

















Public Board of Directors

24 September 2020, 11:00 to 13:30
Board Room, Culture Centre, RVI/Starleaf Spotlight

Agenda

1.	Public Board of Directors Agenda		
	 A0 BoD Public Agenda 24 SEPT 20.pdf	(3 pages)	
2.	Business Items		22 minutes
2.1.	Apologies for Absence and Declarations of Interest		Verbal Chair
2.2.	Minutes of the Meeting held on 30 July 2020 and Matters Arising		Attached Chair
	 A2 Public Board Minutes - 30 JUL 20 DRAFT.pdf	(15 pages)	
2.3.	Meeting Action Log		Attached Chairman
	 A3 BoD Public Board Actions SEP 20.pdf	(1 pages)	
2.4.	Chairman's Report		Attached Chairman
	 A4 Chairman Report SEP 20.pdf	(4 pages)	
2.5.	Chief Executive's Report		Attached Chief Executive
	 A5 CEO Board Report SEP 20.pdf	(9 pages)	
3.	Patients		53 minutes
3.1.	Staff Story		Attached ECN
	Becky Humphries, Specialist Health Visitor, to dial in to present		
	 A6(i) Staff Story SEP 20.pdf	(5 pages)	
3.2.	Medical Director's Report, including:		Attached DMD
	 A6(ii) Medical Director Report SEP 20.pdf	(5 pages)	
3.2.1.	Guardian of Safe Working Quarterly Report		BRP

3.2.2.	Consultant and Honorary Consultant Appointments		BRP
3.3.	Executive Chief Nurse Report		ECN Attached & BRP
	 A6(iii) Executive Chief Nurse Report SEP 20.pdf	(16 pages)	
3.4.	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control (DIPC) Report, including:		
	Dr Lucia Pareja-Cebrian, DIPC, to dial in to present		Attached & BRP
	 A6(iv) DIPC HCAI Report SEPT 20.pdf	(10 pages)	
3.4.1.	Infection Prevention and Control (IPC) Board Assurance Framework (BAF)		BRP
3.5.	Quality Account Update		Attached & BRP DQ&E
	 A6(v) Quality Account Coversheet SEP 20.pdf	(3 pages)	
3.6.	Maternity CNST Report		Attached DQ&E
	 A6(vi) Maternity CNST Report SEP 20.pdf	(8 pages)	
4.	People		5 minutes
4.1.	People Plan Update		Attached, BRP & Presentation HRD
	 A7 NHS People Plan SEP 20.pdf	(5 pages)	
5.	Pioneers		20 minutes
5.1.	Climate Emergency Declaration Update		
	James Dixon, Head of Sustainability, to dial in to present		Attached & Presentation DfE&BD
	 A8(i) Climate Emergency Update for Board SEPT 20.pdf	(6 pages)	
5.2.	Commercial Strategy Update		
	Andrea Burroughs, Associate Director of Commercial Enterprise, to dial in to present		Attached & Presentation DfE&BD
	 A8(ii) Commercial Update SEPT 20.pdf	(4 pages)	
6.	Performance		43 minutes
6.1.	Integrated Board Report - Quality, Performance, People & Finance, including:		Attached DQ&E, COO, HRD & FD
	 A9(i) Integrated Board Report Cover Sheet SEPT 20.pdf	(1 pages)	
	 A9(i) Integrated Board Report SEPT 20.pdf	(28 pages)	

6.2. Trust Strategy Update

Attached
DfE&BD



A9(ii) Trust Strategy Update SEPT 20v2.pdf

(5 pages)



A9(ii) Appendix 1 2019-20 Strategic achievements
SEPT 20.pdf

(1 pages)

6.3. Update from Committee Chairs

Verbal
Committee Chairs

6.4. Corporate Governance Update, including:

Attached
TS



A9(iv) Corporate Governance Update SEPT 20.pdf

(5 pages)

6.4.1. Quarterly NHSI Declarations

BRP

7. Items to Receive

2 minutes

7.1. Date of the Next Meeting

Thursday 26 November 2020 via Board Room, Culture Centre, RVI/Starleaf Spotlight

Verbal
Chairman

7.2. To resolve to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7 Section 18 (E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest

Verbal
Chairman

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 24 September 2020 via StarLeaf Spotlight
Start time 11.00am

Agenda					
Item		Lead	Paper	Estimated Timings	Page No
Business Items					
A1	Apologies for Absence and Declarations of Interest	Chairman	Verbal	11:00am – 11:05am	
A2	Minutes of the Meeting held on 30 July 2020 and Matters Arising	Chairman	Attached		4
A3	Meeting Action Log	Chairman	Attached		19
A4	Chairman's Report	Chairman	Attached	11:05am – 11:07am	20
A5	Chief Executive's Report	CEO	Attached	11:07am – 11:22am	24
Patients					
A6(i)	Staff Story <i>[Becky Humphries – Specialist Health Visitor to attend meeting to present]</i>	ECN	Attached & Presentation	11:22am – 11:37am	33
A6(ii)	Medical Director's Report, including: a. Guardian of Safe Working Quarterly Report [BRP]; and b. Consultant and Honorary Consultant Appointments.	DMD	Attached & BRP	11:37am – 11:47am	38
A6(iii)	Executive Chief Nurse Report	ECN	Attached & BRP	11:47am – 11:57am	43
A6(iv)	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control (DIPC) Report, including: a. Infection Prevention and Control Board Assurance Framework Update <i>[Dr Pareja-Cebrian, DIPC, to present this item]</i>	DIPC	Attached & BRP	11:57am – 12:07pm	59

Item		Lead	Paper	Estimated Timings	Page No
A6(v)	Quality Account Update	DQ&E	Attached & BRP	12:07pm – 12:10pm	69
A6(vi)	Maternity CNST Incentive Scheme Year 3 Report	DQ&E	Attached	12:10pm – 12:15pm	72
People					
A7	People Plan Update	HRD	Attached, BRP & Presentation	12:15pm – 12:25pm	80
Pioneers					
A8(i)	Climate Emergency Declaration Update <i>[James Dixon, Head of Sustainability, to present this item]</i>	DfE&BD	Attached	12:25pm – 12:35pm	85
A8(ii)	Commercial Strategy Update <i>[Andrea Burroughs, Associate Director of Commercial Enterprise, to present]</i>	DfE&BD	Attached & Presentation	12:35pm – 12:45pm	91
Performance					
A9(i)	Integrated Board Report - Quality, Performance, People & Finance	DQ&E, COO, HRD & FD	Attached	12:45pm – 13:05pm	95
A9(ii)	Trust Strategy Update	DfE&BD	Attached	13:05pm – 13:10pm	124
A9(iii)	Update from Committee Chairs	Committee Chairs	Verbal	13:10pm – 13:20pm	
A9(iv)	Corporate Governance Update, including a) Quarterly NHSI Declarations	TS	Attached & BRP	13:20pm – 13:23pm	130
Items to Receive					
A10(i)	Date of Next Meeting: - Thursday 26 November 2020 via StarLeaf Spotlight	Chairman	Verbal	13:23pm – 13:25pm	
A10(ii)	To resolve to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.	Chairman	Verbal		

Key: BRP = document contained within a separate Board Reference Pack

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DRAFT MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 30 JULY 2020

Part A: Public

Present:	Professor Sir J Burn Dame J Daniel Mr M Wilson Mrs A Dragone <i>[via Starleaf]</i> Dr V McFarlane Reid <i>[via Starleaf]</i> Mr A Welch <i>[via Starleaf]</i> Ms M Cushlow Mr D Stout <i>[via Starleaf]</i> Professor K McCourt Mr K Godfrey <i>[via Starleaf]</i> Mr S Morgan <i>[via Starleaf]</i> Ms J Baker <i>[via Starleaf]</i> Professor D Burn <i>[via Starleaf]</i> Mr J Jowett <i>[via Starleaf]</i> Mr G Chapman Mr B Macleod Mrs P Ritchie	Chairman Chief Executive Officer Chief Operating Officer Finance Director Executive Director for Enterprise & Business Development Medical Director/Deputy Chief Executive Executive Chief Nurse Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Associate Non-Executive Director
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In Attendance:

Mrs C Docking, Assistant Chief Executive *[via Starleaf]*
 Mrs A O'Brien, Director of Quality and Effectiveness
 Mr G King, Chief Information Officer *[via Starleaf]*
 Mr R Smith, Estates Director *[via Starleaf]*
 Mrs D Fawcett, Director of Human Resources *[via Starleaf]*
 Dr L Pareja-Cebrian, Director of Infection Prevention Control *[via Starleaf]*
 Mrs K Jupp, Trust Secretary
 Mrs F Darville, Deputy Trust Secretary *[via Starleaf]* *[Minutes]*
 Professor J Isaacs, Associate Medical Director – Research *[via Starleaf]*
 Ms S Nicholson, Health Improvement Practitioner, Newcastle City Council *[via Starleaf]* (for agenda item 20/55(i) only)

Observers:

Dr L Murthy, Public Governor *[via Starleaf]*
 Ms M Elliott, Public Governor *[via Starleaf]*
 Ms J Davison, Public Governor *[via Starleaf]*
 Dr B Ahmed, Consultant in Public Health *[via Starleaf]*
 Mr J McDonald, Public Governor *[via Starleaf]*
 Ms G Long, Associate Director – Education, Training & Workforce Development *[via Starleaf]*
 Ms L Hall, Deputy Director of Quality & Safety *[via Starleaf]*
 Mr S Connolly, Public Governor *[via Starleaf]*

Note: The minutes of the meeting were written as per the order in which items were discussed.

20/54 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

There were no apologies for absence or additional declarations of interest noted.

It was resolved: to **note** that all Board members were present for the meeting and that no additional declarations of interest were made.

ii) Minutes of the Meeting held on 24 June 2020 and Matters Arising

The minutes of the meeting were agreed as a correct record and there were no matters arising.

It was resolved: to **agree** the minutes as an accurate record of the meeting, and **note** that there were no additional matters arising.

iii) Meeting Action Log

The action log was received.

It was resolved: to **note** the action log position.

iv) Chairman's Report

The Chairman welcomed both Mr MacLeod and Mr Chapman, Non-Executive Directors, to their inaugural formal meeting of the Board of Directors.

The Chairman presented the report, which summarised the role of Trust Governors as well as the role of Non-Executive Directors (NEDs). Further detail was referenced in the report regarding the annual Chair and NED appraisals, as well as the vast expertise of the Trust NEDs.

It was resolved: to **receive** the report.

v) Chief Executive's Report

The Chief Executive presented the report, with the following key points **noted**:

- The Trust Restart, Reset and Recovery Programme was highlighted as a key priority; the aim being to 'build back better', providing services in a different and transformative way. A number of challenges had arisen in restarting services, particularly in relation to adhering to COVID-19 requirements such as social distancing and testing, however these were being addressed.
- Opportunities that had presented because of the COVID-19 pandemic, such as the need for increased use of digital technologies and telemedicine to deliver services safely, had progressed at pace to transform care. One of the largest changes being to

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outpatient and other planned appointments, with circa 50% now being conducted virtually each month.

- Reassurance was provided to the Board of the Trust's commitment to the safe reset and recovery of services for patients and staff.
- Gratitude was expressed to all Trust staff who continue to work flexibly to meet the needs of patients and the needs of the Trust.
- The Executive Team reviewed the Trust Strategy to ensure that the strategic framework continued to be fit for purpose and aligned with the Trust's revised ambition to 'Build Back Better'.
- A key part of the Flourish at Newcastle Hospitals Programme was to ensure that staff are supported and have access to the resources and space they need to recover.
- The 'Restart, Reset and Recovery' programme would focus on ensuring that all services would recommence in a planned, safe and accessible way in order to build public confidence. Accident and Emergency demand levels had reduced during the pandemic and the Trust was piloting innovative ways to utilise 111 to assist in the provision of care and treatment.
- The Trust was committed to building capability in quality improvement to benefit the organisation by partnering with the Institute of Healthcare Improvement.
- The importance of restarting research activity was noted, with a focus on COVID-19 related research.
- The Trust remained committed to sustainability and was collaborating with partner organisations to deliver a number of projects regarding climate change. The Chief Executive referenced her national role on the NHS Net Zero Panel. The positive environmental impacts, such as reduced travel resulting in lower pollution as a result of the pandemic, was highlighted.
- Test and trace was noted as one example of the opportunities to improve services and ways of working as part of the Collaborative Newcastle agenda. A further example being the provision of support to care homes in the region during the pandemic. Overall work was progressing well with civic partners to improve the health, wealth and wellbeing of those who live and work in the city.

It was resolved: to **receive** the report.

20/55 PATIENTS

i) Patient Story

The Executive Chief Nurse introduced Ms Suzanne Nicholson, Health Improvement Practitioner from Newcastle City Council. In a change to the patient story detailed within the paper, Ms Nicholson provided an update on public health and the work undertaken with Black Asian and Minority Ethnic (BAME) communities during COVID-19. The following salient points were **noted**:

- At the start of the pandemic an emergency food insecurity and food poverty team was established to support food banks and assist with the coordination of food parcels.
- Key information, including public health messages relating to COVID-19, was translated into a number of languages based on feedback regarding language barrier concerns.

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- Advice was sought from Public Health England on Ramadan and Eid regarding COVID-19 social distancing requirements.
- A multi-partnership approach was established. The work of MEARS, Connected Voice/HAREF and City Lifeline during the pandemic was commended.
- Examples of support provided to BAME communities included the establishment of a health and support phone line, BAME councillors, community leaders and elected members delivering key public health messages through social media, training and development and the provision of support with housing needs.
- The Communities of Interest outbreak control team would include community leaders, BAME and faith representatives going forward, to be utilised in the event of an outbreak to allow for concerns to be responded to in a timely and culturally sensitive manner.
- Key priorities moving forward were highlighted, including staff risk assessments, linking in with national priorities, improving access to healthcare, preventative health campaigns regarding smoking, diabetes, obesity and flu vaccinations, and the need to implement wide scale cultural competency training.

Mrs Ritchie advised that engagement would be paramount in ensuring future safeguards were in place against the pandemic.

Ms Baker advised of a recent meeting with the City Lifeline lead and commended the work of the City Lifeline team.

[Ms Nicholson left the meeting at 11:32am].

It was resolved: to receive the report.

ii) Medical Director's Report, including:

a. Consultant Appointments

The Medical Director/Deputy Chief Executive presented the report with the following points to **note**:

- An update on COVID-19 was provided, noting that at the time of writing, there were a very low number of COVID-19 positive inpatients currently being treated within the Trust. In addition, Newcastle Hospitals' successful treatment of COVID-19 patients was evidenced by low mortality rates within the Intensive Care Unit when compared nationally.
- Correspondence was received from NHS Blood and Transplant Service expressing gratitude to the Trust for supporting organ donation and transplantation through the COVID-19 pandemic.
- The work of the Trust Occupational Health team through the pandemic, as well as the after effects, was commended. This was further reinforced through a letter received from the Junior Doctors Forum Chair.

The Consultant Appointments were received.

It was resolved: to receive the report.

iii) Executive Chief Nurse Report

The Executive Chief Nurse presented the report with the following key points to **note**:

- The work of Occupational Health in response to the pandemic was highlighted, including the ability to implement national guidance at pace.
- An update regarding the Trust's flu campaign was provided noting the change in the guidance to make the vaccine available to all aged over 50 years. A further update would be provided at the September Trust Board meeting regarding the commencement of the vaccination campaign.
- An update on nurse recruitment, including international recruitment, was provided. It was noted that the current Band 5 vacancy rate was very low at less than 5%.
- The impact of staff redeployment on nurse staffing during the pandemic was noted. The creation of a 'reserve' workforce was under development to ensure responsiveness should a future surge in COVID cases occur.
- A summary of patient experience was provided, which detailed the suspension of visiting in line with national guidelines. It was anticipated that visiting would be reintroduced in a safe and controlled manner.
- The results of the national annual Care Quality Commission Adult Inpatient Survey were published in early July, with positive results received for the Trust.
- The patient experience ambitions were noted as included in the Board Reference Pack for information.

Mr Morgan commended the Trust on the results of the patient survey and the creation of 'reserve' workforce. He went on to query the methods for recruitment, retention and training of such staff. The Executive Chief Nurse advised that staff would include current employees at the Trust who had volunteered for redeployment as well as bank staff. A training programme was being developed for clinical educators.

Ms Baker commended the Executive Chief Nurse on the patient experience ambitions.

The Chairman queried whether the low vacancy rate within Band 5 nurses was reflected in other similar organisations. The Executive Chief Nurse advised that the Trust was a positive outlier in this regard, acknowledging that further work was required in increasing training capacity.

It was resolved: to **receive** the report.

iv) Healthcare Associated Infections, Director of Infection Prevention and Control Report, including:
a. IPC Board Assurance Framework

The Director of Infection and Prevention Control (DIPC) presented the report, noting the management of the COVID-19 pandemic continued to be a primary focus of the Infection Prevention and Control (IPC) team. The development of the IPC Board Assurance Framework was noted and was included in the Board Reference Pack for review.

The following highlights were **noted**:

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- Section 2.1.1 detailed the Trust's process for Inpatient Testing, which advised that all non-elective patients were tested on admission and at day 7. This allowed for organisational assurance of patient COVID-19 status.
- The Trust had developed a comprehensive staff and household testing programme, and was providing testing support to care homes.
- Comprehensive environmental work was ongoing with the requirement for all staff to wear masks noted. A detailed staff booklet providing guidance on social distancing and other amendments to working practices as a result of COVID-19 had been developed.
- A summary of the national guidance issued in May to define HCAI infections in the context of COVID-19 was provided. As at 30 June 2020 the Trust had 25 hospital-onset definite healthcare-associated cases. These cases had been reviewed in detail, some cases were acquired following discharge to care homes and others were linked to family contacts.
- Regarding C.difficile infections, the Trust awaited the release of formal objectives from NHS Improvement/ NHS England (NHSI/E) however; an anticipated trajectory of less than 112 cases was expected. It was expected that Multi-Disciplinary Team (MDT) root cause analyses would recommence in September 2020.
- No cases of MRSA had been observed within the Trust since April 2020.
- There have been no outbreaks or periods of increased incidence during May and June.
- For gram-negative bacteraemia, the Trust was on target for a 10% reduction.
- Sepsis was noted as an area of renewed focus for the Trust because of the reprioritisation of staff resources during the COVID-19 pandemic. Focus continued on raising awareness of deteriorating patient's as well early identification of Sepsis.
- A number of changes had been made to the targets regarding antimicrobials.
- Additional water safety control measures were implemented during the pandemic period to mitigate against the reduction in routine legionella sampling.

Mr Godfrey congratulated the Director of Infection Prevention and Control on the reduction of incidences of E.coli however queried the rise in klebsiella and pseudomonas. The Director of Infection Prevention and Control advised that a rise in klebsiella in cancer patients had been observed however, work was underway to determine the root cause of the increase.

It was resolved: to receive the report.

v) Maternity CNST Report

The Director of Quality and Effectiveness presented the report, highlighting that the scheme was introduced in 2018 by NHS Resolution. Organisations were encouraged to participate in the adoption of the ten maternity safety standards, which would both improve clinical outcomes for mothers and babies and decrease the likelihood of maternity related clinical negligence claims. It was noted that maternity claims equated to around half the value of all NHS claims received.

The Trust participated in both Year 1 and 2 of the scheme and achieved compliance. Participation had not been paused as a result to COVID-19 and the Maternity Assessment Unit continued to adhere to the standards.

The report outlined full Trust compliance in relation to the following safety actions:

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- Safety Action 1: Is the Trust using the national perinatal mortality review tool to review perinatal deaths to the required standards?
- Safety Action 2: Is the Trust submitting data to the Maternity Services Data Set to the required standard?
- Safety Action 3: Can the Trust demonstrate that it has transitional care services to support the recommendations made in the avoiding term admissions into neonatal units programme?
- Safety Action 9: Can the Trust demonstrate that the Safety Champions (obstetrician and midwife) are meeting with Board level Champions to escalate locally identified issues?

Areas of concern, particularly those relating to the ageing estate, continued to be raised, discussed and progressed accordingly.

The Chief Executive advised that the Board was fully sighted on the space constraints experienced within Maternity Services and as such, an Outline Business Case had been submitted for the redevelopment of the Leazes Wing.

It was resolved: to **receive** the report and **approve** the self-assessment.

vi) Learning from Deaths Report

The Director of Quality and Effectiveness presented the report, noting that its receipt by the Trust Board was a mandatory requirement, following scrutiny at the Quality Committee. The following key points were **noted**:

- In the last year, 1,906 patients died within Newcastle Hospitals and 1,260 patients received a level 2 mortality review. This equated to around 70%.
- Section 3 of the report outlined the Trust's governance structure for the reviews, which included monthly Morbidity and Mortality meetings, which provided a robust forum for the multidisciplinary discussion of each patient death.
- Section 3.2 of the report detailed the process for reviews to be undertaken for all deaths of patients with a learning disability, noting the prevalence of premature death within this patient cohort.
- Section 7 of the report highlighted the Trust's performance when compared to its regional peers, as well as the national average.
- Section 9 of the report detailed the introduction of the Medical Examiner role within the Trust, which had been postponed, to the end of the calendar year because of COVID-19. The Quality Committee would receive regular updates on the work of the Medical Examiner following establishment of the role.

Mr Godfrey requested further information relating to the lessons learnt from a potentially avoidable death as outlined in the report, which the Director of Quality and Effectiveness advised further detail would be provided in the private session.

Mr Godfrey queried whether the lessons learnt around the recording of a patient's wishes regarding resuscitation had been applied. The Director of Quality and Effectiveness advised that following discussion at Quality Committee, it was advised that this was because of manual recordings within two different parts of the electronic patient record. This was fed

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back to the Chief Clinical Information Officer and a temporary solution implemented immediately, whilst a more permanent solution be identified.

Mr Jowett queried how the Trust could demonstrate improvements arising from lessons learnt. The Medical Director/Deputy Chief Executive explained the use of Variable Life Adjusted Display charts, which were used to provide further detail regarding mortality compliance within the Trust and monitored monthly at the mortality review meeting.

Mr MacLeod queried the Trust's case mix and whether this was comparable with other Trusts, to which the Director of Quality and Effectiveness advised that the national indices were adjusted to reflect comorbidities. In addition, comparison was made against Shelford Group Trusts who provided a similar range of services and specialties.

It was resolved: to **receive** the report and **note** the actions taken.

vii) Cumbria Cancer Update

The Executive Chief Nurse presented the report, providing an update on the progress towards the implementation of the Full Business Case for the provision of a Northern Centre for Cancer Care in North Cumbria.

It was noted, that despite the pandemic, the project was only nine days behind schedule at the time of writing, which was testament to the teams involved. The role of Gail Jones, Clinical Director of Cancer Services and Phil Powell, Directorate Manager of Cancer Services, in this was noted.

It is anticipated that the date of transfer will be undertaken in April 2021 and work had commenced on the TUPE transfer agreement. Consultation would take place in October 2020.

A process to confirm the name of the new Cancer Centre at Cumberland Infirmary was to be agreed.

Mr Godfrey highlighted the national shortage of oncology consultants and queried the level of risk this added to the project. The Executive Chief Nurse advised that the Trust's staff currently provided consultant support to the service and remote planning was being undertaken.

Mr Morgan queried the financial arrangements and the services to be provided. The Executive Chief Nurse advised that regular contractual arrangements for funding would apply. The Heads of Terms and the Service Level Agreement were still to be agreed which would specify the nature of services to be delivered.

It was resolved: to **receive** the report.

20/56 PEOPLE**i) People Update**

The Director of HR presented the report, with the following points **noted**:

- The NHS People Plan was published earlier today and the content was fully aligned to the Trusts own strategy and priorities. The focus of the plan was on taking care of staff, staff wellbeing, inclusivity and diversity and partnership working. An active review of the Trust's Flourish 2019/20 programme had commenced and this would result in a development programme for 2020/21.
- The impact on COVID-19 on staff related absence was noted, including proactive steps taken by senior staff in communicating regularly with shielded staff. Circa 300 staff were currently shielding and the Director of HR highlighted the ways in which the Trust had remained in contact with those impacted. Work to safely reintroduce shielded staff back into the organisation following the pause in shielding was underway, which would include the consideration of the ways in which staff could work differently. Environmental workplace assessments would be undertaken and the necessary steps taken to make the return to work as safe as possible.
- The services and support offered to staff regarding mental health and wellbeing was subject to regular review, in addition, the Trust's wellbeing policy was being redrafted.
- The Director of HR highlighted the issue of a health and wellbeing pulse survey, which was completed by circa 2,000 Trust staff. While further review of the results was required, the headlines demonstrate that staff were satisfied with the quality of the communication released by the Trust and felt that the organisation made staff safety a priority during the pandemic.
- Section 2.2 of the report detailed the Trust's commitment to equality and diversity, particularly in light of the 'Black Lives Matter' movement and highlighted the BAME reverse mentoring scheme launched last month. The Trust also published the 'Surash-Pearce' report into the ethnic pay gap earlier this month.
- The report highlighted the work underway in the Trust to encourage staff to rest and recuperate following the alleviation of the significant pressures faced at the peak of the pandemic.
- Section 2.5 of the report detailed the rebrand of the Trust's 'Personal Touch' awards to the new 'People at our Hearts' awards, which better reflected the Trust's core values and organisational branding.
- An update on the impact of COVID-19 on the Trust's education facilities was noted.
- Section 6 detailed the Treasury's publication of their consultation to address discrimination related to public sector pensions.

Ms Baker queried whether the reverse mentoring scheme would be extended to the Non-Executive Directors and noted that as the Surash-Pearce report was drafted some time ago, what action the Trust was undertaking to monitor the proposed activities aligned to the report. The Director of HR advised that the People Committee would have overall responsibility for seeking assurance regarding Trust progress against the recommendations. In addition, the People Committee would consider the Workplace Race Equality Standard and the Workplace Disability Equality Standard action plans.

Mrs Ritchie highlighted the government's 'Kick Start' programme and other apprenticeship programmes that would be mutually beneficial to the Trust and the city. Mrs Ritchie also noted the ways in which Trust staff were supported by the city council through initiatives such as the provision of free car parking during the height of the pandemic.

The Director of HR acknowledged the Trust's role as a lead employer in the city and noted that the organisation was actively working and taking positive action regarding apprenticeships and increasing access to job opportunities.

It was resolved: to **receive** the report.

[The Associate Medical Director – Research joined the meeting at 12:48pm]

20/57 PIONEERS

i) Re-invigorating Research in Newcastle Hospitals

The Associate Medical Director – Research presented the report with the following key points **noted**:

- The revised governance arrangements for research were outlined which included the established of Clinical Research as a Trust directorate. This would allow for improved information flow and as a directorate, Clinical Research would be subject to the Trust's performance review process. It was noted that reporting would still take place via the Medical Directors Group and the Quality Committee.
- Section two of the report detailed the revised strategy for research, which would be presented more fully at a future meeting of the Board of Directors, with its focus on the further integration of research within patient care.
- An update on the Academic Health Science Centre and National Institute of Health Research Centre was provided in section three.
- An update on the research response to the COVID-19 pandemic was noted, which highlighted the collaboration taking place across teams. The Trust was actively involved in 16 urgent public health research studies and as of 10 July 2020, 1,315 Trust patients had been recruited across these studies. This included 522 participants in the Oxford vaccine trial, the highest recruitment rate of all participating sites.
- The Associate Medical Director – Research detailed the challenge in restarting the research that had been paused because of the pandemic.

Mr Chapman queried the current and ongoing impact of the pandemic on non-COVID-19 related research. The Associate Medical Director – Research advised that participation was slowly increasing, noting the challenges presented by space constraints and staff redeployment. Currently, circa 80% of trials had resumed and research teams were exploring ways to run studies remotely.

The Medical Director/Deputy Chief Executive congratulated the Associate Medical Director – Research for leading the refresh of clinical research across the Trust, noting the aspiration to give every patient the opportunity to participate in research.

Professor McCourt noted that the refreshed governance arrangements within research had been well received when discussed at the Quality Committee.

[The Associate Medical Director – Research left the meeting at 12:59pm]

It was resolved: to **receive** the report.

20/58 PERFORMANCE

i) Integrated Board Report – Quality, Performance, People & Finance

Quality

The Director of Quality and Effectiveness presented the Quality element of the report, noting that mortality and infection prevention and control had both been covered elsewhere on the meeting agenda, 20/55(vi) and (iv) respectively, and health and safety would be covered under 20/58(ii).

Performance

The Chief Operating Officer presented the Performance element of the report, with the following key points **noted**:

- Accident and Emergency (A&E) performance continued to be good, with the Trust meeting the 95% 4-hour standard at 97.5% for the month of June. Performance to 20 July was 97.8%.
- The Trust was piloting a ‘talk before you walk’ service, encouraging patients to seek guidance from other sources such as 111 before presenting at A&E.
- Pressures within elective services including Inpatients, Outpatients, Cancer, and Diagnostics were noted because of COVID-19.
- The challenges to the restart programme for Trust services were highlighted in relation to swabbing, testing and social distancing requirements. The overall impact being that the Trust would treat fewer patients than the pre-COVID activity levels. This would likely continue until a vaccine was made available.
- Trust Directorates continued to work well with the latest data identifying that activity levels were now above 70% across all areas.
- It was noted that the independent sector would be utilised to supplement capacity where required.

People

The Director of HR presented the People element of the report, drawing the Board’s attention to the now mandated BAME risk assessment requirement. It was anticipated that circa 80% of the risk assessments would be completed by the submission deadline tomorrow.

Finance

The Finance Director presented the finance element of the report, which detailed the position to the end of June 2020. The following key points were **noted**:

- On 1 April 2020, the Trust entered the COVID-19 emergency finance regime, which allowed a focus to be maintained on managing the pandemic and matched income with expenditure. This regime suspended the plan and contracting arrangements for NHS organisations and while it was originally intended that these arrangements would

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extend to the end of July, they have since been extended to the end of September 2020.

- Circa £7.3m of capital spending had been incurred, which was circa £2.9m behind plan, primarily due to the impact of the pandemic, which halted a number of capital developments.
- The Trust's balance sheet and cash position continued to be strong.

It was resolved: to **receive** the report.

ii) Health & Safety Annual Report

The Director of Quality and Effectiveness presented the report, noting the legislative requirement for the Board to be updated annually. The following key points were **highlighted** within the report:

- Attendance at the Health and Safety Committee meetings was noted, along with the activities of the Committee during the year and governance arrangements.
- Ongoing training was highlighted, notably risk assessment training, stress awareness and mental health first aid.
- Section six of the report outlined the main Health and Safety legislation and identified the work that the Trust had to undertake to comply. One area of minor non-compliance was highlighted which related to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- Section eight of the report detailed the number and type of staff incidents over the year. There was an overall decrease of 1.5% from the previous year.
- A 25% increase on the previous year's incidents of Violence and Aggression was reported.

The Board of Directors discussed the importance of continued attendance of Committee members, including the Interserve representative, at the meeting,

The Chairman queried the cause for the increase in incidents of violence and aggression, with the Director of Quality and Effectiveness noting that the increase was predominantly due to incidents in certain areas of the Trust, which involved patients with cognitive impairment. Staff had been trained in de-escalation techniques.

It was resolved: to **receive** the report.

iii) Update from Committee Chairs

The following updates were received from Committee Chairs.

Quality Committee

Professor McCourt advised that the recent Quality Committee considered the following items:

- The Committee received a presentation on Paperlite.

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- The Executive Chief Nurse updated the Committee on the proposal to develop a Quality Improvement Faculty and the benefits it would bring to the organisation in the long term.
- The Medical Director/Deputy Chief Executive provided an update on the current COVID-19 position within the Trust.
- Updates from the Management Group Chairs were received, with good assurance provided.
- The Mortality and Learning from Deaths report was received and considered prior to inclusion at the Board meeting, as well as the Health and Safety Annual Report.
- The Committee considered the HCAI Annual Report and the IPC Board Assurance Framework.
- The Integrated Quality and Performance Report received and discussed.
- Mr Chapman was welcomed as a new Committee member.

Audit Committee

Mr Stout advised that the recent Audit Committee considered the following items:

- The Committee received the Annual Risk Management and the end of year Board Assurance Framework.
- The Standards of Business Conduct Annual Report was received. The revised Standards of Business Conduct Policy was also received and approved.
- The Committee also received updates from both Internal and External Audit, highlighting work completed over the last financial year and plans for the next financial year.
- The Counter Fraud Update was received, which included the Annual Report for 2019/20.
- A number of items were presented for approval, which included an update to the Scheme of Delegation and the Modern Slavery Annual Statement.
- The Committee received a number of reports, including the:
 - Breaches and Waivers Exception Report;
 - Review of Debtors and Creditors balances; and
 - Review of the schedule of losses and compensation.

Finance Committee

Mr Morgan advised that the recent Finance Committee considered the following items:

- The Committee considered the finance management group structure.
- The Month 3 Finance Report was received, along with an update on the emergency finance regime.
- An update regarding the financial impacts of COVID-19 was received.
- An update on the restart, reset and recovery programme was received, which included an activity summary and performance update.
- Questions in relation to Estates/Capital projects were identified and further information sought from the Estates Director.
- Two tenders were received and approved.

It was resolved: to **receive** the updates.

- iv) **Corporate Governance Update, including:**
- a. **Committee Annual Reports**
 - b. **Committee Terms of Reference & Schedules of Business**

The Trust Secretary presented the report and referred to the updates contained within which related to the Council of Governors, the Annual Report and Accounts and key dates for the remainder of the year.

The Board **approved** the Annual Reports, Terms of Reference and the Schedules of Business for the Audit, Finance, People, Quality and Remuneration and Appointments Committees. Approval of the Annual Report and Schedule of Business for the Trust Charitable Funds Committee was also granted, however the Trust Secretary advised that further review of the committee's Terms of Reference was required and therefore, this would be considered by the Board at a later date.

In addition, the Board of Directors approved the Modern Slavery Declaration statement.

It was resolved: to **receive** the report and **approve** the Committees' Annual Reports, Terms of Reference and Schedules of Business, as well as the Modern Slavery Declaration.

20/59 **ITEMS TO RECEIVE**

- i) **Date and Time of Next Meeting:**

The next meeting of the Board of Directors was scheduled for Thursday 24 September 2020 via StarLeaf Spotlight.

- ii) **Members of the press and public were excluded from the meeting in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest**

The meeting closed at 13:18pm.

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BOARD MEETINGS - ACTIONS

Agenda item A3

Log No.	BOARD DATE	PRIVATE / PUBLIC	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
76	24 June 2020	Public	20/48 PARTNERSHIPS i) Collaborative Newcastle	The Chief Operating Officer suggested inviting Judith Hay, Director of Children's Services for NCC, to a future Board Development session to highlight work underway. The Chief Operating Officer agreed to arrange this with the Trust Secretary [ACTION03].	K Jupp			29/06/20 - Contact details shared with K Jupp to schedule for a future session. 17/09/20 - Session provisionally scheduled for December Board Workshop. Awaiting confirmation.

KEY

NEW ACTION	To be included to indicate when an action has been added to the log.
ON HOLD	Action on hold.
OVERDUE	When an action has reached or exceeded its agreed completion date. Owners will be asked to address the action at the next meeting.
IN PROGRESS	Action is progression inline with its anticipated completion date. Information included to track progress.
COMPLETE	Action has been completed to the satisfaction of the Committee and will be kept on the 'in progress' log until the next meeting to demonstrate completion before being moved to the 'complete' log.



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Amanda Waterfall, PA to Sir John Burn						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board meeting.						
Recommendation	The Trust Board are asked to note the contents of the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

This week marks the fiftieth anniversary of my arrival in Newcastle as a medical student. Like so much else in our world, plans of colleagues, now mostly retired, to gather have been put on hold. Across the NHS, services continue their efforts to restore activity in the face of extraordinary circumstances.

I have taken part virtually, in my capacity as Chair, in a range of events involving NHS Providers, NHS Confederation, regional Foundation Trust Chairs and the Integrated Care System; exploring ways to sustain services and support staff has been a consistent theme. It is clear that our local laboratory capacity for rapid Covid19 has been and will continue to be a major asset. The NHS Providers event included an update on strategic and policy issues, an interactive discussion of possible legislative developments and an update on the NHS Test and Trace service.

When speaking with the regional chairs, I took the opportunity to share our first comprehensive review, the Surash Pearce report, looking into the pay gaps and career progression experiences by our Black, Asian and Minority Ethnic (BAME) staff here in Newcastle.

In view of the growing involvement in the national Covid-19 response of the local biotechnology company for which I act as Vice Chair, I have excused myself from any Trust Board and Council of Governor discussions regarding expanded Testing capacity to ensure complete segregation of roles.

Due to the importance of adhering to Covid-19 regulations, unfortunately paying visits to teams around the hospital continues to remain on hold and is likely to remain so for some considerable time. In July we launched a new style replacement for traditional leadership walkabouts called "Spotlight on Services". The first event involved Jonathan Jowett, Non-Executive Director, and myself paying a virtual visit to our Pharmacy Production Unit. Yan Hunter Blair, Assistant Director of Production and Preparation, was able to take us on a virtual tour and took us through the clear opportunities for innovation and business development.

We are organising a programme of virtual Spotlight "visits" which will allow our Non-Executive Directors to engage with other teams more regularly.

One of our teams attracted particular endorsement from the Chief Executive of our Integrated Care System; Alan Foster contacted Dame Jackie and me to convey his thanks to our hospital. Alan found himself in need of urgent treatment in late August and was deeply impressed by the care he received. He noted how well the staff performed and that his own experience was shared by other patients he met. I'm pleased to report, with his permission, that he is making an excellent recovery.

RECOMMENDATION

The Trust Board are asked to note the contents of the report.

**Report of Professor Sir John Burn
Chairman
15 September 2020**

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TRUST BOARD

Date of meeting	24 September 2020						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer						
Prepared by	Caroline Docking, Assistant Chief Executive Alison Greener, Executive PA to the CEO Andrew Edmunds, Principal Adviser						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • An update covering the Trust's response to the coronavirus outbreak since the last Public Board meeting. • Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements. 						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

CHIEF EXECUTIVE'S REPORT

1. CEO OVERVIEW

With an increasing number of Covid cases locally, and a tightening of local restrictions to combat these – including those announced on 17 September 2020 across seven of the local authorities whose populations we serve – it is clear that the coming months will continue to be challenging. As it has been the case since the start of the pandemic, everyone in Newcastle Hospitals is clear that they will do everything they can to protect and care for our patients, staff and the public.

Since the 30 July 2020 Public Board meeting, and as set out later in this report, there have been some significant interventions and publications at a national level, and developments at a local level. As ever these have been undertaken and driven forward by the efforts of our teams and people in Newcastle Hospitals.

The summer months have be very different to what people would normally expect, with holidays and interaction with friends and families very different to previous years. Across our teams and management structures we have ensured that staff have been able to take their planned leave, relax, rest and recuperate as much as possible. This is particularly important given the extraordinary lengths our people have gone to during the pandemic, and as we continue to restore services and look ahead to the winter.

NHS People Plan

The NHS People Plan for 2020/21, *We are the NHS: action for us all*¹, was published on 30 July 2020. This important document has been published in the context of the scale and pace of change seen in the NHS-wide response to Covid-19. Importantly, the plan sets out what our NHS people can expect from their leaders and each other, focussing on how we must look after each other, foster a culture of inclusion and belonging, as well as action to grow and train our workforce. The plan is underpinned by 'our NHS people promise':



¹ <https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/>

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At the heart of this is a recognition that all of us need to work together differently to deliver patient care, and there are a number of strong commitments that organisations across the NHS will make. The Plan is an important step towards better supporting our people across the entirety of the NHS, building on the excellent work that many trusts – Newcastle Hospitals included – have already begun. I am grateful for the leadership of Prerana Issar, NHS Chief People Officer, in making this plan a reality.

The Staff Survey for 2021 will be redesigned to align with ‘our NHS people promise’, with early movements made towards this in the 2020 survey which launches in October. Organisations and systems are also being encouraged to develop their own, local people plans and Newcastle Hospitals will be both doing this for our organisation, and feeding into the plan across the North East and North Cumbria Integrated Care System (ICS). Our local plan will be driven by our cornerstone ‘Flourish at Newcastle Hospitals’ programme to ensure that as well as the promise above, we can liberate the potential of staff across our organisation. Further information can be found in agenda item A7.

Moving into ‘Phase 3’

On Friday 31 July 2020, Sir Simon Stevens and Amanda Pritchard, Chief Executive Officer and Chief Operating Officer of NHS England and NHS Improvement, wrote to all NHS organisation about the next steps in the national response to the pandemic². This letter outlined the expectations and priorities for ‘phase 3’ of the pandemic and followed the letter on 29 April 2020 around the second phase. Specifically the letter:

- Updated colleagues on the latest Covid national alert level;
- Set out the priorities for the rest of 2020/21; and
- Outlined the financial arrangements heading into autumn as agreed with Government.

The national alert level was confirmed at reducing from a level 4 (national) incident to a level 3 (regional). This shifted direction away from national routes of command and control to provide more local flexibility and decision making, albeit retaining national oversight given the international element of the pandemic.

A significant area of focus the letter set out for phase 3 concerned the restoration of non-Covid health services and preparation for winter, with specific focus on:

- Restoring full operation of all cancer services, covering diagnostics and endoscopy capacity, surgical activity, and reducing the number of patients waiting for diagnostics and/or treatment;
- Recovering the maximum elective activity possible, with specific targets for inpatient and outpatient activity, procedures and waiting list management;
- Restoring service delivery in primary care, community services, mental health services and services for people with learning disability and/or autism; and
- Preparing for winter alongside a possible Covid resurgence, including following guidance on infection prevention and control and PPE, and sustaining current staffing, beds and capacity levels.

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

Agenda item A5

Within the Trust, work against these areas has been the focus of our restart, reset and recovery programme. Whilst reaching the ambitions outlined in the phase 3 letter will be stretching, thanks to the hard work and proactive approach of our clinical and operational teams across the trust at present we are well placed across these requirements. Specifically, our figures for August show that we are providing a level of activity compared to our pre-Covid average of over 80% for inpatient spells and over 90% for outpatient attendances. Levels of referrals for care in Newcastle Hospitals have also increased, with routine outpatient referrals at around 75% of their previous average, and corresponding numbers of around 100% and over 80% for urgent and two-week-wait referrals respectively. Further detail on our operational position will be covered in the consolidated performance report by the Chief Operating Officer and Finance Director.

Finally, the letter also confirmed that new financial arrangements and framework for the NHS would be forthcoming in the latter part of 2020/21 – we are still awaiting confirmation of these, but the letter signalled they will simplify arrangements for payment and contracting, but with a greater focus on system partnership and the restoration of elective services Funding envelopes are expected to be issued at a system level, and have a mixture of block contract, top-up payment, and blended approaches. Specialised and other directly commissioned services will continue to be nationally calculated and contracted. Block contract payments for August and September were confirmed to be at the same level as for July. The latest position will be presented verbally by the Trust Finance Director under agenda item A9(i).

Across the operational and financial areas, the letter requested draft plans to be submitted by 1 September 2020, with final plans following by 21 September 2020. Our plans have been drawn up, discussed and agreed with our colleagues across the North Integrated Care Partnership (ICP), and North East and North Cumbria Integrated Care System (ICS).

Testing – North East Integrated Covid Hub

A significant development for the Trust and the North East was the announcement of a new 'Lighthouse' laboratory and testing hub on 17 September 2020. The 'North East Integrated Covid Hub' (NEICH), commissioned by Department of Health and Social Care, will be hosted by Newcastle Hospitals and operationalised in partnership with Newcastle City Council building on their status as an 'Exemplar Council' for local test and trace. As well as dramatically increasing our local resilience to combat the ongoing pandemic, it will provide a significant employment boost by creating 1,100 new jobs.

As an integrated hub it will bring a 'whole system' approach bringing together our expertise from our existing NHS and Public Health England (PHE) laboratories with test and trace functions and capability at a local level, and regional arms of the newly formed National Institute for Health Protection. The high-volume, rapid-turnaround laboratory, once operational, will have the capacity to process up to 80,000 tests a day. Alongside this, an 'innovation lab' will develop innovative new approaches to testing and pathology more broadly, and ongoing preparedness and response for the next stage of any future Covid-19 outbreaks, and future infectious disease risks. The delegated authority for the Executive to authorise the proposal was approved at an Extraordinary Private Board meeting on 27 August 2020 and the Council of Governors on 7 September 2020.

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The NEICH will be centred around the Helix site in Newcastle, with the large scale laboratory housed at Baltic Park in Gateshead. The laboratories will supplement and work closely with existing NHS laboratories across the North East, Yorkshire and Humber to optimise capacity and rapid turnaround of results. The hub will be initially operational from mid-November.

This is both a substantial undertaking for the Trust and recognition of the role we can play in responding to the pandemic. It clearly shows the world-class expertise that we have within our organisation and wider region, and how we can work in partnership with colleagues across the city and region to improve health, wealth and wellbeing.

Collaborative Newcastle

Work continues to finalise and agree the formal collaboration agreement that will underpin Collaborative Newcastle. The Chief Executives of the organisations involved met on 31 August 2020 to agree next steps, which are to present the finalised agreement to their respective Boards and Governing Bodies in October and November.

The Newcastle City Futures Board met on 22 July and 17 September 2020. The focus of this Board, which meets in public, is to drive forward and strengthen the response across local arms of government, health and care on our collective response to the ongoing pandemic. It is also denoted as the Council's 'Covid Control Board', which is a part of the Council's 'exemplar' status for driving the learnings from local test and trace. We recognise the important part that our organisation and its teams will play in this and, in turn, it has provided some helpful direction and amendments to our day-to-day work and Collaborative Newcastle agenda.

Climate Change

In recognition of our leadership across the NHS in declaring a climate emergency and progress to limit and reverse climate change, I have been asked – in my membership of the NHS Net Zero Expert Panel – to lead engagement with leaders across the system to support the delivery of the NHS-wide net zero ambition. This 'Greener NHS' programme was launched in January 2020 and sets out action to reduce the environmental impact of the NHS, including:

- Immediate action to cut emissions, including new measures in the Standard Contract;
- Development of a plan for how the NHS can reach net zero as fast and safely as possible overseen by the NHS Net Zero Expert Panel; and
- A campaign to engage staff, stakeholders and the public.

The Expert Panel met on 15 September 2020, and talked through the emerging priorities for the NHS-wide net zero ambition. These will be outlined in more detail in a report later in the autumn. Our own experience highlights that supportive, inclusive and confident leadership, at all levels across an organisation, are crucial to engage and empower staff at all levels to take action. In support of this, the group that I will chair will explore opportunities for exemplar regions or trusts to go further, faster to deliver net zero. We will identify and share best practices in delivering on the net zero agenda, and explore opportunities and

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enablers from colleagues across the NHS that have supported successful delivery against this agenda.

I had the opportunity to join two external climate change events, held virtually. On 19 August 2020 I was part of the keynote panel at the HSJ Sustainability Event, alongside Nick Watts the Chair of the NHS Net Zero Expert Panel and other colleagues to talk about the importance of this agenda and the positive example Newcastle Hospitals is leading. On 9 September 2020 I chaired a roundtable hosted by the NHS Confederation as part of their NHS Reset agenda. Myself, and the expert colleagues who joined, talked through the importance of recognising the positives and negatives from the pandemic on our climate change mission, and how we could learn from these to embed and drive a green reset.

2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing, I continue to meet with different groups of staff to speak openly with them about how they are feeling, their experiences and thoughts, and the opportunities for the months ahead. Since my update to the 30 July 2020 Public Board meeting I have met with staff from some of the Great North Children's Hospital services, the laboratories, clinical psychology, emergency department and infection prevention and control teams.

I heard first-hand about how each of these teams have been affected by the pandemic, and the ongoing challenges it is still presenting. Across all the teams they outlined how their roles and teams had changed, and the new ways in which they continued to deliver outstanding care to patients, and protect and support our staff. The personal impacts from these are a clear reminder of the importance of looking out and improving staff welfare in any way we can.

These meetings make clear all the exceptional work from staff across the organisation, and how they pulled together as teams to respond to the challenges from the pandemic. I appreciate the open and honest discussion we have had, and the inputs they are making to informing our #FlourishAtNewcastleHospitals programme and our local People Plan.

At the NHS Assembly meeting on 10 September 2020, chaired by Clare Gerada and Chris Ham, we discussed the restoration of NHS service in phase 3 of the pandemic, and how we can improve our engagement with people and communities in responding to local outbreaks. I referenced the excellent work that had been going on as part of Collaborative Newcastle, and how we were linking up with Newcastle City Council as an 'Exemplar' Council to support local test and trace operations.

My activities through chairing the Shelford Group have also continued. We have had conversations with national leaders, including:

- No10 Health Taskforce – a team set up to support the Prime Minister and Chancellor of the Exchequer about policy options for future reform of health and care. Myself and other CEO colleagues provided advice on the options for outlining, organising and strengthening accountabilities between the range of local service providers.
- Beneficial Changes – a programme from NHS England and NHS Improvement corralling together the many beneficial changes that have arisen from our COVID

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response. I specifically talked about our staff testing example, and close relationships with our civic partners – in particular those involved in Collaborative Newcastle – in our response at a regional level.

- Sir Chris Wormald and David Williams, Permanent Secretary and Director General of Finance at the Department of Health and Social Care. These discussions centred on the contribution and example that Shelford Group organisations can provide to support all tiers of local health and care provision.

As ever, it was very useful to engage with colleagues and identify where our collective strengths as large NHS anchor organisations with high levels of research and innovation expertise can support and inform national policy.

3. AWARDS AND ACHIEVEMENTS

Awards and Achievements

Our staff and teams continue to innovate and harness ideas to bring about real and sustainable change across Newcastle Hospitals to provide the very best services for our patients and staff, many of which are recognised at Trust-wide, regional and national level. Recent awards and achievements include:

- The team at the Great North Children’s Hospital won the ‘Pharmacy and Medicines Optimisation Award’ in the HSJ Values Awards for their ‘kidzmed project’ which teaches children to swallow. The judges described this as a ‘Brilliant and impressive project which has something so simple but so life-changing at its centre.’
- The HR team have been shortlisted in the ‘Best Use of Benefits to Support the Employee Experience’ in the Employee Benefits Awards.
- Janis Bloomer – paediatric clinical nurse specialist for cystic fibrosis – was second place in the ‘Year of the Nurse’ category in the British Journal of Nursing’s Virtual Awards.
- Laura Arthur has been awarded the first ever Graham Teasdale Medal from the Royal College of Physicians and Surgeons of Glasgow. Laura is a general surgery trainee at the RVI and received the award for excellence in the Fellowship of the Royal College of Surgeons General Surgery Exam.
- Dr Nicola Leech, Consultant in Diabetes and Metabolic Medicine and her team were runners-up in the prestigious Rowan Hillson Inpatient Safety Awards for their work in reducing pre-operative overnight admissions for poorly controlled diabetes patients leading which, in turn, lead to a reduction in insulin errors and hypoglycaemia.
- We had the first winners of our newly launched ‘People at our Heart’ awards through which we recognise and celebrate the outstanding efforts of those amongst our people who make us proud.
 - Sue Bentley – a senior sister on Ward 7 Freeman Hospital was nominated by the family of a patient for going above and beyond. They said: “Sue’s level of care,

compassion and commitment to each patient, and their loved ones, is a credit to the nursing profession.”

- Catherine Burn, a staff nurse on Ward 9 Freeman Hospital, was also nominated for the exceptional care she provided for a patient and his wife, during his final days before dying. The nomination said: “The care and compassion she showed is second to none and for that we are grateful.”
 - The team on Ward 48 were nominated for maintaining exceptional standards of care. “As a patient with complex physical and psychological needs, I have never before received such an excellent standard of care as I have from the staff on this ward, particularly the ward sisters.”
- Since the launch of Greatix in November 2016, staff and patients across the Trust have shown their appreciation for colleagues and teams who have demonstrated excellence and to share the learning from what we do well.

Earlier this summer, we gave out our 5,000th Greatix award after Sister Lynn Watson on ward 16 at the RVI put forward staff nurses Gwen Arthur and Helen Todd after the pair were redeployed there as part of our COVID preparations. Sister Watson told how both nurses straightaway became part of the team and helped to support their colleagues during a difficult couple of months.

This nomination was just one of many received over the past five months relating to redeployment to different wards and departments during the pandemic and is a true testament to team working at its best.

Finally can I thank everyone who took part and completed the Great North Run Reimagined this month, especially those who ran for our Newcastle Hospitals Charity and other charities which support the Trust. While we weren't all on the start line together and couldn't cheer people across the finish line, almost 17,000 people took part in this virtual half marathon across 57 countries and six continents. A great achievement.

4. RECOMMENDATION

The Board of Directors are asked to note the contents of this report.

Report of Dame Jackie Daniel

Chief Executive

17 September 2020

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TRUST BOARD

Date of meeting	24 September 2020						
Title	Staff Story						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Mrs Tracy Scott, Head of Patient Experience						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The Health Visiting/School Nursing 0-19 service is a Local Authority Commissioned Service delivering the Healthy Child Programme across the City of Newcastle. During Covid-19 the team undertook a service transformation as they could not continue caseload working within the traditional structure.</p> <p>This story shares the experience of working as a Specialist Health Visitor for complex and vulnerable families in the community during the CoVid 19 pandemic.</p>						
Recommendation	The Board of Directors is asked to read, discuss and acknowledge the experience shared in this paper.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> We deliver the best possible health outcomes for our patients. <p>People</p> <ul style="list-style-type: none"> We create an environment where all staff and volunteers feel welcomed and valued. <p>Partnerships</p> <ul style="list-style-type: none"> Our partnerships provide added value in all that we do. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Realigning and transforming services will help ensure we deliver the best possible health outcomes for our patients.						
Reports previously considered by	This patient/staff story is a recurrent report.						

STAFF STORY

1. 0-19 SERVICE RECONFIGURATION DURING COVID 19 PANDEMIC

The Health Visiting/School Nursing 0-19 service is a Local Authority Commissioned Service delivering the Healthy Child Programme across the City of Newcastle. The service is delivered by the Community Directorate, and workforce comprises of a multi-disciplinary team which includes specialist public health nurses (health visitors and school nurses), staff nurses, nursery nurses and school health advisors.

The service is currently offered to all families in Newcastle and the level of intervention and ongoing support is determined by comprehensive family assessment. Delivering key public health messages and supportive interventions with vulnerable children, young people and families is a key function of the team.

In anticipation of the redeployment of staff during Covid-19 and to protect staff who were considered vulnerable the 0-19 service could not continue caseload working within the traditional structure. After much discussion four work streams were therefore formed:

- 1) **Safeguarding and Vulnerable families Team**
The Safeguarding and Vulnerable families' team are closely aligned to Children's Social Care (CSC). The majority of meetings have been held virtually and parents/ carers have also joined meetings in this way. Home visits have continued where needed to ensure appropriate assessments and observations to take place.
- 2) **Strategy Team**
The strategy team are closely aligned to CSC, providing information to and attending virtual strategy meetings.
- 3) **The Client Contact team**
The client contact team have conducted the delivery of the Healthy Child programme which includes the Trust's mandated contacts. The requirement for contact with families was stratified and home visits continued where there was a compelling reason to do so. Much of the pathway continues to be delivered via telephone however when there has been a significant need home visiting has continued with staff adhering to PPE guidance.

The team have continued to recruit to the Healthy Child Plus programme (Vulnerable Parent Pathway).

The role of the school nurses also changed when schools closed and they were no longer able to deliver support in the school environment. Contact has been maintained with young people known to the service and work is ongoing to offer emotional wellbeing virtual sessions using.

- 4) **Single point of contact team**

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The Single Point of contact team (newly formed in March 2020) has been staffed by practitioners unable to home visit; those who are shielding or identified as vulnerable.

Information sharing with Primary care has continued and pathways that consider any concerns in relation to Safeguarding or Vulnerability have been reviewed to ensure seamless contact continues virtually or face to face. Partnership working with the Safeguarding Team has been of utmost importance and the service has received additional support such as case discussion and advice, clinical supervision and training. Communication with Education has been maintained and referrals continue to be received for those children attending school. Early Liaison with women services has helped identify priority visits and recruitment to Healthy Child Plus pathway.

Working in a new way to transform and support service delivery over the last few months has been at such a quick pace and particularly challenging for the 0-19 service. Staff were provided with Smart phones which has enabled communicating with families to be seamless and effective – this has been essential to enable good assessment, particularly when interpreting services are required. During Covid-19 it was also agreed for all staff in the 0-19 service to wear a role appropriate uniform, providing reassurance to patients, families and colleagues particularly in relation to personal protective equipment and infection control. Overall the feedback from staff has been very positive:

“My clients have liked the fact that I am wearing uniform, it seems hygienic, particularly when wearing PPE”

“when offering breastfeeding support and working close to a mother and baby, wearing uniform feels right”

“families know we are not social workers”

“uniform defines the role within some cultural backgrounds and therefore ease anxiety-reduces fear for that client group, less suspicious”

The 0-19 service was unsure of how wearing a uniform would impact on families and whether the formal uniform would be seen as a potential barrier. To help understand the patient experience the team have asked for feedback from families, which generally has been very positive. The main theme has been identifying the importance of being recognised as a health professional:

“feels clean and appropriate when wearing PPE”

“I have been remembered reminded that my HV is a nurse “

“it is clear in my community that my HV is a nurse not a social worker”

The 0-19 services have agreed to continue to work in uniform for the foreseeable future.

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RH, Specialist Health Visitor Complex and Vulnerable Families would like to share her experience of supporting the team and service during Covid-19.

“The Specialist Health Visitor for Complex and Vulnerable Families is a newly appointed role within the 0-19 service. I was appointed as the Central Team Lead for the Safeguarding team and in a matter of weeks experienced a huge amount of change due to Covid. The changes were unprecedented and felt very much out of my control, being allocated new team members to manage and a huge number of new cases of safeguarding with vast records to assess and understand.

Initially this was overwhelming, the team were scared, extremely conscious about the safety of the children they now had clinical responsibility for, however this is where the team flourished. The team have built upon the relationships they already had with children’s social care embracing the new technology and different ways of working, using smart technology alongside home visiting was so valuable. This included virtual meal observations, virtual development reviews along with the safeguarding statutory meetings that the team have attended.

As a team we have had regular meetings each week and this again was done virtually, but given the level of concerns around the new families, group supervision sessions were arranged with the safeguarding nurses within the trust, also linking in with trust psychology team. The new Pip Psychotherapists were utilised for supervision around safeguarding cases which were difficult.

Reflecting on the last few months, I can see growth within myself as a leader, resilience and adaptability in a service, which has not had much change in a long time. I can see these qualities also reflected in the service as a whole and the team are all ready and eager to learn from each other and move the service forward for the better”.

**Report of Maurya Cushlow
Executive Chief Nurse
24 September 2020**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Medical Director's Report						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The report highlights issues the Medical Director wishes the Board to be made aware of.						
Recommendation	The Board of Directors is asked to note the contents of the report.						
Links to Strategic Objectives	Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	This is a regular report to the Board. Previous similar reports have been submitted.						

MEDICAL DIRECTOR'S REPORT

1. CANCER

- Cancer Waiting Time referrals are currently 85% of that of pre-Covid. Lung, Head and Neck, and prostate referrals remain lower than before.
- Teledermatology service to be introduced in early October to facilitate virtual diagnoses of skin lesions.
- The Trust and Northern Cancer Alliance continue to emphasise in the media, the importance of patients attending when symptomatic and reassuring the public about Covid safety within the Trust.
- Radiology has significantly increased capacity to approximately 90% pre-Covid with the additional CT scanner at the Royal Victoria Infirmary (RVI) and modified working practices. This compares to a capacity of 50-60% in May/June.
- Endoscopy capacity is improving. FIT testing and CT Colonography have helped to facilitate this.
- Newcastle Hospitals' Surgical Services continue to be the centre of the Northern Cancer Alliance Surgical Hub. Despite significant challenges the performance continues to improve with the latest performance for August at 91% (target is 94%).
- Our Northern Centre for Cancer Care (NCCC) established a Covid-19 safe radiotherapy pathway very early in the pandemic which has enabled patients to access radical radiotherapy as an alternative to surgery. The 31 day subsequent treatment target of 94% continues to be achieved.
- Chemotherapy capacity has been affected by social distancing, however with use of plastic screens and the reopening of the Manor Walks Chemotherapy Service this has improved. A plan has been submitted to run the Chemotherapy Day Case Service at NCCC 7 days a week. Current performance is 96% against a 98% target.
- There have been more late presentations which raise future concerns about patients being reluctant to attend should there be a significant 2nd wave of Covid-19.

2. COVID-19

- Rates have steadily increased in the UK and the region since the end of August with more cases in the community. Newcastle is heading to what is called an "enhanced support" area, due to the acute rise in cases. Most cases are predominately young individuals who have not required admission overall, however, we are beginning to

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see patients that require admission to hospital. This is a comparable picture to other countries in Europe. France, Spain, and Italy, in particular, are now seeing a rise in hospital admissions with an increasing proportion of cases requiring Intensive Care support (between 5 and 10%). The rise in cases in those countries has generally followed a slower pace than it did during the first wave, probably due to measures such as social distancing, increased hand hygiene and mask wearing; however, the pressures on healthcare systems are potentially significant. We anticipate that the UK will follow the same pattern. Newcastle Hospitals has clear escalation plans that will be triggered by an increase in local prevalence and an increase in admissions.

- Gold Command was re-established in the week commencing 7th September 2020.
- The organisational success at managing the first wave was due to a cohesive and coordinated approach which will be replicated as necessary following Quality Improvement principles. Responses will be measured and influenced by circumstances prevailing at the time, with continuation of normal services as much as is safe and practicable.
- Sufficient PPE stocks are available.
- Laboratory and clinical teams have played a key role in ensuring that testing capacity is available for patients, symptomatic staff and household contacts

3. RESEARCH

- More than 50% of research suspended during the pandemic has now been restarted. National restart figures are still being compiled although we know from informal benchmarking that the Trust is far ahead of other centres with regards to its restart.
- In addition to restarting paused research, 37 new studies have been opened and passed a further 87 through for review. The significant upwards trajectory around restarts is expected to naturally plateau over coming weeks (as 'quick wins' have been taken) which will fortuitously support the necessary, significant reduction in the general research workforce to enable the creation of a COVID vaccine team to deliver the upcoming vaccine studies.
- Expansion of COVID-19 vaccine research - Oxford study recommenced. Further studies under review.
- A new strategy for research - internal consultation with patient engagement about to commence.
- Launch of NIHR Patient Recruitment Centre at the Campus for Ageing and Vitality - to be launched nationally in November 2020.

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4. HAEMATOLOGY

- Relocated temporarily to RVI Immunology Unit pending permanent move of Programmed Investigation Unit in early New Year, dependent upon circumstances around Covid 2nd wave.

5. BOARD REFERENCE PACK DOCUMENTS

Included within the Board Reference Pack are the following documents to note:

- a) Guardian of Safe Working Quarterly Report
- b) Consultant & Honorary Consultant Appointments

6. RECOMMENDATION

The Board is asked to note the contents of the report.

A R Welch FRCS
Medical Director
16 September 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Executive Chief Nurse						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Maurya Cushlow, Executive Chief Nurse Elizabeth Harris, Deputy Chief Nurse						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>This paper has been prepared to inform the Board of Directors of key issues, challenges and information with regard to the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> • Staff Influenza Vaccination Campaign (flu) 2020 – 2021 • Patient Flu Vaccination • Swabbing and Serology • Nursing and Midwifery Staffing • Clinical Assurance Toolkit (CAT) • Safeguarding Committee Quarter 1 2020/2021 Summary • Patient Experience Summary – September 2020 • Palliative Care and End of Life Care progress report 						
Recommendation	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> Note and discuss the content of this report. Note the actions taken. 						
Links to Strategic Objectives	<ul style="list-style-type: none"> • Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The Executive Chief Nurse update is a regular detailed comprehensive report bringing together a range of issues to the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

1. INTRODUCTION/BACKGROUND

This paper aims to provide members of the Board of Directors with a summary of key issues, achievements and challenges within the Executive Chief Nurse (ECN) portfolio.



INFLUENZA VACCINATION CAMPAIGN (flu) 2020 - 2021

The staff flu vaccination campaign is successful and well embedded in the Trust. It is led by ECN but responsibility delivery rests with the leaders and managers across the Trust. Communication methods work well and the weekly 'stand up meeting' will be used to share progress and best practice,

and to challenge compliance and rates. Regular updates will be provided to the Executive Team and Board, as well as of course, to the managers and clinical teams. This year presents particular challenges as the expectation in patient vaccination is much higher. Both work streams are detailed below.

The vaccine delivery schedule has been reviewed to align the delivery model to vaccine availability and capacity, and will launch on 5 October. Previously the Trust achieved the CQUIN target of 80% of staff vaccinated. For 2020 the CQUIN is not formally in place however the target was set at 90%. The formal letter of expectation from Public Health England (PHE) identifies a 'vaccine uptake ambition' of 100% of frontline health & social care workers.

Covid-19 brings operational delivery challenges, however the team have planned a comprehensive programme and used lessons learned from the very successful serology testing programme. To ensure continued safety of staff, a number of adjustments have been put in place. For the first time this year, staff will select a booked appointment to ensure social distancing and queue management. Peer vaccinators will be used more comprehensively instead of mobile 'flu teams to avoid moving from ward to ward and vouchers for community vaccinations available for staff to use. Assurance is high of available capacity; this has been very carefully calculated.

All staff aged 18 and older can safely receive the Quadrivalent 'flu vaccine. However, PHE have recommended that Trivalent 'flu vaccine may be more effective for those aged 65 and above. All staff in this demographic will be offered the choice of an appointment for Trivalent or Quadrivalent. Additionally, staff who have medical considerations and may not be sure if they can receive the 'flu vaccine, an appointment with Occupational Health will be offered.

Throughout the campaign, weekly statistics supplied to Trust and PHE. High-risk wards identified and weekly reporting with further break down of statistics for wards and departments. A 'flu data app will be activated in December to collate those who have been vaccinated out with the Trust.

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Each staff member vaccinated will receive a hot drinks voucher to be used at a hospital site. The 'Get a jab give a jab' initiative is in place again which was well received by staff last year. The total staff vaccinated last year was over 12,700 and this will be publicised at the launch of this year's campaign with the donation of the same amount of tetanus vaccines through UNICEF for children around the world. Peer vaccinators will receive a £20 voucher at 6 weeks and 12 weeks following a prize draw.

The flu steering group is well supported by the Communication team. Targeted myth busting and weekly updates are published. The responses from the online evaluation tool have been incorporated and a very active Social Media campaign will be in place to increase awareness of clinics and progress with vaccination numbers.

The Department of Health and Social Care (DHSC), together with PHE outlined their expectation to Trusts in a letter dated 4 August 2020. This includes a 'self-assessment checklist' completed and published in Board papers at the start of the flu seasons. This completed checklist is located in the Board Reference Pack (BRP).

2. PATIENT FLU VACCINATION

The letter referenced above provided a clear focus of increased expectations in relation to patient flu vaccination. This has previously been opportunistic and focused upon high-risk groups - if the vaccine supply is assured, this will be much more comprehensive.

Our proposed approach will be to enable clinical staff to identify patients who are at risk. The use of our established Electronic Patient Record (EPR) will allow clinical staff to safely identify and administer the vaccine as well as record administration and share this with all other organisations and GP practices across the region, through the Great North Care Record (GNCR). There are two approaches required:

2.1 Plan 1 – Inpatients, Assessment Suite, Emergency Department, Day Case

In summary communications will be sent out to each ward and department instructing medical and nursing staff to identify patients who are eligible for the flu vaccination. Consent and screening information will be sought from the patient and medical staff will prescribe the vaccination electronically to be administered by the nursing teams. An electronic record of the prescription and administration will be permanently stored within the patient record. This record would then be shared with GP's and other Trusts across the region using GNCR, significantly reducing the risk of the patient agreeing to a second vaccine. The patient will be provided with an information leaflet to explain possible side effects and what they should do if they have questions, as per normal practice.

2.2 Plan 2 – Outpatients

Our working plan is that Flu vaccine clinics will be set up to run concurrently with outpatient clinics across the Trust, where possible prior to or following their Face to Face appointment, the patient will be offered a flu vaccination if they have not already had one, and meet the selection criteria. A Patient Group Directive (PGD) will be established to allow qualified nursing staff to administer the vaccine without the need for a prescription.

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2.3 Considerations

Some minor work will be required within the EPR to ensure this information is shared with other organisations, specifically around outpatient administration where there will be no prescription for the vaccine and a PGD will be used.

Pharmacy will play a key role ensuring that the vaccine will be made available to wards and outpatient departments when required.

Maintaining social distancing will also be essential when establishing clinics in Outpatient departments.

Our patient demographic will cover all of the region and beyond, therefore we will consider as part of our detailed planning how we inform GP's who are not connected to GNCR. Additional staffing for Outpatient departments may be required depending on how advanced the restart programme is at the beginning of the campaign.

Parents of children, who are eligible for a flu vaccination, may also require vaccination, which could double or triple the required amount of vaccine for this patient group.

Resilience of vaccine supply is an area of concern and will be subject to regular monitoring. Further guidance is expected.

3. SWABBING AND SEROLOGY

As the Board is aware, we have proactively provided staff Covid-19 screening throughout the pandemic in a robust and assured framework. The first screening POD opened in March 2020 and demand has continued to increase. To date, there have been 8,336 Trust staff/ contacts tested, with 690 positive identified. There is no doubt this service has significantly contributed to the success of our operational response to date.

The publication of the (NHSI/E) Operating Framework for urgent and planned services in hospital sets out the requirements to minimise nosocomial transmission of Covid-19 and has added additional steps in the pre-admission assessment (PAC) process, which includes a requirement to swab patients prior to elective and day-case procedures which sit out-with the previous PAC process.

This together with the requirement to swab symptomatic NUTH staff, household contacts, and a discrete cohort of community care home staff, has seen the development of a very comprehensive, yet challenging service. Further work will include consideration of alternative ways to streamline and speed up the process for patients, as well as to review potential commercial opportunities. One option explored has been the national programme for home swabbing – after reviewing this in some detail, we consider this is not sufficiently developed for our needs and are now exploring a stand-alone local pilot.

In terms of Serology testing, following on from the success of the internal programme, the ECN team have supplied testing to colleagues in Newcastle Adult Social Care – to date 2,245 tests have been ordered with 367 antibody detection (16.6%).

4. NURSING AND MIDWIFERY STAFFING

The Nurse Staffing and Clinical Outcomes Operational Group continues to meet monthly, reviewing all wards where there is a staffing or clinical outcome risk based on a risk adjusted dashboard. Once reviewed, the Wards will be classified as requiring low level, medium level or high level support. Any ward requiring medium support for two consecutive months or any ward requiring high level support will be highlighted to the Board in this report.

- In June 2020, three wards met the criteria for review. Ward 8 Freeman Hospital (FH) was reviewed and medium level support remains appropriate. Two wards were reviewed in Internal Medicine owing to a change of status due to Covid-19 and low level patient outcome concerns. A full metric review was undertaken and no further support agreed for each of the wards as no concerning trends were noted.
- In the July 2020 meeting, nine wards required review. Seven wards (of which three were in Internal Medicine, two in Urology and Renal Services and two in Children’s Services) were reviewed due to patient outcome metric trends and one due to staffing issues. All were deemed as requiring low level support due to a more recent improvement in metrics and ongoing support from the Matrons and corporate nursing team. Ward 8 FH remained as medium level support due to some actions still needing to be evaluated in terms of impact.
- In the August 2020 meeting, seven wards were reviewed. Ward 8 returned to normal monitoring due to the improvement in outcome and staffing metrics. Seven wards (two Internal Medicine, one Urology and Renal Services, one Woman’s Health, one ITU and two Cancer Services) were reviewed due to patient outcome concerns. RCA’s were appropriately completed and no further concerns noted, two areas required low level support and the final five were to monitor through normal 1:1 Matron’s meetings.

As per escalation criteria, Ward 8 FH had required continued medium level support for two consecutive months and the action plan is noted below:

Ward	Metric Review	Action
Freeman Ward 08	<ol style="list-style-type: none"> 1) Nursing fill rate above 85% but concern regarding junior nature of staff and impact on skill mix 2) Acuity profile continues to fluctuate with establishment of New Vascular pathway 3) RN 52%: HCA 48%. 4) CHPPD 9.2 5) Vacancies 1.0 WTE 6) Sickness – 0% 7) Reduction in Falls noted 8) 0 Pressure ulcer noted 9) IPC no concerns 10) No medication errors noted 11) Rostering issues noted 	<ol style="list-style-type: none"> 1) Associate Director of Nursing continues to meet with Matron and review actions already in place on a monthly basis. 2) Validation of acuity and dependency data is completed. Agreed to undertake a longer 20 day data capture to provide further analysis in September 3) New staff to commence in September. Rostering issues resolved. 4) An additional Clinical Educator is currently supporting the ward to support staff development of new recruits 5) 8 Beds currently closed due to the staffing concerns

It is important however to note that, whilst this group provides oversight, high level monitoring and assurance, there is a robust leadership and management framework led by the matron team who manage the wards staffing ensuring safety every day.

4.1 Trust Level Fill Rates

The Trust level fill rates for the previous 3 months are as follows:

Month	RN day fill rate %	HCA Day fill rate %	RN Night fill rate %	HCA Night fill rate %	Trust fill rate %
June 2020	97.35%	102.73%	95.79%	105.95%	98.71%
July 2020	96.60%	103.69%	95.97%	106.33%	98.70%
August 2020	92.32%	96.85%	90.82%	102.60%	94.17%

- It is noted the fill RN rates increased throughout June and July but dipped in August. The reduction in August is a yearly trend due to maximum utilisation of annual leave (in line with agreed KPI's) and reduced bank staff availability over the holiday period. The August fill rate is greater than the previous year.
- The HCA fill rates include the Band 4 and Band 3 Student Nurses on paid placements as part of a national programme which ceased August 2020 who have been included in the numbers due to being employees of the Trust, thus increasing the fill rate.

4.2 Recruitment and International Recruitment

- Recent recruitment has been successful for September 2020 in terms of new registrants, with approximately 60 Band 5 job offers made in August. There are currently an additional 195 external RN in the recruitment process or due to be deployed.
- At present this leaves less than 25wte Adult and Paediatric Band 5 posts to recruit with many areas achieving planned over recruitment. This is the lowest figure we have achieved to date and have further interviews planned in September.
- After successful HCA recruitment, there are less than 20wte HCA posts vacant. Centralised HCA Interviews are planned for October 2020 and it is expected that the majority of the residual posts will be filled.
- Four of the five international recruits who joined the Trust at the end of January have completed their Objective Structured Clinical Examination (OSCE) at the end of July and one staff member is returning to re-sit one element at the beginning of September.

4.3 Deployment of Staff during Covid-19 and future planning

Following on from the last Trust Board report, the Executive Chief Nurse Team have continued to support the rapid redeployment "back to base" where possible. At present, there are now 6wte staff supporting areas outside of their Directorate either in the Covid Screening POD's or supporting the emergency pathway. Due to the reconfiguration of services and 343.76wte have moved back to base and 52wte staff continue to support elsewhere in their home Directorate.

Further moves will be required in preparation for winter and this is currently being modelled. An analysis is currently being undertaken by the Senior Nursing Team and financial management colleagues to understand the impact of safe staffing requirements

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with ward reconfigurations from 6 to 4 beds and the reciprocal impact on staffing establishments. Alongside this, scoping is underway to understand the non-recurrent and recurrent increase in staffing requirements to meet increased demands due to Covid. This demand and capacity exercise will identify the available resource and propose options to mitigate shortfalls in the short and medium term. In line with national guidance and to provide additional assurance regarding safe staffing levels, all wards are undergoing a 21 day acuity and dependency review using the Safer Nursing Care Tool to capture the changes in patient demographic and ensure establishments are evidenced based.

The Senior Nursing Team is assured of the robust governance and oversight of the processes outlined and will continue to monitor impact via existing processes.

5. CLINICAL ASSURANCE TOOLKIT (CAT)

Clinical Assurance Toolkit (CAT) underpins the Trust commitment and vision for patient care provided by Nursing and Midwifery staff. It is owned and managed by clinical staff and forms part of the overall Trust assurance. This normally requires a biannual review analysing trends in the results of the CAT, however with the advent of the Covid-19 pandemic, this Toolkit has been suspended since March 2020.

While it was acknowledged that the CAT could not be completed during the pandemic, Trust assurance was required and therefore in May 2020, wards commenced a condensed Assurance Audit Check survey to ensure standards were maintained. Initially this survey was conducted weekly and included inpatient wards. Following review and in response to the changes encountered in this unprecedented situation, the audit was amended to include essential information regarding Covid-19 requirements. This audit survey is now sent out on a fortnightly basis to all Trust wards, outpatient departments, day units and clinics and questions are revised periodically. The information now gathered specifically includes practice for PPE and fit testing for respiratory equipment (FFP3 masks) to ensure each clinical area is compliant with latest NHSE/I and PHE guidance.

These requirements are outlined in the IPC Board Assurance Framework document (Appendix 1 in the Healthcare Associated Infections Director of Infection Prevention and Control Report) and provides assurance regarding standards of care and our level of preparedness. Colleagues at the CQC are undertaking key lines of enquiry and are expecting full assurance on infection prevention and control when providing care for patients and when re-establishing non-Covid services, CQC were reassured to see that we were proactive in implementing the Assurance Audit as an interim measure.

In preparation for the large intake of clinical staff the Clinical Standards Team have co-ordinated a new approach to training supported by the Clinical Educator team. This will involve delivering essential training to support clinical standards and practice and will include PPE training and fit testing on a large scale. The training of 240 medical students will take place over 2 days at the Nightingale Hospital. Work is continuing to ensure any staff returning to work, or new starters receive consistent training and support with ongoing monitoring via the Assurance Audit.

The advent of electronic documentation will fundamentally change CAT (e.g. questions have

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now been amended to accommodate the data within the Electronic patient record) and therefore the Chief Nurse's team work plan this year includes an update and refresh of CAT. Future Clinical Assurance Tool reporting will be via the reviewed Quality Governance Structure and Patient Safety Committee with exceptions only escalated to the Board of Directors.

6. SAFEGUARDING COMMITTEE QUARTER 1 2020/ 2021 SUMMARY

This summary provides a Quarter 1 update including analysis and review of the activity of the safeguarding team, considering new statutory national guidance, emerging issues, and local practice developments.

Overall safeguarding Activity (including Deprivation of Liberty Safeguard (DoLS) has increased from previous years mirroring the experience of other multi-agency partners. However, in Q1 Covid-19 has provided challenges to safeguarding practice and training, with social distancing changing the ways of multi-agency working and training. Initially data demonstrates a decrease in activity, which was evident in the reduction in referrals, this mirrored discussion with colleagues in areas such as the Emergency Department who had also seen a reduction in presentation. The impact of Covid-19 definitely appears to be having a negative impact for some individuals and families, with an increase in domestic abuse and social isolation and possible self-neglect which presenting to both community and acute services. Multi-agency meetings continue to address these concerns not only for individuals but how we respond strategically. This work includes conversations with partners about the wider community and plans to ensure that there are arrangements in place to maintain a timely response to safeguarding from the Trust.

Safeguarding activity for Quarter 1 in 2020/2021 evidences 1,849 "Cause for Concerns" (CFC) / referrals across the adult, children's and midwifery safeguarding teams; 92 case discussions in the MASH by the Childrens Nurse Advisor's and 216 Deprivation of Liberty Safeguards (DoLS) applications.

In April 2020, referral rates were lower than anticipated; this reflects the reduction in activity seen from lock down. There has been a noted increase in categories of criminal exploitation (seen as financial/material and emotional abuse), sexual exploitation and abuse. This has been restricted in an increase in multi-agency meetings.

Children's Safeguarding Activity has increased over the first quarter of the year. This could be partially due to a change in recording of activity (now including telephone consultations) and partially attributed to the work that the team have undertaken to increase communication with colleagues across the Trust.

Maternity Safeguarding Activity for Q1 2020 has been relatively stable with a few exceptions. There was a slight fall in notifications during April, potentially due to the early stage working practice changes due to Covid-19. However, there was a rebound increase during May and appears to be a stabilisation during June. The main 'cause for concern' categories are unchanging with current / previous involvement with CSC, domestic abuse and mental health issues being the predominant categories.

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Safeguarding training continues to be a priority and the Safeguarding Training group has been re-established to provide overview and scrutiny of training compliance. Excellent progress has been made with compliance for Safeguarding Adults Level 3 and it is envisaged that the target of 75% compliance by year 2 can be achieved. Compliance with safeguarding training targets remains a challenge for Level 3 children's despite the targeting of non-compliant staff through Directorate Managers and Matrons. Covid-19 presents a unique challenge for training, and alternative methods of training are being taken to support adherence and learning.

Significant changes to Deprivation of Liberty Safeguards (LPS) are predicted but this has been delayed with the aim now of full implementation by April 2022. Some provisions, covering new roles and training, will come into force ahead of that date.

The Government will undertake a public consultation on the draft regulations and Code of Practice for Liberty Protection Safeguards (LPS). It will run for 12 weeks, allowing sufficient time for those that are affected, including those with learning disabilities, to engage properly. This delay is welcomed by the Safeguarding team as further time is needed to ensure robust response and the development of policy and procedures for the implementation of LPS.

The Domestic Abuse Bill has now proceeded to the House of Lords in July 2020, as the Bill continues its move Royal Assent. Notable points from the report to the Commons in June 2020 was the recognition of children to be seen as victims of domestic abuse where they witness or experience domestic abuse between individuals who the person is a parent of, or has parental responsibility for, the child, or the child and the person are relatives. The importance of the Domestic Abuse Bill therefore cannot be lost and it is intended to be a 'once-in-a-generation opportunity to transform the response' to this crime."

Regionally there is evidence of specialist IDVA services and specialist domestic abuse practitioners working directly into health services, although not within the Trust. Adult and Children's safeguarding training level III, also covers responding to domestic abuse. It is hoped the Domestic Abuse Bill will support and strengthen the recognition of domestic abuse as a Public Health issue that with requires expanding practitioner confidence in responding to domestic abuse and the strengthening of specialist services.

7. PATIENT EXPERIENCE SUMMARY – SEPTEMBER 2020

7.1 Complaints Management

On 26 March 2020 the Parliamentary Health Service Ombudsman (PHSO) wrote to NHS organisations explaining that, subject to local determination, complaint management could be "paused". The Trust made the decision to continue to support patients and relatives to raise their concerns within the normal process however explained that timescales at this time could not be agreed. The PHSO advised from 1 July 2020 that the time was right for them to start accepting new health complaints and progress with existing complaints.

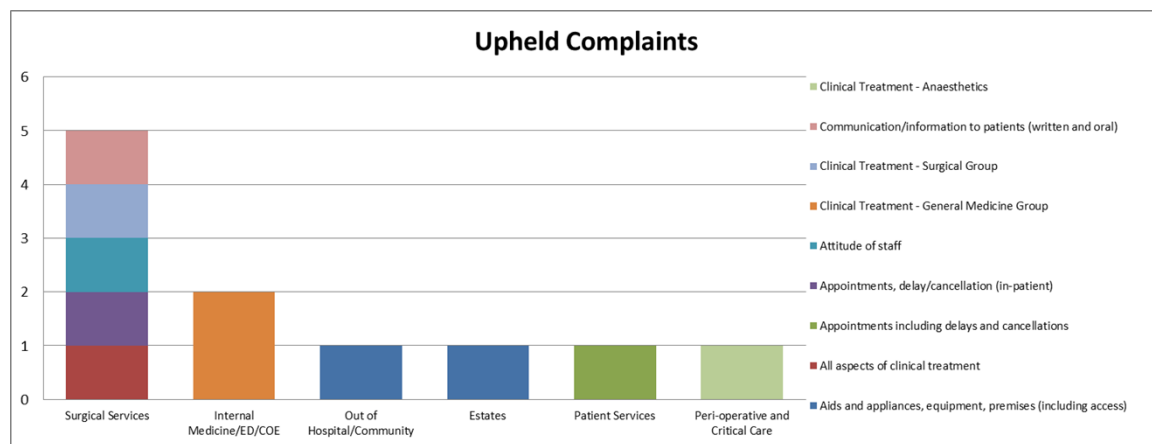
Key themes identified in relation to Covid-19 have included:

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- Visiting arrangements and carers involvement in planning and discharge arrangements.
- Feedback with regards to staff behaviours and good role modelling.
- Anxiety with regards to deferred appointments and surgeries.
- Covid-19 information.

The Trust received a total of 38 complaints in the month of July 2020, compared to 63 in the same time period of the previous year. Internal medicine/ED and surgery have the highest number of complaints (n=6).

From the 57 resolved complaints in Quarter 1, 11 complaints have been upheld, 15 complaints were partially upheld and 31 were not upheld. The table below breaks down the 11 upheld in to their clinical areas, showing that Surgical Services have nearly half of the upheld complaints for the period with a wide range of subjects as the primary concern.



7.2 Patient Experience

The patient experience team have been successful in applying for four funding awards under the NHS Charities Together Covid-19 Grants Scheme. This additional funding aims to further support and improve the experience of our most vulnerable patients:

7.3 Carers

A staggering 4.5 million people have started providing unpaid care and support since the Covid-19 outbreak. This represents nearly a 50% increase in the number of unpaid carers since the crisis began. In Newcastle, we know that there are at least 26,000 carers. The purpose of this award is to set up a hospital carer information and advice pilot. The patient experience team are currently exploring a collaborative partnership model with Newcastle Carers.

7.4 British Sign Language – Virtual Interpretation

The Trust currently utilises iPad tablets to provide a virtual British Sign Language Interpreter when a face to face interpreter is not available. Patient and staff feedback has shown that the size and inflexibility of the screen makes it difficult for some deaf people to use. This is especially the case for patients who are not able to get out of bed, for example in the Emergency Department and severely ill patients with Covid-19. This award will be used to purchase new and adapted iPads to support communicating with patients and relatives who

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require interpreting support. The patient experience team are currently working in partnership with IT to ensure the best possible equipment is purchased.

7.5 English Unlocked - Staff Training

Patients with little or no English come into contact at points of their patient journey where it can be difficult to immediately access an interpreter; for example approaching reception staff. This can often leave patients feeling isolated and misunderstood. This funding award will be used to support staff understanding and develop skills to work with people whose first language is not English. Staff will learn through first-hand experience how it feels to be spoken to in a foreign language, and explore how some ways of listening and speaking are far easier to understand. The patient experience team is exploring, with workforce development, the training proposal.

7.6 Concept Mapping Licence

This funding stream has enabled the Trust to purchase an annual project licence. Group concept mapping is a web-based platform that enables large groups to create a stakeholder-authored visual geography of ideas. Group concept mapping will enable us to collate and interpret feedback from groups disproportionately affected by Covid-19 (staff, patients, carers and members of the public) and engage with them in targeted service enhancement, in an inclusive and meaningful way. The patient experience team are exploring opportunities to utilise the mapping resource.

7.7 EIDO Healthcare – Patient Information Leaflets

The Royal College of Surgeons expressed concern about the build-up of consent liabilities since the Montgomery v Lanarkshire ruling in 2015. The College's Chief Executive, Andrew Reed, recently wrote to all NHS Trusts to encourage them to trial EIDO's library of procedure-specific consent documents, in order to stop this rise. The Trust has recently volunteered to participate in a free, four month trial, giving access to a patient information library covering nearly 400, treatment-specific, informed consent patient information documents. The trial, which will be launched in September, will give clinician's direct access to the information library. Patient information leaflets can be printed or sent directly to the patient by e-mail address. Working with Dr Gus Vincent, Associate Medical Director, Quality and Patient Safety, the patient experience team will carry out a full evaluation of the trial, which will include feedback from staff, patients and EIDO healthcare.

7.8 National Patient Experience Surveys

The Trust was informed on 6 April 2020 by the Head of Survey and Qualitative Intelligence, NHS Patient Surveys at the Care Quality Commission that, in consultation with NHS England and NHS Improvement, the decision had been made to cancel the fieldwork 2020 Maternity Survey with immediate effect. This was due to the additional pressure on services and staff at this time.

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The timetable for the remaining national surveys in 2020-21 is as follows:

Survey	Fieldwork timing	Expected month of publication
Urgent and Emergency Care	October 20 - March 21	September 2021
Adult Inpatients	January 21 - May 21	November 2021
Children and Young people	January 21 - May 21	November 2020

7.9 Visiting

We understand that visits are an important source of emotional support, care and healing for our patients, as well as providing solace for the family members who will often be highly distressed at being separated from their loved ones during a period of severe illness.

We are still encouraging virtual visits, wherever possible, to be the primary method of families staying in contact. However, we are also now able to welcome visitors back onto some of our wards and departments. It is important we get the balance right, so we are offering visiting in a way that is safe, compassionate, patient-centered, fair and consistent across the Trust. To help ensure safe visiting for all wards and limit the risks to our patients and staff, we have successfully implemented visiting principles – these are located in the BRP.

7.10 APEX – Advising on Patient Experience

APEX members have been unable to meet face to face due to the Covid-19 restrictions. Members have been kept informed via electronic newsletters. The patient experience team have been in regular contact, asking for their involvement and seeking their views on new and service improvement projects including:

- Virtual visiting.
- Evaluation of telephone and virtual appointments.
- Creation of the Patient Experience Ambitions.
- Perch and Ponder proposals regarding wayfinding.

7.11 Freedom of Information

The Trust has received 70 Freedom of Information (FOI) requests in the month of July. Four requests were in relation to Covid-19, and specifically in regards to appointment cancellations, patient discharge and maternity patients. We have also received further enquiries relating to PPE. 26 requests were received from commercial entities, four from press contacts and four from students. July was by far the busiest month of the financial year for FOI requests with 70 received overall, compared to the next highest monthly total of 42, in June.

7.12 Chaplaincy

The chaplaincy team continue to provide an outstanding service, supporting both our patients and our staff. During the month of July, they undertook over 96 pastoral conversations, facilitated three marriages, and coordinated 71 viewings. The team have recorded 451 contacts.

Staff groups across the organisation have expressed how important and helpful the support of the chaplaincy team has been, especially during Covid-19.

8. PALLIATIVE AND END OF LIFE CARE – PROGRESS TO DATE

8.1 COVID-19 End of Life Care Cell

At the beginning of the pandemic intelligence suggested a predicted increase in patients requiring end of life care as a result of exposure to Covid-19. In anticipation of the pressure this would place on Trust services and in order to insure our patients and families continued to receive the highest levels of care, Gold Command established an End of Life Cell to prepare and provide support and guidance over the coming months.

A small multi professional group was formed and chaired by Dr Anne Pelham, Consultant in Palliative Medicine, to assess the possible impact and implications of the increased numbers of people dying within the trust, and to support the compassionate care of patients and their families. The group facilitated the provision of electronic, physical and educational resources to support patients, their loved-ones, and the staff caring for them. These resources included: one-page guides for clinicians, including Covid-specific symptom-control, breaking bad news guidance, discharge and advance care planning guides, processes to enable patients and families to send written messages to each other safely, kits to allow the taking of fingerprints, and locks of hair after death and a bereavement guide which was posted on the Trust internet page.

8.2 The Nightingale Hospital – End of Life Care Planning

The Palliative Care Team provided recommendations for the provision of good palliative and end of life care within the Nightingale Hospital setting should it be needed.

Recommendations included plans for; the provision of specialist advice, education and face to face care, intranet-based guidance as provided within the Trust, end of life anticipatory medications, practical resources for patient care such as subcutaneous cannulae, and items to enhance the provision of compassionate care within a challenging environment.

8.3 Improved Palliative Care Team Response to Anticipatory Prescribing Alerts

Since the introduction of E-Prescribing, palliative care teams have been involved in the development of 'Care of the Dying Order Sets'. These order sets have a dual purpose; firstly they promote safe prescribing of medications within local guidance and secondly they provide an alert triggered when the order set is prescribed to both palliative care and chaplaincy teams so additional support can be explored/offered.

This alert model instigates a Specialist Nurse response to the wards, seven days per week. The respondent helps to develop a clear plan of care, prompting early discussions surrounding an individual's wishes/preferences such as preferred place of death. Feedback thus far regarding this service is positive with ward teams feeling supported by the palliative care team

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8.4 North East Palliative Care (Covid-19) Collaboration (NEPCC)

A collaborative approach across the region has been established in order to retrospectively review case notes of confirmed Covid-19 positive that died during the pandemic. This review will enable us to; understand the end of life experience for these patients, identify any themes/learning points, measure impact on services and help plan for future service provision across the North East.

8.5 Internal Peer Review of End of Life Care

An internal peer review of end of life care services within the Trust was conducted in February of this year. End of life care was rated in the domains: Safe (rated as good), and Well Led (also rated as good). Feedback was generally very positive particularly in terms of clinical governance and developments to improve accessibility of advice and face to face care, positive comments were also made regarding support services such as chaplaincy, bereavement services, mortuary and porters.

The palliative care team have developed work streams to address the areas for improvement identified during peer review. In collaboration with the Trust Deciding Right Group, the introduction of a prognostic indicator tool is being considered to aid better identification of patients in last 12 months of life and to improve advance care planning. Since the introduction of Paperlite in the Trust, the palliative care team have been working to improve the initiation, accessibility, visibility and transferability of DNACPR forms within the Trust.

8.6 Care packages to support patients receiving end of life care at home in Newcastle

Since March 2020 the fast track processes were superseded by the Government publication of *Covid-19 Hospital Discharge Service Requirements*.

The Senior Nurse for Palliative Care is currently responsible for determining the amount of care required for patients and for arranging packages of care to support patients in last days to short weeks of life, this service is brokered by the Marie Curie Care Coordination Centre. It is expected that all patients being discharged to Newcastle community for end of life care will be supported by the Newcastle District Nursing service. Packages of care can be increased to meet the individual needs of the patient in their own home with care packages being reviewed by the Community Cluster Leads.

Between 17th April and 17th August, 80 requests to start end of life packages of care were submitted to support patients residing in Newcastle. 29 requests were made to support patients being discharged from hospital, 3 from Hospice and 48 to enable patients to remain in their own homes for end of life care. The age of patients being supported ranged from 34 to 102 years with a mean age of 75 years. All stakeholders have demonstrated a commitment to maintain the efficiency and effectiveness demonstrated since April 2020.

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9. RECOMMENDATIONS

The Board of Directors is asked to

- i. note and discuss the content of this report; and
- ii. note the actions taken.

Report of Maurya Cushlow

Executive Chief Nurse

24 September 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Dr Lucia Pareja-Cebrian, Assistant Medical Director, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mrs Elizabeth Harris, Deputy Chief Nurse Mrs Angela Cobb, Matron Infection Prevention & Control (IPC)						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the monthly Integrated Board Report and summarises the current position within the Trust to the end of August 2020. IPC Board Assurance Framework for COVID-19 can be found in Appendix 1; trend data can be found in Appendix 2 (HCAI Report and Scorecard August 2020), both enclosed in the Board Reference Pack, which details the performance against targets where applicable.						
Recommendation	The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.						
Links to Strategic Objectives	Achieving local excellence and global reach through compassionate and innovative healthcare, education and research. Patients - Putting patients at the heart of everything we do and providing care of the highest standards focussing on safety and quality. Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes. Performance - Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to effectively control infections may lead to patient harm, litigation against the Trust and loss of reputation. There are no specific equality and diversity implications from this paper.						
Reports previously considered by	This is a bimonthly update to the Board on Healthcare Associated Infections (HCAI).						

DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT

1. INTRODUCTION / BACKGROUND

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs). The coronavirus pandemic has required that IPC resources are dedicated to support all clinical areas in the management of COVID-19. An overview of HCAI rates is covered in the Integrated Board Report and trend data can be found in Appendix 2 entitled HCAI Report and Scorecard August 2020 (located within the Board Reference Pack). NHS England has recently published an IPC Board Assurance Framework relating to COVID-19 which is based upon the criteria set within the Health and Social Care Act. This has been reviewed and accepted at the Quality Committee and ratified by the Infection Prevention and Control Committee (IPCC). It is now presented at Trust Board in September 2020 and is included as Appendix 1 within the Board Reference Pack.

2. KEY POINTS FOR JULY/AUGUST 2020

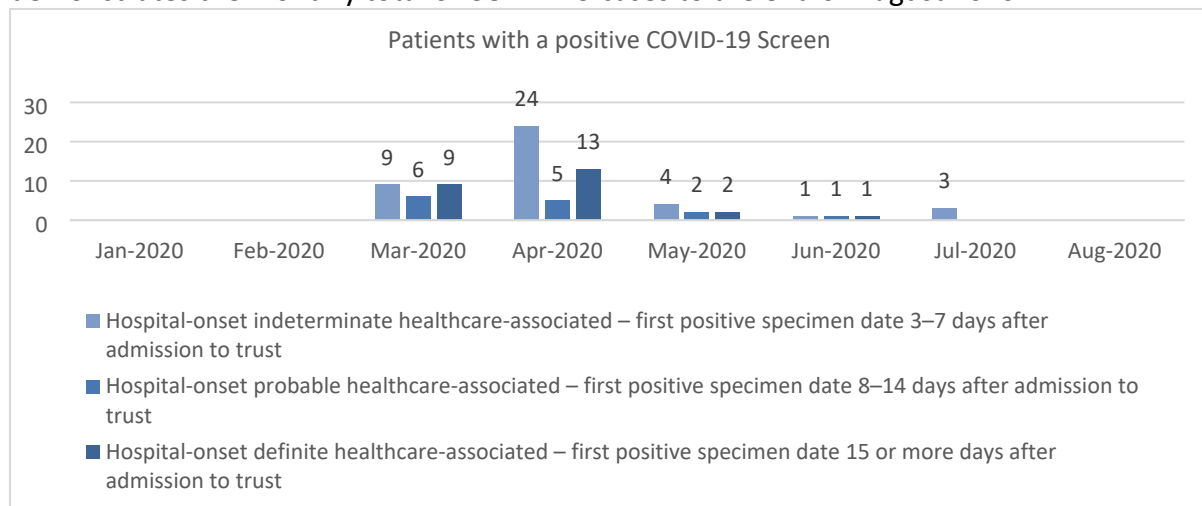
2.1 Coronavirus (COVID-19)

COVID-19 remains a major focus within the organisation; we continue to comply with current NHS England requirements to prevent HCAI COVID-19 infections. This work is underpinned by our IPC Board Assurance Framework (BAF) which is included in Appendix 1 and continues to be reviewed as a live document.

On 7 August CQC held a virtual meeting with the Trust to seek assurance of the BAF and a summary of findings have been received. Feedback was extremely positive regarding IPC processes and procedures currently in place. CQC confirmed their assurance to the Trust.

2.1.1 **Managing HCAI COVID-19 cases**

Regionally cases of COVID-19 have decreased during this timeframe therefore the number of positive cases admitted to the Trust also significantly declined. The table below demonstrates the monthly total of COVID-19 cases to the end of August 2020.



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At the time of writing this report, there have been 3 incidences of positive members of staff that have resulted in the requirement to self-isolate for additional staff with whom they had been in close contact whilst not wearing appropriate PPE. The definition of close contact by PHE is as follows:

- Direct Face-to-face contact (e.g. talking) for any length of time; or
- Being within 1m for 1 min or longer; or
- Being within 2m for 15 mins or longer.

A total number of 11 staff were classed as contacts within the 3 incidences. The themes were not maintaining social distancing of 2 metres whilst not wearing a surgical mask correctly.

2.2 C. difficile Infections (CDI)

The Trust has not received notification of a trajectory requirement; current position is 40 cases to 31 August 2020 which is 1 less case than the same position last year. The Root Cause Analysis (RCA) tool is currently being reviewed by IPC Team (IPCT) in collaboration with Gateshead Health NHS Foundation Trust IPCT prior to recommencing Multi-disciplinary Team (MDT) RCAs. This is to ensure the investigation process is efficient and comparable for the Newcastle/Gateshead CCG. Until this process is recommenced, individual patient reviews continue by IPCT to support patient safety and provide assurances for compliance to best practice.

2.3 MRSA / MSSA Bacteraemias

There have been no further MRSA bacteraemia cases since April 2020.

MSSA reviews continue on an individual basis by the IPCT whilst the RCA tool is being reviewed. To date the number of MSSA cases is 19% less than the previous year with 30 cases in comparison to 37 despite the change to the definition of HCAI cases which has added a total of 11 cases to the end of August 2020.

2.4 Gram Negative Bacteraemias (E. coli, Klebsiella, Pseudomonas aeruginosa)

To date the number of E. coli cases is 22% more than the previous year with 73 cases in comparison to 69. This is due to the change to the definition of HCAI cases which has added a total of 17 cases to the end of August 2020.

To date the number of Klebsiella cases is 4% less than the previous year with 43 cases in comparison to 45 despite the change to the definition of HCAI cases which has added a total of 14 cases to the end of August 2020.

To date the number of Pseudomonas aeruginosa cases is on a par with the previous year with 15 cases despite the change to the definition of HCAI cases which has added a total of 5 cases to the end of August 2020.

2.5 Outbreaks and Periods of Increased Incidence (PIIs)

There were no outbreaks declared during July but 1 outbreak in August which affected staff and related to scabies. The ward was closed to facilitate a deep clean prior to re-opening which resulted in a total of 20 lost bed days.

There was a PII of *clostridium difficile* during July, samples were sent for ribotyping which demonstrated that this was not a result of cross-infection.

MSSA monitoring has identified 3 different PII areas across the Trust.

1. PII involving 4 patients over the 2 month period.
2. PII involving 2 patients.
3. PII involving 3 patients.

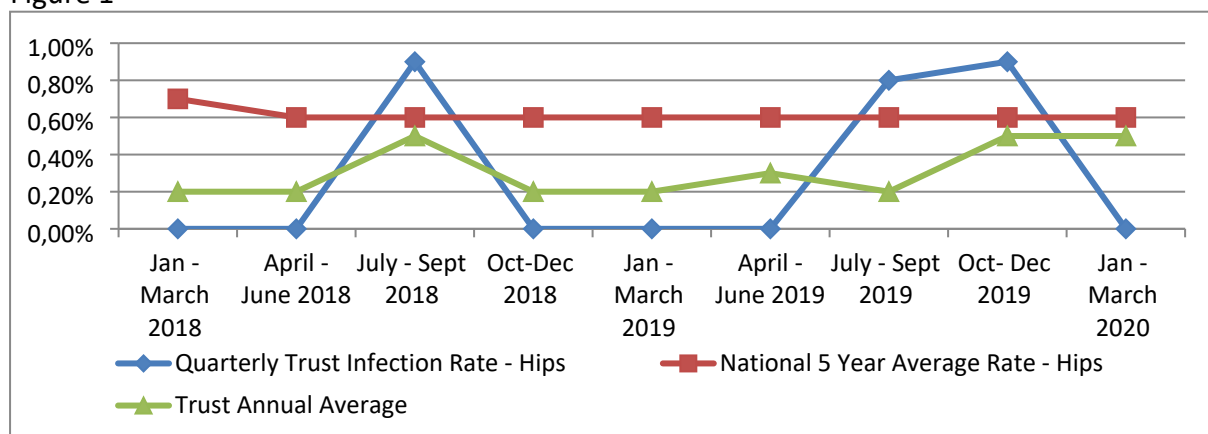
All samples have been sent for typing, hand hygiene audits performed to validate good practice and area teams are receiving ongoing support from the IV nurse specialist where required with device management

PHE have notified the Trust of a probable case of sporadic Creutzfeldt-Jakob Disease (CJD) of a patient who had undergone surgery in 2014. On investigation and following discussion with PHE this case was deemed low risk with no follow up or additional actions required.

2.6. Surgical Site Infections (SSIs)

The Trust participates in Public Health England (PHE) surveillance of SSI for hip, knee and spinal surgery, PHE continues to report SSI rates based on a calendar year. The Trust received the reports for Quarter 1 (1 January – March 2020) and within this there were no SSI identified for hip replacement surgery, resulting in a quarterly rate of 0.0%. The Trust annual SSI rate is 0.5% which remains slightly below the National 5 year Average of 0.6%, despite higher than average SSI rates in the previous 2 quarters.

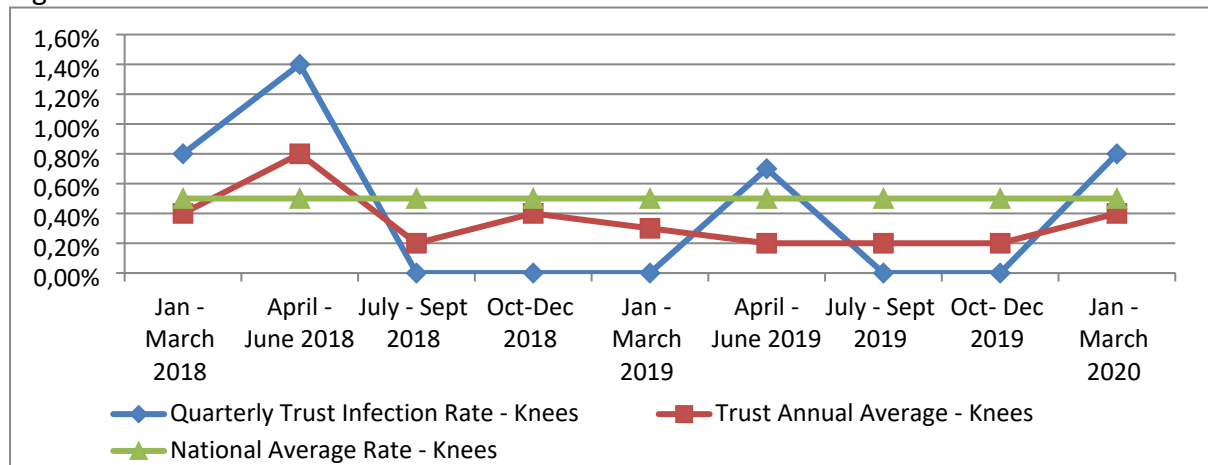
Figure 1



There has been one new SSI identified for knee replacements in quarter one, this follows 2 consecutive quarters with no SSI identified and has therefore resulted in a quarterly rate of 0.8%. As a result the Trust received a borderline high outlier letter from PHE although the Trust annual SSI rate of 0.4% remains comparable to the National 5 year benchmark of 0.5% as demonstrated in Figure 2 below. A RCA had been held with the clinical team at the time of diagnosis of SSI which identified patient risk factors pre-operatively which the patient had

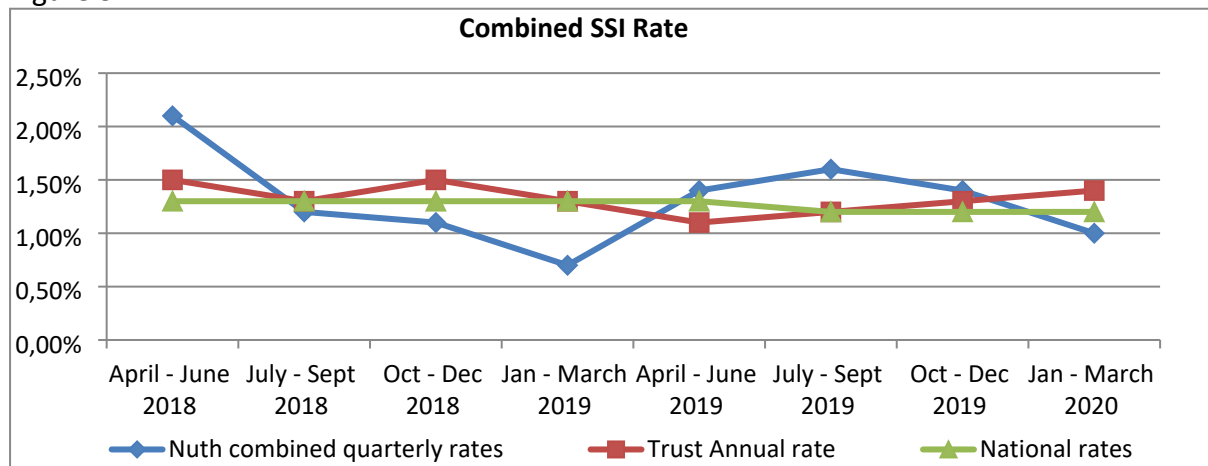
been informed of at time of consent.

Figure 2



Within quarter one there were three SSIs identified resulting in a quarterly rate of 1.0%. Of the three reported infections, one was attributed to Orthopaedic spinal surgery and two attributed to Neurosurgery. The Trust quarterly rate has dipped below the National 5 year benchmark for the first time in 4 quarters; however the Trust annual rate has increased to 1.4% and remains above the National average of 1.2%. During part of this period, non-urgent meetings had been cancelled due to COVID-19, however a MDT meeting had already been undertaken for one of the Neurosurgical cases and the Orthopaedic case was subject to a joint review of a completed RCA document. This allowed the opportunity to identify lessons learnt and audit practice. Meetings have now resumed, via StarLeaf wherever possible.

Figure 3



Surveillance of SSI remains limited to spinal and joint surgery as there are not enough resources in the IPCT to extend SSI surveillance.

2.7. Getting It Right First Time (GIRFT) Study 2019

The Trust undertook the national GIRFT Study in 2019/20 (over a 6 month time period from 1 May – 31 October 2019) which is a programme designed to improve clinical quality and efficiency within the NHS by reducing unwarranted variations as Surgical Site Infections

(SSIs) carry significant impact on morbidity and mortality in surgical patients. The Trust submitted information from 5 areas: ENT, Obstetrics & Gynaecology, Ophthalmology, Orthopaedics and Spinal Surgery and has now received the results for this study and are covered in the table below which confirms the Trust is below the national average in all but 2 of the procedures listed:

Department	Procedure	No of SSIs	SSI Rate	Rank	Out of	National Mean
ENT	Cochlear Implant	0	0.0%		3	2.2%
	Resections in Head & Neck Cancer	0	0.0%	1	21	0.6%
	Thyroid Surgery	1	0.6%	20	30	1.3%
Obstetrics & Gynaecology	Abdominal Hysterectomy	0	0.0%	9	38	3.4%
	Caesarean Section	26	2.9%	32	40	4.7%
Ophthalmology	Cataract	0	0.0%	9	38	3.4%
	Intravitreal Injection	0	0.0%	9	38	3.4%
Orthopaedics	Elective Primary Elbow Replacement	0	0.0%	27	35	2.7%
	Elective Primary Hip Replacement	1	0.3%	31	67	0.8%
	Elective Primary Knee Replacement	1	0.3%	19	67	1.0%
	Elective Primary Shoulder Replacement	0	0.0%	44	57	0.3%
	Elective Revision Hip Replacement	0	0.0%	41	62	1.1%
	Elective Revision Knee Replacement	0	0.0%	43	61	1.6%
	Elective Revision Shoulder Replacement	0	0.0%	24	30	1.8%
Spinal Surgery	Lumbar Single Level Discectomy or Decompression	4	1.0%	14	19	1.2%
	Lumbar Single Level Posterior Fusion	4	4.1%	18	20	1.3%
	Posterior Cervical Decompression & Fusion	2	3.8%	14	16	4.0%
	Posterior Correction of Idiopathic Scoliosis	1	1.5%	12	13	0.9%

The aim of the GIRFT SSI Survey is to inform Trusts of their SSI activity and help them target areas for potential improvement and to benchmark results against that of other acute and specialist trusts. It is expected that the data will be discussed in clinical forums but due to the impact of the COVID-19 pandemic, it is recognised that this will be delayed.

2.8 Sepsis

The priorities for Deterioration & Sepsis:

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- Early identification and timely escalation of deteriorating patients according to National mandate NEWS2 ≥ 5 (NUTH Process MEDIUM/HIGH RISKS).
- Adherence to sepsis screening & Treatment: Sepsis 6.
- Timely Recognition and management of Suspicion of Sepsis.
- GO LIVE electronic deterioration ALERT 1st September.
- Developing Deterioration/Sepsis Dashboard (ALERT).

Directorate Reports on Deterioration, including Sepsis are not available as the introduction of the deterioration ALERT system was postponed due to COVID-19 pandemic. The use of an electronic ALERT system, linked to eObservations will be critical to data extraction pertaining to Trust targets, patient safety in terms of recognition and treatment of deteriorating/septic patients and will enable higher quality clinical assessment information to be obtained. They will also help provide assurance on compliance with Sepsis management, timely prescribing of antibiotics and escalation of deteriorating patients.

The Deterioration ALERT 'GO LIVE' to all Adult areas using eObs is now scheduled for 1 September 2020. Education sessions and new strategies are being developed to raise awareness on deteriorating patients and sepsis. Work within deterioration & sepsis will continue to be a high priority for 2020/21.

2.9 Antimicrobials

Antimicrobial Stewardship (AMS) and safe prescribing teaching was incorporated into the induction of the junior doctors that joined the Trust in August. In addition to these, the Trust welcomed 12 new Foundation Pharmacists who received their AMS and Infection Prevention and Control training.

The 'Take 5 Audits' started in August after taking a 6 month break due to COVID-19; feedback will be analysed in September 2020 and shared with wards and departments. These are ward based audits undertaken by clinical teams which help identify good practice and those areas which require further support.

The Trust Biennial Point Prevalence audit on antimicrobial prescribing is due to be undertaken in Quarter 3. Plans are being further developed on how the audit will be undertaken; it planned that each audit will be undertaken with a MDT team

The 6 monthly Trust Octenisan wash audit was undertaken in August; this continued to illustrate good compliance with recording of administration of Octenisan wash for all eligible in-patients. Individual audits are discussed at the directorate SIRMs.

2.9.1 Both Standard Contract and CQUIN

In light of the suspension of the CQUINs the AMMSG is aiming to continue to comply with best practice as set out by the CQUIN targets, however, the implementation of this is challenged. Surveillance in prescribing practice through the Point Prevalence audit, Take 5 audits and the ad hoc audits supported by trainees are the planned activities to support AMS going forward.

Although the Standard Contract is also suspended, the Trust is achieving a 3.08% antibiotic reduction so exceeding the target (2% reduction) by 1.08%. The actual antibiotic consumption for the Trust over the past 4 months has reduced; the bed occupancy may be the basis for this but will be kept under review.

2.10 Water Safety

Planned resampling has commenced from the 10 July 2020 at FH and 6 locations have returned counts above acceptable levels. These were handled in accordance to current standard operating procedures, in coordination with the Infection Control Doctor.

FH/RVI Legionella and Pseudomonas Risk Assessments surveys have now been completed and actions required as a result of the risk assessments are being progressed by the Estates, IPC and Hotel Services Departments.

FH/RVI Summer shutdown – Estates has completed planned remedial works on the heating and hot waters systems, these works were scheduled to coincide with the Veolia Energy Centre August shutdowns to minimise disruption on both sites. A full system pasteurisation was undertaken following the shutdowns.

Nightingale NE - Operational Water Safety Group has been established to provide assurance on the systems and processes on the use and maintenance of water system. This group reports to the Trust Water Safety Group.

2.11 Ventilation

Work on Ward 26/26a at FH has now been completed and returned to full occupancy. No further incidents have resulted in lost theatre time and mitigation works continue to prevent future issues. Planning has commenced to replace the ageing ultra clean ventilation (UCV) canopies which are no longer compliance with current standards.

FH UCV Theatre 6, 7 and 8 had issues identified with performance of recirculation fans; replacement fans have been procured. A meeting with users is to be arranged to agree a way forward.

Ventilation in the Dental Hospital has been added to the Risk Register. PHE requires that rooms are left resting between patients following the performance of Aerosol Generating Procedures which severely impacts on the patient flow and operations of this area of the Trust. Risk assessments are underway, exploring solutions and mitigations under the auspices of the Estates team.

Complaints have been received from wards at the RVI relating to high ambient temperatures which is being exacerbated by the need to wear PPE. Mobile air conditioning units have been deployed where agreed with ICD and where appropriate.

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3. RECOMMENDATIONS

The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.

**Report of Maurya Cushlow
Executive Chief Nurse**

**Dr Lucia Pareja-Cebrian
Director of Infection Prevention & Control (DIPC)**

24 September 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	End of Year Quality Account						
Report of	Angela O'Brien – Director of Quality & Effectiveness						
Prepared by	AnneMarie Troy-Smith – Quality Development Manager						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>Each year the Trust is required to produce and publish a Quality Report. Contained within this is a review of the previous 12 month performance against the agreed Quality Priorities, as well as a narrative detailing the identified priorities for the coming year. The Board is asked to review this paper which summarises the content of the 2019-20 Quality Account and lists priorities for 2020/21.</p> <p>Since we published our last Quality Account in June 2019, we have, of course, experienced significant disruption due to the COVID-19 pandemic. In May this year, NHS Improvement (NHSI) released regulations making revisions to the Quality Account deadlines for 2019/20. While primary legislation continued to require providers of NHS services to prepare a Quality Account for each financial year, the amended regulations meant there was no fixed deadline by which providers must publish their 2019/20 Quality Account. NHS England and NHS Improvement recommended NHS providers adhere to a revised deadline of 15 December 2020, in light of pressures caused by COVID-19. Draft Quality Accounts should be provided to stakeholders (for 'document assurance' as required by the quality accounts regulations) in good time to allow scrutiny and comment. For finalizing quality accounts by 15 December, a date of 15 October would be reasonable for this; and we have agreed this as the start of the 30 day consultation period with our external stakeholders.</p> <p>Due to the pressures of COVID-19 NHS providers were not expected to obtain assurance from their external auditor on the Quality Account / Quality Report for 2019/20.</p> <p>The full Quality Account is included within the Board Reference Pack (BRP).</p>						
Recommendation	The Board is asked to agree the content of the Quality Account included within the BRP for external consultation and publication.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Agenda Item A6(v)

Impact detail	There is a risk of not achieving targets set in Quality Account which would impact on quality of care and reputation.
Reports previously considered by	Report was tabled at the Quality Committee on 18 September 2020 and is annually sent to the Trust Board.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Maternity CNST Incentive Scheme Year 3 Report						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Louise Hall, Deputy Director of Quality & Safety and Jane Anderson, Associate Director of Midwifery						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 3 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 maternity safety actions.</p> <p>Reporting requirements in regards to the Maternity incentive scheme have been paused since 26th March 2020 due to the Covid-19 response. Interim guidance on future requirements was received on 12th August 2020; further clarification on future amendments on some of the safety actions and publication on the reporting timescales is still to be confirmed. However it is anticipated the scheme will be relaunched on 1st October 2020.</p> <p>The content of this report specifically addresses maternity safety actions 1, 2, 3, 5, 6, 8 & 9.</p>						
Recommendation	The Board of Directors is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to comply with the standards outlined could impact negatively on maternity safety, result in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is a follow on report for Year 3 of this Maternity CNST incentive scheme. The previous report was presented to Board on 30 th July 2020.						

MATERNITY CNST INCENTIVE SCHEME YEAR 3 REPORT: MATERNITY SAFETY ACTION COMPLIANCE

1. BACKGROUND TO CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) MATERNITY INCENTIVE SCHEME – YEAR 3

Maternity safety is an important issue for Trusts nationally as obstetric claims represent the scheme's biggest area of spend (£2,465.9 million in 2018/19). Of the clinical negligence claims notified to NHS Resolution in 2017/18, obstetric claims represented 10% of the volume and 48% of the value.

NHS Resolution is operating a third year of the CNST maternity incentive scheme to continue to support the delivery of safer maternity care. The scheme incentivises ten maternity safety actions and invites acute trusts to provide evidence of their compliance against these.

The expectation by NHS Resolution is that implementation of these actions should improve Trusts' performance on improving maternity safety and reduce incidents of harm that lead to clinical negligence claims.

This scheme intends to reward those Trusts who have implemented all elements of the 10 maternity safety actions by enabling trusts to recover the element of their contribution relating to the CNST incentive fund and by receiving a share of any unallocated funds. Failure to achieve compliance against the safety actions will result in the Trust not achieving the 10% reduction in maternity premium which NHS Resolution has identified.

To be eligible for the incentive payment for this scheme, the Board must be satisfied there is comprehensive and robust evidence to demonstrate achievement of all of the standards outlined in each of the 10 safety actions.

The Trust Board declared full compliance with all 10 maternity safety actions for both Year 1 and Year 2 of this scheme. Confirmation of the Trust's achievement in fully complying with all 10 standards was confirmed by NHS resolution and the Trust was rewarded with £961,689 and £781,550 respectively in recognition of this achievement.

The incentive scheme will run for a further year and new standards were published on 20th December 2019 outlining Year 3 requirements.

On 26th March 2020, NHS Resolution paused the reporting requirements for the majority of maternity incentive scheme 10 safety actions, as part of the national Covid-19 response, until 31st August 2020. Further information regarding the reporting requirements was received on 12th August 2020 advising, review and submission dates initially planned for this year, are currently being revised and updated. The timeline for submission and a revised Board declaration form will be shared with trusts in the forthcoming weeks. It is also anticipated that there will be additional elements in some of the safety actions to incorporate learning from emergent Covid-19 themes.

In a further update on 26th August 2020, it was announced that the current plan is to relaunch the scheme on 1st October 2020.

The Board will receive a further report for consideration in November 2020 as required by the scheme.

2. SAFETY ACTION 1: IS THE TRUST USING THE NATIONAL PERINATAL MORTALITY REVIEW TOOL (PMRT) TO REVIEW PERINATAL DEATHS TO THE REQUIRED STANDARD?

The Trust has produced a quarterly PMRT report for Board since 25/04/2019. Data from Quarter 1 2020/21 review (01/04/2020 – 30/06/2020) was included in the previous paper. The reporting period for Quarter 2 (01/07/20 – 30/09/20) is still in progress and therefore the data will be reported in the November paper.

3. SAFETY ACTION 2: IS THE TRUST SUBMITTING DATA TO THE MATERNITY SERVICES DATA SET (MSDS) TO THE REQUIRED STANDARD?

This relates to the quality, completeness of the submission to the Maternity Services Data Set (MSDS) and ongoing plans to make improvements.

The updated guidance received in August highlights that the following item has been removed from this safety action:

Trust Boards confirm to NHS Resolution that a plan is in place by 30 April 2020, to fully implement Information Standards Notice DCB3066 Amd 112/2018 by November 2020, which mandates compliance with the Digital Maternity Record Standard.

This will now be progressed separately by NHSX.

Monthly submission of MSDS data continues. The provision of a monthly scorecard (by NHS Digital) was suspended until the beginning of September but has just resumed. This gives an indication of how we are achieving compliance with data submission. There have been significant delays with implementing the new requirements whilst Wellbeing (the external company that services our current digital system) makes the required changes. It is anticipated that we will be able to have a progress report in October.

The Trust has recently commissioned an external business analyst in the preparation of an options appraisal to further progress the implementation of a digital solution for EPR; it is imperative that the system of choice is compliant with requirements aligned to Safety Action 2, and this aspect will be incorporated within the options appraisal report.

4. SAFETY ACTION 3: CAN THE TRUST DEMONSTRATE THAT IT HAS TRANSITIONAL CARE SERVICES TO SUPPORT THE RECOMMENDATIONS MADE IN THE AVOIDING TERM ADMISSIONS INTO NEONATAL UNITS PROGRAMME?

Agenda item A6(vi)

Safety Action 3 comprises Standards A – F; information on compliance with Standards A, C, D and E has been presented to Board in previous papers. Further updates on Standards B and F are provided below.

4.2 Standard B

The pathway of care into transitional care has been fully implemented and is audited monthly. Audit findings are shared with the neonatal safety champion.

The Trust is compliant with this standard and monthly audit of compliance with the agreed pathway into transitional care was commenced by the February 2020 deadline outlined in the incentive scheme.

The monthly audits are shared at the Neonatal Departmental meetings and were presented at the Directorate audit meeting in August.

4.6 Standard F

Progress with the agreed ATAIN action plan has been shared with the neonatal safety champion and Board level champion.

The Trust is compliant with this standard and progress with the ATAIN action plan has been shared with neonatal safety champion and Board level champion monthly before the timeframe of commencing March 2020, in line with the requirements of the scheme.

There is on-going review of the action plan. During the Covid-19 response, an action plan was produced for the period April – June. This is now produced monthly and the July action plan was shared with the neonatal safety champion and Board level champion at the safety champions meeting in August 2020; there were no significant recurring themes noted. A process is now in place to ensure the action plan is overseen by Board maternity safety Champions at the safety champions meeting (bi-monthly) or via email review (alternate months) to ensure monthly oversight. Internal governance processes within the Directorate have been established to monitor any outstanding actions.

5. SAFETY ACTION 5: CAN YOU DEMONSTRATE AN EFFECTIVE SYSTEM OF MIDWIFERY WORKFORCE PLANNING TO THE REQUIRED STANDARD?

5.1 Standard A

A systematic, evidence-based process to calculate midwifery staffing establishment is complete.

Birthrate Plus is a systematic, evidence-based process designed to calculate the midwifery staffing establishment. An external Birthrate Plus Workforce review has been commissioned, it is expected that the analysis arising from this review will be available and reported on at the beginning of October 2020. This analysis will enable comparison to be made against current budgeted establishment.

5.2 Standard B

The midwifery co-ordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.

A clear breakdown of Birthrate Plus calculations will demonstrate how the required establishment has been calculated to include the supernumerary status of the labour ward co-ordinator.

A mechanism has been implemented to evidence from the Birthrate Plus Acuity Tool, compliance with supernumerary labour ward co-ordinator status. Plans are to be further developed to enable analysis of the data arising, and to ensure timely mitigation/escalation to cover any shortfalls.

5.3 Standard C

All women in active labour receive one-to-one midwifery care.

A mechanism has been implemented to evidence from the Birthrate Plus Acuity Tool, compliance with one-to-one care in labour status.

Plans are to be further developed to enable analysis of the data arising, and to ensure timely mitigation/escalation to cover any shortfalls. In addition, a mechanism for the reporting, recording and monitoring of red flags associated with midwifery staffing will be implemented by November 2020.

5.4. Standard D

Submit a bi-annual midwifery staffing oversight report that covers staffing/safety issues to the Board.

An annual Nursing and Midwifery Staffing review report is prepared and submitted to the Trust Board, alongside a quarterly safe staffing assurance report. The last annual Report was submitted in May 2020.

6. SAFETY ACTION 6: CAN YOU DEMONSTRATE COMPLIANCE WITH ALL FIVE ELEMENTS OF THE SAVING LIVES CARE BUNDLE VERSION 2?

Element 1- Reducing Smoking in pregnancy

- *Recording of carbon monoxide reading for each pregnant woman on Maternity Information System (MIS) and inclusion of these data in the providers' Maternity Services Data Set (MSDS) submission to NHS Digital.*
- *Percentage of women where CO measurement at booking is recorded.*
- *Percentage of women where CO measurement at 36 weeks is recorded.*

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The updated guidance acknowledges the challenges in achieving Element 1, as carbon monoxide testing has been suspended. In place of this, an audit based on the percentage of women asked whether they smoke at booking and 36 weeks gestation will be required. A mechanism to undertake this audit is in development.

A quarterly care bundle survey is completed and submitted to NHSEI through the Northern England Maternity Clinical Network.

7. SAFETY ACTION 8: CAN YOU EVIDENCE THAT AT LEAST 90% OF EACH MATERNITY UNIT STAFF GROUP HAVE ATTENDED AN 'IN-HOUSE' MULTI-PROFESSIONAL MATERNITY EMERGENCIES TRAINING SESSION WITHIN THE LAST TRAINING YEAR?

As an interim arrangement, the updated guidance has indicated the requirements in this safety action will be revised, recognising the difficulties in delivering face-to face, multi-professional training during the Covid-19 response. An alternative on-line training package has been proposed and further information on the content of this training is to be circulated in the near future.

8. SAFETY ACTION 9: CAN THE TRUST DEMONSTRATE THAT THE SAFETY CHAMPIONS (OBSTETRICIAN AND MIDWIFE) ARE MEETING WITH BOARD LEVEL CHAMPIONS TO ESCALATE LOCALLY IDENTIFIED ISSUES?

8.2 Standard B

Board level safety champions are undertaking monthly feedback sessions for maternity and neonatal staff to raise concerns relating to safety issues and can demonstrate that progress with actioning named concerns are visible to staff.

The Trust is compliant with this standard, progress with actions in relation to staff safety concerns raised at monthly feedback sessions are visible to staff, progress can be demonstrated and compliance with this standard pre-dates the deadline of 31st March 2020 outlined in the scheme. Progress in regards to areas of concern raised by staff are summarised below:

- Following previous concerns raised about the environment by staff on the Neonatal Intensive Care Unit (NICU), most of the environmental refurbishment is now complete. On completion of this work, the final refurbished bay will be re-opened. However four newly commissioned ITU/HDU cots have already opened.
- NICU staff shared the challenges associated with interim visiting restrictions due to Covid-19. In particular, the Infant Feeding Coordinators highlighted that in Transitional Care, there were difficulties with mothers returning to stay with their baby when fathers were unable to visit.
- Staff in Antenatal Care raised concerns about the standard of flooring; plans were previously in place prior to Covid-19 to address this on completion of the work in NICU.
- Refurbishment of Maternity Assessment Unit is well underway; two additional assessment/triage rooms have been completed and worked is planned in the Waiting

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area next.

- The lift replacement programme, in the lifts adjacent to the Birthing Centre, has been delayed due to Covid-19. The discussion with Birthing Centre staff highlighted the need for improved communications on the controls and plans in place to reduce the risk when transferring patients to theatre in an emergency situation.

8.3 Standard C

Board level safety champions have agreed and maintain oversight of an action plan that describes how the maternity service is working towards a minimum of 51% of women receiving continuity of carer pathway by March 2021.*

A revised trajectory* of 35% of women being placed onto a Continuity of Carer (CoC) pathway by March 2021 has been provided by NHSE. An action plan relating to achieving a minimum of 35% has been developed and shared with Board Maternity Safety Champions within the initial deadline of 28th February 2020. Progress in meeting the CoC action plan is overseen by Board maternity safety champions at the safety champions meeting or via email review (alternate months) to ensure monthly oversight.

9. RECOMMENDATIONS

To (i) note the content of this report, (ii) comment accordingly and (iii) approve.

Report of Angela O'Brien
Director of Quality & Effectiveness
09/09/2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	NHS People Plan and Our People Plan						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The NHS People Plan 2020/21 was launched on 30 July 2020. The purpose of this report is to provide a short briefing to the Trust Board and the steps being taken in the Trust towards production of our local People Plan.						
Recommendation	The Board is asked to note the content of this report and approve the publication of the documents outlined in section 8 of this report.						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	New report.						

NHS PEOPLE PLAN – WE ARE THE NHS: ACTION FOR ALL OF US

1. INTRODUCTION

The NHS People Plan was launched on 30 July 2020 by NHS England and NHS Improvement.

The Plan sets out actions which organisations and systems should focus on for 2020/21.

2. COMMITMENTS

There are four key areas:

	Area	Focus
1.	Looking after our people	Health and wellbeing
2.	Belonging to the NHS	Tackling discrimination, culture
3.	New ways of delivering care	Innovation, delivering the best care
4.	Growing for the future	Recruitment, training, retention, returners

3. BACKGROUND

It follows on from the Interim People Plan from June 2019.

4. CENTRAL THEMES

Central themes are:

- more staff
- working differently
- compassionate and inclusive culture
- ‘Our People Promise’

5. OUR PEOPLE PROMISE

‘Our People Promise’ sets out an ambition for what staff say about working in the NHS by 2024. It states that it is a promise we must all make to each other to work together to improve the experience of working in the NHS for everyone. The themes and words have come from those who work in the NHS:



The NHS Staff survey will be redesigned to align to the Promise and there are plans to launch a new quarterly staff survey in 2020/21 to track morale.

6. ASKS TO EMPLOYERS AND SYSTEMS

Accompanying the People Plan is a list of detailed asks of employers and systems for 2020/21 based on the four key areas referred to above. There are a number of asks (101) summarised in nine tables covering:

1. Health and wellbeing (23)
2. Flexible working (11)
3. Equality and diversity (6)
4. Culture and leadership (15)
5. New ways of delivering care (6)
6. Growing the workforce (16)
7. Recruitment (9)
8. Retaining staff (10)
9. Recruitment and deployment across systems (5)

Each local health system is asked to develop a local people plan to be reviewed by regional and system-level People Boards. Employers are encouraged to devise their own local people plan.

Metrics are to be developed by September 2020 and it is intended to track these using the NHS Oversight Framework.

7. WHAT NEXT?

- Work will begin on the detailed asks at employer and system-level. There are also actions for NHS England / Improvement and Health Education England (HEE).
- There will be a review of HR/OD – detail about this is awaited.
- A second plan is expected later in the year.
- Work has commenced internally to assess the implications of the people plan and ensure our attention is focused on delivering the actions required.

8. DOCUMENTS REQUIRING APPROVAL

The Trust Board is required to consider, approve and publish the documents outlined below on its website:

- Equality Delivery System (EDS2) grading – this is a self-assessment of the Trust’s grading against Goal 3 (a representative and supported workforce) and Goal 4 (inclusive leadership at all levels).
- Public Sector Equality Duty – workforce data.
- Workforce Disability Equality Standard (WDES) – data and action plan.
- Workforce Race Equality Standard (WRES) – data and action plan.

The documents are included in the Board Reference Pack (BRP).

9. RECOMMENDATION

To note the content of this report and approve the documents outlined in section 8.

**Report of Dee Fawcett
Director of HR
14 September 2020**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Climate Emergency Update						
Report of	Vicky McFarlane Reid, Director for Enterprise and Business Development						
Prepared by	James Dixon, Head of Sustainability						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	Climate breakdown is the greatest threat to health in the 21 st century. Newcastle Hospitals declared a 'Climate Emergency' in June 2019 to highlight this threat and stimulate urgent action. In doing so we adopted a leadership position and became the first healthcare organisation to make this public statement, joining our Newcastle civic partners in the process. This paper updates the Board of Directors on developments since the public declaration and our plans for action within the Trust, across the city and throughout the wider healthcare sector.						
Recommendation	The Board of Directors is asked to receive this update report for information.						
Links to Strategic Objectives	<p>Pioneering – first healthcare organisation in the world to declare a Climate Emergency, aiming for carbon neutrality by 2040.</p> <p>Performance – continuing as leaders in NHS environmental sustainability.</p> <p><i>(and one of the Trust breakthrough objectives for 2020/21 = Embed Sustainable Healthcare (#Shine) into our culture)</i></p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	<p>Financial – reducing carbon, by reducing energy and fuel use, saves on the bottom line (though some projects will require spend-to-save investment).</p> <p>Reputation – positive partnership with other civic leaders and recognition as pioneers of environmentally sustainable healthcare.</p> <p>Sustainability – cement leadership position and deliver on lower carbon healthcare services.</p>						
Reports previously considered by	New report, updating on developments following the last update [28.11.19 A7(ii)] and since the Board of Directors agreed to publicly declare a Climate Emergency [27.6.19 A11(ii)].						

CLIMATE EMERGENCY DECLARATION: UPDATE ON PROGRESS

1. BACKGROUND

Climate breakdown is the greatest threat to health of the 21st century. Humans have already caused irreversible changes to our climate, the impacts of which are being felt around the world. Healthcare professionals are the most trusted voices in society and thus play an essential part in both communicating the health risks of climate breakdown and driving urgent mitigating action to improve human health and wellbeing.

1.1 Adopting a healthcare leadership position: declaring a climate emergency

At the public meeting of the Board of Directors on 27 June 2019, Newcastle Hospitals became the first healthcare organisation in the world to publicly declare a climate emergency, committing to achieving carbon neutrality by 2040 (a decade ahead of government targets). Following our public declaration, there has been a great deal of interest from national media and organisations across the health and care sector, with other NHS organisations joining us in declaring an emergency. In January, in recognition of our commitment to this work, Dame Jackie Daniel, Chief Executive, was invited by Sir Simon Stevens, Chief Executive Officer of the NHS, to sit on the NHS Net Zero Expert Panel (the group of leading experts tasked with identifying how soon the NHS can get to net zero carbon and how).

2. UPDATE ON PROGRESS SINCE OUR DECLARATION OF A CLIMATE EMERGENCY

The initial progress update presented to the Board of Directors on 28 November 2019 [Agenda item A7(ii)] outlined the work to embed sustainability into the Trust Strategy 2019-2024, enhance governance for sustainability with the creation of an Executive Oversight Group and our collaborative work with Newcastle's anchor institutions and our regional integrated care system on climate emergency action. In June 2020, on the one year anniversary of the Trust's public declaration of a climate emergency we published the following two documents:

2.1 Dame Jackie's Blog 'Our Climate Emergency: One Year on'

Available online at <https://www.damejackiesblog.co.uk/our-climate-emergency-1-year-on/> the blog acted as a reminder of our declaration and leadership position, whilst also highlighting our achievements over the year and plans for the future.

2.2 Annual Shine (Sustainable Healthcare in Newcastle) Report 2019/20

Available online at <https://bit.ly/Shine1920>, the report outlines what we have achieved over the last year. It contains a foreword by Dame Jackie Daniel, overall performance updates and a summary of our achievements and plans in each of our eight 'Shine' priority areas: Energy; Water; Waste; Buildings & Land; Journeys; Purchasing; Care and People. A summary of some of our key achievements is included below:



Shine

Sustainable Healthcare in Newcastle



Local greengrocers
Passion 4 Fruits **set up**
a stall at the RVI



Introduced
Meat Free Mondays



74.4% of staff
are aware of the
sustainability work
of the Trust



1st NHS Trust
to declare a
climate emergency



Climate Emergency
Executive Oversight
Group formed



New Trust Strategy
commits to **Carbon**
Neutrality by 2040



Recycled 43%
of non-clinical waste



Signed the NHS
Plastic Pledge



Won **2 NHS**
Sustainability Awards



5% reduction
in direct carbon
emissions



600 followers on Twitter
@SustainableNUTH



Over **300 Green**
Champions



1st Trust to adopt
Ecosia as our default
search engine



60% of staff use active
and sustainable modes
of transport as their main
mode of transport to work



Banned diesel
for fleet and lease
vehicles

2.3 Recent developments

Additional resource has been allocated to the Trust's existing Sustainability Team to help coordinate work to deliver on our climate emergency and Shine commitments. Anna-Lisa Mills joined the team in July in the role of Programme Manager (Sustainability) and further recruitment for an additional officer-level position will follow soon.

The vast majority of our direct carbon emissions (those with which we have the most control over) come from powering and heating our hospital buildings. We have a number of projects underway to identify opportunities to reduce these emissions. Some highlights include:

- Collaborative work with Newcastle City Council to apply for European funding for energy and carbon saving projects to be implemented by June 2023 (£250,000 of match funding approved by the Executive Team, expression of interest successful, final application in preparation).
- High level road map to net zero carbon by 2040 commissioned and received (priority actions and recommended decarbonisation pathways for our healthcare estate are now informing our longer term Estates Strategy).
- Government funded pilot, providing enhanced energy and water metering at Freeman Hospital, is progressing and due for completion by end of this financial year. This will provide timely and more accurate data that will help identify further efficiency savings and verify the efficacy of our interventions.
- All new builds to meet Passivhaus Standard and BREEAM Outstanding – this commitment has been included in the design requirements for the two new buildings proposed for the RVI, and all future new builds, ensuring that they will be net zero carbon and built to the highest sustainability standards.

3. FUTURE PLANS

Our new sustainable healthcare strategy is due for publication this year and a working draft has been developed by the Sustainability Team, taking into account priorities identified by our Green Champions and wider staff base via our annual sustainability survey. The new national strategy document, the output of the work of the NHS Net Zero Expert Panel, is due for publication at the beginning of October. We plan to follow this publication with the launch of our own 'Climate Emergency Strategy' later in October. This will be a virtual event, hosted by Dame Jackie Daniel with high profile external guest(s).

Our new strategy will explain in more detail:

- what our commitment to carbon neutrality (also referred to as net zero) means;
- our vision and long-term goals for Sustainable Healthcare in Newcastle (Shine);
- our priority actions over the next five years in each of our eight Shine themes;
- our governance and monitoring arrangements to ensure delivery; and
- what our staff and wider community can do to contribute.

4. RECOMMENDATIONS

The Board of Directors is recommended to receive this update report for information.

Report of Victoria McFarlane Reid
Director for Enterprise and Business Development
16 September 2020

Prepared by James Dixon
Head of Sustainability

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TRUST BOARD

Date of meeting	24 September 2020						
Title	Commercial Strategy Update						
Report of	Victoria McFarlane-Reid, Director for Enterprise & Business Development						
Prepared by	Andrea Burroughs, Associate Director of Commercial Enterprise Commercial Enterprise Team						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The paper summarises the work of the Commercial Enterprise Team over the last 6 months.						
Recommendation	This report is to inform the Trust Board and to receive overall endorsement for the future direction of travel.						
Links to Strategic Objectives	This paper links to all strategic objectives.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Detailed within the main body of the report and accompanying presentation.						
Reports previously considered by	23 January 2020						

EXECUTIVE DIRECTOR FOR ENTERPRISE & BUSINESS DEVELOPMENT COMMERCIAL STRATEGY UPDATE

1) COMMERCIAL UPDATE

Since the last update to the Trust Board (23 January 2020), the Commercial Enterprise Unit (CEU) has arrived. Andrea Burroughs is presenting an update to the Public Board today so please refer to that presentation for more information on progress to date. The brief summary that follows brings the January paper up to date.

All of the work that has resulted in the creation of the team has been excellent, and coupled with the induction, has really enabled the team to “hit the ground running” and gel, as well as add value to the Enterprise & Business Development Directorate. The combination of skills and background across the team of six is a real strength. We have defined our “offer” i.e. how we can support commercial initiatives, and have held three “meet and greet” workshops for innovative/entrepreneurial staff.

The strategy for Commercial Enterprise activity at Newcastle Hospitals is as positioned previously, i.e. focused on our strengths; our ambition and our vision; ensuring close alignment with our Five Year Strategy and the 5Ps. Since the team’s arrival on June 1st, the Commercial Strategy has continued to develop shaped by conversations with many, including sessions with Dame Jackie and an update to the Executive Team.

There has been a lot of work done on the selection and prioritisation of commercial schemes as well as actively managing these opportunities. In addition to new opportunities, there is a considerable history of commercial activity that the team are involved in and adding some of our commercial skills to maximise the opportunity for the Trust.

There has been progress on all of the key commercial schemes identified in January, Pharmacy Production Unit; NODE; Phase 3 Clinical Trials Unit; Newcastle Surgical Training Centre and the International Strategy (severe combined immunodeficiency (SCID) patients). This includes defining the value proposition, customer acquisition and segmentation, understanding the competition, pricing and shaping the wider strategy for such schemes, including internal/external communications and branding.

We have expanded our understanding of the financial baseline of existing commercial schemes to include income, contribution and historical and project trends, as well as understanding who our key customers are and developing these relationships. We are progressing a number of commercial agreements/partnerships, signed a Joint Venture (JV) with Newcastle University in a spinout company, and supporting various parts of the Trust develop their commercial and pricing strategies.

The team is building strong links with the wider research and innovation agenda as well as industry and other key stakeholders, e.g. University; Council; Local Enterprise Partnership (LEP); Academic Health Science Network (AHSN); Northern Health Science Alliance (NHSA); Academic Health Science Centre (AHSC) etc. The team is actively supporting funding

applications with Connected Health North as part of the levelling up agenda and the LEP at this moment.

In summary, the Commercial Enterprise team has arrived at a very challenging time but their arrival is very timely, and they are making a positive commercial and strategic contribution in many parts of the Trust already.

Report of: Victoria McFarlane-Reid
Director for Enterprise & Business Development

Andrea Burroughs,
Associate Director of Commercial Enterprise

September 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lowis – Senior Business Development Manager - Performance						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board of Directors on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Contains key HR metrics. Provides an overview of the current financial position.						
Reports previously considered by	Regular report.						

Integrated Board Report

Quality, Performance, People and Finance

September 2020



Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of Quality, Performance, People and Finance in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider. Updates from the Trust's Restart, Reset and Recovery (3Rs) cell will also flow through this paper.

Restart, Reset and Recovery (3Rs)

- In light of the COVID-19 pandemic and the new environment in which NuTH now operates, the **3Rs Cell** focuses on the Trust's ability to:
 - **Restart** and deliver services which were paused at the height of activity reduction;
 - **Reset** services which need small transformation changes to deliver services in an altered model; and
 - **Recovery** to the 'new normal' in which the Trust will operate and work through its waiting list backlog.

New Operating Environment

- Patient care **activity across the trust significantly reduced as the COVID-19 pandemic first hit**. This was due to:
 - a rapid intentional **pausing of non-urgent non-face-to-face elective outpatient and inpatient activity for 3 months** to release capacity to care for COVID patients and to reduce risk of transmitting COVID to non-COVID patients in hospital.
 - (Partly unexpected) significant **reduction in emergency patients** calling 999 and/or attending A&E as an emergency.
 - changes in primary care activity and delivery meant very **few patients were referred from GPs** to hospitals for elective care.
- As the number of patients with COVID has decreased, the NHS has looked to increase its elective activity once again. However, due to the need to protect the safety of patients and staff, it is necessary to follow rigorous infection prevention and control arrangements, such as **social distancing** beds, patients and staff, adding air settle time between cases etc. This has **reduced the number of patients who can be cared for each day**.

Report Highlights

1. The Trust **had no cases of MRSA bacteraemia attributed in August**, therefore the total number of cases attributed to the Trust YTD is 1 (April).
2. The percentage **of incidents that resulted in severe harm or death reported in August 2020 is 0.1%**. Nationally we report fewer incidents resulting in severe harm or death than other similar providers.
3. The Trust **achieved the 95% A&E 4hr standard in August 2020, with performance of 96.4%**. A&E attendances continue to increase following a significant drop in attendances during the COVID-19 pandemic but remain below pre-COVID levels.
4. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in July** which is an improvement from the previous month where 0 of the 8 standards were met.
5. Activity levels for the **latest weekly activity levels are 59% (Day Case, Elective & Outpatient Procedures) and 94% (Outpatients)** vs the same time period in the previous year.
6. **All Healthcare Contracting and Performance have been suspended during 1st April 2020 to the 30th September 2020**, as we are operating under an emergency COVID-19 financial regime. Further guidance is expected which will cover the remainder of the year.

Contents: September 2020

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incidents Lessons Learned
- Mortality
- Friends and Family Test and Complaints
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- 3Rs – Data, Processes and Performance Work Stream
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- Delayed Transfers of Care and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

People

- Covid-19
- Well Workforce
- Sustainable Workforce Planning
- Excellence in Training and Education
- Equality and Diversity

Finance

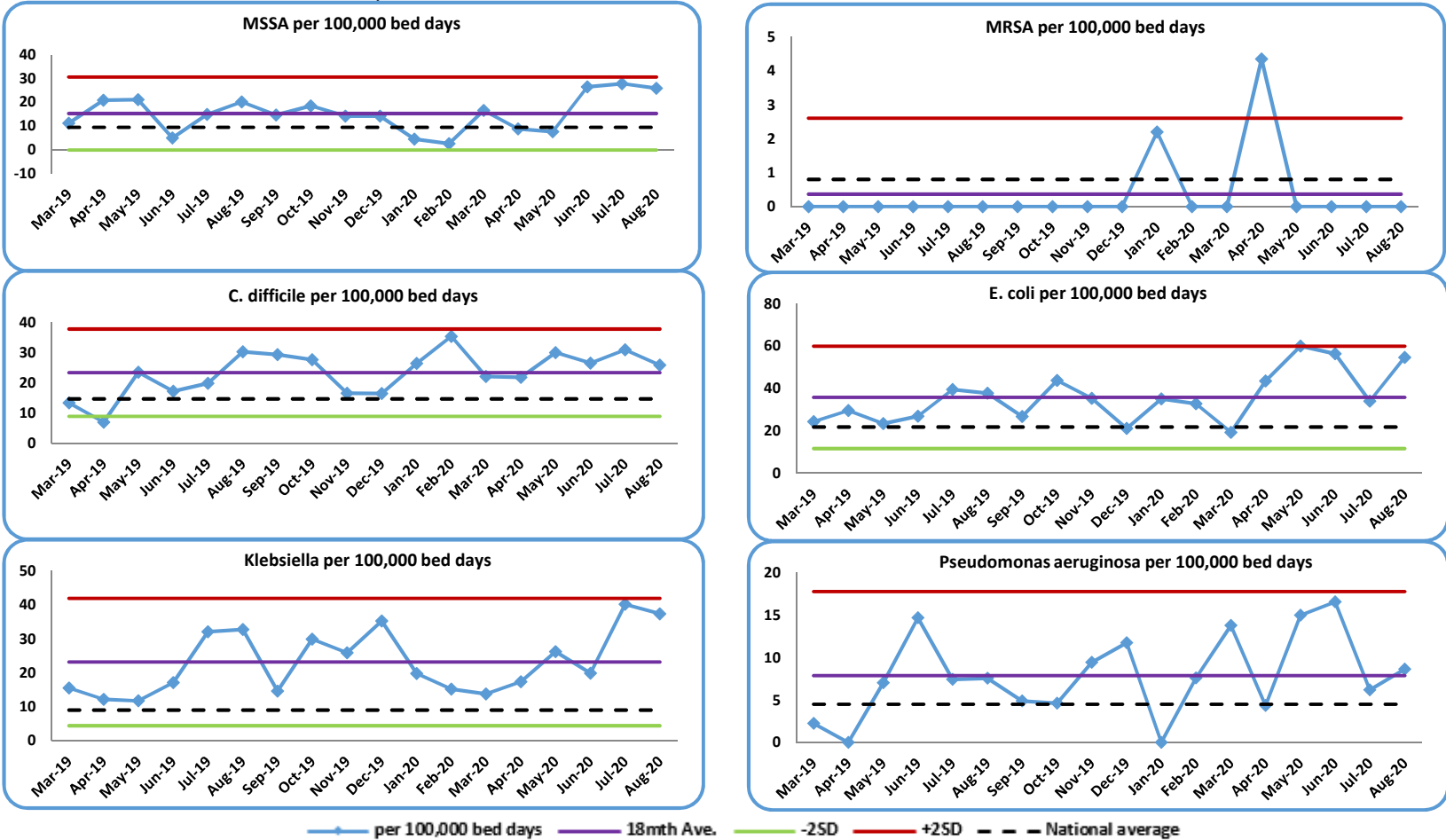
- Overall Financial Position

Quality and Performance: Healthcare Associated Infections

The 2020/21 NHS Contract has now included Community Onset Healthcare Associated (COHA) to all Blood Stream Infections (BSI) from 1 April 2020 and due to this change in guidance, we have set an internal objective for a 10% reduction based on an amended figure for last year's HCAI rate which would have included COHA definitions. Therefore MSSA bacteraemia cases has a new internal 10% to achieve ≤ 88 cases for 2020/21 and at the end of August there were 30 cumulative cases. There have been no further MRSA bacteraemia cases since April 2020.

The same internal reduction has been set for E. coli bacteraemia cases with the aim to achieve ≤ 194 cases ; August saw a total of 73 cases cumulatively. This has also been applied to Klebsiella bacteraemias (≤ 135 cases) and Pseudomonas aeruginosa bacteraemias (≤ 46 cases). By the end of August there were 43 cases of Klebsiella bacteraemias and 15 cases of Pseudomonas aeruginosa bacteraemia cumulatively.

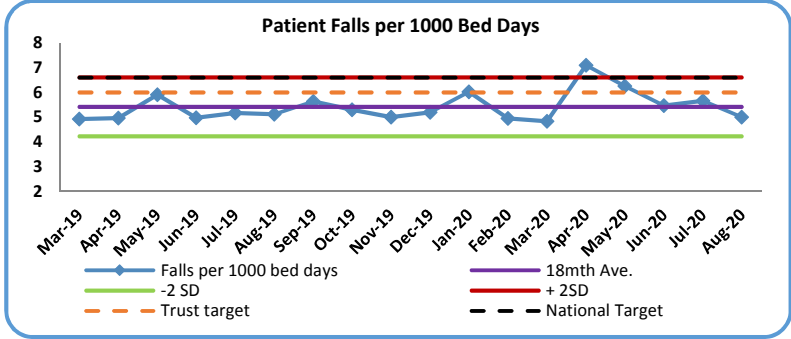
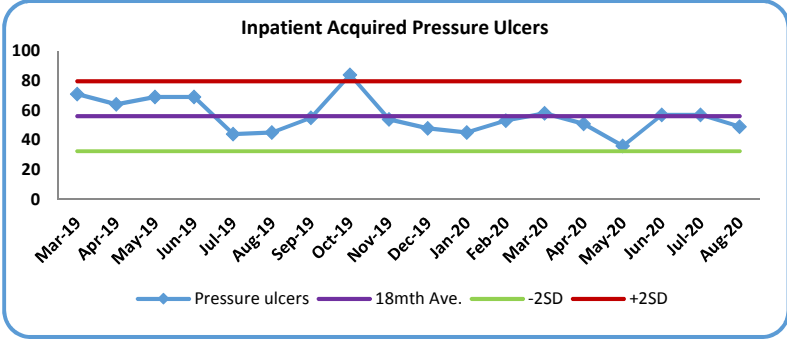
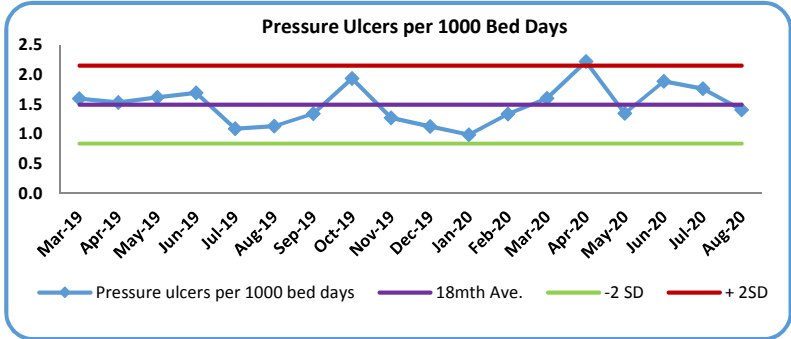
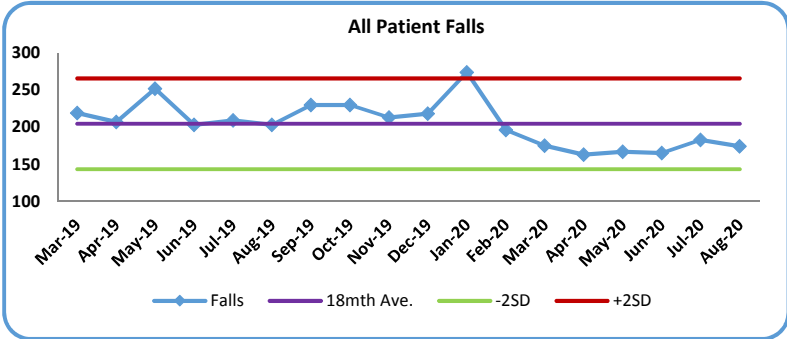
By the end of August 2020 we still have not received our nationally set trajectory for C. difficile infections so we are currently still using last year's objective of a total of no more than 113 cases until advised otherwise by NHSI.



Quality and Performance: Harm Free Care

The Acute Trust figures show a sustained reduction in the amount of pressure ulcers reported in August 2020. There has been a reduction in serious pressure damage in July and August. In the last month multiple ward areas have been presented with an award to recognise a reduction in incidents of pressure damage of at least 20%, some have reduced their rate by up to 80%. Work continues in the Tissue Viability team to prevent pressure damage and share this with ward areas to promote ownership of the pressure ulcers acquired within their own areas with an aim of prevention.

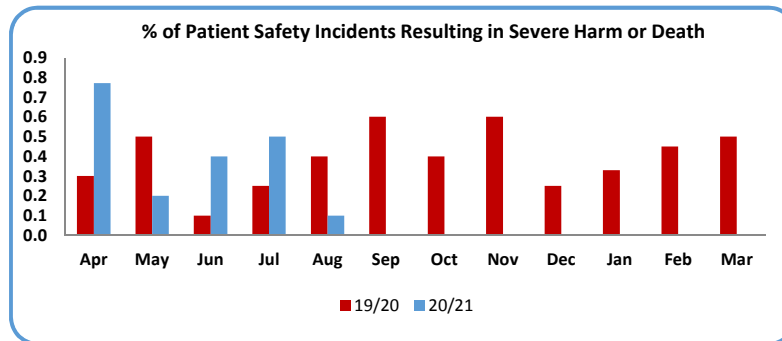
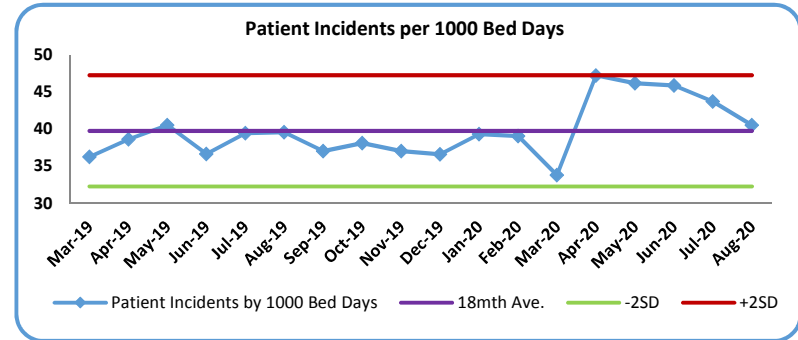
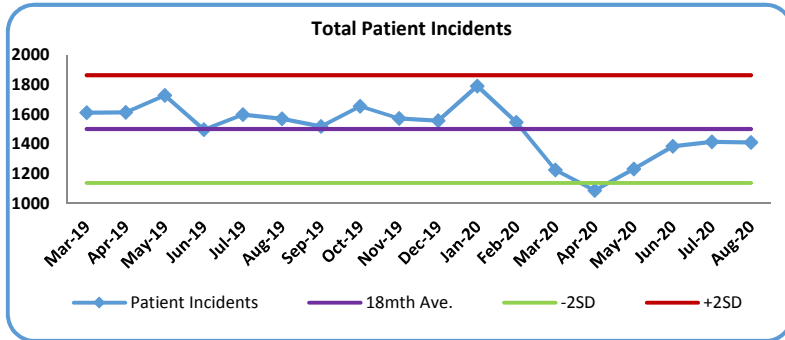
In relation to inpatient falls, the rate and total number of falls remain within normal levels of variation and although there was a slight increase in July, this is likely due to increased admissions following reduced occupancy during COVID-19 and increase in the acuity of these inpatients, therefore they have heightened risk factors. On average there has been a steady reduction in 2020. There has been success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury compared to the same period last year (a total of 26 incidents 2019/20 Vs. 37 incidents 2018/19 April – September inclusive). The incidents and rates of falls and PU are monitored closely and any serious incidents undergo a robust Root Cause Analysis (RCA) process which assists in the identification of quality improvement work streams which to date have been successful.



Quality and Performance: Incident Reporting

The percentage of incidents that resulted in severe harm or death reported in August 2020 is 0.1%. Nationally we report fewer incidents resulting in severe harm or death than other similar providers.

The data is subject to change in future reports as severity is modified following investigation.

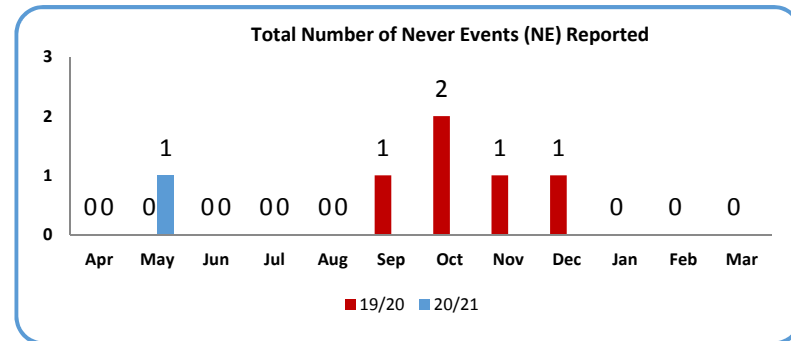
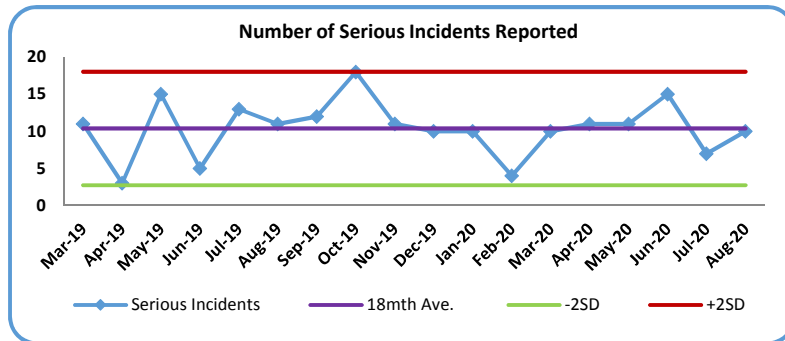


Quality and Performance: Serious Incidents & Never Events

Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death. It is a statutory requirement for the Trust to be open and transparent ensuring that patients/their families are informed about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences. The Duty of Candour has been initiated in nine cases and is under review for one case.

In August there were 10 cases reported as Serious Incidents (SIs).

- Four pressure ulcers - DoC in progress
- One unexpected death - DoC in progress
- Delayed treatment - DoC in progress
- Three each baby counts - DoC in progress
- One potential reputational impact - Under review



Quality and Performance: Serious Incident Lessons Learned (1/2)

Learning from SIs & NE (March 2020 – June 2020)

The following section outlines key learning from SI investigations to date; any outstanding learning from March 2020 – June 2020 will be shared once investigations have been complete. This data excludes information on falls, pressure ulcers and SI cases subsequently de-registered.

Child administered wrong dose of medication based on incorrect weight

Weight is now electronically recorded when weight measured & electronic system prompts staff to re-measure weight every 2 weeks.
Confirmation of accurate weight when prescribing for paediatrics.

Child received incorrect dose of anticoagulants

Process regarding out-patient review of medications revised.
Highlighted importance of prescriber consultation with patient/parent when prescribing medication.

Incorrect gestation led to incorrect decision regarding pregnancy

Gestation should be directly clarified with patient prior to investigation rather than relying on documentation only.
Awareness raising on correct pathway to be followed.

Patients (3) lost to follow up for treatment (same speciality)

Recruitment of 2 failsafe officers to ensure patients reliably receive follow up appointments.
Communication processes under review with support of the Service Improvement Team.

Patient with suspected lost to follow up on discharge

Discharge process from ward, including letter to patient and GP reviewed.
Discharge checklist from Endoscopy reviewed.
Awareness raising on formal referral process.
Review of cancer diagnosis trigger an alert to relevant MDT.

Patient not prescribed anticoagulation and subsequently developed a DVT

Review of ward processes to ensure surgeons instructions are followed during the post-operative period.
Directorate VTE prophylaxis guidelines implemented.

Learning from SI's & NE (November 19 – February 2020)

The following outlines key learning from SI investigations which were incomplete at the time of the May 2020 report.

Delay in hip screening

Failsafe steps introduced post identification of issue and regular audit to be undertaken.

Patient on indomethacin developed ulcer and life threatening haemorrhage

Earlier GI teaching for junior doctors.
Indomethacin inclusion/exclusion guidelines reviewed.
Endoscopy referral process reviewed.

Quality and Performance: Serious Incident Lessons Learned (2/2)

Learning from SI's & NE (July 19 – October 2019)

The following outlines key learning from SI investigations which were incomplete at the time of the May 2020 report.

Child had a respiratory arrest related to opioid administration

New guidance produced regarding administration of pain medication.

Awareness raising on Fentanyl infusions and ventilated patients.

Patient suffered an avoidable PE pending investigation results

New process for follow up of TPN patients on therapeutic heparin introduced.

Radiology to develop information regarding average scan request and reporting times.

Patient died at home 6 weeks following surgery due to a rare but recognised post-surgical complication

No learning identified.

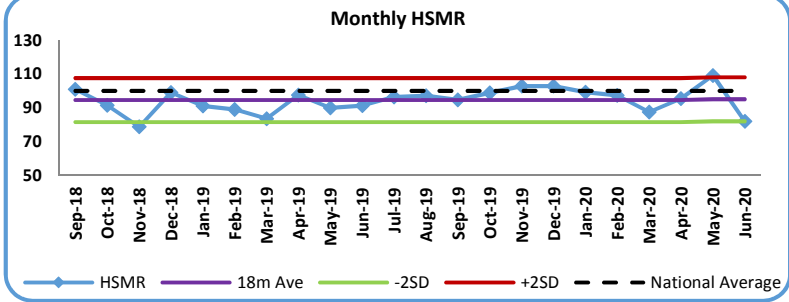
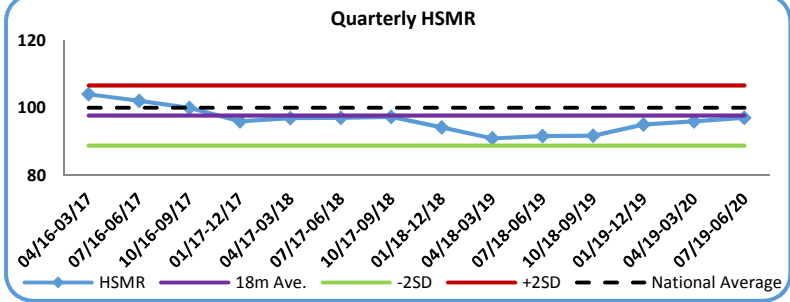
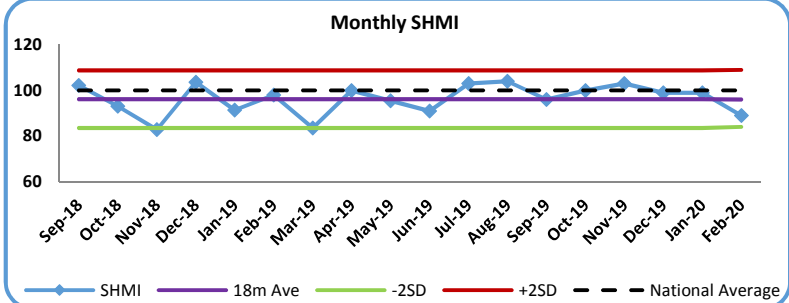
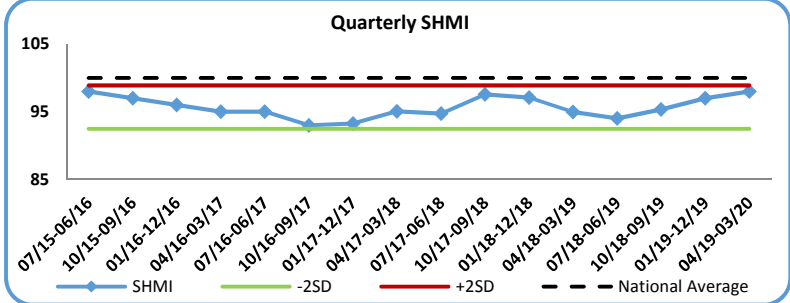
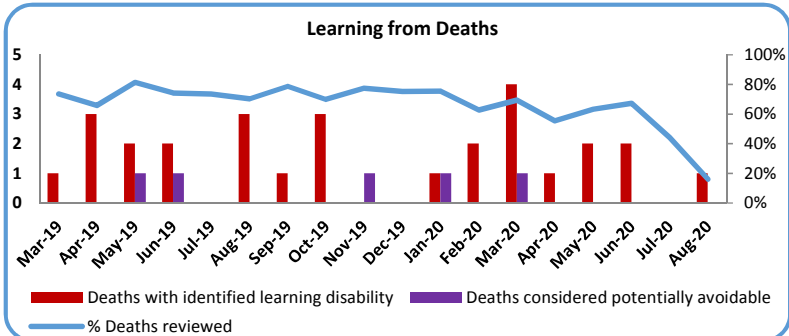
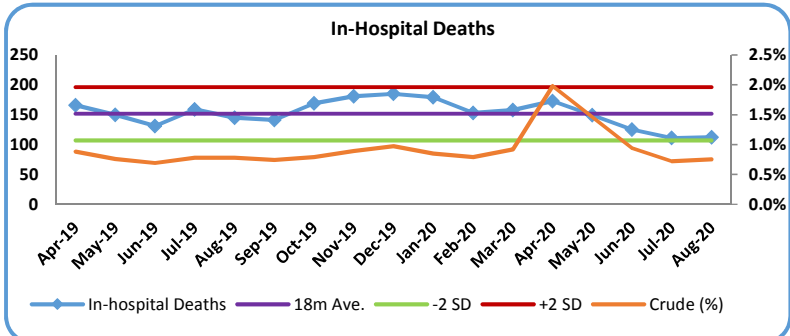
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 112 deaths reported in August 2020, which is lower than the amount of deaths reported 12 months previously (n=145). Crude data shows 0.75% which is slightly lower than reported crude data 12 month previously (n=0.78%). Although crude data has continuously shown to be under 1%, there was a rise during April-May 2020 due to discharge numbers being dramatically low during this period.

Learning from Deaths: In August 2020, 112 deaths were recorded within the Trust and to date, out of the 112 deaths, 18 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

SHMI: The most recent published SHMI data from NHS Digital shows the Trust has scored 98 from months April 2019 – March 2020, this continues to be lower than the national average and is within the "as expected" category. The latest monthly SHMI data retrieved from external database CHKS is currently published up to February 2020.

HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to June 2020 and is below the national average. Monthly data is available until June 2020. This number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Friends and Family Test (FFT)

The collection and reporting of data was postponed in March by NHS England.

The launch of the new FFT guidance which was due to start on the 1st of April has also been postponed and a provisional date of December 2020 has been advised for this to begin.

Trust Complaints 2020-21

The Trust received a total of 179 (163 with patient activity) formal complaints up to the end of August 20, with 57 complaints received in August, an increase by 19 on last months received complaints.

The Trust is receiving an average of 36 new formal complaints per month, which is 17 complaints per month lower than the 53 per month average for the last full financial year.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of June are within Surgical Services with 0.12% (12 per 10,000 contacts) and the lowest are within ePOD and Cancer Services at 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 65% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 18% of all subjects raised within complaints.

Directorates	2019-20				19-20 Ratio (Full Year)	18-19 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)		
Cardiothoracic	10	30,590.00	0.033%	1:3059	1:1873	1:2770
Children's Services	14	29,846.00	0.047%	1:2132	1:1753	1:2778
Out of Hospital/Community	4	8,395.00	0.048%	1:2099	1:6027	1:3505
Dental Services	7	24,040.00	0.029%	1:3434	1:6857	1:9392
Internal Medicine/ED/COE	18	63,088.00	0.029%	1:3505	1:2552	1:2996
Internal Medicine/ED/COE (ED)	14	43,893.00	0.032%	1:3135	1:3817	1:4091
ePOD	8	82,229.00	0.010%	1:10279	1:6745	1:8799
Musculoskeletal Services	16	30,822.00	0.052%	1:1926	1:2080	1:2849
Cancer Services / Clinical Haematology	5	50,425.00	0.010%	1:10085	1:7908	1:7235
Neurosciences	11	43,104.00	0.026%	1:3919	1:2373	1:2543
Patient Services	5	18,781.00	0.027%	1:3756	1:3819	1:3415
Peri-operative and Critical Care	3	15,379.00	0.020%	1:5126	1:2640	1:3080
Surgical Services	28	24,042.00	0.116%	1:859	1:1310	1:1607
Urology and Renal Services	6	23,849.00	0.025%	1:3975	1:2406	1:2668
Women's Services	14	50,552.00	0.028%	1:3611	1:3114	1:3307
Trust (with activity)	163	539,035.00	0.030%	1:3307	1:3241	1:3834

Quality and Performance: Health and Safety

Overview

There are currently 1,013 health and safety incidents recorded on the Datix system from the 1st September 2019 to 31st August 2020; this represents an overall rate per 1,000 staff of 63. The Directorate with the highest number of incidents is Patient Services reporting 148 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Internal Medicine (91.6), Peri-operative & Critical Care Services (94.3), Women's Service (77), and Patient Services (64).

Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 746 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st September 2019 to 31st August 2020 this represents an overall rate per 1,000 staff of 46.3. Directorate rates per 1,000 staff over this period for the highest reporting services of aggressive behaviour are Neuroscience (135) Directorate of Medicine (131), Community (90), Patient Services (76) Musculoskeletal Services (69) and Urology/Renal Services (62).

Sharps Incidents

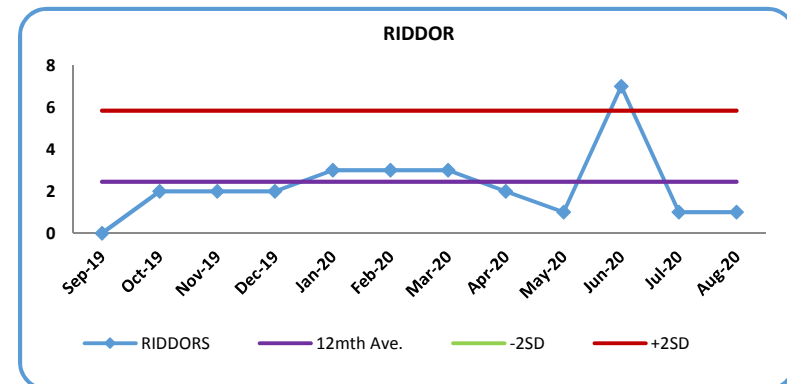
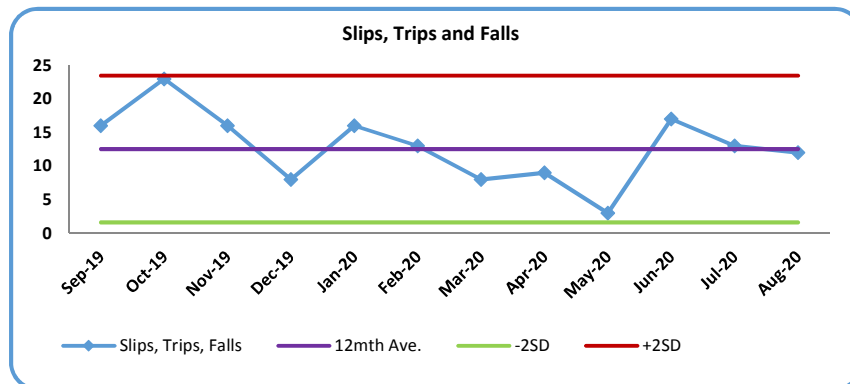
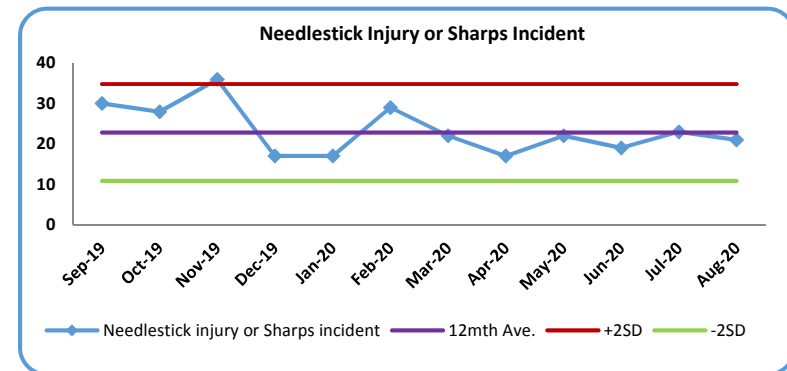
The average number of all sharps injuries per month is 23 between 1st September 2019 to 31st August 2020 based on Datix reporting, with 19.6% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 17.4 per month.

Slips, Trips and fall

Slips on wet surface, fall on level ground and tripped over an object collectively account for 62% of falls between 1st September 2019 to 31st August 2020. Fall as a result of a faint, fit or other similar event, fall up or down stairway and falls from a chair account for 22% of the incidents recorded.

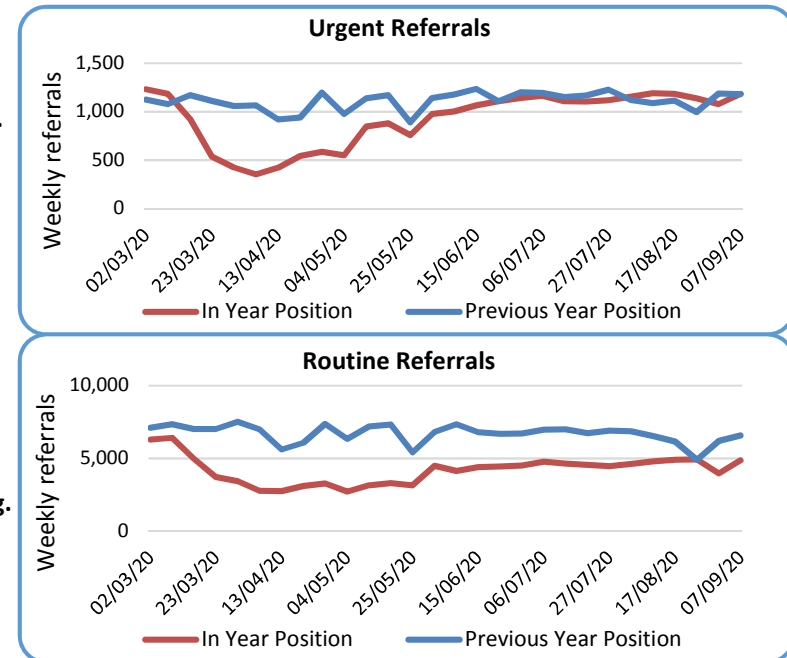
RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st September 2019 to 31st August 2020 are Slips and falls (9) and moving and handling (7). These account for 59% of reportable accidents over the period.



Quality and Performance: 3Rs – Data, Processes and Performance Work Stream

- **As part of the Trust response to COVID-19 through the Restart, Reset and Recovery Cell (3Rs) the Trust continues to take actions to ensure it has robust processes in place for managing referrals and patients relating to Outpatients and RTT.**
 - As the Trust continues to move forwards into the second and third phases of its 3Rs cell, and into business as usual activity, the focus of the individual sub-groups will move into maximizing current available capacity, solidifying current transformational changes and focusing on longer term transformation objectives.
- **The Trust began re-acceptance of routine GP referrals from 1st June, having agreed with local commissioners to halt routine referrals during April and May.**
 - The Trust has worked alongside commissioners to manage this process of reopening to routine referrals and this follows national NHSE/I instruction that the NHS had moved into the second phase of response to COVID-19.
 - Routine referrals remain under previous levels but have remained steady since the re-acceptance of GP referrals (1st June) at approx. 79% of previous levels.
 - Urgent referrals have now recovered to above 100% of previous levels.
- **Processes have been put in place for safely restarting services, including addressing any environmental concerns, for example linked to social distancing. Consideration is being given to different patient cohorts when restarting activity including patients who are currently shielding, or those not wanting to attend hospital, due to the COVID-19 pandemic.**
- **There are various outcomes for how directorates are dealing with individual referrals, with consultants making clinical decisions about the most appropriate outcome:**
 - Face-to-face appointments (as many appointments as possible are being converted to telephone and video appointments, and on-site face-to-face outpatient appointments are only taking place where absolutely necessary).
 - Telephone or Video appointments.
 - Advice and Guidance.
 - Patient discharged back to their GP.
- **As part of the Trust's response to COVID-19, a framework and a number of standard operating procedures have been produced to provide guidance for directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.**



Quality and Performance: Monthly Performance Dashboard

Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month Previous Year		
			w/e 02/08/20	w/e 09/08/20	w/e 16/08/20	w/e 23/08/20	w/e 30/08/20	Jun-20	Jul-20	Aug-20
Type 1 Attendances (Main ED)	2,377	1,886	85.5%	86.9%	84.4%	79.5%	79.4%	79.4%	84.8%	90.5%
Ambulance Arrivals	635	582	96.7%	90.7%	86.8%	87.1%	91.7%	Data unavailable due to historical recording issues.		
Eye Casualty Attendances	416	260	57.4%	56.9%	56.5%	64.4%	62.5%	50.1%	53.5%	55.3%
Walk in Centre Attendances	1,419	498	33.2%	34.0%	38.8%	34.4%	35.1%	27.4%	30.8%	38.0%
A&E 4hr performance (Type 1)	89.5%	93.5%	+7.5%	+3.9%	+4.6%	+6.3%	+4.0%	+5.1%	+7.4%	+3.4%
A&E 4hr performance (All Types)	94.3%	96.6%	+3.6%	+1.1%	+1.6%	+2.7%	+2.3%	+2.1%	+3.5%	+1.1%
Emergency admissions (All)	743	722	91.7%	103.2%	92.7%	95.4%	97.2%	86.6%	89.9%	99.0%
Bed Occupancy	80.8%	69.6%	64.1%	66.5%	68.3%	69.2%	69.6%	62.5%	63.5%	68.1%
Outpatient Referrals (All)	8,115	5,949	74.6%	76.1%	79.0%	79.7%	73.3%	67.0%	71.4%	79.3%
Elective Spells	2,721	1,966	72.4%	75.3%	75.8%	70.2%	72.3%	55.4%	69.3%	75.6%
Outpatient Attendances	20,457	17,355	82.8%	88.6%	91.5%	89.2%	84.8%	71.8%	81.0%	90.6%
DNA Rates	7.2%	8.2%	7.6%	8.0%	8.1%	8.4%	8.2%	6.1%	7.1%	8.1%
Incomplete Performance	87.3%	57.2%	51.3%	51.6%	53.4%	55.3%	57.2%	55.1%	51.1%	58.3%
RTT >52 Week Waiters	18	1,038	758	828	905	988	1,038	354	730	1,041
2WW Appointments	482	397	77.7%	90.0%	80.6%	92.7%	82.3%	65.8%	75.6%	76.4%
All Cancer 2WW	No weekly performance recorded.							83.4%	74.5%	Reported one month in arrears.
Cancer 2WW Breast Symptomatic								81.8%	92.3%	
Cancer 62 Days - Urgent								76.4%	76.0%	
Cancer 62 Days - Screening								3.2%	5.4%	
Total Diagnostic Tests Undertaken	4,275	3,449	80.1%	84.7%	85.4%	86.8%	80.7%	69.3%	83.3%	86.7%
Diagnostic Performance	No weekly performance recorded.							56.9%	63.2%	70.1%

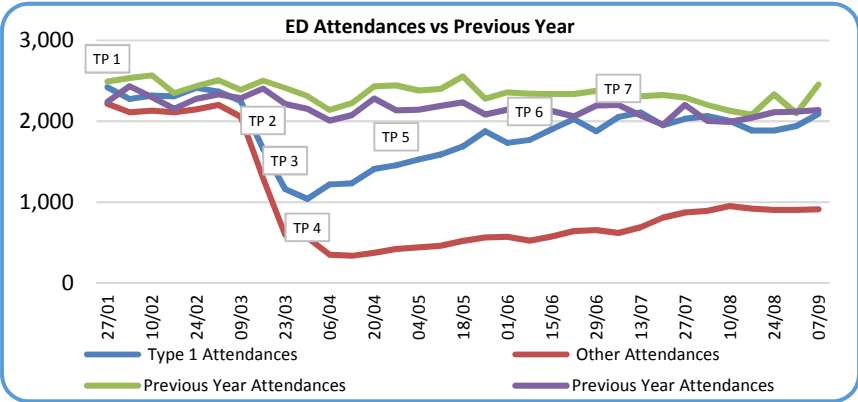
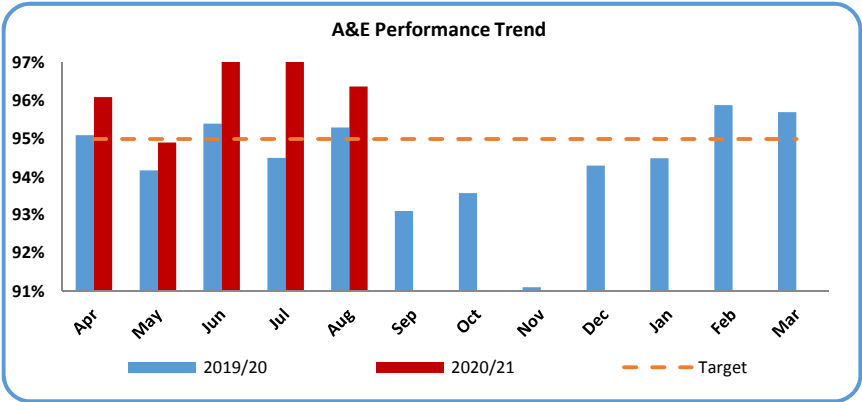
Data provided as 'Actual' figure rather than % comparison

Several of the following graphs have Time Points (TPs) indicated to highlight key dates throughout the COVID-19 pandemic.

They indicate the following events: TP 1 = First UK COVID-19 Case, TP 2 = Internal Cancellation of Non-Critical Activity, TP 3 = UK Lockdown, TP 4 = Switch Off of Routine Referrals, TP 5 = NHSE Launch of Phase 2, TP 6 = Switch on of Routine Referrals, TP 7 = Further Relaxation of UK Lockdown.

Quality and Performance: A&E Access and Performance

- In August the Trust met the monthly A&E 4hr standard (95%) with excellent performance of 96.4%.**
 - This is the third month in a row (and 6th time in the past 7 months) that the Trust has met the target.
 - In August the Trust’s performance placed it 8th in the whole of England out of 118 Trusts (NHSE data excludes 14 Trusts piloting the new A&E metrics) with NuTH consistently placing within the top 10 Trusts nationally. NuTH’s high performance contrasted against a 2.8% decline in the national average to 89.3%.
 - STP data shows this strong performance in comparison to the national position was replicated across Cumbria and the North East, with overall regional performance of 93.4% in August; the 6th highest STP performance out of 42 STPs.
 - September performance is currently 94.2% against the 95% standard as at 14/09. This slight downturn in performance compared to previous months has followed an increase in the number of Type 1 attendances and emergency admissions over the past fortnight, which has led to a rise in the bed occupancy level across the Trust.
- Factors which contributed to the high performance in August include:**
 - The Trust has not had any beds closed for either D&V or staffing reasons since March. This has helped combat a reduction in the Trust’s bed capacity caused by new infection prevention and control regulations associated with COVID-19.
 - A significant reduction in the number of ambulance handover delays in July and August compared to previous months.
 - As at the end of July 2020 (awaiting confirmation of August figures), the Trust has not received any ambulance divers in 2020/21. This is a significant change from April-July 2019 when the Trust received 51 divers, and will reflect lower bed occupancy levels across the region.
- Attendances across all types combined were 7% higher in August than in July, and have consistently grown during the past 4 months. This was still well below pre-COVID levels and a 32% reduction from the number of attendances seen in August 2019.**
 - Type 1 attendances have risen most quickly and equated to 90% of August 2019’s level. Nationally, Type 1 attendances have also increased quickest.
 - Having stayed fairly static during August, Eye Casualty attendances remain low at around 58% of the pre-COVID average.
 - The Trust’s Walk-in Centres have seen very low attendance levels in recent months, as Westgate and Molineux Walk-in Centres have been closed since early April (due to COVID-19).



Quality and Performance: Delayed Transfers of Care and Long Length of Stay Patients

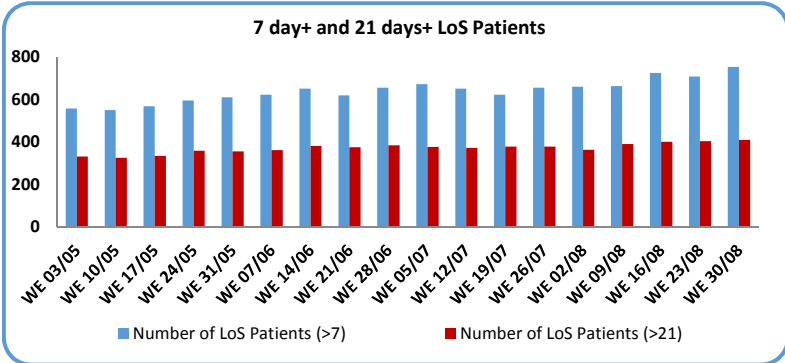
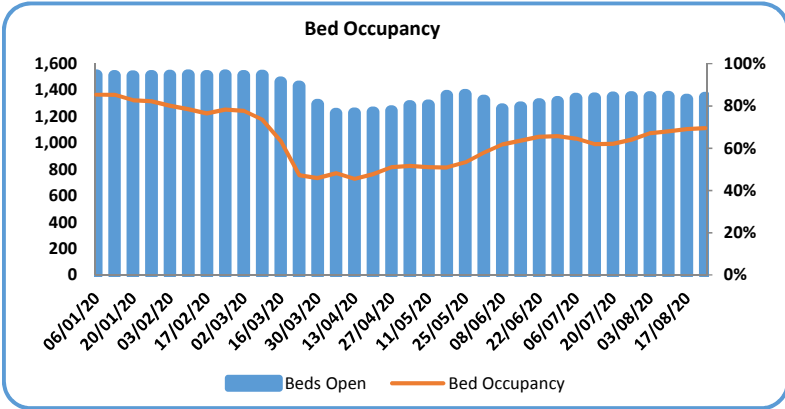
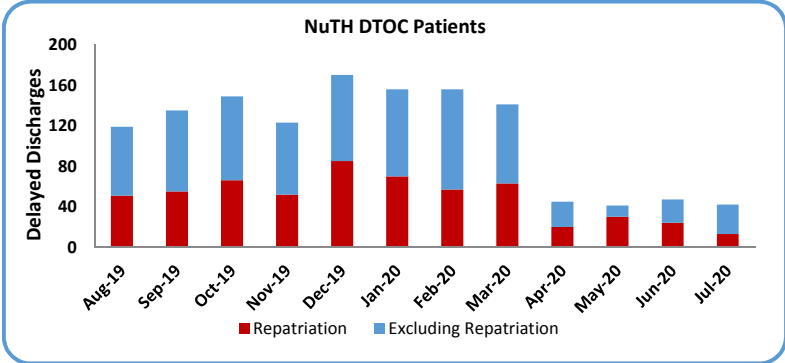
- The number of patient discharges delayed due to Delayed Transfers of Care (DTOCs) has been consistently very low since April 2020 compared to pre-COVID levels.**

 - July saw 42 delayed discharges, which is less than 1/3rd of March’s level and also less than half the total seen in July 2019.
 - The Trust has only reported data in relation to this metric up until the end of July 2020. This is due to the previous reporting of this metric being stood down due to other similar reporting through the COVID sitrep. A new reportable metric is expected to follow in September.
- Having remained fairly static throughout July at around 63%, bed occupancy increased significantly during August to reach 70% by the end of the month. This is partly due to the level of A&E attendances and emergency admissions rising, alongside the continued growth in elective admissions.**

 - The number of beds open within the hospital has significantly decreased since the beginning of the COVID-19 pandemic due to social distancing measures. The total overnight bed stock reduced by 237 beds towards the end of March and additional ward reconfigurations are currently underway.
- The number of 7 day+ and 21 days+ Length of Stay (LoS) patients has followed a similar trend to bed occupancy, with the stable levels seen throughout July, having been followed by a significant increase during August.**

 - The number of 7 day+ LoS patients was 753 at week ending 30/08, a sharp rise from the figure of 655 during week ending 26/07. The August position is additionally an increase of 67% compared to the level seen in week ending 05/04.
 - The number of 21 days+ LoS patients also grew last month to reach 409 in week ending 30/08. This was a 13% increase from the position at the beginning of August.
 - This is the total number of patients within this category and does not contain any exclusions for patient categories such as paediatrics.
- To maintain lower Length of Stay (LoS) in patients approaching discharge, and to maintain low bed occupancy levels, the Trust has been following enhanced NHSE/I discharge guidelines such as;**

 - Daily discharge meetings to discuss patients who are medically fit.
 - Using a nurse assessor from the CHC team to assist with check listing patients (freeing up time for ward staff).
 - Having a MDT approach which enables staff to have conversations quickly which may previously have taken hours longer.



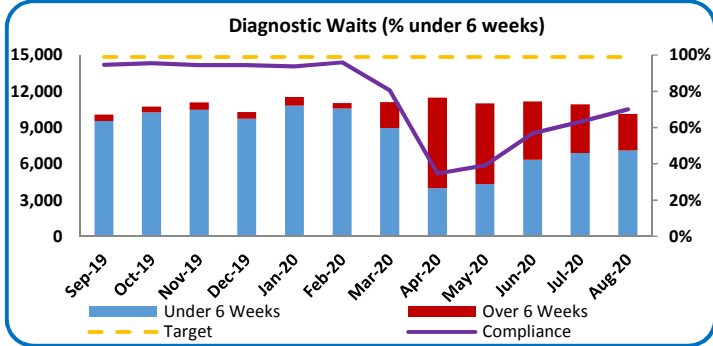
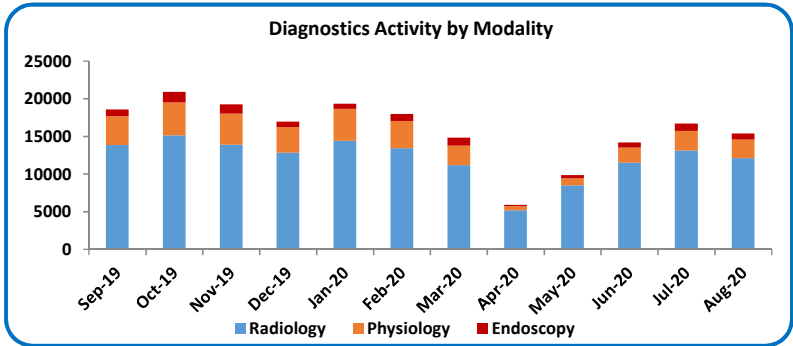
Quality and Performance: Diagnostic Waits

- In August Diagnostics performance was 70.05% against the 99% standard, which continues the positive upward trend since April. Despite less activity in August, activity still outstripped referrals with the overall waiting list reducing by 775 patients.**
 - Performance improved within Radiology during August (80%), but fell slightly within Endoscopic (36%) and Physiological (41%) assessments as the existing backlog is worked through.
 - 25% of patients waiting for Audiology Assessments have now waited for 13 weeks or more, down from 92% in June and 43% in July.
 - In July (latest available national NHSE data) NuTH's performance (63%) was in line with the national (60%) and regional (64%) positions.
 - All patients waiting for non-urgent tests have been validated and are being scheduled in for tests according to clinical need.

- In August 15,360 tests were carried out, which is 8% lower than in July, and equivalent to 82% of the average monthly activity carried out during September '19 to February '20.**
 - Efforts continue to increase activity across all settings as hospital occupancy and activity levels continue to rise.
 - Social distancing restrictions continue to be a major obstacle to further increasing diagnostic activity to pre-COVID levels, with additional settle time needed between cases in order to meet Infection Prevention and Control regulations, and fewer patients allowed within waiting areas.

- In August the total waiting list (WL) size (10,130 patients) actually dropped by 775 patients but overall continues to remain relatively stable despite reduced diagnostic capacity.**
 - Radiology saw their WL size decrease again in August due to higher activity levels with the biggest reduction within non-obstetric ultrasound.
 - The Audiology Assessments WL shrunk by 134 patients having risen in July, staffing problems still exist which exacerbate the capacity shortages caused by COVID-19. Some assessments have been conducted via video or telephone but this conversion to non face-to-face appointments has only been possible for a small number of patients.
 - The number of patients on the waiting list who have waited over 13 weeks decreased significantly again in August. 15% of the total waiting list now sits above 13 weeks, down from 33% in June and 24% in July.
 - Where patient diagnostic tests are cancelled or deferred, the waiting time clock for these patients will continue.

Overall Patients Treated Within Month	Current Month	Previous Month	Difference (Actual)	Difference (%)
Imaging	12,113	13,106	-993	-7.6%
Physiological Measurement	2,436	2,626	-190	-7.2%
Endoscopy	811	977	-166	-17.0%
Trust Total	15,360	16,709	-1,349	-8.1%



Quality and Performance: 18 Weeks Referral to Treatment

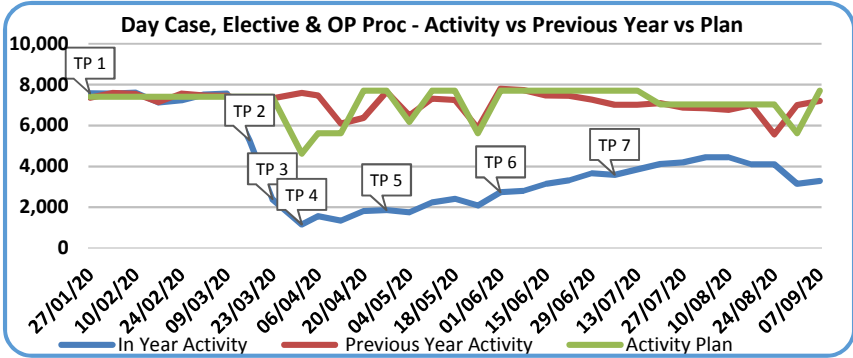
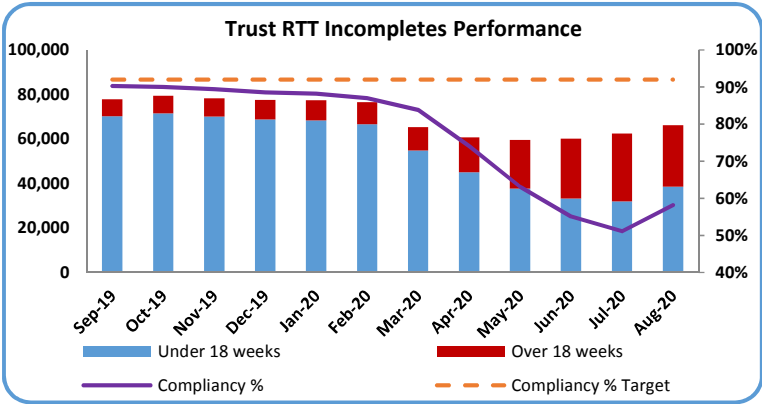
- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust’s RTT position has taken a major hit with 18 week performance only starting to recover from this month. In August the Trust recorded performance of 58.2% against the 92% standard, and recorded 1,041 patients waiting 52 weeks or more for first treatment.
 - All specialties with the exception of Neurology (92%) failed the 92% standard.
 - Over 38,000 patients have now waited above 18 weeks, with just over 5,500 of those having waited over 40 weeks.
 - NuTH have the 7th largest PTL in the country (July reporting).
 - NuTH have the 2nd largest PTL in the country (July reporting) for Ophthalmology (11,469) behind Moorfields Eye Hospital.
 - Nationally RTT compliance fell to 47% in July from 52% in June.
 - Harm reviews are being carried out for all patients over 52 weeks.

• This drop in RTT performance is replicated nationally and is a key focus of the Trust’s 3Rs recovery work streams – with dedicated sub groups focusing on: elective surgical restart, outpatient transformation, RTT / outpatient process issues.

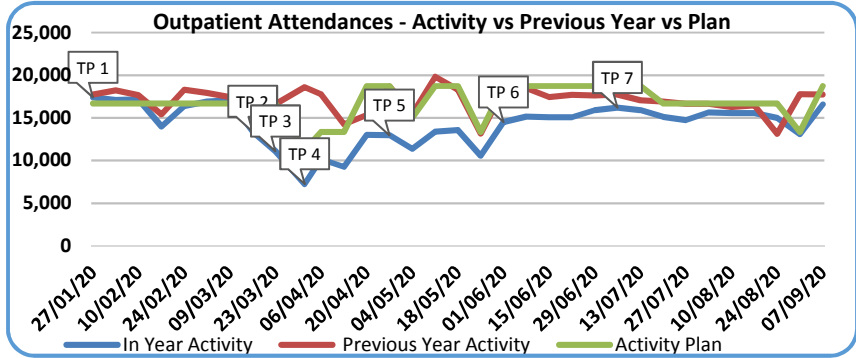
• Having primarily dropped since the COVID-19 pandemic the Trust waiting list size grew by 3,826 patients in August having reopened to routine GP referrals from 01/06/20, with the total PTL size now sitting at 66,193.

- The volume of referrals received in August '20 was 79% of the volume that would usually be expected.
- 18% of the total PTL and 32% of patients waiting > 40 weeks reside within Ophthalmology

• Although the most recent activity position is shown in the graph below, there will be an additional coding catch up for the most recent two weeks which will move activity from OP Attendances to OP Procedures. **The most recent position without any expected movements shows delivery of 59% against the same point in the previous year (Day Case, Elective & Outpatient Procedures) and 94% (Outpatient Attendances).**

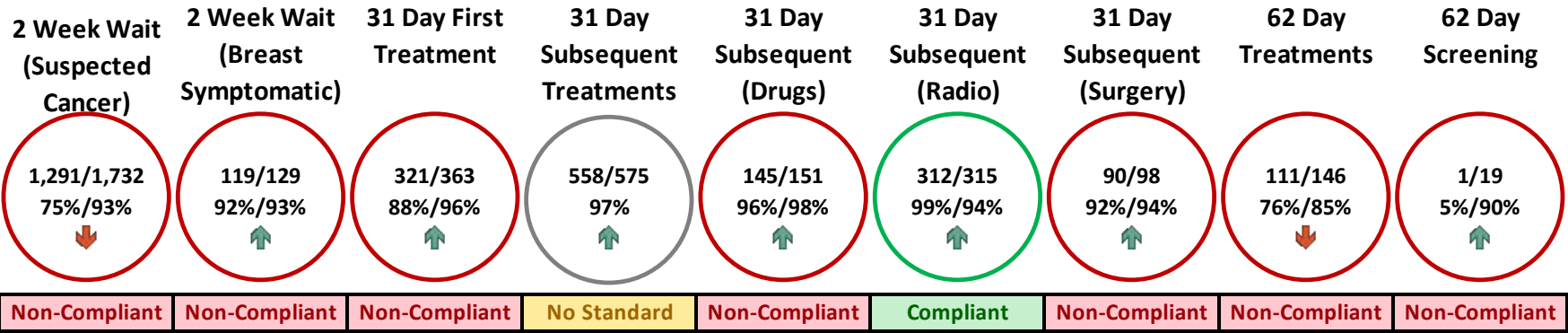


NHSE Phase 3 ambitions are to achieve 80% and 90% of DC, EL and OP PROC activity in September and October onwards respectively.



NHSE Phase 3 ambitions are to achieve 100% of Outpatient Attendances activity in September and onwards.

Quality and Performance: Cancer Performance (1/2)



The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

- The Trust achieved 1 of the 8 Cancer Waiting Time standards in July; 0 of the 8 standards were met in June.**
 - The 31 Day Subsequent Treatments – Radiotherapy standard was met in July with performance of 99%.
 - Breast Symptomatic performance was just below the 93% standard, and would have achieved compliance if just one more patient had been treated within time – this is a fantastic achievement given Breast Symptomatic performance over the past 12 months. Suspected Breast cancer achievement for 2ww was 97.7%.
 - An increase has been seen within out of area referrals for Breast services.**
 - The 2ww position has declined from 83% to 75%. This is predominantly due to an issue within Skin cancer, which will carry on in August and September. Positively Upper GI performance increased significantly from 87% to 99%.
 - Due to the high volume of referrals received, a growing number of appointment slot issues (ASIs) have been present within the Skins tumour group, with the service unable to maintain pre-COVID capacity due to social distancing.**
 - The most challenged tumour groups in July for 62 Day performance were Upper GI at 45% (72% in June) and Urological at 65% (61% in June). Positively Lung performance improved from 47% in June to 70% in July.
- The Northern Cancer Alliance also met 1 of the 8 standards in July; 0 of the 8 standards were met in June.**
 - Two providers within the Northern Cancer Alliance achieved the 2ww target in July.
 - Three providers within the Northern Cancer Alliance met the 62 day target in July.
- Despite cancer treatments being prioritised during the COVID pandemic the number of 62 day treatments has declined since March (199).**
 - Although the drop in treatment numbers is in line with the number of referrals received there has also been a lengthening in the time taken to complete patient pathways due to decreased surgical and diagnostic capacity.

Please see additional charts and referral information contained on the next page.

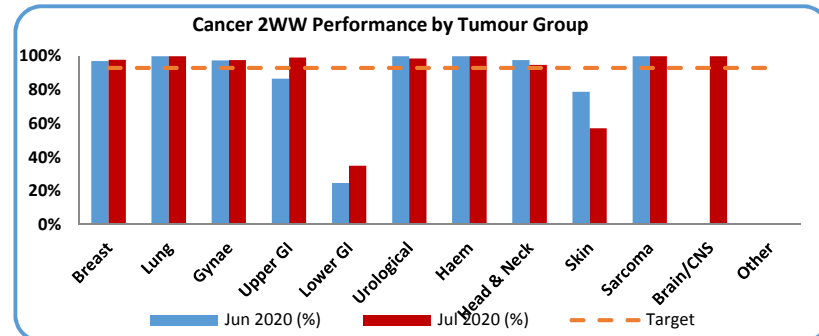
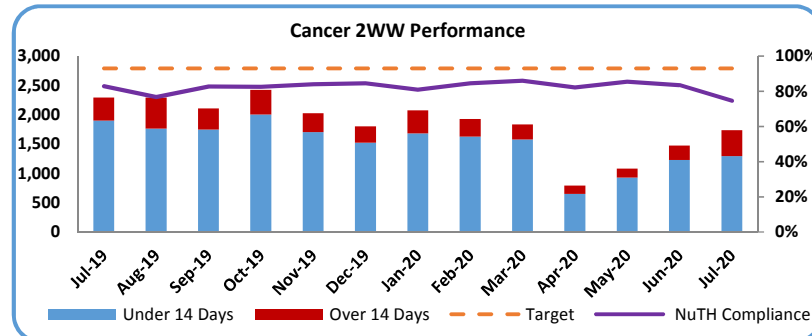
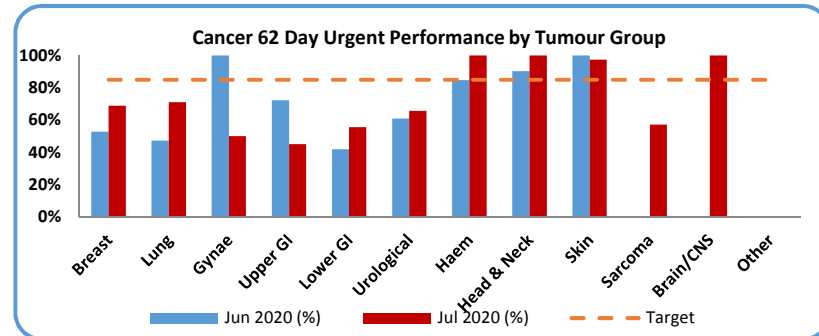
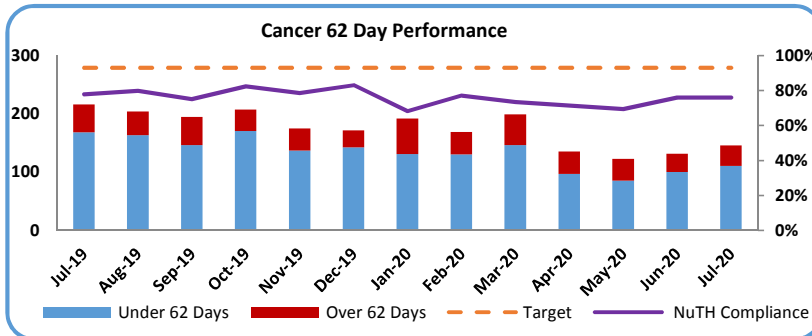
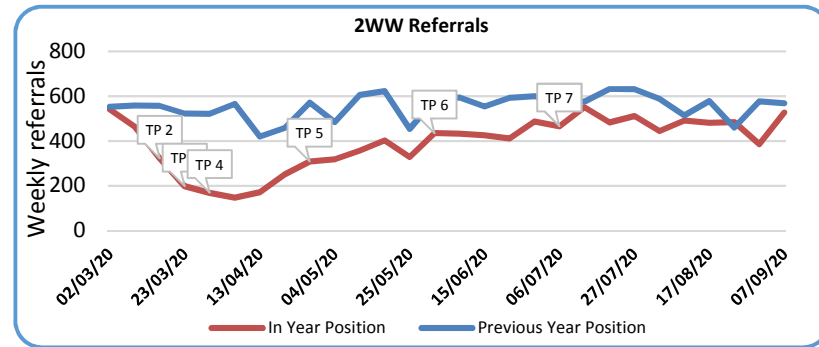
Quality and Performance: Cancer Performance (2/2)

Referrals	Pre-COVID Average	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month Previous Year		
		w/e 23/08/20	w/e 30/08/20	w/e 06/09/20	w/e 13/09/20	Jul-20	Aug-20	Sep-20
Outpatient 2WW	543	88.7%	89.2%	71.0%	97.1%	82.3%	84.0%	88.2%

Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels.

There is often a lag in the latest weekly position for referrals.

Anecdotally referral levels across the region have been reflective of the NuTH position.



Quality and Performance: Other Performance Requirements

- The Trust reported 40 'last minute' cancelled operations in August 2020, which was similar to the level reported in July.**
 - This is a threefold increase from the average of 13 per month seen between April and June 2020 when elective activity was significantly reduced due to COVID-19. However, this total remains well below both the August 2019 level (63) and the pre-COVID monthly average of 62.
 - The most frequent cancellation reason in August was 'No ITU Bed available', with this particularly impacting the Cardiothoracic and Surgery directorates.
 - Although approximately 90% of theatre lists have now resumed their usual service, additional 'settle time' between cases due to IPC measures has reduced the volume of cases that can be safely listed per session.
 - NuTH reported 0 breaches against the standard to treat within 28 days following last minute cancellations for the third successive month. This contrasts with April and May 2020 when COVID-19 pressures led to 9 operations being unable to be rescheduled in time. Prior to June 2020, the Trust had last reported 0 monthly breaches in this category in October 2018.
- In relation to Dementia, the Trust did not achieve the national standards for 2 of the 3 metrics in August.**
 - Performance against the referral metric was, however, 100% and this is the 13th month in a row when this target has been met.
 - Actions have been taken to improve compliance against the other 2 metrics with performance in August at the highest levels of 2020/21 to date (71% and 39% against 90% standards). Actions taken to improve this performance further include amending the dementia screening tool alongside IT and using Trust wide communications to increase awareness of the screening tool.
 - All junior doctors continue to receive training from the dementia team as part of their inductions.
- The proportion of people who have depression and/or anxiety receiving psychological therapies remained very low in August at 0.94% (against the 1.58% target), a drop of 0.15% from July's figure.**
 - The proportion has been consistently very low since March, when UK lockdown led to a sharp decline in the number of referrals. It is anticipated that referral levels will increase in future months and may actually exceed pre-COVID volumes.
- In August, performance against the 'moving to recovery' standard for IAPT was 41.3%, well below the target of 50%. This standard had been met in June 2020 for the first time since January 2019.**
- The IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be met with already strong performance having improved further in August as 99.7% of patients were seen within 6 weeks, and 100% within 18 weeks. The past 3 months have seen the highest performance levels against these metrics for many years.**
 - Due to lower referral levels, the service has been able to reduce their overall waiting list size during the past few months, with waiting times for Guided Self Help, Counselling and Psychology modalities all significantly reducing.
 - Telephone and video appointments have facilitated a greater number of patient contact hours in recent months. The team has achieved this despite an increasing number of vacancies, alongside managing the risks and challenges presented by COVID-19.

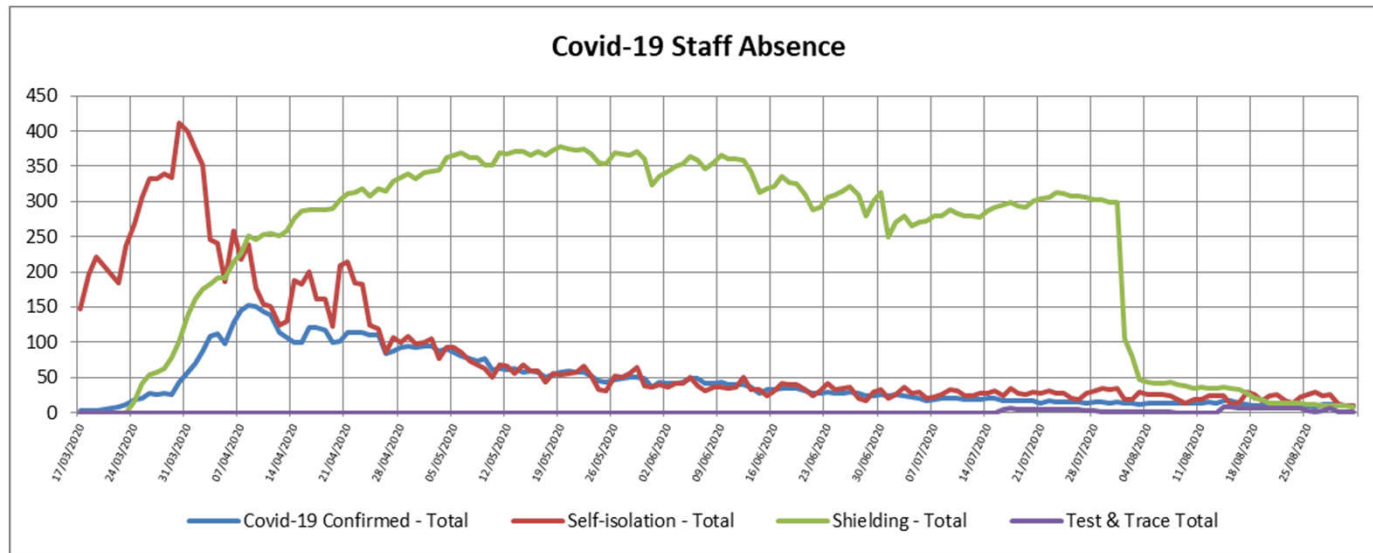
Reportable Cancelled Operations	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Last minute cancelled operations	63	73	54	60	52	48	51	70	7	15	16	45	40
Number of 28 day breaches	13	2	4	1	4	5	3	4	3	6	0	0	0
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
% asked the dementia case finding question within 72 hours of admission.	50%	45%	39%	36%	36%	35%	42%	39%	42%	37%	36%	28%	39%
% reported as having had a dementia diagnostic assessment including investigations.	59%	52%	57%	59%	61%	55%	69%	72%	67%	65%	67%	62%	71%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	100%	100%	96%	94%	100%	100%	100%	100%	100%	100%	100%

People: COVID-19

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 18th March and 31st August. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Number of Self Isolation cases down from 109 on 01/05/20 to 9 on 31/08/20. However, this month the volumes have increased significantly to 87 cases as of the 08/09/20.
- Number of Shielded Staff absence has reduced from 339 on 01/05/20 to 8 on 31/08/20 with shielding status rules 'relaxed' by government. These staff have been supported to return to work assured by measures in place, some redeployment where appropriate and personal return to work plan.



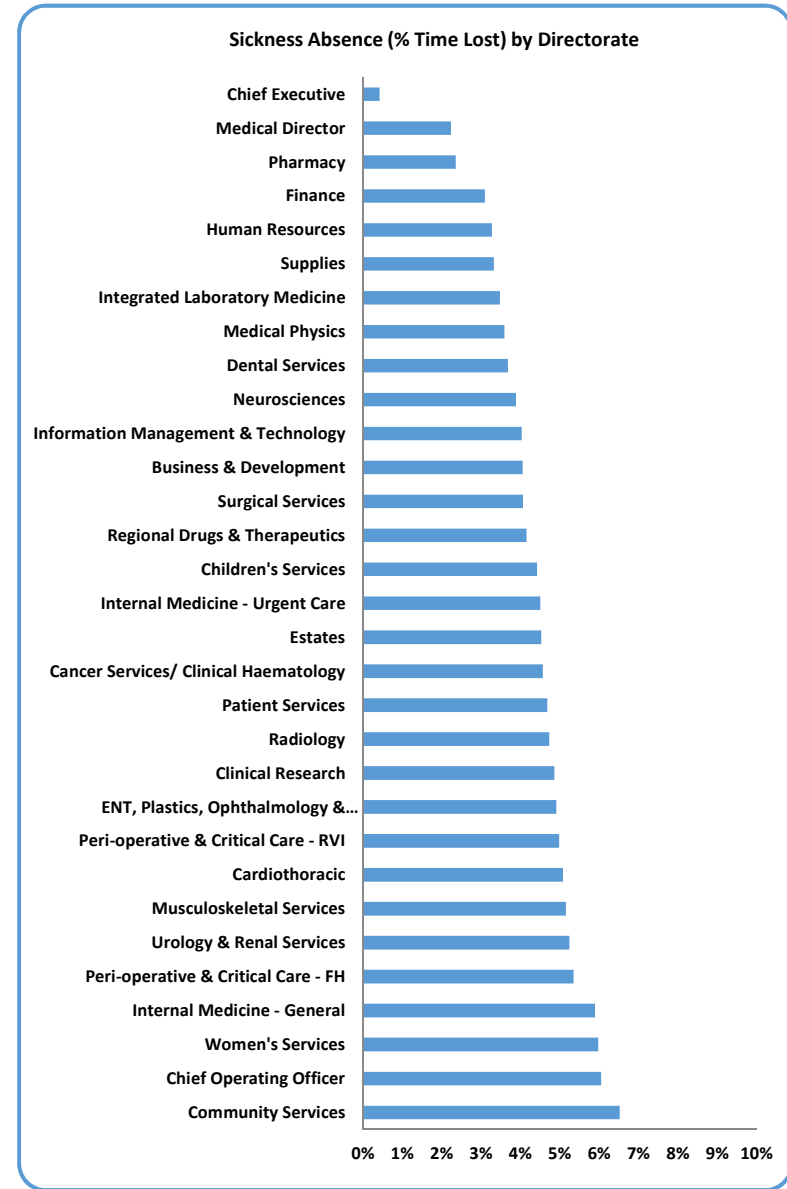
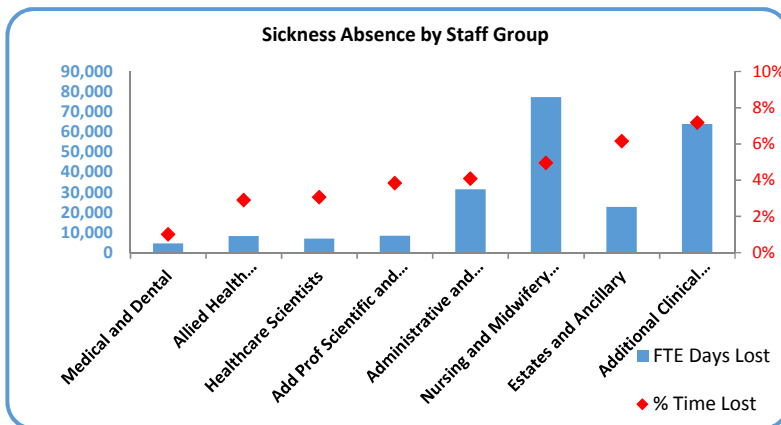
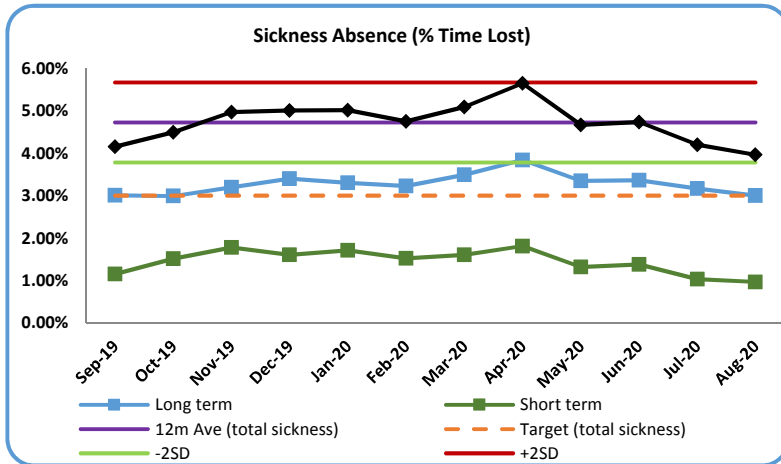
- Risk Assessments have been made available to all Trust staff – staff in 'high risk' category prioritised.
- 100% (as at 31/08/2020) of Trusts BAME staff have had a Risk assessment with mitigating outcomes agreed where necessary. 100% of 'high risk' staff have had a Risk assessment with mitigating outcomes agreed where necessary.
- To support rest, health and wellbeing, all staff have been encouraged to take at least 50% of their annual leave entitlement by end of October.

People: Well Workforce

- Year to year comparison for sickness absence :

	Aug-19	Aug-20	
Long-term	2.94%	3.37%	↑
Short-term	1.33%	1.35%	↑
Total	4.26%	4.72%	↑

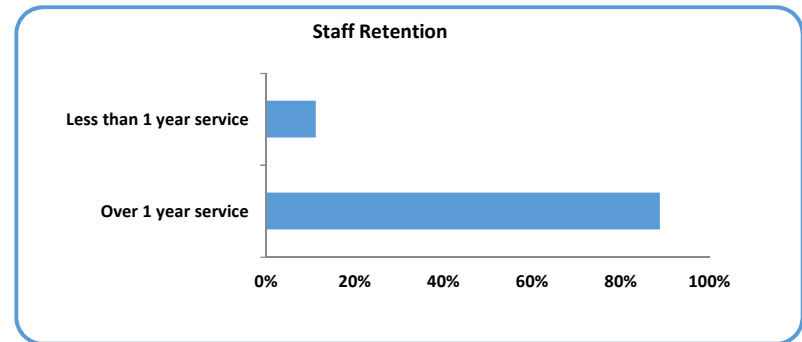
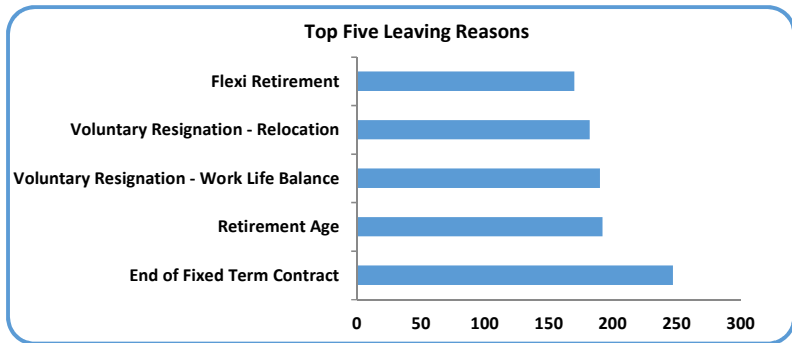
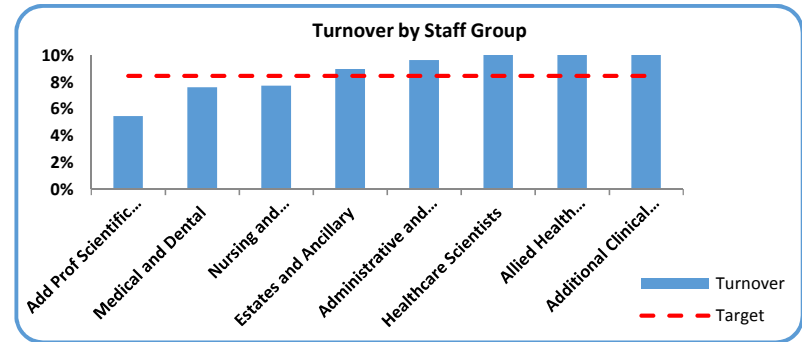
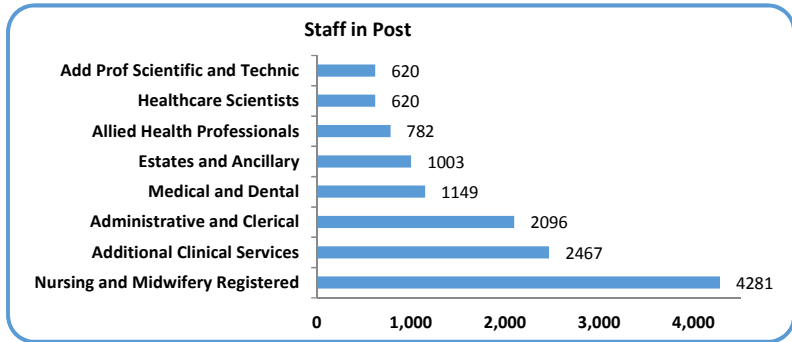
- Cost of absence £19.3m compared to £14.3m in August 2019.
- Overall sickness absence is 4.72% , which is up from the April position of 4.48% .



*COO Directorate includes Outpatients / ABC Service

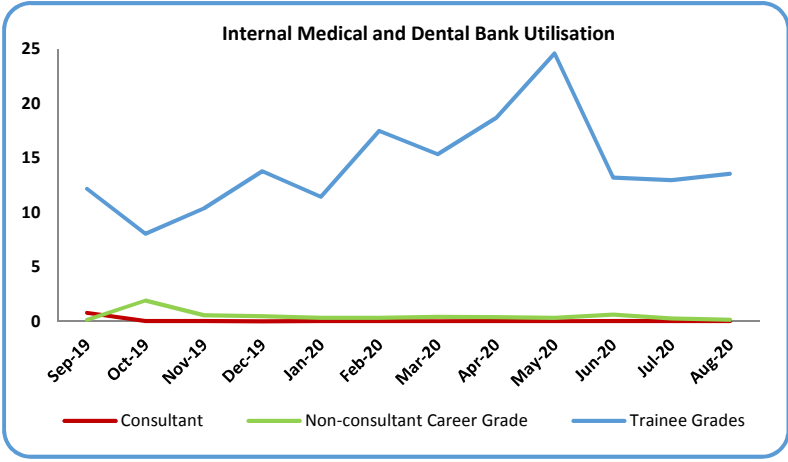
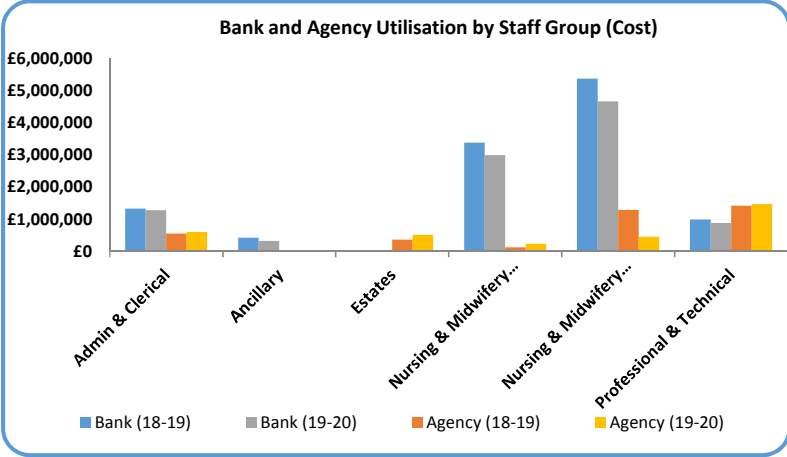
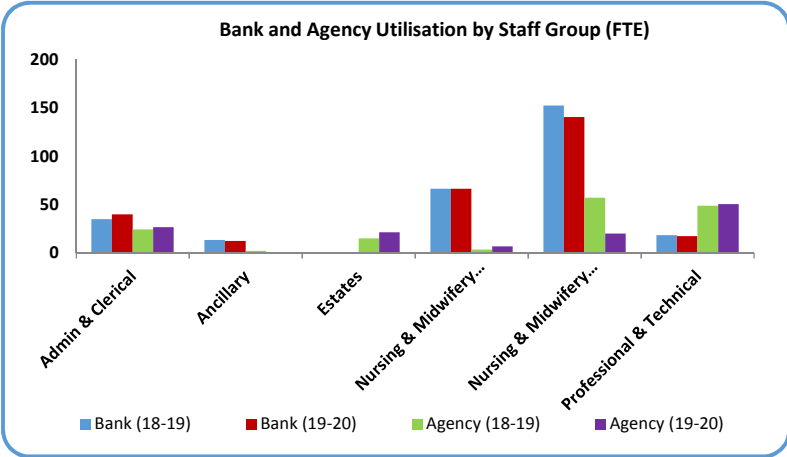
People: Sustainable Workforce Planning

- Staff in post at August 2020 is 13,016 wte compared to 12,610 in August 2019; Headcount is 15,043.
- Staff turnover has increased from 8.92% in August 2019 to 9.71% in August 2020, against a target of 8.5%.
- The total number of leavers in the period September 2019 to August 2020 was 1,559.
- Staff retention for staff over 1 year service stands at 88.86%, which is a slight increase from 88.61% in August 2019.



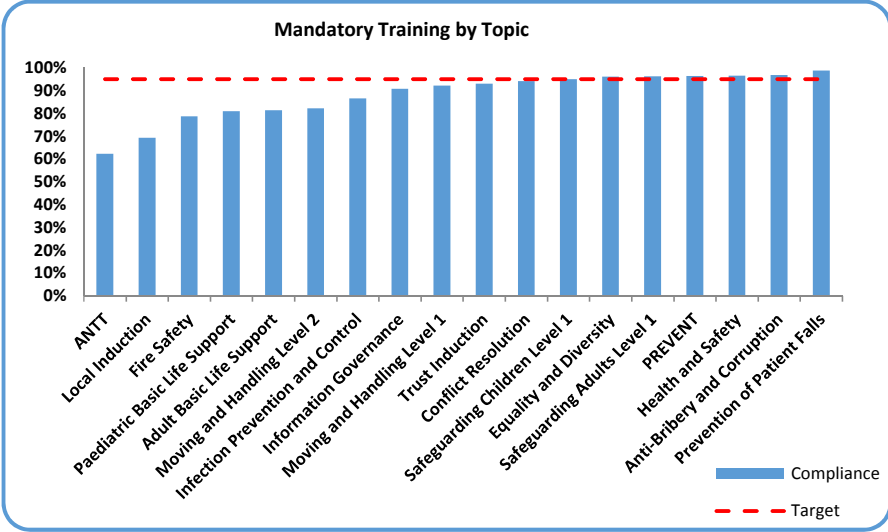
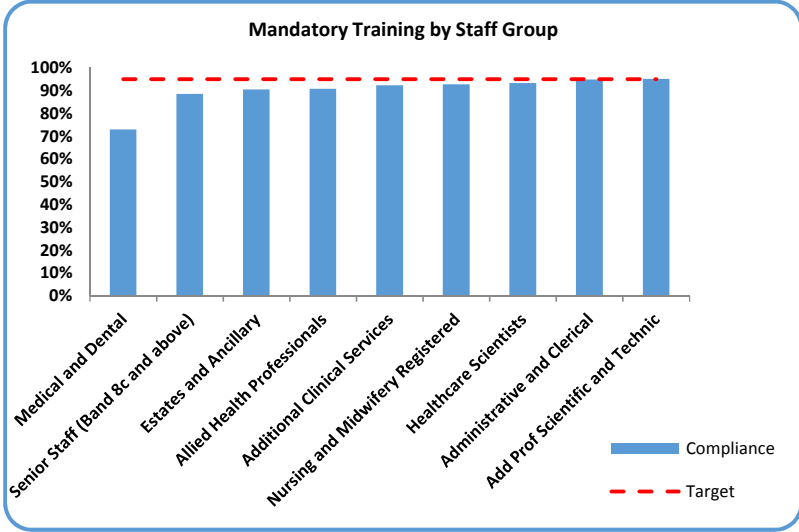
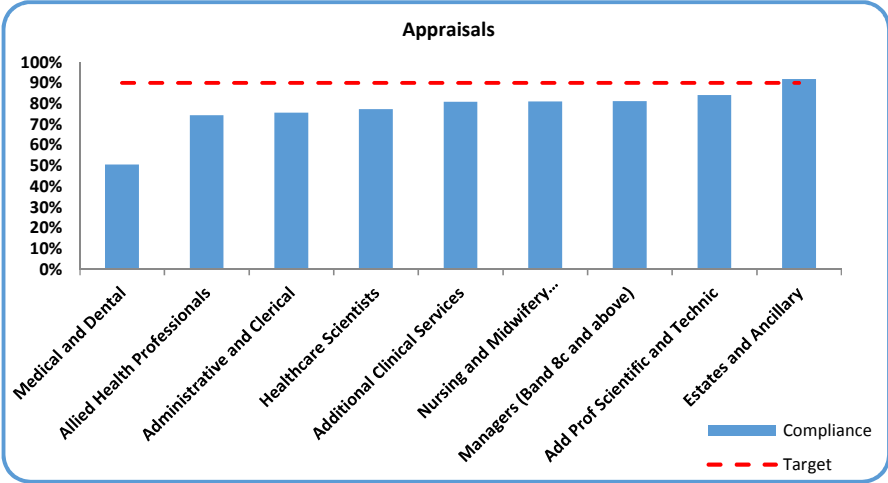
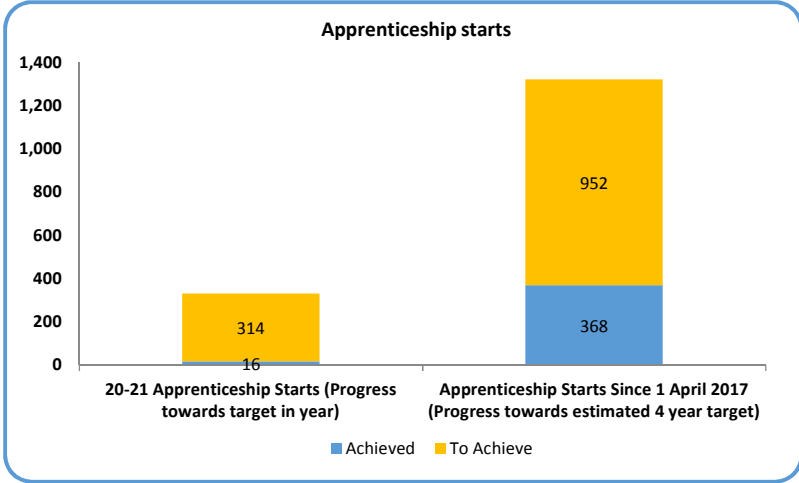
People: Sustainable Workforce Planning

- Comparing the periods September 2018 – August 2019 to September 2019 – August 2020, overall bank utilisation has decreased from 284 wte to 275 wte and agency utilisation has decreased from 149 wte to 125 wte.



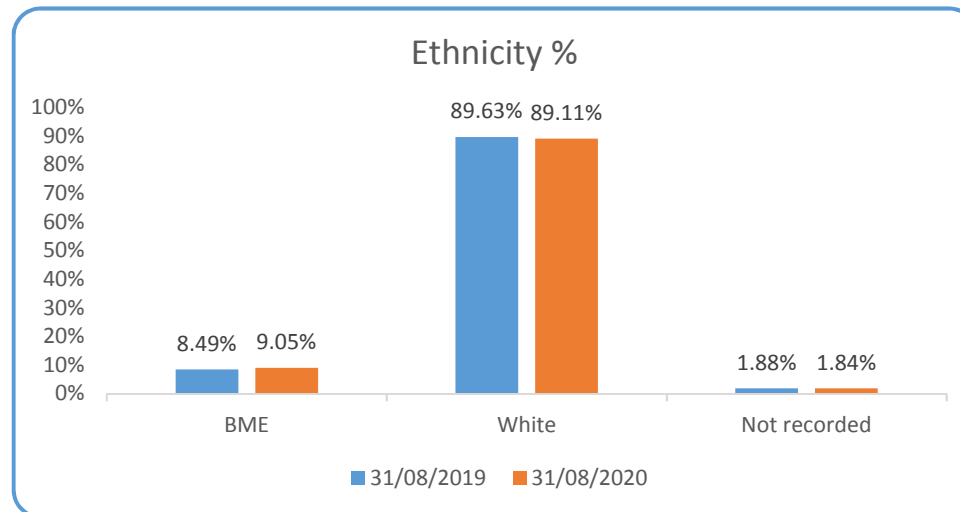
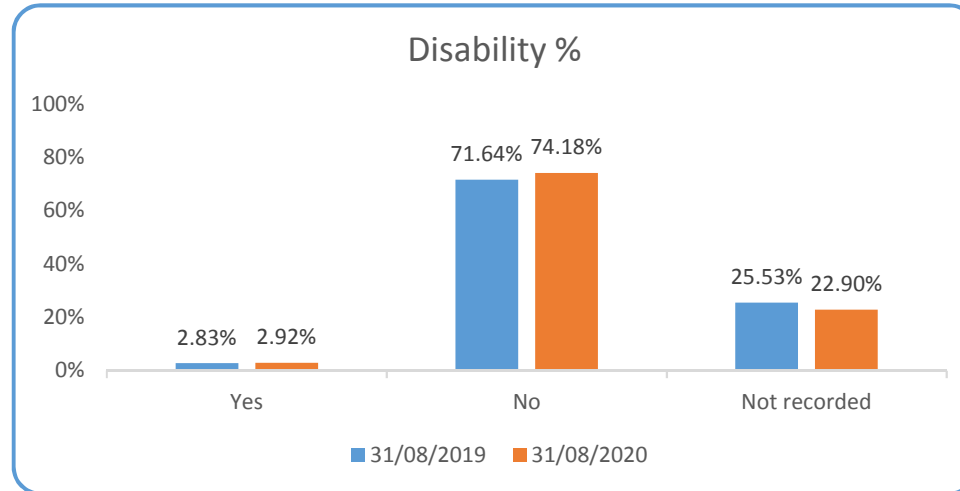
People: Delivering Excellence in Training and Education

- Appraisal compliance stands 78.53%, against an end of year target of 95%. The August 2019 position was 79.26%. Interventions are in hand to improve this.
- Mandatory training compliance stands at 90.94% at end of August 2020, against a Q2 target of 85% and end of year target of 95%. The August 2019 position was 86.94%



People: Equality and Diversity

- The graphs below identify, by headcount, the % of staff in post as at 31/08/20 by disability and ethnic origin. The percentage of staff employed with a disability has increased from 2.83% as at 31/08/19 to 2.92% and the percentage of BME staff has increased from 8.49% to 9.05%.



Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 31st August 2020.

It should be noted that all Healthcare Contracting and Performance have been suspended during 1st April 2020 to the 30th September 2020, as we are operating under an emergency COVID-19 financial regime. As a result of this, the income will exactly equal expenditure; all financial risk ratings, Provider Sustainability Funding (PSF), and use of resources metrics are not in operation.

In the period to 31st August 2020 the Trust had incurred expenditure of £493.9 million, and accrued income of £493.9 million to match.

To 31st August the Trust had spent £16.6 million capital, £2.7 million behind Plan.

Overall Financial Position	
	Month 5 £'000
Income	493,896
Expenditure	493,896
I & E position (exc impairment)	0
Capital Programme	16,555



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Trust Strategy Update						
Report of	Victoria McFarlane-Reid, Director for Enterprise & Business Development						
Prepared by	Lisa Jordan, Assistant Director of Business Planning & Strategy (acting)						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The purpose of this paper is to provide an update on progress against the Trust strategy to date, any impact on our ambitions in light of Covid, and how the strategy objectives will be monitored going forwards.						
Recommendation	To receive the report for information.						
Links to Strategic Objectives	Impacts all strategic objectives.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Detailed within the main body of the report.						
Reports previously considered by	The Strategy update is usually reported within the Director for Enterprise & Business Development's Report (included within the Private Board papers).						

TRUST STRATEGY UPDATE

1. BACKGROUND

In October 2019 the revised Trust Strategy (2019-2024) was launched, including the Trust vision, value and ambitions. The purpose of this paper is to provide an update to the Executive Team on progress against the strategy to date, any impact on our ambitions in light of Covid, and how the strategy objectives will be monitored going forwards.

2. REVIEW OF OBJECTIVES

To capture the broader achievements of the Trust against the strategic objectives Directors and Directorates were asked to provide a summary of their key strategic achievements during 2019-20. A summary of these can be found in Appendix 1.

Some significant points include:

Patients	People	Partnerships	Pioneers	Performance
Implementation of the Appointment Booking Centre	#Flourish	Newcastle Collaborative incl. First Newcastle Collaborative Joint System Leadership Development programme	GDE – Paperlite introduced across the Trust	Awarded second ‘Outstanding’ CQC rating
Kidmedz	Advanced practitioner roles introduced e.g. prescribing pharmacist	Developed partnerships with Newcastle University	Awarded contract as an Adult Auto Islet transplantation service	The Trust generated total income of £1,179.4m which exceeded the Plan set at the beginning of the year
1 stop shop for gynae cancer patients developed	First BAME staff conference	Newcastle Gateshead Vascular collaboration	Designated as an Adult CAR-T therapy centre – one of only 7 in the country	Free Spirits Nursery retained ‘Outstanding’ Ofsted rating
Home ventilation service for adults and paed	Top 100 Stonewall Workplace Equality Employer index (2020)	Newcastle Health Innovation Partners awarded Academic Health	Appointed Director for Enterprise and Business Development	Met financial targets and received £14.1million Provider Sustainability Funding

Patients	People	Partnerships	Pioneers	Performance
		Science Centre Status		
Haematology advice and guidance service established	Project Choice - Inclusive Recruitment Award	Delivering Northern Centre for Cancer Care in North Cumbria	Launch of robotic process automation (RPA) to enhance workforce data capture, quality and reporting	Performance remains higher than the national average

Each year the Executive team agree annual ‘breakthrough’ objectives. The 2020-21 objectives were approved in June 2020.

3. STRATEGY ‘STOCK TAKE’

In May 2020 a workshop was carried out with the Executive Team, triggered by Covid-19, to review our Trust Strategy and ambitions in light of the unprecedented pandemic situation.

The purpose of the workshop was to look at:

- 1) Does our 5 year strategy still make sense?
- 2) Has COVID accelerated or decelerated any key initiatives?
- 3) Has COVID provided any new opportunities that aren’t already in our strategy?

Executives were divided into pairs and asked to answer the three questions above in relation to the Trust ambitions outlined in the Strategy.

The high level summary and conclusion was:

- 1) **The strategy still fits and is the right one for us.**
- 2) **Some things have accelerated and others have decelerated** – Commercial activities for example, but the group were also very pleased that building the unit was actually already captured. Commercial research has been delayed. Our reputation for enhanced clinical care has been enhanced. There was some discomfort identified with respect to system working – CCGs, ICS, Regional and social care arrangements.
- 3) **Some new things have happened** – we were awarded an AHSC in April. The adoption of remote consultation has accelerated much faster than we had anticipated. Behaviours have changed and the lock down caused dramatic reductions in air pollution – many of us are trying to stay off public transport. The financial regime has changed. The speed of transformation has been incredible; staff have enjoyed more flexibility and autonomy, and this has spurred the Trust to form the Improvement faculty.

4. FUTURE MONITORING

In order to monitor the Trust's progress towards achievement of the Strategic objectives a bi-monthly update will be provided to the Executive Team and Trust Board, the next update will be provided in November 2020.

There are named Executive leads for each of the 5 Ps within the strategy, they will soon be contacted by the business and development team to review performance against their objectives and agree how they will be monitored. The reporting template will then be updated and reported to Board on a bi-monthly basis.

The strategy has been "rolled out" to all Directorates (They were all involved in the development of the strategy) and asked to review their own strategies and objectives in line with Trust objectives. Progress against Directorate objectives will be monitored through their quarterly performance reviews.

The business and development team will also carry out a quarterly situational analysis to ensure that our strategy reflects any external factors which may impact on the Trust and how we might respond to those. The outcomes of this analysis will be included in the Trust Board updates.

5. **RECOMMENDATION**

To receive the report for information.

Report of: Victoria McFarlane-Reid
Director for Enterprise & Business Development

Lisa Jordan
Acting Assistant Director of Business Planning & Strategy

September 2020

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2019/2020 Strategic Achievements

Strategy: Achieving local excellence and global reach through compassionate and innovative healthcare, education and research



Patients

- Kidsmedz
- Appointment Booking Centre
- 1 Stop Shop for gynae cancer patients
- Home Ventilation Service (Adults and Paeds)
- Haematology advice and guidance service
- Uninterruptible power supplies installed
- Severe asthma patients receive life-changing treatment at home
- Refurbishment of Theatre 9



People

- #Flourish
- Advanced Practitioner roles e.g. prescribing pharmacist
- Nurse Specialist Roles Parkinson's, skin cancer, endoscopy
- First Joint Nursing, Midwifery and AHP Conference
- NuTH voted training department of the year by radiologists in training
- 1st apprentice audiologist
- Workforce Strategy
- Digital Dictation & Voice Recognition
- First BAME staff Conference
- First disabled staff conference
- Top 10 Stonewall Workplace Equality Employer Index (2020)
- Surash/Pearce Report - first ethnic pay gap review
- First BAME people recruitment event
- Introduction of cultural Ambassadors
- Project Choice - Inclusive recruitment Award



Partnerships

- Yorkshire & North East Genetic Labs Hub
- Newcastle Health Innovation Partners awarded Academic Health Science Centre Status
- Newcastle Collaborative
- First Newcastle Collaborative Joint System Leadership Development programme
- Delivering Northern Centre for Cancer Care in North Cumbria
- Developing partnerships with Newcastle University School of Pharmacy
- National Institute for Health Research- Patient Recruitment Centre
- Newcastle Gateshead Vascular Collaboration from May 2019 -Improved patient pathway, stronger local partnerships and strengthened Trust financial position
- Joint cardiology consultant appointments



Pioneers

- Director of Enterprise and Business Development
- Adult CAR-T therapy – one of only 7 units
- Adult Islet Auto Transplants Service
- First in UK to successfully use 'ECMO' (Extra Corporeal Membrane Oxygenation) machine as bridge to life-saving double lung transplant
- First commercial install of the Sola MRI scanner in the world
- Working with Newcastle University to develop and research PET MR Imaging
- Global Digital Exemplar
- Paperlite launch
- Limbal Stem Cell Transplant Service
- Launch of robotic process automation (RPA) to enhance workforce data capture, quality and reporting
- Surgeons became the first in Europe to use a pioneering technique to help identify sarcomas during surgery.
- First ever heart transplant following circulatory death



Performance

- Awarded second 'Outstanding' rating from CQC
- Trust generated a total income of £1,179.4m which exceeded the Plan set at the beginning of the year
- Ranked in Top 10 highest performing A&E Deps in UK
- Performance dropped (but still outperform national position)
- Free Spirits Nursery retined 'Outstanding' Ofsted rating
- Achieved our financial Control Total, and achieved £15.3m Provider Sustainability Funding



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 September 2020						
Title	Corporate Governance Update						
Report of	Dame Jackie Daniel, Chief Executive						
Prepared by	Kelly Jupp, Trust Secretary Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance		For Information			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	<p>The report includes an update on the following areas:</p> <ul style="list-style-type: none"> • Council of Governors; • Annual Members Meeting 2020; • Non-Executive Director Induction; • Membership Strategy; • Quality Committee Update; • Corporate Risk Update; and • NHS Improvement (NHSI) Quarterly Declarations. 						
Recommendation	<p>The Board of Directors are asked to</p> <ol style="list-style-type: none"> receive the update; and approve the NHSI Quarterly Declarations. 						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic and reputational level.						
Reports previously considered by	Standing agenda item.						

CORPORATE GOVERNANCE UPDATE

1. INTRODUCTION

This report provides an update on a number of corporate governance areas.

2. COUNCIL OF GOVERNORS UPDATE

The Council of Governors continue to meet virtually. Since the last meeting of the Board, the Governors have held one formal meeting, which included a presentation from the Trust's External Auditor Mazars LLP on the Annual Audit Letter for 2019/20; as well as an update from the Trust Head of Patient Experience detailing patient experience during the COVID-19 pandemic.

The Council of Governors also met on 7 September 2020 to approve a significant transaction as required in the Trust constitution.

Mr Derrick Bailey, the Appointed Governor for the Advising on the Patient Experience Group, has now completed his third and final three year term as a Trust Governor. The thanks of the Trust are extended to Mr Bailey for his nine years of service on the Council of Governors and his contributions to the Trust during this time.

Miss Claire Sherwin, public Governor for the Northumberland, Tyne and Wear (excluding Newcastle) constituency and Mr Andrew Balmbra, Staff Governor for Ancillary and Estates, have stood down from the Council of Governors. The thanks of the Board of Directors are also extended to both Miss Sherwin and Mr Balmbra for their contributions to the Council.

3. ANNUAL MEMBERS MEETING 2020

The Trust will be hosting the Annual Members Meeting virtually on Tuesday 29 September 2020 at 2pm. The meeting will include a review of the year and adoption of the Annual Report and Accounts for 2019/20.

4. NON-EXECUTIVE DIRECTOR INDUCTION

The Trust Secretary and the Chairman have undertaken the Non-Executive Director induction for Mr Graeme Chapman and Mr Bill MacLeod. The session included detail on:

- The composition and responsibilities of the Trust Board;
- The role of the Corporate Governance Team;
- Regulation;
- The responsibilities of the Chair and the Chief Executive;
- The Trust Board and Committee structure;
- The role and responsibilities of the Council of Governors; and
- Membership.

5. MEMBERSHIP STRATEGY

A strategy is under development to coordinate the Trust's communication with its members. A benchmarking exercise has been undertaken to review the 'offer' to members, comparing information from other Trusts in the Shelford Group, as well as other Trusts within the region.

The Corporate Governance Team will collaborate with both the Communications Team and the Charity Team to coordinate content and share such content in the most appropriate way.

An outline plan of the strategy will be considered by the Council of Governors' People, Engagement and Membership Working Group meeting in early October.

6. QUALITY COMMITTEE UPDATE

At the Quality Committee meeting, it was agreed that the frequency of the meetings take place on a quarterly cycle following the November meeting rather than bimonthly. The Corporate Governance team will discuss scheduling for 2021 with both the Nursing team and the Clinical Governance and Risk Department to ensure this complemented the production of reports.

7. CORPORATE RISK UPDATE

In the last quarter, the Trust finalised the Board Assurance Framework end of year position. Work is now underway with the Executive Directors to identify risks for addition to the Board Assurance Framework for 2020/2021. Following the introduction of the new risk management policy the Corporate Risk and Assurance Manager is now delivering monthly risk management refresher training sessions to support and familiarise staff with the new risk management arrangements. The training sessions have been very well received by staff who felt the new policy and adjustments to the Datix Risk Management Software were helpful and supportive.

Over the next few months, a project will commence to implement Datix Enterprise Risk Management Module, which will replace the current Datix Risk Register module. This will allow for enhanced functionality, extensive analytical ability and improved reporting using the world's leading healthcare risk management software.

8. NHSI QUARTERLY DECLARATION

Board members will recall that as a Foundation Trust, NHS Improvement (NHSI) requires Corporate Governance self-certifications to be completed which require Trust Board approval, being:

- i) GC6
- ii) FT4

Agenda item A9(iv)

Board approval of these is required and they can be found in the Board Reference Pack.

9. RECOMMENDATIONS

The Board of Directors are asked to

- i) receive the update; and
- ii) approve the NHSI Quarterly Declarations.

Kelly Jupp
Trust Secretary

Fay Darville
Deputy Trust Secretary
18 September 2020

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