Public Board of Directors

Thu 25 March 2021, 12:30 - 15:00

MS Teams

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Agenda

12:30 - 12:30
0 min

1. Public Board of Directors Agenda

A0 BoD Public Agenda - 25 MAR 21.pdf (3 pages)

12:30 - 12:45
15 min

2. Business Items

2.1. Standing Items

2.1.1. Apologies for Absence and Declarations of Interest

Verbal *Chairman*

2.1.2. Minutes of the Meeting held on 28 January 2021 and Matters Arising

Attached *Chairman*

A1(ii) NuTH Public Board Minutes 28 JAN 21 CONFIRMED DRAFT.pdf (14 pages)

2.1.3. Meeting Action Log

Attached *Chairman*

A1(iii) BoD Public Board Actions MAR 21.pdf (1 pages)

2.2. Chairman's Report

Attached *Chairman*

A2 Chairman Report - March 2021.pdf (4 pages)

12:45 - 13:55
70 min

3. Patients

3.1. Digital People Stories

Attached *ECN*

A3 Digital People Stories.pdf (1 pages)

3.2. Chief Executive's Report, including overview of:

Attached *CEO*

Operational activity and COVID-19 Response;
Staff Survey Results; and
Regional Collaboration and Networking Activities

A4 CEO Board Report March 2021.pdf (10 pages)

3.3. Regional COVID Functions Provided by Newcastle Hospitals

Attached *COO*

A5 ICHNE and Vaccination Programme Update.pdf (8 pages)

3.4. Director Reports

3.4.1. Medical Director/Deputy CEO

Attached & BRP *MD/DCEO*

Including:
Consultant Appointments; and
Quarterly Guardian of Safe Working Report

A6(i) Medical Director Report Mar 21.pdf (7 pages)

3.4.2. Executive Chief Nurse

Attached *ECN*

A6(ii) Executive Chief Nurse Report March 2021.pdf (15 pages)

3.4.3. Director of Quality and Effectiveness: Learning from Deaths Quarterly Report

Attached *DQE*

A6(iii) Learning from Deaths MAR 21.pdf (13 pages)

3.4.4. Director of Infection Prevention and Control

Attached & BRP *DIPC*

A6(iv) Healthcare Associated Infections - DIPC Report - March 2021.pdf (10 pages)

13:55 - 14:15
20 min

4. People

4.1. People Report, including:

Attached *HRD*

A7 People Report.pdf (11 pages)

4.1.1. Gender Pay Report

Attached *HRD*

A7a Gender Pay Report FINAL.pdf (12 pages)

14:15 - 14:35
20 min

5. Performance

5.1. Integrated Board Report - Quality, Performance, People & Finance

Attached *DQE, COO, HRD & FD*

A8 Integrated Board Report Cover Sheet March 21.pdf (3 pages)
A8 IBR MAR 21.pdf (29 pages)

14:35 - 15:00
25 min

6. Governance

6.1. Update from Committee Chairs

Attached *Committee Chairs*

A9 Update from Committee Chairs MAR 21.pdf (5 pages)

6.2. Corporate Governance Update

Attached *TS*

A10 Corporate Governance Update MAR 21.pdf (7 pages)

6.3. Date of Next Meetings:

Private Board Development Session: Thursday 29 April 2021 via MS Teams
Formal Meeting: Thursday 27 May 2021 via MS Teams

The Newcastle upon Tyne Hospitals NHS Foundation Trust

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 25 March 2021 via MS Teams
Start time 12.30pm

Agenda					
Item		**Lead**	**Paper**	**Time**	**Page**
	Business Items				
A1	Standing Items: i) Apologies for Absence and Declarations of Interest; ii) Minutes of the Meeting held on 28 January 2021 and Matters Arising; and iii) Meeting Action Log.	Chairman	 Verbal Attached Attached	12:30pm – 12:35pm	 4 18
A2	Chairman's Report	Chairman	Attached	12:35pm – 12:45pm	19
	Patients				
A3	Digital People Stories	ECN	Attached	12:45pm – 12:55pm	23
A4	Chief Executive's Report, including overview of: • Operational activity and COVID-19 Response; • Staff Survey results; and • Regional collaboration and networking activities.	CEO	Attached	12:55pm – 13:05pm	24
A5	Regional Covid Functions Provided By Newcastle Hospitals	COO	Attached	13:05pm – 13:15pm	34
A6	Director Reports: i) Medical Director/Deputy CEO, including: a) Consultant Appointments; and b) Quarterly Guardian of Safe Working Report ii) Executive Chief Nurse iii) Director of Quality & Effectiveness: Learning from Deaths Quarterly Report iv) Director of Infection Prevention and Control	 MD/DCE ECN DQE DIPC	Attached & BRP	13:15pm – 13:55pm	 42 49 64 77
Break 13:55pm -14:05pm					

Item		Lead	Paper	Time	Page
People					
A7	People Report: including: a. Gender Pay Report	HRD	Attached & BRP	14:05pm – 14:15pm	87 98
Performance					
A8	Integrated Board Report - Quality, Performance, People & Finance	DQE, COO, HRD & FD	Attached	14:15pm – 14:35pm	110
Governance					
A9	Update from Committee Chairs	Chairs	Attached	14:35pm – 14:45pm	142
A10	Corporate Governance Update	TS	Attached	14:45pm – 15:00pm	147
Date of Next Meetings: - Private Board Development session: Thursday 29 April 2021 via MS Teams - Formal Meeting: Thursday 27 May 2021 via MS Teams					

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

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DRAFT MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 28 JANUARY 2021 VIA MS TEAMS

Part A: Public

Present:	Professor Sir J Burn	Chairman
	Dame J Daniel	Chief Executive Officer
	Mr M Wilson	Chief Operating Officer
	Mrs A Dragone	Finance Director
	Dr V McFarlane Reid	Executive Director for Enterprise & Business Development
	Mr A Welch	Medical Director/Deputy Chief Executive
	Ms M Cushlow	Executive Chief Nurse
	Professor K McCourt	Non-Executive Director (NED)
	Mr S Morgan	Non-Executive Director
	Ms J Baker	Non-Executive Director
	Mr J Jowett	Non-Executive Director
	Mr G Chapman	Non-Executive Director
	Mr B Macleod	Non-Executive Director
	Professor D Burn	Associate Non-Executive Director

In Attendance:
Mrs C Docking, Assistant Chief Executive
Mrs A O'Brien, Director of Quality and Effectiveness
Mr G King, Chief Information Officer
Mrs D Fawcett, Director of Human Resources
Dr L Pareja-Cebrian, Director of Infection Prevention Control (DIPC) (for agenda item 21/03 iii d only)
Mrs K Jupp, Trust Secretary
Mrs F Darville, Deputy Trust Secretary *[Minutes]*

Observers:
Ms K Douglas, ConvaTec
Ms L Hall, Deputy Director of Quality & Safety, Newcastle Hospitals
Dr K Sorour, Northumbria University
Mr M Discombe, Member of the Press
Public Governors, Newcastle Hospitals:
Mrs J Carrick
Ms J Davison
Mrs M Elliott
Dr V Hammond
Mrs J McCalman
Dr LNS Murthy
Mrs S Nelson
Mrs P Yanez

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

21/02 BUSINESS ITEMS

Standing Items

i) Apologies for Absence and Declarations of Interest

Apologies for absence were received from Mr D Stout, Non-Executive Director and Mrs P Ritchie, Associate Non-Executive Director.

The Chairman declared an ongoing interest regarding matters pertaining to COVID-19 testing and the creation of the Integrated COVID Hub North East (ICHNE), due to his role as Vice Chairman of QuantuMDx. It was agreed that whilst the Chairman would observe any Board discussion in the public session regarding ICHNE, he would not take any part in such discussions.

No additional declarations of interest were recorded.

It was resolved: to **note** the apologies and note the Chairman's declared interest.

ii) Minutes of the Meeting held on 26 November 2020 and Matters Arising

The minutes of the meeting held on 26 November 2020 were agreed as an accurate record.

No additional matters arising from the meeting were noted.

It was resolved: to **approve** the minutes as an accurate record of the meeting.

iii) Meeting Action Log

The Chairman confirmed that there were no outstanding actions at this time.

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

iv) Chairman's Report

The Chairman presented the report, with the following key points to note:

- Professor Sir Liam Donaldson was appointed Chair of the North East and North Cumbria (NE&NC) Integrated Care System (ICS).
- The report detailed the most recent 'Spotlight on Services' virtual visit. The visit, which highlighted the work of the Trust's Cancer Service, was attended by six of the Trust's NEDs. The session highlighted the emergence of new treatments, as well as an update on the development of the new Cancer Centre in Carlisle.
- The Chairman noted the excellent progress in the rollout of the COVID-19 vaccination programme across the NE&NC.

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

21/03 PATIENTS

i) Digital Patient Story

The Executive Chief Nurse (ECN) introduced the patient story, noting that a story highlighting the experience of patients and staff had been a regular feature at Board meetings since 2017. The Patient Experience Team, who coordinate such stories, had undertaken training to enable the production of 'Digital Stories' which could be utilised more than once and could be shared more broadly with the wider public. The ECN introduced the first of these Digital Stories, that of Norah Turnbull, Chair of the League of Friends and Trust Governor.

The Board of Directors expressed their gratitude to Mrs Turnbull for sharing her story.

The ECN requested Board approval that a collection of digital stories be created for use at future Board meetings, as well as for use at training events and conferences. The recommendation was **approved.**

It was resolved: to (i) **receive** the report and (ii) **approve** the recommendation that a bank of digital stories be developed for use at future Board of Directors meetings, training events and conferences.

ii) Chief Executive's Report, including overview of:

- **COVID-19 Response;**
- **Operational activity, including Winter update and Restart, Reset and Recovery Programme; and**
- **Regional Collaboration and Networking opportunities.**

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

- The report provided a comprehensive update on the Trust's management and response to the COVID-19 pandemic, noting that on 31 January 2021, it would be one year since the Trust received the UK's first COVID-19 positive patients. Despite a reduction in the numbers of COVID patients through December 2020, an increase had been observed during January 2021 with similar levels to those experienced during the first and second waves.
- The Chief Executive acknowledged that whilst rates of community transmission of COVID-19 were beginning to dissipate, rates remained high in part due to the emergence of new variants, which were prevalent in the NE&NC. The Chief Executive reiterated the importance of following government guidelines around social distancing and hand hygiene.
- Tribute was paid to organisations across the region, as well as the Critical Care Network, for the continuing collaboration and support during the pandemic. Networks of Chief Nurses, Chief Operating Officers and Medical Directors remained in regular communication.
- The Trust was able to assist organisations both within, and outside of, the region by accepting patient transfers. This reinforced Newcastle Hospitals' role as an anchor organisation.

- Critical Care capacity had been surged where and when necessary and it was anticipated that case numbers would reduce over the next three weeks.
- The Chief Executive reiterated her gratitude and the thanks of the Board of Directors to Trust staff for their continued positive response to the pandemic.
- An update on the Trust's collaboration with its civic partners was provided, including the work of the City Futures Board. It was noted that all partner organisations had now signed up to the Collaborative Newcastle Collaboration Agreement. The Joint Executive Group had met to agree areas of focus going forward.
- The Trust's role in the coordination of the NE&NC vaccination programme, which commenced on 8 December 2020, was outlined. Gratitude was expressed to the COO and Prof Neil Watson, Director of Pharmacy, for their work in leading the vaccination response for Newcastle Hospitals.
- Reference was made to the recent media coverage regarding the development of the Integrated COVID Hub North East (ICHNE), comprising three elements being:
    - The Coordination and Response Centre;
    - Innovation Lab; and
    - Lighthouse Lab.
- The creation of the NE&NC Provider Collaborative was highlighted, with the current focus being on the management of the pandemic and the plans for post COVID recovery.
- A key focus for the Executive Team was in developing a staff wellbeing programme to ensure that staff were fully supported by the organisation during the pandemic and beyond.

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

iii) <u>Director Reports</u>

a. <u>Medical Director/Deputy CEO</u>

The Medical Director/Deputy Chief Executive presented the report with the following key items noted:

- Regarding COVID-19, a high level of organisational flexibility continued to be demonstrated, particularly by the Trust's Critical Care Unit. The Trust was able to maintain ECMO, liver transplant and tertiary referrals throughout the pandemic.
- COVID-19 Healthcare Associated Infections (HCAI) within the Trust were low at 2% compared to 9% nationally, this demonstrated the strong Infection Prevention and Control (IPC) practices in place.
- As part of the establishment of Newcastle Improvement, the first sharing and learning event took place earlier this month in collaboration with the Institute for Healthcare Improvement to demonstrate examples of improvement projects.
- Cancer surgery throughput had continued during the pandemic with a regular review of cases and senior clinical prioritisation to ensure that the impact of COVID-19 was minimal. The Trust was the lead for the Northern Cancer Alliance and for the first time in January 2021, surgical cancer patients have been allocated theatre slots with a different trust.
- The Trust was top of the national leader board for non COVID-19 studies and had recruited 800 more participants between April 2020 and December 2020 than over

the same period in the previous year. The Trust was also involved in 19 active COVID-19 research studies including circa 3,500 patients.

- The results of the 2020 General Medical Council (GMC) national training survey were included in the Board Reference Pack (BRP). The Trust ranked top of all 10 Trusts in the Shelford Group and was a positive outlier for 34 out of the 38 possible questions.

Reference was made to the following additional documents included within the BRP:

- Consultant Appointments; and
- Honorary Consultant Appointments.

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

b. <u>Executive Chief Nurse, including;</u>

- **Response to the Ockenden Review of Maternity Services and Birthrate Plus Standard Plan**

<u>Regular Update Report</u>

The ECN presented the report. The following key points were noted:

- The senior nursing team had successfully co-ordinated and led the implementation of the Trust's Test and Trace programme, Lateral Flow Test programme and the staff vaccination programme.
- Regarding the staff COVID-19 vaccination programme, 15,000 doses would have been administered by the end of the week. The programme had been well received by staff.
- In November 2020, England's Chief Nursing Officer awarded seven Trust staff with coveted Chief Nursing Officer medals. Six staff members were awarded silver medals and one, Senior Nurse Suzanne Medows, was awarded a gold medal on the day she retired after a 40-year career in nursing.
- Section two of the report provided an update on Nurse Staffing, including nursing recruitment. Work was underway to increase recruitment into the profession in the short and medium term. Following the success of the Trust's Overseas Nurse Recruitment Campaign in the Philippines, additional financial support had been offered by NHS England/NHS Improvement (NHSE/I) to expand our international recruitment programme. The Trust had agreed in principle to recruit up to 50 candidates working with NHS Professionals with the aim of deploying recruits prior to the end of April.
- The national Healthcare Support Worker programme had been launched, with the overall aim to support Trusts in reducing vacancies to zero by offering posts to those new to the care environment with financial support available. A Task and Finish Group was being established to provide oversight and maximise recruitment potential.
- An overview of the Trust's surge capacity was provided, including the release of staff from theatres to undertake additional training to enable the redeployment into critical care. At present, the additional staff were supporting the delivery of care but the Trust was unable to provide a critical care trained nurse for every patient due to the requirement to move to escalation ratios in line with the national guidance.
- A robust daily review of staffing continued to take place to ensure that staff were deployed appropriately to respond to patient acuity and any risks arising identified

and mitigated accordingly. It was noted that patient acuity had changed during the previous month, with patients presenting with more severe treatment needs.
- The first virtual career clinic had been held to provide students with access to career advice or preparatory advice prior to interviews.
- The quarter two Patient Experience report was included within the report.

Mr Jowett commended the ECN for the fullness of the report, noting the privilege of the NEDs in witnessing the work undertaken by staff over the course of the pandemic. He highlighted the need to ensure a sufficient pipeline of nursing staff was maintained, particularly given the strain on staff experienced as a consequence of the pandemic. The ECN agreed and noted that initiatives such as international recruitment and career clinics would assist in maintaining the pipeline.

Ms Baker referred to the 'English Unlocked' training programme for Trust staff and asked if a future update could be provided to the Board of Directors following evaluation of the programme. The ECN advised that the programme had been made possible through NHS Charities Together funding and agreed to provide a future update [**ACTION01**].

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

Response to the Ockenden Review of Maternity Services and Birthrate Plus Standard Plan

The ECN presented the report, noting the following points:
- The Ockenden Report, published on 10 December 2020, was an independent review into the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths and harm, at The Shrewsbury and Telford NHS Trust. The report included the emerging findings, immediate and essential actions and urgent clinical priorities in advance of the publication of a second report due later in 2021.
- Section two of the report highlighted the breadth of the review with a total of 1,862 families included.
- The Trust report included the findings from an initial assessment that the Maternity Service had undertaken through a benchmarking exercise using the NHSE Maternity Assessment and Assurance Tool (linked to the Maternity Incentive Scheme, CNST) against the recently published Ockenden Report.
- The Ockenden report was discussed at length at a recent extraordinary meeting of the Quality Committee. Table 1 in the report outlined the Trust's compliance against the seven Immediate and Essential Actions, together with the 12 Urgent Clinical Priorities. Where the Trust had indicated partial compliance, action plans were in place to achieve compliance. Such actions included the establishment of a process for the local maternity system to have oversight of local investigations, training needs analysis and the provision of a bespoke electronic system for maternity services.
- The current position regarding maternity workforce planning was outlined. The Trust was required to undertake a Maternity workforce gap-analysis and to have a plan in place to meet the Birthrate Plus (BR+) standard by 15 February 2021, together with a plan for detailing the timescale for implementation.

- Section 5 outlined the initial action plan, which would be reviewed and updated over the course of the year. The plan would remain under regular review by the Quality Committee.

Regarding the self-assessment, the Chairman queried whether the Trust had gauged feedback from the other maternity units across the region to which the ECN advised that a particular area of challenge for units arising from the Ockenden report could be the staffing cover requirements for obstetrics.

Mr MacLeod queried the Trust's approach to whistleblowing and the raising of concerns, such as those outlined within the report. The ECN noted that maternity staff had regular direct access to the Trust's senior leaders to highlight and discuss any such concerns. In addition, regular senior leader meetings were held.

Professor McCourt noted the positive approach taken by Trust staff in responding to the report and highlighted that the Ockenden report would continue to be a regular agenda item for the Quality Committee.

The Director of Quality and Effectiveness advised that active engagement continued with Maternity staff and monthly walkabouts would continue to take place.

It was resolved: to **receive** the report and **note** the further work required to address the gaps in assurance identified within the report.

c. Director of Quality & Effectiveness Maternity CNST Report

The Director of Quality and Effectiveness presented the report with the following salient points noted:

- The Trust was currently in the third year of the scheme, being one of a small number of organisations to fully comply with the standards in both the first and second years.
- The scheme had been paused in March 2020 as a result of the pandemic however had resumed in October. Additional elements were added to some of the safety actions to incorporate learnings from COVID-19.
- The impact of COVID-19 on the service was outlined, particularly in relation to patient concerns regarding hospital attendance and visiting restrictions.
- Sufficient plans were in place to meet the scheme requirements by the deadlines.
- The November 2020 Continuity of Carer pathway action plan prioritised women from BAME backgrounds and a framework had been established to comply.

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

d. Director of Infection Prevention & Control

The Director of Infection Prevention and Control (DIPC) presented the report, with the following key points noted:

- The Trust continued to review the NHSE COVID-19 Board Assurance Framework on a fortnightly basis, which underpinned the processes and procedures the Trust had in place for managing the pandemic.

- Since the last meeting of the Board in November, rates of COVID-19 had fluctuated from the second to the third waves. Rates of transmission within the community were decreasing however, this was happening at a slower rate than expected. The Trust's rates of healthcare acquired COVID-19 were very low when compared to both the region and the rest of the UK. Weekly monitoring of healthcare acquired COVID-19 was undertaken.
- An overview of the definition of an 'outbreak' was provided, along with information regarding Trust management of such outbreaks. The DIPC advised that virus strains were analysed to ascertain whether there was any correlation and outbreaks were managed and reviewed by the IPC Committee and the COVID-19 Assurance Group.
- 'Hand, Face and Space' Champions had been introduced in to wards and departments across the Trust.
- The Trust's Test and Trace team continued to follow up every staff member with a positive COVID-19 test result to triangulate data and look for potential contacts.
- An update on the new COVID-19 variant was provided.
- Lateral Flow Testing continued to be made available for all staff.
- The Trust's IPC team continued to manage other healthcare associated infections. The Trust continued to follow the trajectory for reduction of all HCAIs, with only one case of MRSA bacteraemia being identified in the year to date.
- Regarding other outbreaks, one instance of diarrhoea and vomiting was reported which was lower than anticipated and attributed to increased hand hygiene and social distancing due to the pandemic.
- Surgical site infections continued to be below average for hips, knees and spine. The Trust had received a letter from Public Health England (PHE) relating to some cases in 2016. All of the recommended improvements had previously been implemented.
- A national outbreak of a single strain of Burkholderia aenigmatica was detailed within the report, with five confirmed cases and one probable case reported to date within the Trust. Cases had been identified in over 30 hospitals in England with the root cause yet to be determined.

[The DIPC left the meeting at 13:35pm]

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

21/04 PEOPLE

i) People Report

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

- The recruitment and 'onboarding' of ICHNE staff commenced in early December and would continue weekly until the end of March 2021. Detail regarding the progress made to diversify the ICHNE workforce was included within the report.
- An update on the Trust's role as NE&NC ICS Lead Provider for the COVID-19 Mass Vaccination Programme was detailed. It was noted that the recruitment of up to 2,700 staff was underway, in addition to voluntary staff. Significant volunteer recruitment activity was underway with the support of St Johns Ambulance and the Royal

Voluntary Service noted. Gratitude was expressed to all volunteers who had offered their time and support.

- Work was underway within the Trust to support and actively encourage BAME staff in taking up the vaccination.
- The Trust's Staff Health and Wellbeing Strategy was published earlier in the month and was developed in partnership with staff and staff representatives.
- The refreshed Local Clinical Excellence Award (LCEA) round opened in December 2020. The Committee membership had been refreshed and local applications criteria revised to increase diversity and the ambition to improve gender and ethnic pay gaps. Eligible people working 'less than full time' (LTFT) were positively encouraged to submit an application and would be scored to reflect the activity that could be proportionately achieved within their contract. To further support the implementation of such changes, a number of higher award holders would be available to provide advice and support to applicants.
- The Trust was shortlisted as a finalist for the inaugural Health Service Journal (HSJ) Race Equality Award for 2020. Preparations were underway for the shortlist interview scheduled to take place in February, in advance of the Virtual Awards Ceremony scheduled for March.
- The Trust had been successful in its bids for three Graduate Management Training Scheme trainees – two for general management and one for HR.
- Updates on apprenticeships, the expanded Leadership Development offerings, the Newcastle Clinical Skills Academy and the Newcastle Improvement Academy were provided.
- Regarding recruitment, the Director of HR advised that further international nurse recruitment was planned with a target commencement date of 1 April for up to 50 nurses from India. In relation to medical staffing, alternative routes to fill any gaps were under review.
- The February 2021 Junior Doctor rotation was scheduled to take place with 226 'new starters'.
- Regarding Brexit, the Trust would continue to provide advice, guidance and support for any staff impacted regarding their citizenship.
- An update on the Trust's Local People Plan was provided, which included the Key People Priorities for Newcastle Hospitals. It was noted that the National People Plan referred to a Human Resources (HR) and Organisational Development (OD) review, with the 'Big Conversation' platform opened for NHS HR & OD staff to engage in as part of the review.

Ms Baker commended the Trust for the work undertaken regarding inequalities and for the nomination of the HSJ award.

Mr Morgan queried the current absentee rate amongst staff and how this compared to previous years. The Director of HR advised that further detail regarding staff absence was included in the Integrated Board Report however noted that current rates of absence were above average because of the pandemic. However when compared to other Trusts, staff absence for COVID was lower than in other organisations due to the strong IPC procedures within the Trust and the positive encouragement regarding staff testing. For non-COVID related absence, the most commonly reported cause of absence related to mental health.

In relation to attrition, the Director of HR advised that although the full impact was yet to be realised, it was likely to be low.

The Trust continued to actively recruit for both ICHNE and the mass vaccination programme. An increase in the quantity of applicants had been observed, an indicator of the current pandemic situation and associated financial climate.

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

21/05 PERFORMANCE

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

Quality

The Director of Quality and Effectiveness presented the Quality section of the report with the following key points to note:

- Quality of care and patient safety remained the highest priority for the organisation. Increased surveillance of the key quality metrics had been initiated from commencement of the pandemic with a robust mechanism in place to highlight any areas of deviation.
- An increase in the prevalence of pressure ulcers and falls was observed. The Director of Quality and Effectiveness explained that this was not uncommon in winter with increased patient acuity and was further compounded by those patients with COVID-19 with increased length of stay. This was also impacted by higher COVID-19 ICU admissions. Actions to remedy were outlined, including the targeted interventions required.
- Mortality rates were outlined, with the Director of Quality and Effectiveness advising that rates remained stable. A total of 178 deaths were reported in December 2020, which was lower than the amount reported 12 months previously. The crude mortality rate was 1.11%. Historically, the crude mortality rate had consistently been under 1% with the exception of a peak in April/May 2020 coinciding with the peak of COVID-19 during the first wave of the pandemic.

Performance

The COO presented the Performance section of the report with the following key points to note:

- The performance of the Trust continued to be impacted by the management of the pandemic.
- In relation to A&E 4hr standard (95%), December's performance was 86.9%. Despite this being below target, the Trust's performance was 6.5% above the national average. Performance had been impacted primarily due to the pressures of the COVID-19 pandemic, an increase in patient acuity, staffing shortages and the impact of social distancing on bed capacity. Actions were being taken to improve performance.

- Diagnostic performance in December 2020 was 77.4% against the 99% standard, the highest level of compliance seen since March 2020 and a 1% increase from the previous month.
- In relation to 18-week performance, the Trust's Referral to Treatment position continued to be adversely affected by the pandemic and the associated reduction in elective activity. The impact on the Trust's waiting list position was outlined, with the COO noting that the Trust continued to prioritise urgent procedures.
- A number of recovery schemes, such as the new Cataract Facility and 7 day working in the Chemotherapy Day Case Unit and Echo service, were outlined.
- Regarding Cancer performance, two of the eight standards were achieved being 31 Day Subsequent (Radio) and 62 Day Screening. The challenging two-week wait position was highlighted, particularly the increasing skin cancer referrals and staffing pressures in the Lower GI service. A number of safety and assurance projects were underway through the Northern Cancer Alliance.
- Cancer referral levels had now returned to pre-COVID levels.

Regarding cancer referrals, the Chairman queried whether a change in the severity of referrals had been observed. The Medical Director/Deputy Chief Executive advised that there had been no evidence to suggest that this was the case.

The Chairman queried the causes for the decrease in performance within A&E, asking whether it was because of pandemic pressures. The COO remarked that the A&E performance metric was indicative of performance across the wider organisation and with system partners in relation to patient flow and discharge arrangements.

Mr Jowett queried the ongoing use of virtual appointments to which the COO advised that work was ongoing to continue outpatient appointments as 'digital by default', reducing the need for patients to come onto the hospital site whilst still ensuring that those patients requiring a face to face consultation could access them safely.

Regarding the challenges within A&E, the Medical Director/Deputy Chief Executive advised that patient flow within the organisation had improved considerably, however this was dependent on the pandemic situation.

People

The Director of HR presented the People section of the report, noting that staff absences had been discussed earlier in the meeting and continued to be reviewed daily.

Finance

The Finance Director presented the Finance element of the report, noting that the report summarised the financial position for the Trust to the end of December 2020.

The Trust continued to work within a fixed funding envelope, which allowed the focus to remain on the management of the pandemic. As such, all financial risk ratings, Provider Sustainability Funding (PSF) and use of resources metrics were not in operation.

In the period to 31 December 2020, the Trust had incurred expenditure of £936.4m, and accrued income of £921.5m, leading to a deficit of £14.9m. This was in line with the Trust's revised plan and the Trust was forecasting a breakeven year-end position.

Progress against the Capital Programme was slightly less than planned however, it was anticipated that this would be recovered before 31 March 2021.

The Finance Director advised that the current exceptional funding regime would be extended into the first quarter of the next financial year and details regarding the revised permanent funding regime were awaited.

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

21/06 PIONEERS

i) Trust Charity Strategy

The Assistant Chief Executive presented the report, with the following salient points to note:

- A substantial amount of work had been undertaken to review the charity, with the ongoing support from the Board of Directors acknowledged.
- Significant investment had been made into the charity, which included the recruitment of Ms Teri Bayliss as Charity Director circa six months ago.
- A strategic approach to the future management of charity was under development, which would be linked to the aligned strategic aims of both the Trust and the Trust's Charity. The Trust Charity Strategy was presented for Board of Director approval.
- The ambition to expand the provision of Charity funded initiatives to improve staff health and wellbeing, particularly as a result of the pandemic, was noted as well as the recognition of health inequalities across the North.
- The impact of the pandemic was noted, which had heightened the national focus on NHS charities and had resulted in the receipt of substantial funding for the Trust Charity from NHS Charities Together.

Ms Baker, as Chair of the Charity Committee, thanked those Board members involved in the Tarnside review and commended the ongoing work of the Charity Director on the progress made. The ECN echoed this sentiment, noting the difference made to staff and patients as a result.

It was resolved: to **receive** the report and approve the Newcastle Hospitals Charity Strategy for implementation from 1 April 2021.

21/07 GOVERNANCE

i) Update from Committee Chairs

The report was received, which detailed the main points to note from the Committee meetings that had taken place since the last meeting of the Board of Directors, being the:

- People Committee – 15 December 2020;
- Charity Committee – 18 December 2020;
- Extraordinary Finance Committee – 22 December 2020;
- Extraordinary Quality Committee – 13 January 2021;
- Audit Committee – 26 January 2021; and
- Finance Committee - 27 January 2021.

In addition to the report, the following key points were noted:

- Mr Jowett emphasised the work of Mr James Dixon, the Trust's Head of Sustainability and the Trust's position at the forefront of innovation in this area. The People Committee received a presentation from Mr Dixon highlighting the small acts that Trust staff could undertake to assist with environmental sustainability.
- Ms Baker provided further detail regarding the 'Wellbeing Wednesday' grant award that was outlined in the report, noting that it provided psychological support to maternity staff.
- Prof McCourt noted that the Committee would next meet in mid-February, following the extraordinary meeting to consider the Ockenden Report, which took place earlier in the month.

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

ii) <u>Corporate Governance Update, including:</u>

a. <u>Quarterly NHSI Declarations</u>

The Trust Secretary presented the report and highlighted the salient points. Contained within the report were updates pertaining to the Council of Governors, the work of the Data Protection Officer in relation to Brexit and contracting and preparations for the Annual Report and Accounts 2020/21.

The quarterly NHSI declarations were included within the report for Board approval.

It was resolved: to (i) **receive** the report and (ii) **approve** the quarterly NHSI Declarations.

iii) <u>Date and Time of Next Meeting:</u>

The next formal meeting of the Board of Directors was scheduled to take place on Thursday 25 March 2021 via MS Teams.

The meeting closed at 14:27

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Log No.	BOARD DATE	PRIVATE / PUBLIC	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
77	28 JAN 21	Public	21/03 PATIENTS iii) Director Reports b. Executive Chief Nurse	Ms Baker referred to the 'English Unlocked' training programme for Trust staff and asked if a future update could be provided to the Board of Directors following evaluation of the programme. The ECN advised that the programme had been made possible through NHS Charities Together funding and agreed to provide a future update [ACTION01].	M Cushlow			18/03/21 - An update will be provided in the May 2021 Executive Chief Nurse report.

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	25 March 2021						
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				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board Meeting, including: • The positive progress made regarding the Covid-19 Vaccination Programme. • Integrated Care System developments. • An overview of recent Chairs meetings: regional Foundation Trust Chairs, Integrated Care Partners, NHS Providers and the Healthcare Financial Management Association. • Appointment of the Non-Executive Director Wellbeing Guardian. • Feedback from the recent spotlight on services virtual visit to the Renal Services Centre.						
Recommendation	The 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
	☒	☐	☐	☐	☐	☒	☐
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

Vaccination has been the key word of the year to date. Having witnessed first-hand the fantastic contributions from staff and volunteers in the delivery of our North East & North Cumbria Covid-19 vaccination programme, I was pleased to welcome Sir Simon Stevens, Chief Executive of NHS England/NHS Improvement (NHSE/I) on a visit to Newcastle. The visit marked the anniversary of Newcastle Hospitals' receiving and caring for the first patients in England with Covid-19 and included a visits to both the Centre for Life, our first Trust-led vaccination centre, and to the High Consequences Infection Diseases Unit at the Royal Victoria Infirmary (RVI). The excellent progress across the region was a key matter discussed at our recent Governor Workshop and Board Development sessions.

The second key word has been integration; the publication of the Government White Paper on the future of health and care, has added momentum to the development of our Integrated Care System (ICS). This, and the challenges of recovery arising from the pandemic, have stimulated extensive debate among the Chairs of the region's Foundation Trusts, the Chairs across our Integrated Care Partnership (ICP) and at national level among leaders supported by NHS Providers and, most recently, the virtual meeting of the Healthcare Financial Management Association (HFMA). I have continued to liaise closely with Chief Executive Officer, Dame Jackie Daniel, and her team as we continue to respond to the rapidly evolving landscape.

I have conducted two virtual governor induction sessions and have worked closely with the Trust Secretary and Director of Human Resources to commence the recruitment process for a new Trust Non-Executive Director (NED) in the next three months.

I am delighted to report that Professor Kath McCourt has agreed to be our designated NED Wellbeing Guardian. The role of the Wellbeing Guardian is particularly important in challenging decisions and behaviours which may negatively impact on the health wellbeing of our people.

In February 2021 I attended with five of our NEDs one of our 'Spotlight on Services' virtual visits to explore the Renal Services Centre. Directorate Manager Jo Noble introduced members of the team, including Staff Governor and Deputy Matron Glenda Bestford, who guided us through the structure and operation of the service. We heard about the impact of the pandemic on haemodialysis patients with great sadness and listened carefully to the staffing challenges arising from Covid-19 in terms of shielding, as well as the more significant impact of the virus itself on the relatively high proportion of staff from ethnic minority groups. We were also interested to hear from Alex Muirhead, Regional Manager, about the 108 patients who receive their regular haemodialysis at one of the three community centres managed for the Trust by Renal Services UK.

I have been involved with a range of other events and meetings since my previous report, including attending a recent Charity Committee meeting to hear a briefing from Withers Worldwide and the Centre for Charity Effectiveness about Charity Governance and

Regulation. I have supported Mr Naeem Soomro, Consultant Urologist, in launching a regional exercise to advance our Trust's reputation as a world leader in Robotic Assisted Surgery.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
16 March 2021

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
Title	Digital People Stories						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Mrs Tracy Scott, Head of Patient Experience						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	This month's digital people story shares the experience of a paediatric staff nurse who volunteered to work on an adult Intensive Care Unit (ICU) ward during the Covid-19 pandemic. Lorraine was understandably worried about what she might see and face however, felt it was morally the right thing to do. Having never worked in an Accident & Emergency (A&E) or Paediatric Intensive Care Unit (PICU) environment Lorraine questioned what she could do to add value to the wider team and improve patient experience, whilst at the same time recognised the great range of skill and experience she could offer. During her redeployment Lorraine has met some wonderful people, the experience has been a joy and has given her an opportunity to reflect and learn from people she has worked with and cared for.						
Recommendation	To listen and reflect on Lorraine's personal experience of redeployment during Covid- 19 pandemic.						
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
	☒	☐	☐	☐	☒	☒	☐
Impact detail	Involving and engaging with staff, patients and relatives 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.						

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	This report sets out the key points and activities from the Chief Executive. They include: • 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
	☒	☐	☒	☒	☐	☐	☐
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. CHIEF EXECUTIVE OFFICER (CEO) OVERVIEW AND SUMMARY

Over January and February the Trust experienced the most pressured position since the beginning of the Covid-19 pandemic. As was the case for hospitals across the country, the large increases in community transmission led to high levels of occupancy in our hospitals that surpassed the levels from March and April 2020. This has had a significant impact on both our staff and services across the organisation.

Moving into March, there have been some welcome signals of our collective recovery from the pandemic. These include the continued reduction of care pressures from Covid-19, the continued success of the vaccination programme, and the Prime Minister's announcement of the roadmap to ease the Covid social restrictions.

For NHS organisations, recovery will include a clear focus on tackling the backlog of non-Covid related appointments and conditions that the pandemic has regrettably created. As well as focussing our clinical and operational teams on how we can do this in a way that continues to provide the best care to patients, we are working with our colleagues across the North East and North Cumbria and nationally, to ensure that we collaborate on this shared challenge.

Equally important is supporting our staff to recover from the preceding 12-14 months. On 11 March 2021 the NHS Staff Survey results were published, and I was very proud to see our results confirming that so many of our people would recommend Newcastle Hospitals as a place to work and receive treatment, and show an improvement in our health and wellbeing scores. This is particularly important given the impact the pandemic has had on our teams, and recognises the provisions we put in place to support staff wellbeing and the significant investment we will be making in the forthcoming year. The survey was live in October and November 2020 – when we were tackling a second surge in Covid pressures – and it also shows areas where we must continue to make improvements, which are even more important now as we recover from the third wave of the pandemic.

Another element of Newcastle Hospitals' recovery work will revolve around the Integrated Covid Hub North East (ICHNE). In early March the high-volume Baltic Laboratory went live in testing swab samples and will be increasing its capacity over the coming weeks to a maximum of 40,000 tests per day. This was a significant milestone for the Trust, and means that alongside the other strands of ICHNE our organisation will be even more closely linked to the continuing community public health response to Covid-19.

As we move into 2021/22 our work will include working with colleagues across health and care to respond to the reform agenda set out by the Government in their White Paper, 'Integration and innovation: working together to improve health and social care for all'[1]. This sets a clear direction of travel around collaboration between organisations both 'in place' and between provider organisations. With our advanced work on 'place based working' through Collaborative Newcastle, and our close involvement in the North East and

[1] https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

North Cumbria Provider Collaborative, we are well positioned to deliver on the Government's agenda. We are a national exemplar of how it can be done in a way that prioritises high quality care for patients and tackles health inequality.

The work ahead will continue to be challenging, but myself and the Executive Team are confident that it will be possible thanks to the outstanding engagement of our teams and people at Newcastle Hospitals. They continue to excel in facing up to the many challenges that the pandemic has presented, and I have no doubt they will continue to do so. We are grateful for everything they have done and continue to do.

Operational activity and Covid-19 response

Operational position and coordination

As mentioned above, the pressures experienced during the third wave of Covid-19 peaked at end of January and beginning of February, reaching a maximum of 165 patients on 26 January 2021. For those patients with Covid requiring critical care, where we are a regional anchor and a national leader, the numbers continued to rise to a total of 53. Both of these were the highest numbers of Covid patients that we have experienced since the pandemic began, and the total number of patients in our critical care units – both those with Covid and non-Covid conditions – were the highest that the Trust has ever experienced.

During this period the pressures in critical care were particularly challenging, both from our position as a regional anchor and as a result of continuing to provide non-Covid critical care to patients such as those receiving transplants. As rates of community transmission varied both across the region and nationally, we received patient transfers into our critical care units both from our colleagues across the North East and North Cumbria and from NHS Trusts in the South East and Midlands. These transfers continued throughout January and early February.

In spite of these pressures our frontline teams caring for patients with Covid-19 have provided outstanding high quality care. In early March this was confirmed by an analysis of Office for National Statistics and NHS England data showed that Newcastle Hospitals had the second best Covid-19 mortality rate per 1,000 bed-days in the country. This recognition is something that all our teams throughout the organisation should be proud of.

Since then our numbers of inpatients with Covid has continued to decrease, currently standing at 28. We are ready to respond to any future waves, but alongside colleagues across the NHS will hope that this is not required.

Throughout this period we continued to work and respond closely with our colleagues in our Integrated Care System (ICS), and NHS regional team to coordinate patient care. To support the NHS response at a regional level, I have chaired regular meetings of provider CEOs to ensure that any necessary actions and areas of support to organisations are delivered. These tie closely to discussions between Chief Operating Officers, Nursing and Medical Directors from provider organisations across the region.

Alongside this close NHS engagement, I continue to discuss the City's response to the pandemic with colleagues from Newcastle City Council amongst others at the City Futures

Board meetings. Alongside the public health messaging and actions that are being taken across the City, this response also includes the actions civic partners are taking to support business and the local economy. Newcastle Hospitals and Collaborative Newcastle are a key element of this response, and outside of the City Futures Board, through the Collaborative Newcastle architecture, we are ensuring that all necessary actions to protect patients, staff and the wider public are being taken.

Inevitably, the increased pressure from caring for patients with Covid-19 has had an impact on our non-Covid-activity. Each of these postponed appointments has an impact on a patient and their family, and we are doing everything we can to ensure that these appointments and procedures are rescheduled as soon as possible. Each of our clinical directorates is currently working up a recovery plan to do this. These plans include taking bold steps to increase our activity levels, for instance the new cataract service that opens on Friday 19 March 2021 which we anticipate will double our current capacity.

In terms of this activity, as has been the case throughout the pandemic thanks to the efforts of our clinical and operational teams, we are still performing well across the ambitions set out nationally. Specifically, our figures for February show that we are providing a level of activity compared to our pre-Covid average of between 60% and 80% for inpatient spells and around 98% for outpatient attendances – although for outpatient procedures the number is around 65%. Levels of referrals for care in Newcastle Hospitals have remained close to their pre-Covid levels – in particular for cancer.

The numbers of patients who are waiting longer for treatment remain high alongside the treatment backlog experienced across the NHS, and further information about this is covered in the Integrated Performance Report at item A8. Our teams are working through the implications for each patient to ensure that wherever possible those with increasingly urgent requirements are supported and we continue to take every action within our power to tackle this.

Covid Vaccination

The Covid vaccination programme has, in line with colleagues across the NHS, continued to grow and be a major area of activity. In our role as lead Covid vaccine provider for the North East and North Cumbria we are responsible for the system vaccine operations centre, bringing together a multi-professional and multi-agency programme team to manage the vaccination programme for the region. As part of this we work closely with partners from across the NHS in our ICS, including those in primary care and in particular Newcastle General Practice Services (NGPS).

Our focus in February and March has been to meet the national ambition of vaccinating the Joint Committee on Vaccinations and Immunisations (JCVI) first four cohorts for vaccine prioritisation. Alongside our colleagues across the country, we were proud to meet the ambition of offering each individual in these cohorts a first dose by 15 February 2021. This required us to administer around 12,000 vaccinations per day which thanks to a huge team effort we met. Our next ambition is to provide a first dose to individuals the remaining JCVI priority cohorts by the end of April, on a path to offering every adult a first dose vaccination by the end of July. This, alongside the provision of second doses, will require a step up in the numbers of vaccines administered per day, and therefore our plans will focus on expanding

our capacity. As part of this, we opened a number of further large vaccination centres, including at the NHS Nightingale Hospital North East.

The Covid-19 vaccines remain a clear area of hope and positivity, with many touching stories from individuals who are receiving them. Our team, working with partners across the region, have stepped up to the challenge in an exceptional manner, establishing a programme that is recognised as one of the best in the country. I would like to thank all involved for their efforts on the programme in unprecedented circumstances.

Integrated Covid Hub North East (ICHNE)

The Integrated Covid Hub North East became fully operational across its three strands in early March, with the confirmation of the target number of tests per day that the main laboratory on the Baltic site will provide. More specifically:

- The Coordination and Response Centre (CRC): This opened in November, and continues to support the project management of community projects including lateral flow testing and care home support across the region. To complement this, the centre's analytics programme has started to provide targeted data to direct the community response. The centre has also started to pilot a localised track and trace service covering a number of North East Local Authorities.

- Innovation Lab: This formally opened on 4 January 2021, and since then the newly appointed team have been forming links with industry partners across the country with the underlying aim of accelerating the development of next generation diagnostic tests.

- Baltic Lab: This was the final strand of ICHNE to go-live. Following handover of the construction phase on Christmas Eve, the lab had testing equipment and machinery installed, and the relevant accreditations secured. In early March, the total capacity of 40,000 tests per day was confirmed with the Department of Health and Social Care and NHS Test and Trace. On 4 March 2021, the live testing of samples began, with the lab receiving over 560 swabs from local care homes.

The core aims of Collaborative Newcastle run through each of the three strands of ICHNE. As well as the employment benefits, the CRC will help the partners to better target our community response, and we are in an excellent position to support and work into the new National Institute for Health Protection (NIHP). A clear priority for the months ahead will be around the long-term future and position of ICHNE as a linked part of the NIHP.

The establishment of ICHNE is a major milestone for Newcastle Hospitals. As well as being a further example of our anchor organisation role beyond the provision of acute hospital care, it is a recognition of what is possible when NHS, local authority and other regional partners collaborate around a major project. I would like to thank all individuals who have worked so hard to establish ICHNE, in particular Martin Wilson, Chief Operating Officer for the Trust and Managing Director: ICHNE, for his leadership.

Staff Survey

On 11 March 2021 the NHS Staff Survey results for 2020 were published. Conducted in October and November 2020, over 7,000 of our people responded to the survey. This high level of engagement means that the results provide a thorough assessment and feedback from staff at a time when our teams would have been facing some of the most difficult challenges of their careers.

The results set out that our people rated the Trust amongst the best places in the country to receive treatment and above the national average across all ten themes. Over 90% would be happy with the standard of care if a friend or relative needed treatment. Alongside this, staff agreed that caring for our patients is our top priority, and our health and wellbeing scores showed a significant improvement – highlighting the importance of the provisions we put in place to support staff wellbeing during the pandemic.

Our position benchmarked against both our colleagues in the region, and our equivalent organisations in the Shelford Group, is very favourable – particularly for the domains around equality, diversity and inclusion, safe environment, and quality of care.

The survey results provide a clear insight into both where we are making improvements and where we need to do more. Further details of our survey results and the implications for how we plan to respond to them are set out in the People Report at item A7.

Collaborative Newcastle

The Joint Executive Group met on 5 February 2021 to discuss the details of the priority areas of focus for 2021/22 onwards, including how health and care services can continue their collaborative working and support the City-wide Covid recovery work. Alongside this, the Collaborative Newcastle website was launched - https://www.collaborativenewcastle.org/ - which showcases some of the fantastic case studies that our closer working has created. All partners across Collaborative Newcastle look forward to continuing our joint work to set out and make specific changes where we can improve the health, wealth and wellbeing of the people of Newcastle.

On 1 February 2021, Collaborative Newcastle partners, hosted by Newcastle University, joined a session with members of the public with the topic of 'Creating a Better Normal – How can we build a healthier future post-pandemic?'. As part of a series of 'Newcastle Debates', Pat Ritchie, Chief Executive of Newcastle City Council, Chris Day, Vice-Chancellor and President of Newcastle University, Carol Botten, Chief Executive of the Voluntary Organisation' Network North East and myself answered the public's questions on a wide range of topics from health inequalities, mental health, and the impact of Covid. The event was an important reminder both of the early successes that we have had as civic partners working together as part of Collaborative Newcastle, and the clear reasons for why this collaborative working needs to expand and deepen.

North East and North Cumbria Provider Collaborative

The North East and North Cumbria Provider Collaborative, which I currently jointly chair with Lyn Simpson, Chief Executive of North Cumbria Integrated Care NHS Foundation Trust, has continued its development to set its agenda into 2021/22. The principal focus has been to establish itself as a forum for collaborative and constructive work, supporting the agenda

set out in the Government's White Paper, 'Integration and innovation: working together to improve health and social care for all'[2].

In our monthly sessions, as well as focussing on specific strategic and operational issues, we have begun to outline how providers, working as a collaborative, can support, relate to, and take forward work on behalf of the new proposed statutory ICS structures. There is a rich record of collaboration between providers in the North East and North Cumbria in recent years – something that has only grown during the Covid pandemic – and the Provider Collaborative has a clear set of aims to lead on the following:

- Improving the health and wellbeing of the region;
- Responding and recovering from the Covid-19 pandemic;
- Supporting a cross-regional focus on tackling health inequalities; and
- Optimising the delivery, quality and efficiency of local health and care services provided by NHS and other organisations for the region.

These aims will focus our ongoing development of the Collaborative and its work-plan for the coming months.

Office for Strategic Coordination of Health Research (OSCHR)

On 4 February 2021 I began my membership of the Office for Strategic Coordination of Health Research (OSCHR). OSCHR's role is to facilitate more efficient translation of health research into health and economic benefits in the UK through better coordination of health research and more coherent funding arrangements to support translation. It is chaired by Professor Chris Day, and attended by colleagues including Professor Chris Whitty, the Chief Medical Officer for England, the Chief Executives for Research Councils, the National Institute for Health Research (NIHR) and various health research charities.

The meetings will take place two-to-three times a year, and they are an excellent opportunity for Newcastle Hospitals to shape the health research agenda and support colleagues to ensure it is focussed on adoption and translation to patient benefit.

2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing or using virtual meetings, I continue to meet with different groups of staff to speak openly with them about their experiences, how they are feeling, and their thoughts and concerns for the months ahead. Since the end of January, this included meeting with our urology and renal teams, who, alongside their colleagues across the Trust, made significant changes to delivery telemedicine to continue to care for patients. I also visited the vaccination centre at the Centre for Life, experiencing the huge effort that is going on every day to vaccinate our local population. Finally, I visited our new cataract surgery centre ahead of its opening, which is beginning to transform the way we provide cataract surgery in the region.

[2] https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

On 29 January 2021, on the one-year anniversary of the RVI taking the first confirmed Covid-19 patients in the UK, we hosted a visit from Sir Simon Stevens, Chief Executive of NHS England. Sir Simon met the teams involved with treating the first patients in January 2020, including the ambulance team from North East Ambulance Service NHS Foundation Trust who transported the patients to the High Consequence Infectious Disease Unit at the RVI. The visit also included the Centre for Life vaccination centre.

On 2 March I attended the Richmond Events HR and L&D Forum to present a virtual keynote speech on 'Flourishing in the context of Covid-19'. With an audience of HR and organisational development professionals from a broad cross section of the public and private sectors, it was a great opportunity to showcase the #Flourish at Newcastle Hospitals programme, and how this has supported staff during the pandemic.

My activities through co-chairing the Shelford Group have also continued. We have had a number of productive sessions, including:

- Discussions with Amanda Pritchard, Chief Operating Officer for NHS England and NHS Improvement, and Bill McCarthy, former National Policy Director at NHS England, covering the ongoing Covid-19 response and emerging themes of work around the recovery plan, and the ongoing development work in the national teams around provider collaboratives.
- With all Shelford Group CEOs to talk through our shared issues. This included the pressures and learnings from the third wave of Covid-19 and the implications of the proposals in the Government's White Paper.

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

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 regional and national level. These include:

- Newcastle's brain tumour centre has been named a national 'Tessa Jowell Centre of Excellence' following rigorous, expert-led assessments. One of only 9 centres in the UK to receive the accolade, the neuro-oncology teams are recognised for providing truly outstanding care and treatment.
- Newcastle Hospitals have been ranked amongst the top 200 hospitals in the world by international publication Newsweek, with both the RVI and Freeman Hospital listed in the top 10 hospitals in the UK.
- Our Better Health at Work status has achieved the highest level possible - 'Maintaining Excellence' - demonstrating our determination to ensure our focus on staff health and wellbeing was maintained continued throughout the pandemic.
- Professor Ruth Plummer, honorary consultant in medical oncology at the Sir Bobby Robson Cancer Clinical Trials Centre received the European Society for Medical

Oncology's Targeted Anticancer Therapies Honorary Award, recognising her relentless trials activity leading to many new cancer drugs.

- Newcastle has been shortlisted for the National BAME Health and Care Awards in the following categories:
    - Newcastle Hospitals – Outstanding Corporate Achievement of the Year;
    - Odeth Richardson, head of occupational therapy – Compassionate and Inclusive Leader;
    - Hloniphani Mpofu, matron for dermatology, ENT and plastic surgery – Clinical Champion; and
    - Mr Surash Surash, consultant neurosurgeon – Ground-breaking Researcher.
- Miss Karen Booth, consultant cardiac and transplant surgeon at the Freeman Hospital has been appointed as Chair of the new Women in Cardiothoracic Surgery Committee.
- Colleagues in theatres were recognised by the Association for Perioperative Practice for their innovative approach towards the prevention of 'never events' and promotion of patient safety with a '10 Always Events' mouse mat.
- The North East and North Cumbria "NHS Find Your Place" campaign, which Newcastle Hospitals is a key part of, won the NHS Communications Initiative of the Year Award at the HSJ Awards. The campaign is targeted at promoting the region as the best place to live, train and work, and has helped to drive a marked increase in fill rates since its inception.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
18 March 2021

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021		
Title	Regional Covid Functions Provided By Newcastle Hospitals		
Report of	Martin Wilson, Chief Operating Officer		
Prepared by	Martin Wilson, Dr Vicky McFarlane-Reid, Daryl Perry, Dr Chris Shaw, Prof Stephen Singleton and Prof Neil Watson		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒
Summary	The Covid pandemic has placed exceptional pressures on the NHS, including front line clinical and support staff. In addition to the outstanding way existing Trust services have responded, Newcastle Hospitals has also taken on additional responsibilities for leading and providing three entirely new very large services to support the Integrated Care System (ICS)/region as a whole: • Nightingale Hospital North East (NHNE) – to provide additional hospital capacity as a contingency in the event it was required; • Integrated Covid Hub North East (ICHNE) – to be leaders in the fight against virus spread, through providing a Lighthouse Covid Testing Lab, a Coordination and Response Centre and an Innovation Lab; and • North East and North Cumbria (NE&NC) Covid Vaccine programme – ensuring the Covid vaccination of the 3 million people who live in the ICS area. This paper summarises the position with these important developments and next steps.		
Recommendation	The Board of Directors are asked to: • Note the significant additional Covid related regional services established by Newcastle Hospitals as part of the pandemic response. • Recognise the successful way these functions have been provided and convey their thanks to the 1,000s of staff and volunteers involved in the Nightingale, ICHNE and vaccine programmes.		
Links to Strategic Objectives	Putting patients at the heart of all we do.		

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☒	☒	☒	☒

Impact detail	The additional regional Covid services taken on and provided by Newcastle Hospitals have been managed appropriately to optimise impact on all areas shown above.
Reports previously considered by	Regular updates have been provided to Board.

REGIONAL COVID FUNCTIONS PROVIDED BY NEWCASTLE HOSPITALS

EXECUTIVE SUMMARY

The Covid pandemic has placed exceptional pressures on the NHS, requiring changed ways of working often at great speed in every existing service and the creation of entirely new Covid related functions. In addition to expanding and providing outstanding clinical services on a regional basis such as critical care, Newcastle Hospitals as the anchor NHS organisation for the North East, has also agreed to provide three new large Covid specific functions on a North East and North Cumbria (NE&NC) wide basis:

- Nightingale Hospital North East (NHNE);
- Integrated Covid Hub North East (ICHNE); and
- NE&NC Covid Vaccine programme.

Each of these has been a large undertaking for the Trust and shows some of the crucial role the organisation has played in responding to the pandemic. That the Trust was asked to take them on reflects the world-class expertise within the organisation and wider region, and what can be achieved through working in partnership with colleagues across the city and region to improve health, wealth and wellbeing.

Whilst a number of anchor trusts across the country have taken on responsibility for providing one or two similar functions, Newcastle Hospitals is unique in being the only Trust to take on this scale of additional responsibilities. Importantly feedback from local, regional and national partners has been exceptionally positive about the Trust's approach and quality of service provided.

The three regional Covid functions are interconnected and overseen by the Trust Chief Operating Officer (COO). Appropriately configured lead director teams are in place for each function, accountable through the COO and directly linked to the relevant Executive Directors to ensure robust governance arrangements.

This paper summarises the position with each of the above developments.

REGIONAL COVID FUNCTIONS PROVIDED BY NEWCASTLE HOSPITALS

1. NIGHTINGALE HOSPITAL NORTH EAST

In March 2020, Newcastle Hospitals was asked by NHS England to establish a new 460 bed Covid contingency hospital for the North East in partnership with other local NHS organisations. A leadership team for the hospital was established largely from within the Trust within three days and the facility at Washington was built within three weeks. The support of Sunderland City Council, building contractors and NHS partners was essential to the successful development of the Hospital.

Since being commissioned the hospital has remained on standby, for mobilisation within 10 days if required. In the event of needing to open, staff for the hospital would be largely drawn from existing NHS Trusts across the region.

Very fortunately it has not been necessary to mobilise the facility for use as a hospital, as sufficient capacity has been maintained in existing acute hospitals to meet patient demand. Close partnership working between local NHS Trusts, the North of England Critical Care Network, and the NECTAR critical care transfer service, overseen by regional Covid Surge Command arrangements chaired by Dame Jackie Daniel, have been instrumental in this.

Since February 2021, the Nightingale Hospital North East has been additionally used as a large scale Covid vaccination centre, as described in section 4 of this report. This has not affected the ability for the hospital to be mobilised at short notice if required.

In the light of the very positive progress with the Covid vaccine, NHS England has decided to stand down all Nightingale Hospitals from the end of March 2021. Arrangements are being made to redistribute hospital equipment sourced for the Nightingale Hospital North East to the local NHS. The facility itself will continue to be leased by the NHS until it is no longer required as a Covid vaccination centre.

Colleagues involved in establishing and overseeing the Nightingale Hospital North East are participating in a national lessons learnt process coordinated by NHS England.

2. INTEGRATED COVID HUB NORTH EAST (ICHNE)

Through the work of Collaborative Newcastle, partner organisations across Newcastle upon Tyne have worked very closely together in every stage of the Covid pandemic. In July 2020 colleagues from the Trust and Newcastle City Council, supported by Newcastle University and other partners, developed a proposal to establish an innovative Hub that would combine an NHS run Lighthouse Covid testing laboratory, with an innovation lab to develop new approaches to testing and pathology, and a Coordination and Response Centre to support public health teams in managing Covid risks.

Ministers from the Department of Health and Social Care (DHSC) approved the proposal for Newcastle Hospitals to create and run ICHNE, with its three part mission of Test, Protect, Innovate, in September 2020.

The development of ICHNE has been very agile throughout, responding well to necessary changes as the pandemic progresses.

A Strategic Oversight Group for ICHNE includes members of the Board of Directors together with a lead Director of Public Health from Newcastle City Council and a Professor of Epidemiology and Research from Newcastle University.

2.1 Baltic Lighthouse lab - Test

The Lighthouse lab has been built at Baltic Park, Gateshead and was officially handed over to the Trust ready to 'go-live' subject to DHSC approval, at the end of January 2021. The lab has 13 'Amplitude' Thermo Fisher PCR platforms and is now operational 24/7, receiving Covid samples for testing from across the region and beyond. The lab is one of three run by NHS trusts nationally and is part largest network of diagnostic testing facilities in British history to help play a crucial role in the fight against Covid.

There has been many compliments regarding the Baltic Lighthouse Lab, and this was confirmed by an excellent UKAS accreditation report, finding only minor exceptions in the report, all of which related to activities that could only be taken once the lab received 'live' samples.

Amongst many highlights of the ICHNE programme to date has been the ability to recruit over 600 staff from across the North East to work in a range of NHS roles within the lab. An early vision was to build a diverse workforce and that has been successful, exceeding Trust and local population benchmarks. The workforce needs of the Lab will remain agile as the pandemic develops, supported by excellent support from staff side and human resource colleagues.

Demand for Covid testing is expected to vary in volume and type as levels of disease in the community change, as new variants emerge, and as different testing strategies evolve. The Lab has the capacity to flex up activity significantly in response to demand and is looking at how it can be an innovative leader of the lighthouse lab network by introducing further cutting edge technology relating to variant testing and genome sequencing in partnership with local universities.

2.2 Coordination and Response Centre (CRC) - Protect

The CRC works with and in support of the 12 Local Authorities and the health protection teams from Public Health England to drive better integration and collaboration in response at a local level. There are strong links with the national Trace program. Since November, the CRC has built a workforce of around 25 people and structured its offering around four 'foundations' of success: Testing, Tracing, Data and Analytics, and Engagement.

The 'testing' element has included supporting the establishment of mass testing sites as well as roll out Lateral Flow Device (LFD) training cascade trainers across the region. From a 'tracing' perspective, the CRC are currently supporting five of the twelve Local Authorities with the contacting of positive cases and the tracing of their contacts. The CRC also works with national NHS Test and Trace to coordinate nationally prioritised 'pilots' on a local basis.

The CRC has partnered with Newcastle University to provide a world class data and analytics output capable of identifying life-saving actions across the region.

2.3 Innovation Lab - Innovate

The Innovation lab at the Biosphere on the Newcastle Helix site opened in January 2021 with a team of ten staff, many with scientific backgrounds. It brings industry, academia and the NHS together, developing partnerships to accelerate the development and adoption of next generation Covid diagnostics. The lab works closely with the national Technologies Validation Group and DHSC, and is already working with its first industry partners.

The Innovation lab is creating a biobank to enable industry to access valuable samples to develop their tests, and is leading work to explore how to undertake variant testing and genome sequencing as part of the ICHNE partnership offer. The lab will look to support the futureproofing of the diagnostic landscape for future demands such as new pandemics.

2.4 Sustainability

As the pandemic moves into different phases, the need for the ICHNE functions is expected to continue to develop, requiring an ongoing agility in approach. For example introducing testing for new variant strains, and enabling work force solutions that facilitate local contact tracing as many staff currently providing these functions in local authorities return to their previous roles.

A 'futures' work stream is also working with DHSC, NHS, local authority, university, industry and other partners to look at how to optimise the ICHNE capacities and capabilities to promote the health, wealth and wellbeing of the North East in the longer term.

3. NORTH EAST AND NORTH CUMBRIA COVID VACCINATION PROGRAMME

The Covid Vaccination Programme is led nationally by NHS England and coordinated in each Integrated Care System (ICS) area by a lead NHS Trust. Newcastle Hospitals was asked to take on this responsibility for the North East and North Cumbria ICS in October 2020. The Trust now leads and coordinates the delivery of the vaccine in around 100 sites across the region, in partnership with primary care, NHS trusts and CCGs, local authorities, community pharmacies and through directly managed large vaccination centres.

Over one million doses have now been administered, with more than one-third of the adult population in the region having received a dose. The programme is on target to offer first dose vaccination to all in cohorts 1-9 by mid-April and to all of the remaining adult population by end of July.

3.1 System Vaccine Operations Centre (SVOC)

The Trust is coordinating the programme through a small dedicated SVOC team headquartered at the Nightingale Hospital North East, and through a network of link clinical, public health and operational directors in local organisations.

The success to date of the North East and North Cumbria Vaccination programme has been driven by early planning, system wide commitment, enthusiasm and energy, focussed on vaccinating the most vulnerable in society and protecting front line health and social care workers.

A large scale recruitment programme for the vaccination centres has been undertaken by Newcastle Hospitals, supported by national and local recruitment and 'back to work' initiatives. The support of new and existing staff from many different organisations and a huge network of volunteers in delivering the programme has been outstanding.

An ICS wide Vaccination Board is in place and links closely to regional and national structures through NHS England. A North East and North Cumbria Vaccine Equalities Board is also in place supporting activities to ensure optimal uptake of vaccine across the population. Primary care and local authorities are crucial to ensuring equality of access and promoting vaccine confidence in all population groups, and their support across the ICS continues to be exemplary.

3.2 Vaccination delivery Model

The initial drive to vaccinate the UK population, has been centrally determined by the Joint Committee of Vaccination and Immunisation (JCVI) to ensure that the most vulnerable cohorts are vaccinated first and to ensure national consistency.

Cohorts 1-4 have been delivered through collaboration, with primary care delivering the majority of vaccination. The model is now changing to one of "cohort direction" through cohorts 5-9, with cohorts directed to either local vaccination centres run by primary care networks or to vaccination centres directly provided in the North East by Newcastle Hospitals.

Invitations are now out to cohorts 8, with excellent progress being made in those cohorts most recently invited. It is envisaged that for cohorts 10 – 12 (those under 50 not already covered in cohorts 1-9) there should be a significant increase in mass provision, whilst retaining primary care engagement and capacity to deliver within general practice and expansion within community pharmacy. Additional vaccination centres are coming on line regularly.

Vaccine supply is internationally 'lumpy' due to the complexities of manufacturing and assuring the quality of these new medicines at unprecedented scale. NHS England has advised this week that vaccine supplies of first doses for April will be less than anticipated, however the Government remain confident that overall the programme remains on track for all adults to be offered a vaccination dose by end of July. Where there are variations from expected supply the programme continues to prioritise the most vulnerable JCVI cohorts to ensure they receive the available vaccine first.

3.3 Sustainability

In addition to scaling up the programme to complete the vaccination of all adults by July, there is the potential that future booster doses will be required later this year, and on a

regular basis thereafter. A work stream with link directors from CCGs, primary care, local authorities and public health is exploring future options for vaccine delivery that builds on the very strong North East track record of seasonal flu vaccination and now Covid vaccination.

4. RECOGNISING THE AMAZING TEAM AND TEAM WORK

As mentioned in the introduction, the fact that Newcastle Hospitals has been able to take on these three large additional responsibilities is credit to the world-class expertise within the organisation and wider region, and shows what can be achieved through working in partnership. There are too many people involved in leading and providing the Covid functions to name them all here, however the Board of Directors will wish to convey their deepest thanks and appreciation to all of those involved and for the positive impacts they are having for patients and the wider region.

Representatives from all three teams will be joining the Board meeting to answer any questions that Board members may have.

5. CONCLUSION

Throughout the pandemic Newcastle Hospitals has successfully stepped up and taken on additional responsibilities for leading and providing new Covid related services. This has placed additional demands on the organisation with risks well managed through strong team and partnership working, and appropriate governance and oversight.

6. RECOMMENDATION

The Board of Directors are asked to:

- Note the significant additional Covid related regional services established by Newcastle Hospitals as part of the pandemic response.
- Recognise the successful way these functions have been provided and convey their thanks to the 1,000s of staff and volunteers involved in the Nightingale, ICHNE and vaccine programmes.

Report of Martin Wilson
Chief Operating Officer
16 March 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
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				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
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
	☒	☐	☐	☐	☐	☐	☐
Impact detail	Detailed within the report.						
Reports previously considered by	This is a regular report to Board. Previous similar reports have been submitted.						

MEDICAL DIRECTOR'S REPORT

EXECUTIVE SUMMARY

The following items are to note within the report:

- An update on the creation of the Newcastle Improvement Faculty is provided, noting the collaboration with the Institute for Healthcare Improvement (IHI).
- Specialist training has commenced on a directorate level for investigating serious incidents and is being delivered by the Healthcare Safety Investigation Branch (HSIB).
- An update on the establishment of the Medical Examiner role at the Freeman Hospital is provided which has suffered a short delay. It is anticipated that the service will be extended to the RVI in the late summer.
- A Newsweek survey has ranked the RVI 3rd and the Freeman 6th in the UK, and in the top 50 internationally, based upon a combination of patient reported outcome measures, patient experience surveys and feedback from selected highly respected and credible health professionals.
- A comprehensive update regarding the Trust's Cancer performance is included regarding 2 week waits, 14 day and 28 day targets, 62 day performance and 31 day subsequent.
- An update on the Trust's management of the COVID-19 pandemic is provided, which highlights the decline in admissions however advises that there continued to be a number of residual Intensive Care Unit (ICU) longer stay patients.
- The Trust's current research and development performance is outlined, including the COVID related research the Trust is participating in.
- The Board Reference Pack includes:
    - Consultant Appointments; and
    - The Guardian of Safe Working quarterly report.

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

Quality and Safety Update

- Ongoing progress in set up work with the IHI, including:
    - IHI foundational visit scheduled for 4-6th May 2021 – interviews to be held across the organisation from Executives to front line staff with feedback to the Executive Team.
    - Capability training commences at the end of June and into July for 15-20 improvement teams (4-5 key multidisciplinary team (MDT) members per team), 30 coaches (supporting improvement teams) and 80 places Leading for Improvement (DMs/CDs/Matrons or similar level).
    - Ongoing delivery of Quality Improvement (QI) training and support for existing improvement work streams.
    - Evaluation started, existing training positively evaluated, assessment of improvement work ongoing.
    - Planning for faculty development to enable independent delivery of training from IHI.
    - Integration of Newcastle Improvement approach in induction, education and links with Support and Help IN Education (SHINE) and sustainability.

- Commenced specialist training at directorate level to quality and safety leads in investigation of Serious Incidents (SI). This is being delivered by the Healthcare Safety Investigation Branch (HSIB) in a pilot of their innovative training scheme. The aim is to devolve SI investigation to directorate level for two main reasons:

    1. Have investigations headed up by subject matter experts; and
    2. Free up Clinical Directors (CDs) in Quality and safety to concentrate more time and energy away from investigating individual incidents in a linear manner and instead onto thematic work where we know underlying system problems lie and likely drive a variety of serious incidents (SI). As stated before these include:
        - Patient lost to follow up work;
        - Key lab and radiology result loss or failure to act; and
        - Deteriorating patient.

- Establishment of Medical Examiner (ME) service at Freeman Hospital. Some delay to this related to difficult IT problems. These have arisen in trying to fully integrate the ME reports with our existent mortality review database, thus allowing all departmental Mortality and Morbidity meetings to have full sight of the ME opinions and work sets. Funding has been secured for the long term office base for the ME

(Freeman Hospital, behind reception) – work will commence to refurbish this area within the next few weeks. The ME service will be rolled out to the RVI in August 2021.

- Establishment of Pulmonary Embolism (PE) Emergency Response Team – commences 15th March 2021. This is a new initiative to gather senior clinicians to the side of a patient who presents with life threatening PE. These events happen rarely (1 per week) but involve challenging multi-disciplinary (ITU, ED, Respiratory Medicine, Haematology and Cardiothoracic surgery) decision making at senior level to achieve optimal outcomes. The team consists of consultants in Respiratory Medicine, ITU and ED fast bleeped to the patient with an immediate network of colleagues available.
- Ockenden Report - this investigation in to excess maternal and neonatal mortality and morbidity at The Shrewsbury and Telford Hospital NHS Trust has been considered by our maternity department, Clinical Governance and Risk Department (CGARD) and more widely by the Quality Committee. A series of Immediate and Essential Actions have been mandated nationally – we are broadly compliant but recognise the need to consider this interim report more widely and in particular how we might strengthen regional oversight and sharing of learning within our own Local Maternity Network.
- In summary-based on data collected between April 16-Sept 20 Newcastle has a lower than England average mortality rate for patients admitted with suspicion of sepsis. The downward trend has continued despite COVID. We outperform all of our regional Trusts by a significant margin.
- A Newsweek survey has ranked the RVI 3rd and the Freeman 6th in the UK, and in the top 50 internationally, based upon a combination of patient reported outcome measures, patient experience surveys and feedback from selected highly respected and credible health professionals.

2. CANCER

This Cancer Waiting Time (CWT) update is based on verified data for January 2021.

- **2WW referrals**

In January 2021 referrals were down 10% compared with January 2020 but during the last week in December they were at 55% compared with same week last year. Back to 100% since 18th January 2021 and sustained throughout February 2021.

Referrals for Head and Neck remain at 75% pre COVID and urology 80% pre COVID levels.

Lung referrals are now at the same level as pre COVID most likely due to the lung cancer awareness campaign.

Breast symptomatic referrals are 50% higher than expected.

“Did Not Attend” (DNA) rates remain stable at 5.7% having been at 10% in first wave. This reflects the work of the patient navigator posts as well as the Clinical Nurse Specialists (CNS's).

- **14 Day and 28 Day Targets**

In January we received 1,675 Cancer Waiting Time (CWT) referrals 62% were seen within 14 days.

74% of all 2 Week Wait (2ww) referrals were informed that they did not have or did have cancer within 28 days of referral. This is a more reliable measure of cancer performance than the 2ww. Performance compares well within and outside of the region.

- **62 Day Performance**

62 day performance remains stable at 74%. Work is ongoing with MDT leads, diagnostic radiology and endoscopy to improve this. CT capacity is now back to 100% pre COVID levels however MRI is at 75%. CT reporting has been affected by long term absences of Consultant Radiologists, with the Radiology Directorate looking to outsource some reporting.

- **31 Day Subsequent**

Surgery 88.5% (94%)
Chemotherapy 92.9% (98%)
Radiotherapy **97.0%**

Given the pressures across the Trust in January, whilst these are below our normal performance, great credit is due to our colleagues' hard work and dedication. All cancer operations were carried out within clinically acceptable timelines so that clinical outcomes were not compromised. As the lead for the Northern Cancer Alliance (NCA) North Cancer Surgery Hub the Trust accepted a significant number of cases across Head and Neck, Endocrine, Colorectal and Urology.

The chemotherapy delivery service is to be extended to 7 days a week.

- **Stage Migration**

Clinical impressions have led to a data review to assess the degree of stage migration. This has been demonstrated in raw data. Early indications suggest a stage migration in approximately 25% of Lung, and Head and Neck patients from T1/2 presentation to the Trust to T3/4.

3. COVID-19/INFECTION PREVENTION AND CONTROL (IPC)

- Numbers declining generally but with residual Intensive Care Unit (ICU) longer stay patients. ICU surge beds reduced.
- Excellent outcomes with 2nd lowest mortality rate /1,000 bed days in the country – National Statistics Office data.
- Staff vaccination programme progressing to plan.
- Increasing available non-COVID bed base to facilitate flow and recovery.
- Circa 130 ICU transfers from elsewhere since January 2021.

4. RESEARCH

- 40 COVID studies open.
- The 'What's the Story?' study taking blood samples from children (to look at antibody levels) has recruited almost 100 participants since opening which is commendable.
- Data from health care workers (HCWs) has shown that one vaccine dose reduces the risk of catching infection by more than 70%, rising to 85% after the second dose.
- Feedback received: 'We would like to congratulate you and your team on behalf of the NIHR HSRC Oversight Group for fantastic performance in reopening studies and recruitment patients during this very difficult year. With 155 recruited in 2020/2021 you enrolled more than 4 times as many as the next most active HSRC (Cambridge). This success is clearly due to well recruiting home-grown studies, as well as top recruitment to studies led by other sites, such as ATTEST-2. Your centre's performance attests to your leadership, the enthusiasm of your team, and the support of your R&D department. It is great to see how much can be achieved with close collaboration and determination, even under the worst circumstances.'

5. TEACHING AND TRAINING

- New NTN posts in Medicine, Oncology and Radiology
- Constructive dialogue with HEE continues

6. BOARD REFERENCE PACK DOCUMENTS

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

a) Consultant Appointments; and
b) The quarterly Guardian of Safe Working Report.

7. RECOMMENDATION

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

A R Welch FRCS
Medical Director
16 March 2021

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
Title	Executive Chief Nurse Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Elizabeth Harris, Deputy Chief Nurse Diane Cree, Personal Assistant						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☒				
Summary	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: • Therapy Services – update including Covid-19 Response, Staffing and Meeting Patient Needs • Nurse and Midwifery Staffing. • Clinical Assurance Toolkit (CAT). • Patient Experience Summary - Quarter 3 2020-2021. • Safeguarding Summary - Quarter 3 2020-2021. • Learning Disability Summary - Quarter 3 2020-2021.						
Recommendation	The Board of Directors is asked to: i) note and discuss the content of this report; and ii) note the additional actions taken to provide assurance regarding staffing levels across the Trust.						
Links to Strategic Objectives	• 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
	☒	☒	☒	☐	☒	☐	☐
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. EXECUTIVE SUMMARY

This paper is a regular update, providing the Board of Directors with a summary of key issues, achievements and challenges within the Executive Chief Nurse (ECN) portfolio.

It has been a challenging and busy few months with the pandemic continuing to dominate much of the teams work including co-ordinating and leading the implementation of the Trust's Test and Trace programme, Lateral Flow Test programme and the staff/patient vaccination programme, the detail of which is in a separate Director of Infection Prevention and Control (DIPC) paper to this Board (agenda item A6(iv)). This is alongside significant work to ensure our fundamental responsibility for the quality of care delivered remains high and wards, departments, and services are staffed safely to cope with both ongoing Covid-19 requirements and the increasing numbers and acuity of patients.

This month's 'Spotlight' details the work of Allied Health Professionals (AHP) in the ECN team. Therapy Services are responsible for providing therapy, rehabilitation & psychological interventions across all emergency and elective in-patient pathways and community settings to adults and children. Therapy Services deliver 250,000 in-patient, 72,000 out-patient and 180,000 community contacts a year. In the last year the effect and impact of AHP clinical leadership is described and evidenced using examples.

The regular Nursing & Midwifery staffing section provides the board level assurance measures and highlights any wards/departments with a variance. There is an increase in the number of areas requiring low-level support but no concerning increases or patterns of concern. Fill rates are relatively stable and recruitment /retention data is broadly positive.

The quarter three patient experience report is summarised in section four. This details a small increase in patient complaints, but also details two very positive items of feedback from NHS Choices. The Trust received the maximum score rating of five stars from 81% (27 in number) of comments received. Also of note, the chaplaincy team have embraced the Covid-19 challenges by pre-recording major remembrance services, worship and reflections for the first time in their history of working. This has been very well received.

The final two sections are the Quarter 3 updates for Safeguarding and Learning Disabilities. Safeguarding data continues to demonstrate Covid-19 challenges, particularly in relation to domestic abuse, criminal exploitation and self-neglect. Safeguarding training continues to be a priority and good progress has been made. The Learning Disabilities team continues to develop practice to improve care for people with Learning Disabilities and support the development of professional practice. Also of note, at the end of Quarter 3, there were no outstanding LeDer (learning from deaths of people with a learning disability) reviews, following additional designated Trust support, this is a very significant achievement for the team.

The Board of Directors is asked to:

i) note and discuss the content of this report; and
ii) note the additional actions taken to provide assurance regarding staffing levels across the Trust.

Report of Maurya Cushlow
Executive Chief Nurse
25 March 2021

EXECUTIVE CHIEF NURSE REPORT

Therapy Services comprises of Speech & Language Therapy (SALT), Podiatry, Nutrition & Dietetics, Occupational Therapy (OT), Psychology in Healthcare and Physiotherapy with over 900 staff based at the Freeman Hospital, Royal Victoria Infirmary (RVI), Regent Point and multiple community bases.

Therapy Services are responsible for providing therapy, rehabilitation & psychological interventions across all emergency and elective in-patient pathways and settings to adults and children and deliver a significant proportion of activity and service provision to multiple caseloads in the community. Therapy Services deliver 250,000 in-patient, 72,000 out-patient and 180,000 community contacts a year and provide a range of therapeutic, rehabilitative and enabling interventions tailored to the diverse caseloads of patients (often also with their families).

Therapy Services have developed a strategy and plan, aligned to the Trust strategy and set out ambitious objectives over this and next year. With a strong focus on transformation and innovation initiatives through a newly established Quality Improvement Network, they have developed a range of integrated and partnership working projects. This includes virtual group interventions, specialist training to care home staff, nutritional screening on community physio caseloads as well 'Prioritising our People' with extensive engagement and involvement across the teams.

In the context of direct Covid-19 response and related surge staffing OT, SALT, Dietetics, Physio and Psychology are part of the priority therapy services teams contributing to care in critical care, wards, coordinating discharge and providing care in the community.

In wave 1, with the substantial step-down of services almost 70 staff were re-deployed to support surge plans. This included nearly 50 Physio's from services such as TIMS (interface musculo-skeletal team in the community), community therapy teams and those in specialist roles who were deployed into acute hospital settings. This required rapid training & upskilling to support the volume and complexity of patients with comprehensive acute care and associated rehabilitation in line with emerging evidence and best practice.

The senior therapy team led a group which has developed an integrated Covid-19 related rehab pathway based on the initial experience of patients who had required complex acute care. Therapists were integral to identifying and addressing the new combinations of acute and ongoing needs that Covid-19 patients were experiencing. Maintaining core business and managing surge was very challenging, and the Therapy Services workforce was supplemented with temporary funded posts including paid students, enhanced bank and temporary contract staff. This enhanced workforce capacity meant that surge response and rehab interventions could be maintained and, other priority caseloads could be re-instated or continued.

One example which merits mention is the development of a rapid MDT discharge model in which Therapy Services had a lead role – 1,650 rapid discharges were supported every month and innovative coordination and follow-up maintained safety and quality for patients.

The Physiotherapy team have also been an integral part of our response in acute high-level respiratory care. However, with a pattern of higher acuity amongst patients, providing extensive support across 7 days, alongside supporting intensive rehabilitation needs is challenging. The response of our Physio teams has been exemplary and they continue to work intensively with the ongoing caseload of patients at different stages of their journey.

The volume of ventilated patients across wave 3 has also had a direct impact on the need for SALT and Nutrition support. The requirement for extensive ventilation, sedation, tracheostomy, swallowing/feeding and communication needs has seen a substantial growth in reactive and intensive input from the small SALT and Dietetics teams, which has been a challenging, but necessary contribution to patient care.

The important role of Psychology in supporting patients (including families and staff) across critical and complex care settings is well established, and the evolving impact of Covid-19 has magnified the importance of this expertise. The Healthcare in Psychology team have provided direct support into critical care units and been key to developing and delivering a range of support to teams, senior clinicians and team leads as well as signposting and direct support to individual staff as required.

We are now starting to see the impact of Covid-19 on the ongoing requirements for therapeutic support to patients across a range of disciplines in both acute and community settings and we will look at how we can respond proactively to this in the forthcoming months. The Executive Team has recently supported plans for a 12-month Rehab model to address some of the more complex ongoing needs of patients with *Long Covid*.

Therapy Services teams continue to demonstrate highest levels of innovation and professionalism and the importance of these specialists is central to improving quality, outcomes and experience across all aspects of the patient journey and is increasingly recognised.

In terms of staffing more broadly, models and associated assurance (in terms of quality, safety & outcomes) for core AHP teams is a challenging and evolving area. The diversity of services and hospitals (and local health & care systems) establishing and comparable standard models for staffing numbers/skill mix and in line with patient need is an area of national and local work.

Future Board reports from the Executive Chief Nurse will provide further detail on priority issues, highlight service and project developments and report on developing staffing guidance and assurance.

1. NURSE STAFFING

The Nurse Staffing and Clinical Outcomes Operational Group continues to meet monthly. This group reviews any ward where there is a staffing or clinical outcomes variance based on the risk-adjusted dashboard. Wards that have altered from their primary function for either Covid-19 or winter pressures are also reviewed. All wards are then categorised 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 along with relevant action plans to mitigate risk.

- In the last two months, no wards have required high-level support or medium level support for two consecutive months.
- Below is an overview of the number of wards reviewed and level of escalation agreed.

Month	No. of Wards Reviewed	Directorate	Monitor	Low Level Support	Medium Level Support	High Level Support	No support required
December	8	x2 Northern Centre for Cancer Care (NCCC) x1 Ear, Nose & Throat, Plastics, Ophthalmology and Dermatology (EPOD) x1 Neurosciences x3 Internal Medicine x1 Surgical Services	0	8	0	0	0
January	13	x1 EPOD x2 Musculoskeletal Services x4 Internal Medicine x3 Cancer Services x2 Cardiothoracic Services x1 Peri-Op, FH	4	8	0	0	1
February	12	X1 Internal Medicine x1 Great North Childrens Hospital (GNCH) x4 Musculoskeletal Services x1 Cardiothoracic x1 EPOD x3 Cancer Services x1 Urology and Renal Services	3	9	0	0	0

- There is an increase in the number of wards requiring low-level support compared to the previous quarter. This is due, in part to the pressures on trust wide staffing because of the third wave of the pandemic and the impact this has had on the available workforce. There has also been a notable and significant increase in the acuity and dependency of the patients admitted to the Trust, which increases the staffing resource required.

Whilst this group provides oversight and 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.

1.1 Trust Level Fill Rates

Month	Registered Nurse (RN) day fill rate %	Healthcare Assistant (HCA) Day fill rate %	RN Night fill rate %	HCA Night fill rate %	Trust fill rate %
Jan 2021	94.29	86.41	94.43	107.78	94.19
Feb 2021	91.70	87.05	93.60	115.84	93.77
Mar 2021	93.54	86.19	91.73	114.73	93.74

- Whilst fill rates appear stable, this is based on the temporary reduction of beds on a number of in-patient wards to maintain social distancing If all beds were open there would be a notable reduction in fill rates compared to the same point last year.
- The RN sickness rate is 6.4% of which 1.86% is due to Covid-19 related absence. This equates to 320 members of registered staff and is notably greater than the same period last year; this has an impact on the percentage fill rate against plan.

1.2 Recruitment and International Recruitment

- The current Band 5 vacancy rate is 5.4%, which demonstrates continued good progress in recruitment and is favourable compared to last year's figure of 7%.
- Due to social distancing, it is not possible to hold recruitment open days in March to attract new registrants from September and the nursing team have therefore developed virtual open days in March and April. My aim is to recruit approximately 150-170 September new registrants to further improve the vacancy position.
- The national Healthcare Support Worker (HCSW) programme continues with the aim of supporting Trusts to reduce vacancies to zero by the end of March. Since January, 69 job offers have been made and 28 staff have started in post. The current rate is circa 46 Whole Time Equivalents (wte).
- International Recruitment continues with additional financial support from NHS England/NHS Improvement (NHSE/I). 32 nurses from India are in the recruitment process due to be deployed by the end of April. Further funding has been made available and the Trust has expressed interest to recruit a further 43 nurses in the next financial year. All of the staffing data is carefully analysed alongside the strategic workforce plans to identify further requirements in the short to medium term.

1.3 Covid-19 / Winter Pressures

In recent reports, the Board has been appraised of a number of measures established to manage and mitigate staffing risk in light of the continued Covid-19 pandemic. There have been some significant challenges in the last two months and below are a number of important updates:

- In January and February 2021, the Trust increased its critical care bed capacity to 112 beds from a normal baseline of 86 across three surge areas.
- To achieve this we enacted our surge response plan and redeployed staff from theatres and wards to support this increase in critical care activity. Staff were

supported with additional induction and training and the critical care and wider clinical educator team worked exceptionally hard to prepare staff for deployment.

- The increase in non-critical care trained staff required the introduction of escalation staffing ratios to support the delivery of care in Intensive Care Units (ICU's) as per the national guidance from NHSE/I; this was managed and monitored very closely to assure safety.
- Plans are in place to repatriate staff back to theatres and their base wards in a phased strategy where it is safe and appropriate to do so. Beds will also be increased in a phased approach and where it is safe to do so
- In response to the more recent increased pressures the Nursing and Midwifery Council (NMC) re-introduced the emergency standards for nursing and midwifery education to enable final year nursing students to undertake paid placements. The Trust have supported 80 adult nursing students and 40 children's nursing students to take up this opportunity. Close monitoring is in place to ensure their learning experience is optimised whilst supporting the workforce in a paid capacity.

Although assurances are in place, it is important to recognise the impact the sustained pressure is having on our frontline clinical staff. Staff wellbeing is of paramount importance and we are continue to strengthen the existing support available across the Trust.

2. CLINICAL ASSURANCE TOOLKIT (CAT)

Clinical Assurance Toolkit (CAT) underpins the Trust commitment and vision for patient care provided by Nursing and Midwifery staff, however due to the Covid-19 pandemic, this Toolkit has been suspended since March 2020.

It was agreed that the CAT would not be completed during the pandemic and in May 2020, wards commenced a condensed audit survey to provide assurance that standards were maintained; this takes place every fortnight in all Trust wards and departments. This is supplemented by a Matrons monthly clinical assurance survey to observe hand hygiene, Personal Protective Equipment (PPE) compliance and social distancing.

The advent of electronic documentation/PaperLite has provided a real opportunity to approach this work differently and a new solution to replace CAT has been identified and is currently going through due process. This will be a key priority in year.

3. PATIENT EXPERIENCE – QUARTER 3 (Q3) 2020-2021

3.1 Complaints Management

The Trust has opened 140 formal complaints in Q3, which is an increase of eight from complaints opened in Q2 (132). The Trust is currently receiving on average 39 formal complaints per month, a 13% decrease from the previous year where the average was 45 per month. Up to the end of December 2020, the highest percentage of complaints are within Surgical Services with nine complaints per 10,000 patient contacts (0.09%) followed by Outpatients, Children's and Musculoskeletal with 0.05%. The lowest number of

complaints is within Cancer Services and ePOD with one complaint per 10,000 contacts (0.01%).

Of the 140 complaints opened in Q3, 82 (59%) had a primary concern regarding clinical treatment. This further breaks down in to sub-subjects, where the medical care is the most common issue (n51), progress of care (n6), Delay/failure to progress care and clinical investigation (n5).

There have been four complaints where Covid related issues was the primary reason for complaint in Q3:

- A&E (Oct) – Lack of hand sanitisers and staff not reacting when informed.
- Obstetrics (Oct) – Not being allowed to attend ante natal scans and appointments with partner.
- Children's (Dec) – Negative impact both physically and mentally of single parent policy.
- NCCC (Dec) – Following a transfer from South Tees, patient felt isolated and distressed being away from loved ones with no way to contact.

3.2 NHS Choices

The Trust received 33 items of feedback in Q3, with most feedback in relation to ePOD (n7), Urology & Renal (n4). The Trust received the maximum score rating of five stars from 81% (n27) of comments received: Examples below:

Children's (5 Star) – "*We had yet another visit to the children's a&e department/emergency assessment department and ward 1b, one of many in past 8 month since our son's epilepsy got much worse and every time we have been in the staff have been amazing and so helpful and friendly. Considering the stress they are under at the moment they've always got time for you and any questions you have. My son always gets amazing care when he is there, I cannot praise them enough!"*
ePOD (5 Star) – "*I had such a positive stay on ward 5 and wanted to thank all the incredible staff for looking after me, they were all so kind and caring. Every single member of staff went above and beyond. I also found the food on ward to be of excellent quality and choice".*

3.3 NHS Friends and Family Test (FFT)

The Trust has implemented the new FFT using postcards and online surveys from the end of November 2020 with the first data submitted to NHS England in January 2021.

3.4 APEX – Advising on the Patient Experience

The Patient Experience Team have been in regular contact with APEX members seeking involvement and their views on new and service improvement projects; monthly APEX meetings were reinstated from October.

Areas discussed have included:

- The Commercial Enterprise Team;

- Care and respect Together and Exclusion from Treatment policy;
- Groupwise - concept mapping; and
- End of life and Palliative Care Team update.

3.5 Patient Surveys

We are currently utilising the digital crowd signal platform to help ensure we are able to collate and analyse data from patient feedback during the reduction of face to face activity.

3.6 Groupwise – Concept Mapping

Funding was obtained from the Newcastle Hospitals Charity in August 2020 to purchase an annual group concept mapping licence to evaluate staff and patient experience during and beyond Covid-19, and to engage key stakeholders in targeted service enhancements in an inclusive and meaningful way.

The AHP Consultant in Therapy Services is leading this work within the Patient Experience Team on the application of group concept mapping and other participatory approaches in priority service development and research settings across the organisation.

This collaboration has led to the development of a Band 6 Research and Patient Experience Internship (one day a week for 12 months) to develop skills in research, patient engagement and stakeholder involvement to develop active care pathways for prehabilitation and enhanced recovery.

3.8 Equality, Diversity & Human Rights

The Trust continues to link with Newcastle Public Health and 3rd sector organisations to listen and respond to feedback in relation to Covid-19. Recent developments include consideration of raising awareness of the Covid 19 vaccination programme with ethnic minority groups.

A young Trans Peoples' On-line Seminar developed by the Trust, Newcastle City Council and hosted by Newcastle University was delivered in November 2020. This included a video produced by local young people, and a presentation by two members of the NHS Gender Identity Development Service (GIDS) who outlined the team's work with young people and their families. The seminar evaluated well.

3.9 Chaplaincy

Chaplaincy staff have had to pre-record major remembrance services, worship and reflections for the first time in their history of working. Services, which would normally have 300-400 attendees, were filmed in the hospital chapels and where appropriate on wards and then placed on to YouTube via social media so that all patients and loved ones could take part safely. This has been well received and will continue in the coming months, complemented by an evaluation.

In the month of December 2020, there was a steep increase in the understandable need to support staff support, representing a concerted effort to visit every ward weekly and gauge staff needs.

4. SAFEGUARDING – QUARTER 3 2020/2021

This section provides a Quarter 3 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 continues to increase and is consistent with the experience of other multi-agency partners. As with many other services, Q3 has been challenging. There continues to be an upward trend in domestic abuse and criminal exploitation, (financial/material and emotional) and referrals of self-neglect remaining the most prevalent cause for concern within the Adult Safeguarding team. The risks of exploitation and coercion to young adults remains concerning.

Activity for the Children's team overall shows an increase in duty calls compared to previous years, although this has decreased slightly as people are settling into the 'new reality'. There has been a further small increase in self-harm and overdose cases, both from children and young people injuring themselves and children involved in incidents related to overdose of parent/carer and where children were injured and affected by domestic abuse between parents. There have also been several cases of young people attending the Emergency Department (ED) with significant behavioural issues requiring mental health assessment and on occasion mental health placement, i.e. inpatient care, case numbers peaked in September (141) followed by November (124). The most vulnerable learners have maintained their school placement during this current lockdown, however more parents are reported to have chosen to 'home educate' their children going forward (239 as opposed to 149 last year); it is felt that this is due to the anxiety around Covid-19, this will be carefully monitored. We are yet to see the implications from the recent increased Covid-19 restrictions.

Midwifery safeguarding activity for Q3 has been relatively stable and, the numbers have reflected normal variation with 72 notifications in December. There have also been a number of complex cases where the risks are very significant for pregnant women. Adult and midwifery teams have worked together to ensure that the transition from midwifery services after pregnancy has been robust and safe.

We continue to develop partnership working through the attendance of social care at the regular midwifery safeguarding forum. As this forum reviews and updates current Newcastle safeguarding cases this should strengthen process, especially in relation to Child Protection.

Safeguarding Adults activity at the end of Quarter 3 shows an increase (approx. 11%) comparable to the same period 2019/2020. Cases continue to demonstrate an increased sense of intensity in the abuse and risk. Trust involvement is not limited to the Newcastle area and referrals/safeguarding activity supports individuals who live in the surrounding areas due to the regional nature of the Trust's services.

By far the greatest area of concern continues to be self-neglect, which can often include complex young individuals who may be homeless or living in temporary accommodation, who use substances and therefore are vulnerable to exploitation from others.

Understanding mental capacity where there is self-neglect is an essential element of support. During the pandemic, it has becoming clearer that these concerns can be acute and there can be exacerbation from isolation. Understanding and application of the Mental Capacity Act is fundamental within many of these cases, to examine safety, where legal services may be required and to focus on the 'Making Safeguarding Personal' agenda. This is complex work and with the amendment of the Mental Capacity Act, this work will only become more challenging for health services.

Safeguarding activity for Quarter 3 in 2020/2021 evidences the following:

1) 1859 "Cause for Concerns" (CFC) /referrals across the Trust safeguarding teams;
2) 134 case discussions in the MASH by the Children's Nurse Advisor's; and
3) 222 Deprivation of Liberty Safeguards (DoLS) applications.

In terms of domestic abuse, the Equality and Human Rights Commission April 2020 defines, 'Domestic abuse is a serious, violent and widespread crime, which primarily impacts women and children.' With the impact of Covid 19 and in preparation for the coming Domestic Abuse Bill, the safeguarding team continues to maintain domestic abuse as a high priority area of work. There has now been a second reading of the Bill in the House of Lords in January 2021.

As a Trust, similar to partner agencies, a rise in the disclosure of domestic abuse has been noted, in some cases there has been significant injury requiring extensive inpatient admission. These complex cases are managed jointly through Multi Agency Risk Assessment Committee (MARAC) and Safeguarding Processes. As a regional service, the Trust has been involved with a number of these complex cases not only within Newcastle but also throughout the North East area.

As the Board is aware, the Safeguarding team leads the application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs). The total number of DoLS applications for Quarter 3 is 222, which is a small increase from the same period 2019/2020.

Safeguarding training continues to be a priority for the Trust. Progress has been made with compliance for Safeguarding Adults Level 3 with almost 74% of staff completing their training. This continued increase in compliance is aiming for greater than 85% compliance by year 3. The introduction of the Trust e-learning Safeguarding Adults Level 3 alongside the Microsoft Teams training sessions have greatly increased compliance and it is hoped that this will continue.

Compliance with Level 3 Children's safeguarding training remains challenging. Again non-compliant staff have been followed up and methods of delivering training made more flexible due to current restrictions. The national on-line training has still yet to be evaluated well so we continue therefore to develop a bespoke Trust version.

5. LEARNING DISABILITY (LD) UPDATE Q3 2020/2021

The Trust continues to develop practice to improve care for people with Learning Disabilities, building on the dedicated expertise of the Learning Disability Liaison Team to provide advice and support to staff to enhance the patient experience for individual patients and their families. The nurses have an active caseload of patients with whom they are directly involved in providing advice, negotiating reasonable adjustments, and liaising with other professional and care agencies.

The workload of the Learning Disability Liaison Nursing Team continues to increase with direct referrals. There are significant challenges for the team to meet all patient needs, audit practice, and to progress developments.

The Learning Disability Steering Group supports the development of professional practice, participating in strategic work and enhancement of the Trust infrastructure to support those with a Learning Disability. The focus on the Learning Disability agenda has continued to emphasise the need to ensure the right care and support at the right time through a number of National initiatives and Local Case Reviews, including the work of LeDeR.

The team note an ongoing increase in activity within adult referrals and evidence of spikes of activity in children. Transitional work is also evident, although it is difficult to benchmark this information against any expected level of activity. These referrals can range from ensuring that there is the correct flag on medical records to the facilitation of complex access to services. There were 397 'facilitation' activities recorded in Q3 compared to 353 in Q 2.

Work is required Trust wide to support staff to recognise when an individual has a learning disability and subsequent referral into the Learning Disability Liaison Nursing Team. As the Trust now may see individuals coming from a wider geographical area due to Covid-19, ensuring that contact is made with the learning disability team is important, to facilitate and scaffold care. Work is required to ensure external agencies are aware of the team and the support and service it provides as well as a continued need to raise awareness with clinical teams.

Access to Acute care is the fundamental work of the Learning Disability Liaison Service and the team has met to review critical clinical priorities. There has been discussion to examine the value in continuing to outreach to wards and when required home visits/community settings.

At the end of Quarter 3, there were no outstanding LeDer reviews, following additional designated Trust support. This is a very significant achievement as reviews also include requests from Clinical Commissioning Groups (CCGs) for those who have died outside of the Trust and when there was Trust involvement in care. There is a plan to work with the medical examiners and through dedicated hours from the Band 7 LD nurse Specialist to ensure timely review, completion and learning.

The North East and Cumbria Learning Disability Network has been working with Learning Disability Liaison Nurses in acute hospitals in the North East and Cumbria to revise reasonably adjusted care pathways (emergency and elective admission pathways) for people with learning disability. To support the implementation of the pathways an e-learning programme has been developed for the workforce to access.

The Learning Disability Diamond Standard Pathways that have been developed fulfil both the LeDeR and NHS Improvement Learning Disability Standards requirements. Acute trusts are requested to adopt the pathways and associated e-learning and make available for staff across the organisation.

Practice development work in regard to MRI/CT Pathways (Adult and Child), merits mention. Work commenced in conjunction with North East and Cumbria Learning Disability Network to incorporate theatre attendance within passport for children and young people. Pathways are also to be developed for adult patients requiring MRI / CT under sedation / general anaesthetic. The team are aware that there has been a delay with this work and will continue to monitor.

6. RECOMMENDATIONS

The Board of Directors is asked to:

i) note and discuss the content of this report; and
ii) note the additional actions taken to provide assurance regarding staffing levels across the Trust.

Report of Maurya Cushlow
Executive Chief Nurse
25 March 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
Title	Learning From Deaths (October 2020 – December 2020)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager; Jo Ledger, Head of Patient Safety						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
Summary	This paper aims to provide assurance to the Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018). This paper also summarises the processes that are in place to provide assurance to the Board that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.						
Recommendation	The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality: • Put patients and carers first and plan services around them. • Maintaining our 'Outstanding' CQC rating.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☒	☒	☐
Impact detail	Provision of assurance that patient outcomes are reviewed and lessons learned to include deaths of people with learning disabilities.						
Reports previously considered by	This is a recurrent report, previously considered by the Quality Committee at the February meeting.						

LEARNING FROM DEATHS

EXECUTIVE SUMMARY

This paper aims to provide assurance to the Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018).

This paper also summarises the processes that are in place to provide assurance to the Board that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.

LEARNING FROM DEATHS

1. INTRODUCTION

The objective of this report is to provide the Board with assurance that there is a robust process in place to review unexpected deaths, as well as those deaths with potentially modifiable factors, and that mechanisms are in place to ensure lessons are learned and shared.

For the purpose of this paper 'modifiable factors' are defined as factors identified that may have contributed to the death and which by means of locally or nationally achievable interventions could be modified to reduce the risk of future deaths.

2. BACKGROUND

The Care Quality Commission (CQC) report 'Learning, candour and accountability', published in December 2016, detailed concerns about the way NHS trusts investigate and learn from deaths of people in their care, and the extent to which families of the bereaved are involved in the investigation process.

The guidance released in March 2017 by the National Quality Board (NQB) set clear expectations for how trusts should engage meaningfully and compassionately with bereaved families and carers at all stages of responding to a death, and described Trust boards' responsibilities for ensuring effective implementation of this guidance. The Trust implemented the Learning from Deaths (LFD) guidance by the September 2017 deadline and has the required framework in place to facilitate learning from deaths within the Trust.

The NQB report 'Learning from Deaths: Guidance for NHS trusts on working with bereaved families and carers', published in July 2018 consolidated the existing guidance and provided perspectives from family members who have experienced bereavement within the NHS. This additional guidance set out how organisations should support and engage families after a loved one's death in their care but has been written with the intention of being a resource which families can also refer to.

The guidance released in July 2018 by the Department of Health and Social Care published the Government's response to consultation on the "Introduction of Medical Examiners and Reforms to Death Certification in England and Wales". This guidance outlines the intention that the medical examiner system will be enshrined in statute and Medical Examiners will be based in all acute Trusts by 2021.

3. MORTALITY REVIEW DATABASE – DATA SUMMARY

Current Morbidity and Mortality (M&M) meetings provide a robust forum for multidisciplinary discussion of each death. The mortality review database was launched in June 2017 and has improved the ease at which lessons identified within M&M meetings can

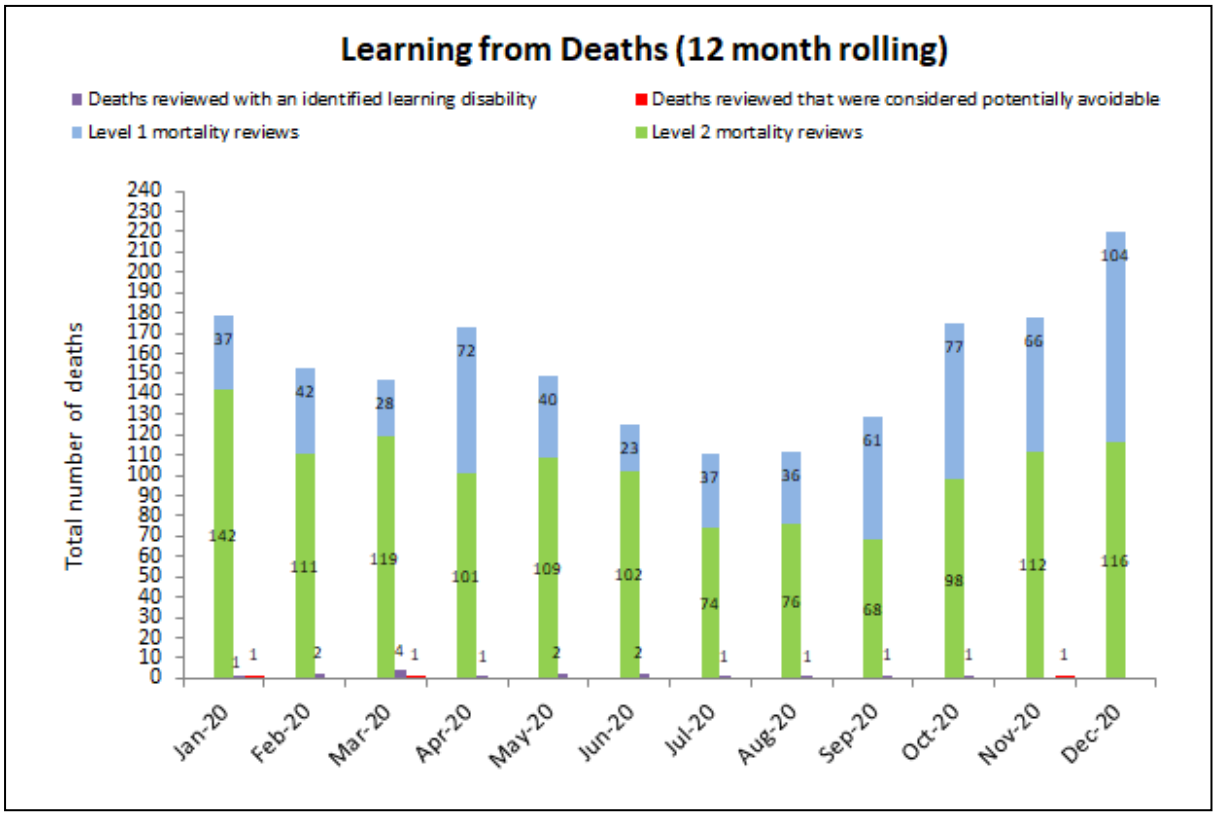
be shared between Directorates. The database captures all mortality reviews and centralises the findings in one place for all level 2 mortality reviews.

Level 1: The reviewer reviews the cause of death and discusses with the certifying doctor. Level 2: In addition, the reviewer also considers documents and health records associated with the death and records findings into the Trust-wide mortality review database.

Since January 2019 this has included learning from Paediatric Mortality reviews as the Children's Services Directorate has commenced use of the mortality review database to record all child death reviews. In addition, the Learning Disability Team (LDT) uses the database to record their investigations; this is above and beyond the LDT recording into The National Learning Disabilities Mortality Review (LeDeR) National Database.

3.1 Inpatient Deaths

In the past 12 months (Jan 20 – Dec 20) 1,785 patients died within Newcastle Hospitals with a total of 1,228 patients having received a level 2 mortality review. It is likely that these mortality review figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months. These figures will continue to be monitored and modified accordingly.



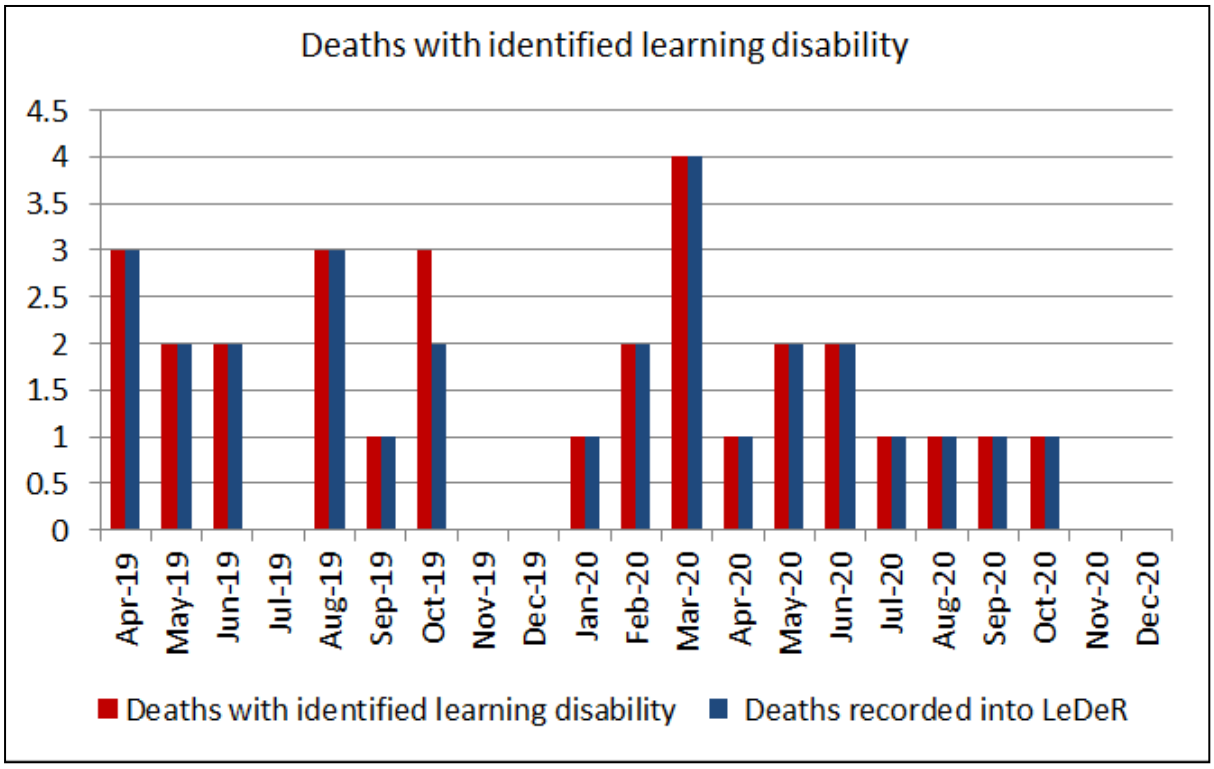
3.2 Patients identified with a Learning Disability

The National Learning Disabilities Mortality Review (LeDeR) Programme was established as a response to the recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD 2013). CIPOLD reported that people with learning

disabilities are three times more likely to die from causes of death that could have been avoided with good quality healthcare.

Since April 2019, 31 patients who died within Newcastle Hospitals were identified as having a learning disability. Within the Trust, whenever a patient with a learning disability dies the death is reviewed by the clinical team and is supported by the Learning Disability Team. There is a further in-depth case review at the Learning Disability Mortality Review Panel and the case review is also entered onto the Trust Mortality Review Database, as well as into the LeDeR National Database. An update is provided from the Learning Disability Specialist Nurse at each quarterly Mortality Surveillance Group meeting and lessons are shared using various methods which includes presenting at the Clinical Risk Group and via Patient Safety Briefings.

The graph below shows the data from April 2019 – December 2020 and includes those patients who have been recorded into the national LeDeR database. Historically, there was a delay submitting data into the LeDeR database due to the lack of trained assessors within the Trust; which was consistent with the position that other trusts reported nationally. However, the Trust has recently appointed a Trust clinician on a temporary basis to help improve compliance with LeDeR submissions. This appointment has dramatically helped to reduce delays and the current position indicates that all patients who have died with a learning disability have been reported into the LeDeR National database.



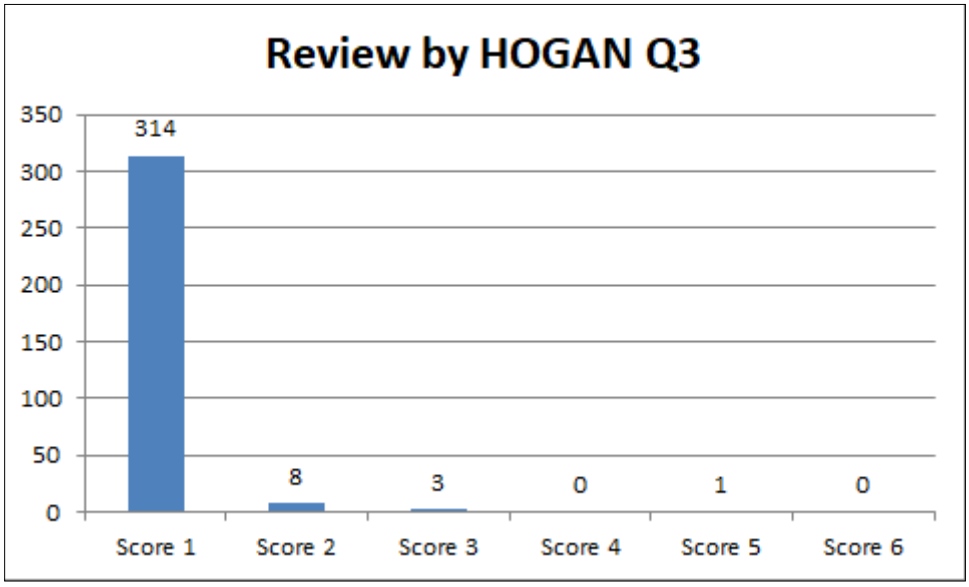
3.3 Outcome of Case Reviews – Hogan Score

Throughout Q3, 326 patients have received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database. This number will continue to rise as more M&M meetings go ahead over the forthcoming months.

Case notes were reviewed estimating the life expectancy on admission and any identified problems in care contributing to death. The Hogan scale, ranging from 1 (definitely not preventable) to 6 (definitely preventable), was used to determine if deaths were potentially avoidable, taking into account a patient's overall condition at the time.

1	Definitely not preventable
2	Slight evidence for preventability
3	Possibly preventable, but not very likely, less than 50-50 but close call
4	Probably preventable more than 50-50 but close call
5	Strong evidence of preventability
6	Definitely preventable

A score of ≥5 suggests 'strong evidence of preventability' and an investigation is initiated to determine if a serious incident (SI) is to be reported. The outcomes of the cases reviewed in Q3 are summarised below:



All HOGAN data is presented to the Mortality Surveillance Group and any patient that has been graded ≥4 is presented on an individual case basis.

4. KEY LEARNING POINTS

The National Quality Board (NQB) recommendations state that providers should have systems for deriving learning from reviews and investigations and act on this learning. In addition, learning should be shared with other services where it is perceived this will benefit future patients.

Following a death, information gathered using case record review or investigation should be used to inform robust clinical governance processes. The findings should be considered with other information and data including complaints, clinical audit information, patient safety

incident reports and outcomes measures. This information resource can then inform the Trust's wider strategic plans and safety priorities.

The learning points identified in Q3 following M&M reviews are detailed below, together with how this information has been shared and what action has been taken. Clinicians from each Directorate are also able to share learning from local mortality reviews with any other Directorate throughout the Trust.

Learning points identified in Q3

Directorate	Speciality	Date of Review	Learning Point	Action Taken
Patient Services	Learning Disability	10/12/20	Importance of making reasonable adjustments in provision of person centred care, for example, playing of favourite music to reduce anxiety.	Awareness raised regarding the statutory duty to provide reasonable adjustments for patients with learning disabilities.
Patient Services	Learning Disability	12/11/20	Understanding that people with learning disabilities sometimes display challenging behaviour. Such behaviour may be a way of communicating and needs to be considered particularly in end of life care.	Awareness in relation to understanding and considering challenging behaviour has been raised.
Patient Services	Learning Disability	02/11/20	Importance of undertaking a co-ordinated transition from children to adult services.	Transition pathway discussed at Trust Learning Disability Steering Group.
Patient Services	Learning Disability	02/11/20	Learning disability should not be recorded as on a death certificate.	Trust awareness raising provided regarding appropriate recording of cause of death on death certificate.
Patient Services	Learning Disability	10/12/20	Involvement of palliative care team at end of life is essential in order to support the patient with learning disabilities and their family.	Awareness raising of learning disability liaison team and partnership working with palliative care team.
Patient Services	Learning Disability	10/12/20	Importance of engagement with next of kin/ family and of documenting their involvement.	Trust-wide awareness raising of importance of discussion with next of kin and of documenting this appropriately.
Patient Services	Learning Disability	10/12/20	Importance of using the hospital learning disability passport due to the vital information it contains regarding a patient's needs in order to better inform staff.	Ongoing awareness raising of the use of the hospital passport.
Children's & Young People	Children's & Young People	04/12/20	Important to discuss the challenges around end of life care for a fostered child and ensure that co-ordinated discussions involve social services, foster carers, and both birth parents. Discussions need to be well planned and support be made available to all involved.	Instigating debriefs with staff involved to allow staff to talk through the process following stressful situations and in order to offer support.

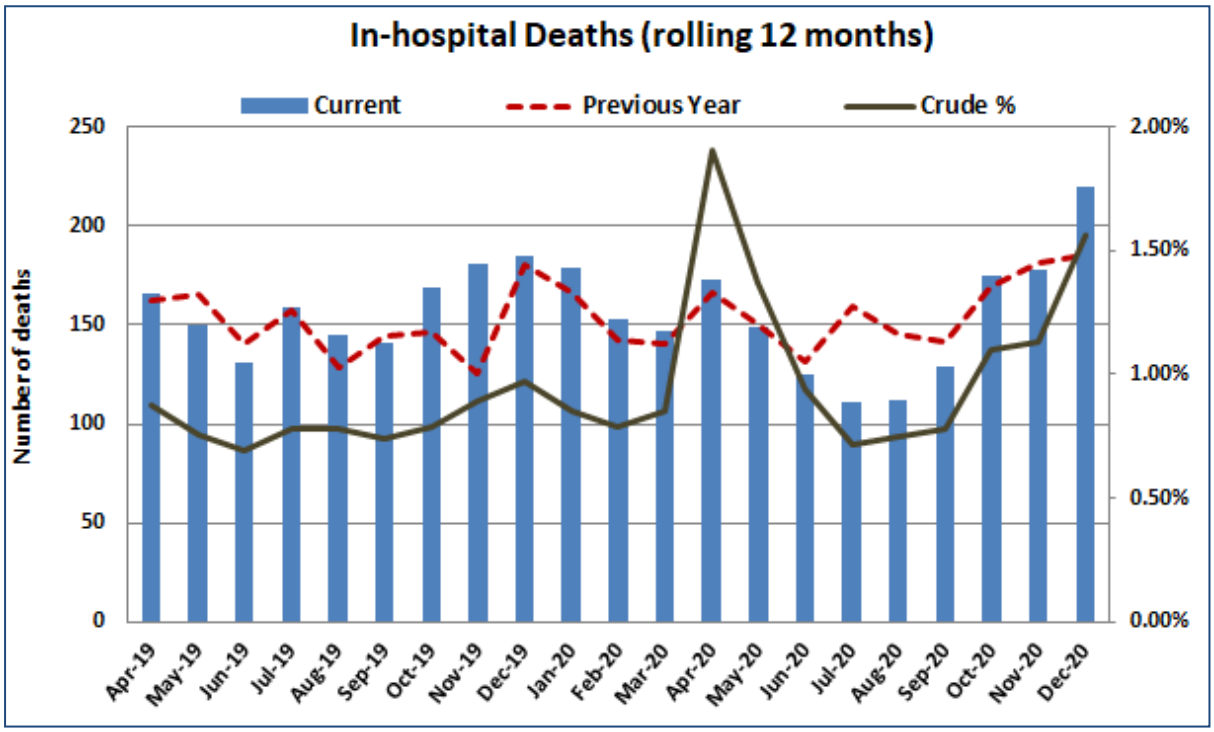
Directorate	Speciality	Date of Review	Learning Point	Action Taken
			Social services play a valuable role in assisting with this.	
Internal Medicine	Liver/ Hepatology	25/11/20	Requirement for the 'Care of the Dying Pathway' to be made electronic.	Palliative Care team are in collaboration with the IT development team to develop electronic pathway documentation.
NCCC	Haematology	04/12/20	Rationalisation of medication to be appropriate to ensure underlying health conditions are managed effectively.	Learning to be shared and discussed at Governance Meeting.

5. CRUDE MORTALITY

Crude mortality rate is the percentage of in-hospital mortality from all hospital admissions.

The crude mortality rate for Newcastle Hospitals is normally very low (averaging less than 1%), however differences in crude mortality rates between hospitals are not only caused by differences in hospital performances but also by differences in the case-mix of patients that are admitted. A hospital that admits on average higher number of older patients and performs a larger proportion of higher risk procedures is likely to have a higher in-hospital crude mortality rate than a hospital with an average younger population.

The graph below shows the crude mortality rates since April 2019. The crude mortality shows a significant increase in April 2020. This can be explained as the majority of elective surgical cases were postponed during the COVID-19 pandemic first wave period, which dramatically reduced the amount of discharges. Although the deaths for this time period did not rise dramatically in comparison to the same time period the previous year, the reduced discharges increases the crude mortality percentage. A further significant rise can be seen in December 2020 which reflects more deaths than expected during the second wave of the COVID-19 pandemic during December 2020. This is in part due to increased numbers of patients being admitted into the Intensive Care Unit (ICU) from other regional and national Hospitals as part of the second wave surge.



6. STANDARDISED HOSPITAL-LEVEL MORTALITY INDICATOR (SHMI) AND HOSPITAL STANDARDISED MORTALITY RATIO (HSMR) MORTALITY RATES

SHMI and HSMR mortality rates are published quarterly by NHS Digital, however due to the time delay between data being uploaded by each individual Trust and primary care, the data is published approximately six months retrospectively.

SHMI and HSMR data is scrutinised on publication to determine any areas that may raise concern. All groups within the data are individually monitored and all findings are presented to the Trust Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the relevant Directorate to ensure an in-depth analysis is undertaken and findings recorded into the mortality review database. All learning from this analysis is shared with Directorates and presented to the Mortality Surveillance Group. The latest SHMI publication for July 2019 – June 20 shows the Trust to be at 98 which is below the national average and within "expected levels".

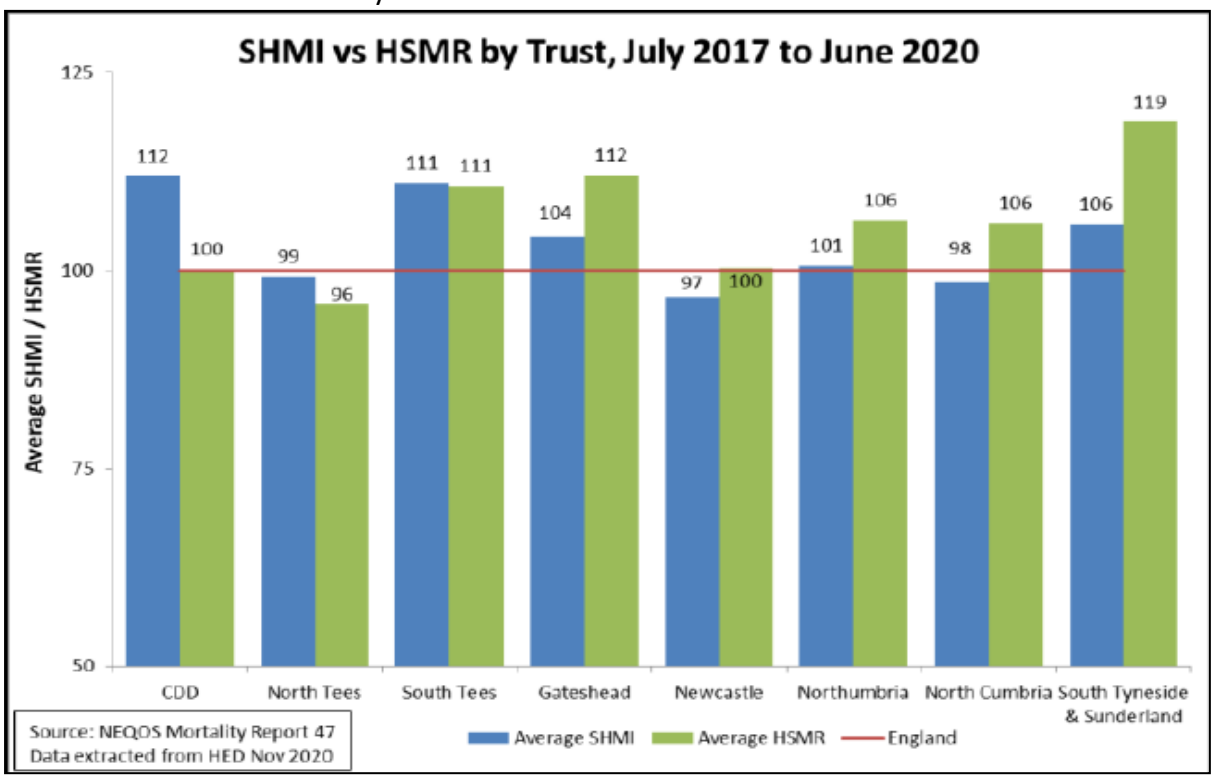
All mortality data including SHMI, HSMR and Variable Life Adjustment Displays (VLADS) are closely monitored.

7. NEQOS

The North East Quality Observatory Service (NEQOS) present analysis showing the SHMI and HSMR mortality indices including; a high level for Trusts identifying variation from the norm (outliers); showing trends through time; and using more granular analysis in order to describe contributing factors.

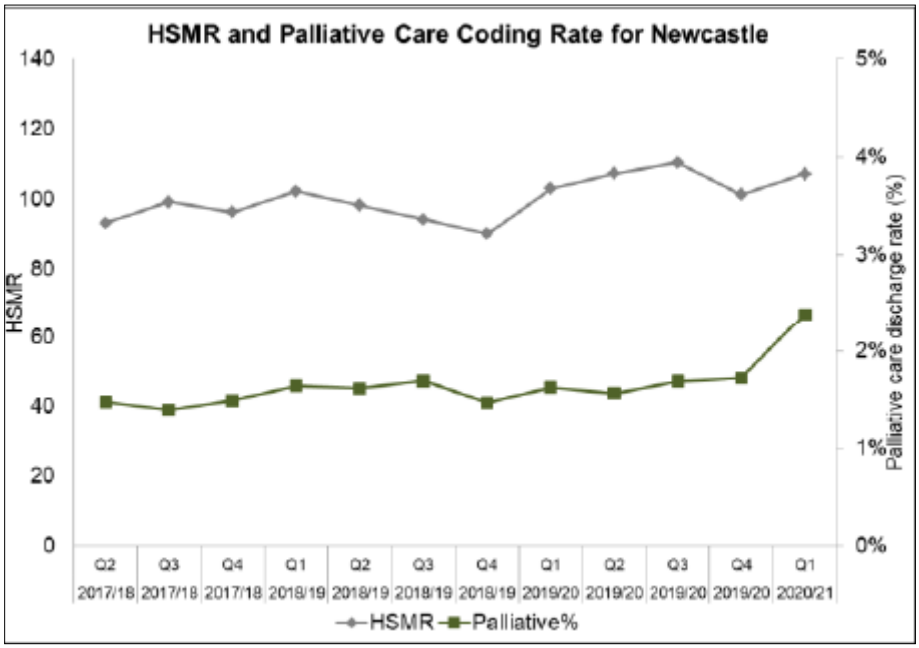
Overall, the graph below shows the Trust to be consistently below the national average for both SHMI and HSMR, however the HMSR has increased slightly over recent months. This increase is likely to be due to, firstly that HSMR includes palliative care coding and is adjusted accordingly, therefore the lower the palliative care coding the higher the HSMR. Secondly, HSMR is analysed using mean centred analysis, which compares the observed and expected deaths for each month to the average.

SHMI vs HSMR for the last 3 years

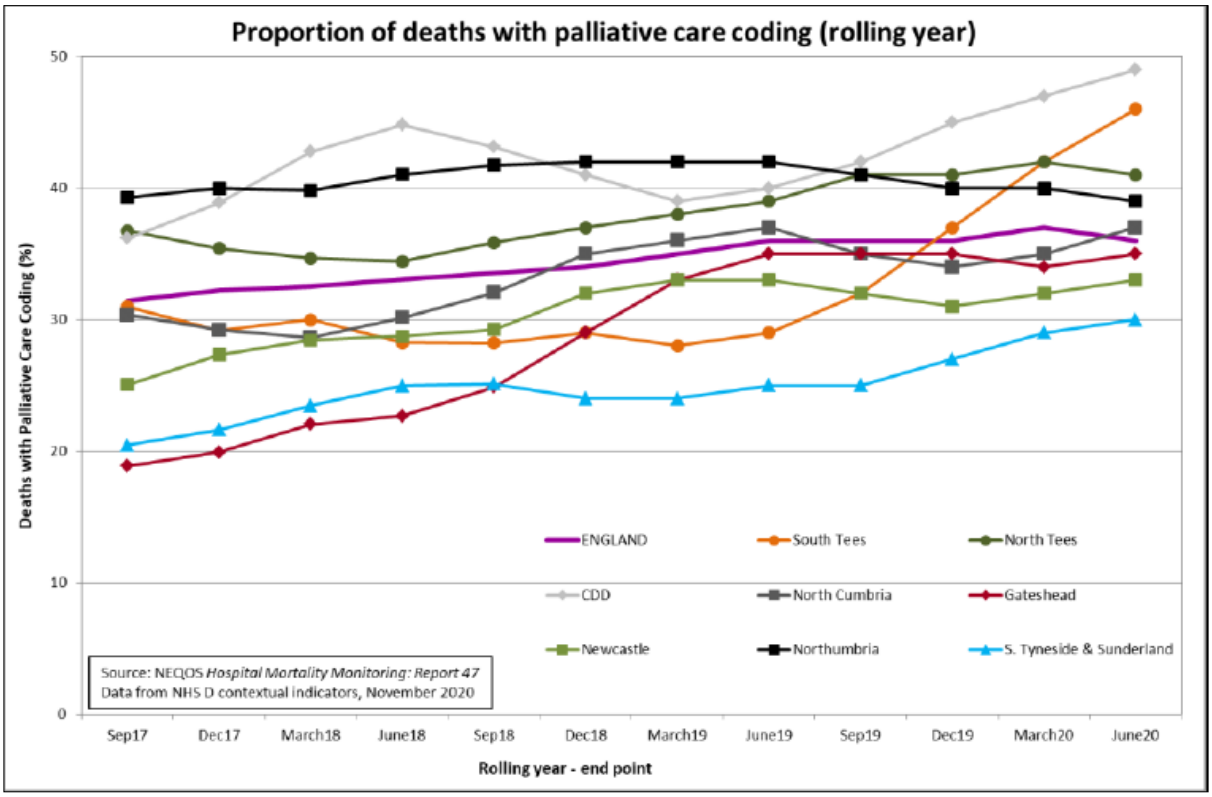


8. PALLIATIVE CARE CODING

The graph below shows that palliative care coding rate on discharge (including in-patient deaths) is historically reported below 2% within Newcastle upon Tyne Hospitals which is one of the lowest in the region. However, the palliative care team and coding department have worked collaboratively to better capture patients who are receiving end of life care and it is expected that coding with continue to improve. This position will continue to be closely monitored.



The graph below shows the percentage of deaths with a palliative care coding including those who have died within 30 days of discharge.



9. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

All unexpected patient deaths, or deaths with possible modifiable factors, are routinely escalated as potential serious incident (SI) via the Trust incident reporting system (Datix). Deaths of this nature are subject to a detailed review facilitated by a Clinical Director and usually involve members of the clinical team directly involved in the patients care. For

deaths identified and reported externally as an SI, a full investigation is undertaken which includes an analysis of the care provided and determines whether any modifiable factors contributed to the death. Key learning points are identified and action plans generated. A summary of investigation outcomes linked to SIs in Q3 are shown below:

- During October - December 2020 there were 38 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 38, there were two patient deaths which identified potential modifiable factors and which were subject to a SI investigation. One investigation is now complete and two investigations are ongoing.

The incidents and learning from SI investigations that have been completed since the previous report submitted on 26th November 2020 are as follows:

2020/7707 – missed medication
Enhanced patient information processes under development to include all pre-operative surgical pathways in order to improve safety netting for patients taking high-risk medications; with particular reference to patients who are not managed via the Pre-Assessment Clinic pre-operative pathway when patients do not attend.

10. MEDICAL EXAMINER

The Medical Examiner system for reviewing all patient deaths was introduced in 2019 by NHS England and was designed to strengthen safeguards for the public, improve the quality of death certification and to avoid unnecessary distress for the bereaved. The process aims to ensure all deaths are reviewed independently by the Medical Examiner, giving relatives of the deceased an opportunity to ask questions relating to their loved one's care.

The Medical Examiners roles went live in January 2021 as part of an initial test period, scrutinising patients' medical notes and discussing the care pathway with the ward clinician for all patients who died within the Freeman Hospital. As this is a test period only, no next of kin are currently being contacted as part of this process. The test period will continue until the end of February 2021, when the Medical Examiners will be involved in and record all aspects of care, including discussions with the next of kin. The Trust is on schedule to roll out this process Trust-wide from Q1 (2021/22).

11. RECOMMENDATIONS

To (i) receive the report and (ii) note the actions taken to further develop the mechanism for sharing learning across the Trust.

Report of Angela O'Brien
Director of Quality & Effectiveness
18 March 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
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, Associate Medical Director, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mrs Elizabeth Harris, Deputy Chief Nurse Mrs Angela Cobb, Infection Prevention & Control (IPC) Lead						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of February 2021. The IPC Board Assurance Framework for COVID-19 can be found in the Private Board Reference pack (COVID-19 Board Assurance Framework updated 23.02.21); trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard February 2021), enclosed in the Public 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
	☒	☒	☐	☐	☐	☐	☐
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).						

HEALTHCARE ASSOCIATED INFECTIONS (HCAI) DIRECTOR OF INFECTION PREVENTION AND CONTROL REPORT

EXECUTIVE SUMMARY

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs). NHS England (NHSE) has 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 document is reviewed biweekly at the COVID-19 Assurance Group where the criteria is reviewed and updated as necessary. The latest updated version is within the Private Board Reference Pack.

An overview of COVID-19 HCAI rates is covered in the Integrated Board Report and trend data (including the number of COVID-19 outbreaks in the Trust) can be found in Appendix 1 entitled HCAI Report and Scorecard February 2021 (located within the Public Board Reference Pack).

HEALTHCARE ASSOCIATED INFECTIONS (HCAI) DIRECTOR OF INFECTION PREVENTION AND CONTROL REPORT

1. KEY POINTS FOR JANUARY/FEBRUARY 2021

1.1 Coronavirus (COVID-19)

Due to the increasing prevalence of COVID-19 a national lockdown was instigated in January 2021 and remains in place. During this time, the NHS has experienced nationwide bed pressures from COVID admissions particularly within critical care and the Trust has supported other organisations by accepting transfers both inside outside of the region to provide critical care. Community prevalence of COVID-19 has gradually reduced therefore resulting in a reduction of COVID admissions to the Trust.

1.1.1 Managing HCAI COVID-19 cases

COVID-19 infections are classified as follows:

- Community-Onset (CO) – First positive specimen date <=2 days after admission to trust.
- Hospital-Onset Indeterminate Healthcare-Associated (HO.iHA) – First positive specimen date 3-7 days after admission to Trust.
- Hospital-Onset Probable Healthcare-Associated (HO.pHA) – First positive specimen date 8-14 days after admission to Trust.
- Hospital-Onset Definite Healthcare-Associated (HO.dHA) – First positive specimen date 15 or more days after admission to Trust.

The graph overleaf demonstrates the COVID activity and category of detection. This takes into account the incubation period, which for most people is 5-7 but can be up to 14 days.


Patients who have ever had a positive COVID-19 Screen split by onset banding
(Day **after** Admission counted as Day 1)
500
400
300
200
100
0
1
2
150
5 4 9
329
18 5 12
57
4 1 2
21
1 1 1
4 2
2
111
1 2 2
244
12 12 8
292
15 15 23
174
7 6 4
390
14 11 13
175
8 11 6
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-20
Jan-21
Feb-21
Community-onset - first positive Specimen date <=2 days after admission to trust
Hospital-onset indeterminate healthcare-associated – first positive specimen date 3–7 days after admission to trust
Hospital-onset probable healthcare-associated – first positive specimen date 8–14 days after admission to trust
Hospital-onset definite healthcare-associated – first positive specimen date 15 or more days after admission to trust

As previously reported, in addition to standard and rapid Polymerase Chain Reaction (PCR) testing, the Trust became an early adopter site for a novel Rapid Antigen Test, which delivers results within 12 minutes. The ability to access different tests has enabled improvements in patient flow of COVID-19 admissions. The results from the Trust experience have been shared nationally. This information is used in the daily meetings between Patient Flow Services and IPC to enable appropriate placement and minimum movement of patients in line with Trust policy and national best practice guidance. Escalation of bed capacity during times of operational pressures is based on careful risk assessment that includes IPC information.

The Trust has maintained low levels of Healthcare Acquired COVID-19 infections and outbreaks when benchmarked against regional and national peers. A COVID-19 outbreak is defined by NHSE as 2 connected cases in the same area over a period of 14 days, and is required to be kept under review for 28 days. The Trust has declared a total of 41 COVID-19 outbreaks since September 2020. Emerging themes relate to cleaning of high-touch points or shared equipment e.g. phones and breach of social distancing amongst staff outside of the clinical area. Social distancing message has been reinforced with the Hands Face Space project, which promotes self-monitoring of correct practice with the use of service-led audits. The launch of the project has been positively received in the Trust and the return rate from the first Trust wide monthly audit was 69%.

Early detection of cases is key to minimise the risk of transmission, work is ongoing with IT to implement a visual icon on the electronic white boards to remind staff when patient screening is required which is an addition to the eRecord pop-up alert.

1.1.2 Test & Trace (T&T)

Lateral Flow Test (LFT) voluntary asymptomatic testing of staff continues and up until 1 March 2021 there have been 102 positives results out of 48,388 tests. This means that 0.2% of asymptomatic staff have been identified as COVID-19 positive prior to developing symptoms which helps prevent outbreaks and ongoing infections. Symptomatic staff and household contacts continue to have access to PCR testing via the testing pod.

The staff test and trace team continue to provide a 7 day service to assist assessment of adherence to IPC practices and supporting any require contact tracing. The number of COVID-19 positive staff has significantly reduced in February 2021 with a 25% reduction comparable to January 2021.

1.1.3 COVID-19 Staff Vaccination Programme

The COVID-19 staff vaccination programme was launched in the Trust in the week commencing 7 December 2020 using the Pfizer Vaccine.

To date (close of play 28 February 2021) 15,833 staff have received their first dose of the COVID vaccine and 867 staff their second dose. The programme to deliver second dose began week commencing 8 March 2021.

1.1.4 COVID-19 Patient Vaccination Programme

The Trust has vaccinated specific cohorts of both inpatients and outpatients, with small quantities of suitable vaccine. The initial cohort were haemodialysis patients who had been identified as clinically extremely vulnerable. The Urology and Renal Services Directorate, supported by the ECN vaccine team, provided 258 vaccinations to vulnerable patients over 5 days with the Pfizer vaccine. Plans are in place to deliver the second vaccine in the forthcoming weeks.

Additionally, a small team of experienced peer vaccinators worked with clinical teams across all inpatient areas on both the Royal Victoria Infirmary (RVI) and Freeman sites, alongside staff from Pre-admission Assessment, Musculoskeletal Outpatients at Freeman and the Chemotherapy Day Unit. The team identified patients who fell within the cohorts identified in the Green Book and facilitated delivery of the vaccination. The initiative was 'labour' intensive and proved to be challenging at times but has resulted in approximately 720 patients receiving their first vaccine. A small number of patients will receive their second vaccine if they remain as an inpatient, for the majority this will be delivered in the community by the Primary Care Networks.

It must be noted that the team of nurses in the Musculoskeletal Department have embraced the delivery of the vaccination to their patients who are immunosuppressed and will continue to deliver the vaccine whilst the demand and the vaccine are available.

There are a small cohort of patients with severe allergies who require administration of the vaccine under strict medical supervision and plans are being formulated to deliver this in a safe environment.

A collaborative plan is also under development for individual patients who require access to a vaccine, to receive this through the mass vaccination hub at the Centre for Life.

1.1.4 New variant of concern

National monitoring and screening for variants of concern continues. To date with the exception of the Kent variant which is now endemic no other variants of concern have been detected at Newcastle Hospitals. The prevalence of new circulating strains is monitored by Public Health England (PHE).

1.2 *C. difficile* Infections (CDI)

The Trust continues to work to 2019-20 reduction trajectory of no more than 113 cases annually. Current position is 97 cases which is 6 cases less than the planned trajectory at the end of February 2021.

1.3 MRSA / MSSA Bacteraemias

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

To date the number of MSSA cases has increased with 89 cases, which has resulted in 8 cases above the internal reduction trajectory.

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

To date the number of *E. coli* cases has exceeded the internal reduction trajectory of no more than 178 at end of February 2021, with a total of 182 cases reported.

The number of Klebsiella cases is under internal trajectory with 122 cases reported against forecasted position of 124. Whilst our rates remain within our internal reduction trajectory, there is an ongoing focus to reduce these further. As previously reported, the retrospective review of Gram negative bacteraemias is ongoing; this has identified areas for improvement of practice, which will lead to a reduction of cases. Whilst data is still being analysed, gaps on antibiotic prescribing both as prophylaxis and as treatment in cases with an identified Hepatobiliary source is a theme for a significant number of these cases. These include prescription of antibiotics prior to admission to hospitals, which is especially important in cases where there has been delayed presentation as a consequence of the pandemic. In addition, changes in the antibiotic sensitivity profiles of some of these organisms has also played a role. A Gram negative Steering Group has been created to oversee the actions from the emerging themes.

Outside of the surgical directorates, the most significant theme is associated with central line contamination and subsequent infection among high-risk cancer patients. Additional education and training working in collaboration with the directorates who have high rates of line insertion and use is planned.

The number of Pseudomonas aeruginosa cases is 2 under the internally set trajectory for this period with 40 cases reported.

1.5 *Burkholderia aenigmatica / cepacia* complex Infections

As reported in January 2021's paper, there has been a national outbreak of a single strain of *Burkholderia aenigmatica* with 6 confirmed cases in the Trust. Following the work led by PHE, the Trust has adopted the national recommendations and continues to monitor for further cases, although this is unlikely.

1.6 Outbreaks and Periods of Increased Incidence (PIIs)

With the exception of COVID-19, there have been no other outbreaks declared for January or February 2021.

There was 1 instance of a PII of *C. difficile* during January and February 2021. MSSA monitoring has identified 2 PII in for this period and support is being provided for IV device management and hand hygiene in Critical Care.

1.7 Sepsis

Work to manage deterioration as a result of sepsis continues to be high priority, but has been difficult due to COVID-19. The Deterioration ALERT to help drive improvements in management and diagnosis of sepsis has been developed but the relaunch of the Alert expected for the beginning February 2021, has been delayed due to clinical demands from the third COVID wave.

The deteriorating patient CQUIN 2020-21 was postponed and is provisionally planned to be re-introduced in April 2021-22 which will capture severely septic patients who are admitted to critical care. Whilst this CQUIN is postponed, the team has been continuing to work towards achieving the good practice and national targets within Deteriorating Patients and Sepsis.

Trust wide education sessions are promoted to all directorates to raise awareness about Deteriorating Patients and Sepsis. Education strategies to improve compliance with sepsis screening process and treatment have also been developed and a deteriorating study day is due to commence in April 2021-March 2022, along with a new up to date Trust Sepsis video.

1.8 Antimicrobials

The Antimicrobial Steering Group (AMSG) continue to meet regularly during this exceptional time, and maintaining Antimicrobial Stewardship (AMS) is pivotal to our work in managing HCAIs. The team members are continuing with guideline reviews and updates in line with NICE and other professional bodies' recommendations. In addition formal education to junior doctors, delivered by the Consultant Microbiologist Quality Lead is well underway and is being supported by the Antimicrobial Pharmacist.

In more recent times antimicrobial shortages/restricted supplies are posing problems which require even more infection specialist input into clinical decision making. The multi-disciplinary team (MDT) within the infection group are working together to minimise the impact. The overall antibiotic use within the Trust is at an all-time low with a 10.19% reduction; this exceeds expectations from the Standard Contract target of a 2% reduction.

The new rolling antibiotic audits are helping with highlighting 'hotspots'. These are being shared with Patient Safety and Governance Leads, Antimicrobial leads and Microbiologists as they offer information on where to concentrate enhanced stewardship. This is therefore supporting the Serious Infection Review Meeting (SIRM) forum, which have been suspended until June, where the audits would also be presented.

1.9 Influenza Vaccination Campaign 2020/21 Outcome

The 2020/21 influenza campaign commenced on the 5 October 2020 during the COVID-19 pandemic. This resulted in a number of required adjustments in order to deliver a safe, effective and socially distanced program. This resulted in 12,700 staff receiving their vaccine.

This year's campaign was shortened to an 8 week programme instead of the usual 20 weeks as a result of the COVID-19 vaccination commencing in December 2020. The need for time between vaccinations meant that once the COVID-19 vaccination campaign commenced the influenza campaign stopped.

Whilst this equates to a frontline staff uptake of 77%, which is slightly short of the 80% target achieved in the last campaign, the total uptake from staff in such a short space of time is a significant achievement. The Board of Directors should note that this was also at a time when the Trust's mass recruitment campaign during 2020 Quarter 4 and 2021 Quarter 1 to support the regional pandemic response was in progress, increasing total staff

headcount overall.

1.10 Water Safety

Nightingale Vaccine Hub – Water System Safety Audit undertaken by Northumbria Water Group (NWG). The audit identified one medium level risk related to a non-functioning tap, which has been rectified by the building maintenance provider.

RVI Endoscopy washer replacement – Phase 2, installation if 4 washers commenced 7 February 2021 with completion March 2021.

1.11 Ventilation

No exceptions to report.

2. 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)

16 March 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	The purpose of the report is to provide an update on developments across our People agenda and reporting is aligned to our local People Plan themes and actions. It also provides a summary update on COVID-19 people related activity. No decision is requested of the Board.						
Recommendation	The Board is asked to note the information presented, and support direction of travel.						
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
	☒	☒	☒	☒	☒	☒	☒
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	Routine update to the Board.						

PEOPLE REPORT

EXECUTIVE SUMMARY

The purpose of the report is to provide an update on developments across our People agenda and reporting is aligned to our local People Plan themes and actions.

It also provides a summary update on COVID-19 people related activity.

No decision is requested of the Board.

PEOPLE REPORT

1. COVID/RECOVERY/WINTER: WORKFORCE ACTIVITY

Clinically Extremely Vulnerable (CEV) People	The 'formal' end of the current CEV status is 31 March 2021. The Trust has been in contact with all staff who have been absent as a result of this, (166) to offer support including provision of the opportunity to discuss/share any wellbeing concerns.
Volunteers	NUTH Volunteers Service continues to lead provision of volunteers for Mass Vaccination Centres across the North East and North Cumbria. Over 600 weekly volunteer shifts are currently being coordinated and filled across live sites. Region wide, recruitment is ongoing to ensure programme demand is met. Partnership and collaborative working delivered with St Johns Ambulance, Royal Voluntary Service, Fire & Rescue and other local provider services. Trust volunteers are also supporting with hospital hub vaccine activity at Royal Victoria Infirmary (RVI) and Freeman Hospital(FH) sites.
Nightingale Hospital	In line with other Nightingale Hospitals, this will be stood down from 1 April 2021.
Integrated Covid Hub North East – 'Lighthouse'	• Lighthouse Laboratory went live on 4 March 2021. • DHSC reduced number of tests contracted to process. • Workforce reduced due to fewer tests coming through. • Inductions are ongoing and evaluating very well. Learning needs analysis informed role specific training programmes.
Covid 19 Mass Vaccination Hub & Programme	Induction and training • Online induction programmes developed and underway, 354 new starters (inc bank). • Role specific training programmes designed and cascaded to current and new starters. • ESR virtual support now available to support staff prior to commencing in the Trust. • As the Lead Employer Trust for the vaccination programme, this also includes being identified as Training Lead for North East and North Cumbria.
Staff Covid Vaccination	• The Trust continues to have a very positive vaccine take up by all staff.

Flourish at Newcastle Hospitals

2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

Well Workforce	The Flourish steering group has been re-established, and development of a Flourish activity calendar is currently underway with the Communications team. Recent discussion has focussed on the introduction of Wellbeing Conversations, and how to provide staff – supervisors, line managers etc – with the skills to have a meaningful discussion and support sustainable recovery, restoration and wellbeing.

	This action is progressing, incorporating learning from the Staff Survey Results. A number of funding streams and training opportunities have been identified which will help to create a sustainable model of training to support staff wellbeing: • Critical Care nurse workforce funding for training and pastoral care. • ICS Hub and Spoke Funding for Wellbeing support. • Participation by staff in the REACT Mental Health Conversations train the trainer programme that is being funded nationally by NHS England and NHS Improvement and the Resilience at Work® Toolkit training. In collaboration with Psychology, Human Resources (HR), Chaplaincy and Occupational Health(OH) the aim is to develop, maintain and sustain education and development for leaders and managers relating to staff well-being and peer-led wellbeing provision beyond the pandemic. A subgroup of the Workforce Group will coordinate and oversee this work stream. Public Sector Pensions Remedy: Following the McCloud ruling and the Governments proposed remedy to remove discrimination from the NHS Pension Scheme, there are a number of matters for pension scheme members to understand. New legislation is expected, and the NHS Pension Scheme is putting processes in place to help members make their choice. To support our staff, we are arranging a number of virtual seminars to set out key aspects of the remedy, raise awareness, and explain the Deferred Choice Underpin and how this will work at retirement.
Belonging, feeling valued and recognised	• 2020 NHS Staff Survey results were published on 11 March 2021: o The model of survey used by the Trust is 'mixed' – mainly online and full census to enable all staff to have a voice. o The response by over 7,000 staff was the highest to date and very encouraging. o Over 90% staff confirmed they were happy with the standard of patient care in the Trust; and both opportunities for flexible working and positive action on health and wellbeing had improved from 2019. o The detailed data was shared with the Board in February, and earlier this month a virtual event for Trust leaders was hosted to provide an initial summary of the results. A supporting engagement plan has been developed to enable staff and leaders to take ownership for producing their local action plans. o Benchmarking data from the best performing organisations across all themes will be reviewed to understand and learn for improvement. • The refreshed Local Clinical Excellence Awards (LCEA) round window for applications closed on 1st March 2021 and over 260 applications received, with broadly a 60% male/40% female split. A virtual and recorded briefing will be delivered to new Committee members, and the anonymised applications will be made available for evaluating well in advance of the Committee meeting in May.
Inclusive and diverse workforce	• The Trust had been shortlisted as a finalist for the first HSJ Race Equality Award 2020 relating to our work on the Workforce Race Equality Standard (WRES) 'Refocus to achieve'. The winner was announced on 17th March 2021 at the virtual award ceremony in March 2021.

	• The Trust has been shortlisted as finalists in a number of categories in the National BAME Health and Care Awards, including 'Corporate Achievement of the Year'. Individual staff have been shortlisted in the Compassionate Leader, Clinical Leader and Research categories. Further, the Filipino Nurses Association of the UK, of which there is a significant branch in the North East, has been shortlisted for the Community Initiative of the Year award. • The national WRES was published earlier this month using data from the NHS Staff Survey information. It is anticipated that these standards will be subject to review. • The 2021 Gender Pay Report has been produced for consideration by the Board this month. • This month the Trust launched an inaugural, development programme for staff with disabilities and long term conditions, funded by monies from NHS Charities. This will start in May 2021. • The Government has published new guidance for use when writing about ethnicity. In particular, use of the terms BAME, BME will no longer be used. We will use this to review a range of documents: https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity.
Improvement Academy	Following a visioning session with Newcastle Improvement at the end of 2020 to enable alignment with a shared vision, a number of Task & Finish groups have been formed to make headway with certain tasks including Newcastle Improvement Induction (First Day Kit, Corporate, Enhanced, Preceptorship) and ensuring 'improvement' is included in all training courses, policies, job descriptions etc.
Trust Behavioural framework	The current PLB's (Professional & Leadership Behaviours Framework) for all staff which is linked to recruitment, appraisal and development, is under review. A task and finish group will focus on this to ensure alignment with the Trust core values.

Flourish
Learning & Leadership

3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING

Leadership & Organisation Development (OD)	• A number of OD interventions are being delivered; some virtually as Microsoft Teams lends itself well to the type of intervention required. Those that do require face to face delivery have been paused due to the restrictions imposed during this lockdown, which was mutually agreed with the Directorates concerned.
	• Inter-professional Leadership Development - This programme was paused due to Covid around the final session in 2020. A 'reconnection' event has taken place and the final session (Schwartz Round style) took place at the end of February. Plans are in place to recruit a second cohort to begin in the new financial year.
	• Coaching: We continue to expand the coaching base across the organisation through:
	  • CMI 5 coaching for System Leaders programme recommences this month. Delivered by Northumbria University it was secured following a successful bid from the North East Leadership Academy (NELA) in 2020.
	  • A new 'Apprenticeship Standard for Coaching' has been released and

	options for progressing a Coaching Apprenticeship within the Trust are being developed.

Apprenticeships	• Integrated Health and Social Care Support Worker Apprentice: This innovative programme, delivered in partnership with Newcastle City Council was launched to coincide with National Apprenticeship week in February. The pilot programme has successfully recruited 8 new apprentices who will start on progamme in April 2021.
	• Digital apprenticeships: A virtual event was held last month for a group of NuTH Information Technology (IT) managers, hosted by the Awarding Organisation, QA. Those managers who took part are interested in the opportunities available from both a personal development and staff development perspective. Appropriate digital pathways are currently being explored.
	• HEE Medical Apprenticeships: it has been reported that Health Education England (HEE) is in the early stages of developing an apprenticeship programme for doctors as part of a plan to improve access to medical training. Such a programme would allow trainee doctors to earn while they train. As the anchor organisation, and leading teaching hospital, the Trust will explore potential options with local universities including the ability to participate as part of any national trailblazer scheme.
	• The Budget announcement confirmed that Government incentives introduced to encourage apprentice recruitment during the Covid pandemic have been extended:
	  • Apprenticeship incentive payments are to increase to £3,000 for new apprenticeship hires of any age, between 1 April and 30 September 2021.
	  • There will be an additional £126 million for 40,000 more traineeships in England, providing high-quality work placements and training for 16-24 year olds in the 2021/22 academic year.

Newcastle Clinical Skills Academy (NCSA) /CPD	Progress is being made towards development of the 'Newcastle Clinical Skills Academy' (NCSA). This project will ensure the Trust maximises utilisation of the CPD funding and includes compilation of a portfolio of quality assured education and training to meet the development needs of all staff. A Strategic Oversight Group will sign off key decisions regarding the Academy.
Medical Education	Postgraduate In response to a number of requests from Health Education England North East (HEENE), the Trust has agreed a significant additional investment in specialty training, effective from August 2021, including: • Internal Medicine Training: Conversion of existing Higher Specialty Training posts into IMT3 posts and a further additional IMT3 posts – initially for a period of 12 months, to be reviewed thereafter for the following financial year. • Creation of additional, temporary 12 month IMT3 posts for former Core Medical Trainees returning to training in the region. • Radiology: creation of additional ST3/4 grade training posts to support and maintain current regional recruitment levels. • Oncology: creation new Higher Specialty Training posts in Clinical Oncology and Medical Oncology following the recent national cancer workforce

	planning review. A full governance review of the Medical Education Tutor Team has concluded with a formal process now in place for: Job descriptions, recruitment process and financial approval. • The Annual 'Medical Education Event' will be going ahead this year on the 24th June in a virtual setting. All consultants, SAS Doctors, trainees and key stakeholders have been invited to attend. The keynote speaker is Dr Simon Fleming, a Junior Doctor from London who has a national profile on the work he has undertaken in stamping out the bullying culture in medicine. • The annual Trainer Recognition database has now been updated and sent to HEE NE with over 680 Supervisors identified and registered. • The annual Quality Improvement Plan (QIP) & Self-Assessment Report (SAR) submission has been submitted. Undergraduate • NUTH are exploring closer working with Sunderland Medical School, and the potential for hosting placements. The Director of Medical Education (DME) and Deputy DME (Undergraduate) will meet to discuss in the near future. • The current internal arrangements for undergraduate teaching time within job plans is currently subject to an audit. • A total of 95 medical students have signed up via the Staff Bank, for paid work as Critical Care Assistants/Family Liaison support officers within the Trust. On-line training is currently underway. • Year 4 MOSLER exams were successfully hosted at the Nightingale facility. Due to social distancing and other challenges, space for MOSLER exams in April 2021 is under review.
Simulation, Resus and Technology Enhanced Learning (TEL).	• A trust wide deployment of new ZOLL defibrillators is currently underway. 6,000 staff trained to date with an E-learning training option made available from December 2020. • Resus Trollies will be replaced across the Trust this year, presenting an ideal opportunity to consolidate recent findings from audits, and standardise contents for all areas of the trust. Recent Developments for medical and nursing staff in SIM include: o Anaphylaxis o Deteriorating Patient Training o In-Situ Simulation o 'Murder on the Lab Floor'
Education Quality	The 'Annual Deans Quality Meeting' has been scheduled for early spring, the agenda for which will be informed by the recent submission of the annual 'Multi Professional SAR' and QIP.
Training space and Facilities	Due to repurposing space across the organisation, available space for delivery of education and training continues to be a challenge. Work is ongoing with Estates to identify suitable, alternative accommodation.

4. PEOPLE WORKING DIFFERENTLY

Robotic Process	Automation development work continues internally on cancer 2 week referral and

Automation (RPA)	HR Staff Leavers processes. Further opportunities have been identified trust wide involving patient initiated follow up process. An estimated 8,000 hours of cumulative time savings have been realised since March 2020 through delivery of RPA solutions.
Employment Arrangements	The Specialist and Associate Specialist (SAS) doctor contract has been reformed, and a referendum of the BMA SAS doctor membership is currently underway to vote on accepting this as part of a 3 year, fully funded deal. If accepted, there will be a new specialty doctor contract with corresponding new pay structure and progression system, the previous contract will close to new entrants, and a new Specialist grade will be introduced that will extend career progression for specialty doctors and provide more attractive opportunities for recruitment. It will commence from 1st April 2021.
Recruitment	• The Government has announced a Code of Practice to strengthen ethical recruitment of health and care workers. Medical Staff • Service expansions resulting in investment in Trust grade junior doctor posts in both Neonatal Medicine and Emergency Medicine have been agreed. From August 2021 these will support rota compliance requirements under the Junior Doctor Terms and Conditions of Service. • 30 Teaching Fellows have been successfully appointed to support with clinical service and teaching activity from August 2021. They will work across a range of medical and surgical specialties. • In advance of the August 2021 changeover, Junior Doctor recruitment planning and activity is already well underway as well as recruitment planning for the 2021 Newcastle Surgical Rotation. • Health Care Support Worker (HCSW) recruitment - As part of a national drive to reduce NHS vacancies in these roles, active recruitment of an additional cohort of 15-20 Health Care Support Worker apprentices, utilising funding provided by NHSI/E is underway. The aim remains to reduce HCSW vacancies to zero.

5. PARTNER AND 'ANCHOR' INSTITUTIONS

Collaborative Newcastle	System Leadership • Newcastle programme - Cohort 3, Day 2 completed with participants fully committed to 'Quads', formed to link with the Joint Delivery Group (JDG) workstreams. Psychometric assessment using WAVE, a tool used extensively in talent management, succession planning and leadership development has been completed with over 85% of delegates having received feedback which will inform their development conversation with their line manager. • Gateshead programme - Final 'My Leadership' workshop, a way of staying connected whilst the programme was paused, took place in February ensuring all delegates maintained engagement with the ethos of the programme until it restarts with session 2, Thursday 4th March. • Resources - An information booklet for responding to external enquiries for Collaborative Newcastle and the System Leadership Development programme is being produced and will be shared once final approval has been given.

Newcastle Health Innovation Partnership (NHIP/AHSC)	Emerging work programmes covering education and training (career development and opportunities), and people and culture (across the various academic, health and care interface) are aligned to the strategic priorities. There is support for a cohesive approach to focussing on widening participation, and in particular, raising awareness to attract young people into scientific or professional careers in health and social care.

5.1 Risks

Available space across the Trust to facilitate delivery of education, training and examinations, continues to be a challenge. Due to Covid safeguards including social distancing, capacity has been reduced as well as the 'repurposing' of some facilities to support Covid activity, e.g. staff vaccination.

Whilst alternative delivery methods continue to be used and explored (live streaming of lectures, e-learning, blended learning and off site venues), it is acknowledged that these options are not appropriate in all circumstances. As a top teaching hospital, it is essential that the provision of good quality education facilities are available.

Work is ongoing with both the Operations and Estates teams to identify suitable, alternative accommodation to support delivery.

5.2 Budget March 2021

The Chancellor announced the Government's tax and spending plans for the UK. It included confirmation that the Pensions Lifetime Allowance will remain at £1,073 until April 2026 rather than increasing with inflation.

The impact of this is that more NHS staff may earn pensions benefits which exceed the allowance and therefore incur a tax charge on their benefits at retirement and it may result in some colleagues reflecting on their retirement options sooner than had been anticipated.

5.3 Shortage Occupation List

The Government announced changes to the immigration rules earlier this month, resulting in the addition of a number of health and care roles to the Shortage Occupation List (SOL) including pharmacists, laboratory technicians, care workers, nursing assistants, health services and public health managers and directors, health professionals not elsewhere classified such as audiologists and dental hygiene therapists. Role included on the SOL provide an advantage in obtaining a skilled worker visa, enabling the NHS to recruit from overseas without having to meet the minimum salary level of £20,480. Further changes are expected in the summer, including for highly skilled migrants, and an unsponsored points-based visa for science, research and technology.

5.4 NHS Pay

The Department of Health and Social Care has submitted its written evidence to the NHS Pay Review Body for the 2021/22 Pay Round. This received significant media coverage earlier in the month due to a headline pay award of 1% for NHS staff. The Government has

announced a pause in public sector pay rises for all workforces, with an exception for staff with basic full time equivalent salaries of £24,000 pa or under and for the NHS. The NHS Pay Review Body is due to recommend salary levels for health service workers before early May before ministers make a final decision.

6. RECOMMENDATIONS

The Board is asked to note the content of this report. Feedback is welcome.

Report of Dee Fawcett
Director of HR
March 2021

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
Title	Gender Pay Gap Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Karen Pearce, Head of EDI (People) & Paul Turner, Head of HR Services.						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☒				
Summary	The gender pay gap is about the difference between men and women's average pay within an organisation. This report sets out the current status of gender pay in the Trust in the pay period up to 31 March 2020. The Trust's mean and median gender bonus pay gap has increased. Proportionally, significantly more male staff are in receipt of a bonus compared to females; the difference in the Trust's mean and median bonus payments is strongly influenced by the pay and gender make-up of the Medical and Dental Staff Group. The report summarises the action plan to address the imbalance in pay and close the gap. The effectiveness of these actions is reviewed by the HR Department and overseen by the People Committee, a committee of the Board.						
Recommendation	The Board is asked to note the content of this report and endorse publication on the Trust and government website.						
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
	☐	☒	☒	☐	☒	☒	☐
Impact detail	Outlined in the report.						
Reports previously considered by	It is a requirement of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, for the Trust to produce and publish this report annually.						

GENDER PAY REPORT 2021

EXECUTIVE SUMMARY

The gender pay gap is about the difference between men and women's average pay within an organisation. This report sets out the current status of gender pay in the Trust in the pay period up to 31 March 2020.

The Trust's mean and median gender bonus pay gap has increased. Proportionally, significantly more male staff are in receipt of a bonus compared to females; the difference in the Trust's mean and median bonus payments is strongly influenced by the pay and gender make-up of the Medical and Dental Staff Group.

The report summarises the action plan to address the imbalance in pay and close the gap. The effectiveness of these actions is reviewed by the HR Department and overseen by the People Committee, a committee of the Board.

GENDER PAY GAP REPORT

1. INTRODUCTION

In 2017, legislation was introduced that requires UK organisations that employ 250 or more employees to report and publish specific details about their gender pay. Public organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31 March 2017. These regulations underpin the Public Sector Equality Duty and require relevant organisations to annually publish their gender pay gap by 30 March on their website and the designated Government website at: www.gov.uk/genderpaygap

Due to the continuing impact of the COVID 19 pandemic, the Equalities and Human Rights Commission (EHRC) has extended the deadline for all employers to report until 5 October 2021.

There is no change to the usual reporting requirements which must show:

- the mean and median gender pay gaps;
- the mean and median gender bonus gaps;
- the proportion of males and females who received bonuses; and
- the proportion of males and females in each pay quartile.

The gender pay gap shows the difference in the average pay between all males and females in the Trust. If there is a particularly high gender pay gap, it can indicate there may be several issues with which to deal, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with pay difference between males and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are male or female.

The Trust is committed to ensuring our workforce is representative of the community it serves. We aim to attract and retain talented staff from a wide range of backgrounds and with diverse skills and experience to operate in a workplace which is underpinned by #FlourishAtNewcastleHospitals – our cornerstone programme to enable all staff to liberate their potential. We regularly publish information on the wider diversity of our workforce, including the Trust's Annual Report and Accounts, Public Sector Equality Duty report, Workforce Race Equality Standard report and Workforce Disability Equality Standard report.

2. OUR COMMITMENT TO EQUALITY, DIVERSITY AND INCLUSION

Our aim is to be the recognised employer and educator of choice in the North East and to enable all staff to liberate their potential. Our organisation supports people from different

backgrounds, with different perspectives and different ways of working to succeed and help us provide the best possible service to our patients.

We are committed to advancing equality, recognising diversity and promoting social inclusion. We recognise our responsibility to provide equal opportunities, eliminate discrimination and foster good relations in our activities as an employer, service provider and partner. The measures we will take are set out in our local People Plan.

Salaries within the Trust for staff employed on Agenda for Change are determined through the NHS Job Evaluation Handbook and the NHS Terms and Conditions of Service Handbook (Agenda for Change). Salaries for Medical and Dental Staff are in accordance with NHS terms and conditions of service for this staff group.

Staff undertaking the same job are paid the same irrespective of gender.

Newcastle Hospitals is an equal pay employer.

3. DECLARATION

I confirm this report is accurate to the best of my knowledge and belief. It reflects a snap-shot of our organisation on 31 March 2020. We have a number of actions in place to reduce our gender pay gap. We will publish data by 30 March 2021 as originally required by the regulations.

Signed: _____ Name: _____

Designation: _____

Date: _____

4. OUR GENDER PAY GAP DATA

4.1 Gender profile

Profile	Male 2021	Female 2021	Male 2020	Female 2020
Overall	22%	78%	22%	78%
All staff (excluding M&D)	17%	74%	17%	74%
M&D	5.2%	3.9%	5.2%	3.9%

The Trust's gender profile is predominantly female which has not changed in the last year.

4.2 Gender pay

Profile	Male 2021	Female 2021	Pay Gap 2021	Male 2020	Female 2020	Pay Gap 2020
Mean hourly pay rate (all staff)	£21.49	£16.13	24.91%	£20.92	£15.64	25.2%
Median hourly pay rate (all staff)	£15.56	£14.93	4.0%	£15.14	£14.34	5.3%

The mean and median hourly pay rates both show that male staff in the Trust are paid more than female staff. Compared to last year, the mean gap has reduced by 0.29% and the median by 1.3%. Using the median value, a female earns 96p for every £1 a male earns – last year it was 95p.

The Trust's overall mean gender pay gap is strongly influenced by the pay and gender make-up of the Medical and Dental Staff Group (i.e. Doctors and Dentists). This group is predominantly male and their higher pay relative to other staff, increases the level of male average pay compared to females.

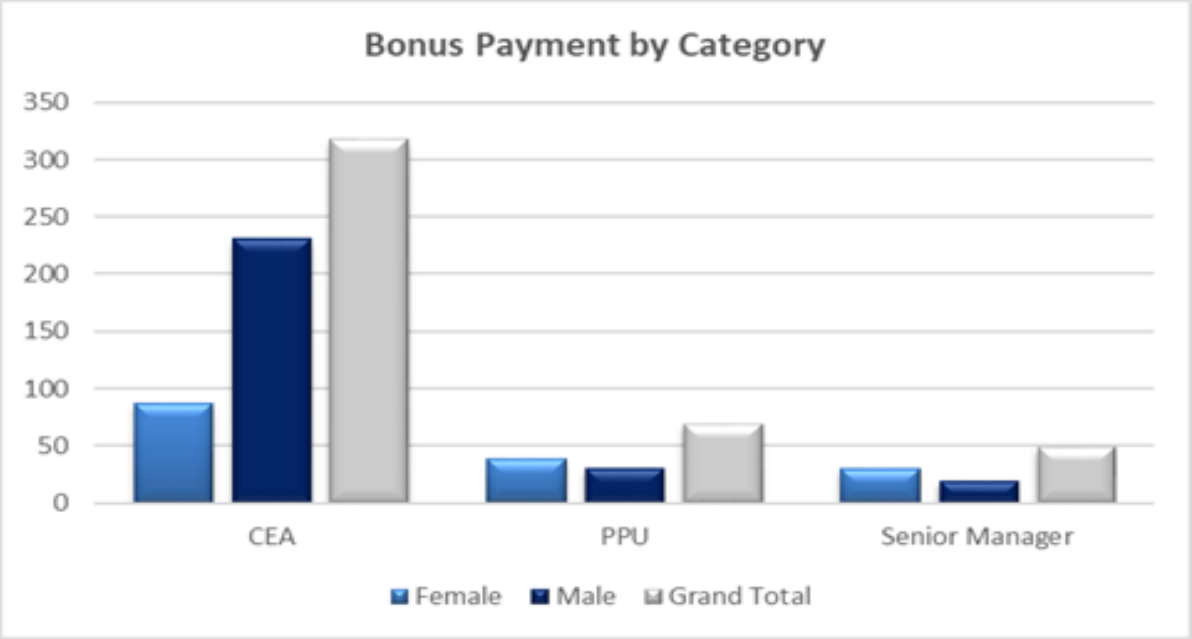
4.3 Gender bonus pay

The Trust has four payments classed as bonus for the purposes of gender pay reporting: Clinical Excellence Awards (CEAs) for Medical and Dental Staff; Excellence Awards for senior staff employed on a Trust Senior Staff Contract; discretionary performance related pay bonus for Executive Directors/Very Senior Managers (VSM), and performance bonus for staff in the Pharmacy Production Unit (PPU).

Profile	Male 2021	Female 2021	Bonus pay gap 2021	Male 2020	Female 2020	Bonus pay gap 2020
Mean bonus pay per annum	£15,075	£4,721	68.9%	£16,220	£5,930	64.4%
Median bonus pay per annum	£8,225	£1,985	75.9%	£9,048	£2,951	67.4%
Proportion of staff in receipt of bonus	6.85%	1.13%		6.4%	1.0%	

The Trust's mean and median gender bonus pay gap has increased. Proportionally, significantly more male staff are in receipt of bonus compared to females.

The difference in the Trust's mean and median bonus payments is strongly influenced by the pay and gender make-up of the Medical and Dental Staff Group. This group is predominantly male and their higher bonus payments relative to other staff significantly increases the level of male average bonus pay compared to females.



Bonus	Male	Female	Grand Total
CEA – M&D	230	87	317
Performance Award – PPU	31	38	69
Excellence Award for Senior Staff & discretionary performance bonus for Executive Director/Very Senior Manager	19	30	49
Grand Total	280	155	435

The total financial values of bonus received for males is £3,542,647.25 and for females is £670,388.

Percentage of males in receipt of bonus is 84%; percentage of females is 16%.

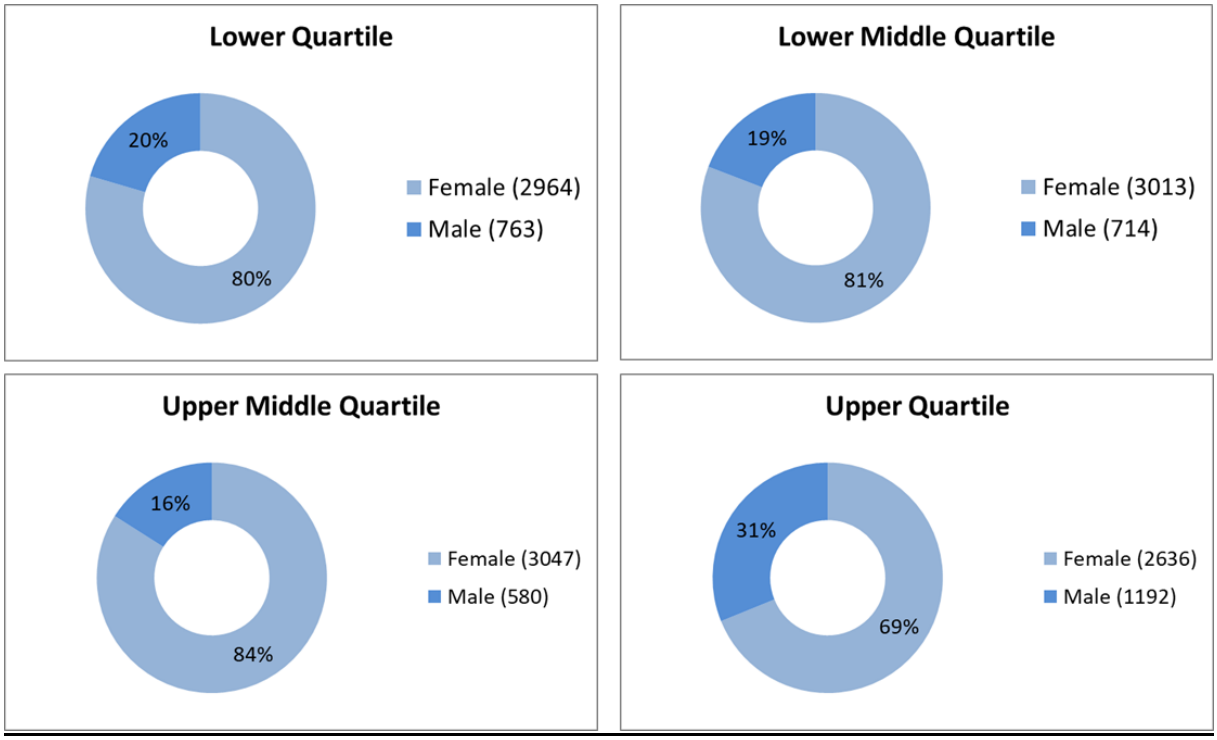
96.22% of all bonus payments relate to Clinical Excellence Awards (CEAs).

86% of CEA payments are attributed to men; 14% to women.

Of the National CEAs, females are represented in the Bronze category to the value of £58,510.4 compared to a male value of £1,376,570.25

4.4 Pay distribution by quartiles

The data below is achieved by dividing the workforce into four equal parts (quartiles). All staff are ranked from the lowest hourly rate of pay to the highest. The rank order is then divided into four sections with an equal number of staff in each.



The highest variance is in the upper middle quartile where 16% of staff are male and 84% are female; the lowest is in the upper quartile where 31% are male and 69% are female.

80.5% (5,977) of all staff in the lower and lower middle quartiles are female compared to 76.5% (5,683) in the upper middle and upper pay quartiles.

19.5% (1,477) of all staff in the lower and lower middle quartiles are male compared to 23.5% (1,772) in the upper middle and upper pay quartiles.

A key reason for the Trust's gender pay gap in favour of males is that proportionally more males hold senior positions.

4.5 Gender profile by staff group

Management staff are in general, included in the Administrative and Clerical staff group. The majority of females are Nursing and Midwifery registered (4,673) followed by Administrative and Clerical (1,916). The majority of males are Medical and Dental (738) followed by Estates and Ancillary. The gender profile is currently stereotypical.

4.6 Gender profile by pay band/scale

PAY SCALE	Female % (within pay scale)	Male % (within pay scale)
Band 1	67	33
Band 2	75	25
Band 3	79	21
Band 4	82	18
Band 5	86	14
Band 6	84	16
Band 7	81	19
Band 8 - Range A	75	25
Band 8 - Range B	62	38
Band 8 - Range C	56	44
Band 8 - Range D	67	33
Band 9	100	0
Consultant	40	60
Junior Doctor	49	51
Senior Staff Contract	61	39
Specialty Doctor/AS	67	33

5. ACTIVITIES THAT SUPPORT CLOSING THE GENDER PAY GAP

The Trust undertakes a wide range of activity to ensure that our processes and systems attract, retain and support people from all backgrounds. Many of these activities will contribute to closing the gender pay gap – these are set out below and include updates on previous actions. The effectiveness of these actions is reviewed by the HR Department and overseen by the People Committee, a committee of the Board.

5.1 Recruiting, retaining and developing a diverse workforce

- Introduced mandatory training on recruitment best practice, including designing selection criteria, drafting job adverts and assessing fairly.
- Implemented online recruitment management systems (Trac and NHS Jobs) to provide a 'blind' recruitment solution that ensures all personal information including gender is not visible to those making selection decisions until after the interview stage.
- Promotion of male employment in female orientated roles i.e. nursing.
- Actions to improve mixed gender selection panels and our next steps include positive action on panels for posts at band 6 and above to ensure they are ethnically diverse.
- Strategic aim to become the most flexible employer in the NHS over the next three years.
- Placement provider for NHS graduate management programme trainees.
- Implemented a holistic Health and Wellbeing Strategy.
- Implemented an Agile Working policy, encourage flexible working and part time working options available to all staff, irrespective of gender.

- Reviewed flexible working data by band.
- Enabled homeworking for staff who are able to work from home.
- Promotion of family friendly policies/special leave and carers provisions.
- Promotion of shared parental leave to men.
- Development of Health and Carer passports to ease transfer of role across the organisation and the health and care system.
- Building our Trust-wide coaching offer and exploring mentoring options.
- Delivered specific campaigns to recruit for diversity, such as Integrated Covid Hub North East (ICHNE).

5.2 Progression and career paths

- Delivery of systems-wide leadership development programmes ensuring diversity of participants.
- Undertake an annual talent round to track progression into and within the Trust. This includes a review of diversity.
- Deliver internal talent development programmes across a range of grades and for staff from diverse ethnic backgrounds and staff with a disability.
- Offer a range of apprenticeship programmes from entry to degree level of learning and development.
- Work with our Staff Networks on the design and implementation of specific initiatives.
- Published a report (Surash-Pearce Report) on the ethnicity pay gap within the Trust.
- Delivered a reverse mentoring programme for senior managers, including Executive level.

5.3 Performance Management

- Implemented an appraisal policy which includes assessment of performance and behaviours, production of a personal development plan and career conversations.
- Embedded a single system and process of performance appraisal, review and moderation for senior staff employed on a Trust Senior staff Contract.
- Reviewed diversity outcomes in our Staff Networks.

5.4 Local Clinical Excellence Awards (LCEA)

- Refreshed composition of consultant representatives on LCEA Committee to be more reflective of diversity in the Consultant body.
- Representatives no longer voted to the Committee by the Consultant Staff Committee.
- Positive action welcoming applications to sit on the Committee from previously under-represented groups via a self-nomination process.
- Active support and promotion from Clinical Directors to encourage applications from female Consultants.
- Anonymised 'front page' on each CEA application being introduced before sharing applications with Committee.
- Scoring and criteria changed to assess what can be achieved in contracted hours (e.g. part-time) rather than as previously, against a full time equivalent.
- EDI training to be provided for Committee members.

- Advice and guidance made available to all applicants from local level 9 and national award holders.
- Virtual information sessions put in place by local level 9 and national award holders (four are female Consultants) to provide guidance to potential applicants and answer questions.
- Mechanism put in place to provide feedback to applicants prior to their submission to avoid 'underselling' their achievements.

6. NEXT STEPS

We recognise there are still a number of improvements to be made and we will endeavour to develop a range of activities over the next 12 months to advance gender pay. These include:

- Increasing the frequency of recruitment reports by demographics for scrutiny and discussion.
- Exploring how we can better promote our vacancies in senior positions to women and organisations that support women.
- Explore the likelihood of being appointed to pay bands featured in the quartiles to understand the barriers in more detail.
- Exploring how we can better support female talent. For example, encourage the next generation of female leaders by establishing an internal task and finish group to explore how we can better support women into middle and senior management roles.
- Exploring further opportunities for more flexible or alternative shift working across the organisation and explore how this could be introduced into a wider range of roles.
- Rolling out leadership development programmes throughout the Trust to staff in band 6 and below.
- Working with other NHS and partners to learn from best practice and explore opportunities to develop joint activities.
- Review our policy and process to ensure there is no gender bias in the starting salaries and remuneration packages of new employees, including very senior staff, and regularly monitor.
- We are cognisant of the recommendations of the report 'Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine' published in December 2020 and the government's announcement that it will establish an implementation panel to help address the structural barriers outlined.

7. CONCLUSION

The gap in our mean and median pay and particularly bonus pay, shows there is more work to be done. Whilst we do not have an equal pay issue, we will continue to take steps to reduce our pay gap and explore best practice.

Dee Fawcett
Director of HR
15 March 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
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
	☒	☐	☒	☒	☐	☒	☐
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

EXECUTIVE SUMMARY

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.

- The Trust had 0 cases of MRSA bacteremia attributed in February, therefore the total number of cases attributed to the Trust year-to-date (YTD) is 1 (April).

- Due to a change in reporting requirements for Severe Harm Incidents the number of reportable cases for the Trust has increased recently (February, 14). This is partly due to new requirement to include all patients' deaths with confirmed definite or probable hospital-onset COVID-19.

- The Trust did not achieve the 95% Accident & Emergency (A&E) 4-hour standard in February, with performance of 87.3%. A&E attendances remain below pre-COVID levels.

- The Trust Patient Tracking List (PTL) size was 74,349 for February, with 6,225 patients waiting over 52 weeks. Referral to Treatment (RTT) Compliance was 69.1%.

- The Trust achieved 1 of the 8 Cancer Waiting Time standards in January which is fewer than the previous month (3).

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Integrated Board Report

Quality, Performance, People and Finance

Healthcare at its best
with people at our heart

March 2021

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.

Restart, Reset and Recovery (3Rs) / Recovery Plus

- In light of the COVID-19 pandemic and the new environment in which NuTH now operates, the **3Rs Cell** focusses 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.
- As we move into the third recovery phase**, the 3Rs programme will transition into a Recovery Plus programme** across the Trust with sub-groups continuing to meet and maintain their current momentum, reporting into the Recovery Plus programme.

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 face-to-face elective outpatient and inpatient activity for 3 months** to release capacity to care for COVID patients and to reduce the risk of transmitting COVID to non-COVID patients in hospital;
    - changes in primary care activity and delivery meant very **few patients were referred from GPs** to hospitals for elective care.
- **Following the first peak, the NHS increased its elective activity again but with reduced capacity due to new protocols to protect patients and staff:**
    - **rigorous infection prevention and control arrangements** such as social distancing of staff and patients, adding **air settle time** between aerosol generating cases, and reducing **beds in bays from 6 to 4**.
- **The Trust maintained large volumes of activity during the autumn of 2020, despite a second surge of COVID-19** inpatients:
    - **Outpatient activity exceeded the NHS England Phase 3 ambition** in response to COVID, with many appointments switched to a virtual review;
    - **Inpatient activity also continued to recover quickly and safely**, despite falling just below the NHSE Phase 3 ambition.
- **Coming out of the current third surge the Trust experienced large COVID volumes and has provided support regionally and nationally:**
    - Priority **surgery and cancer operations have been maintained and protected**, with NuTH providing regional support, and **early vaccine rollout** has been successfully initiated for staff, patients and the wider public.

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in February**, therefore the total number of cases attributed to the Trust YTD is 1 (April).
2. Due to a **change in reporting requirements for Severe Harm Incidents** the number of reportable cases for the Trust has increased recently (February, 14). This is partly due to **new requirement to include all patients deaths with confirmed definite or probable hospital-onset COVID-19**.
3. The Trust did not achieve **the 95% A&E 4hr standard in February, with performance of 87.3%**. A&E attendances remain below pre-COVID levels.
4. The **Trust PTL size was 74,349 for February, with 6,225 patients waiting over 52 weeks. RTT Compliance was 69.1%.**
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in January** which is fewer than the previous month (3).

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- Equality and Diversity

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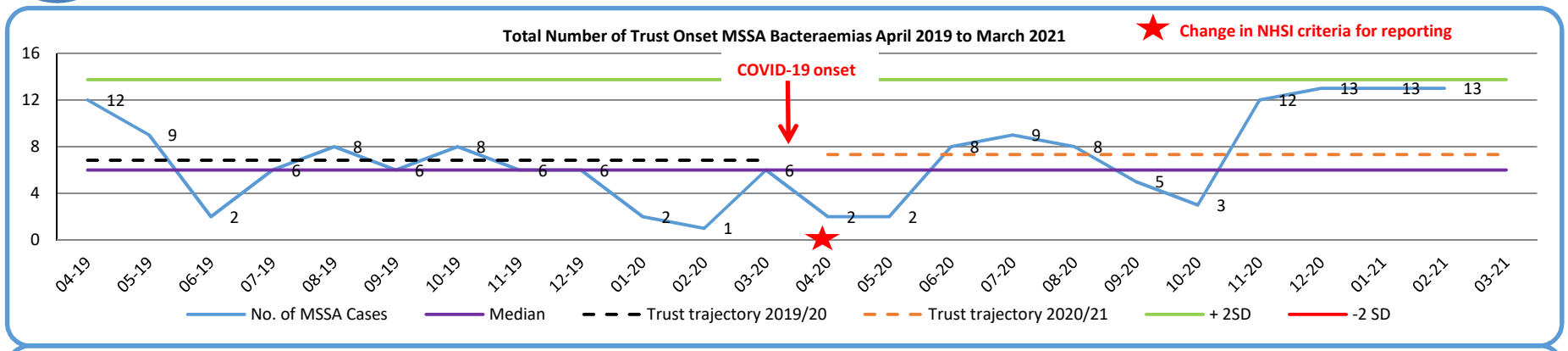
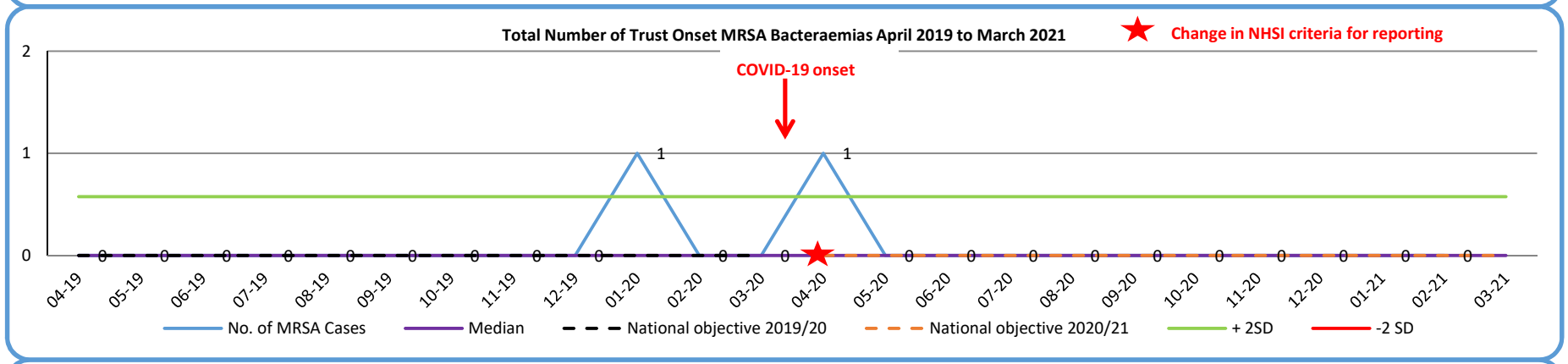
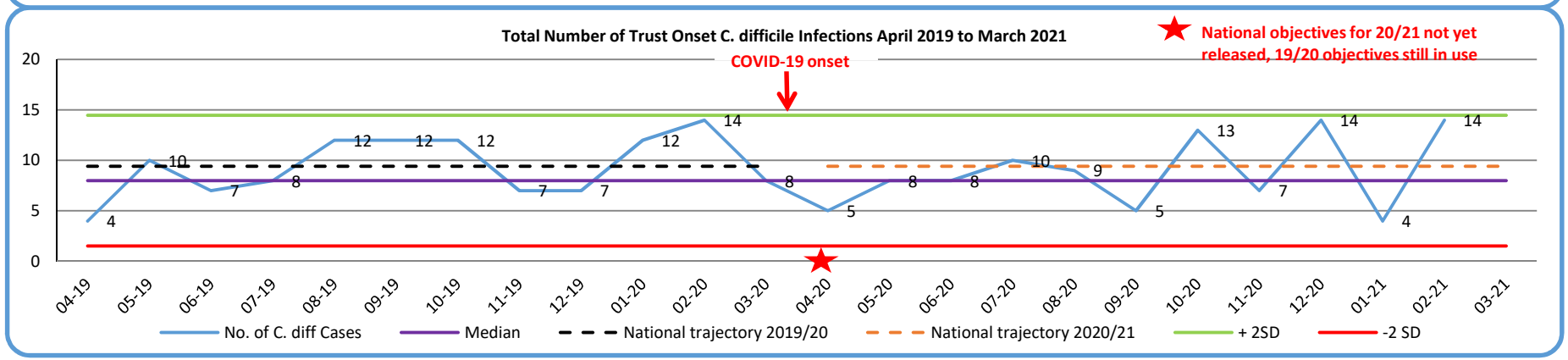
- Overall Financial Position

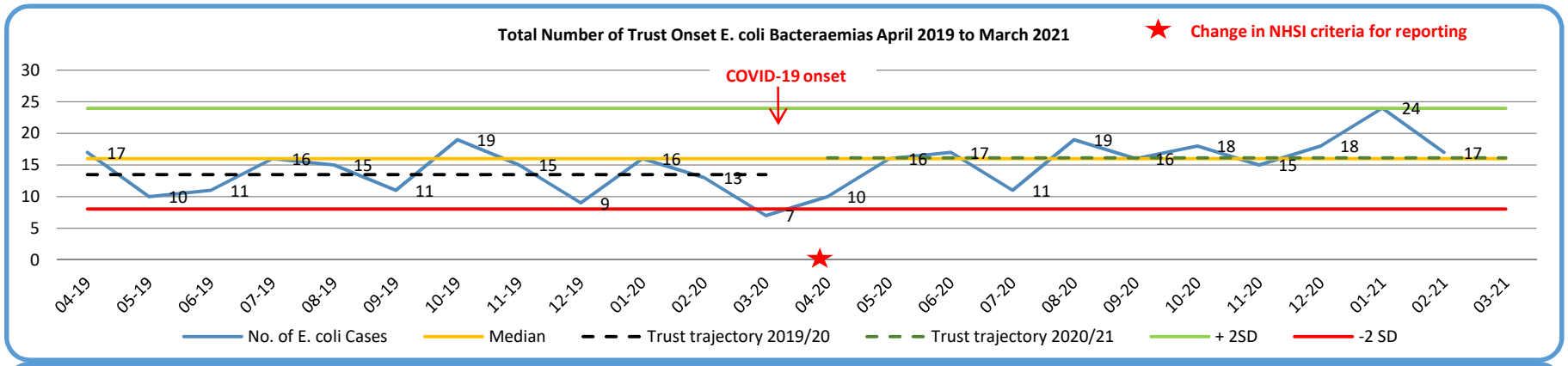
Quality and Performance: Healthcare Associated Infections

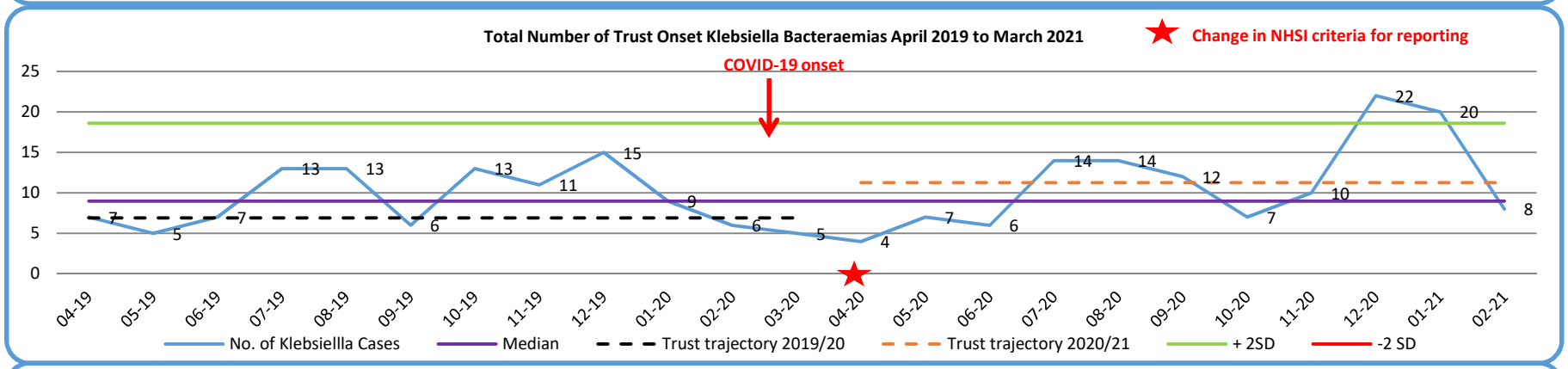


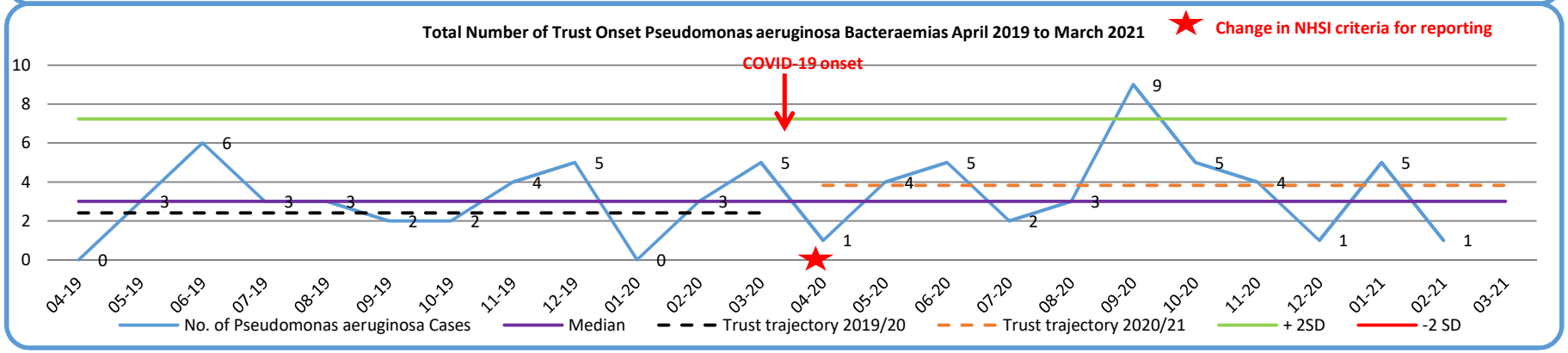




Quality and Performance: Healthcare Associated Infections

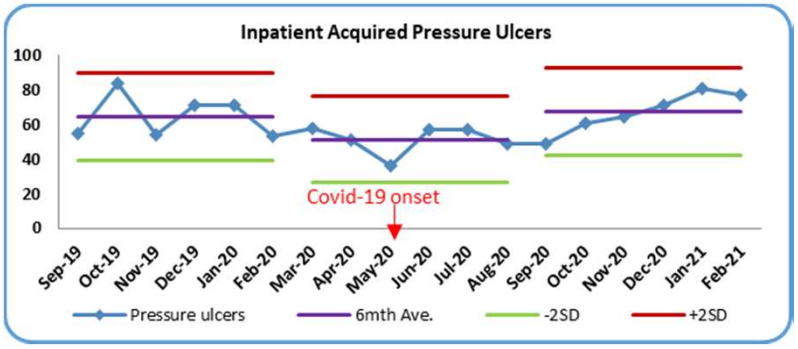


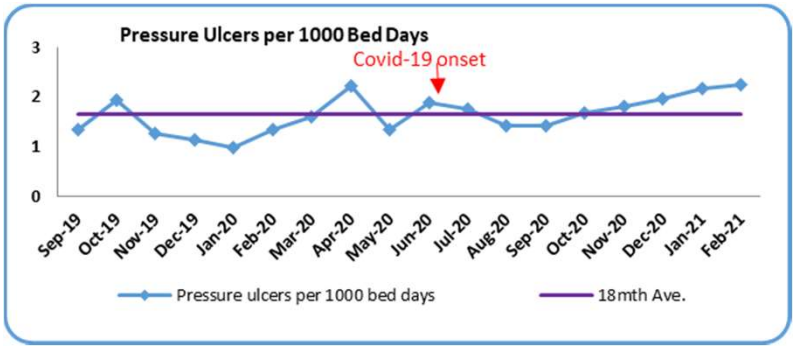




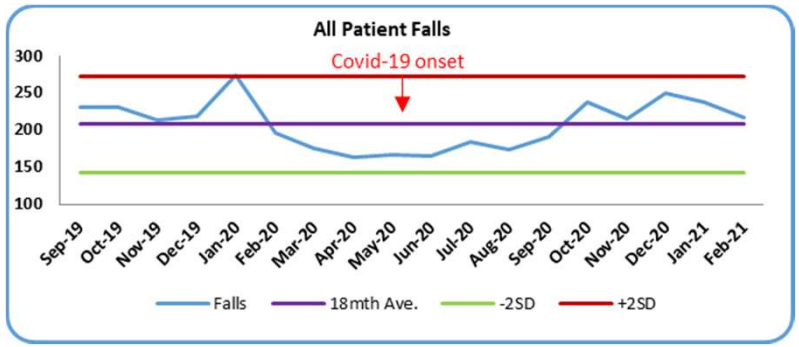
Quality and Performance: Harm Free Care

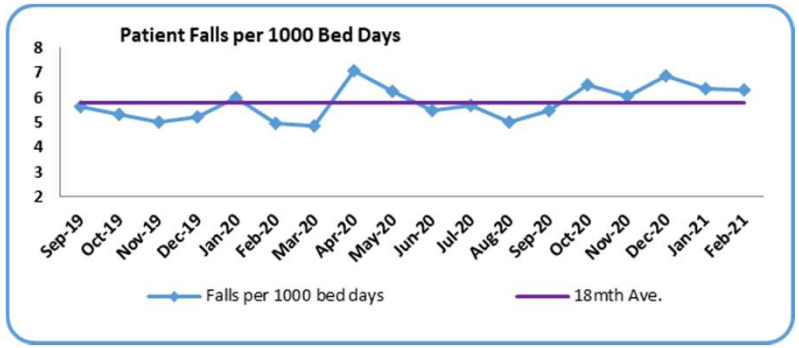
There has been a gradual reduction in the average number of pressure ulcers (PU) since May 2019. Whilst not demonstrated on the charts below, there has also been a reduction in serious harm from pressure damage. From October 2020, there was an increase in the number of PU reported. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an increase. This directly correlates with the Trust safe care data, in that the acuity of patients has increased, this is consistent with other Trust's in the Shelford Group. These increases are not concentrated in one particular area, but rather spread across the Trust. Any increases are monitored and fed back to individual Wards, to promote ownership and understanding at Ward level. The Tissue Viability Team, continue working with these areas, to instigate preventative measures to reduce incidence.



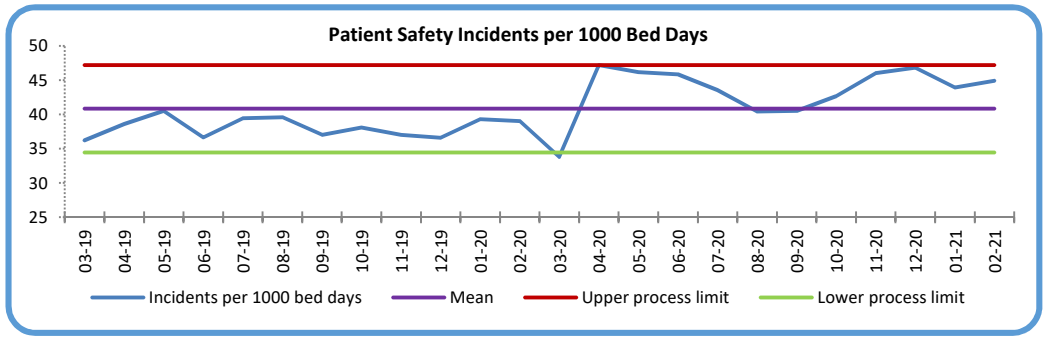


There was a significant reduction in inpatient falls between February and September 2020 however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there has been a significant rise in Covid-19 patients, and many surgical wards have converted to medicine in order to increase capacity. Medical patients tend to be of a higher risk of falls and therefore this can explain the increase, in addition to this evidence indicates, Covid 19 patients suffer a sudden deconditioning which puts them at a heightened risk of falls. The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury.

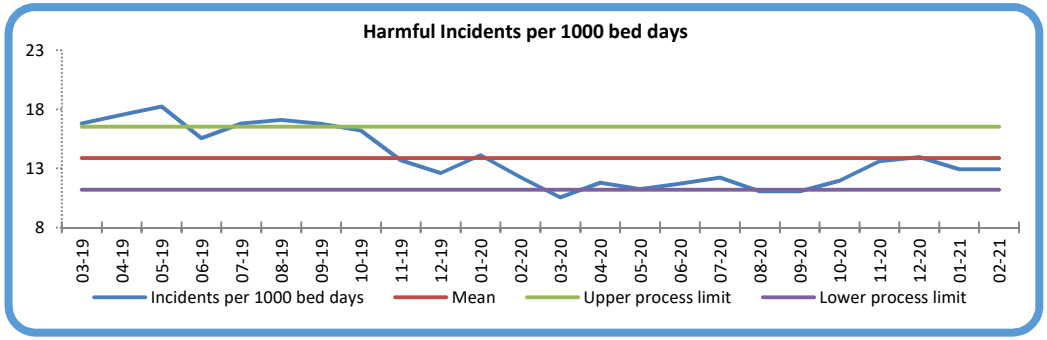




Quality and Performance: Incident Reporting

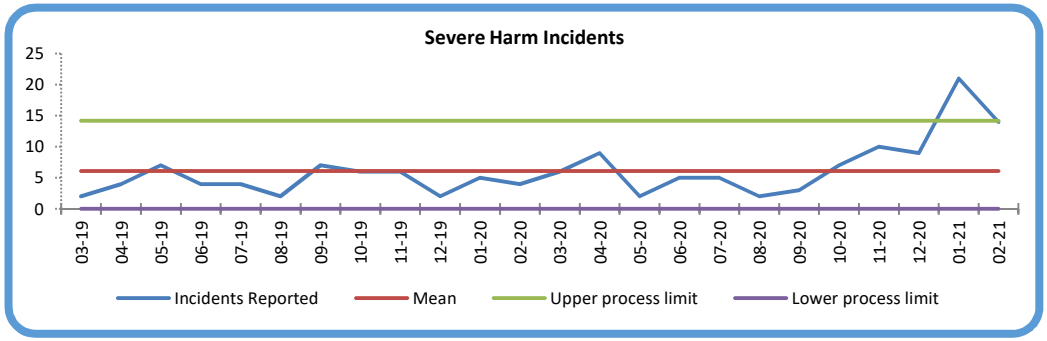


All patient incidents: There has been a slight increase in the rate of incidents reported per 1000 bed days between November 2020 – February 2021. This is likely to be due to increase in acuity of patient's admitted.



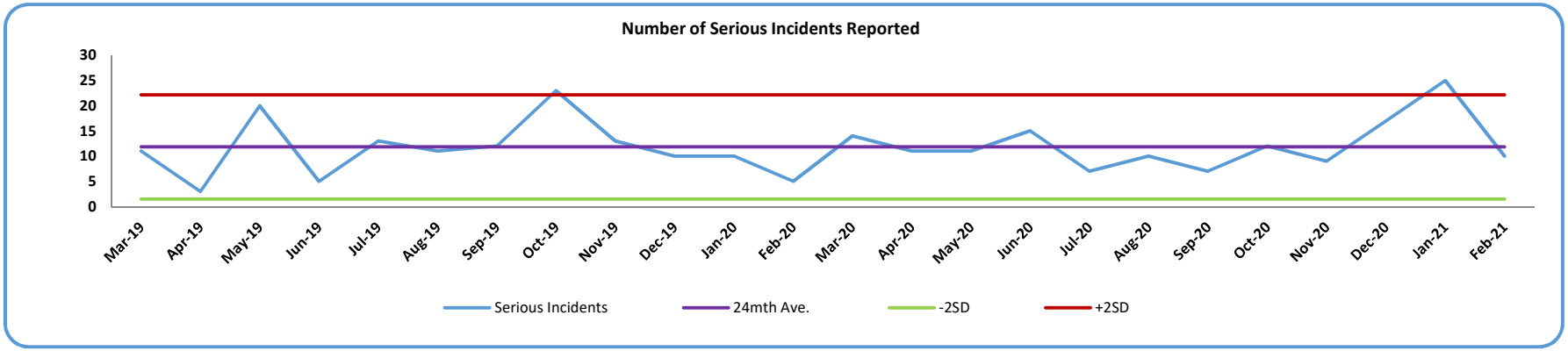
Harmful incidents: There is an improvement shift demonstrated, starting with a downward trend in the number of *harmful patient safety incidents per 1000 bed days from May 2019 to February 2021. This reflects a combination of increased accuracy in grading of harm from patient safety incidents and a overall reduction in incidents resulting in harm.

**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*

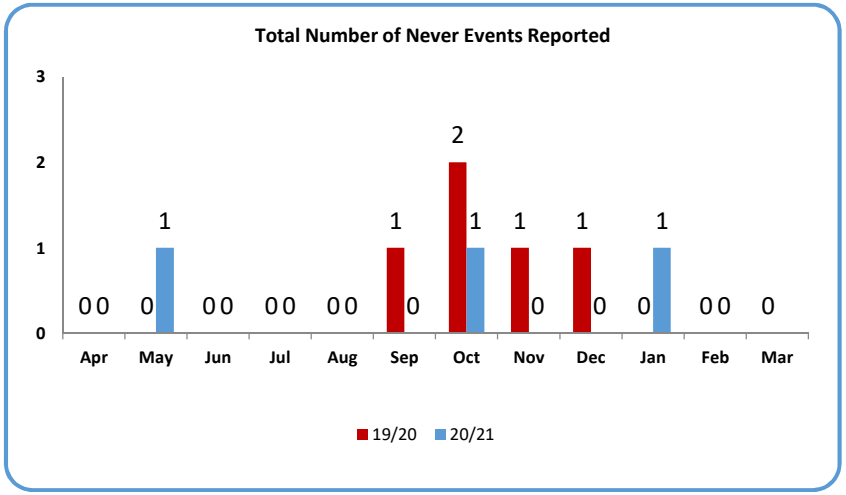


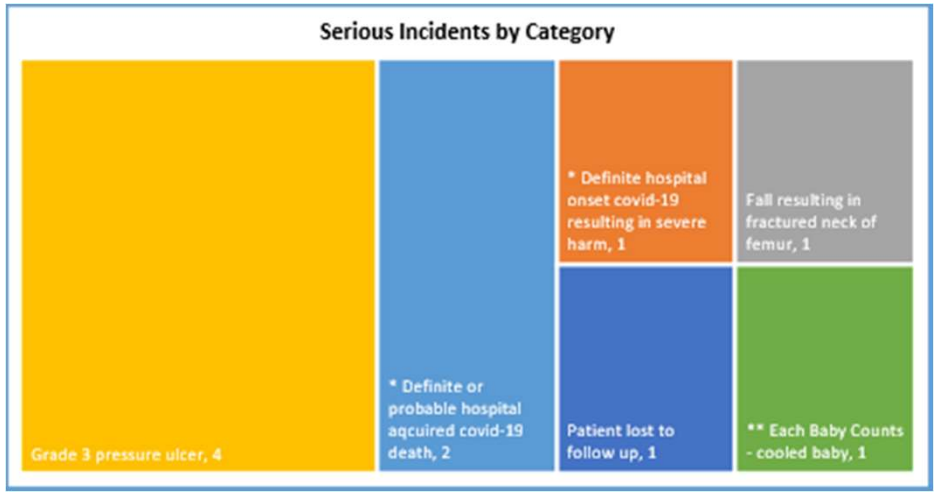
Severe harm incidents: There were 14 patient safety incidents reported which resulted in severe harm in February 2021. There is a significant increase in the number of severe harm incidents reported in January 2021 and February 2021. This increase is in part related to new NHSEI Covid-19 reporting requirements; this includes all patient deaths or patients with severe harm, and confirmed definite or probable hospital-onset Covid-19 . This data is subject to change in future reports as severity grading may be modified following investigation.

Quality and Performance: Serious Incidents & Never Events



There were 10 Serious Incidents (SIs) reported in February 2021. This data is subject to change in future reports if SIs are de-registered following investigation. The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The DoC process has been initiated in all serious incidents reported in February 2021.





*Due to new NHSEI Covid-19 reporting guidance which aims to standardise reporting by all trusts nationally, the Trust has reported all patient deaths or with severe harm due to definite or probable hospital onset Covid-19 as SIs, from 1st December 2020.

** Incidents involving babies, that fulfil the criteria for the 'Each Baby Counts' national quality-improvement initiative, are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. Since April 2019 all 'Each Baby Counts' reportable cases are now externally investigated by the Healthcare Safety Investigation Branch (HSIB) as part of their national programme.

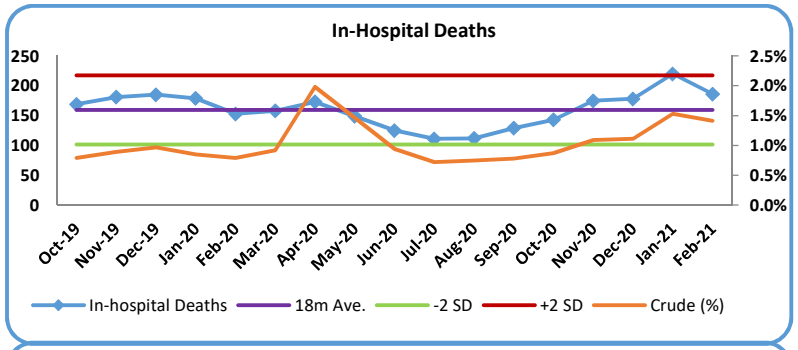
Quality and Performance: Mortality Indicators

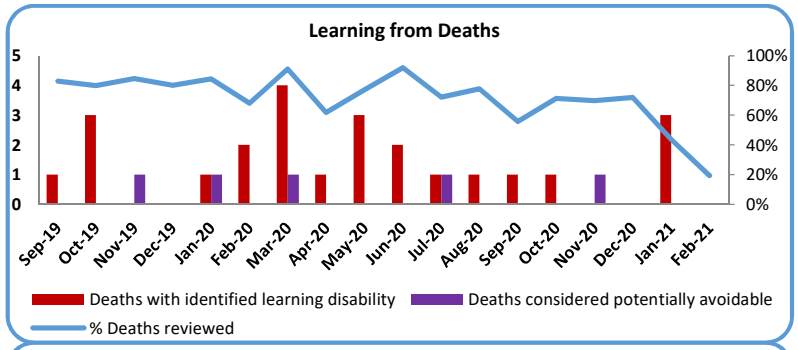
In-hospital Deaths: In total there were 186 deaths reported in February 2021, which is higher than the amount of deaths reported 12 months previously (n= 153). Crude death rate is 1.41%. Historically, crude death rate has consistently remained under 1% with the exception of a peak in April/May 2020 coinciding with the first peak of Covid-19. However for the past quarter, the crude death rate has continued to remain above 1%, coinciding with a second COVID-19 peak.

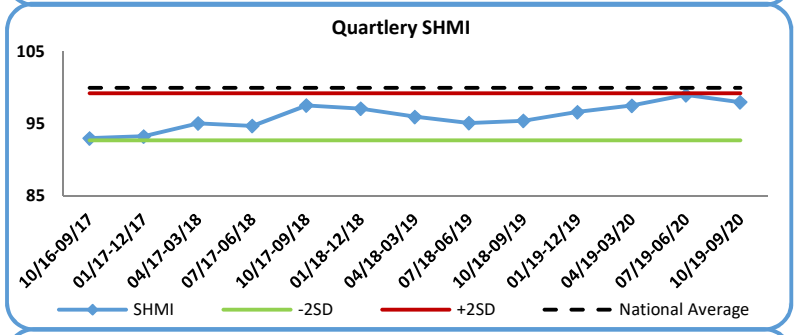
Learning from Deaths: In February 2021, 186 deaths were recorded within the Trust and to date, out of the 186 deaths, 36 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

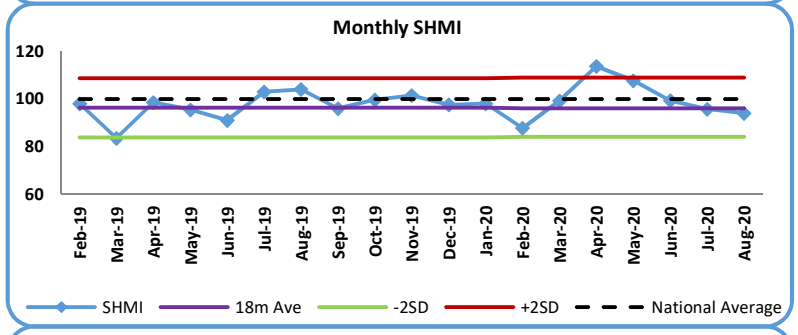
SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 98 from months October 2019 – September 2020, this is below the national average and is within the "as expected" category. Monthly SHMI data is published to August 2020 and is within expected limits. A rise in April 20 is reflected by the elevated crude data.

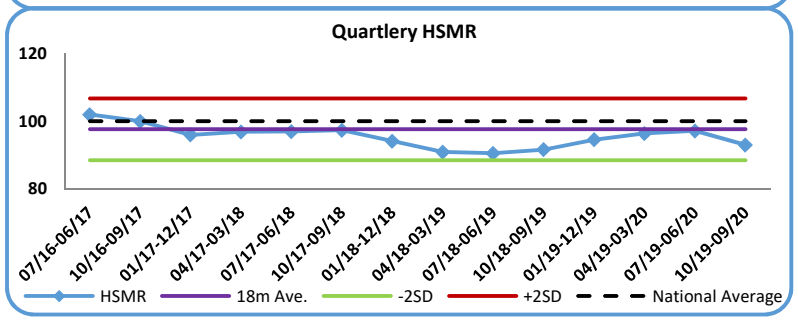
HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to September 2020 and is below the national average. Monthly data is available until October 2020. This number may rise as the percentage of discharges coded increases.

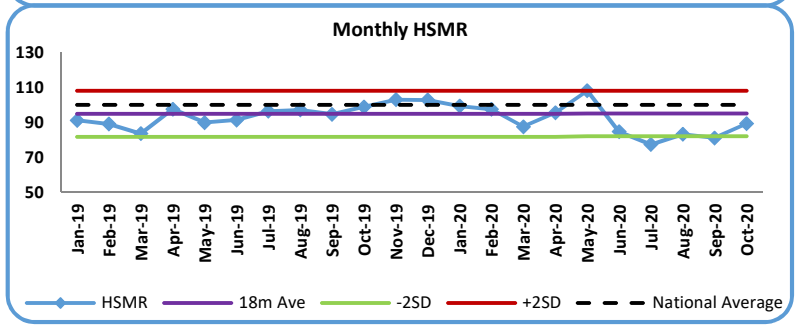












Quality and Performance: FFT and Complaints

Friends and Family Test

The Trust has now submitted FFT data for two months to NHS England. Further actions are underway to encourage participation in the survey including the use of social media to encourage people who have used inpatient or outpatient services (even if remotely) to go online and give us their feedback. NHS England have reported that the data will not be nationally published until April 2021 to allow Trusts to fully implement the new Friends and Family Test.

Trust Complaints 2020-21

The Trust received a total of 413 (394 with patient activity) formal complaints up to the end of February 21, with 20 complaints opened, a decrease by 18 on last month's opened complaints.

The Trust is receiving an average of 38 new formal complaints per month, which is 15 complaints per month lower than the 53 per month average for the last full financial year 2019-20.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of February are within Surgical Services with 0.08% (8 per 10,000 contacts) and the lowest are within EPOD at 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 64% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 17% of all subjects raised within complaints.

	2019-20				
Directorates	Complaints	Activity	Patient % Complaints	Ratio (YTD)	19-20 Ratio (Full Year)
Cardiothoracic	21	80,428.00	0.026%	1:3830	1:1873
Children's Services	29	70,635.00	0.041%	1:2436	1:1753
Out of Hospital/Community	8	21,629.00	0.037%	1:2704	1:6027
Dental Services	15	71,174.00	0.021%	1:4745	1:6857
Internal Medicine/ED/COE	45	174,284.00	0.026%	1:3873	1:2552
Internal Medicine/ED/COE (ED)	29	104,058.00	0.028%	1:3588	1:3817
ePOD	29	236,100.00	0.012%	1:8141	1:6745
Musculoskeletal Services	36	86,674.00	0.042%	1:2408	1:2080
Cancer Services / Clinical Haematology	22	138,480.00	0.016%	1:6295	1:7908
Neurosciences	29	93,111.00	0.031%	1:3211	1:2373
Patient Services	19	40,116.00	0.047%	1:2111	1:3819
Peri-operative and Critical Care	7	37,781.00	0.019%	1:5397	1:2640
Surgical Services	49	61,454.00	0.080%	1:1254	1:1310
Urology and Renal Services	15	61,589.00	0.024%	1:4106	1:2406
Women's Services	41	121,455.00	0.034%	1:2962	1:3114
Trust (with activity)	**394**	**1,398,968.00**	**0.028%**	**1:3551**	**1:3241**

Quality and Performance: Health and Safety

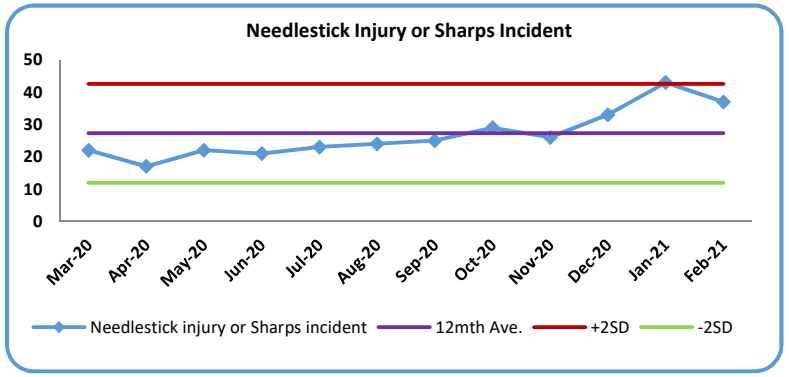
Overview
There are currently 1057 health and safety incidents recorded on the Datix system from the 1st March 2020 to 28th February 2021, this represents an overall rate per 1,000 staff of 63.1. The Directorate with the highest number of incidents is Peri-operative & Critical Care reporting 142 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Internal Medicine (90.1), Peri-operative & Critical Care Services (97.7), Urology and Renal Service (83.1), Women's Service (89.3) and Neuroscience Services (54.7).

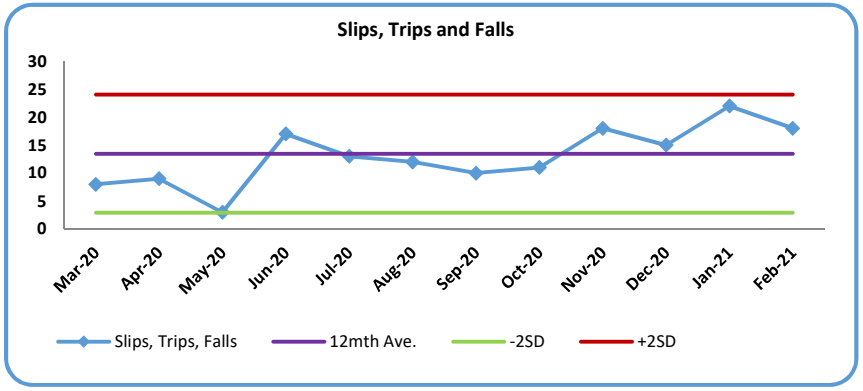
Incidents of Violence & Aggression to Staff
In addition to the health and safety incidents, there are 782 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st March 2020 to 28th February 2021 - this represents an overall rate per 1,000 staff of 46.7 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (211.1), Neuroscience (126.5), Musculoskeletal Services (118.7), Community (75.3), and Surgical Services (70.8).

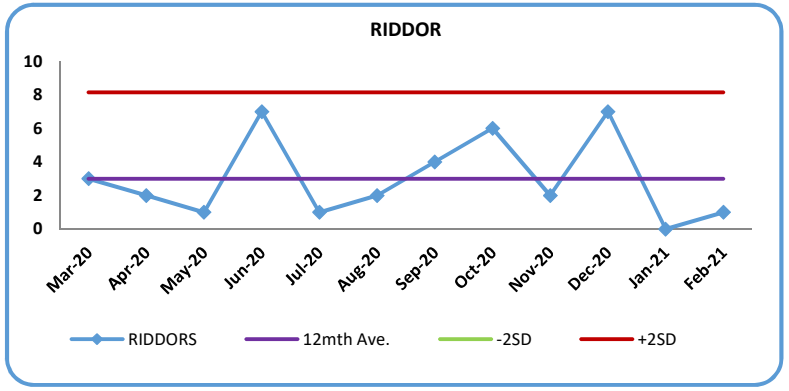
Sharps Incidents
The average number of all sharps injuries per month is 26.5 between 1st March 2020 to 28th February 2021 based on Datix reporting, with 13.4% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 21.25 per month.

Slips, Trips and Falls
Slips on wet surface, fall on level ground and tripped over an object collectively account for 55% of falls between 1st March 2020 to 28th February 2021. Fall from height; fall up or down stairway and falls from a chair account for 23.7% of the incidents recorded.

RIDDOR
There have been 36 RIDDOR incidents reported between 1st March 2020 and 28th February 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (10) Moving and handling (7), COVID (4) Exposure to Hazards (3). These account for 67% of reportable accidents over the period.







Quality and Performance: Clinical Audit (1/2)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Breast Cancer in Older People	Annual Report 2020	• Overall performance was very positive. • Data completeness greater than 90% in 11 domains. • Above national average rates in relation to: - Triple assessment in a single visit - Clinical Nurse Specialist allocation and involvement - Surgical treatment of Ductal Carcinoma In Situ in the over 80s - Adjuvant radiotherapy and chemotherapy following. • Comparable rates nationally with surgical treatment of invasive early breast cancer. • Markedly improved recording of WHO Performance Status.	• Ensure all patients aged 70 years and over, at the initial clinic visit for suspicion of breast cancer, have the following information recorded: Clinical Frailty Scale, Abbreviated Mental Test Score, indication of whether or not the patient has an established diagnosis of dementia and severe comorbidities. • Submit the fitness assessment data items to National Cancer Registration and Analysis Service. • Investigate and address any shortfalls in care within NHS organisations with a comparatively low rate of surgery for women aged 70+ years with ER positive breast cancer.	Discussed at February 2021 Clinical Audit and Guidelines Group
UK Cystic Fibrosis Registry a) Children b) Adults	Annual Data Report for 2019 published August 2020	<u>Children</u> • Lung function above national average for previous 10 years. • BMI 2SD consistently above mean for previous 10 years. • Low users of nebulised mucolytics, which reduces cost to commissioner and reduces burden of care. • On track to maximise the yield of disease modifying agents. <u>Adults</u> • 303 of 308 patients had 'annual review data' (detailed assessment each year). • High percentage of patients receive IV antibiotics at home (rather than in hospital). • 87% of patients with Chronic Pseudomonas on inhaled antibiotics. • Chronic Pseudomonas infection rate slightly below average. • Age-adjusted FEV1 and Best FEV1 within average range on benchmark data. • Body Mass Index (nutrition) slightly above average.	<u>Children</u> • Lung function has slipped from 2SD above mean, however it was noted this is due to other centres catching up rather than the Trust performance declining. • High rate of Pseudomonas infection, however it was noted this was probably related to increased screening • The Trust is an outlier in regards to psychology resources. <u>Adults</u> • Slightly below average use of nebulised mucolytics (Dnase, 7% Saline). • Below recommended staffing for Pharmacy, Nursing, Physiotherapy and Psychology. • Meeting NICE Guideline, NHS England Service Specification and NHS Quality Indicators for Psychology by fixed term CQUIN post.	Discussed at February 2021 Clinical Audit and Guidelines Group

Quality and Performance: Clinical Audit (2/2)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Asthma and COPD Programme – COPD Secondary Care	Patients with COPD exacerbations September 2017 – September 2018 Published July 2020	• Overall the results were encouraging, particularly in light of the fact that majority of our patients 58% of our patients come from the most deprived quintiles in the index of multiple deprivation, compared to only 34.2% of patients nationally • Overall results are encouraging Median time from arrival to admission is shorter (2.5hrs) than the national average. • No inpatient COPD deaths recorded (vs. 3.8% nationally) during this audit period. • 88% of Trust patients reviewed by an ST3 or above, marginally higher than the national average (86.2%). • On a par with national average patients for review by a member of the respiratory team within 24hrs of admission. • A lower proportion than average received NIV, and this was delivered in <2hrs from arrival in 25% of patients, 2-24hrs in 50% of patients and >24hrs in 25%. This is in keeping with the national average time to NIV of 4.6hrs. National quality standards for NIV define door-to-mask time should be <120mins, though data from the current audit report should be interpreted with caution as there is no method of knowing whether NIV was indicated at admission as blood gas results are not recorded. • Spirometry is available in many more Trust patients than elsewhere (70% vs. 40.5%), helped by the electronic documentation of these results in document store. Airflow obstruction (required to confirm a diagnosis of COPD) was confirmed in 97.1% of our patients with COPD, suggesting misdiagnosis is lower than the national average (where 12.1% of patients do not have airflow obstruction; ergo do not have COPD).	• Time to specialist respiratory review is marginally longer than average at 16.9hrs vs 15hrs nationally. • 8% of cases did not have smoking status recorded (national average 6%). Only a minority (14.3%) of patients who were current smokers had treatment prescribed for this; compared to a national average of 25.7%. • Oxygen prescription rate (54.3%) during this period was below the national average (72%).	Discussed at February 2021 Clinical Audit and Guidelines Group

Quality and Performance: Restart, Reset and Recovery (3Rs) / Recovery Plus

- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective Surgery.**
    - Led by the sub-groups, a number of new frameworks and standard operating procedures have been produced and maintained 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**.**

- **Due to the second and third COVID waves, groups have been reinvigorated** with a focus on maintaining safety, rescheduling any displaced treatments / assessments and maximizing any remaining elective capacity.
    - As well as necessary immediate actions, performance recovery initiatives will be directed through these subgroups once the third wave is navigated.

- **As we move into our third phase of the programme** there will be a firm focus on recovering activity levels and reducing waiting times. **The 3Rs programme will now transition into a Recovery Plus programme** which will focus on how we can best move out of COVID, safely stepping down actions taken such as reduced beds in a bay and stepping up recovery through initiatives such as approval of non-recurrent backlog clearance measures.

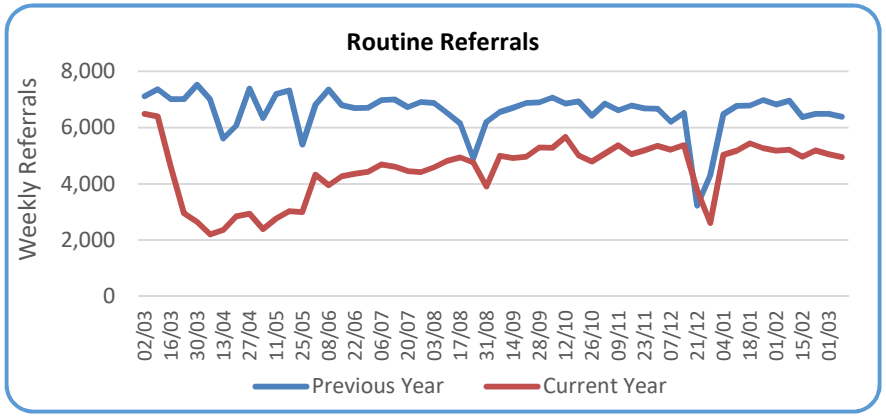
- **Key measures are tracked through the programme and investigated further where necessary through clinically led sub-groups.**
    - Additional Recovery Schemes (ARS) have been approved through the 3Rs programme and will continue to be monitored.

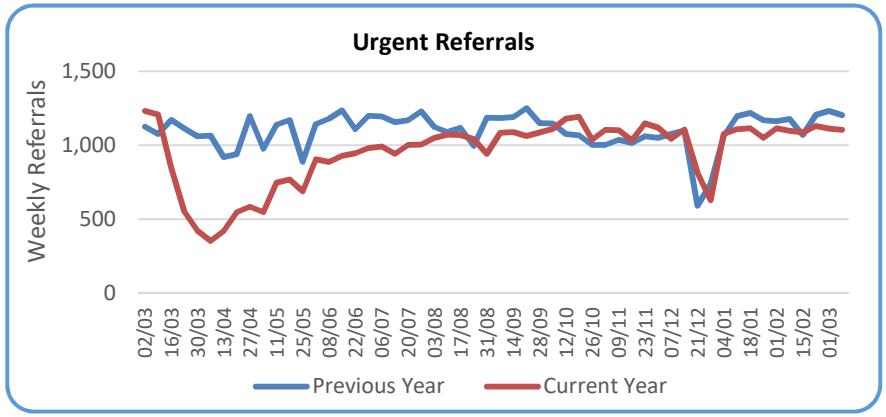
Schemes include:

- Cataract surgical centre
- Mobile MRI imaging unit
- Chemotherapy Day Unit moving to 7 day working
- Additional sessions within Endoscopy
- Additional sessions within Dermatology

Measures include:

- Referral rates
- DNA rates
- Activity levels
- Waiting list growth
- TCI bookings





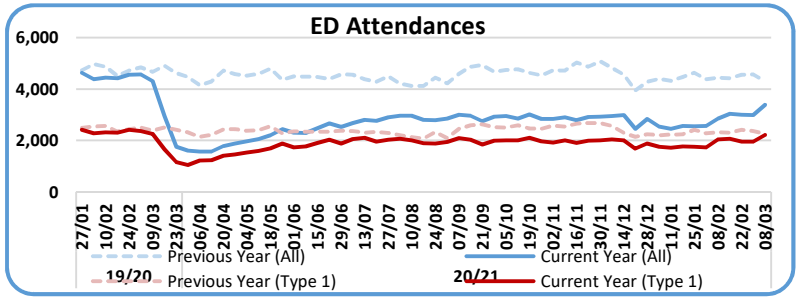
Quality and Performance: Monthly Performance Dashboard

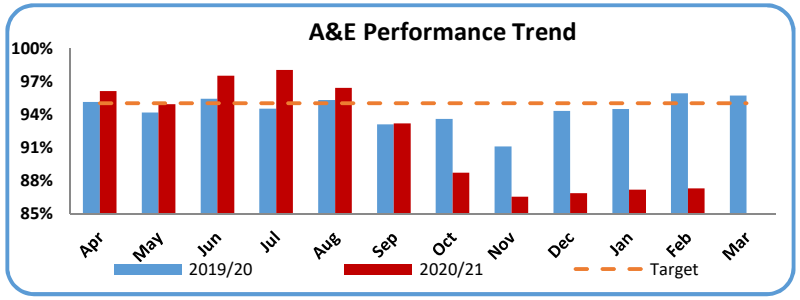
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month Previous Year		
				w/e 07/02/21	w/e 14/02/21	w/e 21/02/21	w/e 28/02/21	Dec-20	Jan-21	Feb-21
Front Door	Type 1 Attendances (Main ED)	2,377	1,962	72.8%	86.1%	86.8%	82.6%	79.8%	77.3%	81.0%
	Ambulance Arrivals	635	655	94.7%	106.0%	101.8%	103.2%	98.6%	97.7%	98.4%
	Eye Casualty Attendances	416	251	49.5%	52.9%	58.4%	60.3%	64.1%	42.3%	56.7%
	Walk in Centre Attendances	1,419	612	34.2%	31.5%	41.3%	43.1%	35.4%	33.6%	36.4%
	A&E 4hr performance (Type 1)	89.5%	79.8%	-3.1%	-6.7%	-11.7%	-9.7%	-8.6%	-8.3%	-10.7%
	A&E 4hr performance (All Types)	94.3%	86.6%	-3.6%	-6.7%	-9.5%	-7.6%	-7.4%	-7.3%	-8.6%
Admission & Flow	Emergency Admissions (All)	743	697	89.0%	96.0%	103.0%	93.8%	79.5%	77.6%	80.0%
	Bed Occupancy	80.8%	80.9%	81.0%	80.4%	80.6%	80.9%	76.0%	79.2%	80.7%
RTT/Planned Care	Outpatient Referrals (All)	8,115	6,638	83.0%	83.1%	79.1%	81.8%	84.4%	81.5%	79.3%
	Elective Spells & Outpatient Procedures	6,994	4,287	68.7%	67.5%	68.1%	61.3%	75.3%	70.7%	62.3%
	Outpatient Consultations	16,187	18,102	109.7%	109.1%	96.1%	111.8%	103.3%	98.8%	97.9%
	DNA Rates	7.2%	7.7%	9.5%	8.9%	7.9%	7.7%	9.0%	9.9%	9.5%
	Incomplete Performance	87.3%	66.7%	67.7%	67.9%	66.8%	66.7%	70.2%	70.0%	69.1%
	RTT >52 Week Waiters	18	6,301	5,279	5,757	6,037	6,301	3,421	4,847	6,225
Cancer	2WW Appointments	482	387	83.5%	99.1%	90.6%	80.2%	98.9%	88.5%	88.8%
	All Cancer 2WW	No weekly performance recorded.						48.7%	61.9%	Reported one month in arrears.
	Cancer 2WW Breast Symptomatic							25.4%	19.5%	
	Cancer 62 Days - Urgent							75.3%	72.9%	
	Cancer 62 Days - Screening							89.1%	73.2%	
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,962	87.4%	90.7%	92.5%	92.7%	90.3%	88.2%	89.1%
	Diagnostic Performance	No weekly performance recorded.						77.4%	76.3%	80.7%

Data provided as 'Actual' figure rather than % comparison

Quality and Performance: A&E Access and Performance

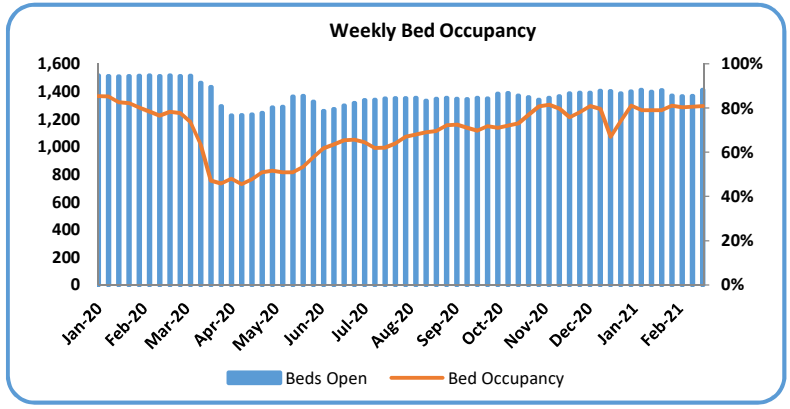
- **The past 4 months have seen the Trust's lowest performance against the monthly A&E 4hr standard (95%) for many years.**
  - February's performance of 87.3% was the highest performance since October 2020, but 8.6% lower than in February 2020.
  - NuTH's performance remains well above the national average (83.9%) and is favourable compared to other Shelford Trusts.
  - However, March to date (11/03) has seen a huge improvement in Trust performance to 95.1%. Contributing factors include:
    - The partial reopening of observation beds via the re-provision of the minor injuries unit in an alternate space.
    - Increased utilisation of Same Day Emergency Care for suitable Emergency Department patients.
    - The phased reopening of approximately 120 beds across the Trust as selected bays move up to a 5 bedded model.
    - A sharp fall in the number of COVID-19 inpatients in late February and early March.
- **Reasons for the low performance during the winter of 2020/21 include:**
  - Medical staffing issues caused by illness and quarantine and fewer funded junior doctors posts than last winter.
  - Reduced bed capacity due to COVID IPC measures - 6 bedded bays changed to 4 beds – resulting in a loss of 237 beds across the organisation.
  - The loss of the ED observation beds due to the need to reconfigure space due to COVID.
  - Consistently high numbers of COVID-19 inpatients, with the Trust providing support to other organisations regionally and nationally. The level remained high during February, at around double December 2020's level. This has increased bed occupancy levels, created patient flow difficulties and caused the closure of additional beds across the organisation in February as staff were redeployed due to ITU pressures.
  - Additional pressures in February resulted from high numbers of orthopaedic trauma patients requiring theatres due to the snowy conditions.
- **Changes in attendance profile / acuity:**
  - Type 1 attendances in February 2021 accounted for 68% of all attendances, compared to just 52% in February 2020.
  - Ambulance arrivals per day were higher in February 2021 than in February 2020. This is partly due to changes to the regional pathway for ambulance conveyances which have resulted in the RVI taking an increased share of the total NENC ambulance arrivals.
  - Overall there were 36% fewer A&E attendances compared to February 2020. However, the decline has been most significant within Type 2 Eye Casualty (-59%) and Urgent Treatment Centre attendances (-62%).
- **The Emergency Department are working alongside Newcastle Improvement and Patient Services to implement actions to improve performance via:**
  - Additional staff are being recruited to assist with patient flow between the Emergency Department and clinical specialties.
  - Additional pop up suites have been purchased to increase the capacity available to conduct patient assessments.
  - The department are working with directorate managers and clinicians to review emergency pathways within numerous clinical specialties.
  - Emergency Department Digital Interface (EDDI) is being implemented. This offers designated arrival times for patients who ring 111 and are triaged to ED. This aims to reduce walk in attendances and direct patients to quieter times of day.
  - Additional rapid response cleaning time has been allocated to ED/Assessment Suite to enable beds to be available again more quickly.





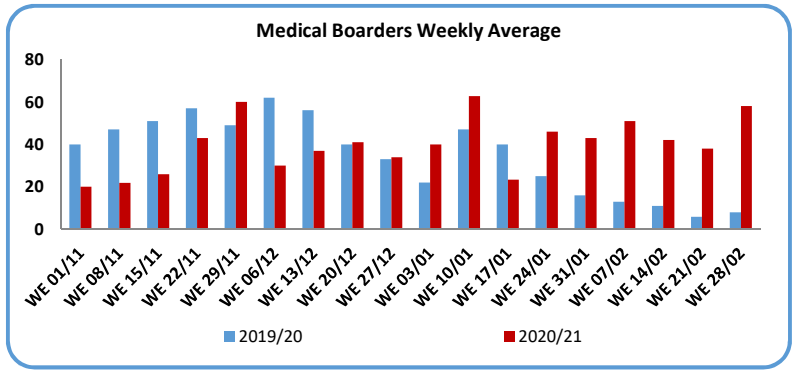
Quality and Performance: Bed Occupancy and Long Length of Stay Patients

- **The Trust averaged 81% bed occupancy in February 2021, with the level remaining steady throughout the month.**
    - Although occupancy was in line with February 2020, the Trust's total number of inpatients is much lower in February 2021 due to the reduced capacity as a result of the switch of 6 bedded bays to 4 beds for COVID IPC reasons. It is hoped that during March bays will be able to safely transition to 5 beds per bay in order to increase the Trust's bed capacity.



- February's occupancy was consistent with the stable level seen since September 2020. Despite daily emergency admissions rising to their highest level since September, occupancy did not rise significantly as elective admissions remained low to accommodate the persistently high levels of COVID-19 inpatients. A lack of bed capacity both regionally and nationally restricted the ability to repatriate these COVID patients to other Trusts.
    - Although occupancy overall remained stable, paediatric bed occupancy increased to its highest level since the onset of the COVID-19 pandemic.

- February saw medical boarders remain at one of the highest levels seen in the past 2 years. This creates patient flow difficulties and makes achievement of the A&E 4 hour standard more difficult. Bed pressures were exacerbated by February seeing the highest number of beds closed for many years, due to staff being redeployed to support COVID areas and ITU pressures, as well as closures due to COVID-19 outbreaks. Solutions were implemented to increase medical bed capacity across sites, although this does reduce elective bed capacity. Following a sharp fall in the Trust's COVID-19 inpatient numbers in the final week of February, plans are being implemented to reverse some of the changes made in order to increase elective bed capacity again.



- The report showing the number of 7 days+ and 21 days+ Length of Stay (LoS) patients is currently being updated, in order to address some data quality concerns. Reporting against this metric within this report is expected to be reinstated from next month. The trends reported in previous copies of this report (where the levels of Long LoS patients have slowly increased in recent months) remain accurate.

- **Due to the suspension of reporting to NHSE/I this report will no longer contain information relating to Delayed Transfers of Care (DTOCs) for the remainder of 2020/21.**
    - Processes remain in place to ensure this reporting can be restarted in April 2021 in line with the proposed national timescales.
    - In order to assist with patient flow and to optimise patient outcomes, NuTH's Patient Services team will continue to monitor DTOC patients who require repatriation or packages of care.

Quality and Performance: Diagnostic Waits

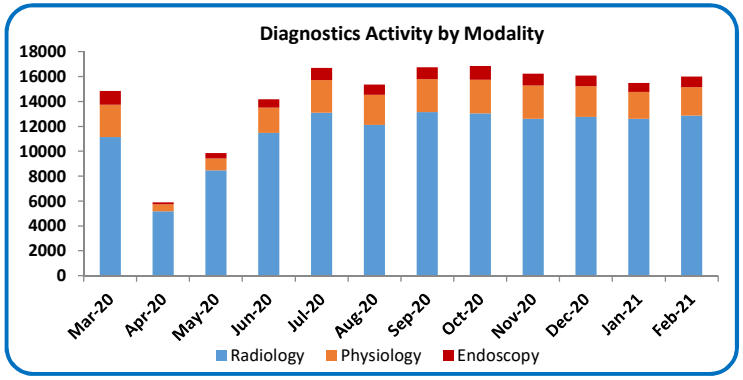
- **Diagnostics performance for February was 80.7% against the 99% standard, a notable 4.5% increase from January. This is the highest level of compliance recorded since February 2020, and represents a departure from the stable performance trend observed since September 2020.**
  - Performance improved in Physiological Measurements (51%, +6.8%) and Imaging (90%, +5.5%) but declined slightly in Endoscopy (56%, -2.5%).
  - Despite the reduction in the proportion of the waiting list (WL) waiting over 6 weeks, the number of long waiters increased significantly, with 1,066 patients now waiting over 13 weeks (compared to 741 in January), comprising 9.4% of the total WL compared to 6.9% last month.
  - In January (latest NHSE data) NuTH's diagnostics performance (76.3%) was significantly above the national (66.7%) and regional (67%) positions.

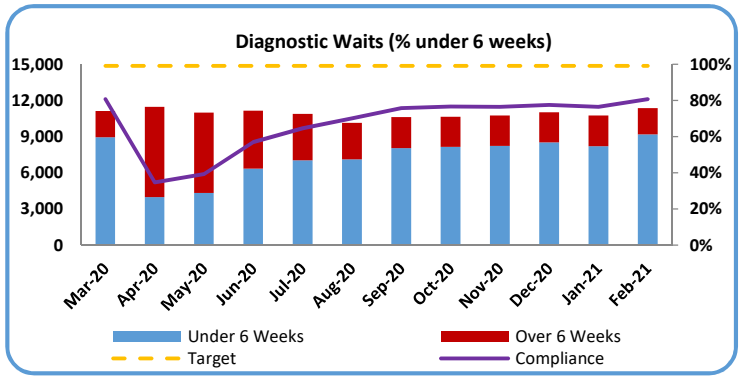
- **In February 16,011 tests were carried out, a 3.4% increase on the total for January.**
  - This represents 85% of the average monthly activity carried out between April 2019 and February 2020, with activity levels maintaining despite the 3rd wave.
  - Imaging activity has recovered to a greater extent than other areas, in particular MRI and CT which in February saw activity levels at 100% and 98% respectively of the pre-Covid average. As high volume diagnostics, this contributes greatly to the overall levels of recovery.
  - All three diagnostic groups saw activity increases compared to January, most markedly in Endoscopy where the number of patients treated grew by 20%.

- **The total WL size (11,352 patients) increased by 614 patients (5.7%) in February, the first significant change in some months and the largest total since April 2020.**
  - In the last month the WL size increased substantially within Neurophysiology (+85%), DEXA (+68%), Echo (+50%) and Non-obs Ultrasound (+10%).
  - In January the overall national waiting list was 8.4% higher than the same month last year, whilst comparatively NuTH's waiting list reduced by 6.8%.
  - 76% of Echo patients on the WL have waited >13 weeks, which has more than doubled in size over the last 2 months. This is due in part to the back loading of a high quantity of paper referrals on to the system, with efforts being undertaken to optimise the online referral process. A new member of admin staff has been appointed to oversee this, whilst a new room and two new machines are due to be adopted in the coming months.

- **Efforts continue to increase activity across all settings against the backdrop of high bed occupancy as well as ongoing social distancing and additional settle time requirements, which pose significant challenges.**
  - Radiology continue to utilise independent sector capacity, with an agreement for this to continue until the end of June. The service also continues to provide extra lists, assessing further opportunities when they arise.
  - Endoscopy are providing regular extra sessions which will continue throughout Q1 2021/22 having had internal plans approved to best utilise the available assets.

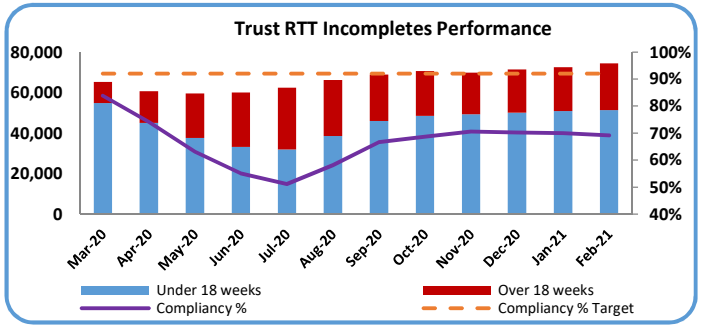
Patients Treated	Feb '21	Jan '21	Difference (Actual)	Difference (%)
Imaging	12,868	12,602	266	2.1%
Phys. Measurement	2,284	2,171	113	5.2%
Endoscopy	859	717	142	19.8%
Trust Total	**16,011**	**15,490**	521	3.4%

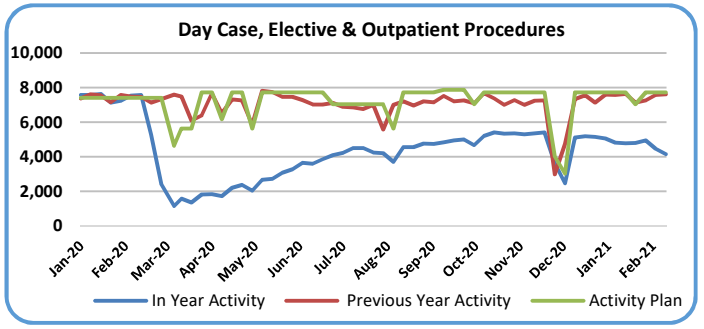


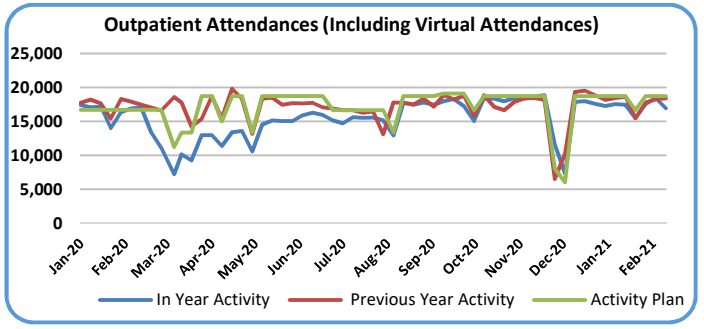


Quality and Performance: 18 Weeks Referral to Treatment

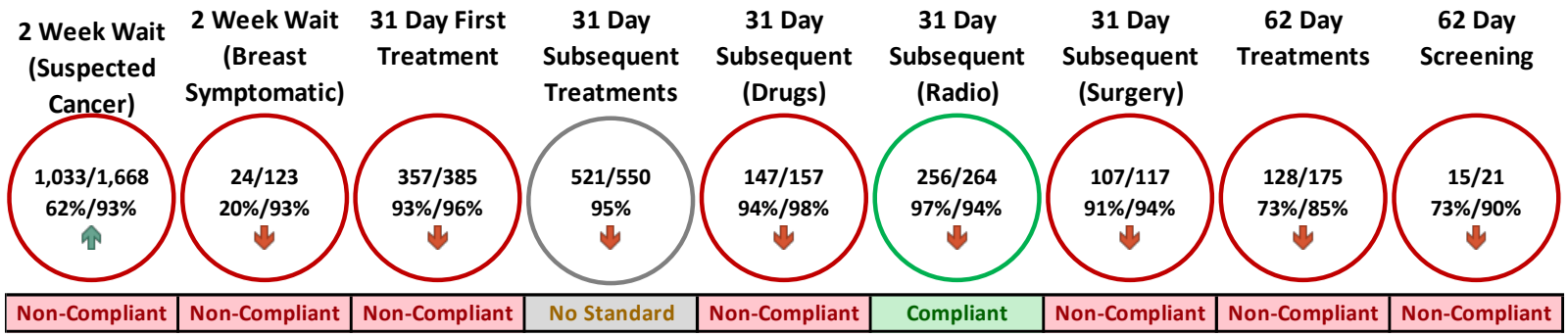
- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. Performance in February against the 18 week wait target (92%) remained largely static in line with recent months, with compliance at 69%, a 0.9% reduction from January. The number of patients waiting greater than 52 weeks for their first treatment continues to increase, now standing at 6,225.**
  - 22,966 patients have now waited greater than 18 weeks, with 8,827 of those having waited over 40 weeks.
  - >52 week waiters increased by 28% month on month. 43% of 52+ week waiters are within Ophthalmology, with only five specialties having 0
  - In February the Trust had eight patients breaching 104 weeks, all of which sit within Spinal Surgery.
  - NuTH have the 6th largest PTL in the country (January 2021) and have the highest compliancy rate of the Trusts with the 10 largest PTLs.
  - National compliance fell again in January, reducing by 1.6% to 66.2%.
  - In total the volume of referrals received in February 2021 was 79% of those seen in February 2020. Whilst routine referrals were only at 75% of the numbers previously seen, 2WW referrals were at almost the same level (97%).
  - Harm reviews continue to be undertaken for >52 week waiters, and directorates are triaging patients on WLs to assess their condition and ensure patient safety.
- **Treatment of long waiters as well as recovery of elective activity and RTT performance are key ambitions of the Trust, with NHSE/I Phase 3 ambitions to achieve 100% of OP consultation activity from Sept-20, and 90% of DC, EL and OP Proc. activity (combined) from Oct-20.**
  - Due to the recent third wave of COVID-19 admissions bed and ITU capacity was severely limited throughout January and February, with high priority urgent and cancer surgery (P1 and P2) prioritised. Additionally, urgent cases from other providers have been performed at NuTH due to national pressures.
    - Theatres, staff and beds will return to their usual departments across the remainder of March and April which will substantially increase the Trust's elective programme and resumption of P3/P4 activity.
  - For the week ending 28th February 2021, activity delivery measured at 68% (Day Case, Elective & Outpatient Procedures) and 99% (Outpatient Attendances) when compared to the previous year.
  - The Trust continues with its established 3Rs recovery work streams, with focus on elective activity recovery intensifying as the number of COVID inpatients reduces. Baseline activity plans have been produced in collaboration with directorates ahead of the new financial year, with opportunities to increase throughput being explored in the context of a variety of varying circumstances.
- **Current primary recovery schemes include:**
  - Cataract pop up theatre scheme to go live towards the end of March, which once running aims to deliver 33% additional activity annually.
  - Trust wide re-instatement of DNA reminder service (end of March).
  - Additional sessions within Dermatology, Endoscopy and Radiology.
  - 7 day working within the Chemo Day Case Unit and Echo service.
  - Insourcing of additional capacity within Echo.







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 January; 3 of the 8 standards were met in December.**
- **The 2ww position continued to recover (62% from 49%) due to the previously reported actions within the Skins tumour group continuing to take affect,** internal reporting shows this position rising further through February to above 70%**.** Concerns remain within Breast, Skins and Lower GI.
    - **Within Skins from November a tele-dermatology pathway has been initiated** with GPs now sending images to NuTH alongside referrals, this is still voluntary with further education events planned with primary care.
    - **Skins is the largest single tumour group for 2ww**, accounting for 42% of the overall numbers meaning that the Skins compliance has a large impact on the overall Trust position.
        - A temporary change to pathways has led to a large increase in Skins during the end of February and March, this will have a knock on effect to 2ww compliance as the service reorganises to meet the additional demand and redesigns the referral pathway.
    - **The Lower GI service (9% 2ww compliance) is currently suffering from reduced consultant capacity due to vacancies and sickness.**
        - Following the introduction of FIT testing on receipt of referral this is resulting in additional waits at the start of the pathway (approx. 5 days when GP requested). Shortly GPs will provide the result of the FIT before referral which will increase performance.
        - A nurse endoscopist post has been funded through the Northern Cancer Alliance.
    - **The Breast service (63% suspected compliance and 20% symptomatic compliance) are struggling to clear an existing backlog** which formed due to increased referrals, some improvements are anticipated in compliance through February from additional resourcing.
        - **Additional support from Radiology** has been secured during February and March to support the Breast Screening and Breast Symptomatic services. Capacity is being prioritised for patients on the suspected pathway due to clinical need.
- **The Northern Surgical Hub** which captures patients requiring surgical intervention across the Northern section of the Cancer Alliance is now redistributing some surgical work from Trusts who do not have capacity due to COVID.
    - Through this initiative NuTH are performing additional surgeries for urgent cancer patients which would have been performed by other providers.
        - This carried on through February but support through March to date has not been required.
    - Chemotherapy pressures are also substantial across the region and are being discussed within the Surgical Hub meetings as well.
- **The Northern Cancer Alliance met 1 of the 8 standards in January; 4 of the 8 standards were met in December.**
    - 0 providers within the Northern Cancer Alliance achieved the 2ww target in January.
    - 1 provider within the Northern Cancer Alliance met the 62 day target in January.

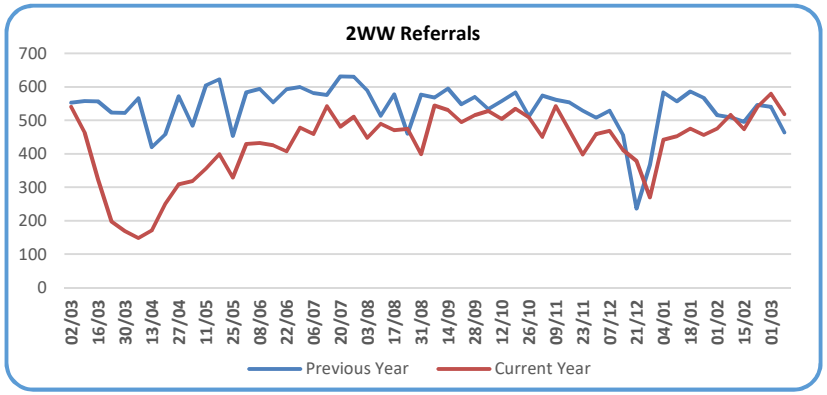
Please see additional charts and referral information contained on the next page

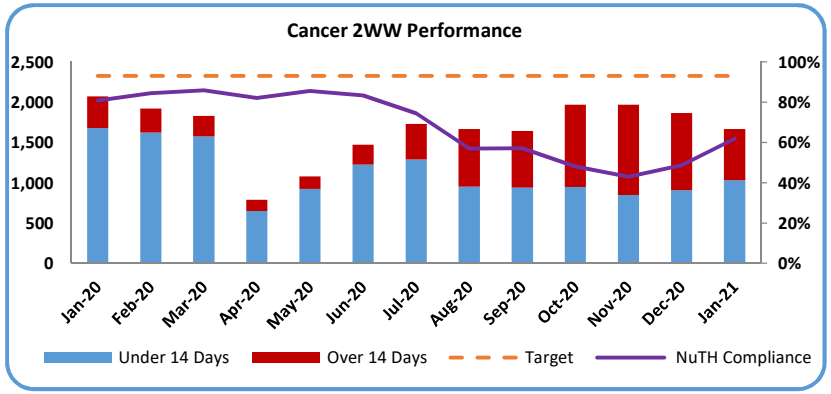
Quality and Performance: Cancer Performance (2/2)

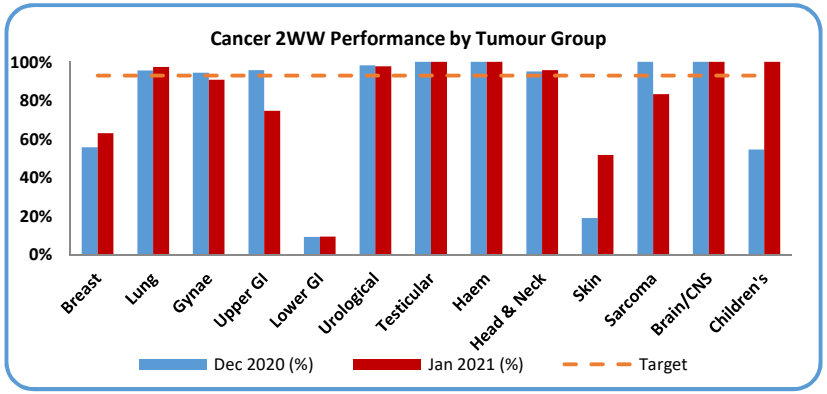
Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels. Referrals have reached close to previous levels with some reduction in Urology, Lung and Head and Neck tumour groups.

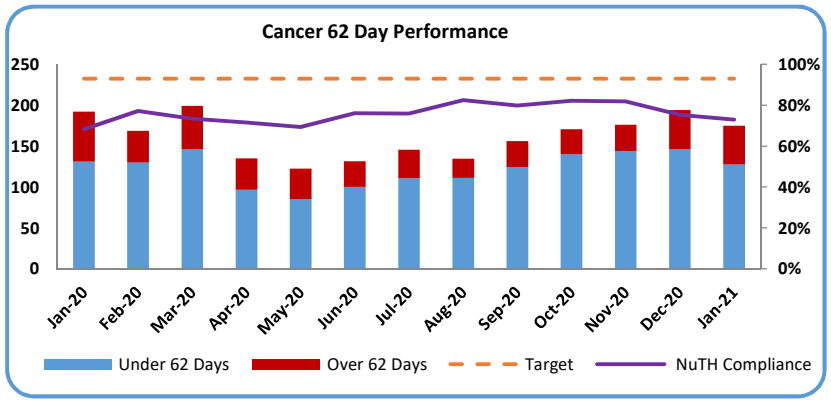
Recent weeks have seen an increase in referrals within the Skins tumour group due to pathway changes which are being worked through with colleagues in primary care.

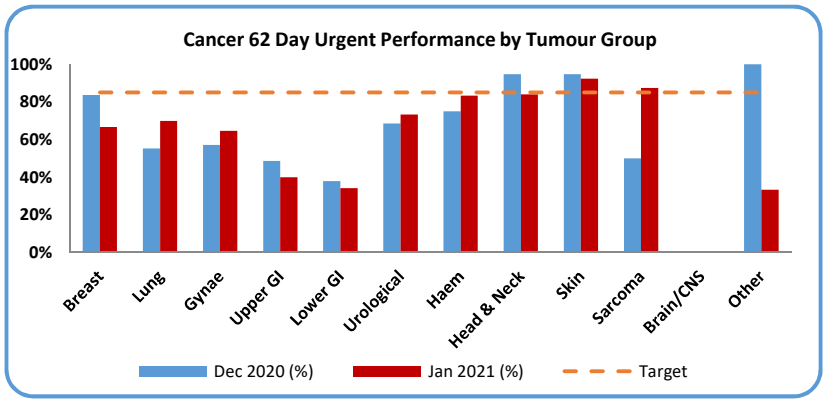
March is lung cancer awareness month.











Quality and Performance: Other Performance Requirements

- **The Trust reported 16 'last minute' cancelled operations in February 2021, which is in line with the level reported in the preceding 2 months.**
  - This is well below both the pre-COVID monthly average of 62, and the monthly totals reported during the summer and autumn of 2020. February's low figure reflects both the planned reduction in elective activity due to the 3rd wave of COVID-19 and the urgency of the patients who are still being listed for surgery.
  - For the 3rd successive month the Cardiothoracic directorate (8) was the biggest contributor to the Trust's total. Positively, the Surgery directorate (2) saw its lowest tally of last minute cancellations since June 2020.
  - The Trust reported 0 breaches against the standard to treat within 28 days following last minute cancellations in February. This is the 7th time there have been 0 monthly breaches in the past 9 months.
  - Although last minute cancellations have been low in the past 3 months, there have been high levels of planned operations cancelled in advance. This is due to the Trust having to accommodate record levels of COVID-19 inpatients which has significantly reduced the beds available for elective activity, as well as ITU capacity. February saw the Trust's second highest ever monthly average of COVID inpatients.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in February.**
  - Performance against the referral metric was 100% and has been at this level of compliance for more than a year.
  - Although still well below the target, the % of patients asked the dementia case finding question rose to its highest level since July 2019. This followed promotion of the dementia and delirium screening tool by the dementia team through training and education events. The dementia team has also worked directly with clinical teams to support screening completion for example on Assessment Suite. Alternative screening methods within e-record are being explored, including gathering learning from other Trusts in order to further improve compliance.
  - However, last month saw the Trust's lowest ever compliance with the requirement for appropriate patients to have a dementia diagnostic assessment. This is due to some issues identified following changes to the screening tool and the dementia team and IT are working together to make some necessary adjustments.
- **The proportion of people who have depression and/or anxiety receiving psychological therapies reached its highest level for 7 months in February (1.06%) but remains below target (1.58%).**
  - Whilst referrals continue to gradually increase post-lockdown they are yet to return to pre-COVID levels.
  - Newcastle Gateshead CCG have recently announced an uplift in service funding that should enable the service to reach the required 18.9% annual access target once additional staff are in place.
- **In February performance against the IAPT 'moving to recovery' standard rose to 42.2%. This is the best performance since September 2020 but still well below the 50% target.**
- **IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 88.9% and 99.8%.**
  - Following a gradual reduction in the size of the waiting list (WL) in 2020 due to lower referral levels and waiting list validation, the WL has now started to grow again, which has lengthened overall waiting times. However, CBT waiting times have actually shortened, partly due to an external digital provider, IESO, taking on some cases.

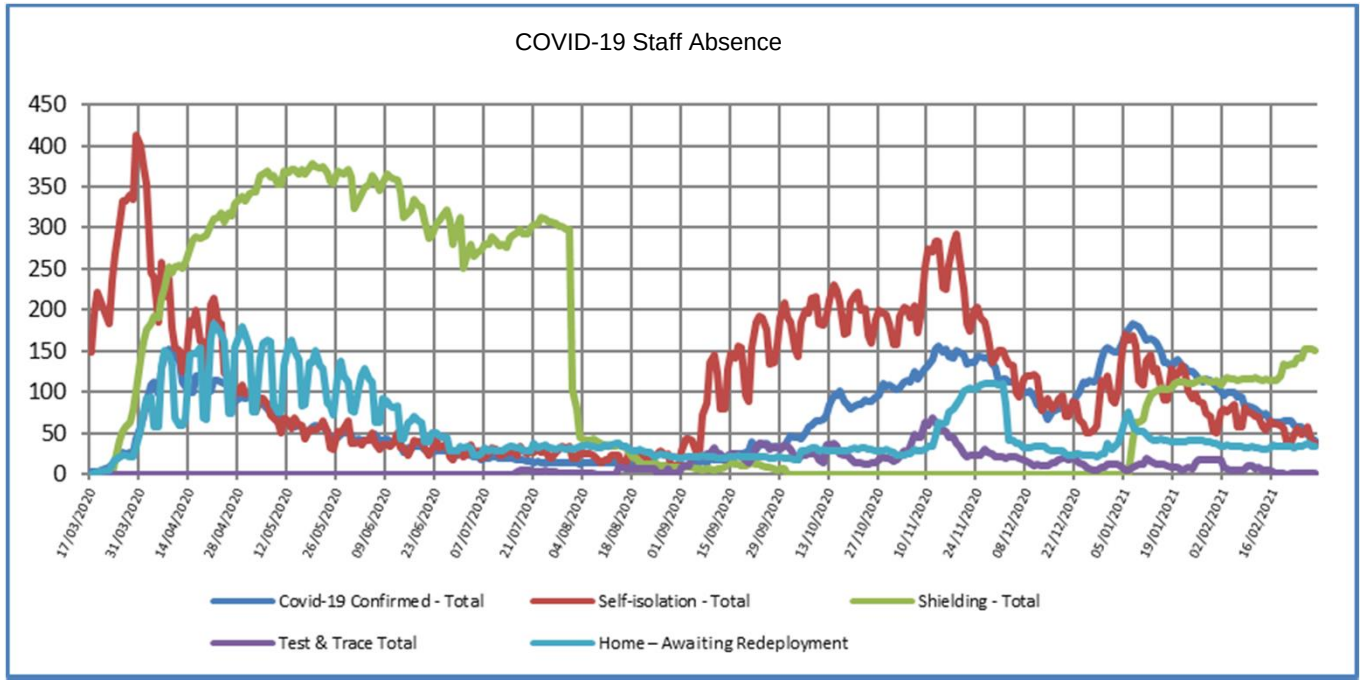
Reportable Cancelled Operations	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Last minute cancelled operations	51	70	7	15	16	45	40	34	30	30	14	19	16
Number of 28 day breaches	3	4	3	6	0	0	0	0	2	0	0	5	0
Urgent operations cancelled for a													

Standards	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
% asked the dementia case finding question within 72 hours of admission.	42%	39%	42%	37%	36%	28%	39%	38%	36%	43%	42%	47%	49%
% reported as having had a dementia diagnostic assessment including investigations.	69%	72%	67%	65%	67%	62%	71%	64%	38%	36%	26%	24%	15%
% who are referred for further diagnostic advice in line with	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

People: Flourish – 'Shaping the Best Place to Work'

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17th March 2020 and 28th February 2021. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Confirmed COVID-19 instances peaked at 183 on 7th January 2021 but by 28th February they were down to 42. It also shows the number of staff advised to shield due to being clinically extremely vulnerable.



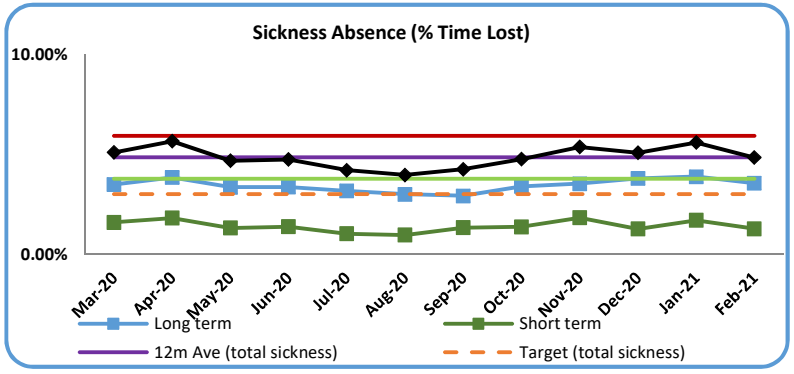
- Risk Assessments have been made available to all Trust staff – staff in 'high risk' category prioritised.

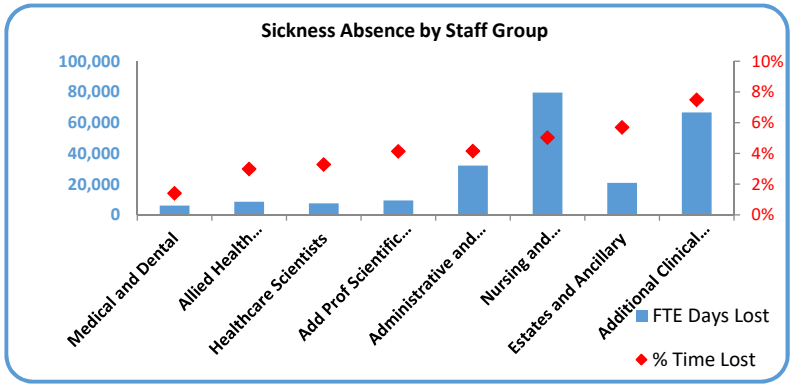
People: Flourish – 'Shaping the Best Place to Work'

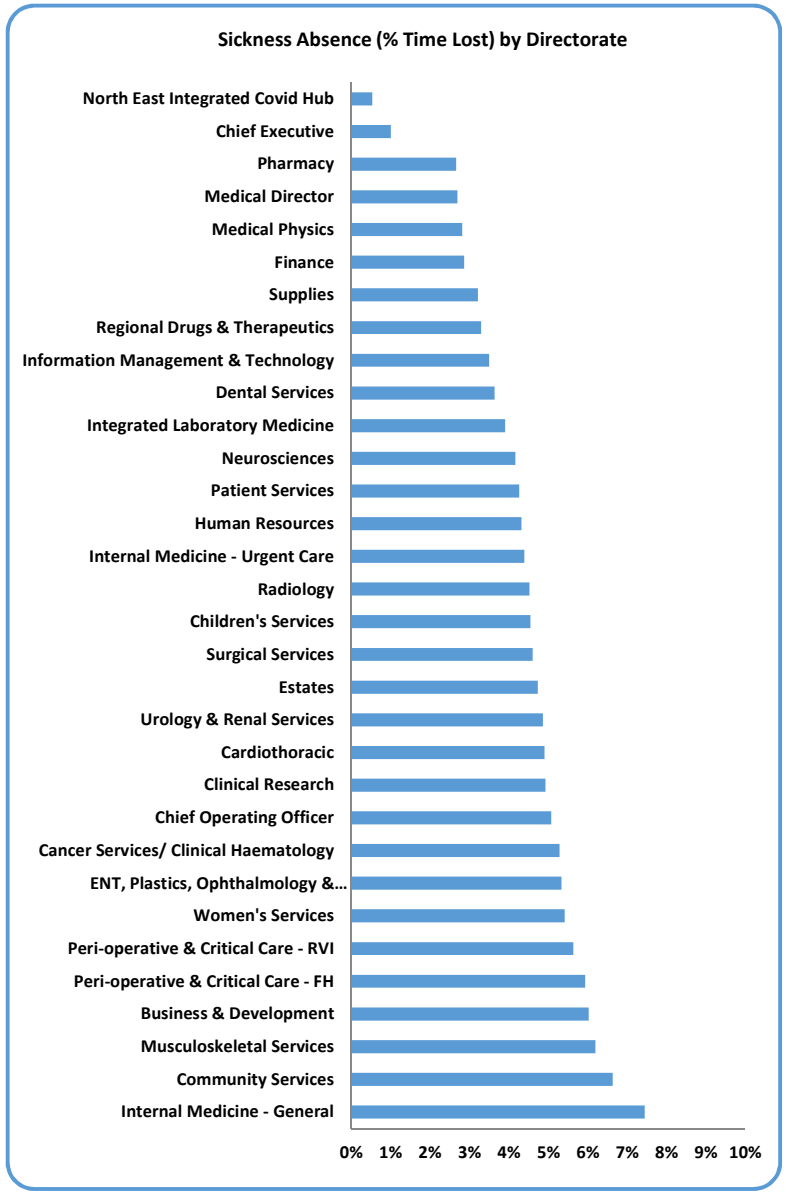
- Year to year comparison for sickness absence :

	Feb-20	Feb-21	
Long-term	3.07%	3.48%	↑
Short-term	1.23%	1.34%	↑
Total	4.29%	4.83%	↑

- 230,260 working days were lost due to sickness in the year to February 2021, compared to 198,440 for the previous year.
- Overall sickness absence is 4.83%, which is up from the end of March 2020 position of 4.48% - (% Time Lost).
- The top three reasons for sickness absence are anxiety/ stress/ depression, other musculoskeletal problems and other known causes. This is unchanged from the previous twelve month period.



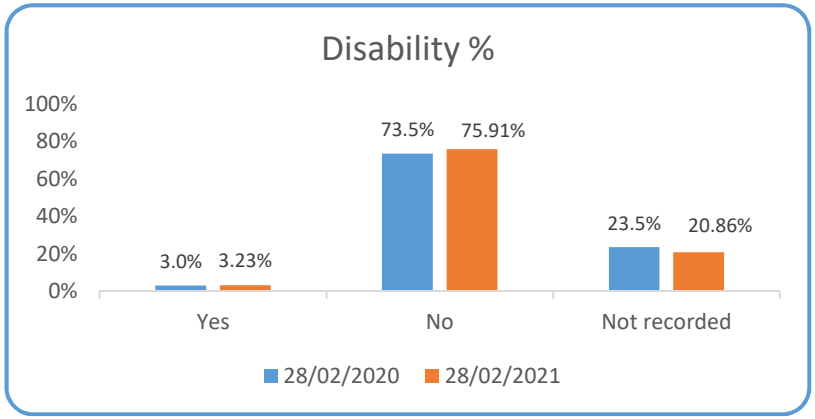


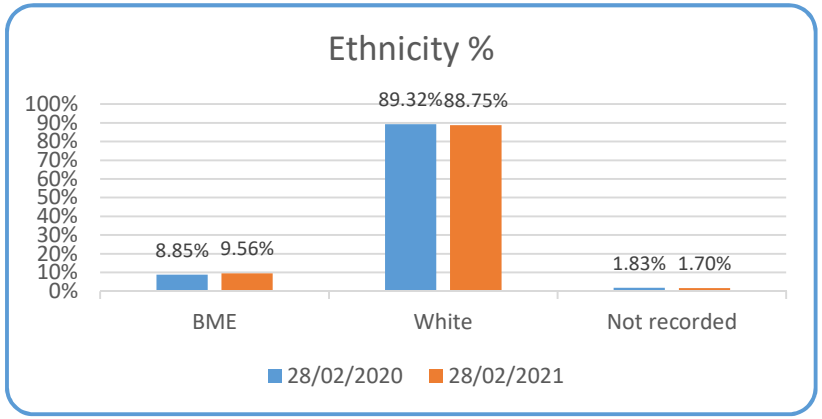


*COO Directorate includes Outpatients / ABC Service

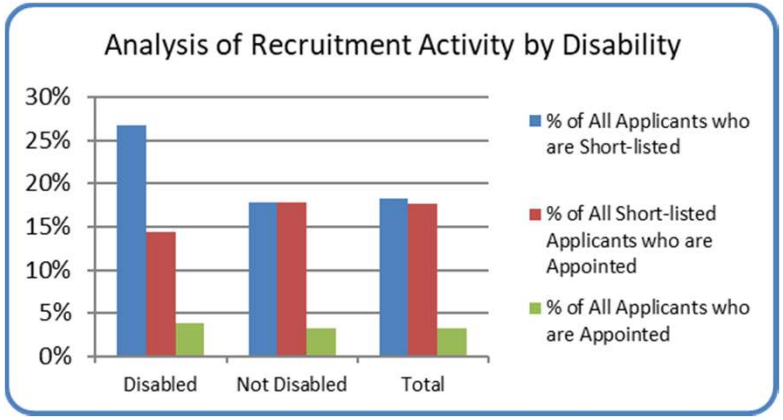
People: Flourish – 'Shaping the Best Place to Work'

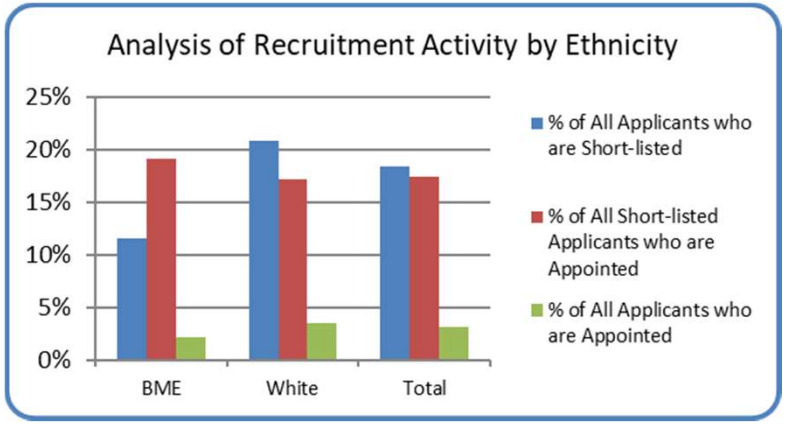
- The graphs below identify, by headcount, the percentage of staff in post in February 2020 and February 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 2.99% to 3.23% and the percentage of BAME staff has increased from 8.85% to 9.56%.





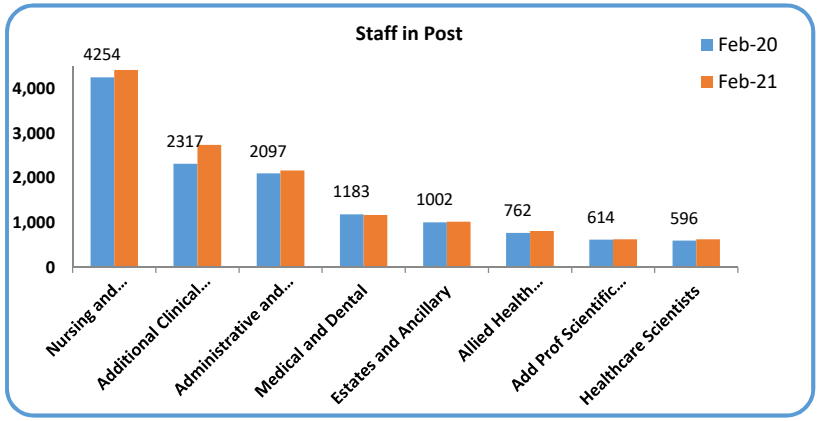
- The graphs below identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending February 2021.

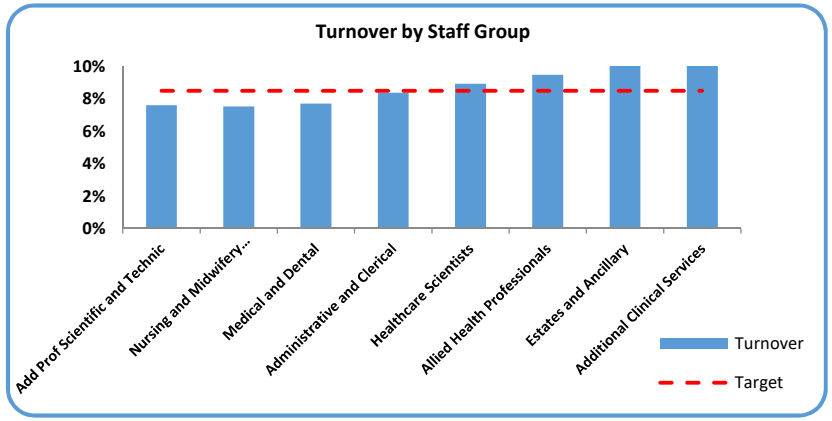


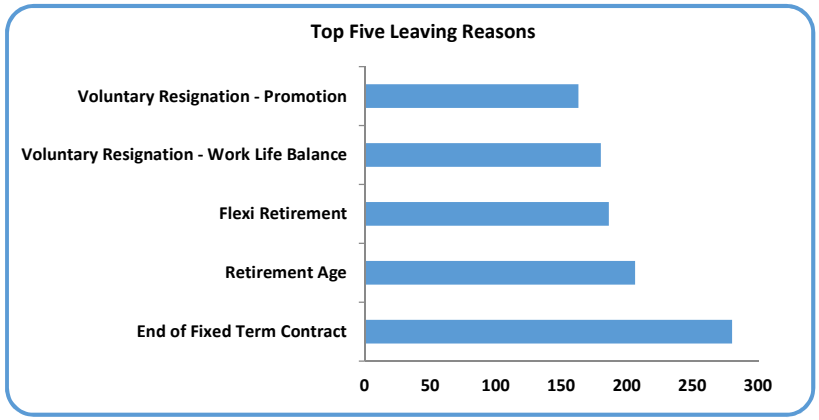


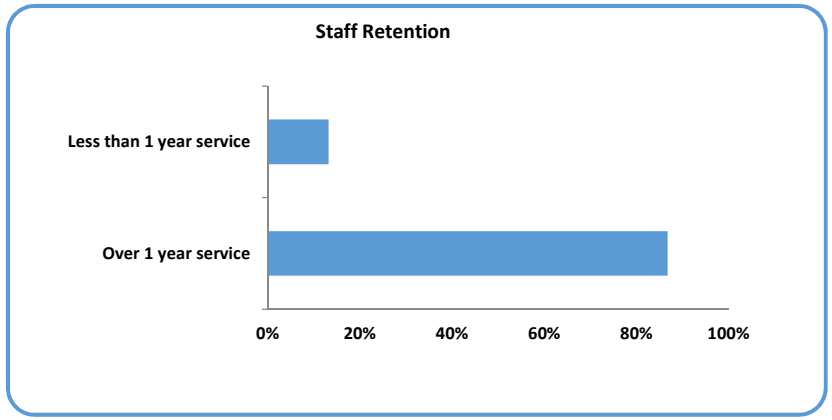
People: Flourish – 'Shaping the Best Place to Work'

- Staff in post at February 2021 is 13,563 wte (15,672 headcount) compared to 12,825 in February 2020 (14,834 headcount).
- Staff turnover has increased from 9.08% in February 2020 to 9.62% in February 2021, against a target of 8.5%.
- The total number of leavers in the period March 2020 to February 2021 was 1,591.
- Staff retention for staff over 1 year service stands at 86.8%, which is a slight decrease from 88.79% in February 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.



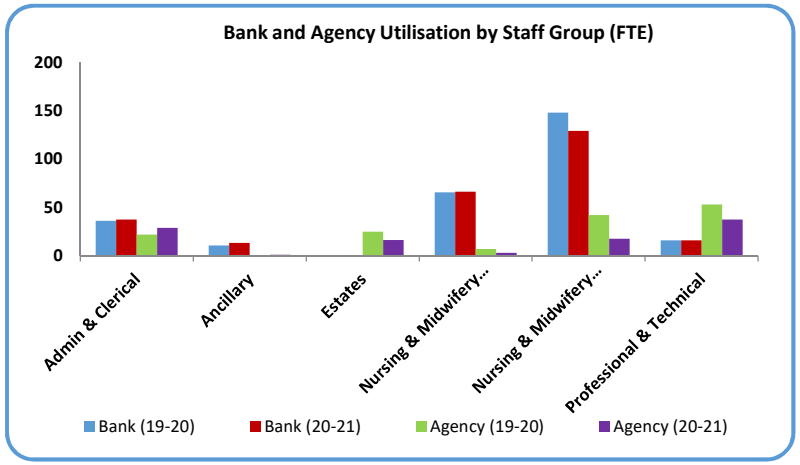


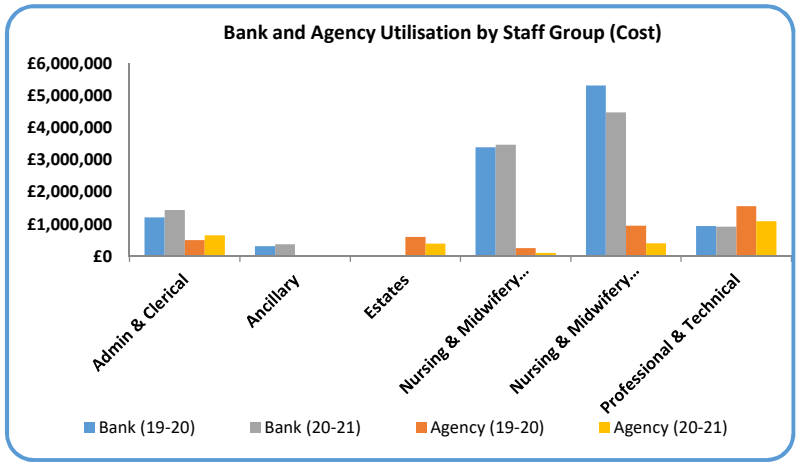


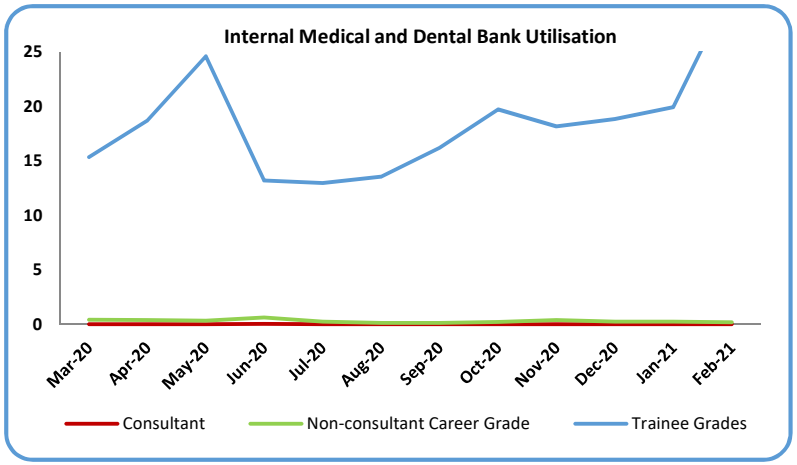


People: Flourish – 'Shaping the Best Place to Work'

- Comparing the periods March 2019 – February 2020 to March 2020 – February 2021, overall bank utilisation has decreased from 276 wte to 262 wte and agency utilisation has decreased from 149 wte to 104 wte.

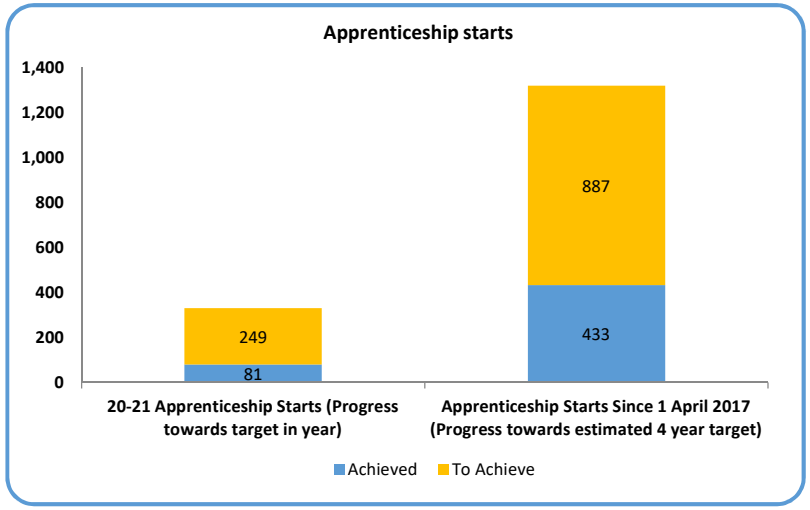


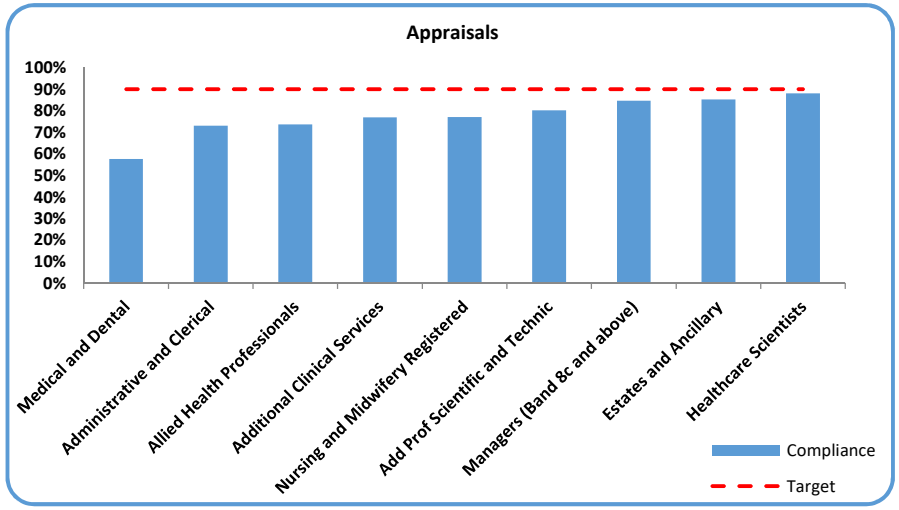


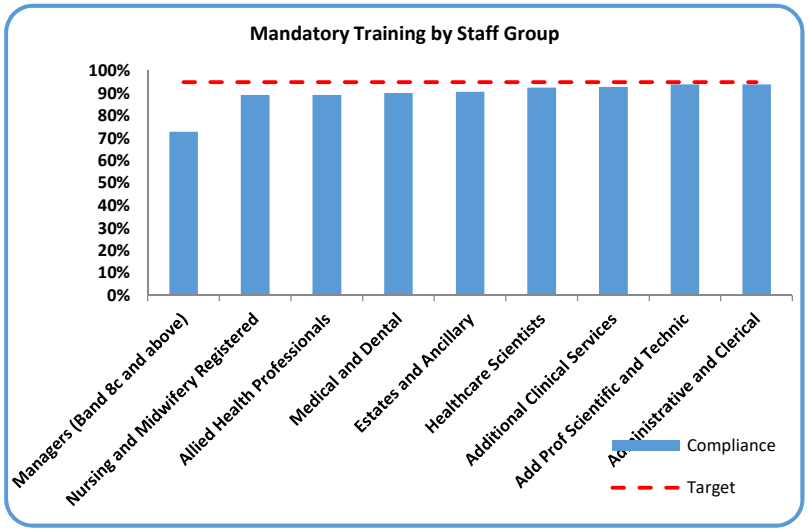


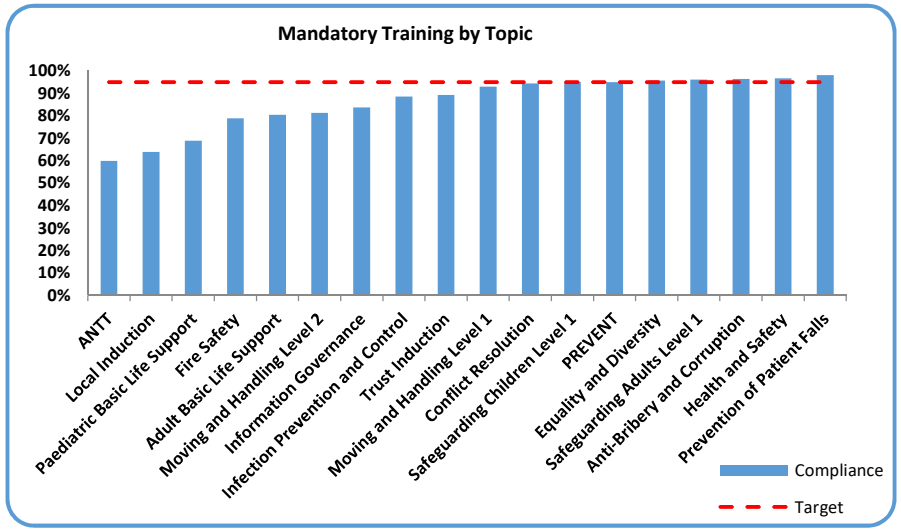
People: Delivering Excellence in Education & Training

- Appraisal compliance stands at 76.56%, at end of February 2021, against an end of year target of 95%. The February 2020 position was 79.11%. Interventions are in hand to improve this. Medical appraisals for revalidation was paused for six months during the pandemic and restarted in October 2020. 353 medical staff had 'approved missed appraisals' during this six month hiatus.
- Mandatory training compliance stands at 90.06% at end of February 2021, against a Q3 target of 90% and end of year target of 95%. The February 2020 position was 89.71%.









Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 28th February 2021.

In the period to 28th February 2021 the Trust incurred expenditure of £1,181.6 million, and accrued income of £1,181.6 million on mainstream budgets, leading to a break even position, which out of line with the Revised Plan because of additional income allocated by NHSI/E. In addition the Trust incurred further expenditure of £52.4 million on the programmes outside the block envelope (Nightingale, ICHNE, and the vaccine roll-out programme), that expenditure is exactly matched by income from NHSE and is therefore & E neutral for the Trust.

It should be noted that all financial risk ratings and use of resources metrics have been suspended for the COVID period and are not reported here.

To 28th February the Trust had spent £35.9 million capital, £6 million behind Plan.

Overall Financial Position			
	Month 11 Budget £'000	Month 11 Actual £'000	Month 11 Variance £'000
Income	1,094,503	1,181,601	87,099
Expenditure	1,120,475	1,181,601	61,126
I & E position (excl impairment)	25,972	0	(25,972)
Capital Programme	41,831	35,852	(5,979)

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust's Board on 28 January 2021: • Extraordinary Charity Committee meetings – 29 January 2021 & 26 February 2021; • People Committee – 16 February 2021; • Quality Committee – 23 February 2021; and • Finance Committee – 24 March 2021.						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☒	☒	☒	☐
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Board on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Board of Directors in January 2021.

UPDATE FROM COMMITTEE CHAIRS

1. EXTRAORDINARY CHARITY COMMITTEE MEETINGS

An extraordinary meeting of the Charity Committee took place on 29 January 2021.

The meeting was held to discuss charity governance and included a presentation from Withers Worldwide and the Centre for Charity Effectiveness. The presentation considered the role of the Trust as corporate trustee of the Newcastle Hospitals' Charity. A number of the members of the Trust's Board of Directors attended the session.

In addition, the meeting considered next steps regarding the implementation of the Charity Strategy, which was ratified during the January 2021 meeting of the Trust's Board of Directors, and received updates on a number of grant applications discussed during the Committee's December 2020 meeting.

A further extraordinary meeting of the Committee took place on 26 February 2021 to build upon the matters discussed during the January meeting. Committee members received an update on the implementation of the Charity Strategy and discussed governance arrangements as part of the Charity's ongoing strategic development.

The next meeting of the Committee is scheduled to take place on 28 May 2021.

2. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 16 February 2021. During the meeting, the main areas of discussion to note were:

- A comprehensive update on COVID-19 from a staffing perspective was received. This included information related to the Integrated COVID Hub North East, the Vaccination Programme and Asymptomatic Staff Testing. The Committee discussed the invaluable role undertaken by the Trust's volunteers in the ongoing rollout of the COVID-19 vaccination programme.
- An update on Employee Wellbeing and the preliminary outcomes from the NHS Staff survey were received.
- A comprehensive Education and Workforce Development report was received.
- The quarterly Guardian of Safe Working Hours Report was received, along with an update on the Trust's Sustainability programme. This included the initiatives individual staff members could get involved with such as 'Shine Rewards'.
- Updates relating to the Gender Pay Report, Policy Monitoring and Compliance and the Trust's Communications Strategy were received.

The next meeting of the Committee is scheduled to take place on 20 April 2021.

3. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 23 February 2021. During the meeting, the main areas of discussion to note were:

- A number of updates were received regarding ongoing Trust programmes of work including the Ockenden Report, the Newcastle Improvement Faculty, the Trust's management of the COVID-19 pandemic and the rollout of the associated Vaccination Programme.
- A presentation on the Trust's Nursing, Midwifery and Allied Health Professional (NMAHP) Research programme, delivered by Linda Tinkler, Trust Lead for NMAHP Research and Ian Joy, Associate Director of Nursing, was received by Committee members.
- Comprehensive reports from the Management Group Chairs were received, including the Research and Development Bi-Annual Report.
- Quarterly reports on Safeguarding and Learning from Deaths were received, along with an update on Infection Prevention and Control.
- The Committee reviewed the Integrated Quality and Performance Report and the Serious Incidents Report, as well as the Care Quality Commission (CQC) Action Plan Update and the proposed Quality Priorities for 2021/22.

The next meeting of the Committee is scheduled to take place on 18 May 2021.

4. FINANCE COMMITTEE

A formal meeting of the Finance Committee took place on 24 March 2021. During the meeting, the main areas of discussion to note were:

- The Month 11 Finance Report was received and discussed, which included the forecast year end income and expenditure position.
- An update on the 2021/22 financial year was received, which included the projected Financial Regime and Budget Update, the Activity/Operational Plan and the Capital Programme.
- The Month 11 Directorate Activity summary was received.

The next meeting of the Committee is scheduled to take place on 26 May 2021.

5. RECOMMENDATIONS

The Board of Directors are asked to (i) receive the update and (ii) note the contents.

Report of Fay Darville
Deputy Trust Secretary
17 March 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 March 2021						
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				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	The report includes an update on the following areas: • Council of Governors Update; • Council of Governors Elections; • Annual Report and Accounts 2020/21; • Committee Reviews and Annual Reports; • Non-Executive Director Recruitment; • Data Protection Officer Update; and • Information Governance Update.						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
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
	☒	☒	☒	☒	☐	☒	☐
Impact detail	Impacts on those highlighted at a strategic and reputational level.						
Reports previously considered by	Standing agenda item.						

CORPORATE GOVERNANCE UPDATE

EXECUTIVE SUMMARY

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

- An update on the work of the Council of Governors is provided, including the presentations at the recent Council of Governor workshop and the upcoming Council of Governors elections.
- The NHS Foundation Trust Annual Reporting Manual has been published, outlining the requirements for the content of the Annual Report and Accounts 2020/21.
- An outline plan for the completion of the Committee Reviews and Annual Reports is included in the report.
- A Data Protection Officer Update and Information Governance Update is included for information.

CORPORATE GOVERNANCE UPDATE

1. COUNCIL OF GOVERNORS UPDATE

The Council of Governors meetings continue to take place virtually with the last meeting being a private workshop held on Thursday 18 February 2021. The workshop included presentations on the following subjects:

- COVID-19 and the roll out of the Vaccination Programme;
- Trust Strategy, the impact of COVID-19 and the Integrated Care System Consultation/Government White Paper on the future of health and care;
- An update on the Trust's IT Developments; and
- The Quality Account for 2020/21.

The next formal meeting of the Council will take place on Thursday 15 April 2021. The agenda is currently being finalised.

Since the last meeting of the Board of Directors, Ms Dani Colvin Laws (Staff Governor for Admin and Clerical), Mrs Rachael Hudson (Staff Governor for Nursing and Midwifery), and Mr Ian Armstrong (Public Governor for Northumberland, Tyne and Wear excluding Newcastle) have stepped down from the Council of Governors. The thanks of the Chairman and the Board of Directors were extended to Ms Colvin Laws, Mrs Hudson and Mr Armstrong for their time as Governors.

The Deputy Trust Secretary continues to keep the Governors apprised of Trust developments via regular virtual meetings and fortnightly emails.

2. COUNCIL OF GOVERNOR ELECTIONS

Board members will be aware that traditionally, the elections to the Council of Governors take place in the early spring. In light of the Governance letter received by all Trusts from Amanda Pritchard, COO of NHS England, in the New Year, it is appropriate that the election process be delayed for a short period. A full paper explaining this will be presented to the April meeting of the Council of Governors, which will include a proposal for the current Governors, whose terms are coming to an end, to be extended until the election process has been completed.

In the interim, the procurement exercise for the election provider will be undertaken and the Corporate Governance team will consider ways in which the diversity of the Council of Governors can be improved to better represent the population the Trust serves. This will be undertaken by linking in with the Trust's Head of Equality, Diversity & Inclusion.

3. ANNUAL REPORT AND ACCOUNTS 2020/21

Board members will recall that in the last report, it was noted that the publication of the 'NHS Foundation Trust Annual Reporting Manual (FT ARM)' was awaited. Since the last meeting of the Board, the FT ARM was published on 9 February 2021. A link to the

document can be found here - https://www.england.nhs.uk/wp-content/uploads/2021/02/B0322-nhs-foundation-trusts-annual-reporting-manual-20-21.pdf

As was predicted, the reporting requirements have been streamlined in acknowledgement of Foundation Trusts' focus on the ongoing management of the COVID-19 pandemic. In summary, the changes are focussed on the following areas:

- There is no longer a requirement for the Annual Report to include a performance analysis section within the performance report. This is now optional.
- The annual report is no longer required to include a quality report. This is optional. In the 2020/21 timetable letter, the intention to replace the quality report with focussed reporting on quality priorities and performance within the performance report was noted as an ongoing future requirement.
- The staff sickness disclosure in the staff report can be replaced with a link to where the information will be available online.
- The model Annual Governance Statement has been updated to reflect the change in the preparation of quality reports.

The FT ARM also includes a number of new requirements which include:

- The provision of information relating to equality of service delivery to different groups within the performance report;
- The inclusion of information relating to diversity and inclusion policies, initiatives and longer term organisational ambitions within the staff report; and
- The requirement to disclose incidents relating to information governance in the Annual Governance Statement to reflect the Data Security Incident Reporting Tool.

Annual Report and Account contributors across the Trust have been contacted by the Deputy Trust Secretary, with the deadline for receipt of content by the end of April. This will allow for the Annual Report and Accounts to be consolidated and checked in advance of review by the Trust's External Auditors prior to review and sign off by the Audit Committee, Finance Committee and Board of Directors in early June.

4. COMMITTEE REVIEWS AND ANNUAL REPORTS

To ensure that the Trust's Committee structure remains fit for purpose, the Corporate Governance Team will be reviewing the Committee Terms of Reference (ToR) and collating the Annual Reports of each Committee in the coming months. These will consider the work of each Committee during the year, ensuring that Committee activity has remained consistent with their ToR, taking into account the impact of the COVID-19 pandemic.

Such reviews will include attendance monitors, an appraisal of Committee membership and a review of the ToR and Schedules of Business.

Each Committee will receive their Annual Report and associated documents for consideration during April to June, with the Board receiving the reports at the July meeting.

5. NON-EXECUTIVE DIRECTOR RECRUITMENT

Board members will be aware that Mr David Stout, Non-Executive Director (NED) and Deputy Chair, will be stepping down from the Trust's Board of Directors in July 2021 after nine years of service and as such, a NED vacancy will arise.

The Trust's Nominations Committee are responsible for leading the NED recruitment process on behalf of the Council of Governors. A key aim for the Committee during this recruitment exercise is to improve the diversity of the Board of Directors, with a particular focus on improving ethnic minority group representation.

The services of a recruitment firm are currently being procured, with the view to completing the recruitment exercise in early June 2021. It is anticipated that a recommendation for appointment will be made to the Council of Governors at their meeting on 17 June 2021.

A further update on the progress of the recruitment exercise will be provided at the next meeting of the Board of Directors.

6. DATA PROTECTION OFFICER (DPO) UPDATE

A key focus of work for the Data Protection Officer since the previous Board meeting has been around COVID data for use in research, establishing the legal basis for Track and Trace and Home testing. There is currently a Control of Patient Information (COPI) notice in place for use of personal data for COVID purposes. This allows for the use of identifiable data without consent but is time limited. The Trust has to prepare to review all data sets at the end of that notice period so that data can be retrieved or the legal basis agreed for further use. Currently, the COPI notice expires on 30 September 2021 but this is likely to be extended.

The Integrated COVID Hub North East (ICHNE) work program has also seen an additional DPO requirement which has included the mapping of data flows from Public Health England and the Department of Health and Social Care into the Trust and extended to laboratories, research facilities and local authorities for future planning.

The Freedom of Information team has seen a continued increase in the number of requests, with the majority referring to the Trust's management of COVID-19. The Freedom of Information Team has now a standard response referring the requestor to the NHS website.

The National Data Guardian completed the review into the current Caldicott principles and made a number of recommendations. These are currently out for consultation with Information Governance Leads and Caldicott Guardians across the country, but is expected to be agreed without change. Within the Trust, we have commenced a review of Caldicott processes, specifically with regard to local audit which will see a reduction in the number of applications being processed.

7. INFORMATION GOVERNANCE (IG) UPDATE

7.1 Data Security and Protection Toolkit (DSPT)

Version 3 of the DSPT was published in January 2021, which included an increased number of mandatory requirements.

A recent audit has been undertaken on the Trust's latest DSPT position by Newcastle Hospitals' internal auditors (AuditOne). Initial feedback has identified some areas where further action is required in relation to historic software and system support in order to complete the remaining assertions and standards within the toolkit. The final report is awaited.

The Trust submitted the baseline DSPT assessment on 28 February 2021 and work continues to complete the remaining toolkit requirements prior to the deadline for submission on 30 June 2021.

A number of elements within the DPST relate to Cyber/Data Security, and the IG Team have been working closely with the IM&T Directorate on these areas, alongside the Cyber Essentials Plus certification requirements.

7.2 North Cumbria Oncology

The IG Team at Newcastle Hospitals has been working closely with colleagues at North Cumbria Integrated Care NHS Foundation Trust to complete the required Data Privacy Impact Assessments, Memorandum of Understanding and Data Transfer Agreements as part of the provision of a Northern Centre for Cancer Care in North Cumbria.

8. RECOMMENDATIONS

The Board of Directors are asked to (i) receive the update and note the contents.

Fay Darville
Deputy Trust Secretary
18 March 2021

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