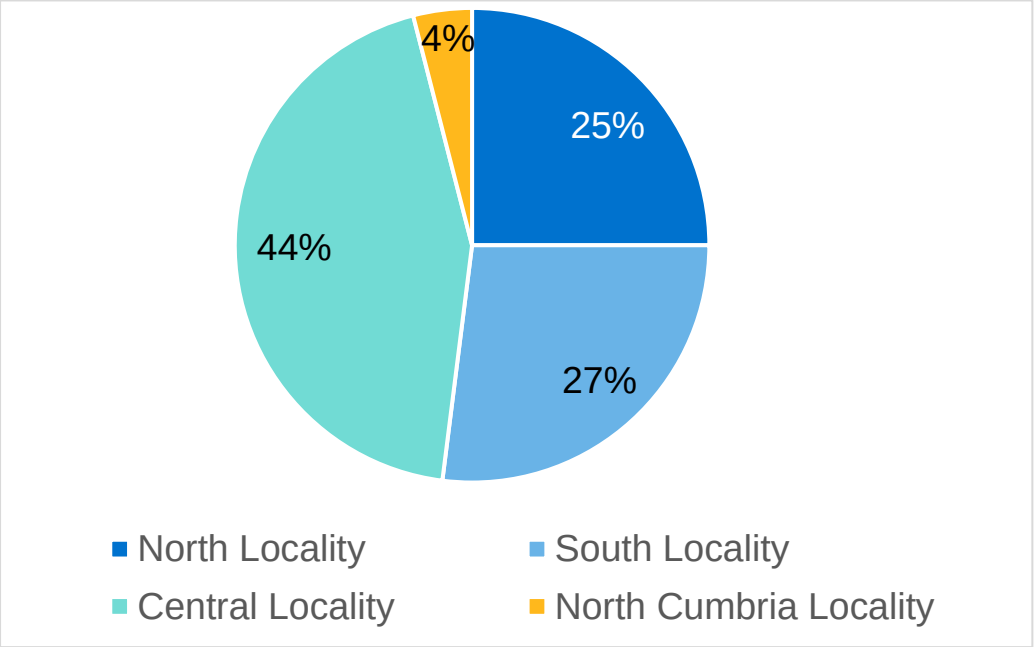
- Social Activities, Hadrian Unit, Carleton Clinic

Current volunteers (Jun-22)



Waiting Volunteers

(total of 52 waiting to return to volunteer / volunteer first time)



3. New / returning / upcoming / * requests

North

- Social Activities - Bluebell, St George's Park
- Social Activities - Alnmouth, St George's Park
- Social Activities - Kinnersley, St George's Park
- Social Activities - Woodhorn, St George's Park
- Chaplaincy Volunteers, St George's Park
- Woodwork Volunteer, Northgate Hospital
- Northumberland Recovery College
- Arts Service Volunteers
- Meet and Greet Volunteers

* Occupational Therapy Group Volunteers, SGP
* Volunteer Drivers
* Schwartz-Round Admin Support Volunteer

South

- Sunderland Recovery College (partnership working)
- Service User Forum Volunteer
- Chaplaincy Volunteers, Hopewood Park
- PALS Volunteer, Hopewood Park

* Gateway Recovery College Volunteers
* Gender Dysphoria Service (chaperone out of area)
* Mental Health and Deafness Service Volunteers
* Northumberland Head Injury Service Volunteers
* Tea at 2 - Occupational Therapy, HWP
* Ward 31A, Eating Disorders, RVI

Central

- Social Activities - Castleside Day Hospital, Campus for Ageing and Vitality
- Social Activities - Willow View, St Nicholas Hospital
- Hospital Shop, St Nicholas Hospital (NTW Solutions)
- Church View Allotment
- Social Activities, Bede Ward, St Nicholas Hospital

* Exercise Therapy Volunteers
* Social Activities - Castleside Inpatients Ward (garden area)

North Cumbria

- Social Activities - Hadrian Unit, Carleton Clinic
- Social Activities - Oakwood, Carleton Clinic
- OT Carleton Clinic Volunteers (shared garden space)
- Ruskin Unit, Carleton Clinic

Trust-wide

- Covid-19 / vaccine clinics
- Community Befriending
- Points of You Volunteers
- CQC Mock Inspections Volunteers
- Psychology Volunteers

* Occupational Therapy Groups, SGP
* Communications / Marketing / Health Improvement Team - admin support ad hoc
* BAME Staff Network
* Fundraising
* Admission packages
* Discharge packages
* Food and clothing bank

Acknowledgement

The creation, content and development of our very first Volunteer Involvement Strategy would not have been possible without the time and support from so many people.

I extend my sincere thanks to Ken Jarrold CBE (Chair – Council of Governors and Board of Directors), Ramona Duguid (Chief Operating Offer and Executive Sponsor), David Muir (Group Director and corporate responsibility of voluntary services), Rebecca, Billy and Joanne (Voluntary Services team members), Karen O'Rourke (Communications Team), Trust-wide staff colleagues and our volunteers for their valuable contributions and unwavering support to volunteer involvement.

A special thank you to those who kindly agreed to share their 'volunteer to career' journey - Diane, Paul and Francesca.

Wendy M Spratt
Voluntary Services Manager

12. CNTW2030 Strategy update

Speaker: James Duncan, Chief Executive

13. Integrated Care System (ICS) / Integrated Care Board (ICB) update

Speaker: Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive

verbal update

14. Quality and Performance Committee

Speaker: Darren Best, Chair

15. Audit Committee

Speaker: David Arthur, Chair

16. Resource and Business Assurance Committee

Speaker: Paula Breen, Chair

17. Mental Health Legislation Committee

Speaker: Michael Robinson, Chair

18. Provider Collaborative Committee

Speaker: Michael Robinson, Chair

19. People Committee

Speaker: Darren Best, Chair

20. Charitable Funds Committee

Speaker: Louise Nelson, Chair

21. Council of Governors' Issues

Speaker: Ken Jarrold, Chairman

22. Questions from the Public

Speaker: Ken Jarrold, Chairman

23. Date and Time of Next Meeting

Speaker: Ken Jarrold, Chairman

Wednesday 3rd August 2022 1:30 - 3:30pm, Crowne Plaza, Newcastle

Please note there is no September meeting