

Public Board of Directors


Thu 29 July 2021, 13:00 - 15:30

MS Teams

Agenda

13:00 - 13:00 **1. Public Board of Directors Agenda**

0 min

 A0 BoD Public Agenda - 29 July 2021.pdf (3 pages)

13:00 - 13:25 **2. Business Items**

25 min

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 27 May 2021 and Matters arising

Attached *Chairman*

 A1(ii) Public Trust Board of Directors Meeting Minutes 27 MAY 21 DRAFT.pdf (17 pages)

2.1.3. Meeting Action Log

Verbal *Chairman*

2.2. Chairman's Report

Attached *Chairman*

 A2 Chairman Report July 21.pdf (5 pages)

2.3. Chief Executive's Report , including an overview of:

Attached *CEO*

- The Trust's response to the Coronavirus pandemic; and
- The approach to recovery for patients and staff.

 A3 CEO Board report July 2021.pdf (10 pages)

13:25 - 14:15 **3. Patients**

50 min

3.1. Digital People Storey


Attached *ECN*

 A4 Digital story - 29 July 21.pdf (3 pages)

3.2. Director Reports:



3.2.1. Medical Director/Deputy CEO, including:

Attached & BRP MD/DCEO

- a) Consultant Appointments
- b) Quarterly Guardian of Safe Working Report
-  A5(i) Medical Director Report Jul 21.pdf (7 pages)




3.2.2. Executive Chief Nurse, including:

Attached & BRP ECN

- a) Ockenden Update Report
-  A5(ii) Executive Chief Nurse Update 29 July 2021.pdf (11 pages)
-  A5(ii)a The Ockenden Report 29 July 2021.pdf (16 pages)


3.2.3. Director of Quality & Effectiveness, including:

Attached & BRP DQE & BRP

- a) Health & Safety Annual Report 2020/21
- b) Maternity CNST Report
- c) Learning from Deaths Q1
-  A5(iii)a Health and Safety Annual Report 2020-2021 Trust Board July 21.pdf (21 pages)
-  A5(iii)b CNST Maternity Safety Action 6 KJ.pdf (4 pages)
-  A5(iii)c Learning from Deaths July 2021.pdf (13 pages)

3.2.4. Director of Infection Prevention and Control

Attached & BRP DIPC

-  A5(iv) Healthcare Associated Infections - DIPC Report - 29 July 2021.pdf (11 pages)

14:15 - 14:35 4. People 20 min

4.1. People Report, including:

Attached HRD

-  A6 2021 07 29 People Report FINAL AW KJ.pdf (9 pages)

4.1.1. Trade Union Facility Time Annual

Attached HRD

-  A6(i) Trade Union Facility Time Report - Board Update.pdf (5 pages)

14:35 - 15:00 5. Performance 25 min

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


Attached DQE, COO, HRD & FD

-  A7 Integrated Board Report July 2021 inc cover sheet.pdf (37 pages)

15:00 - 15:25 6. Governance 25 min

6.1. NIHR CRN NENC Annual Report 2020/21

Attached & BRP MD

-  A8 CRN NENC Annual Report to Trust Board 2021.pdf (6 pages)

6.2. Update from Committee Chairs


Attached *Chairs*

 A9 Update from Committee Chairs JULY 21.pdf (7 pages)

6.3. Corporate Governance Update; including:

Attached & BRP *TS*

Trust Board Committee Annual Reports and Terms of Reference Review
Modern Slavery Declaration

 A10 Corporate Governance Report.pdf (7 pages)

15:25 - 15:25
0 min

7. Date of Next Meeting

Thursday 30 September 2021 via MS Teams

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 29 July 2021 – MS Teams
Start time 1pm

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 27 May 2021 and Matters Arising; and iii) Meeting Action Log.	Chairman	Verbal Attached Verbal	13:00pm – 13:05pm	4
A2	Chairman's Report	Chairman	Attached	13:05pm – 13:15pm	21
A3	Chief Executive's Report, including an overview of: <ul style="list-style-type: none"> • The Trust's response to the Coronavirus pandemic; and • The approach to recovery for patients and staff. 	CEO	Attached	13:15pm – 13:25pm	26
Patients					
A4	Digital People Story	ECN	Attached	13:25pm – 13:35pm	36
A5	Director Reports: i) Medical Director/Deputy CEO, including: a) Consultant Appointments; and b) Quarterly Guardian of Safe Working Report (Q1). ii) Executive Chief Nurse, including: a) Ockenden Update Report	MD/DCEO ECN	Attached & BRP Attached & BRP	13:35pm – 13:45pm 13:45pm – 13:55pm	39 46 57

Item		Lead	Paper	Time	Page
	iii) Director of Quality & Effectiveness, including: a) Health & Safety Annual Report 2020/21 b) Maternity CNST Report c) Learning from Deaths Q1	DQE	Attached & BRP	13:55pm – 14:05pm	73 94 98
	iv) Director of Infection Prevention and Control	DIPC	Attached & BRP	14:05pm – 14:15pm	111
<i>Break -14:15pm – 14:25pm</i>					
People					
A6	People Report, including: i) Trade Union Facility Time Annual Report	HRD	Attached	14:25pm – 14:35pm	122 131
Performance					
A7	Integrated Board Report - Quality, Performance, People & Finance	DQE, COO, HRD & FD	Attached	14:35pm – 15:00pm	136
Governance					
A8	NIHR CRN NENC Annual Report 2020/21 <i>[FOR APPROVAL]</i>	MD	Attached & BRP	15:00pm – 15:05pm	173
A9	Update from Committee Chairs	Chairs	Attached	15:05pm – 15:15pm	179
A10	Corporate Governance Update; including: i) Trust Board Committee Annual Reports and Terms of Reference Review; and ii) Modern Slavery Declaration.	TS	Attached & BRP	15:15pm – 15:25pm	186
Date of Next Meeting: Thursday 30 September 2021 via MS Teams					

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

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PUBLIC TRUST BOARD OF DIRECTORS MEETING

DRAFT MINUTES FOR THE MEETING HELD ON 27 MAY 2021

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

Mrs C Docking, Assistant Chief Executive
 Mrs A O'Brien, Director of Quality and Effectiveness (DQE)
 Mr G King, Chief Information Officer
 Mrs D Fawcett, Director of Human Resources
 Mr R Smith, Director of Estates
 Dr L Pareja-Cebrian, Director of Infection Prevention Control (DIPC) (for agenda item A6 iv only)
 Professor J Isaacs, Associate Medical Director for Research (for agenda item A4 only)
 Mrs K Jupp, Trust Secretary
 Mrs F Darville, Deputy Trust Secretary [*Minutes*]
 Mr L Atkinson, Principal Advisor

Observers:

Mrs V Hammond, Lead Governor
 Mrs M Elliott, Public Governor
 Ms E Nichol, Corporate Governance Administrator

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

21/23 BUSINESS ITEMS

i) Standing Items:

a. Apologies for Absence and Declarations of Interest

Apologies were received from Dame Jackie Daniel, Chief Executive, and Mrs Pat Ritchie, Associate Non-Executive Director (NED).

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 noted.

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

b. Minutes of the meeting held on 25 March 2021 and Matters Arising

The minutes of the meeting were agreed, subject to two amendments to correctly reference the Trust's placement in the Top 100 hospitals worldwide (page 6) and to note that the pension pot totalled £1m, not £1,073 (page 9).

It was resolved: to **accept** the minutes of the meeting as a correct record, subject to the minor corrections noted.

c. Meeting Action Log

The action log position was received, with the outstanding action completed.

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

ii) Chairman's Report

The Chairman presented the report, noting the following salient points:

- The Non-Executive Directors joined the Chairman on virtual visits to both the Echocardiography Service and Community Services. The visits highlighted the ways in which the Trust had adapted to the demands of the pandemic, noting the accelerated pace of digital advancements.
- A series of Board Committee Review Meetings were undertaken to discuss the role of each committee within the Trust's corporate governance structure.
- The Chairman and Mr Morgan, Non-Executive Director, visited the Northern Centre for Cancer Care (NCCC) at North Cumbria and met with teams involved in the building's commissioning.

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

iii) Chief Executives Report, including overview of:

- **ICHNE & Vaccine Hub latest position**
- **Operational activity and recovery programme**
- **Regional collaboration and networking activities**

The Medical Director/Deputy Chief Executive, deputising for the Chief Executive, presented the report and noted the following key points:

- The continuing success of the Trust's vaccine roll-out was noted, with over 80% uptake reported in cohorts 1-9. These figures were amongst the best in the country.
- The Trust's recovery programme remained an area of significant priority, with the organisation remaining cognisant that patient treatment continued to experience delays as a result of the pandemic. Plans to remedy this in a safe and sustainable way were in place with the target to achieve 85% of 2019/20 activity levels by July 2021.
- The Trust, as an anchor organisation for the region, remained committed to delivering sustainable services, with plans for a new hospital wing, provisionally named the 'Richardson Wing', outlined. This extension would allow the Trust to provide the facilities required by its patients on a long term basis and included an expansion to the Intensive Care Unit (ICU), as well as an extended Maternity Unit. The pandemic had brought the Trust's need for an increased ICU provision into sharp focus.
- Regarding finances, the report outlined that the Trust continued to adjust to the revised financial regime, noting the move away from a Payment by Results (PbR) system.
- An update on Newcastle Improvement, the Trust's Quality Improvement faculty created in collaboration with The Institute for Healthcare Improvement (IHI), was provided which demonstrated the organisation's commitment to maintaining and improving quality.
- Staff wellbeing and recovery following the demands of the pandemic remained an area of distinct focus within the organisation, with the Medical Director/Deputy Chief Executive commending all Trust staff for their continuing resilience and positivity. The Trust was cognisant that some staff would require additional support and was keen to continue to create an environment in which staff could flourish. This was currently being considered in relation to availability of food, rest areas, car parking, and flexible working.
- The creation of the NCCC at North Cumbria was echoed by the Medical Director/Deputy Chief Executive, noting that it paved the way for increased collaboration with other providers in the region and solidified the Trust's position as anchor organisation.
- The Medical Director/Deputy Chief Executive outlined the ways in which the Chief Executive continued to raise the Trust's profile nationally.

It was resolved: to receive the report.

21/24 PATIENTS

i) Research Strategy

Professor John Isaacs, Associate Medical Director for Research, presented the Research Strategy for endorsement by the Board of Directors for adoption throughout the Trust. The following key points were outlined:

- The city of Newcastle had a good research reputation, with the value of research recognised within the organisation. However further work was required to fully embed research across the organisation.
- Two significant appointments had been made to drive the research strategy in Steven Wright, Clinical Director, and Hannah Powell, Research Operations Manager.
- The role of research was prominent in the Trust strategic objectives in the 'Pioneer' element of the strategic framework.
- The Government published its first white paper on research, mentioning the work undertaken here in Newcastle. There has been an increase in the public interest in research due to COVID-19.
- The aim to be a world leading research centre had many elements including ensuring better outcomes for patients, improving staff experience, improving population health, and increasing the organisation's reputation which would translate into investment opportunities and collaborations.
- The creation of Newcastle Health Innovation Partnership (NHIP) indicted the Trust into an elite group of Academic Health Science Centres (AHSC) across the country.

The Associate Medical Director for Research explained that if endorsed, there would be 25 goals to achieve over the next five years, designed around the Trust's strategic framework and would be measured by Key Performance Indicators (KPIs).

A number of highlights from the strategy document were outlined, including:

- The Trust's response to COVID-19 in relation to research was outlined, including its role as a major contributor to the AstraZeneca vaccine trials.
- Over 10,000 Trust patients had participated in research across hundreds of research studies.
- The collective vision was outlined, being the most integrated AHSC with its core partners including Newcastle University and Newcastle City Council.
- Previous achievements were outlined, including involvement in legislative changes to prevent inheritance of mitochondrial disease, the licensing of a drug to be used to treat ovarian cancer, and the work undertaken to improve the diagnosis and management of Lewy body dementia.
- The goals related to the 5 Ps were outlined and included:
 - *Patients* – All patients to be aware of the value of research and to be routinely asked to take part in research studies.
 - *People* – All staff to understand the benefits of research, even if not actively participating themselves, and have leaders facilitate a research-positive culture.
 - *Partnerships* – Be a strong and valued partner in the NHIP and develop strong links with industry partners, both nationally and internationally.
 - *Pioneers* – Continue to be recognised nationally and internationally as a centre of research and innovation excellence and lead in high profile trials.
 - *Performance* – Achieve accreditation from the Medicine and Healthcare products Regulatory Agency (MHRA).

The Associate Medical Director for Research reiterated the role of Trust leaders communicating the importance of research and noted the benefit of having dedicated

research space to undertake research. Other areas of support were highlighted as an area for future consideration in relation to finance and digitisation.

Professor D Burn congratulated the Associate Medical Director for Research for the production of the strategy and commended the work of the team required in its completion. Noting the list of KPIs and goals, he queried how success would be benchmarked on the proposed performance dashboard. The Associate Medical Director for Research advised that a baseline was being ascertained, with many more smaller incremental goals and KPIs included to monitor progress.

Professor D Burn also queried whether a review of research arrangements would be undertaken to better streamline research activity between the Trust, Newcastle University and other organisations. The Associate Medical Director for Research advised that a review would be undertaken, noting the importance of the Joint Research Office (JRO) in the facilitation of research.

Professor McCourt echoed Professor D Burn's comments and queried the plans for distribution of the strategy and how this would be embedded throughout the organisation. The Associate Medical Director for Research noted that Research Ambassadors were in place across the Trust and further consideration was required to identify more opportunities to discuss research with staff and patients.

Ms Jill Baker, NED, noted the impact of health inequalities on the health of the population served by the Trust, with the Associate Medical Director for Research noting the strategic focus on deprivation and tackling inequalities.

The Executive Chief Nurse (ECN) noted the role of the Nursing, Midwifery, and Allied Health Professional (NMAHP) Research Programme, highlighting the need to ensure that research opportunities extended to non-medical staff.

The Medical Director/Deputy Chief Executive noted the strategy demonstrated the benefit of increased collaboration between partner organisations, such as Newcastle University.

It was resolved: to (i) **receive** the report and (ii) **endorse** the enclosed strategy for clinical research.

[The Associate Medical Director for Research left the meeting at 13:19pm]

ii) Digital People Stories

The ECN presented the Digital People Story from Francesca who detailed her late father's experience of being admitted to the Freeman Hospital during the COVID-19 pandemic. The ECN outlined the importance of highlighting stories from patients and their families where there were lessons to be learnt and noted the Trust's commitment to ensuring visiting could continue to be facilitated where patients were at the end of their lives.

The Chairman advised that during the private session of the meeting, the Board of Directors viewed a further patient story from Keith Yeomans, who had been transferred to the Trust for care from Birmingham in early 2021.

The thanks of the Board of Directors was extended to the individuals for sharing their stories.

It was resolved: to receive the Digital People Story.

iii) Director Reports:

a. Medical Director/Deputy CEO, including:

- **Consultant & Honorary Consultant Appointments**
- **Quarterly Guardian of Safe Working Report & Annual Report**

The Medical Director/Deputy Chief Executive presented the report, noting the following key points:

- Quality and Patient Safety remained the organisation's paramount priority, noting the potential impact on quality due to the current restrictions in the NHS financial climate.
- The Institute for Healthcare Improvement (IHI) visited the Trust for their foundation visit, which included interviews with senior medical staff and the wider leadership team within the organisation.
- The full report following the IHI visit would be made available in early June however initial observations were highlighted which included high levels of staff pride, 'designed in' quality including wellbeing and sustainability, and exceptional elements, including Infection Prevention and Control and the Allied Health Professional Programme.
- IHI considered areas of potential tension, including quality in a constrained financial regime, and the ability to recover performance and remove treatment backlogs.
- The next stage of the process was outlined, which included 20 teams undertaking initial Quality Improvement training and project progression.
- The reform of the Trust's Serious Incident Process was outlined, to align with the incoming Patient Safety Incident Response Framework 2020. This was likely to be in place in 2022. The Medical Director/Deputy Chief Executive outlined the work undertaken to date to make the process more proportionate.
- In relation to COVID-19, at the time of writing the report, there were two COVID positive inpatients, with no such patients on ICU or the High Dependency Unit. Today, there were four COVID patients in the Trust, with one patient on ICU. There had been no patient deaths in the last two weeks. The cohort of patients impacted by this variant appeared to be younger and less likely to require hospitalisation. Prevalence within the community was estimated to be circa 40/100k. The impact of relaxing of restrictions was likely to impact this further.
- A Cancer update was provided, noting the impact of an increased number of referrals and patients presenting later as a result of not accessing care during the pandemic.

The Medical Director/Deputy Chief Executive noted the documents contained within the Board Reference Pack:

- Consultant and Honorary Consultant Appointments; and
- Guardian of Safe Working Quarter 4 and Annual Report.

The Medical Director/Deputy Chief Executive highlighted that the Annual Report highlighted some areas of persistent concern regarding rota gaps and these were being filled by locum cover where possible.

It was resolved: to (i) **receive** the report and (ii) **note** the inclusion of the Board Reference Pack documents.

b. Executive Chief Nurse:

The ECN presented the report, with the following salient points to note:

- Ian Joy, Associate Director of Nursing, was to be appointed as Deputy Chief Nurse from July 2021 to replace Liz Harris who was retiring.
- Professor Annette Hand had been appointed as Clinical Chair in Nursing, a joint appointment between the Trust and Northumbria University. The Chair role was the first of its kind in the UK.
- The report focussed a spotlight on the role of Facilities across the organisation and the breadth of roles undertaken by the department and the impact they had across the Trust. The challenges of the pandemic on the team were outlined, particularly the catering team who had faced additional challenges in managing sites at ICHNE and the Vaccination Centres.
- An update on the work of Portering and Security and Hotel Services was providing, acknowledging the roles played in creating a safe environment.
- The impact of the pandemic on Critical Care staff, who had been central to the Trust's pandemic response was outlined. This resulted in the allocation of funding to support staff through training and health and wellbeing initiatives. Two additional Clinical Educators and a Senior Nurse for Practice Development had been appointed to support this work, with learning to be shared across the organisation.
- The Quarter Four Patient Experience report was outlined, noting the work undertaken to enable virtual visiting during the pandemic and the maintenance of some in person visiting for patients with specific needs or at end of life.
- The Trust had been involved in a research project led by Imperial College using the free text boxes within Friends and Family Tests, with a view to providing real time reporting and allowing the Trust to be more responsive.
- An update on the North Cumbria Oncology Centre was provided, noting that circa 90 staff transferred to the Trust under TUPE arrangements.
- An increase in Safeguarding activity was outlined in the Quarter 4 report, with a 17% increase in overall activity from the previous year. Areas of focus, being Domestic Abuse and compliance with training, were outlined.

Ms Baker queried the compliance in Safeguarding training and highlighted the 78% figure quoted. The ECN advised that there was a challenge in increasing compliance in Children's Safeguarding Training, given the complexity of the Level 3 requirements.

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

- **Ockenden Update report**

The ECN presented the report, noting that following the publication of the Ockenden Report in December 2020, the Trust's Quality Committee held an extraordinary meeting in early January 2021 to discuss the requirements and the potential impacts for the organisation.

The Trust had submitted the required self-assessment and the ECN advised that the self-assessment had been returned, with some minor amendments. The Directorate had reviewed the feedback and no significant concerns were identified.

Progress around actions required were outlined within section 3 of the report. Within the 'Enhanced Safety' Immediate and Essential Action, the ECN advised that the Serious Incidents reporting would be addressed through inclusion in the Integrated Board Report going forward.

The ECN advised that national funding to assist Trusts in meeting the requirements had been made available and the Trust had submitted a bid of circa £1.8m, with news anticipated imminently if this had been successful.

The wider implications of the Trust's role as a tertiary centre were outlined, with the Local Maternity System Chair requesting a meeting with the Trust's Chief Executive in her role as Chair of the Provider Collaborative.

Further updates would be provided to the Board going forward.

It was resolved: to receive the report.

- **Nursing & Midwifery Staffing biannual review report**

The ECN presented the report, noting that:

- The nurse staffing review process was completed for all inpatient wards with budgets agreed for the 2021/22 financial year. The report highlighted areas where work was required across Adult and Paediatric wards however it was noted that nursing establishments remained broadly fit for purpose.
- The report also outlined the BirthRate Plus review undertaken in Maternity Services which demonstrated a shortfall in the required Registered Midwifery workforce equating to 18 whole time equivalent staff members. This preceded the bid to the Ockenden Review funding process.
- Occasions where 1:1 care of labouring women could not be facilitated were outlined. The six occasions reported were associated with significant peaks in clinical activity rather than staffing pressures. There were no associated adverse incidents.
- The Band 5 vacancy rate was 5.2%.
- International recruitment continued, with nurses recruited from India, however it was acknowledged that there was no agreed deployment date as yet due to the pandemic.
- Actions proposed included the development of the community evidence based staffing tool.

It was resolved: to receive the report.

c. Director of Quality & Effectiveness, including:

- **Learning from Deaths Quarterly Report**

The Director of Quality and Effectiveness (DQE) presented the report, noting that it provided ongoing assurance to the Board of Directors that the Trust continued to have robust processes in place to review, and learn from, in hospital deaths.

The following key points were noted within the report:

- From April 2020 to March 2021, there were 1,860 patient deaths within Newcastle Hospitals which was 57 lower than in the previous year. This was as a result of reduced bed occupancy and a reduction in activity as a result of the pandemic. Of those, 1,315 patient deaths were subject to a level 2 mortality review.
- During quarter 4, 315 patients received a level 2 mortality review. Reviews were undertaken by a multidisciplinary team.
- Two patient deaths were assessed as HOGAN 5, indicating that there was strong evidence to suggest that the death was preventable. One patient was transferred from another provider following complications in theatre and the other patient died unexpectedly in theatre. A Serious Incident investigation was currently underway.
- In quarter 4, 15 patients died with Learning Disabilities. All but three LEDER reviews had been completed.
- The Trust's crude mortality rate was outlined since April 2019, with two peaks identified in April 2020 and January 2021 coinciding with the peaks of the pandemic.

It was resolved: to receive the report.

- **Maternity CNST Report**

The DQE presented the report, noting that achievement of the standards resulted in the recovery of a proportion of the insurance premium cost. It was noted that the scheme had been paused temporarily due to COVID-19 but had relaunched in October 2020 with compliance expected against the requirements of the relaunched scheme published in early 2021 by the 15 July 2021 deadline.

The DQE outlined the rigorous internal processes in place and provided assurance that the Trust was on track to meet the requirements by the deadline. The Board of Directors approved the content of the self-assessment.

It was resolved: to note the contents of the report and (ii) **approve** the content of the self-assessment to date.

- **Quality Account**

The DQE presented the report, noting that the Quality Account had been produced and offered both a review of the Trust's quality priorities over the previous 12-months, as well as identifying the priorities for the coming year. It was advised that much of the content was prescribed by Department of Health and Social Care (DHSC) and NHSE/I.

The Quality Account outlined the achievements made in year and demonstrated the strong level of commitment of Trust staff to quality of care despite the pandemic. Third parties were invited to comment and provide statements on the Trust Quality Account which were included verbatim.

The DQE highlighted key priorities for the year ahead, including a renewed focus on quality improvement, a continued drive to reduce harm, digital optimisation and development of an adult and children's mental health strategy.

Professor McCourt extended the thanks of the Quality Committee to those involved in the creation of the Quality Account, noting the expertise required in the collation of the document.

It was resolved: to **note** the progress against the 2020/21 quality priorities and (ii) **agree** the content of the Quality Account for publication.

d. Director of Infection Prevention and Control

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

- Regarding COVID-19, the Trust continued to follow the definitions set out by the DHSC on outbreaks and contact. The Trust continued to comprehensively screen patients on admission.
- In advance of the proposed easing of restrictions on 21 June 2021, it was anticipated that the COVID-19 prevention measures currently in place around the Trust, including mask wearing and social distancing, would remain. The ongoing safety of Trust patients and staff remained a priority. PCR testing continued to be offered for symptomatic staff and staff were encouraged to undertake regular lateral flow testing.
- Circa 87% of staff had received vaccinations through the Trust staff vaccination programme, with the number likely to be higher due to vaccinations being received in other settings. In addition, circa 1,400 vaccinations had been delivered to high risk patients.
- Regarding the COVID variants currently in circulation, the DIPC advised that mutations of such viruses were common, particularly those in the coronavirus group due to its structure. At the time of writing the report, there were four variants of concern and seven variants under investigation. Evidence demonstrated that the vaccinations were effective against the Delta variant (B1612) and would help prevent mortality.

Regarding other Healthcare Associated Infections (HCAIs), the following updates were provided:

- There had been 0 instances of MRSA bacteraemia since April 2020.
- An increase in MSSA bacteraemia within the Trust was observed, mirroring the national picture. The Trust was currently exceeding its internal 10% reduction trajectory. The DIPC advised that this was in part due to a greater percentage of patients requiring critical care as a result of the pandemic and noted that IV devices remained the primary source.
- Regarding Gram Negative Bacteraemias, the Trust's internal 10% reduction target was missed by 1 case. At the end of April 2021, the Trust had 18 attributed cases. The DIPC also noted changes to the reporting of cases. A steering group had been implemented to manage and oversee.

- Updates on Sepsis, the ‘Deteriorating Patient’ alerts, and Anti-Microbial Stewardship were provided, with the DIPC noting that the results of the point prevalence work would be reported at the next meeting of the Board.

Mr Morgan queried whether there had been any instances of patients admitted to the Trust with COVID-19 who had received two doses of the vaccine. The DIPC noted the circa two week period required to develop immunity and advised that the vaccine status of patients was being recorded. She advised that to date, there had been no severe cases where the patient had been two-weeks post full vaccination.

Regarding the percentage take up of vaccinations amongst staff, Mr MacLeod queried whether 87% presented any cause for concern and questioned whether any further actions were being taken to improve the position. The DIPC advised there had been little in the way of hesitancy amongst staff and noted that the figures reflect staff vaccinated within the Trust, however some staff such as junior doctors may have been vaccinated prior to joining the Trust.

The ECN added that the figures were available by clinical area, with assurance provided on the breakdown. The Trust had considered the use of an app, much like the one utilised for the flu vaccination programme, to capture where staff had received their vaccination.

The Chairman queried the Trust position on offering the vaccine to pregnant staff to which the DIPC advised that all pregnant staff had been offered the vaccine.

Mr Morgan queried how the Trust was considering ‘air flow’ and ventilation across the organisation to which the DIPC advised that the Trust has had a Ventilation Safety Group for a number of years. The Group had reviewed the position at the onset of the pandemic, identifying any gaps or changes required prior to the pandemic escalating.

It was resolved: to receive the report.

21/25 PEOPLE

i) People Report

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

- The main focus remained on the support of staff through the pandemic and beyond, and ensuring that the health and wellbeing offer provided to staff was maintained and remained fit for purpose. The offer was shaped around a number of distinct areas, underpinned by Flourish at Newcastle, our organisational development framework.
- A key element of the offer was recognising, acknowledging and thanking staff for their work during the pandemic, highlighting the need for staff to recuperate through encouraging the taking of leave to support rest and recovery.
- Gratitude was expressed to all involved in providing wellbeing services to staff, including local support from the Trust Occupational Health Service and the Chaplaincy service.

- The Trust was cognisant of the need to provide a broad range of resources for staff, in acknowledgement that different support needs would be required. The Workforce Group continued to meet and had recently met to discuss staff wellbeing.
- The Trust continued to develop its Flourish programme and ensure it was aligned to the national wellbeing agenda, a key component of which included wellbeing conversations with staff.
- The Leadership Congress held in June focused on 'Flourish at Newcastle Hospitals', providing time for leaders to discuss what makes a 'good day' at work and what is important to them. The Trust is actively exploring options to embed frequent engagement and 'pulse check' surveys.
- Professor McCourt, NED, had been appointed as NED Wellbeing Guardian for the Trust.
- Equality, Diversity, and Inclusion Week took place in mid-May and included a programme of events developed in partnership with the Trust's Staff networks. Two video resources were developed, including one on 'microaggressions' and a short film on the Trust's equality journey to date. Links to the videos were included in the report.
- A Development Programme for staff with disabilities and/or long term health conditions was launched with positive feedback received from the first cohort of staff involved.
- The Improvement Academy had launched, in collaboration with the IHI and would be linked to the Trust's Flourish programme to embed quality improvement practice.
- A comprehensive update on Education and Training was included within the report, which provided further information on apprenticeship activity and referred to the ongoing challenges in sourcing appropriate teaching space. A task and finish group had been established to review the position.
- The Annual Deans Quality Meeting was held early in the month with very positive feedback received. The final report is awaited.
- An update on the use of Robotic Process Automation (RPA), introduced in the Trust in early 2020, was provided, noting that this had resulted in improved data quality and user experience.
- An update on the System Leadership Programme, as part of Collaborative Newcastle, was provided, as well as the 'Widening Participation' workstream to the NHIP.
- Draft recommendations from the national NHS review of HR and OD were published this week, with the second 'Big Conversation' currently taking place until 6 June 2021. Staff were encouraged to participate.
- A joint letter was issued to the Prime Minister from a variety of organisations such as NHS Confederation, NHS Providers, and a number of the Royal Colleges requesting urgent action be taken to address the undersupply of NHS staff. Further developments in relation to NHS pay were anticipated.

The Director of HR acknowledged that the whilst the organisation was focussed on activity recovery, the Trust was cognisant of the need to continue to support staff at this time. Of the referrals made to Occupational Health from staff, around one third currently related to staff mental health, with the complexities of the pandemic, such as isolation and bereavement, being a significant contributor.

Mr Morgan queried whether there had been a noticeable increase in the resignation rate in clinical staff as a result of the pandemic. The Director of HR advised that this remained under review however currently there were no specific areas/staff groups showing as an outlier in relation to resignation rates. She explained that included in staff turnover were those who had come to the end of short term contracts. In relation to burnout, it was advised that staff were seeking help from the Trust and others were further encouraged to access resources available to them across the organisation.

Regarding recruitment, Mr Morgan queried whether specific categories of roles with significant vacancy rates had been identified and how these were being managed. The Director of HR noted that this remained under review and highlighted that the inability to recruit internationally had impacted Trust recruitment during the pandemic and as a result of Brexit.

Further, Mr Morgan queried whether a shortfall in doctors would be created as a result of constraints on numbers of medical students in university. The Director of HR advised on the current caps in numbers and noted that there were discussions taking place nationally with Health Education England on the potential for additional places.

Professor McCourt noted her involvement in the Annual Deans Quality Meeting, noting the positive feedback and commended Trust staff involved, including Ian Joy, Associate Director of Nursing, and Ifti Haq, Associate Medical Director for Medical Education.

It was resolved: to receive the report.

21/26 PERFORMANCE

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

The Integrated Board Report was received, with the following additional points to note:

- *Quality* – The DQE noted that many of the points within the report had been discussed throughout the meeting however highlighted that the report now contained an additional set of metrics for Maternity Services. These included the minimum data sets as outlined within the Ockenden Report, perinatal deaths, early neonatal deaths, and maternal deaths. Future reports would contain benchmarking data which would compare the Trust against other similar size organisations with similar patient cohorts.
- *Performance* – The COO noted that the Trust had entered a different phase of the pandemic, and would be focussing on recovery of activity, particularly for patients that had been waiting longer for treatment.

Elective activity referral levels had continued to increase. The need to ensure that activity was recovered in safe and sustainable way, for both staff and patients, was noted.

In relation to emergency care, the COO advised that activity had started to exceed pre-COVID levels. This was compounded by a change in patient acuity, with some patients having delayed accessing care due to pandemic concerns.

- *People* – The Director of HR presented the People element of the report and noted the inclusion of staff turnover data by staff group.
- *Finance* – The Finance Director noted that the report contained data for Month 1 of 2021/22 financial year. She explained that NHSE had issued a new finance regime to operate to 30th September, using the term H1 to mean the first half of 2021/22. At present the finance regime for the second half of the year remained unknown.

The expenditure in Month 1 totalled circa £112m which was matched by income. As detailed within the report, the Trust incurred further expenditure on programmes outside the block envelope such as the Vaccination Programme and ICHNE.

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

21/27 GOVERNANCE

i) NIHR CRN NENC Annual Business Plan & Annual Financial Plan 2021/22

The Medical Director/Deputy Chief Executive presented the National Institute for Health Research (NIHR) Clinical Research Network (CRN) for the North East and North Cumbria (NENC) Annual Business Plan and Financial Plan for the 2021/22 financial year.

The Board of Directors **approved** the Annual Business Plan and Financial Plan.

It was resolved to: **approve** the NIHR CRN NENC Annual Business Plan and Financial Plan for 2021/22.

ii) Update from Committee Chairs

The report was presented with following key points to note:

- *Charity Committee* – Ms Baker, Chair of the Committee, advised that she and Teri Bayliss, Newcastle Charity Director, provided a well-received presentation to the Council of Governors Quality of Patient Experience Working Group. The current focus for the Charity was the recruitment of staff to assist with the delivery of the Charity Strategy and to determine the Charity's governance structures. The inaugural meeting of the Charity Governance Working Group had been scheduled to consider the next steps regarding Charity governance.
- *People Committee* – Mr Jowett, Chair of the Committee, noted the breadth of the Committee's agenda and noted that work continued to ensure that items on the agenda

were given sufficient time for a robust discussion to take place. As such, the Committee's areas of focus were being considered and assessed to review priorities.

- *Audit Committee* – Mr Stout, Chair of the Committee, noted that the Committee continued to work well and noted the current priority was overseeing the finalisation, approval and submission of the Annual Report and Accounts for 2020/21.
- *Quality Committee* – Professor McCourt, Chair of the Committee, noted that the Committee had resumed a bi-monthly meeting schedule following a period of quarterly meetings. The decision had been welcomed by both NED members, as well as clinical colleagues on the Committee, to allow the Committee sufficient time to focus on 'deep dives' into specific quality matters.
- *Finance Committee* – Mr Morgan, Chair of the Committee, noted that the Committee continued to receive assurance on the Trust's financial performance in relation to the evolving financial landscape of the wider NHS.

It was resolved: to receive the report.

iii) **Corporate Governance Update, including:**

a) **Quarterly NHSI declarations**

The Trust Secretary presented the report, with the following key points noted:

- An update on the 2021 round of the Council of Governors elections was received, outlining the delay in the process as a result of the pandemic. As such it had been agreed that Governors whose terms of office would end in 2021 would be extended by circa three months until the election process had been completed. Additionally, for newly elected Governors, a slightly shortened term of office of two years and nine months would be in place to realign this to the standard election timetable going forward.
- The Annual Report and Accounts for 2020/21 had been collated and submitted to the Trust's external auditors Mazars LLP for review. Gratitude was expressed to Fay Darville, Deputy Trust Secretary for the collation of the Annual Report content.
- The quarterly NHS Improvement Self-Certifications, included within the Board Reference Pack, were approved by the Board of Directors.

It was resolved: to (i) **receive** the report and (ii) **note** the approval of the quarterly NHS Improvement Self-Certifications.

DATE AND TIME OF NEXT MEETINGS

An extraordinary private meeting of the Trust's Board of Directors would take place on Thursday 10 June 2021 via MS Teams to approve the Annual Report and Accounts 2020/21.

A private Board Development session was scheduled for Thursday 24 June 2021 via MS Teams.

The next public Board of Directors meeting would take place on Thursday 29 July 2021 via MS Teams.

The meeting closed at 15:09pm.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 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		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board meeting, including:</p> <ul style="list-style-type: none"> • Feedback from the recent Spotlight on Services virtual meeting regarding Collaborative Newcastle; • The appointment of a new Trust Non-Executive Director following the interviews conducted on 14 June 2021; • An update on the virtual Council of Governors meeting held on 17 June 2021; • Commencement of the Annual Appraisal process for Non-Executive Directors; and • Participation in the Plexus 2 Leadership Insight Session. 						
Recommendation	The Board are asked to note the contents of the report.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

EXECUTIVE SUMMARY

The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board meeting, including:

- Feedback from the recent spotlight on services virtual meeting regarding Collaborative Newcastle.
- The appointment of Ms Steph Edusei as a Trust Non-Executive Director following the interviews conducted on 14 June 2021.
- Details of the Virtual Council of Governors Meeting held on 17 June 2021.
- An Extraordinary Meeting of the Board of Directors was held on 10 June 2021 to consider the Trust's Annual Report and Accounts prior to submission to NHS Improvement.
- Participation in the Plexus 2 Leadership Insight Session for aspiring Chief Executives.
- Commencement of the Chair and Non-Executive Director Annual Appraisal process.
- An overview of recent Chairs Meetings with:
 - The Regional Foundation Trust Chairs;
 - The Integrated Care Partnerships Chairs; and
 - NHS Providers.

CHAIRMAN'S REPORT

The month of June was dominated by the process to appoint a new Non-Executive Director to replace Mr David Stout, Deputy Chair, who leaves the Trust at the end of July after 9 years in post. Our efforts to strengthen the Board in terms of system transformation and diversity and inclusion attracted a strong field of applicants.

The Council of Governors met virtually on 17 June 2021 and approved the appointment of Ms Steph Edusei as a Non-Executive Director of the Trust.

Ms Edusei is currently Chief Executive of St Oswalds Hospice and has over 18 years' experience working within the NHS, in a variety of roles and organisations covering both provider and commissioning, as well as expertise from working within an ambulance service and as CEO of Healthwatch Newcastle and Healthwatch Gateshead.

In the coming weeks Steph will go through a detailed induction process and join the rest of the Non-Executive Director team in providing effective governance as our Trust progresses through the Recovery Programme.

The Council of Governors meeting was well attended and presentations were given by:

- Dr Vicky McFarlane-Reid, Executive Director for Enterprise and Business Development who gave an update on the Final Activity Plan and Trust Recovery Programme; and
- Captain Reverend Katie Watson who gave a very moving account of how the Chaplaincy have supported staff and patients throughout the pandemic.

The Council of Governors also approved the appointment of Professor Kath McCourt, Non-Executive Director, as the Trust's Deputy Chair following a recommendation made to the Nominations Committee on 3 June 2021. Professor McCourt will take over as Deputy Chair from Mr Stout on 1 August 2021.

In June 2021, as part of our Spotlight on Services, a virtual meeting was held with Mr Martin Wilson, Chief Operating Officer to discuss Collaborative Newcastle. Impressive integration of care across the city is being achieved. Examples include a Command Centre addressing the deployment of the full range of community based professionals and weekly calls with matrons of 43 care homes. Collaborative Newcastle is one of four "places" within the footprint of the North Integrated Care Partnership (ICP), each mapping to one of the four local authorities. The new Health and Care Bill has clarified the role of ICPs; the number of ICPs across the footprint of the North East and North Cumbria remains to be finalised.

Throughout June and July, I have continued to work closely with fellow Chairs attending both our Integrated Care Partnership and Regional Foundation Trust Chairs meetings together with national briefings by NHS Providers with a focus on the system reorganisation.

A productive Board Development Session was held in June 2021 which included discussions on:

- The Newcastle Hospitals Recovery Programme;

Agenda Item A2

- Innovation, Commercial and Digital Strategy; and
- A System update – including Provider Collaborative, Collaborative Newcastle and financial architecture.

I agreed to be a panellist on the recent Plexus Session for aspiring Chief Executives on behalf of Dame Jackie. The Session is run by Common Purpose, a not-for-profit organisation founded in 1989 that develops leaders who can cross boundaries. The group are brought together in bi-monthly sessions to help build them as a network, but also to inform and inspire them to lead real change in the North East.

I have maintained my role as a mentor in the NHS Clinical Entrepreneur Programme. NHS England decided to outsource the programme. The winning bid was from Anglia Ruskin University which I supported. I attended the launch meeting of the new programme and will facilitate engagement with our Enterprise and Business Development Directorate.

My annual appraisal was undertaken by Mr Jonathan Jowett, the Senior Independent Director (SID) in late May and the annual appraisal process for the Non-Executive Directors (NEDs) has commenced.

RECOMMENDATION

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

Report of Professor Sir John Burn

Chairman

19 July 2021

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TRUST BOARD

Date of meeting	29 July 2021						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • An update on the Trust's response to the Coronavirus pandemic; • The approach to recovery for patients and staff; • Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements. 						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

CHIEF EXECUTIVE'S REPORT

EXECUTIVE SUMMARY

The content of this report outlines a summary of Chief Executive activity and key areas of focus since the previous Board meeting, including:

- Pressure on our services and our response to this;
- Our Integrated Covid Hub North East (ICHNE) and the strengthening relationship with Public Health England (PHE) and the UK Health Security Agency (UKHSA);
- The progress of work with Collaborative Newcastle and the Integrated Care System (ICS);
- Networking and influencing activity including the continued work with the Civic Universities Network, and promoting the life sciences and research;
- As the first healthcare organisation in the world to declare a climate emergency, our work to develop shared leadership across the region; and
- Recognition of key awards and achievements of staff.

CHIEF EXECUTIVE'S REPORT

1. CHIEF EXECUTIVE OFFICER (CEO) OVERVIEW AND SUMMARY

While we hoped the summer may have been a time of some respite from the pressures of the last 18 months, the last couple of months have been challenging for everyone across the NHS. High levels of demand for non-elective care have combined with a resurgence in Covid cases, bringing further pressures both in terms of acute cases and increased staff absence.

All of our services have been exceptionally busy, whether that be with caring for patients who come to us acutely unwell or tackling the backlog of elective activity so patients don't wait any longer than necessary. Foremost in my mind is that we need to keep saying thank you to all staff for their continued flexibility, hard work and determination to do the best for our patients and to provide as much immediate support for them as we can so they get a much needed summer break.

Secondly, I am clear that as NHS reform proceeds, we owe it to staff and patients to shape the NHS of the future to be one that learns from the lessons of the pandemic and the past. That means an NHS that really embeds collaborative working and reduces barriers to sharing, as well as an NHS that grows and supports the workforce we need to provide sustainable healthcare. By the time you read this report there will likely be a new NHS Chief Executive announced – I will work with whoever they are, and with national and regional partners, to try and ensure the NHS of the future is sustainable, with capacity able to meet the demands of the future.

Operational activity and Covid-19 response

Operational pressures begin at the front door, and in June we saw 21% more Type 1 Accident & Emergency (A&E) attendances than the same month in 2019. Colleagues in primary care, mental health and elsewhere in the NHS also report they have been extremely busy with emergency demand above anything they have previously experienced, and this is putting significant pressure on the whole health and care system.

Increasing incidence of Covid-19 in the community have further added to pressures, with the rate of positive cases across the Newcastle population being among the highest in the country. Thankfully the success of the vaccination programme has made a difference to the severity of infections that we are seeing, with hospital admissions escalating less quickly than in previous waves, but it's striking that we still have people with severe Covid-19 illness in our intensive care units.

With increasing rates of community infection as society opens up more widely, many staff have been contacted through the NHS Covid-19 app or by NHS Test & Trace to advise that they may have been in contact with someone who has tested positive for Covid-19. This has created significant absences and therefore pressures on all of our teams across the organisation.

The combination of high emergency demand and staff absences has had a significant impact on the Trust's operations, with the closure of some beds and the cancellation of some elective activity. The recovery of our elective activity until this Covid-19 wave had been

progressing well, with steady increases in activity carried out each week to be above the levels we planned to achieve, with the most urgent and longest-waiting patients being treated first. It is a source of frustration to all of us that that such progress is now stalling because of the knock-on impact of increases in Covid-19 rates, and I have been making this point to national leaders as part of my regular conversations with them.

Integrated Covid Hub North East (ICHNE)

As community Covid-19 incidence has increased, the capability of ICHNE has been further called upon, with increased testing volumes through the Lighthouse Lab and continued work with Public Health colleagues through the Coordination and Response Centre (CRC).

As well as working with Public Health England (PHE) on current operational needs, the newly formed UK Health Security Agency (UKHSA) is also beginning to consider the design and plan the UK's future capability to prevent and respond to external health threats. Their remit includes providing intellectual, scientific and operational leadership at national and local level, as well as on the global stage – combining PHE's health protection operations and Test and Trace. As such, a strong relationship between UKHSA and the NHS will be crucial, so I was pleased to be asked by NHS Providers to take part in a roundtable event with the new UKHSA Chair, Ian Peters, and Chief Executive, Dr Jenny Harries.

Following this roundtable event, we hosted Dr Harries and other senior colleagues at a visit to ICHNE's Lighthouse Lab, the CRC and our specialist Innovation Lab. Dr Harries also took part in discussions with regional and local public health leaders and discussed our integrated approach. I know she was impressed by the excellent working partnership that has brought together NHS, university and industry expertise to tackle the pandemic and that together is developing new approaches to virus testing, contact tracing and analysis. We look forward to working with the UKHSA team in the coming months and years and hope to secure the capability ICHNE has brought to the region on an ongoing basis, to play a future key role in securing and improving public health.

Collaborative Newcastle and the Integrated Care System

In early July we held a workshop of the Joint Executive Group that oversees the health and care work of Collaborative Newcastle. We reviewed progress against the four current priorities which are Covid response, collaborative service transformation, championing communities and co-ordination for personalisation. There has been so much excellent work done, and we also discussed the opportunities which may be available to us to maximise the impact of existing work regionally and nationally. We will also look to respond together to changes in national policy that we hope will come, such as the long awaited plan to reform social care.

It is increasingly clear that collaborative working at place will be a key part of the approach taken by the Integrated Care System (ICS), and further discussions have taken place in the last couple of months about the design of our North East & North Cumbria (NENC) ICS which is due to come into existence from next April. Following publication of the government's Health Bill and ICS design guidance from NHS England, NHS Chairs and Chief Executives as well as local authority leaders and Chief Executives have been liaising with Sir Liam Donaldson, the Chair of the our ICS, as he leads the ICS design and formation process. We are hopeful that initiatives such as Collaborative Newcastle will be delegated decision-rights

from the ICS about how money on health services is spent in Newcastle, and in the coming months we will be doing further work to explore what is needed to make this a reality.

At this point I would also like to take the opportunity to pay tribute to Pat Ritchie, Chief Executive of Newcastle City Council, who recently announced she will be retiring from that role in the Autumn. Pat has been instrumental in building the collaborative relationship and shared vision that is now in place between key organisations in Newcastle. We will continue to work with Pat's successor and the Council to build on this strong foundation and take forward the agreed work programme of Collaborative Newcastle. I know Pat will be able to offer continued valuable input in whatever roles she undertakes in the future.

2. NETWORKING ACTIVITIES

In the last two months I have continued a busy programme of meeting colleagues within and outside the organisation to maximise our collective understanding, reach and influence.

It is always a highlight to spend time with our frontline leaders and at Trust Management Group (TMG) in June we discussed together our plans for recovery and how Flourish and Newcastle Improvement would act as key enablers for our future work. I was also pleased to attend our Medical Director's Clinical Policy Group and to discuss Trust, ICS and national strategy with our medical leaders.

Supporting and developing our workforce remains the number one long-term issue facing the NHS in my view. Both the Regional People Board, which I chair, and the National People Board (NPB) have met since our last Board meeting and considered a range of issues especially how we maximise the resilience of our current workforce given the current challenges and impending winter. At both meetings equality, diversity and inclusion (EDI) challenges have also been prominent. At a time when Euro 2020 has further raised the awareness of the racism in our society, we must intensify our work to make the NHS truly anti-racist, and to listen to the experiences and leadership of Black, Asian and Minority Ethnic staff.

At a time of leadership change throughout the NHS, I spent some time meeting with the NHS Confederation's new Chief Executive Matthew Taylor, who brings a wealth of experience having worked across government and public policy. His new organisation's conference ran virtually this year from 15 – 17 June and I was pleased to speak at a couple of sessions.

Firstly, I spoke about the work the Civic University Network has been doing, which builds on our experience of partnership working with our universities as detailed in my CEO update in May. Looking at the establishment of new forms of collaboration and values based on place-based leadership, I shared my perspective with the wide audience of health professionals on how this could support local communities in the future.

At the second session I joined Lord Victor Adebawale and other guests to discuss '*The NHS White Paper: what could possibly go wrong?*' and I used this session to reinforce my view that the new NHS arrangements must be built around place-based leadership and agile collaboration between providers, such as we are developing through the North East & North

Cumbria NHS Provider Collaborative. In my view, the pandemic has fundamentally changed the world we operate in. There is a risk that the introduction of ICSs are seen by some as a chance to return to top-down command and control, where Foundation Trusts such as ours have limited scope to develop and invest in services and staff – in my view this would be a fundamental mistake.

It is clear that promotion of life sciences and research will also be a key characteristic of the new health environment that is taking shape, with the government publishing an ambitious new life sciences vision. As a member of the Office for Strategic Coordination of Health Research (OSCHR) I attended the steering meeting held in June. Discussions included sourcing participants from diverse backgrounds to take part in future research, embedding research into new structures following public health reforms, clinical academic training and how we can use life sciences to help drive economic growth.

Key to taking the life sciences agenda forward locally is our Academic Health Science Centre, Newcastle Health Innovation Partners (NHIP), and we had a double event in June: our strategy board meeting, followed by a public ambition event. At the strategy board, we discussed the structure of the board and how we align our work to support NHIP's programmes. We reviewed progress made in quarter one of this year and reviewed the operating plan up to 2025. The public ambition event not only celebrated a year since the inception of NHIP and the progress made in that time, but also asked for participants' help to shape future plans. I was asked to speak on the integrated health care system, how NHIP's partners have responded to the challenges brought on through the pandemic, what lessons had been learned and what could be taken forward through our academic health science centre to support the improvement in the health of our population.

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

- With all Shelford Group CEOs to talk through refreshing the Shelford strategy to further strengthen relationships with the national team and influence the national agenda. The new Shelford strategy will be launched in the autumn, around the time of the Shelford Annual General Meeting in October.
- Discussions with Amanda Pritchard, Chief Operating Officer of NHS England / Improvement. Amanda provided a summary of current national agenda, operational reality in the context of Covid-19, emergency, elective and regulatory pressures, governance arrangements for ICS and Provider Collaboratives, how best to shape the national agenda for specialised services as well as how she could support the Shelford Group's strategy development work.

I met with other members of the NHS Assembly earlier this month and discussed how the recovery from the pandemic can tackle inequalities and transform services. There is clear consensus that we need to gather and use quality data in order to proactively tackle health inequalities, and I am pleased we are taking this forward through Collaborative Newcastle's new 'duplication to personalisation' project that is being supported by the Newcastle Hospitals Charity. It was Sir Simon Stevens's final NHS Assembly before he stands down as

Chief Executive of NHS England, and he reflected on the opportunity we have to embed the learning from the pandemic and the transformation this has spurred.

On a similar theme, I was asked by the Health Service Journal (HSJ) to take part in a roundtable event for their top ranked NHS Chief Executives to reflect on the lessons from the pandemic and the future NHS. It was a fantastic and personal conversation in which colleagues shared how the pandemic has changed their perspective on leadership. We were asked whether this was another '1948 moment' for the NHS and I reflected that this was certainly a watershed moment and opportunity to reset, but that we also needed to think wider than just the NHS and consider what wider initiatives were needed to improve wellbeing, for example action to reduce the 45% of children in parts of Newcastle who grow up in poverty.

Another pressing national and international issue the NHS needs to be actively engaged with is the climate emergency. The focus on this crisis, so prominent in the G7 discussions, will continue to grow especially as the UK government prepares to host the COP Climate Change summit later this year. I was delighted to sponsor an ICS workshop on its sustainability strategy which was facilitated by Terra Infirma. The event was well timed as it came a few days after the announcement from NHS Chief Sustainability Officer Nick Watts that ICSs and Trusts would be required to have a net zero plan in place by April 2022. Our Trust is a national exemplar for our sustainability work, and we want to develop shared leadership across the region so the North East and North Cumbria can be the leading ICS on this important issue.

3. AWARDS AND ACHIEVEMENTS

Despite the current challenges facing our organisation, 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.

- NHS 73 - On 5 July - the NHS's 73rd anniversary - five of our clinicians took part in a special service of commemoration and thanksgiving at St Paul's Cathedral. They include Dr Matthias Schmid and Dr Ashley Price who were part of the team who treated the UK's first confirmed Covid-19 patients; Dr Lucia Pareja-Cebrian our Director of Infection Prevention and Control; Dr Victoria Miller, Consultant Clinical Psychologist; and Maria Wafer, Staff Nurse, who helped to establish our long-Covid clinics.

Each of them also shared their reflections on the pandemic and I know that they appreciated the opportunity to represent all of us at this wonderful service.

- Big Tea - On the anniversary 13,000 colleagues from over 500 departments also took part in the Big Tea across the Royal Victoria Infirmary (RVI), Freeman Hospital, community sites, Regent Point, our vaccination hubs and the Campus for Ageing and Vitality, with 131 teams fundraising for the official charity of Newcastle Hospitals.

My thanks to Newcastle Hospitals Charity which provided refreshments as a token of appreciation for everyone's remarkable efforts over the last 18 months, and to the Freeman and RVI Catering teams and 1NE for facilitating this.

- Care Quality Commission (CQC) - Nuclear Medicine and Radiotherapy hosted a CQC inspection in June which looked at our compliance with IR(ME)R regulations. Both teams received excellent feedback and the inspectors commended their work very highly. A CQC successful outcome is dependent upon there being an effective governance process in place across all our systems and processes to protect patients and staff from the potential hazards of exposure to radiation. The final report is awaited.
- Move More - Thanks to all the teams who completed our Flourish Move More campaign in May. Together we've taken over 45,300,000 steps with many exceeding the target daily step count.
- Queen's Honours List - Consultant gastroenterologist, Dr David Nylander, received the award for services to health in Sierra Leone and the UK as part of the Queen's overseas and international birthday honours list.
- Westgate Cataract Centre – The BBC and Tyne Tees visited our Westgate Cataract Centre – a three-theatre, purpose built clinical facility which, when at full capacity, will perform up to 1,000 cataract procedures a month - almost double the number undertaken before the coronavirus pandemic.

It is fantastic that we can safely offer so many more patients the chance to have this important surgery and I am incredibly proud of the adaptability and creativity of the teams who have worked so hard to achieve this. It's a great example of transformational thinking to provide a much swifter service with a clear focus on patient care and experience and a model I'm certain will be rolled out across the wider NHS.

Awards

Congratulations to Jennifer Collins on being elected as the regional Institute of Biomedical Science council member for the North East.

Kim Williams-Davies, infection prevention and control assistant, is a finalist in the Royal College of Nursing (RCN) Nursing Awards in the category 'Outstanding contribution to infection prevention and control', for her work in the implementation of a monthly infection audit to help reduce Covid-19 infection rates amongst staff.

The HR team, supported by IT, won the 'Best Augmented Workforce' award at the IDC European Future of Work Awards 2021. Their digital 'bots' have saved us the equivalent of more than 9,000 hours in staffing time a year!

Dr Kate Hallsworth, a senior research physiotherapist at Newcastle's Liver Unit, received a Rising Star Award from the European Association for the Study of the Liver for her outstanding commitment to improving services for patients with non-alcoholic fatty liver disease (NAFLD).

Our procurement are finalists in the 'Covid-19 Outstanding Response Award – NHS and Healthcare Organisations' category in the UK GO Excellence in Public Procurement Awards. The awards showcase those organisations leading the way in public procurement best practice across all UK.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
22nd July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 2021						
Title	Digital People Story						
Report of	Ms Maurya Cushlow, Executive Chief Nurse						
Prepared by	Mrs Tracy Scott, Head of Patient Experience Ms Amanda Marksby, Head of Communications						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Summary	<p>This month's digital people story shares the experience of baby Grace who became the first child in the UK to have the new mobile Berlin Heart driving unit at the age of 18 months of age. Grace had her surgery at the Paediatric Intensive Care Unit Department (PICU), Freeman Hospital.</p> <p>Grace's mum and staff from the PICU reflect on the difference it will make not only to Grace but also potentially to other children and families in the future.</p>						
Recommendation	The Trust Board is asked to listen and reflect on the impact this innovative and new surgery has had on Grace and her family.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.						

DIGITAL PEOPLE STORY

EXECUTIVE SUMMARY

Grace who is eighteen months old, has become the first patient in the UK to have a mobile Berlin Heart driving device implanted. Grace had her surgery at the Paediatric Intensive Care Unit, Freeman Hospital.

Grace was born with dilated cardiomyopathy and after suffering multiple cardiac arrests, Grace was airlifted from Birmingham Children's Hospital to Newcastle. COVID-19 pandemic restrictions at the time meant that mum and dad could not travel with their daughter and they had to endure a harrowing car ride, not knowing whether Grace would make it through the night. The following day Grace had an eight hour operation to have a Berlin Heart Ventilation Device implanted and slowly started to improve.

This remarkable machine looks like a small suitcase and has enabled her mum to do something that most families take for granted – take her beloved daughter, for a walk in Leazes Park to see the ducks.

Dr Simpson, Consultant within the Paediatric Intensive Care Unit, explains that the Berlin heart assists the heart to pump blood around the body of a child with heart failure. This new modern device has a long battery life and is portable which means Grace can be fully mobile and although Grace is still in hospital she has a much better quality of life.

Specialist Nurse, McGraith reflects on the new independence this device gives children, allowing them to leave the ward and experience the world for themselves.

Grace is now on the urgent waiting list for a heart transplant and the Berlin Heart is keeping her alive until they get the important call that a heart is available.

RECOMMENDATION

The Trust Board is asked to listen and reflect on the impact this innovative and new surgery has had on Grace and her family.

Report of Ms Maurya Cushlow
Executive Chief Nurse
29 July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 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		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The Report highlights issues the Medical Director wishes the Board to be made aware of.						
Recommendation	The Board of Directors is asked to note the contents of the report.						
Links to Strategic Objectives	Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	This is a regular report to Board. Previous similar reports have been submitted.						

MEDICAL DIRECTOR'S REPORT

EXECUTIVE SUMMARY

The following items are to note within the report:

- Institute for Healthcare Improvement (IHI) partnership working;
- COVID update and impact of staff isolation;
- Appointment of Dr Sarah Brown, Consultant Psychiatrist, as Honorary Associate Medical Director (AMD); and
- Maintenance of cancer treatment and research output.

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

- **Institute for Healthcare Improvement (IHI) Partnership Working**

Training sessions have begun this month. As a reminder, the key purpose of our partnership with IHI is to embed Quality Improvement methodology and science into the day to day of the organisation from the coalface to the Trust Board. Ultimately, this will allow us to do the right things, introduced in the right way with proper evaluation built in.

There are currently two major training streams:

i) Improvement for Teams

“A 10 month experiential programme for teams who are keen to further develop their improvement knowledge and skills and apply this to a project of priority. Small teams (4-5 members per team) will work together to deliver an improvement project that will progress an area of agreed interventions or practice on an identified area of priority for the organisation and their unit/department”

There was great enthusiasm from across the organisation to be part of this and we were hugely oversubscribed.

The list of teams selected is available in the Board Reference Pack.

ii) Improvement Coach Training Programme

“A 16- week experiential improvement coaching programme for individuals who are keen to develop their improvement coaching knowledge and skills and apply this to support staff and teams with quality improvement (QI) in the workplace.”

Some 80 individuals are involved and receiving coach training.

The importance of this initiative to the organisation cannot be overstated. Making quality improvements in healthcare is hard and often change is ‘imposed’ by those distant to a problem, and is attempted without long term success or with evidence of meaningful impact. Applying QI science is our best chance of continually innovating in a manner that will most effectively achieve our goals of improved patient outcome and experience at value whilst utilising the energy and imagination of our workforce.

This culture change must be understood and endorsed at all levels in the organisation – this will take time.

The Board are reminded that the contract with IHI is for 12 months in the first instance. From the outset both IHI and Newcastle Improvement have determined that a 2 year programme is needed – Board support for this in coming months will be welcomed.

- **Ionising Radiation (Medical Exposure) Regulation Care Quality Commission (CQC) Inspection**

Our radiology/ nuclear medicine colleagues received an outstanding level inspection from a short notice CQC inspection in June 2021. This is truly an excellent outcome to an inspection carried out to exacting standards and frequently resulting in enforcement notices.

- **Peer Review Process 2021**

Under the direction of the Director of Quality and Effectiveness, the 2021 Peer Review (mock CQC) process is underway, modified to comply with COVID-19 distancing requirements. This has been a process of internal review against CQC standards in the 5 domains with subsequent ratification by the senior Clinical Governance and Risk Department (CGARD) team, Medical Director, and senior representatives of the senior clinical teams.

This has been a useful exercise, highlighting both strengths and weaknesses.

We believe ongoing preparation for upcoming CQC inspections is sensible. Experience from elsewhere suggests short notice, intelligence based inspections of specific areas may be the current favoured CQC approach.

2. COVID 19

- Prevalence is currently high at the time of writing with admissions rising, although the main pressures relate to the increase in non-COVID emergencies. Predictions relating to COVID-19 prevalence are unreliable although there is some optimism that prevalence has peaked. The effects of 'Freedom Day' are awaited following the surge consequential to Euro 2020.
- The predominant impact of this 4th wave relates to large numbers of staff isolating. A modified isolation procedure was introduced by NUTH which is commensurate with the national guidelines which subsequently followed our lead.
- There is an inevitable impact on elective surgery. Currently staff are being redeployed where appropriate to mitigate shortages in the acute areas. It is hoped that the situation will improve with implementation of the latest isolation guidelines, previously circulated to the Board.

3. CANCER UPDATE – BASED ON PROVISIONAL DATA FOR JUNE 2021

- Two week wait referral (2WW) 53% (93%)
- 2WW Breast symptomatic 22% (93%)
- 31 Day First Treatment 90% (96%)
- 31 Day Subsequent Treatment:

Agenda item A5(i)

- Surgery 80% (94%)
- Drugs 97% (98%)
- Radiotherapy 97% (94%)
- 62 Day Performance 69 % (85%)
- We are receiving up to 15% more 2WW Referrals than pre COVID-19 up to 15% more each week. The greatest increase is in skins by approximately 20%. We are dealing with Appointment Slot Issues (ASIs) in skin by Medical photography who have been doing Waiting List Initiatives (WLI) on Saturdays photographing approximately 120 patients each Saturday. Clinical Commissioning Groups (CCGs) have agreed to mandate the photographing of suspicious skin lesions to be attached to 2WW referrals. Generally, 50% of patients can be discharged by photo review alone. There has been an increase in speciality Doctors in Dermatology to backfill skin cancer dermatologists in general clinics. Radiology scan referrals are back to pre-COVID levels so radiologists having to do WLI to keep reporting times down.
- The National Cancer Alliance (NCA) stage migration data has not yet been validated. There is a significant proportion of patients that do not yet have staging, making interpretation difficult. Clinically there appears to be a definite increase in advanced presentations due to COVID-19.

4. MENTAL HEALTH

Dr Sarah Brown, Consultant Liaison Psychiatrist Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), who holds an honorary consultant post in this Trust has been appointed as an Honorary Associate Medical Director and is to join the Medical Director's Team on 1st August. Sarah has managed our Liaison Psychiatry Service for several years. Physical and mental health should run seamlessly together and this appointment is to reinforce the commitment of the Trust to this end, and also to ensure that mental health is able to develop an even higher profile in the acute sector. We believe that NUTH are the first Trust in the country to make such an appointment. We wish Sarah well in her extended role and look forward to working more closely with her team.

5. RESEARCH UPDATE

- The research strategy launch event scheduled for 20 July has been postponed in response to the COVID-related staffing shortages across the organisation. Although there had been several hundred registrants for the event, it was felt that the current staffing shortages would detrimentally impact attendance and subsequent impact. It is hoped that this event will take place in September with a soft strategy launch planned ahead of then to enable the leadership team to make progress against plans.
- The advertisement for a Clinical Director to replace Dr Stephen Wright has now closed and interviews are scheduled for August.

Agenda item A5(i)

- From a performance perspective, Newcastle Hospitals is top of all Trusts in the country for the number of research studies that are open with patient recruitment. We are also top of all Trusts in the country for the number of commercial research studies that are open with patient recruitment.
- During July/August, we are likely to open our 10,000th study - a remarkable milestone to be celebrated.
- There is now a published implementation plan for the government white paper on the future of UK clinical research. Of particular note is the commitment to roll-out virtual trials. Our research team are talking to leaders in the Department of Health and Social Care (DHSC) about taking the sole lead on this roll out. If agreed, it will give Newcastle Hospitals significant investment, responsibility and prestige.
- Since the last update to the Trust Board, the CQC has published its refreshed strategy which now includes research more prominently.

6. BOARD REFERENCE PACK DOCUMENTS

In addition to the Successful Improvement for Teams Applications included in the Board Reference Pack (BRP), the BRP also includes:

- a) The Consultant Appointments Report; 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
14th July 2021

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TRUST BOARD

Date of meeting	29 July 2021						
Title	Executive Chief Nurse (ECN) Report						
Report of	Maurya Cushlow						
Prepared by	Elizabeth Harris, Deputy Chief Nurse Diane Cree, Personal Assistant						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This paper has been prepared to inform the Board of Directors of key issues, challenges and information with regard to the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> • ECN Team priorities / Strategy; • Occupational Health/Health and Wellbeing; • Safer Staffing; • Medical Mediation Foundation Trainers; and • Freedom to Speak Up Guardian. 						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	<ul style="list-style-type: none"> • Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

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.

Section 1: This month's 'Spotlight' section describes progress from the very successful 'Big Event' in 2020 which brought together Nurses, Midwives and Allied Health Professionals (AHP) colleagues to share and shape our collective priorities to form a strategy for the future. This aspirational strategy will be based on six pillars, describe key priorities, underpinned by an annual work plan, and will clearly articulate our ambitious plan to be the employer of choice locally, regionally and nationally. This will intentionally track back to our Trust Strategy and organisational development framework 'Flourish'. It is our aim to launch the Strategy in the autumn and further updates will be provided to the Trust Board.

Section 2: This section details Newcastle Occupational Health service and builds on previous updates to the Trust Board describing their achievements through the pandemic, including of course, their health and wellbeing offer to staff. It is an impressive and comprehensive overview from online Pilates to mindfulness, staff Covid-19 vaccinations and details an impressive list of publications within the Board Reference Pack.

Section 3: This is the regular nurse staffing report, which highlights any areas of risk and details actions and mitigation to assure safer staffing in line with the agreed escalation criteria. There have been particular challenges in the last month due to an increase in Covid-19 related absence, which has necessitated a reduction in bed capacity in some areas and the responsive movement of staff. The recruitment position is however strong, in line with the continued improvement over recent years. In June 2021, there were only 43 whole time equivalent (wte) Band 5 posts to recruit to across the organisation, representing a recruitment vacancy rate of 1.5% when all staff are in post. This includes the latest cohort of international recruits who arrived in Newcastle on 9 July.

Section 4: A project to deliver training in recognising and managing conflict between families and health care staff in the Great North Children's Hospital (GNCH) commenced on the 15 April 2021. This is a three-year charity funded project in collaboration with the medical mediation foundation (MMF). The aim is to equip staff with the skills to recognise signs of potential or actual conflict and how to intervene and manage the very challenging situations and relationships that arise in complex healthcare provision.

Section 5: Provides key issues from the Freedom to Speak Up Guardian. This report was presented to the People Committee on 16 July 2021.

The Board of Directors is asked to note and discuss the content of this report.

EXECUTIVE CHIEF NURSE REPORT

1. NMAHP STRATEGY AND KEY PRIORITIES



The ECN team have reviewed their key priorities in line with the Trust Priorities for the year and these six key priorities remain as:

1. Improve clinical quality and reduce avoidable harms;
2. Develop a Nursing, Midwifery, Allied Health Professionals (NMAHP) workforce strategy, plan and metrics for improvement;
3. Develop leadership capacity, capability and resilience;
4. Engagement for Improvement;
5. Strengthen academic research links, embed evidenced based research and expand NMAHP professional research; and
6. Lead the digital healthcare agenda for NMAHPs.

Nurses, Midwives and Allied Health Professionals are the largest collective workforce in the Trust, made up of almost seven thousand individuals. The unique contribution of these highly specialised professionals is delivered through a shared vision which when combined with our Trust values and, our pride and professionalism is what makes Newcastle's Nurses, Midwives and AHPs outstanding.

The Board of Directors will recall that in March 2020 we held 'The *Big Event*', which provided a creative platform to gather and listen to this collective voice. The event enabled us to reflect on our history, share our individual views and aspirations for our future, with a specific intent to use this narrative to inform and develop a collective strategy.

However, the 12 months following the *Big Event* presented the most significant challenge ever seen by the NHS since its inception and our ambition and attention turned to providing an exceptional response to the Global Pandemic. Newcastle Hospitals and our NMAHPs were front and centre of the Covid-19 response, meeting the challenges of the pandemic with compassion, courage, innovation, enthusiasm and outstanding professionalism. I am incredibly proud of the role they have all played to date.

One year on, the clear themes from that successful day are more important than ever and work is now well underway to deliver an accessible, visible and understandable strategy, which recognises both the exclusivity and uniqueness of the individual professional groups, whilst demonstrating what makes Nurses, Midwives and AHPs across Newcastle outstanding.

This aspirational strategy will be based on 6 pillars reflecting the key priorities outlined above and will clearly articulate our ambitious plan to be the employer of choice locally, regionally and nationally. This will intentionally track back to our Trust Strategy and organisational development framework 'Flourish'.

Work is near completion to agree the three to four aspiration statements under each of the six themes and will be shared with wider stakeholders in the coming weeks.

We are in the process of finalising the communications and engagement plan to support the launch of this work, which will involve a variety of media such as blogs, video logs, interviews and case studies to ensure we grow a repository of evidence of achievement both now and in the years to come. This is an exciting way to showcase the breadth of NMAHP innovation and achievement to staff across the Trust as well as prospective employees externally.

It is our aim to launch the strategy in the autumn and further updates will continue to be provided to the Trust Board.

2. NEWCASTLE OCCUPATIONAL HEALTH SERVICE (OHS): FLOURISHING THROUGH INNOVATION

Newcastle OHS won the 2020 Outstanding Occupational Health team award from the Society of Occupational Medicine for their innovative response to the Covid-19 pandemic. Creative new or adapted offers lifted spirits and helped colleagues manage their physical and emotional wellbeing.

The first national lockdown in March 2020 changed life overnight for the Newcastle OHS team. All usual services were adapted through a rapid change cycle to respond to the emerging organisational needs with the staff at the heart of every action. Our workload changed and we needed to find ways that we could be helpful and effective while not seeing staff face to face.

Some of the initial actions implemented by the OHS in response to the pandemic were highlighted to the Board in July 2020. This section provides an overview and insight into this unique service and how the teams have adapted and innovated over the last 18 months.

2.1 New online offers

After the initial response to the pandemic, the impact on workforce health and well-being became apparent and the OHS team explored other new ways to support staff. We needed a rapid response but this was the beginning of the pandemic and as a team we had to learn fast. Everyone worked together to innovate using all means of technology available to the team.

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The first new offer came from the physiotherapy team. A weekly Pilate's class which typically attracted six or seven staff was recreated as a 20-minute livestream for all staff. The sessions were broadcast live from the OH department with masked OH staff joining in the moves, to encourage others to join in at their workplaces. Over 300 staff took part during the first six months. Psychology and counselling colleagues quickly added a weekly streamed mindfulness session to help staff manage stress and emotion. Supporting staff to stay in the present and be aware of what's happening in their minds can really help them cope with challenging situations. Simple strategies for coping with the new behaviours necessary to be safe at work have been shared widely. More online activities followed. A streamed daily lunchtime workout was offered to all NHS staff. A planned 'Introduction to Pain' session was modified for interactive online delivery. Self-help and information videos were launched on the Trust YouTube site.



2.2 Expanding staff health support

Covid-19 health concerns took many forms and the team had to adapt constantly. OHS teams across the country were suddenly integral to the NHS response to the pandemic. National guidance varied month to month, so we had stay on top of, for example travel rules, symptoms, swabbing, blood tests etc. The team's skills and networks have made them valuable partners in other staff health efforts during the pandemic. Newcastle OHS led and delivered the staff vaccination programme, which includes mobile booking support and outreach to BAME, high risk and clinically vulnerable staff. An integrated physiotherapy and psychology team supports staff with long Covid-19 through telephone and video consultations, complementing the Trust's specialist medical services. The internal test and trace process also draws on OHS nurses, working closely with infection prevention and control.

2.3 Enhanced OHS for the future

Looking ahead, OHS members are integrated into other Trust initiatives including self-health checks and support service roadmaps. A review is underway with the chaplaincy service on how shielding and the wider social impacts of the pandemic have affected staff wellbeing. The team responded with compassion and care to the emerging challenges throughout the period. Now we are researching the staff engagement with wellness checks with a pilot for Intensive Treatment Unit (ITU) staff where existing focused work is in progress to support this workforce which has been particularly challenged throughout the pandemic.

2.4 Covid-19 pandemic impact and timeline for OHS

The Board Reference Pack provides an outline of activity since the start of the pandemic and includes a list of published papers.

All the team have contributed to the response and supported the development of effective systems to deliver the necessary new services. They have worked collaboratively on research and audit associated with the pandemic and the service is known regionally and nationally for being at the forefront of research and innovation.

3. SAFER STAFFING

3.1 Covid-19 Staffing and Impact

The pandemic continues to impact on safer staffing and there have been a number of actions implemented in recent weeks to highlight.

- On the 15th June it was agreed by the Executive Chief Nurse team to escalate our staffing position to Level 2 in line with our Safer Staffing Guidance. This decision was based on the increased number of staff off sick with Covid-19 related absence. Since the 15th June a daily review and briefing of the staffing position has been undertaken by the Corporate Nursing Team and reported into silver command. The daily re-deployment of staff is overseen by the corporate team to ensure staff are deployed in line with patient need across the Trust. This is supported by SafeCare.
- Since the 15th June there has been a continued increase in absence from 61 Registered Nurse (RN) Covid-19 related absence on the 18th June, to 196 on the 15th July and a further 252 for other reasons. This is a significant increase with total sickness absence increasing from 5.1% to 8.6%. The Executive Chief Nurse Team have worked closely with medical and operational colleagues to review the situation daily to ensure patient need matches workforce availability. It is anticipated that this will continue to be challenging in the coming weeks.
- Focused work is on-going to ensure workforce plans are agreed and operationalised to support any future Covid-19 surge over the winter months in critical and non-critical care areas.

Whilst additional measures have been put into place in line with our agreed escalation process, existing safer staffing governance remains in place. The Nurse Staffing and Clinical Outcomes Operational Group continues to meet monthly to review nurse staffing and clinical outcome metrics, highlighting any areas of risk and implementing actions to support. The wards and departments reviewed by the group are categorised as; requiring no support; monitoring; low level; medium level or high-level support. This is in line with the agreed escalation criteria. Any ward requiring medium support for two consecutive months or any ward requiring high-level support is highlighted to the Board in this report along with relevant action plans.

- In line with the escalation process, no wards have specific action plans which require escalating to the Trust Board. However as noted previously, there has been a significant reduction in bed capacity and movement of staff on a daily basis to mitigate staff shortages due to sickness absence.

- Below is an over view of the number of wards reviewed and level of escalation in the last three months.

Month	No. of Wards Reviewed	Directorate	Monitor	Low Level Support	Medium Level Support	High Level Support	No support required
April	12	x2 Urology x2 Surgical Services x1 Renal Services x3 Cancer Services x2 Musculoskeletal Services x2 GNCH	5	7	0	0	0
May	10	x3 Internal Medicine x2 GNCH x1 Musculoskeletal Services x1 Surgical Services x2 Cancer Services x1 Renal Services	2	8	0	0	0
June	13	x2 Surgical Services x2 Internal Medicine x1 EPOD x3 Musculoskeletal Services x2 GNCH x1 Renal Services x1 Critical Care x1 Cardiothoracic Services	0	10	3	0	0

- It has been noted from the last three meetings that there continues to be a sustained increase in patient acuity and dependency via SafeCare. This is particularly noted in Cancer services, Internal Medicine, Surgical Services and Musculoskeletal Services. A 20 day Safer Nursing Care Tool (SNCT) data capture was undertaken between April and May, the results of which are currently being analysed; early indication suggests this confirms a continued increase in acuity and dependency in most areas.
- There were three areas identified as requiring medium level support during the June review. Meetings have been arranged with the relevant ward and department leaders and Matrons to review and agree actions.

3.2 Trust level Fill Rates

The Trust level fill rates are detailed below:

Month	RN day fill rate %	HCA Day fill rate %	RN Night fill rate %	HCA Night fill rate %	Trust fill rate %
April 2021	95.95%	91.57%	94.78%	106.60%	95.86%
May 2021	93.56%	89.61%	94.60%	109.83%	94.73%
June 2021	91.51%	87.46%	90.71%	105.00%	91.88%

- It is noted over the last three months there has been a sustained reduction in the overall Trust fill rates. This is particularly noted in the Registered Nurse fill rate on day and nights and the Healthcare Assistant (HCA) fill rate on days. This is due to a continued increase in Covid-19 related absence noted in June and which at the time of writing has increased and is continuing into July. The utilisation of SafeCare with robust professional oversight remains in place ensuring the most effective and efficient deployment of the workforce based on patient need.

3.3 Recruitment and International Recruitment

- Centralised Band 5 recruitment continues with local bespoke recruitment agreed as required. At present there are 258 Band 5 candidates going through the recruitment process. The vast majority are September new registrants and as such, will not be deployed into the workforce until late September/early October. After the last Band 5 interviews in June there were only 43wte Band 5 posts to recruit to across the organisation (inclusive of non-recurrent schemes) representing a recruitment vacancy rate of 1.5%. When staff are deployed this will represent a strong position.
- The Trust was due to welcome 26 international recruits from India at the end of April but this deployment was delayed due to Covid-19 restrictions. The nurses arrived on the 28th June into managed quarantine in London, with travel to Newcastle on the 9th July. The plan is that these nurses will undertake their Observed Structured Clinical Examinations (OSCE) to register with the Nursing and Midwifery Council (NMC) in September. The Trust has further cohorts of recruitment to the Philippines planned with the aim of deploying a total 80 international nurses into the Trust in this financial year. This is supported by central funding from NHS England/Improvement.
- The national focus on Healthcare Support Worker (HCSW) recruitment continues and a task and finish group is in-place in the Trust with the aim to deliver an operational zero vacancy position. In the last six months we have welcomed 73wte HCSW into the Trust and an additional 54wte are currently going through the recruitment process. There remains approximately 40wte vacancies to recruit to and recruitment plans are in place.
- Recruitment and deployment of registered professionals and HCSW to the mass vaccination sites continues, overseen by the project team. Due to the temporary nature of this programme not all posts are filled but clinical delivery is supported by the staff bank. Work is underway to engage with the staff working in the programme to ascertain their future career and employment aspirations and support them into substantive employment in the Trust or wider region.

4. MEDICAL MEDIATION FOUNDATION

A project to deliver training in recognising and managing conflict between families and health care staff in the GNCH commenced on the 15 April 2021. This is a three year charity funded project in collaboration with the MMF. At the beginning of July approximately 105

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staff will have received level 1 training. This is our first cohort of training and there will be further cohort in autumn.

A number of staff will go on to receive level 2 and 3 training and to sustain the project into the future.

What MMF training involves

- Level 1 training teaches staff how to recognise signs of potential or actual conflict and how to intervene and manage difficult situations. This is essential in order that frontline staff feel equipped with the appropriate tools before the conflict management framework (CMF) is introduced.
- Level 2 training (one day) for selected nursing and medical staff teaches staff how to use the framework, including the use of a validated scale for identifying conflicts, supplemented by associated documents such as template letters, behaviour agreements and conflict management records. Champions can be appointed from this cohort.
- Level 3 training (2 days initial training plus follow-up) produces a cohort of suitable staff identified by the MMF trainers as potential 'instructors' (as per the Resuscitation Council model of selecting participants to be invited to train as instructors). This cohort would undergo a 2 day intensive training programme accompanied by pre-course reading / listening material and passing an end of course 'sample facilitation' session.

This initiative has been well received by staff and further updates will be provided.

5. FREEDOM TO SPEAK UP GUARDIAN

The Freedom to Speak Up Guardian (FTSUG) continues to support staff in all roles across the organisation to raise concerns, ensuring appropriate action is taken as a result. He remains active in regional and national FTSU networks and has been proactive in promoting the service to staff across the organisation in various forums, enhanced by the recent appointment of 6 Freedom to Speak Up Champions, to further increase the reach and accessibility of the service. There are a broad range of core themes in the concerns raised, but these continue to predominantly centre on inter-personal relationships.

The most common themes being perceived bullying / harassment and relationships with line managers. Between July 2020 and June 2021, the FTSUG managed 49 cases that required intervention, 30 of which fell into the bullying or line management bracket. There has been a notable increase in the number of senior clinical and non-clinical staff using the FTSU service over the past six months which illustrates the growing credibility of the service and staff confidence in speaking up. A detailed FTSUG paper has been submitted to the July People Committee, in which specific themes were highlighted for consideration:

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- There can be a mismatch in the understanding, interpretation and application of Trust policies at a local level. The effect on staff is a perception in inequity and inconsistency.
- Specific concerns have been raised regarding the timescale between complaints being raised and the completion of investigations and the support provided to those involved in the complaint during, and after, the investigation.
- Staff have raised concerns regarding the independence, training and experience of those tasked with undertaking complex or sensitive investigations.

Work will continue to further develop the service, promote speaking up generally and integrate FTSU education into the Trust workforce development programmes.

6. RECOMMENDATIONS

The Board of Directors is asked to note and discuss the content of this report.

**Report of Maurya Cushlow
Executive Chief Nurse**

29 July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 2021		
Title	The Ockenden Report; Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust, 10 December 2020 Newcastle Hospitals Maternity Services Update to the Trust Board.		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Jane Anderson, Associate Director of Midwifery		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary	<p>The Ockenden Report published on 10 December 2020, is the report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an 'independent review of 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'.</p> <p>The purpose of this paper is to provide an update and assurance to the Trust Board on the Maternity Services' position against all elements which align to the 7 Immediate and Essential Actions and 12 Urgent Clinical Priorities, linked to the Maternity Incentive Scheme.</p> <p>A demonstration of workforce planning is required for all staff groups within the Maternity Service; this paper discusses and provides an overview of the current position for both the Midwifery and Medical workforce.</p> <p>To reduce variation in experience and outcomes for women and their families across England, NHS England / Improvement (NHSE/I) is investing an additional £95.9m in 2021/22 to support the system to address all 7 immediate and essential actions consistently. This paper will discuss Newcastle's bid of £1.7m against the award of £814,813 and the impact that this brings.</p> <p>Associated risks have been identified which align to elements of workforce and the delivery of obstetric training within the Maternity and Neonatal Services.</p>		
Recommendation	<p>The Board of Directors is asked to</p> <ul style="list-style-type: none"> i) Receive and discuss the report; ii) Note the current level of assurance and the identified gaps in assurance as benchmarked in the Maternity Assessment and Assurance Tool (NHSE); iii) Recognise that further detailed work is required to ensure full compliance; iv) Note the associated risks involved; and v) Note the strategic implications arising for all Maternity Services from the Ockenden Review and the impact that this brings for Newcastle Hospitals as the leading Tertiary Centre for the North East. 		
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.		

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the main body of the report.						
Reports previously considered by	Previous report presented to the Trust Board on 27 May 2021.						

OCKENDEN REPORT UPDATE

EXECUTIVE SUMMARY

The Ockenden Report published on 10 December 2020 is the report of an independent review of the quality of investigations and implementation of the recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust. Emerging from this Inquiry were a range of immediate and essential actions, together with a number of urgent clinical priorities which all providers of maternity services were asked to address.

A National portal was launched on 19 May 2021 to enable providers to submit their evidence against the 'minimum evidence requirements'. There is an increasing and evolving picture with regard to the nature of what is required to support compliance. The Trust has revised the original gap analysis to reflect the additional evidential requirements and includes this within this paper. Key issues of note are those aligned to workforce and the impact that this may have on transformation aligned to Better Births (2016) and Continuity of Carer, multi-disciplinary training, together with continuous risk assessment and personalised care planning for women.

NHSE/I is investing an additional £95.9m in 2021/22 to support systems to address the immediate and essential actions arising from the Ockenden Review to which bids were invited. Newcastle Hospitals submitted a bid on 6 May 2021 for a total of £1,792,123 to support identified deficits in the Midwifery workforce, together with the additional resource which is required for multi-disciplinary training and which has been identified through completion of a bespoke Training Needs Analysis.

The Trust has been successful in being awarded £814,813, which is significantly less than the amount originally bid. This will need to be considered by the Trust and local commissioners to ensure that the Maternity services continue to deliver safe, effective and high quality services to meet the requirements of both the Ockenden Review and the transformation work aligned to Better Births (2016) and Continuity of Carer.

Work continues by the Trust on the progression of the recommendations of the Ockenden Review and it is clear that there is further work to identify how the established gaps can be resolved, including the additional investment required.

Strategic implications for the Trust as a Tertiary centre are as yet unclear, however, the Trust is working with the LMS and other NHS providers within the region to establish and consider the wider implications of meeting with the Ockenden requirements.

OCKENDEN REPORT UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Board of Directors with background and an overview of The Ockenden Report; Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust 10 December 2020, and provide an update to the assurance of the Newcastle Hospitals Maternity Service against the 7 Immediate and Essential Actions (IEA), and 12 Urgent Clinical Priorities (UCP).

2. BACKGROUND

The Ockenden Report published on 10 December 2020, is the report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an independent review of 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 Trust¹. A first report was published in December 2020 and presents the Emerging Findings and Recommendations from the Independent Review. It is anticipated that a second report will be published in late 2021.

All maternity units across the country were tasked to complete an initial Maternity Services Assessment and Assurance Tool to self-assess against the required actions, cross referenced to the 10 Safety Actions contained within The Maternity Incentive Scheme (CNST). This assessment has been previously discussed at the update to the Trust Board in May 2021.

Since that time, Trusts have been asked to submit detailed minimum evidence requirements against 49 elements identified from the Ockenden recommendations, and this will be further discussed within this paper.

To reduce variation in experience and outcomes for women and their families across England, NHSE/I is investing an additional £95.9m in 2021/22 to support the system and address all 7 Immediate and Essential Actions consistently, and to bring sustained improvements in maternity services. Newcastle has been awarded a sum of £814,813 against a bid of £1.7m and the impact of this will be discussed within this paper.

3. NEWCASTLE HOSPITALS MATERNITY SERVICES ASSESSMENT AND ASSURANCE

The Maternity Services Assessment and Assurance Tool, developed by NHSE and published in December 2020, supported providers in the initial assessment of their current position against the 7 IEA in the Ockenden Report, and provided assurance of effective implementation to Board, the Local Maternity System (LMS) and NHSE/I regional teams.

As previously reported to the Board of Directors throughout the past six months, the Maternity Services Assessment and Assurance Tool has been used in determining Newcastle's

current position within the Maternity Services. However, since the initial submission, the requirements in terms of the minimum evidence to support compliance have changed considerably. On 19th May each provider received notification of the opening of a National portal, together with detailed descriptors of the minimum evidence required. Each of the 7 IEAs in the report have been cross referenced with the 12 UCP and linked to the 10 Safety Actions within the Maternity Incentive Scheme, resulting in a total of 49 standards to be addressed.

In addition, as previously reported, the Trust is required to ensure that there are appropriate mechanisms in place for workforce planning across all professional groups with specific focus on the Midwifery leadership, non-executive support, together with Trust Board oversight.

There is a continued requirement to review the approach to the National Institute for Health and Care Excellence (NICE) guidelines in Maternity and provide assurance that these are assessed and implemented where appropriate.

A significant volume of evidence has been requested by NHSE/I in support of the 49 standards. Newcastle Hospitals submitted all available minimum evidence by the stipulated deadline of 30th June 2021. In view of the increasing and evolving position with regard to the requirements, a newly revised gap analysis, together with high level action plan has been created, and replaces those reported to the Trust Board in earlier papers. This is illustrated in Table 1 below.

Table 1 Gap Analysis

Immediate Essential Action		Brief Descriptor	Compliance
Section 1		IEA 1-7	
IEA 1: Enhanced Safety	Q1	Local Maternity System (LMS) regional oversight to support clinical change - internal and external reporting mechanisms for key maternity metrics in place.	Partial Compliance
	Q2	External clinical specialist opinions for mandated cases.	Compliant
	Q3	Maternity Serious Incident (SI) reports sent jointly to Trust Board (not sub board) & LMS quarterly.	Partial Compliance
	Q4	National Perinatal Mortality Review Tool (PMRT) in use to required standard.	Partial Compliance
	Q5	Submitting required data to the Maternity Services Dataset.	Compliant
	Q6	Qualifying cases reported to Healthcare Safety Investigation Branch (HSIB) & NHS Resolution's Early Notification scheme	Compliant
	Q7	A plan to fully implement the Perinatal Clinical Quality Surveillance Model (Trust/LMS/ICS responsibility).	Partial Compliance
	Q8	Monthly sharing of maternity SI reports with Trust Board, LMS & HSIB.	Partial Compliance
IEA 2: Listening to Women and Families	Q9	Independent Senior Advocate Role to report to Trust and LMS.	N/a
	Q10	Advocate must be available to families attending clinical follow up meetings.	N/a
	Q11	Identify a non-executive director for oversight of maternity services – specific link to maternity voices and safety champions.	Partial Compliance
	Q12	National Perinatal Mortality Review Tool (PMRT) in use to required Ockenden standard (compliant with CNST).	Partial Compliance
	Q13	Robust mechanism working with and gathering feedback from service users through Maternity Voices Partnership (MVP) to design services.	Compliant
	Q14	Bimonthly meetings with Trust safety champions (obstetrician and midwife) & Board level champions.	Compliant
	Q15	Robust mechanism working with and gathering feedback from service users through MVP to design services.	Compliant
	Q16	Identification of an Executive Director & non-executive director for oversight of maternity & neonatal services.	Compliant
	Q17	Evidence of multidisciplinary team (MDT) training and working validated by LMS 3 times a year. All professional groups represented at all MDT and core training.	Partial Compliance

Table 1 Gap Analysis

IEA 3: Staff Training & Working Together	Q18	Twice daily (over 24hrs), 7-days a week consultant-led multidisciplinary ward rounds.	Compliant
	Q19	Trust to ensure external funding allocated for the training of maternity staff is ring-fenced.	Compliant
	Q20	Effective system of clinical workforce planning (see section 2).	Partial Compliance
	Q21	90% attendance for each staff group attending MDT maternity emergencies training session (with LMS oversight and validation).	Partial Compliance
	Q22	Twice daily (over 24hrs), 7-days a week consultant-led multidisciplinary ward rounds	Compliant
	Q23	Evidence of multidisciplinary team (MDT) training and working validated by LMS 3 times a year. All professional groups represented at all MDT and core training.	Partial Compliance
IEA 4: Managing Complex Pregnancy	Q24	Maternal Medicine Centre (MMC) Pathway referral criteria agreed with trusts referring to NUTH for specialist input.	Compliant
	Q25	Women with complex pregnancies (whether MMC or not) must have a named consultant lead.	Partial Compliance
	Q26	Early specialist involvement and management plans must be agreed where a complex pregnancy is identified.	Compliant
	Q27	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (SBLCBv.2)	Compliant
	Q28	Continuation of Q25: mechanisms to regularly audit compliance.	Compliant
	Q29	Trust supporting the development of maternal medicine specialist centre.	Compliant
IEA 5: Risk Assessment Throughout Pregnancy	Q30	All women must be formally risk assessed at every antenatal contact.	Partial Compliance
	Q31	Risk assessment must include ongoing review of the intended place of birth.	Compliant
	Q32	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (V.2).	Compliant
	Q33	Regular audit mechanisms are in place to assess Personalised Care & Support Plan compliance.	Partial Compliance
IEA 6: Monitoring Fetal Wellbeing	Q34	Dedicated Lead Midwife and Lead Obstetrician to champion best practice in fetal wellbeing.	Compliant
	Q35	Leads must be sufficiently senior with demonstrable expertise to lead on clinical practice, training, incident review and compliance of Saving Babies' Lives care bundle (V.2)	Partial Compliance
	Q36	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (V.2).	Compliant
	Q37	90% attendance for each staff group attending MDT maternity emergencies training session (with LMS oversight and validation).	Partial Compliance
	Q38	Implement the Saving Babies Lives care bundle: identify a lead midwife and a lead obstetrician (as Q34)	Compliant
IEA 7: Informed Consent	Q39	Ensure women have access to accurate information, enabling informed choice for place and mode of birth.	Compliant

Table 1 Gap Analysis

	Q40	Accurate evidence-based information for maternity care is easily accessible, provided to all women and MVP quality reviewed.	Compliant
	Q41	Enable equal participation in all decision-making processes and Trust has method of recording this.	Partial Compliance
	Q42	Women's choices following a shared & informed decision-making process must be respected and evidence of this recorded.	Partial Compliance
	Q43	Robust mechanism working with and gathering feedback from service users through Maternity Voices Partnership (MVP) to design services.	Compliant
	Q44	Clearly described pathways of care to be posted on the trust website and MVP quality reviewed.	Compliant
Section 2			
Workforce Planning	Q45	Effective system of clinical workforce planning – twice yearly review against Birth Rate Plus (BR+) at board level, LMS/ICS input.	Partial Compliance
	Q46	Confirmation of a maternity workforce gap analysis AND a plan in place (with timescales) to meet BR+ standards with evidence of board agreed funding.	Partial Compliance
Midwifery Leadership	Q47	Director/Head of Midwifery is responsible and accountable to an executive director.	Compliant
	Q48	Organisation meets the maternity leadership requirements set out by the Royal College of Midwives in "Strengthening midwifery leadership manifesto".	Partial Compliance
NICE Maternity Guidance	Q49	Providers review their approach to NICE maternity guidelines, provide assurance of assessment and implementation. Non-evidenced based guidelines are robustly assessed before implementation, ensuring clinically justified decision.	Compliant

Total Number of Applicable Questions	49	100%
Compliant	27	55%
Partial Compliance	22	45%

Table 1 illustrates Newcastle's revised position against the minimum evidence required. Of the 49 elements, full compliance is achieved against 27 equating to 55%. The remaining 22, 45%, demonstrate partial compliance. A number of partially compliant actions are out-with the direct control of the Trust or the service and require regional input, particularly with regard to reporting mechanisms to the LMS, which continue to be developed and which will be further discussed at the LMS Board meeting in July 2021.

A detailed action plan has been developed to ensure that the Trust has a robust mechanism for review and to ensure that progression is made in meeting with all elements. This will be monitored at a local level within the Directorate at the Obstetric Governance Group and key elements reported by exception to the Board level Maternity Safety Champions, Trust's Quality Committee and the Trust Board.

The key issues of note which arise from analysis of the gaps are as follows:

IEA 1; The majority of partially compliant actions require regional input and we await confirmation from the LMS of agreed mechanisms which, it has been reported, will be published in September 2021. Additional work is currently underway to enable an increase in the level of SI reporting to the Trust Board and this requires further detailed discussion with regard to agreed timeframes.

IEA 2; The Perinatal Mortality Review Tool (PMRT) has been completed to meet with the compliance required by The Maternity Incentive Scheme (CNST), however, the parameters required by Ockenden are marginally different, hence, rated only partially compliant in this regard. Since submission of the evidence, a plan has been implemented and this will now be resolved.

IEA 3; The Trust has continued to progress scheduled multi-disciplinary team training, however, there have been challenges in maintaining 90% attendance of all specialties which is a requirement of Ockenden. The target for CNST has been met. An up to date training needs analysis has been ratified and training schedules aligned to this; work is ongoing to ensure that compliance is met and further work is required to ensure that there is sufficient resource to ensure sustainable rates are achieved. An additional dimension which impacts on this element is the challenge that the COVID-19 pandemic brings and this is considered within the planning.

IEA 4; The one element which is partially compliant relates to each woman with a complex pregnancy having a named consultant. Although each woman requiring shared care is referred to a consultant, due to the fragmented nature of paper records, this named person is not always evident on the documentation. Work continues to audit and improve compliance and the procurement and implementation of an electronic patient record will enable full compliance with this element. The Trust is in the process of procuring BadgerNet, a maternity specific electronic patient record, and it is anticipated that this system will be implemented within 12 months.

IEA 5; A paper based risk assessment is currently in place, however, this process requires strengthening to ensure that both the risk assessment and personalised care planning is robust. Paper based systems do not provide the required level of quality assurance and this presents a risk. The introduction of an electronic patient record will support the service to achieve full compliance with this element; in the meantime work continues to ensure that the current paper based system is as robust as possible, with regular audits in place to indicate compliance levels.

IEA 6; Obstetric and Midwifery fetal monitoring leads have now been appointed; these are new roles which require further work to firmly embed the essence of what is required, aligned to the national guidance and ongoing work will be reported in future Board papers.

IEA 7; Processes are in place to ensure that women are able to make informed decisions in partnership with professionals, however, providing robust evidence of this is challenging due to the fragmented nature of paper based records. This again is an area whereby electronic patient records will enable the service to achieve full compliance with this requirement.

4. MATERNITY WORKFORCE PLANNING AND INVESTMENT

Three key areas of investment for local delivery to support the full implementation of the Ockenden report are Midwifery workforce, Obstetric workforce and multi-disciplinary training. Newcastle Hospitals submitted a bid on 6 May 2021 to NHSE/I for a total of £1,792,123.

On 2nd July 2021, the Trust was notified that an award of £814,813.00 had been agreed, constituting 50% of the original bid.

The components of the bid included funding for deficits in the Midwifery workforce identified in comparing current funded establishment against the external Birthrate Plus review, together with additional time required for Midwives, Obstetricians and other key staff from different specialities to undertake multi-professional training.

4.1 Midwifery Workforce

As previously reported, a Birthrate Plus workforce review was undertaken in October 2020 which has enabled the Directorate to compare the recommended levels of staffing for the Maternity Unit against the current funded establishment.

The workforce review identifies a shortfall in the Midwifery workforce which equates to 18.56 Whole Time Equivalent (WTE). This amount was included in the Trust's bid for funding. The investment received overall equates to 50% of the original bid and provides funding for 12.10 WTE Midwives, plus an allowance per Midwife for multi-disciplinary core competency training.

The additional investment required to ensure that the service is Birthrate Plus compliant requires further consideration in conjunction with the wider transformation work being undertaken to deliver the national policy as detailed in the 2021/22 Operational Planning Guidance (NHS 2021), aligned to Better Births (2016) and Continuity of Carer.

As part of the workforce review, the Trust is required to describe how the organisation meets the maternity leadership requirements as set out in the manifesto of the Royal College of Midwives Strengthening Midwifery Leadership. This element will be incorporated into the overarching review and planning of the midwifery workforce within the Trust. In addition, there are increasing requirements on the role of the Trust Board and Non-Executive Safety Champion to have greater oversight of the Maternity Services and further work is taking place to clarify and understand this fully and to establish any risks and gaps.

4.2 Neonatal Medical Workforce

As reported to the Trust Board in May 2021, recruitment is in progress to increase Tier 2 medical staffing and it is anticipated that appointed candidates will be in post by September 2021.

4.3 Neonatal Nursing Workforce

The Dinning Tool is a workforce tool recommended by the British Association of Perinatal Medicine (BAPM). A Dinning review has previously been undertaken and a repeat review using this method will be made to ensure that staffing remains within safe parameters to support the opening of six additional low dependency cots. An additional nineteen nurses will commence in post in September 2021 to fill both vacancies and to support the opening of the already funded additional cots and it is at this point a further Dinning review will be made.

4.4 Obstetric Medical Workforce

Regular workforce and job planning, which identifies any shortfall, are undertaken by the Clinical Director in conjunction with the Directorate Manager. Two new Consultant appointments have been made to commence in August and September. The addition of 5 PA for 12 months allows the Department to pilot Consultant presence on the Maternity Assessment Unit, providing senior decision making and supporting an improved workflow. A second maternal cardiac clinic at the Freeman Hospital begins in August, the diabetic workload will now be led by 2 obstetricians providing 52 week continuity for the service. Work is underway to ensure teaching fellow support for the sizable departmental medical teaching programme.

5. HIGH LEVEL ACTION PLAN

Table 2 provides a revised and updated high level action plan against the key issues to support the work required to facilitate progressing the Service towards full compliance with the Ockenden recommendations.

Table 2

The Newcastle Upon Tyne Hospitals NHS Foundation Trust Maternity Services Assessment and Assurance Tool High Level Action Plan to support the requirements arising from the Ockenden Review; 1 st July 2021			
Immediate and Essential action (IEA)	Action required to meet recommendation	Lead/s	Completion Date
IEA 1 Enhanced Safety	The majority of partially compliant actions require regional input and we await confirmation from the LMS of agreed mechanisms. Further information to be received at LMS Board Meeting in July 2021	LMS Leads Associate Director of Midwifery Head of Obstetrics Clinical & Quality Effectiveness Midwife	September 2021 – TBC
	Increased level of reporting of SIs to the Trust Board; Specific maternity metrics are now regularly reported through the Integrated Board Report (IBR) and further work is underway to ensure that SIs are reported in more detail at Trust Board level.	Head of Patient Safety Associate Director of Midwifery Head of Obstetrics Clinical & Quality Effectiveness Midwife	November 2021
IEA 2 Listening to women and families	As part of the Perinatal Mortality Review Tool, Trust are required to provide a letter to the family; once case was missed thereby resulting in being non-compliant with Ockenden. Mechanisms are now in place to ensure compliance and this will be audited. The Trust remains compliant to meet with the requirements of CNST.	Head of Neonatology Clinical & Quality Effectiveness Midwife	August 2021
IEA 3 Staff training and working together	Required to ensure 90% of all specialties take part in multi-disciplinary training. This has been challenging and a mechanism is in place for regular monitoring and reporting. Ockenden funding does not cover the shortfall to backfill staff; further work required aligned to wider workforce reviews.	Consultant Obstetrician (Training Lead) Practice Support Team Clinical Director Directorate Manager	December 2021
IEA 4 & 5 Named Consultant and Risk assessment throughout pregnancy	Continue to embed named consultant and continuous risk assessment through training, audit and PDSA. Continue the work to progress implementation of BadgerNet as the agreed electronic paper record.	Head of Obstetrics Midwifery Matrons Clinical Quality and Effectiveness Midwife Clinical Director Directorate Manager	September 2021 12 months to implementation

Actions to support Maternity Workforce planning				
		Action required to meet recommendation	Lead/s	Completion Date
Section 2 Midwifery workforce	A plan in place to meet the Birthrate Plus standard	The Midwifery workforce plan is contained within the wider work being undertaken aligned to transformation, Better Births and Continuity of Carer. Enhancing the Midwifery Leadership will be part of this work.	Associate Director of Midwifery Directorate Manager	August 2021

6. NICE GUIDANCE RELATED TO MATERNITY

The Trust intranet Clinical Guideline Database holds internally and externally endorsed Maternity guidelines. With each new or revised iteration of a NICE maternity guideline the Service assesses assurance with compliance. Local guidelines which are not NICE compliant are added to the Directorate risk register and feed through into Trust Governance processes.

7. STRATEGIC IMPLICATIONS

As a Tertiary centre the Trust is working with the LMS and other NHS providers within the region to establish and consider the wider implications of meeting the Ockenden requirements. At present there is nothing further to update to the Trust Board on this element, however, this will be an item for discussion at the next LMS Board meeting in July 2021 and updates will be provided in future reports.

8. RISKS

Risks have been identified in meeting with the requirements of some elements of the Immediate and Essential Actions. In particular, providing personalised care and continuous risk assessment throughout pregnancy is challenging due to the fragmented nature of paper-based records. In mitigation, regular audits have been implemented until such a time that a bespoke electronic patient record is implemented.

Workforce training is identified as being at risk in terms of the sustainability of ensuring 90% compliance across all specialities and the impact of COVID-19 will impede further. Training schedules are in place with regular monitoring and reporting mechanisms which will enable early identification of key issues with revised planning. The additional challenge arising from the COVID pandemic has a potential to negatively impact progression as was the case in 2020/21.

The risk identified in the May 2021 Board report has emerged. The additional investment which is required will need to be considered by the Trust and local commissioners to ensure that the Maternity services continue to deliver safe, effective and high quality services to meet the requirements of the Ockenden Review.

The Maternity Transformation Programme, Better Births (NHSE 2016) directs that all providers of maternity services move towards models of care which support Continuity of Carer. This relies on a funded workforce establishment aligned to the recommendations of Birthrate Plus as a baseline starting point.

The amount of progress the Trust can make in moving towards the whole service remodelling which is required for Better Births is dependent upon securing the additional funds for the maternity workforce.

An options appraisal has been undertaken by the Trust and a proposal presented to the Executive Directors. The plans for transformation and the implementation of revised models of working will be shared at a future Trust Board meeting.

9. CONCLUSION

The Trust continues to progress the actions which align to the minimum evidence requirements of the Ockenden review, however, it is clear that there is further work to undertake to identify how the established gaps can be resolved including the additional investment required.

Indeed there will be implications for maternity services across the region and work will continue with the LMS and other local systems to fully understand what these are, and the plans that are required in developing further compliance with regard to the requirements arising from the publication of the Ockenden Review.

10. RECOMMENDATIONS

For the Board of Directors to:

- i) Receive and discuss the report.
- ii) Note the current level of assurance and the identified gaps in assurance as benchmarked in the Maternity Assessment and Assurance Tool (NHSE).
- iii) Recognise that further work is required to ensure full compliance.
- iv) Note the National investment opportunity aligned to the maternity workforce and training and Newcastle's bid for funding.
- v) Note the strategic implications arising for all Maternity Services arising from the Ockenden Report and the impact that this brings for Newcastle Hospital as the leading Tertiary centre for the North East.

Report of Maurya Cushlow
Executive Chief Nurse
29th July 2021

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TRUST BOARD

Date of meeting	29 July 2021						
Title	Health and Safety Annual Report 2020-21						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Craig Newby, Health, Safety and Risk Lead						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	The purpose of this report is to provide the Trust Board with an update on health and safety activity across the organisation during 2020-21.						
Recommendation	The Trust Board are asked to note the content of the report and its findings						
Links to Strategic Objectives	<ul style="list-style-type: none"> Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Maintain compliance with all regulatory requirements 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	<ul style="list-style-type: none"> Potential for harm to patients, staff and/or the public. Enforcement action from regulatory bodies. 						
Reports previously considered by	Annual report.						

HEALTH AND SAFETY ANNUAL REPORT 2020-21

EXECUTIVE SUMMARY

The health, safety and welfare of our staff and those that access our services is a key priority for the organisation and forms part of our objectives. This report provides an overview of health and safety activity and provides assurance around our health and safety legal responsibilities and highlights a number of key initiatives that have taken place during 2020-21.

Legal Compliance

During 2020-21 the Trust met all of its health and safety legislative obligations under the Health and Safety at Work Act 1974. Compliance with legislation was regularly monitored via detailed compliance audits and the health and safety inspection programme. Three Health and Safety Executive visits resulting in no notices or significant concerns. These visits covered services provided by others e.g. Newcastle University (hosting NUTH services).

Incident Data

A slight increase (6%) in health and safety incidents in comparison to the previous year. Most of this increase (100 incidents) was in relation to 'Exposure to COVID-19' incidents. Violence and aggression incidents remained relatively static but a 45% increase, to 161, of approved violent patient health record markers and a steady increase of physical assault incidents, since lockdown one, to average levels. This data is being considered as part of the development of a Violence Reduction Strategy, which is currently being planned. RIDDOR reporting increased during the period, in comparison to the previous year, from 26 to 37 incidents. This included four COVID-19 reportable incidents. No significant themes or trends were identified. Dis-aggregating the COVID incidents brings the overall trend for RIDDOR incidents to within normal levels and no significant cause for concern.

Lone Working

During 2020-21 the Trust replaced the lone worker system to a fob based device after securing funding for 800 licences. Devices are more user friendly and roll out took place towards the end of the financial year. This provides lone workers with the ability to raise an alarm and a speedy response.

Datix Incident Reporting

During the period, funding was secured to update the system to Datix Cloud IQ. Work undertaken during the year was instrumental in building an improved incident system ready to be rolled out early 2021-22. This provides a platform for improving incident reporting and in depth analysis of incident themes and trends. Plan to roll out other modules, such as Risk Management during 2021-22.

HEALTH AND SAFETY ANNUAL REPORT 2020/2021

1. INTRODUCTION

The Health & Safety annual report covers the period 1 April 2020 to 31 March 2021. The annual report outlines key developments and the work that has been undertaken during this reporting period as well as a review of all health and safety related incidents. It reflects the Trust's compliance with the Board of Directors approved 'Statement of Intent' and Health & Safety Policy Statement, which requires those responsible for health and safety within the organisation and during Trust activities to:

- Comply with health and safety legislation;
- Implement health and safety arrangements;
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies; and
- Develop partnership working and to ensure health and safety arrangements are maintained for all.

In progressing the management strategy of health and safety throughout the Trust, the Compliance and Assurance Team continues to observe the HSG65 model "Managing for Health and Safety". The key components of the Plan, Do, Check, Act (PDCA) framework can be summarised, as follows:

Plan Determine policy, plan for implementation.

Do Profile health and safety risks, organise for health and safety management, and implement the plan.

Check Measure performance, investigate accidents and incidents.

Act Review performance, apply learning. This framework directly maps with the SASH+ methodology, Plan, Do, Study, Act

Members	16/07/20	08/10/20	11/02/21
Chairman: Head of Risk, Compliance and Assurance			
Vice Chairman: Deputy Director of Quality & Safety		X	
Director of Quality and Effectiveness			X
Health Safety and Risk Lead			
Associate Director of Nursing			
Health and Safety Advisors			
Health and Safety Administrator		X	
Integrated Governance Manager	X		X
Occupational Health Clinical Lead			
Estates Compliance and Risk Manager			
Portering and Security Manager			
Strategic Fire Safety Lead			
Senior Human Resources Manager			
Workforce Development Manager			
Directorate Manager	X		
Lead Moving and Handling Coordinator			
Newcastle University Safety Advisor			
Contract Compliance Officer (Mitie)	X		
Staff Side Representatives		X	

2. MEETINGS & ATTENDANCE

The Health and Safety Committee has met three times during the period 1 April 2020 to 31 March 2021. This is outside the Terms of Reference; however COVID-19 restrictions prevented the planned May 2020 Committee from taking place. The Trust Health & Safety Committee achieved an attendance rate of 86% during the period of 1 April 2020 to 31 March 2021.

3. TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 11th February 2021.

4. POLICIES & PROCEDURES

The policies below were ratified by the Health and Safety Committee during 1 April 2020 to 31 March 2021:

Policy/Procedure	Date Approved
Hand Arm Vibration Policy	16/07/2020
Control of Substances Hazardous to Health Policy	27/10/2020
Fire Safety Policy	11/02/2021
Operational Control of Contractors Procedure	11/02/2021
Lone Working Policy	11/02/2021
Transport and Storage of Medical Gases Policy	11/02/2021

Quarterly and annual reports received at the Health and Safety Committee during 1 April 2020 to 31 March 2021:

Quarterly Reports	Annual Reports
Training Health and Safety Compliance Inspection Programme Health and Safety Incidents Sharps Incidents Estates Fire Safety Security Moving and Handling Health and Safety Risks	Radiation Protection Health and Safety Moving and Handling Sharps Electrical Lift Safety Dental Health and Safety

Minutes for the following committees and groups were reviewed quarterly in 1 April 2020 to 31 March 2021:

Related Committee Minutes

- Trust Security Group
- Stress in the Workplace Review Group
- Radiation Protection Committee
- Dental Health & Safety Committee
- Laboratory Health and Safety Group
- Fire Safety Group
- Asbestos Working Group
- Electrical Safety Group
- Pressure System Group
- Latex Awareness Advisory Group
- Trust Security Group
- Medical Gas Committee

5. TRAINING

The Health and Safety Team has successfully delivered 48 training courses during 1 April 2020 to 31 March 2021:

Courses	Number of Sessions
Risk Assessor	7
COSHH Assessor	8
CRT Train the Trainer	0
Stress Awareness	0
Stress Training for Managers	3
Lone Working Lookout Call	30
Mental Health First Aid Courses	0

*COVID-19 had an impact on the training sessions available during 20-21

6. LEGAL COMPLIANCE

The table below outlines the main Health & Safety legislation and identifies the proactive work that the Trust has carried out in order to comply:

Legislation	Description of actions/compliance
Health & Safety at Work Act 1974	<p>Compliant, specific areas of assurance are:</p> <ul style="list-style-type: none"> • Competent persons in place to provide compliance advice. • Health and Safety Committee held 4 times a year – which are well attended. During 20-21 the Committee only met three times. The scheduled meeting in May 2020 was cancelled due to COVID-19 restrictions. • Increased availability of induction training sessions for new recruits, both induction and update sessions include reminders of the requirement to risk assess.

Legislation	Description of actions/compliance
Management of Health & Safety at Work Regulations 1999	Compliant, specific areas of assurance are: <ul style="list-style-type: none"> • H&S Audit programme, all clinical areas audited on a 2 year cycle, requires audit actions to be addressed at service level within given timescales in order to ensure full compliance • Risk assessment training is provided to all clinical areas and risk assessment paperwork has been reviewed. Requirement for role specific risk assessments, production and quality of these is monitored via the audit / inspection programme. • Risk Assessor training provided for Integrated Covid Hub North East (ICHNE). • Core risk assessments provided for Nightingale, ICHNE and Vaccination Centres.
Control of Substances Hazardous to Health (COSHH) 2005	Compliant, specific areas of assurance are: <ul style="list-style-type: none"> • COSHH policy has been revised with enhanced guidance on the risk assessment process e.g. Dangerous Substances and Explosive Atmosphere Regulations (DSEAR). • COSHH Risk assessment form simplified in order to improve compliance with Regulation 6. • COSHH awareness included in all H&S Awareness training, Induction Training. • COSHH compliance reviewed in Ward areas as part of health and safety audit / inspection programme. • COSHH training provided to ICHNE. • COSHH assessments completed for Nightingale, ICHNE and Vaccination Centres.
Display Screen Equipment Regulations 1992	Compliant, specific areas of assurance are: <ul style="list-style-type: none"> • This policy aims to ensure that effective arrangements are in place for working with display screen equipment and to meet the requirements of the Display Screen Equipment (DSE) Regulations 1992 (amended 2003). To safeguard staff safety and comfort whilst working with DSE. • Training Figures - The required standard is 95% compliance with the overall compliance for the year being 87.65%. • Office Chair Assessment Service - There have been a total of 219 referrals in 2020/2021 compared with 283 referrals in 2019/20. • Overall 96.6% of all departmental assessments were completed. Compliance has been affected by a reduced staff in the MHT over the year due to maternity leave, sickness and delays in recruitment. • DSE compliance extended to cover Nightingale, ICHNE and Vaccination Centres.
Reporting of Injuries, Diseases and Dangerous	Minor non-compliance with reporting timeframes <ul style="list-style-type: none"> • 60% of the reported incidents are (Staff member off over 7 days).

Legislation	Description of actions/compliance
Occurrences Regulations 1995 (RIDDOR)	<ul style="list-style-type: none"> • Learning from all RIDDOR incidents is shared at the Trust Health & Safety Committee and other respective assurance meetings. • Further work identified to remind managers of reporting timeframes.
Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	<p>Compliant, specific areas of assurance are:</p> <ul style="list-style-type: none"> • The Trust continues to monitor ordering practices to ensure compliance with the Regulations and use of safe sharps devices wherever reasonably practicable. Further work has been undertaken this year to “mask” non-safe sharps devices from the NHS Supply Chain Catalogue to reduce ordering practices where not supported by underlying risk assessment; • Where safe sharps are not reasonably practicable, we continue to ensure and have taken steps to enhance robust risk assessment and mitigation measures are in place. A new Medical Sharps risk assessment tool has been released this year to replace the generic Trustwide risk assessment tool. This new tool puts an emphasis on safe systems of work, training and monitoring to obviate risks from using non-safety devices. All new risk assessments are completed using this tool and older risk assessments are being transferred as they fall due for review; • Sharps disposal remains a priority and the Group continues to advocate the use of point of care disposal and use of SharpSmart sharps boxes. The new SharpSmart on wheels is now embedded in the Trust and our entire fleet of SharpSmarts continues to be updated systematically across all areas of the Trust; • Sharps Group meet Bi-monthly with representation from a variety of Trust departments including Clinical Education, Procurement, Supplies, Sustainability & Waste and Patient Safety. • The Trust is currently on the 7th edition of the Safer Sharps Inventory. This has been expanded to include safety lancets for capillary blood glucose monitoring and safety heel lancets for the Guthrie test in Maternity.
Health & Safety Information for Employees Regulations (Amendment) 2009	<p>Compliant, Specific areas of assurance are:</p> <ul style="list-style-type: none"> • The health and safety intranet page has been revised. • Health and safety coordinators and trade union H&S representatives in place. • Health and Safety Committee held four times a year is well attended by Managers, Trust Competent Persons, TU Reps and H&S Coordinators. • Reports on Audits, Action Plan progress, KPIs and Risk Register. • Health and Safety Committee acts as consultative committee for health and safety policies.
Health & Safety Consultation with Employees Regulations 1996	
Safety Representatives and Safety	

Legislation	Description of actions/compliance
Committees Regulations 1977	

7. HEALTH & SAFETY COMPLIANCE

Health & Safety Compliance audit results are reported quarterly to the Trust Health and Safety Committee for each Directorate. This compliance tool is an indicator of risk assessment completion across 12 common areas of health and safety which also include radiation and fire safety. The most recent report for Quarter 3 2020-2021 indicates that compliance across the Trust for the 12 general areas of health and safety is at 91% overall. There is ongoing work to further improve the quality of risk controls and close gaps in associated arrangements at service level.

All Departments have been subject to a health and safety Inspection since 2013 as part of a 24 month cycle to support local risk assessors and validate information collected under the compliance audit tool. Departments are provided with an action plan following each inspection. There have been 67 Health and Safety inspections undertaken during this period. The inspections have been undertaken in 9 Directorates in the current programme. Along with other measures, it is envisaged that the compliance and inspection arrangements will support an overall reduction in harm over the coming years. The inspection programme plays an important role in validating compliance, the development of safe systems of work, leading to improved risk controls whilst supporting services.

The Compliance and Assurance department continue to work closely with the Estates department supporting the review of governance, monitoring and assurance measures around the estate related functions of the Trust. Those health and safety related risk register entries that have an estates related component and are shown below. Health and safety representation on key committees and groups continues to be provided.

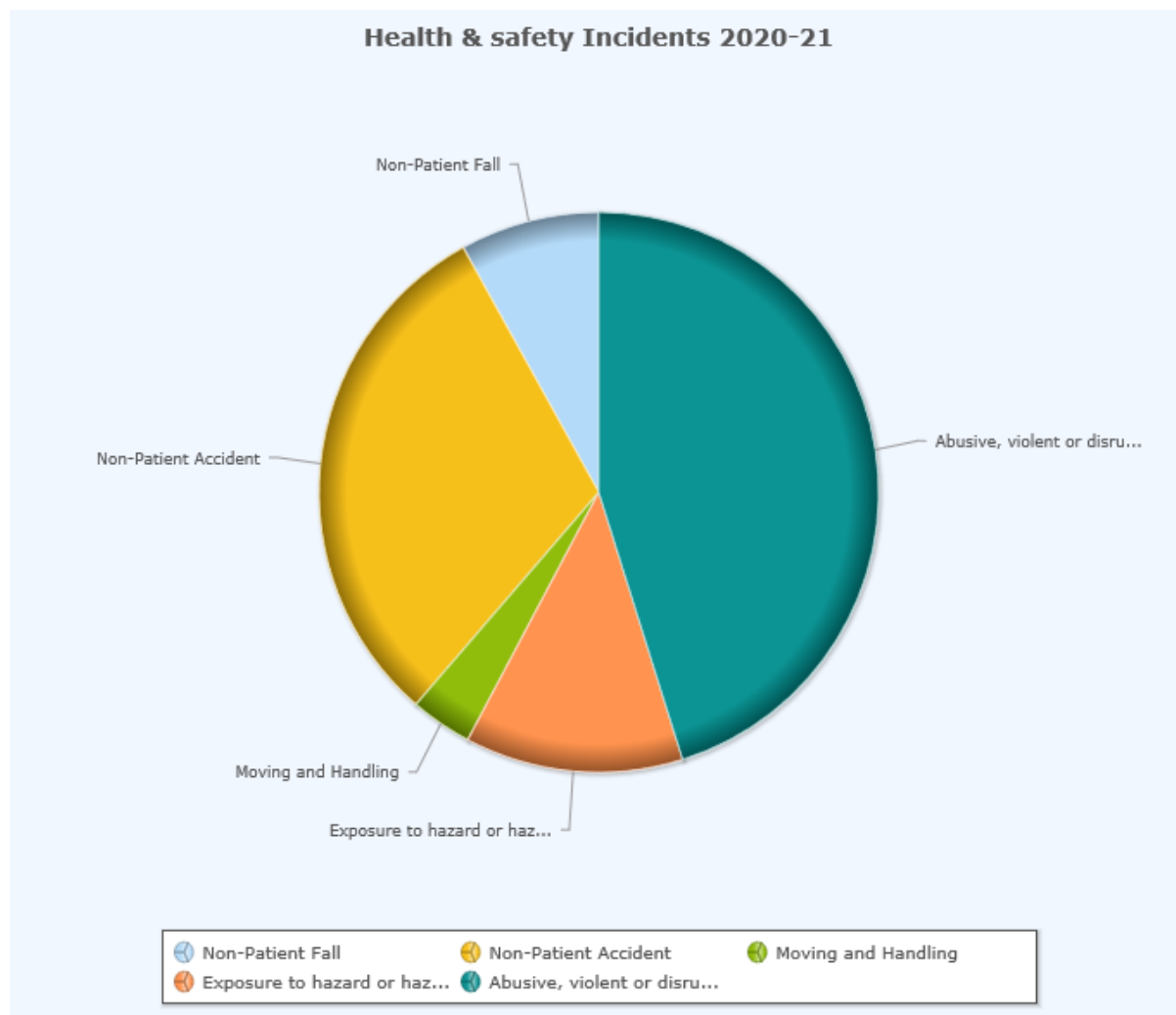
8. HEALTH AND SAFETY INCIDENTS

The number and type of staff related incidents for each Directorate during the period of 1 April 2020 to 31 March 2021 is shown in table below. There is an overall 6.5% increase in reported health and safety incidents for 2020 – 2021 compared to the previous year.

Health and Safety Incidents by Type and Directorate 20-21

	Physical / Non Physical Assault on Staff	Accident	Exposure to Coronavirus	Exposure to hazard / substance	Ill health of staff / visitors / members of the public	Moving & Handling	Needlestick / Sharps	Slip, trip, fall	Total
Cancer Services / Haematology	9	5	2	8	3	1	12	3	43
Cardiothoracic	42	5	4	8	4	2	21	7	93
Chief Operating Officer	8	0	2	5	0	2	1	1	19
Children's Services	17	5	11	2	1	1	18	6	61
Clinical Research	0	2	0	1	1	0	4	0	8
Covid Vaccination Programme	5	1	0	0	0	0	4	1	11
Dental Services	5	5	1	1	2	0	11	3	28
EPOD	29	3	3	8	1	2	15	3	64
Estates	3	21	4	11	5	2	3	14	63
Human Resources	0	8	0	1	2	0	1	4	16
Integrated Laboratory Medicine	1	3	1	10	0	0	9	6	30
ICHNE	0	3	1	3	3	0	2	2	14
IT	0	0	0	0	1	0	0	0	1
Medicine	333	17	21	9	4	8	51	14	457
Medical Director	0	1	0	0	0	0	0	6	7
Musculoskeletal Services	55	3	1	7	0	3	10	1	80
Neurosciences	51	2	3	4	3	2	9	2	76
NMPCE	0	0	0	0	0	0	1	1	2
Out of Hospital/Community	56	6	3	1	2	7	14	10	99
Patient Services	133	66	9	12	8	16	12	25	281
Peri-operative and Critical Care	31	17	15	20	4	9	67	12	175
Pharmacy	1	5	0	6	2	3	13	5	35
Radiology	9	2	4	3	2	1	4	6	31
Supplies	0	2	0	2	1	3	0	2	10
Surgical Services	39	1	5	4	1	0	12	4	66
Urology and Renal Services	44	7	5	7	5	4	15	7	94
Women's Services	13	12	1	13	4	4	30	13	90
External Trust / Organisation	1	0	4	1	1	0	0	0	7
Total	885	202	100	147	60	70	339	158	1961

Health and Safety Incidents by Category 20-21



The number of health and safety incidents for 2020-21 has increased by 6.5% from 1,845 to 1,961 compared to the previous year; however the ‘exposure to Coronavirus’ incidents have been added this year, which added a further 100 incidents. There have been general decreases in incident rates for falls, sharps, moving and handling; although violence and aggression towards staff has increased.

A comparison of key slip, trip and fall types for staff and visitors for the period 2015 – 2021 is shown below. This shows some overall reduction in key fall types compared to the 2015 to 2017 periods; however recent year on year increases in some key incident types have been noted and are being analysed. Work continues on generic risk assessments for general circulation areas across the Trust.

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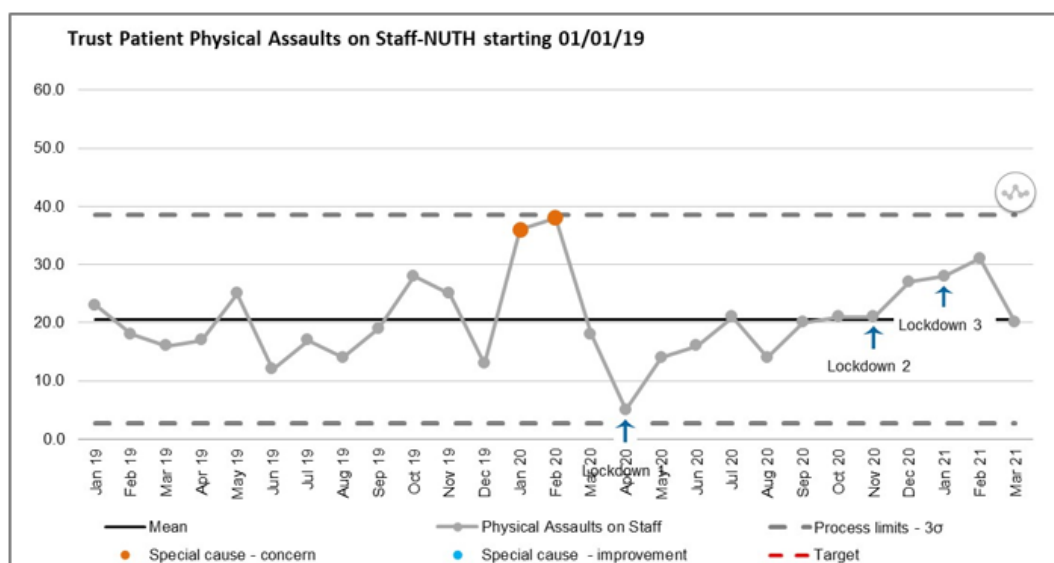
Type of Fall	2015-2016	2016-2017	2017 - 2018	2018 - 2019	2019- 2020	2020-2021
Tripped over object	52	40	36	21	20	27 ↑
Slip on wet surface indoors	44	50	34	38	38	42 ↑
Fall stairs/steps	18	14	10	14	17	13 ↓
Fall on level ground	47	52	48	34	45	23 ↓

Physical assault information on staff previously collected by NHS Protect ceased to be available from 2016. Table below shows the number of physical assaults per 1000 employees over a 12 month period for the most recent 7 years.

Number of staff assaulted per 1000 employees	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019- 20	2020- 21
Newcastle Hospitals NHS FT	18	16	18	16	18	16	14 ↓
Gateshead NHS FT	21	31					
Northumbria Healthcare NHS FT	29	25					
Sunderland NHS FT	28	29					
Acute average per 1000 Staff	21	21					

*Physical Assaults 2014 – 2021 per 1000 Staff. The introduction of additional services such as ICHNE will have increased an impact on this figure

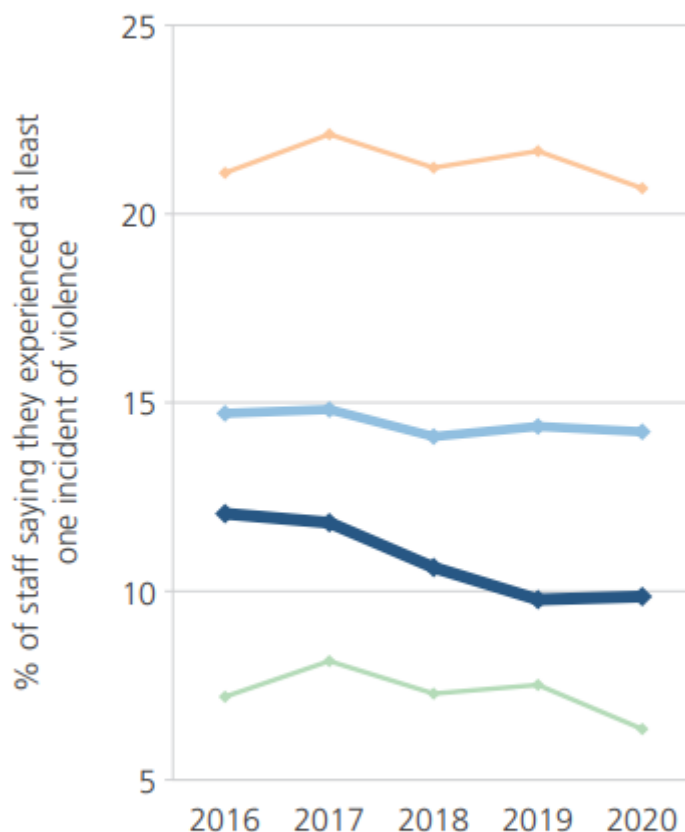
Assaults on staff have remained relatively static other than increases in the very early stages of the pandemic; particularly in ED and significant reduction during lockdown 1.



Data received under the NHS staff survey and shown in Figure below provides some indication of levels of violent and aggressive incidents experienced by staff, further work continues to understand the nature of violence and aggression throughout the Trust and improve reporting of incidents.

Q12a

In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	12.1%	11.8%	10.6%	9.8%	9.9%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%

Extract from 2020 NHS Staff Survey for NUTH

9. VIOLENCE AND AGGRESSION (V&A)

The Violent Marker Panel has approved the marking of 161 patient records during 2020/2021; this represents a 45% increase on the previous year. The conflict resolution training programme is a requirement for all staff with a regular patient facing role. This programme equips staff to recognise the ways that violence escalates, helps identify the behavioural and physical signs in people and provides a range of de-escalation techniques.

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A review of physical intervention (restraint) training provision for security staff was undertaken in 2018 and a more sustainable training model implemented, training via an external provider, using General Standards model, was commenced, however due to COVID-19, meeting training targets has been challenging. Since the first lockdown period training has been resumed using a socially distanced training model and work continues to ensure all staff receive timely and up to date training in this area.

During 2020-2021 the Security Management Team have been working with colleagues from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) and actively are highlighting concerns regarding V&A incidents involving those patients with mental health issues, this is to ensure learning from incidents and inform of issues that affect service delivery and patient care.

Mental health awareness training was made available to security staff during the period and to date almost all security staff have received this training.

One of the key objectives of the Compliance and Assurance team is the reduction of violence / aggression and restrictive interventions. A number of ongoing initiatives will feature within this work. For example:

- Datix system has been updated to Datix Cloud IQ with added business intelligence. During 2021/22 further analysis and development of interactive dashboards will be progressed.
- Restraint information is now captured on the Datix system. This was added in August 2020 and full year data will be presented as a separate report to the Health and Safety Committee. Since August 2020 139 restraints have been recorded. In terms of contributory factors mental health was recorded in 20% of restraints whilst drugs and alcohol was a factor in 27% of restraints. Restraints in the Emergency Department (ED) made up 50% of the incidents.
- Within ED a form has been introduced to provide security with the legal reason why a person may be either restrained or detained within the department. This information is completed by the Consultant, shared with security staff and entered onto E-Record.
- The Children's Mental Health Group was established during 20-21. This group has been tasked with looking at the care pathway for children and young people with mental health or learning disabilities. This includes work around improvements to the environment on Ward 6 and ensuring appropriate psychiatric liaison is in place. The group has recently been bolstered by a range of staff from CNTW and input from carers.
- The Trust are involved in a multi-trust bid to gain funding via Clinical Commissioning Groups (CCG's) to progress with the We Can Talk initiative, which provides support and training to Trust staff to improve their knowledge, skills and confidence when working with children and young people who are experiencing mental health difficulties whilst in hospital or attending Accident & Emergency (A&E) in a mental health crisis. Unfortunately this year's bid was unsuccessful; however the bid is planned to be re-submitted and the training to staff has been rolled out in a number of children's wards.

10. SLIPS, TRIPS AND FALLS (STF)

The Health and Safety Committee continues to monitor the slips, trips and falls action plan which is updated annually and approved by the committee. Following a number of incidents, some of which fell under RIDDOR reporting requirements and led to reportable injuries to staff, a thematic review of Slips, Trips and Falls took place in November 2020. The details of this were presented to the Health and Safety Committee in February 2021. A number of actions were highlighted as part of the review and further updates will be provided to the Health and Safety Committee during 2021-22.

Information on the causes and prevention of slips, trips and falls is delivered in specific training programmes for domestic services and contained within the Trust induction package. A non-clinical STF e-learning package is available via the intranet. Slips and falls are within the scope of the inspection programme and each department is expected to have considered the risks of falls understanding and monitored risk assessment arrangements.

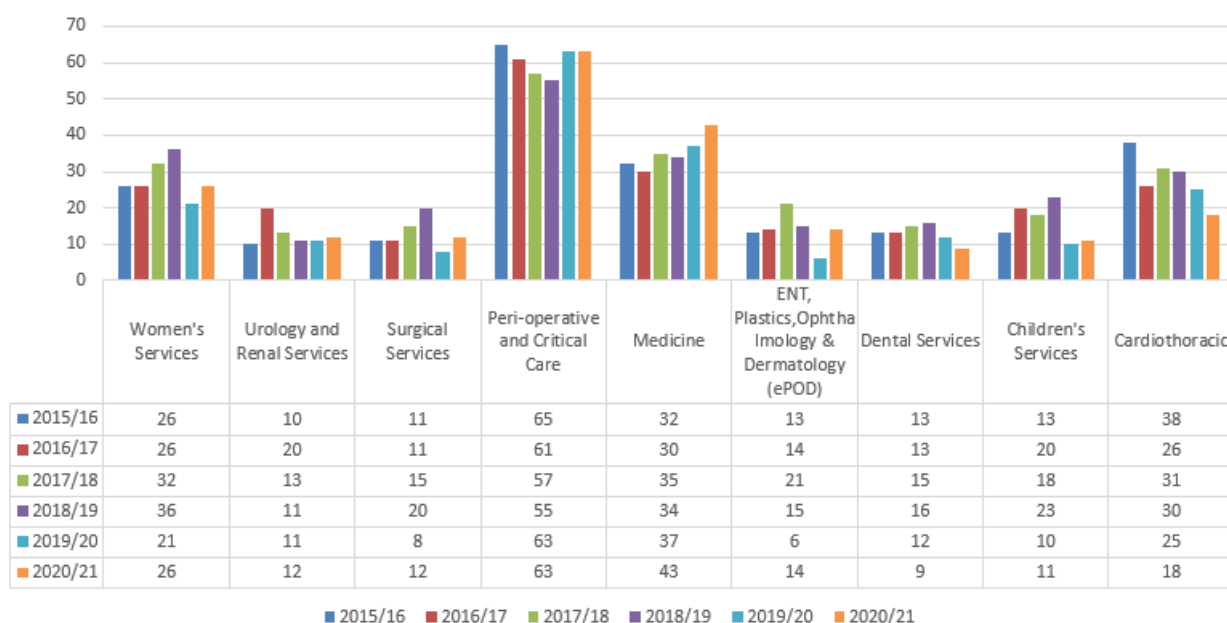
11. SHARPS INCIDENTS

The Safer Sharps Review Group met twice during 2020-21. The group work during 2020-21 includes assurance on the ongoing use of safer sharps devices in all appropriate clinical areas, ensuring risk assessments for use of non-safety devices (where reasonably practicable) reflect robust safety practice, review of sharps incidents including RIDDOR reports and introduction of a programme of staff education to enhance improvements in practice. Collaborative working with Occupational Health Services (OHS) continues to ensure accurate recording of incidents and that appropriate incident follow up actions are being undertaken. An inoculation incident report is presented quarterly to the Trust Health and Safety Committee.

There were 338 sharps incidents during the period, of these 266 relate to dirty sharps with the remainder being clean or non-medical sharps incidents.

The Trust is on the 7th edition of the safer sharps inventory. Dirty sharps incidents for the highest reporting Directorates covering the previous 6 years is shown below, which shows increase in and Peri Operative & Critical Care and the Directorate of Medicine, with reducing levels in Dental Services, Cardiothoracic, since 2015/16.

Dirty Needlestick Incidents by Directorate



Further analysis of this data will be provided separately to the Health and Safety Committee and the Sharps Annual Report will be presented at the August 2021 meeting.

12. STRESS MANAGEMENT

The Stress in the Workplace Review Group (SWRG) met once during 2020-21, which falls short of the expected four times per year, identified in the Terms of Reference. This was a direct result of COVID-19 restrictions. During this period work progressed around a number of stress related areas such as risk assessment and training. Membership includes H&S, OHS, Human Resources, Staff Development, Health Improvement, Chaplaincy and Staff Side. It reports to the Trust Health and Safety Committee. Its role is to ensure that the requirements of the stress policy are met and progress the development of arrangements to prevent and manage stress. The terms of reference for the group have been updated and amended, and all changes accepted by the group. The Stress Prevention Intranet site has been updated to include the up to date list of Mental Health first aid staff members and latest information. The stress risk assessment process remains the focal Mechanism to manage work related stress including areas of stress related sickness absence. The HR Department are actively involved in the process of supporting directorates in the completion of both service level and individual risk assessments. The Trust Stress risk assessment process is included in the manager induction programme. There has also been an ongoing series of monthly training sessions held across the Trust to instruct all managers in the risk assessment process, run by the H&S team. The group continues to take account of the findings of the annual staff survey and incorporate any actions into the SWRG action plan. The SWRG action plan is a rolling plan designed to how best achieve set actions within an annual time frame. The plan is monitored and amended as actions are completed at the group meetings.

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Mental Health First Aid (MHFA) training was introduced in 2016 and work continued throughout 2020-21 to improve the service. The total trained across the Trust as at March 2021 was 174. Further development work is planned for 2021 – 2022. The MHFA course teaches attendees to recognise the early signs of a mental health problem and the knowledge to provide help and support to staff across the organisation. Further development of MHFA training will include the roll out of Trust based facilitators.

13. LONE WORKING

The Trust acknowledges the number of staff working in higher risk environments such as community based nursing teams. During 20-21 a business case was submitted with a proposal to provide 800 Lone Worker Solutions (LWS) lone worker devices to replace the 'Lookout Call' system. This was approved and towards the end of the financial year information was gathered from Directorates to identify lone workers across the Trust that would benefit from a new device.

The Trust purchased the Lookout Call phone app based system in 2013; however reviews identified low usage rates and a low confidence rating from staff using the application. The new LWS devices provide enhanced features when compared to the previous Lookout Call system, including roaming SIM cards, person down feature and GPS technology. Managers have the ability to monitor usage and update staff information via an interactive web based portal.

The Lookout Call system was switched off at the end of March 2021, which coincided with new devices being rolled out to staff. At the time of this report over 500 devices have been delivered to community based services with the remainder due to be delivered in the early part of May 2021. The Compliance and Assurance Team have provided continued support during the mobilisation period and ensured the initial submission of user information was accurate and timely.

Staff continue to be reminded that a range of lone worker controls are available, highlighted in the new Lone Worker Policy, and that the new devices help to raise a response and reduce the risk to lone workers.

Once all of the devices have been deployed, further support will be provided to managers to ensure uptake of the online portal ensuring devices are used to their maximum capacity.

14. REPORTING OF INJURIES DISEASES & DANGEROUS OCCURRENCES REGULATIONS

There has been an increase in the number of RIDDOR incidents compared to 2019 - 2020 from 26 to 37 incidents in 2020 - 2021. There were 8 specified (major) injuries reported to the Health and Safety Executive. A majority of these were in relation to fractures following falls. There was one reportable exposure to blood borne virus and an incident where a staff member was exposed to an unknown substance resulting in ill health. During the period 4 incidents were reported under the reportable diseases category and these were in direct

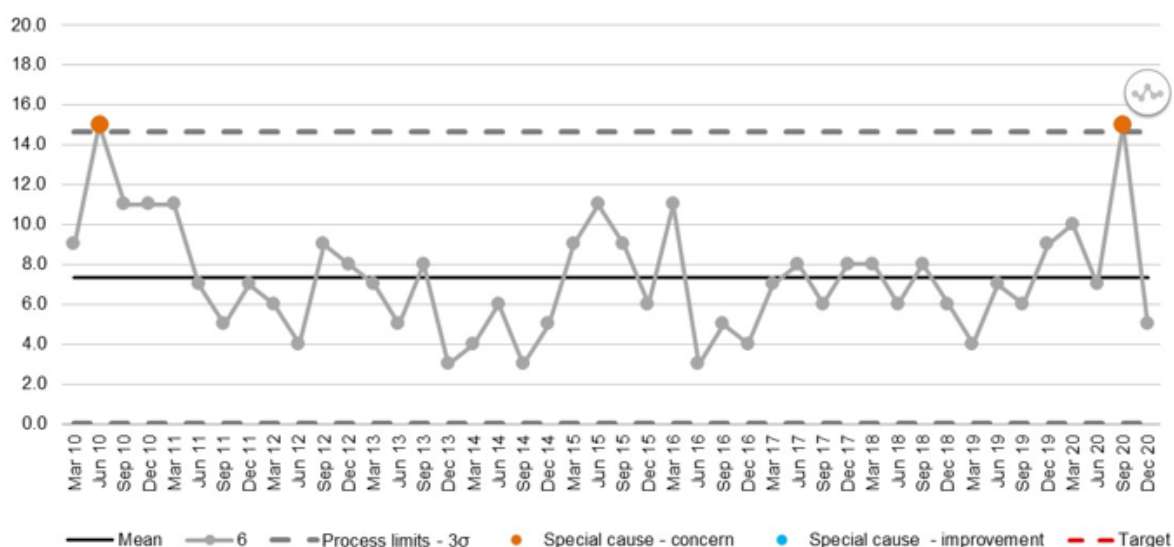
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relation to positive tests for COVID-19. These incidents occurred in the Patient Service Directorate and identified clear exposure to COVID-19 and subsequent positive testing of four members of staff. The remaining incidents reported were categorised as resulting in an over 7 day absence from work as a result of an injury. A number of these absences have resulted from fractures to fingers or toes with no specific common factors identified, occurred in different directorates with various contributory factors. All RIDDOR incidents are investigated by the reporting directorate and the followed up by the supporting Health and Safety Advisor under the continuous monitoring and support arrangements undertaken by the Health and Safety Team.

	Abusive, violent or disruptive behaviour	Exposure to hazard or hazardous substances	Moving and Handling	Non-Patient Accident	Non-Patient Fall	Total
Cancer Services / Haematology	0	0	0	1	1	2
Chief Operating Officer	0	0	2	0	0	2
Clinical Research	0	0	0	1	0	1
EPOD	0	0	0	0	1	1
Estates	0	0	1	1	1	3
Medicine	3	0	0	1	0	4
Neurosciences	0	0	0	1	0	1
Out of Hospital/Community	0	0	0	0	2	2
Patient Services	1	4	2	2	5	14
Peri-operative / Critical Care	1	2	0	0	0	3
Pharmacy	0	0	2	0	0	2
Radiology	0	0	0	1	1	2
Total	5	6	7	8	11	37

The SPC chart below shows the trend around RIDDOR reporting since quarter one of 2010. It highlights that the number of reports for quarter three last year was at the upper control limit and therefore significantly higher than normal. This quarter also included the four incidents reported as a result of exposure to COVID-19 and when dis-aggregated would have resulted in a closer to average reporting number for that period.

RIDDOR Incidents-Trustwide starting 01/03/10



15. EXTERNAL INVESTIGATIONS

In April 2020 the HSE contacted the Trust in relation to two anonymous concerns raised around COVID-19 control measures in RVI Estates and the Dental Hospital. Comprehensive information was gathered from each area providing evidence of robust control measures in each of these areas. This information was presented to the HSE, which provided assurance and as a result there was no further action.

In June 2020 the Health and Safety Executive were informed of an incident in Central Operating Theatres where a member of staff became ill following the inhalation of an unknown substance, found in a box which should have contained harmless cartridges for the anaesthetic scavenger system. Given the nature of the incident the HSE decided to investigate this incident. The investigation involved three external companies as well as the Trust; however the investigation found the bottle of contaminated ground water should not have been in the consignment and this issue sat firmly with the delivery courier. The member of staff made a full recovery and protocols were considered as part of the internal investigation. There were no HSE actions for the Trust following the inspection.

16. RISK REGISTER

The Trust Health and Safety Committee receive a quarterly report covering details of Trust-wide high rated risks (12+) in relation to the Health and Safety Committee’s areas of focus, this reflecting the Trust’s Risk Appetite for those risks linked to Quality Outcomes – Safety, Effectiveness, Experience where the Risk Appetite is “Low” (*) and the Risk Tolerance Score is between 6 to 10.

As at 22nd April 2021 the Trust held a total of 453 open risks, 213 of which were rated 12+. Of these 213, 17 were Health and Safety related (7.9%).

Closed Risks

During 2020/2021 there were three 12+ risk risks closed.

Risks Reduced to Less Than 12

During 2020/2021 there were two risks where the current risk score was reduced to less than 12 and they remain open.

The detail regarding the risks is included in the Private Board Reference Pack.

17. COVID-19 – HEALTH AND SAFETY RESPONSE

The onset of the COVID-19 pandemic had a profound impact on the day to day operation of the Compliance and Assurance department; however the team were responsive and adapted really well to the additional demands during this period. Restrictions during lockdown periods impacted on normal activities such as training and ward / department based inspections. At the same time, additional work-streams started to emerge, which required direct health and safety input. The commissioning of the Nightingale Hospital involved detailed work around operational risk assessments as well as wider involvement around Policy development and other assurance processes. This included development of the Datix Web system to ensure a robust incident reporting system was available to all staff. During the pandemic the Compliance and Assurance Team supported internal groups such as Silver and Gold command and provided loggist training for staff supporting these meetings.

COVID secure risk assessments were developed by the team for a number of areas across the Trust including Integrated Laboratories.

During the later parts of 2020 the Compliance and Assurance Team were involved in assisting the staff vaccination programme, which extended into late February 2021. Further initiatives such as ICHNE and Trust vaccination centres impacted heavily on the team in terms of ensuring safety protocols / risk assessments / health and safety training / safety policies and incident reporting were all in place.

18. DATIX DEVELOPMENTS

During 2020-21 the Compliance and Assurance Team were successful in a business proposal to replace the Datix web system with an updated cloud based system called Datix Cloud IQ. A project group was established to build the new system and ensure it provided an improved format for the reporting of incidents across the organisation. The project was focussed on working closely with specific staff groups to ensure the new system met their needs and as a result improved uptake of incident reporting and investigation. In addition

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to this, work was undertaken Datix Cloud IQ (DCIQ) replaced Datix Web on 6th April 2021 with 'Incident' being the first module released.

DCIQ is integrated with ESR and work is ongoing to establish a link with e-record and also build the integrated business intelligence reporting tool called 'Yellowfin'.

We will be looking at moving further modules from Web to DCIQ later in the year, such as Enterprise Risk Manager, Complaints, Claims, Safety Alerts & Investigations with DCIQ fully operational for all modules by April 2022.

19. RECOMMENDATIONS

The Trust Board are requested to receive the report and endorse the developments

Report of Angela O'Brien
Director of Quality and Effectiveness
05/05/2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 2021						
Title	CNST Maternity Report						
Report of	Angela O'Brien, Director of Quality & Clinical Effectiveness						
Prepared by	Jo Ledger, Head of Patient Safety and Jane Anderson, Associate Director of Midwifery						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 3 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 maternity safety actions.</p> <p>Reporting requirements in regards to the Maternity incentive scheme previously paused since 26th March 2020 due to the Covid-19 response, have now been re-launched on 1st October 2020.</p> <p>Amendments to the safety actions outlined in the re-launched scheme were published in January and March 2021.</p> <p>The content of this report specifically addresses Action 6.</p>						
Recommendation	The Board of Directors is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	This is a follow on report for Year 3 of this Maternity CNST incentive scheme. Previous reports were presented to Board on 30 th July 2020, 24 th September 2020, 26 th November 2020 and 28 th January 2021.						

CNST MATERNITY SAFETY ACTION 6

EXECUTIVE SUMMARY

The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 3 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 maternity safety actions.

Reporting requirements were paused from 26 March 2020 due to the Covid-19 pandemic and re-started on 1st October 2020.

Amendments to the safety actions outlined in the re-launched scheme were published in January and March 2021.

The content of this report specifically addresses Action 6 - Element 4, Standard a).

The Board of Directors is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met.

CNST MATERNITY SAFETY ACTION 6

The Trust is currently preparing to submit the Board declaration of compliance with the Maternity CNST Safety Actions. The scheme requires the Trust to meet all 10 Safety Actions including multiple sub elements of the standards. Compliance against all four Elements in relation to Saving Babies' Lives V2 are mandated.

The Trust Board is asked to receive the following statement for assurance and confirmation of compliance with Element 4, Standard a).

Element 4

Standard a) – percentage of staff who have received training on fetal monitoring in labour in line with the requirements of the safety Action eight including: intermittent auscultation, electronic fetal monitoring, human factor and situational awareness.

CNST Board Declaration question - Has the Board minuted in their meeting records a written commitment to facilitate local, in-person, fetal monitoring training when this is permitted?

This standard requires the Trust Board to minute in meeting records a written commitment to facilitate local, in-person, fetal monitoring training when this permitted, if face to face training has been suspended due to Covid-19.

This commitment has not been minuted at Board during Year 3 of the scheme as the Trust has not suspended face to face staff training in relation to fetal monitoring in labour and training has been delivered safely throughout the Covid-19 response period. Fetal monitoring training is included in the Clinical Skills Multi-professional Emergency Training delivered to all relevant staff (as outlined on Safety Action 8 of the scheme) and this has been delivered on an ongoing basis.

The Quality Committee received this information at their meeting on 22 July 2021 and accepted that the information provided assurance over the Trust's compliance with Element 4, Standard a), to enable the Trust's full and minuted declaration of compliance with Safety Action 6 of the scheme. The Trust Board is asked to accept this statement for assurance and confirmation of compliance with Element 4, Standard a).

Angela O'Brien
Director of Quality & Clinical Effectiveness
21 July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 2021						
Title	Learning From Deaths Q1 (April 2021 – June 2021)						
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				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>This paper aims to provide assurance to the committee that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NOB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018)</p> <p>This paper also summarises the processes that are in place to provide assurance to the committee 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.</p>						
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 <ul style="list-style-type: none"> 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 on 22 July						

LEARNING FROM DEATHS

EXECUTIVE SUMMARY

This paper aims to provide assurance to the committee that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NOB) 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 committee 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 Quality Committee 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 (NOB) 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 NOB 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

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

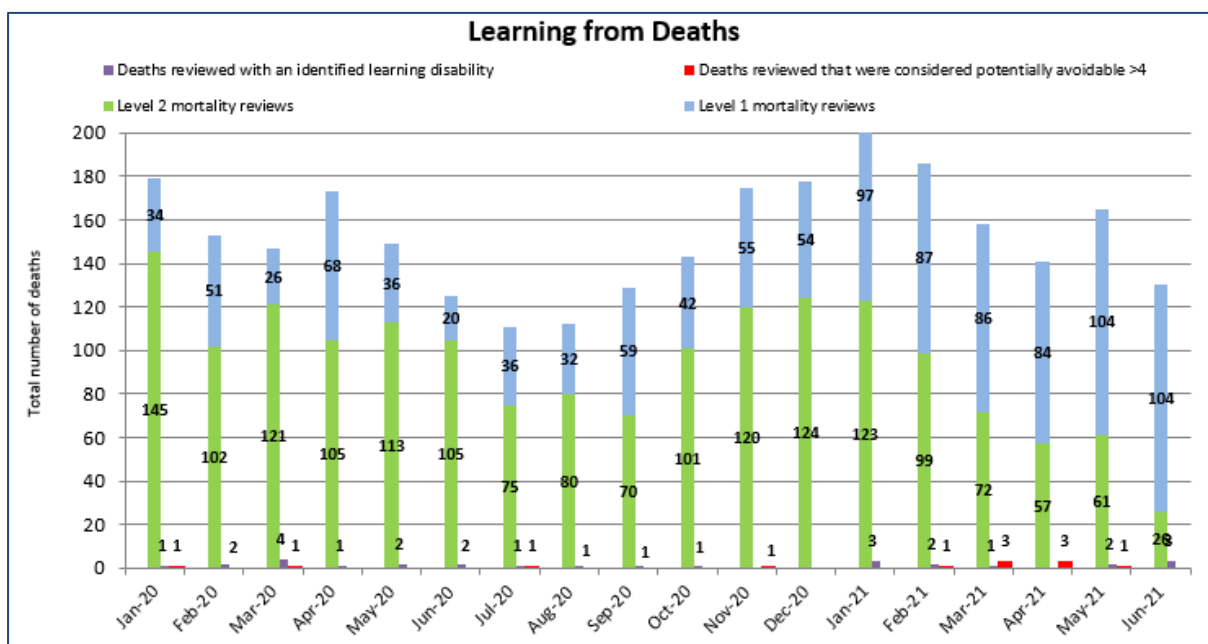
Level 1: The reviewer reviews the cause of death and discusses with the certifying doctor.

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 (July 20 – June 21) 1849 patients died within Newcastle Hospitals with a total of 1006 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

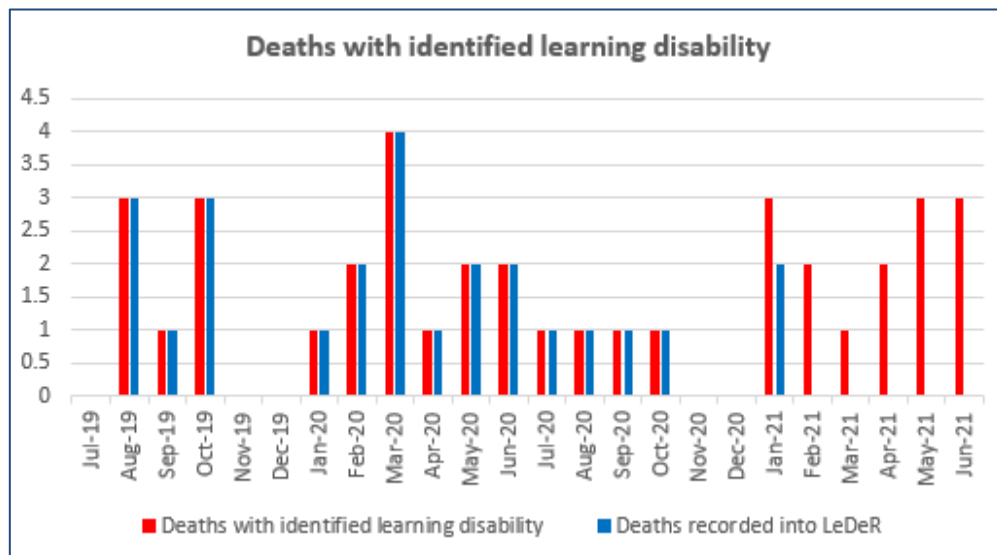
The National Learning Disabilities Mortality Review (LeDeR) Programme was established as a response to the recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD 2013). CIPOLD reported that people with learning disabilities are three times more likely to die from causes of death that could have been avoided with good quality healthcare.

Since July 2020, 20 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

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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 Bulletins.

The graph below shows the data from July 2019 – June 2021 and includes those patients who have been recorded into the national LeDeR database. All patients with a disability are discussed at Learning Disability Review Panel and thereafter findings are submitted onto the national LeDeR database. However, due to the complexity of some cases, further information and discussion is required, which can result in a delay in patients' cases being reviewed. An extraordinary Learning Disability Review Panel meeting is planned to take place in August 21 to capture these patients and to avoid further delay.



3.3 Outcome of Case Reviews – Hogan Score

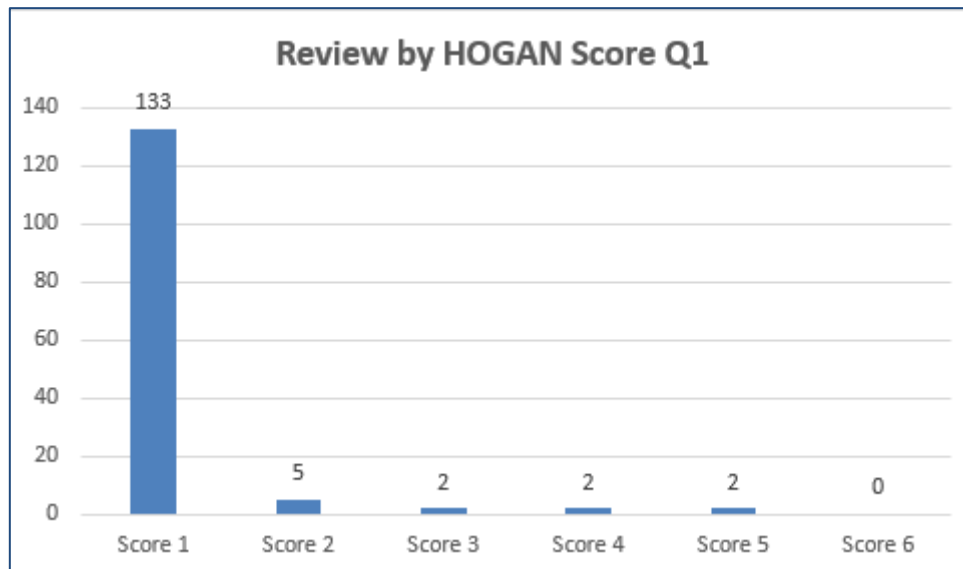
Throughout Q1 (April 21 – June 21), 144 patients have received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database. This number will continue to rise as more M&M meetings go ahead over the forthcoming months.

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. All HOGAN grading ≥ 4 are discussed on an individual basis at the mortality surveillance group. The outcomes of the cases reviewed in Q1 are summarised below:



Two patients' case reviews were graded a HOGAN 4. One patient due to being unmonitored for a period of time overnight whilst the second patient due to a surgical complication. Two patients' case reviews were graded a Hogan 5. One of these patients was transferred from another NHS provider for emergency cardiac care. The referring Trust were notified of the patient's death and have been asked to review the patients care prior to hospital transfer. The second patient was graded a HOGAN 5 due to an unexpected death in theatre, a serious incident investigation is currently being undertaken in relation to this patient's care. All four patients were referred to the coroner.

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 Q1 following M&M reviews are detailed below, together with how this information has been shared and what action has been taken. Clinicians from

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each Directorate are also encouraged to share learning from local mortality reviews with any other Directorates throughout the Trust.

Learning points identified from case reviews undertaken in Q1

Directorate	Speciality	Date of Review	Learning Point	Action Taken
Internal Medicine	Assessment Suite	20/05/21	Medical certificate of cause of death (MCCD) was not documented for two patients.	Learning from reviews shared with Directorate clinicians highlighting the importance of consistently documenting MCCD.
Internal Medicine	Assessment Suite	25/06/21	Time delay receiving electronic radiology report. Verbal handover by reporting radiologists to be recommended.	Discussion to take place between Radiology department and Assessment Suite.
EPOD	Dermatology	08/06/21	Dermatology team to review existing approach to care of rare presentation of toxic epidermal necrolysis (TEN) and explore extra training required in relation to specific skin care.	Dermatology Department have established a TEN working group and are developing local guidelines to support best practice.
Surgical Services	HPB Transplant	23/04/21	Unexpected death five days after cardiothoracic surgery for tricuspid valve replacement	Cardiac assessment to be highlighted at the next Cardiothoracic regional meeting

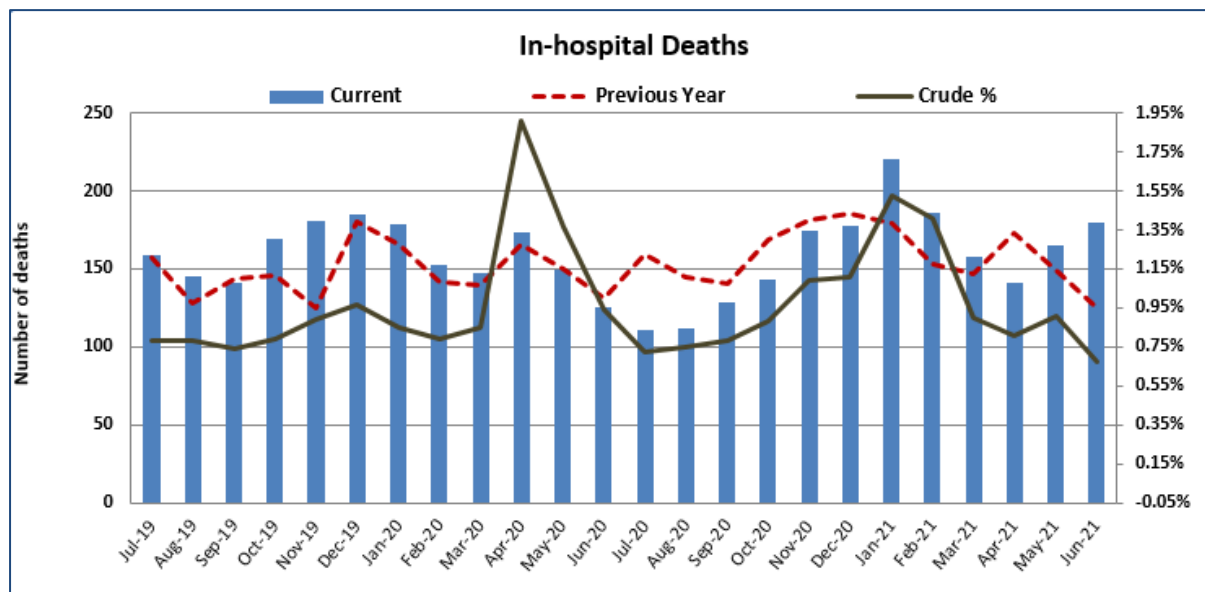
5. CRUDE MORTALITY

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.

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The graph below shows the crude mortality rates since July 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 December 2020 to February 2021, which reflects more deaths than expected during the second wave of the COVID-19 pandemic. This is in part due to increased numbers of patients being admitted into ITU from other regional and national hospital trusts as part of the second wave surge.



6. SHMI AND 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 January 20 – December 20 shows the Trust to be at 95, which is below the national average and within “expected levels”.

All mortality data including Standardised Hospital-level Mortality Indicator (SHMI), Hospital Standardised Mortality Ratio (HSMR) and Variable Life Adjustment Displays (VLADS) are closely monitored.

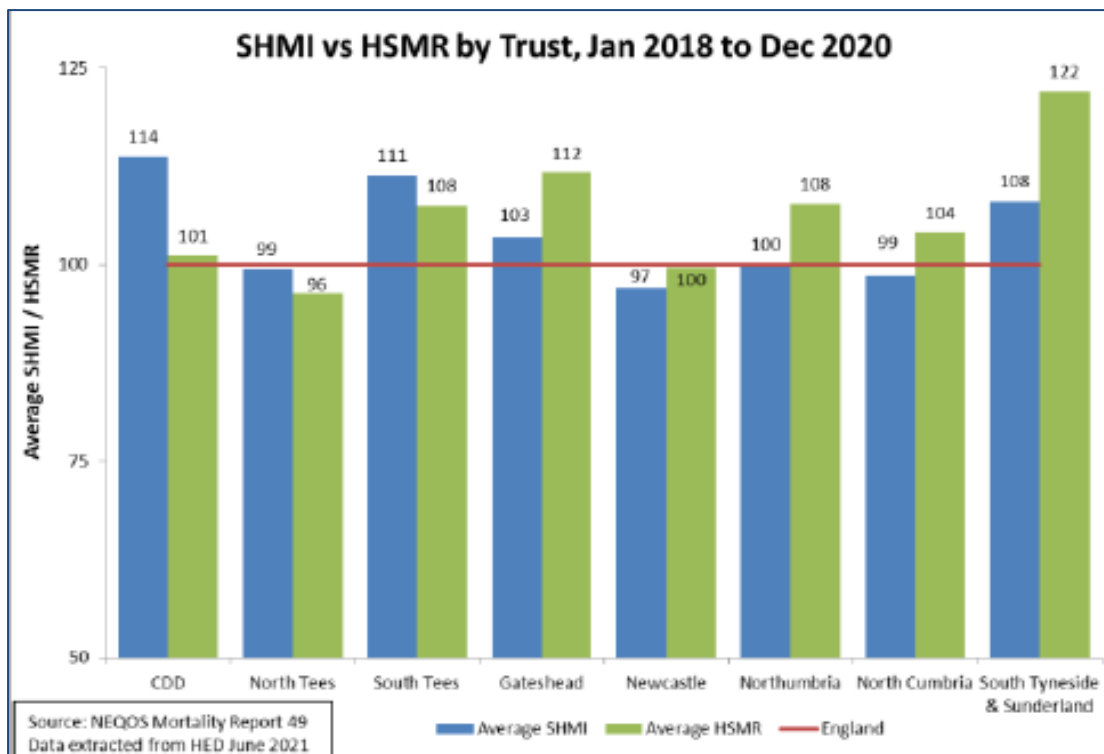
7. NEQOS

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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.

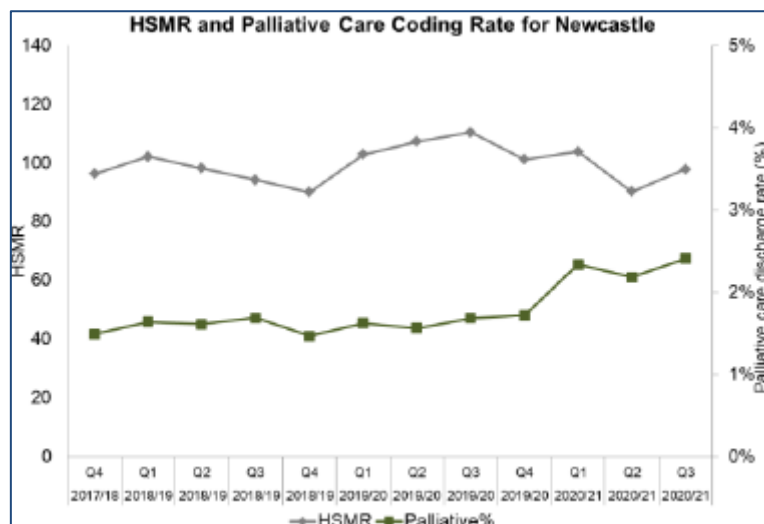
Overall, the graph below shows the Trust to be consistently below the national average for both SHMI and HSMR, however the HSMR has increased slightly over recent months. This increase is likely to be due to, firstly that HSMR includes palliative care coding and is adjusted accordingly, therefore the 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

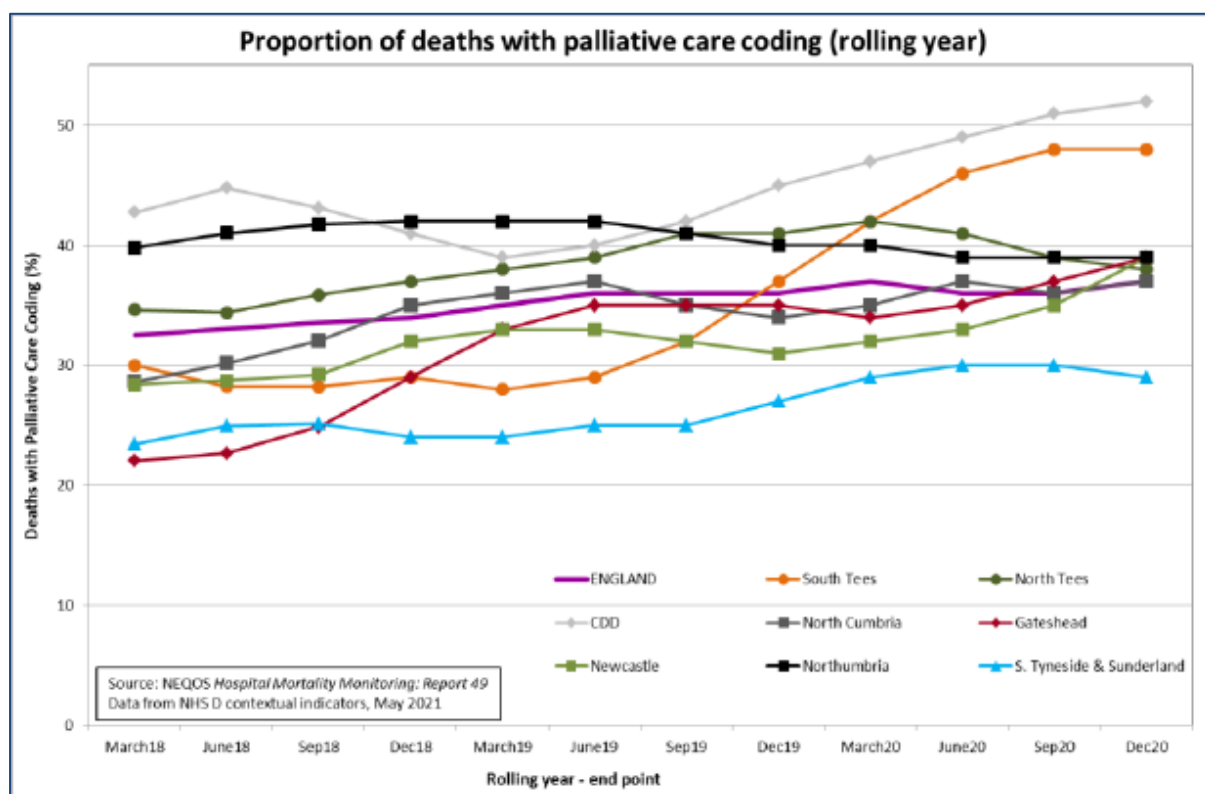


8. PALLIATIVE CARE CODING

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 the graph reflects this with palliative care coding starting to rise.



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's (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 to identify any learning and determines whether any modifiable factors contributed to the death. Key learning points are identified and

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action plans generated. A summary of investigation outcomes linked to SIs in Q1 are shown below:

- During April 2021 - June 2021 there were 61 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 61, there were 6 patient deaths which identified potential modifiable factors and which were subject to a SI investigation. One investigation has now been completed and five investigations are ongoing.

The incidents and learning from SI investigations that have been completed since the previous report submitted on 18th May 2021 are as follows:

2020/22759 – Unexpected Death
<p>This patient’s death was investigated due to complications resulting from the insertion of a chest drain following surgery.</p> <p>Following an in-depth investigation of this incident, the intercostal drain insertion policy was reviewed to ensure consistency with British Thoracic Society guidelines. No amendments were found to be necessary. The investigation found consistent areas of good practice and adherence to Trust policy throughout the patient’s care.</p>
2021/11092 – Patient Fall
<p>This patient’s death was investigated following two in-patient falls.</p> <ul style="list-style-type: none"> - Local improvement has focused on consistently completing the electronic patient record (EPR) <i>falls assessment documentation</i> within twelve hours of a patient’s admission to hospital. - Enhanced electronic prompts have been implemented in the Trust’s EPR to provide robust reminders for clinical staff to ensure the post-fall checklist is fully completed.

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 was a test period only, no next of kin were contacted as part of this process. The test period was considered a success and the project moved to the next stage in March 2021. However, only patients who died at Freeman Hospital are currently going through the Medical Examiner process. The Trust

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hopes to roll out this process Trustwide by Q2 2021 with a view to incorporating community deaths by Q1 2022.

A new online coroner referral system has been introduced into the Trust currently capturing patients at Freeman Hospital. This is due to be rolled out Trustwide in Q2 2021.

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
23 July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 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		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of June 2021. The IPC Board Assurance Framework for COVID-19 can be found in the Private Board Reference pack; (2021-22; Working Document COVID-19 BAF updated 2 July 2020); trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard June 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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to effectively control infections may lead to patient harm, litigation against the Trust and loss of reputation. There are no specific equality and diversity implications from this paper.						
Reports previously considered by	This is a bimonthly update to the Board on Healthcare Associated Infections (HCAI).						

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

EXECUTIVE SUMMARY

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs).

NHS England (NHSE) has published an Infection Prevention and Control (IPC) Board Assurance Framework relating to COVID-19, based upon the criteria set within the Health and Social Care Act. The frequency of the meetings of the COVID-19 Assurance Group has reverted to biweekly as a response to the changes in local prevalence. 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. Trend data (including the number of COVID-19 outbreaks in the Trust) can be found in Appendix 1 where there are individual scorecard for June 2021 (located within the Public Board Reference Pack).

The Trust has achieved an excellent uptake in COVID-19 staff vaccination, with 1st dose 90% uptake and 2nd dose 80% uptake across all staff groups. This does not include staff who have received their vaccine elsewhere, so the number is likely to be higher in practice.

Overall the Trust is starting to see an increase in all other HCAI rates. This reflects the increase in activity and acuity of patients admitted to the Trust. There are common themes to some of these infections such as line related infections, a drop in hand hygiene compliance, timeliness of sepsis screens and antibiotic reviews. NHSE have met with the IPC Team in relation to 2020/21 MSSA rates and are assured with the Trust's processes, procedures and risk mitigations.

Three Quality Improvement (QI) projects have been successfully included in the Institute for Healthcare Improvement (IHI) programme which focus on three priority areas:

- Sepsis and deteriorating patient;
- Catheter associated urinary tract infection prevention; and
- Hepatobiliary sepsis.

It is anticipated these projects will support and contribute to HCAI reductions, complementing the work currently undertaken by the Gram negative Stewardship Group and Line Sepsis Group.

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

1. KEY POINTS FOR MAY/JUNE 2021

1.1 Coronavirus (COVID-19)

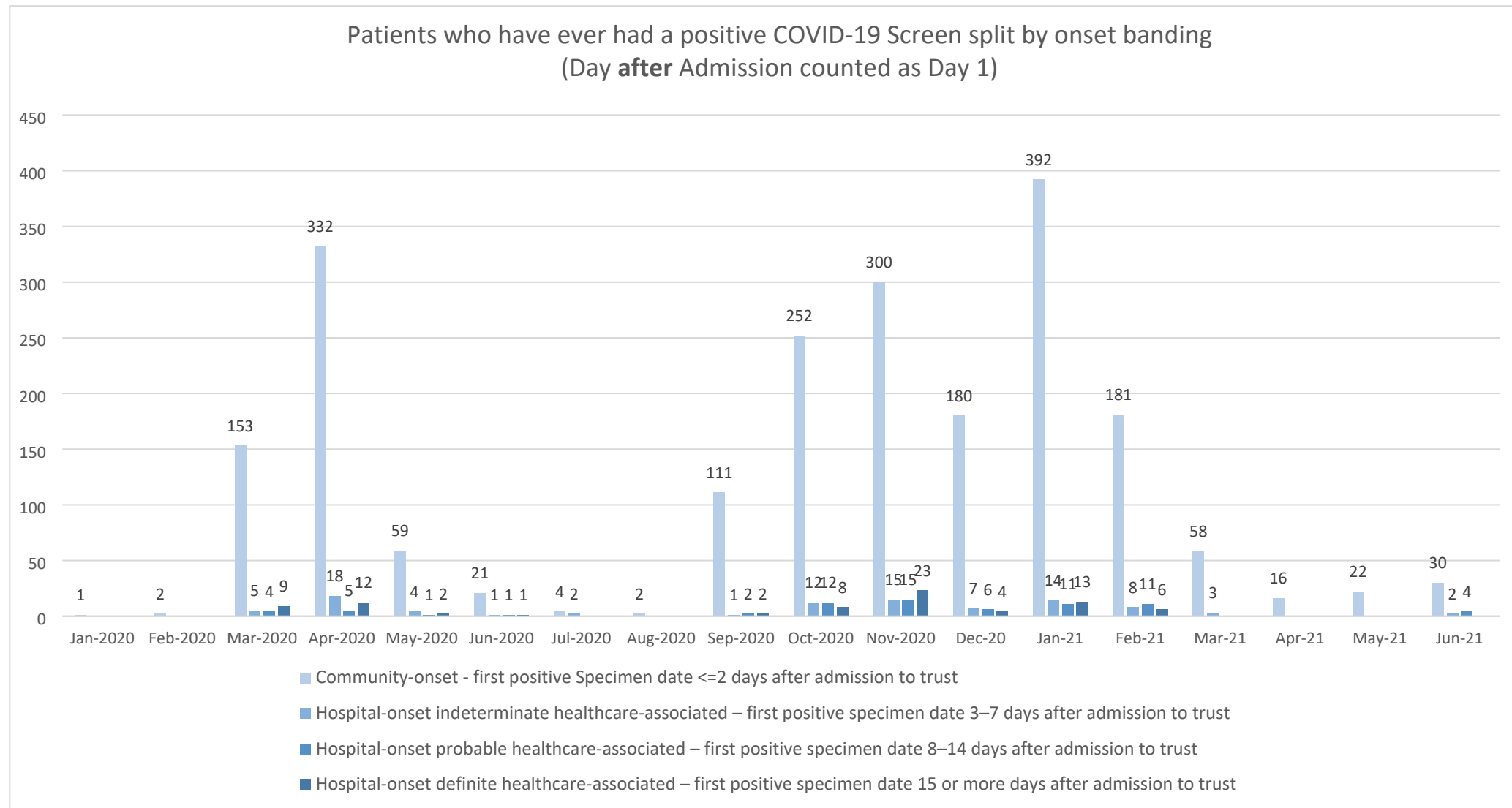
Community rates of COVID-19 infections have progressively increased since the end of May 2021. Currently Newcastle upon Tyne has the highest prevalence of cases in the country. The rates are highest in <20 year olds, although they have increased across all age groups. The number of patients with a new COVID-19 diagnosis who require admission to hospital remains low when compared to previous waves but it is steadily increasing.

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.



Overall, the Trust continues to perform well in relation to those cases which could be determined as 'Hospital onset'. There have been 2 COVID-19 outbreaks declared in June 2021. An outbreak is declared when there are two confirmed connected cases within a 14-day period and continues for 28 days from the last positive case. Each outbreak involved 2 patients with a HO.pHA infection. COVID-19 screening is completed in line with National Guidance on admission (or 72 hours prior for elective cases), day 3 and day 5 after admission, and weekly thereafter.

Point prevalence audits for COVID-19 screening compliance are undertaken whilst we work towards establishing a regular monitoring process as part of our "business as usual". The results of our latest point prevalence audit from 23 June 2021 confirmed Trust compliance of 86% for admission screening, 65% day 3 and 51% for day 5. Screening compliance remains static and is shared with clinical teams who investigate reasons that may be affecting compliance data and identify opportunities for improvements. In addition to the eRecord alert and reminder prompts, a COVID-19 icon also appears on the white boards as a reminder when a patient is due a screen.

Fit-testing is required for staff who are undertaking aerosol generating procedures (AGP) which requires the use of FFP3 mask. NHS England (NHSE) have requested organisations to review FFP3 resilience and FIT testing, which requires to be undertaken every 2 years and all staff to be fitted for 2 type of masks. FIT testing records should be kept centrally. Key stakeholder teams are involved in the discussion and planning to comply with this requirement, hosted by the COVID Assurance Group.

The message of 'Hands, Face and Space' continues to be disseminated through Champions within Directorates. The Trust IPC Assistant who is leading this project has been shortlisted for the Royal College of Nursing (RCN) Outstanding Contribution to Infection Prevention and Control Award for this work. The latest completed audit was undertaken in June 2021, which continued to demonstrate engagement with this process with a return rate of 97% from clinical areas and 62% from non-clinical areas. Compliance with individual elements of the audit is greater than 94% from both staff groups.

1.1.2 Test & Trace (T&T)

Lateral Flow Test (LFT), voluntary asymptomatic testing of staff continues to be encouraged across the Trust. The Department of Health and Social Care (DHSC) has changed the process to access LFT tests and staff will be required to order directly through the Government website from July 2021. The total number of LFT tests up to 27 June 2021 is 84,203 tests with 122 positive cases, and a positivity rate of 0.1%. 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 required contact tracing. The number of staff isolating due to COVID reached highest numbers at the end of June 2021, a pattern which has continued through into July. A significant number of these are isolating as a result of app notifications or social contacts, with only a small number of work contacts

attributable to breaches of PPE when staff are not socially distancing i.e. during breaks.

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 (18 June 2021) more than 16,670 staff have received their first dose of the COVID vaccine and 16,000 staff their second dose.

The Trust has achieved an excellent uptake (1st dose 90% uptake; 2nd dose 80% uptake) across all staff groups and received national commendation for best practice engagement with high-risk groups:

- Black and Minority Ethnic
- Clinically Extremely Vulnerable
- Over 65
- Front line staff / high risk departments

The programme has now closed, should any new staff require a vaccination, this can be accessed through the national booking system and mass vaccination sites.

1.1.4 COVID-19 Patient Vaccination Programme

There is an agreed pathway for referral into the organisation for patients with severe allergies. These referrals are triaged by immunology and if the patients require vaccination in a hospital environment this is provided in a weekly clinic held in Infectious Disease Out Patient Department.

Guidance is currently being reviewed on how and when to vaccinate in patients. A small number are currently being vaccinated when clinically appropriate to do so and subject to vaccine availability. It is anticipated that these numbers will decrease over the next few weeks as the vaccination programme opens up to lower cohorts.

The team continue to coordinate and liaise with mass vaccination sites to facilitate early vaccination or follow up vaccines when required.

1.1.5 New variant of concern

National genomic sequencing of COVID continues which enables the identification of new circulating variants. New variants are classified as 'Variants Under Investigation' (VUI) and 'Variants of Concern' (VOC), based on a risk assessment by the relevant national committee. Currently the Delta strain is the prevalent strain circulating across the UK.

Public Health England (PHE) have alerted the Trust about a new variant under investigation (Lambda) which is of high prevalence in South America. Cases detected in the UK are being monitored and managed according to established national processes.

1.2 C. difficile Infections (CDI)

As no national trajectory from NHSE/I was issued for 2020/21, the Trust continued to work to 2019/20 reduction trajectory of no more than 113 cases annually. By the end of March 2021, the Trust achieved this with 111 cases. To date, no national trajectory has been issued for 2021/22; therefore, in lieu of this the Trust is aiming for a 10% reduction of the 2020/21 total. By the end of June 2021, a total of 37 cases were attributed to the Trust which places the Trust over trajectory by 12 cases.

1.3 MRSA / MSSA Bacteraemias

There have been no MRSA bacteraemia cases since April 2020 thus the Trust has been “MRSA bacteraemia free” for 14 months.

There have been 23 MSSA bacteraemias year to date. An informal meeting has been held with NHSE and assurances have been provided on the risks and mitigations. IV devices remain the primary source of MSSA infections; therefore, device management in line with best practice remains a Trust priority for 2021/22 with an aim of an internal 10% reduction trajectory.

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

There have been 56 *E. coli* bacteraemias, 41 *Klebsiella* bacteraemias and 10 *Pseudomonas aeruginosa* bacteraemias in the Trust year to date. A gram-negative blood stream infection (GNBSI) working group coupled with the reinstated Serious Infection Review Meetings (SIRMs) and focused post infection review meetings will support further reductions.

Two QI projects have been accepted for the IHI programme focusing on Gram negative bacteraemia reduction. This work will begin in July 2021.

1.5 Outbreaks and Periods of Increased Incidence (PIIs)

In accordance to national definitions, an outbreak of CDI was declared in the month of June 2021 when 2 cases were identified with the same ribotype linked to location and time. Investigations are ongoing, identifying best practice, themes and lessons learned, which are shared across directorates. There were also a further 3 CDI PIIs identified in June 2021. Ribotyping has been requested and investigations ongoing. However, preliminary results available to date suggest these cases are not linked.

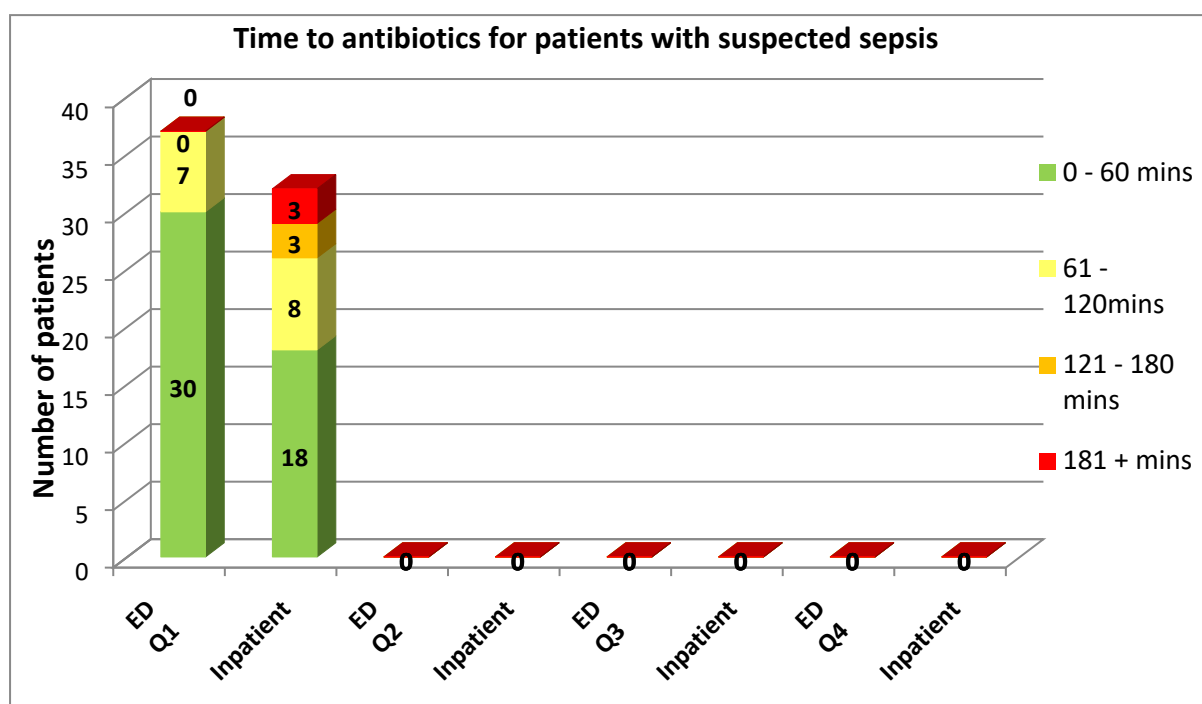
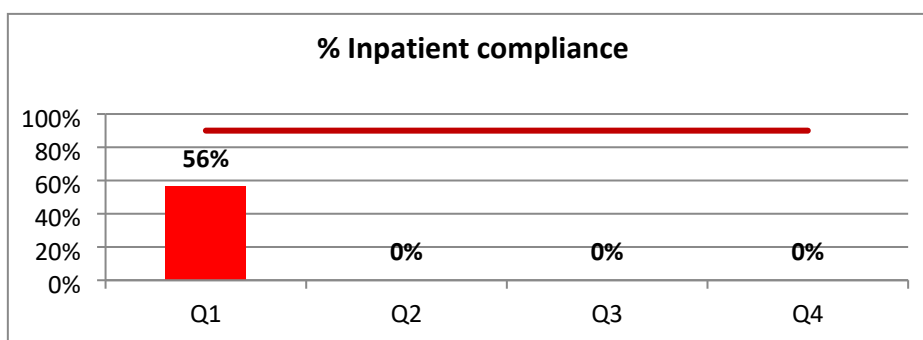
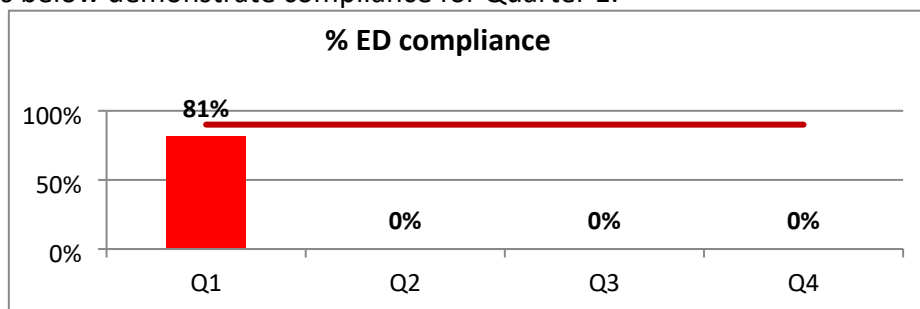
In June 2021 the Trust had one norovirus outbreak which is ongoing involving 4 patients, 11 staff and 33 lost bed days to date.

1.7 Sepsis

The Trust has implemented the Electronic Deterioration patient ALERT, which will help

screening and identification of septic patients. It will provide real time ward level data to which will help improve sepsis recognition and treatment improving patient safety. A proposal QI project on improving sepsis recognition and treatment within ED will be supported by the IHI framework. The work aligns with the Trust priorities for patient safety through early recognition and timely management of sepsis and compliance with Antimicrobial stewardship.

The figures below demonstrate compliance for Quarter 1.



Throughout Quarter 4 2020-21 the Trust Deterioration and Sepsis Specialist Nurse was

redeployed full time back to critical care to support COVID-19 clinical workload. An investment proposal for an additional Sepsis nurse is in progress.

Due to the COVID-19 pandemic, sepsis compliance has become more challenging for clinical staff to differentiate between COVID-19 and bacterial sepsis. Trust wide education sessions continue to be promoted to all Directorates to raise awareness on Deteriorating Patients and Sepsis. A full review of Sepsis education is currently under review.

1.8 Antimicrobials

Of note to this Board are challenges to deliver the full anti-microbial stewardship programme due to an unexpected staffing issue. Antimicrobial Stewardship is on the Risk register pending resolution.

The annual Point Prevalence Audit has been completed and this has shown that 38% of inpatients are on antibiotics. There has been an increase of inappropriate use of antibiotics from 14% in 2017 to 17% in 2020, with drop in compliance in most Directorates. Nine percent of antibiotics were not reviewed at 48hrs and where review occurred 45% suggested continuing. Nineteen percent did not have appropriate cultures taken. This report will be circulated and highlighted to directorates and there will be focus on these key findings.

The Take 5 Audits are currently on hold and alternative platform has been identified, this will be in place within the next 4 months. These audits are useful for the prescribers to continually check and put into practice their knowledge against the Trust antibiotic guidelines and requirements for AMS and to present to their Governance meetings.

1.9 Water Safety

In order to address the ongoing issues with the water quality in the maternity area the water sampling regime in this area has been increased to match that of the Trust critical care facilities with all outlets in the area sampled every 6 months. Where this sampling identifies positive counts remedial actions will be carried out in line with the Trust Water Safety Plan.

As part of the refurbishment of the maternity area, being undertaken as part of Phase 1 of the New Specialist Hospital Building project, there is an ongoing programme of dead leg removal. It is hoped that this will have a positive outcome on the water quality in the Leazes Wing Level 5 theatres, however it is understood that for the issue to be fully resolved a full strip out and replacement of the distribution pipework supplying the area will be required. Due to the impact this will have on operations this will only be possible once a decant programme can be agreed for the Maternity Services.

During this reporting period works have been carried out to halve the capacity of the main cold water storage tanks supplying the Leazes Wing. Sufficient capacity has been retained to

provide 24 hrs of supply but by reducing the stored volume the turnover of the tank has been increased removing any risk of stagnation.

1.10 Ventilation

This reporting period has seen the release of the reviewed Health Technical Memorandum (HTM) 03-01, issue date 22 June 2021, which gives guidance on design and maintenance of ventilation within healthcare buildings. Although not retrospective this document is currently under review to identify any significant deviations from the previous version that may impact the planned capital replacement programme and any new developments. The aged condition of the ventilation plant across the Estate continues to give concern with particular note given to the Maternity and Dental areas.

It has become apparent that the extract fans installed to the temporary ophthalmic theatres at the Campus for Ageing and Vitality (CAV) do not comply with healthcare technical guidance. An enhanced Planned Maintenance Regime is currently being agreed with the maintainer and a modification to the unit, achieve compliance with the new version of HTM 03-01. All works are to be agreed by the Authorising Engineer for ventilation and ventilation safety group before agreement.

1.11 Decontamination

The Estates Department is currently working with the Decontamination Team to produce an investment proposal for the replacement of the tunnel washers at the Freeman Hospital as noted within the recent Authorising Engineer's Audit. In the interim a risk is to be raised to outline the impact the failure of this equipment may have on operations due to the potentially prolonged repair times caused by an unavailability of parts.

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)

19 July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 2021						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The purpose of the report is to provide an update on developments across our People agenda. Reporting is aligned to our local People Plan themes and actions.</p> <p>The situation relating to staffing pressures due to Covid-19 related and other absence remains difficult, and we continue to work in partnership to take the necessary steps to maintain quality patient care.</p> <p>No decision is requested of the Board.</p>						
Recommendation	The Board is asked to note the content of this report. Feedback is welcome.						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	Routine update to the Board.						

PEOPLE REPORT

EXECUTIVE SUMMARY

This paper provides an update on progress against our local People Plan, and key national developments relevant to our people strategy.

Key points:

- Note staffing pressures and rising staff absences due to Covid-19 related and other ill health conditions, self-isolation, balancing work/life resulting in:
 - Challenging workforce deployment expectations to meet patient care requirements and activity demands.
 - Staff fatigue, anxiety and 'burn out' due to ongoing uncertainty resulting from the national response to Covid-19.

We continue to work in partnership to take the necessary steps to support staff to deliver safe patient care and services during this time and entering the peak 'annual leave taking' period.

- The focus continues on looking after our staff, supporting them and ensuring they are aware of wellbeing resources available.
- Our Flourish Wellbeing Programme design is making good progress, and will align with the feedback provided by staff in response to the NHS Staff Survey, and more recently, engagement centred around 'What Matters to You'.
- The Trust continues to improve the working environment to be more inclusive, and provide career progression opportunities for a more diverse workforce.
- The issue of available space to deliver teaching is an ongoing concern – options to mitigate the risks are in development.
- The Trust will welcome a new cohort of doctors in training at the August changeover; newly qualified nurses, midwives, allied health professionals, pharmacists and scientists will join in September.
- Collaborative working across systems, focussed on workforce, is developing.

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

PEOPLE REPORT

1. COVID/RECOVERY/WINTER: WORKFORCE ACTIVITY

Covid Response	<p>It is worthy of note the remarkable resilience and fortitude which staff are demonstrating as the Trust continues to respond to the pandemic. However, the ongoing increase in patient numbers, at the same time as very high Covid-19 related absence due to community transmission rates (self isolation, Covid-19 positive etc.) and other absence, is difficult. We are also entering the seasonal annual leave period.</p> <p>The pandemic extends the long period of uncertainty which our staff (the same as the general public) are facing, and it has been necessary to take difficult decisions to ask staff to further increase their flexibility and responsiveness to improve capacity and enable the Trust to take care of its patients.</p>
Covid 19 Mass Vaccination Hub & Programme	<p>As the lead employer across the North East and North Cumbria (NENC) for this programme, the Trust oversees the management, coordination and communication of training support to primary care and hospital hubs across NENC. This includes the management and coordination of face to face vaccinator training commissioned by Health Education England (HEE). There are seven vaccination sites employing in excess of 400 staff contracted to 30 September 2021. Work is ongoing in relation to Phase 3 of the programme which will extend to 31 March 2022.</p>
Integrated Covid Hub North East (ICHNE) – ‘Lighthouse’.	<p>In addition to the induction programme a rotational development programme supports new starters to develop skills with a full competency assessment sign off in place aligned to The United Kingdom Accreditation Service (UKAS) framework for laboratories. An example of this training is the upskilling of over 48 new staff in First Aid at Work and 46 new Fire Wardens.</p> <p>Staff employment contracts have been extended until 31 March 2022 in line with the Department of Health and Social Care (DHSC) contract; workforce has responded very positively in response to the request to meet surge in number of samples required to process – from 32,000 to up to 60,000 samples per day.</p>
COVID Secure	<p>Working is ongoing to refresh departmental risk assessments in relation to the application of the government’s ‘covid-secure’ standard.</p>



2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

<p>Wellbeing</p>	<p>Continuing to support wellbeing, recovery and restoration, underpinned by the Flourish Organisational Development (OD) framework, the design of our engagement for improvement and cultural transformation Wellbeing Programme is evolving. Working in partnership with the Institute for Health Improvement (IHI), and informed by “What Matters to You” (Joy in Work) framework, our aim is to:</p> <ul style="list-style-type: none"> • Build capacity and capability to engage, connect and collaborate with our staff. • Accelerate development of <i>inclusive and enhanced people practices</i> which encourage staff to ‘co create’ solutions to problems, issues and frustrations at work and remove barriers. • Deliver training to develop staff in how to <i>create a coaching culture</i>, through improvement methodology, and enable staff to ‘give their best’ at work. • Build on staff survey feedback and develop local improvement plans focussed on ‘<i>What matters to me</i>’, informed by the IHI ‘Joy in Work’ Framework enabling leaders to engage with colleagues to share insights and take responsibility for improving outcomes and act on priorities. The data from the NHS Staff Survey is a key baseline and future barometer of the impact of “What Matters to You” (WMTY). • It is hoped that the outcome of the programme is that: <ul style="list-style-type: none"> ○ Staff feel that they have been looked after and supported ‘post’ pandemic. ○ Staff experience has been improved. ○ Increased capacity and compassionate leadership capability. ○ We reinforce to staff the value of their contribution, and enable them to take ownership for continuous improvement at work. ○ Staff feel they ‘have a voice’ – have been listened to, engaged with, and the organisation has been responsive to their feedback, acting on their needs and priorities. ○ Affect a tangible change and improvement in the NHS staff survey results. ○ It is clear that the Trust is genuinely committed to delivering the NHS People Promise. <p>We have identified a small number of high impact activities across the Trust, over the next 2 years, to focus on ‘what matters to staff’.</p> <p>We aim to launch the local ‘Health needs assessment’ later in the year to help identify priorities and inform actions/interventions to support health and wellbeing.</p>
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<p>Belonging, feeling valued and recognised</p>	<ul style="list-style-type: none"> • 2020 NHS Staff Survey Local action and improvement plans have been developed by Directorates and we've been very encouraged by colleagues using the opportunity to facilitate focus groups to engage in dialogue with staff. Directorate level NHS Staff Survey data is now embedded into quality performance review dashboards to support the ongoing discussions on staff experience and engagement within directorates, thus providing data to empower staff to develop and implement positive change to their local staff experience It was nationally mandated that all NHS Trusts must 'go live' in July 2021 with a Quarterly Staff Pulse Survey. This survey is intended to focus on wellbeing, however the first survey has been adapted to focus on the Covid response of the workforce. • Volunteers In preparation for 'reopening' our volunteers service an action plan has been developed including a refresh of our recruitment processes. 'Post Covid' opening up will be undertaken on a phased approach, beginning with those who support Trust-wide visiting being reinstated.
<p>Inclusive and diverse workforce</p>	<ul style="list-style-type: none"> • Rainbow Badge pilot: The Trust is one of 10 organisations participating in the assessment pilot to establish how we support Lesbian, Gay, Bisexual, and Transgender (LGBT) people. • A Week of Rainbows: The Trust is leading a National NHS wide LGBT Staff Network series of virtual events to coincide with Northern Pride bringing together a large number of staff from across the NHS to raise awareness and celebrate all that is great about the LGBT+ community and LGBT+ staff. The programme is a collaboration within the Northern region we collectively extend an invitation to all NHS staff to join us. • Diverse Recruitment Panels: As part of our equality action plan, a requirement for recruitment panels to be diverse for Band 6 positions was implemented from 1 July 2021. • Equality, Diversity and Inclusion (EDI) people dashboard: This local development will launch in August and is intended to help embed EDI within the organisation, raise awareness of key priorities in terms of current position and targets, and incorporate this data into our performance management framework.



3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING

Leadership & Organisation Development	Organisational Development The education team continue to work collaboratively with Newcastle Improvement developing a range of OD interventions.
Apprenticeships	An Ofsted inspection of the Trust programme is anticipated imminently.
Work Experience	<p>The education team are exploring options to safely and effectively reintroduce our well established work experience opportunities. Four new programmes are being proposed to accommodate those on the current waiting list, and attract other young people who are interested in a career in the NHS. These include:</p> <ul style="list-style-type: none"> • Insight Day. This programme is aimed at students aged between 14 and 16 years old and will be a one-day insight into the NHS. • “Do you want to be a doctor” This programme is aimed at students between the ages of 16-18 years old who want to qualify as a doctor in the future. The programme will give students an insight into what it is like to be an F1 doctor working in the Trust. • “Do you want to work in Healthcare” This two day programme is aimed at students between the age of 16 and 18 years old. It will give students an introduction to the role of a Nurse/ Healthcare Support Worker in the Trust. • 15 day insight programme. This will be delivered in partnership with Newcastle College for their students who are completing the Level 3 Health and Social Care Diploma which requires completion of work placement of 100 hours during their yearlong programme. The students will be aged between 16 and 18 years old and will complete 15 days of 7.5 hours with objectives set by Newcastle College to meet the needs of the curriculum.
Education Facilities	A small task and finish group comprising key stakeholders has been established to scope and develop a proposal to upgrade the education facilities at Freeman Hospital and identify new training space both on and off site consistent with our ambition as a top teaching hospital.
HEE Education Contract	The replacement for the long established Learning and Development Agreement (LDA) was implemented earlier this year. Subject to a number of conditions and clarification, the Trust has signed the contract.

4. PEOPLE WORKING DIFFERENTLY

Growing Our Own	We are cognisant of the workforce challenges, including supply shortages faced by the NHS. We continue to develop and improve planning processes on how to support services think more innovatively in how to proactively respond and develop sustainable plans to facilitate supply, enable career development and progression and move away from 'short term' solutions. Engagement with colleagues is in progress to share and promote understanding of options, including for example, apprenticeships from entry to degree level, role expansion, skills enhancement and advanced clinical practice. This will require more creative use of investment.
Specialist and Associate Specialist Doctors	The 3 year reformed contract has been nationally negotiated and the contract is being rolled out across the Trust.
Recruitment	<p>International Recruitment: 26 nurses from India joined the Trust at the beginning of July, following a period of isolation after their arrival.</p> <p>Medical Staff:</p> <ul style="list-style-type: none"> • 75 Foundation Year 1 doctors incoming for August 2021 via the Lead Employer Trust (LET). An optional extended period of 'shadowing' has been agreed for this year, with 43 expected to commence on 20.07.21 and the remainder commencing on 27.07.21. • Recruitment for Locally Employed/Trust Doctors remains ongoing, and a significant volume of recruitment is currently underway. • 33 Teaching Fellows have been appointed to a range of Medical and Surgical specialties; 9 Trust Doctors have been appointed to the Newcastle Surgical Rotations programme. • 450 trainees via the Lead Employer Trust are due to rotate into the Trust in August – work schedule production in line with the 2016 Terms and Conditions (TCS) has been significant. <p>Health Care Support Worker (HCSW) apprentices recruitment: 15 people commenced earlier this month.</p>

5. PARTNER AND 'ANCHOR' INSTITUTIONS

Collaborative Newcastle	<p>Collaborative Newcastle and the Growth and Prosperity Delivery Group: The first sub group meeting took place in June. The Terms of Reference were refreshed to focus on increasing employment in Newcastle and focus on:</p> <ul style="list-style-type: none"> • Reducing worklessness through actions health and care and other partners can take to keep people in work; • Upskilling local people, including in health and care sector, and linked to apprentices and graduates; and • Improving employee wellbeing in a coordinated manner.
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Newcastle Health Innovation Partnership (NHIP/AHSC)	<p>Work on delivery of an initiative to Widen Participation has begun which will:</p> <ul style="list-style-type: none"> • Reach out to education institutions to inspire, encourage and enable young people to consider and access careers in research, academia, health and social care. • Develop a joint programme to share the breadth of opportunities, understand the potential to work on 'cutting edge' research and innovation within the system and across organisations. • Increase access and equality of opportunity and how to remove barriers to further education, training and career choices. Facilitate a workforce pipeline with the necessary skills to work in and contribute to improved healthcare and innovative research.
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6. NHS PAY REVIEW BODY AND PAY AWARD 2021/22

The DHSC announced on 21st July that the government would make a 3% pay award to NHS staff, backdated to 1st April 2021. Further detail is awaited on funding and application.

7. 'FLOWERS' JUDGEMENT

Following the Court of Appeal Judgment in 2019, the NHS Staff Council has concluded a national framework agreement earlier this year intended to resolve issues relating to the historic calculation of holiday pay. A proposal was shared and endorsed by the Executive Team earlier this month outlining an approach to be adopted in the Trust.

8. RECOMMENDATIONS

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

Report of Dee Fawcett
 Director of HR
 21 July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Trust Board

Date of meeting	29 July 2021						
Title	Trade Union Facility Time Report						
Report of	Dee Fawcett, Director of Human Resources						
Prepared by	Donna Watson, Head of Workforce Engagement and Information Systems						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>There is an annual legal requirement for public sector organisations to report and publish information on facility time for employees who are trade union representatives. This year the information is required by 31st July 2021.</p> <p>The purpose of this paper is to share the required data with the Board, and provide assurance the Trust will meet its obligation.</p> <p>This report was endorsed by the People Committee on 16th July 2021.</p> <p>Key information includes:</p> <ul style="list-style-type: none"> • There are a total of 46 employees who were relevant union officials during the last financial year. • The full time equivalent is 44.08. • The percentage of pay bill spent on facility time is 0.0078%. • The percentage of total paid facility time hours that were spent by employees who were relevant union officials on paid trade union activities was 20%. 						
Recommendation	<p>The Board is asked :</p> <p>a) To note the Trade Union Facility Time reporting information for 2020 – 2021.</p> <p>b) Endorse submission to the government portal and publication on the Trust website.</p>						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Annual Report						

TRADE UNION FACILITY TIME REPORT

EXECUTIVE SUMMARY

The purpose of this paper is to update the Trust Board on the Trade Union Facility Time Reporting, and provide assurance that the data will be submitted to the government portal and publish on the Trust website by the due date of 31st July 2021.

Key information includes:

- There are a total of 46 employees who were relevant union officials during from 1st April 2020 until 31st March 2021.
- The full time equivalent is 44.08.
- The percentage of pay bill spent on facility time is 0.0078%.
- The percentage of total paid facility time hours that were spent by employees who were relevant union officials on paid trade union activities was 20%.

The Board is asked to:

- a) To note the Trade Union Facility Time reporting information for 2020-2021;
- b) Support submission to the government portal; and
- c) Endorse publication of the data on the Trust website by 31 July 2021.

TRADE UNION FACILITY TIME REPORT

1. INTRODUCTION

There is a legal obligation for public sector employers to provide information to the Cabinet Office by 31st July 2021 and publish the data on the Trust website. The purpose of this paper is to update the Trust Board on Trade Union Facility Time for the reporting period 1st April 2020 to 31st March 2021.

2. RELEVANT UNION OFFICIALS

The total number of your employees who were relevant union officials during the relevant period:

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
46	44.08 FTE

3. PERCENTAGE OF TIME SPENT ON FACILITY TIME

The total number of Trust employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time:

Percentage of time	Number of employees
0%	41
1-50%	2
51%-99%	0
100%	3

4. PERCENTAGE OF PAY BILL SPEND ON FACILITY TIME

The percentage of the Trusts total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period:

First Column	Figures
Provide the total cost of facility time	£55,486.25
Provide the total pay bill	£710,185,000.00
Provide the % of total pay bill spent on facility time	0.0078

Agenda item A6(i)

5. PAID TRADE UNION ACTIVITIES

The percentage of total paid facility time hours that were spent by employees who were relevant union officials on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours	20%
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6. CONCLUSION

The Board is asked:

- a) To note the Trade Union Facility Time reporting information for 2020 – 2021;
- b) Confirm submission to the government portal; and
- c) Endorse publication on the Trust website.

Report of Donna Watson
Head of Workforce Engagement and Information Systems

Dee Fawcett,
Director of HR
20th July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Trust Board

Date of meeting	29 July 2021						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lewis – Senior Business Development Manager (Performance)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Performance – Being outstanding now and in the future.</p> <p>People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	<p>Details compliance against national access standards which are written into the NHS standard contract.</p> <p>Details compliance against key quality targets.</p> <p>Covers metrics relating to various domains within the People strategy.</p>						
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. Key headlines are:

- The Trust had 0 cases of MRSA bacteremia attributed in June 2021, therefore no cases have been recorded since April 2020.
- There were 17 Serious Incidents (SIs) reported in June 2021 in part due to a slight increase in the number of pressure ulcers reported, however this is largely due to high patient acuity and increased activity levels, as is reflected through in the Trust safe care data.
- The Trust did not achieve the 95% Accident & Emergency (A&E) 4 hour standard in June, with performance of 89.8%. Type 1 attendances are now above pre-COVID levels.
- The Trust Patient Tracking List (PTL) size was 86,212, with 4,977 patients waiting over 52 weeks. RTT Compliance was 74.4%.
- The Trust achieved 2 of the 8 Cancer Waiting Time standards in May which was more than the previous month (1).
- Staff turnover has increased from 8.53% in June 2020 to 9.89% in June 2021, against a target of 8.5%.
- Staff retention for staff over 1 year service stands at 84.95%, which is a decrease from 87.12% in June 2020 and is attributable to the recruitment of the Integrated Covid Hub North East (ICHNE) and COVID-19 Vaccination staff.
- NHS England (NHSE) has issued a new finance regime to operate to 30th September 2021 - NHSE are using the term 'H1' to mean the first half of 2021/22, at present we do not know what the finance regime will be for the second half of the year.
- To 30th June the Trust had spent £8.7 million capital, £0.2 million ahead of Plan.

Integrated Board Report

Quality, Performance, People and Finance

July 2021



Healthcare at its best
with people at our heart

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 are now into the third phase (recovery), **the 3Rs programme has now transitioned into a Recovery Plus programme** across the Trust with sub-groups continuing to meet and maintain their current momentum, reporting into the Operational Board.

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;
- **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.**
- **Throughout the Autumn / Winter of 2020 the Trust maintained large levels of activity, despite a second surge of COVID-19 inpatients.**
- **Throughout January / February the Trust experienced large COVID volumes and provided ITU support regionally and nationally:**
 - **priority surgery and cancer operations were maintained and protected**, with NuTH providing regional support, and **early vaccine rollout** has been successfully initiated for staff, patients and the wider public.
- **Following the local rise in the Delta variant the Trust is experiencing large volumes of staff absence due to COVID and associated isolation rules:**
 - prior to the rise in cases **NuTH were exceeding recovery targets** set by NHSE/I, outstripping the ERF Upper Threshold;
 - due to staff absences a number of beds have been closed and operations postponed, **priority surgery and cancer operations continue to be maintained and protected.**

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in June 2021**, therefore no cases have been recorded since April 2020.
2. There were **17 Serious Incidents (SIs) reported in June 2021** in part due to a slight increase in the number of pressure ulcers reported, however this is largely due to high patient acuity and increased activity levels, as is reflected through in the Trust safe care data.
3. The Trust did not achieve **the 95% A&E 4hr standard in June, with performance of 89.8%**. Type 1 attendances are now above pre-COVID levels.
4. The **Trust PTL size was 86,212, with 4,977 patients waiting over 52 weeks. RTT Compliance was 74.4%.**
5. The Trust **achieved 2 of the 8 Cancer Waiting Time standards in May** which was more than the previous month (1).

Contents: July 2021

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
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- 3Rs Programme / Recovery Plus
- Monthly Performance Dashboard
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- Bed Occupancy and Stranded Patients
- Diagnostic Waits
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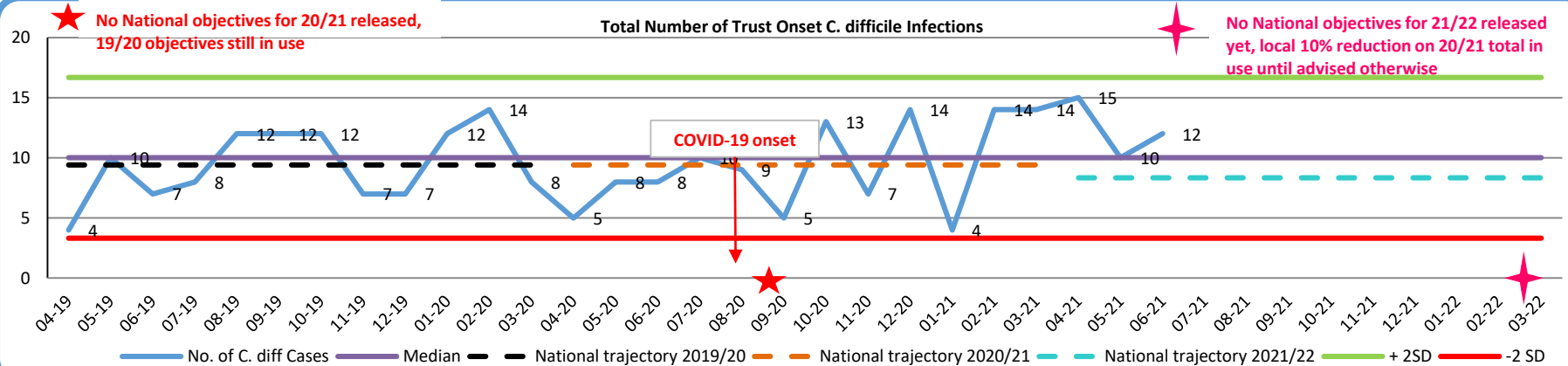
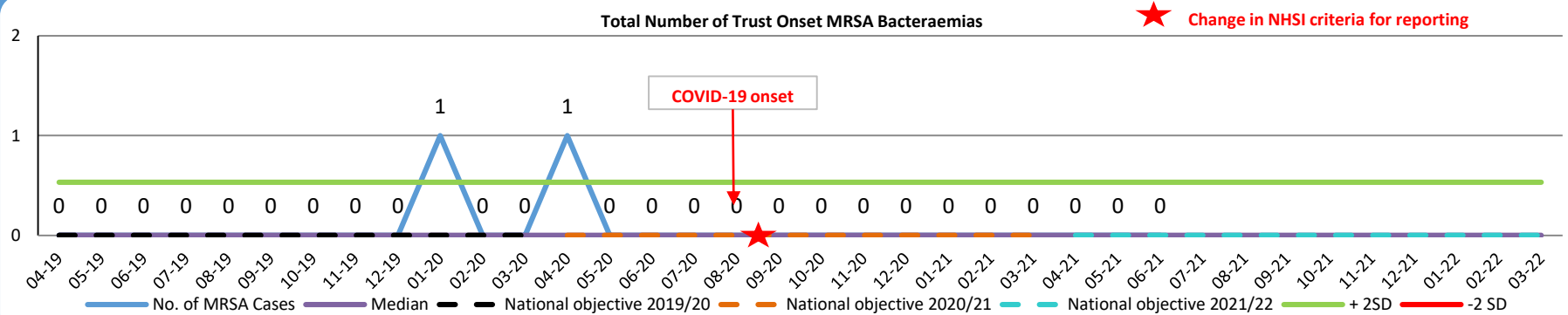
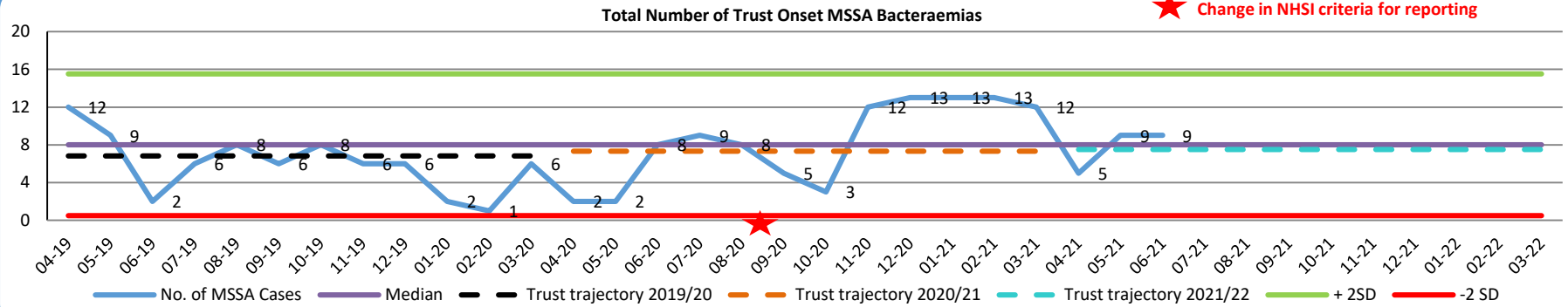
People

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

Finance

- Overall Financial Position

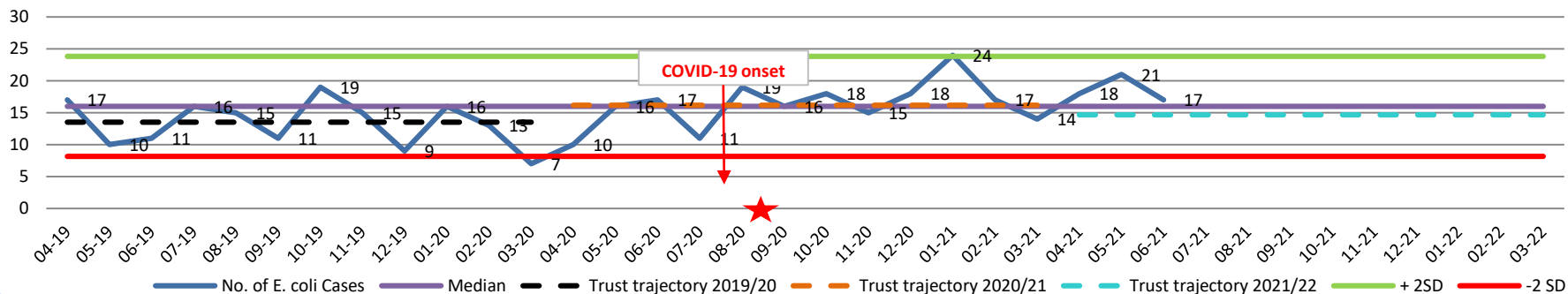
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Healthcare Associated Infections

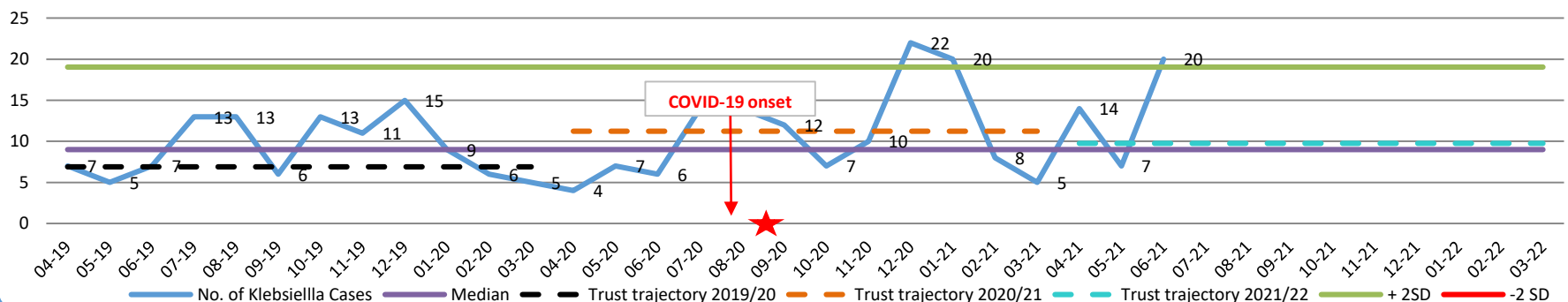
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



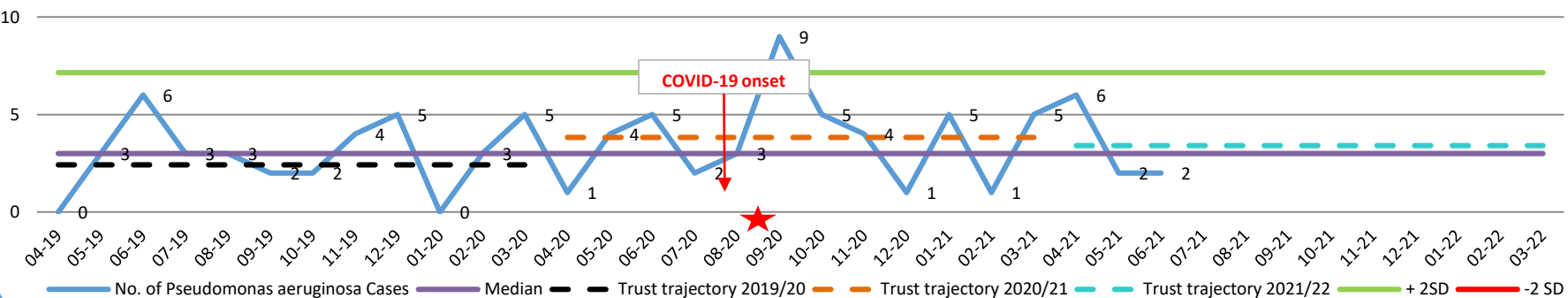
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



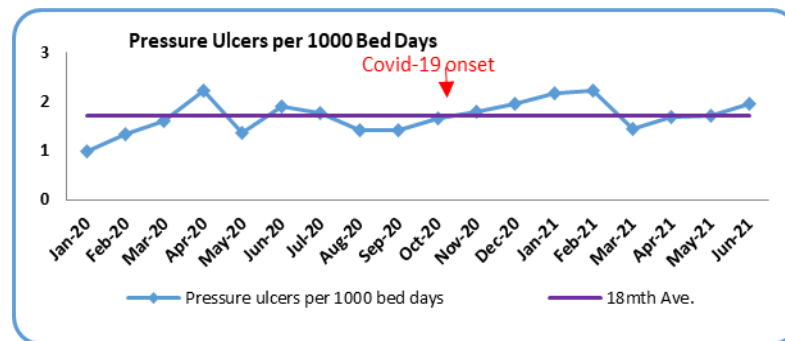
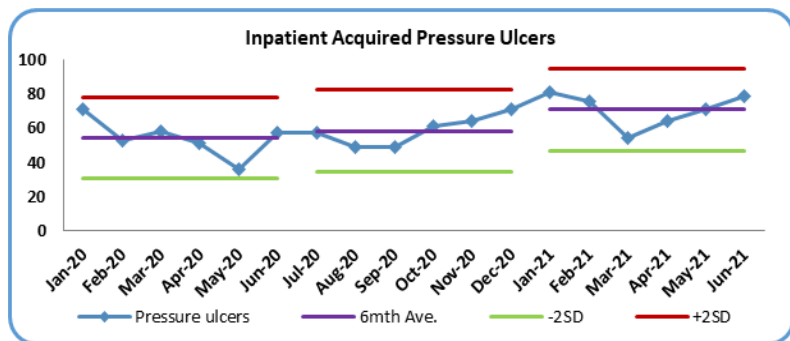
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting

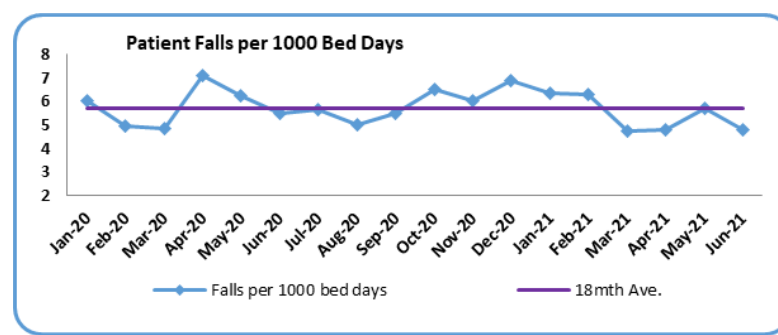
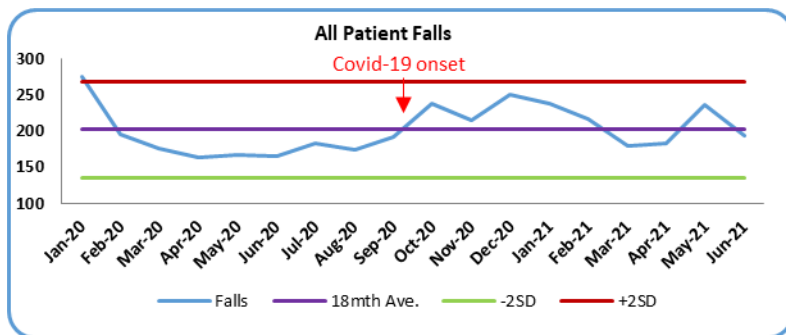


Quality and Performance: Harm Free Care

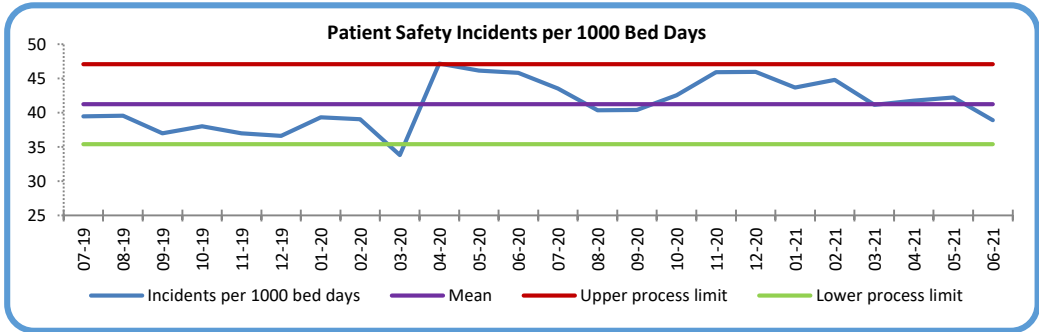
There has been a sustained gradual reduction in the average number of pressure ulcers (PU) overall in the last two years. This is most marked in the levels of serious harm. Between October 2020–February 2021 there was an increase in the number of PUs reported. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an additional 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. In March and April incidence reduced to pre-pandemic levels, unfortunately in May and June there has been a slight increase, however bed numbers have been increased to normal levels which is reflected in the 1000 bed day graph. Additionally the acuity of patients is significantly higher than pre-pandemic levels, this is reflected in the Trust safe care data, and is consistent with the national picture. These increases are not concentrated in one particular area, but rather spread across the Trust. However, there have been some successes in the last year in some areas, particularly in those areas of high input from the Tissue Viability and podiatry team to provide education and support, increasing awareness of risk.



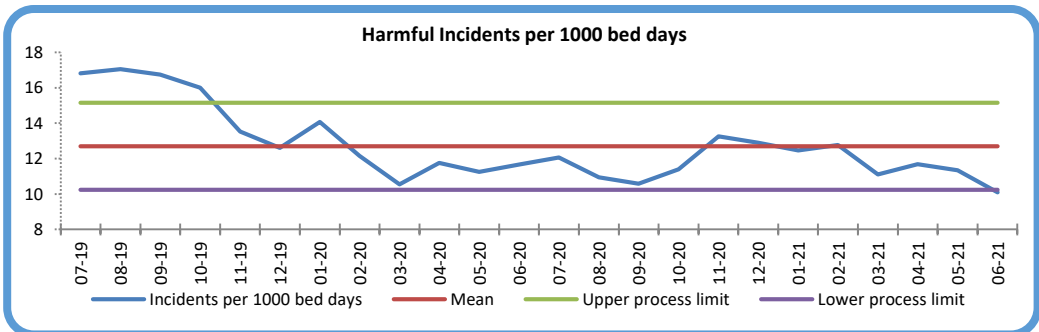
Until October 2020 a significant reduction in inpatient falls was evident, however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there was 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. From February onwards these numbers have begun to decrease to pre-pandemic levels. However an increase is evident in May, as identified above, bed numbers have now increased to normal levels, and the acuity of patients is significantly higher. 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 continue to report less incidents resulting in serious injury.



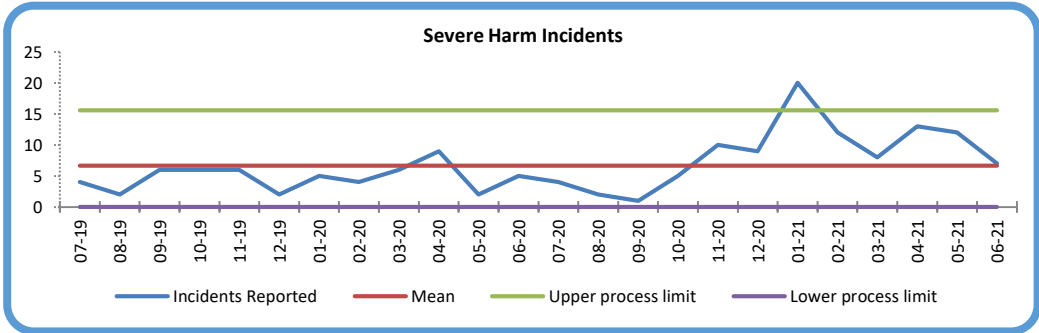
Quality and Performance: Incident Reporting



All patient incidents: There has been a slight decrease in the rate of incidents reported, suggesting a shift toward pre Covid-19 levels. There was a slight increase in the rate of incidents reported per 1000 bed days between November 2020 – May 2021 but this remained within the expected common cause variation. This was likely to be due to increase in acuity of patient’s admitted.



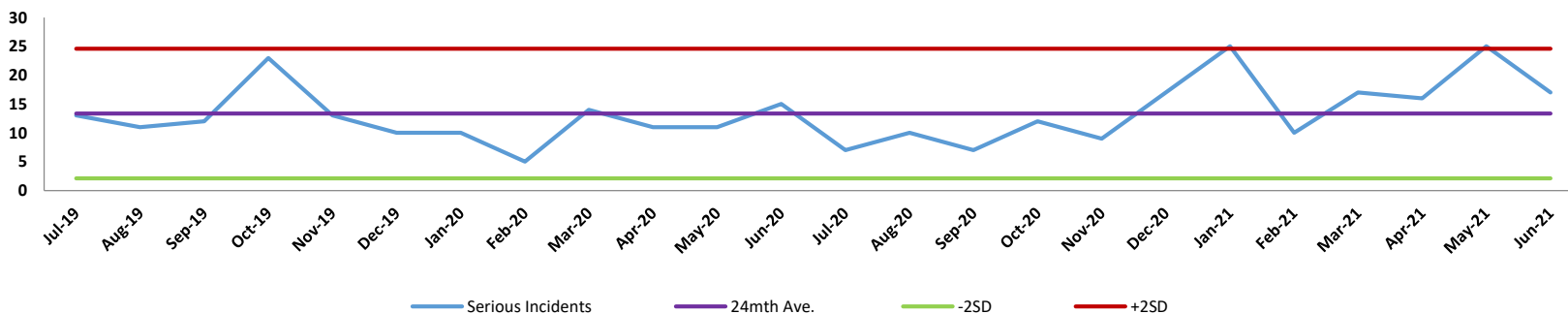
Harmful incidents: There is an improvement shift demonstrated, starting with a downward trend in the number of *harmful patient safety incidents per 1000 bed days from May 2019 to June 2021. This reflects a combination of increased accuracy in grading of harm from patient safety incidents and an overall 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 7 patient safety incidents reported which resulted in severe harm in June 2021, this demonstrates a sustained reduction compared to the significant increase in numbers reported in January 2021 and February 2021. This January-February 2021 increase was in part related to new NHSEI Covid-19 reporting requirements; this included 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.

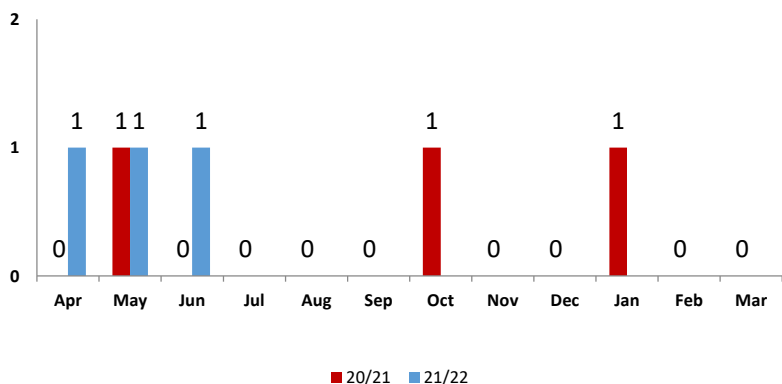
Quality and Performance: Serious Incidents & Never Events

Number of Serious Incidents Reported

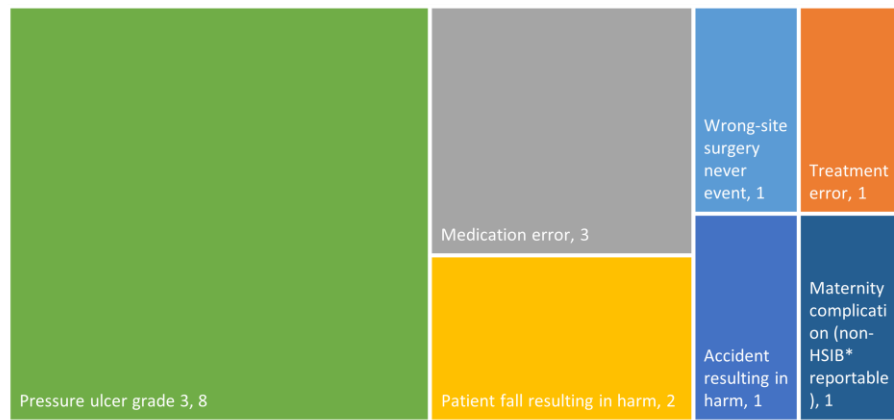


There were 17 Serious Incidents (SIs) reported in June 2021. The increase in May 2021 is in part due to a slight increase in the number of pressure ulcers reported, however bed numbers have increased to normal levels and the acuity of patients is significantly higher than pre-pandemic levels, as is reflected in the Trust safe care data. This SI 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 cases reported in June 2021.

Total Number of Never Events Reported



Serious Incidents by Category



* 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.

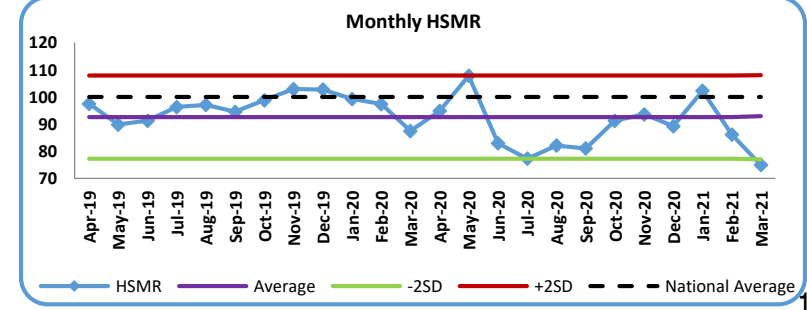
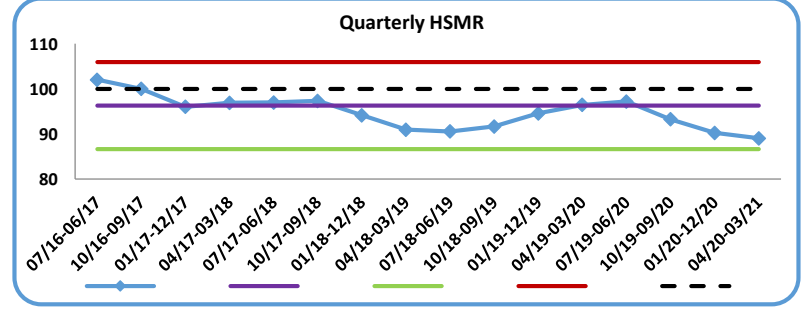
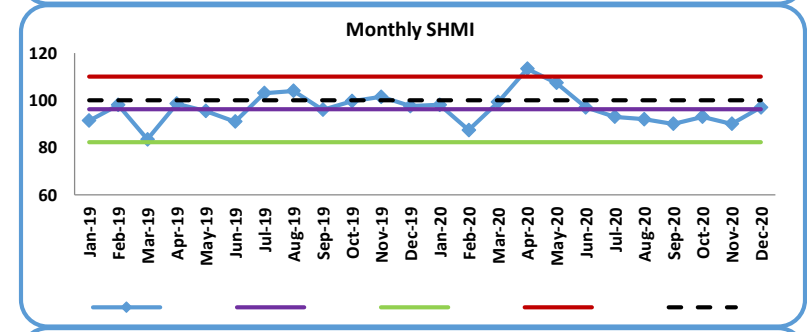
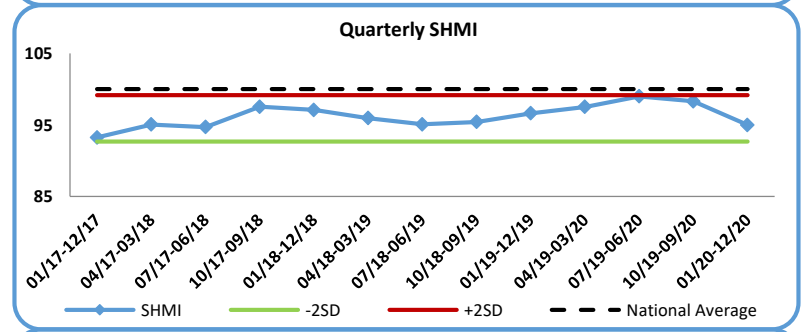
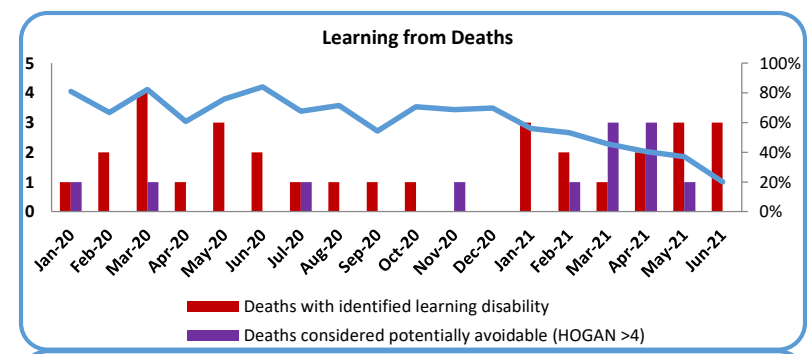
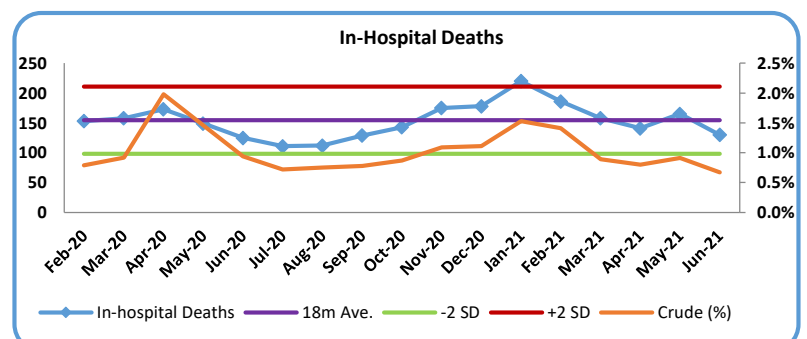
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 130 deaths reported in June 2021, which is slightly higher than the amount reported 12 months previously (n=125). Crude death rate is 0.67%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

Learning from Deaths: Out of the 130 deaths reported in June 2021, 26 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months and this will continue to be monitored and modified accordingly.

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 95 from months January 2020 – December 2020, this is below the national average and is within the "as expected" category. A rise in April 20 is reflected by the elevated crude data and reflects reduced elective activity due to Covid-19 response.

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 March 21 and is below the national average. 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 six months to NHS England. The published data shows that there were 3,617 responses to the Friends and Family test from the Trust in May 2021 (published 15 July 2021) compared to 1,063 in the previous month. The following table shows the proportion of responses that reflect a positive or negative experience from the feedback provided by our patients.

Area	Number of responses	Positive	Negative
Inpatients	828	98%	2%
A&E	4	*	*
Outpatients	2710	98%	1%
Community	50	92%	0%
Maternity (birth)	25	96%	4%

All data is available at:

www.england.nhs.uk/fft/friends-and-family-test-data/

*numbers too small to publish

Trust Complaints 2020-21

The Trust received a total of 133 (125 with identified patient activity) formal complaints up to the end of June 21, an increase of 46 on last month's opened complaints.

The Trust has received an average of 44 new formal complaints per month, which is 5 complaints per month higher than the 39 per month average for the last full financial year 2020-21.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the end of June are within Patient Services with 0.10% (10 per 10,000 contacts) and Medicine with 0.06%. The lowest are within Dental at 0.00%, followed by Urology & Renal, NCCC and ePOD with 0.01%.

Directorates	2021-22				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	6	26,008.00	0.023%	1:4335	1:3733
Children's Services	7	21,014.00	0.033%	1:3002	1:2523
Out of Hospital/Community	5	14,005.00	0.036%	1:2801	1:3134
Dental Services	1	29,183.00	0.003%	1:29183	1:5411
Medicine	23	41,462.00	0.055%	1:1803	1:4129
Medicine (ED)	10	56,091.00	0.018%	1:5609	1:3416
ePOD	12	89,540.00	0.013%	1:7462	1:7606
Musculoskeletal Services	8	31,272.00	0.026%	1:3909	1:2610
Cancer Services / Clinical Haematology	7	48,648.00	0.014%	1:6950	1:6118
Neurosciences	10	26,648.00	0.038%	1:2665	1:3299
Patient Services	12	11,671.00	0.103%	1:973	1:2003
Peri-operative and Critical Care	5	11,575.00	0.043%	1:2315	1:51990
Surgical Services	6	19,447.00	0.031%	1:3241	1:1313
Urology and Renal Services	1	18,828.00	0.005%	1:18828	1:4013
Women's Services	12	35,861.00	0.033%	1:2988	1:2742
Trust (with activity)	125	481,253.00	0.026%	1:3850	1:3583

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 59% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 23% of all subjects raised within complaints, with the remaining 18% covering a wide range of issues.

Quality and Performance: Health and Safety

Overview

There are currently 1187 health and safety incidents recorded on the Datix system from the 1st July 2020 to 30th June 2021 this represents an overall rate per 1,000 staff of 70.9. The Directorate with the highest number of incidents is Peri-operative and Critical Care reporting 153 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (259) Peri-operative & Critical Care Services (105), Women's Service (102) and Internal Medicine (83).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 914 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st July 2020 to 30th June 2021 - this represents an overall rate per 1,000 staff of 55 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (281.3), Neuroscience (116.5), Musculoskeletal Services (132.4), Community (87.3), and Surgical Services (90.6).

Sharps Incidents

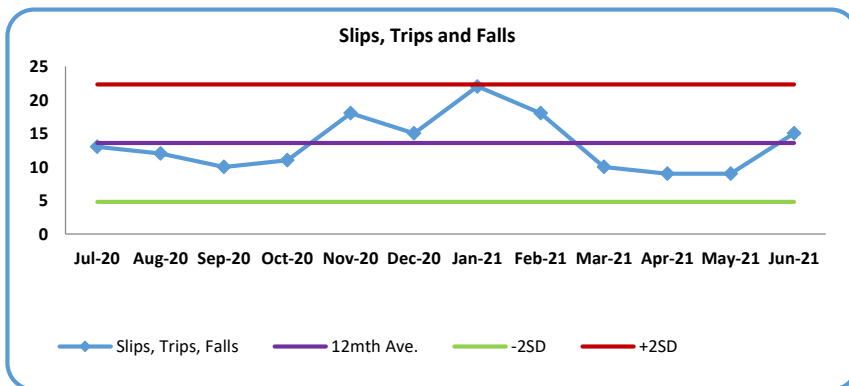
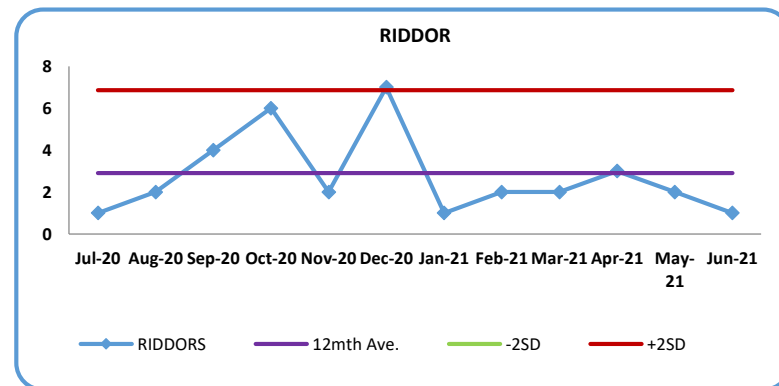
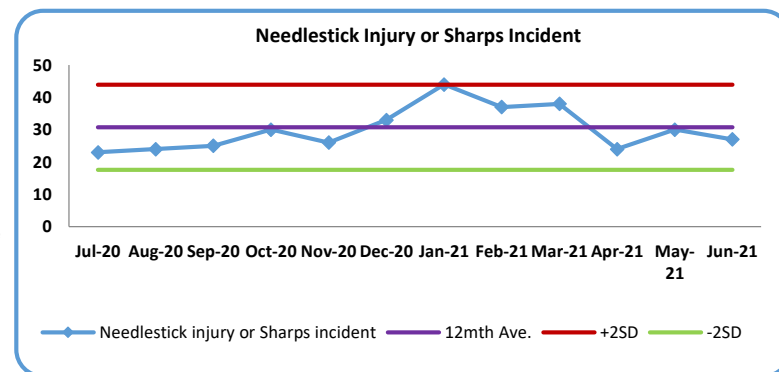
The average number of all sharps injuries per month is 30 between 1st July 2020 to 30th June 2021 based on Datix reporting, with 16.9% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 22.75 per month.

Slips, Trips and Falls

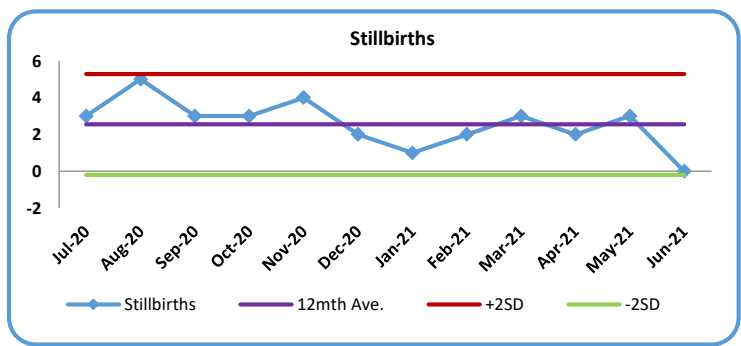
Slips on wet surface, fall on level ground and tripped over an object collectively account for 56.5% of falls between 1st July 2020 to 30th June 2021. Fall from height; fall up or down stairway and falls from a chair account for 14.9% of the incidents recorded.

RIDDOR

There have been 35 RIDDOR incidents reported between 1st July 2020 to 30th June 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 (4), COVID (5) Exposure to Hazards (2). These account for 60% of reportable accidents over the period.

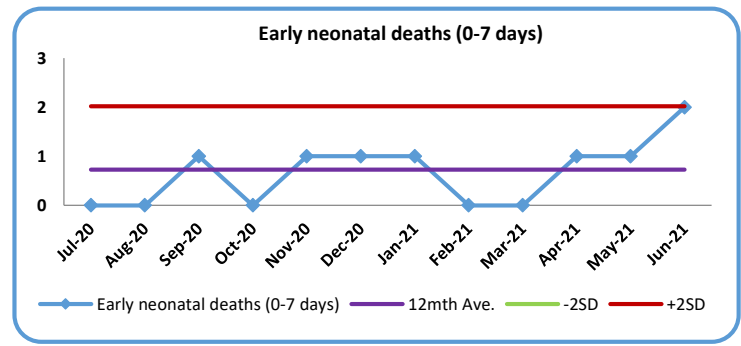


Quality and Performance: Maternity (1/3)



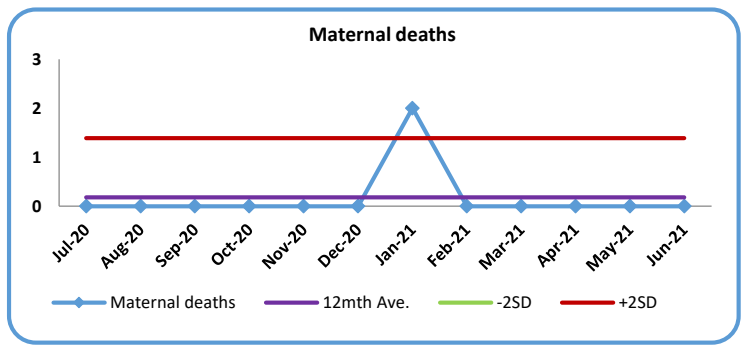
Perinatal deaths

All Perinatal deaths (Stillbirths and Neonatal Deaths) are reported to MBRRACE-UK who produce an annual National report which includes our local data. As we are a tertiary referral Fetal Medicine Unit often complex cases are referred to us from other units within the region and the women opt to deliver here rather than return to their local unit. All cases undergo an initial local review and then a more detailed review including external input, once we have the investigation results.



Early Neonatal Deaths

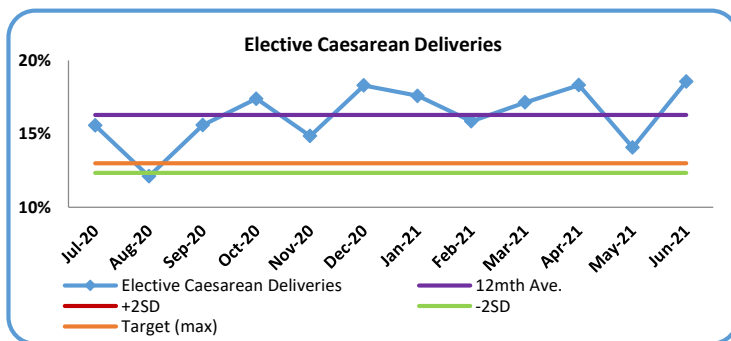
These figure are for term infants (born between 37 and 41 weeks) who delivered at The Trust but sadly died unexpectedly within the first week of live. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. They will also be reported as a Serious Incident and have an obstetric review with external input. One of the deaths in June was expected in view of a known lethal congenital abnormality.



Maternal Deaths

Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. Maternal deaths can be categorised as Direct or Indirect. It is rare to have a direct Maternal death in Newcastle and we do believe that having access to specialist services across a range of departments at any time of the day or night has helped us avoid such deaths. A specific Covid-19 morbidity review took place at the start of the pandemic which MBRRACE published in May 2020. A further more detailed report 'Saving Lives, Improving Mothers' Care' has just been published. A detailed review of this report will be undertaken and a gap analysis produced so that key lessons learnt can be shared and changes to practice made if appropriate.

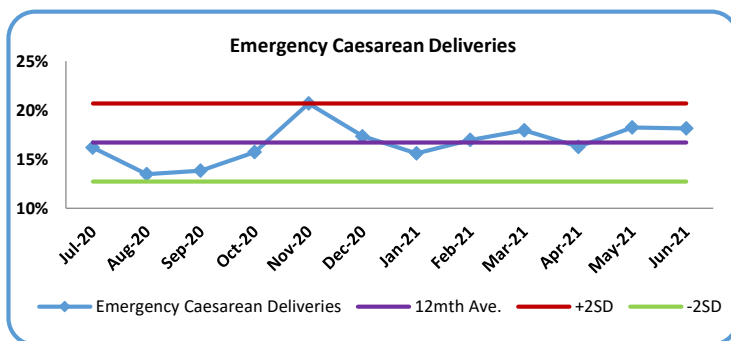
Quality and Performance: Maternity (2/3)



Elective Caesarean section

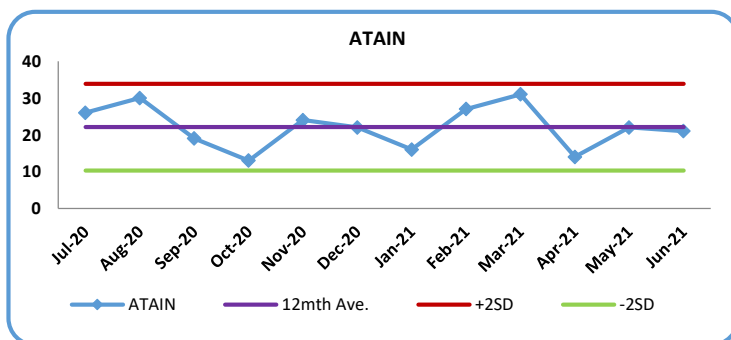
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

The service also has at its heart a shared decision making philosophy and offers informed non-directive counselling for women over mode of delivery. There is an obstetrician/midwifery specialised clinic to facilitate this counselling and patient choice.



Emergency Caesarean section

The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with 98 hour dedicated consultant sessions for Delivery Suite (8am-10pm daily), twice daily consultant ward rounds and consultant obstetricians being involved with all decisions for emergency Caesarean section.



ATAIN

A review of all Term admissions into the neonatal unit is a CNST requirement and a monthly action plan / report is subsequently produced and shared. A Multi-disciplinary meeting is held weekly to review the most recent cases. Some of these cases will be reviewed in more detail if they have been identified as a Serious Incident. An annual audit report is presented at the Directorate Audit meeting with lessons learnt/ key themes/ change to practice being shared across obstetrics and neonatology.

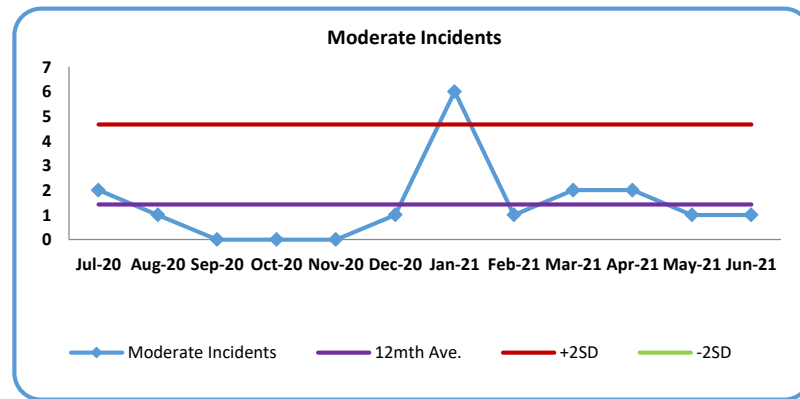
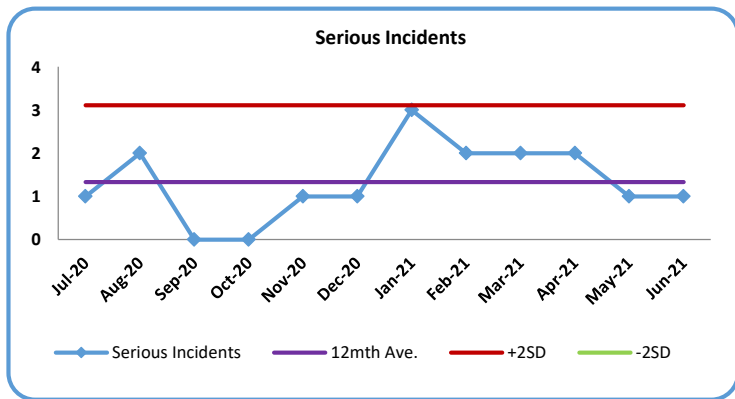
Quality and Performance: Maternity (3/3)

Serious Incidents

There have been 16 incidents escalated as Serious Incidents to The Trust in the past 12 months. These include 7 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 2 unexpected Stillbirths, 3 neonatal deaths, 2 maternal deaths, 1 major obstetric haemorrhage and 1 baby fall. The HIE cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. Once these reports are available a joint report with action plan is written by The Directorate. As a result of the Ockenden report, lessons learnt from Serious Incidents will be shared with the LMS (Local Maternity System) once an agreed process has been formalised.

Moderate incidents

All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (72hr report). In the past 12 months the majority of the moderate graded incidents (35%) were babies that needed to receive 'therapeutic hypothermia' in order to minimise the risk of a brain injury. Although graded moderate these babies may have no long term injury but they require a two year follow up in order to assess their neurological status.



Quality and Performance: Quality Account Priorities Update (1/2)

Reducing Healthcare Associated Infections (HCAI)

Progress to Date

- COVID-19 hospital onset cases remain at a low level of incidence; with 4 probable hospital onset cases of COVID-19 in Quarter 1, 2021/22.
- 3 QI projects have been accepted by the Institute of Health Improvement (IHI) with an aim of reducing HCAI. The projects are:
 - Sepsis recognition in the Emergency Department, including antimicrobial stewardship.
 - Hepatobiliary sepsis related to Percutaneous Transhepatic Biliary Drainage.
 - Reducing urinary catheter associated infections.

Improvement focus

- Whilst COVID-19 has reduced in Q1 2021/22, incidence of some HCAIs have increased. Improvement work is focused on improving IV line management, sepsis screening, timeliness of antibiotics and hand hygiene compliance.
- A business case has been submitted to procure an IT system to effectively capture and monitor IPC compliance data to enable focused improvements.
- To enable a robust mechanism to support antimicrobial stewardship and fulfil the requirements of the NICE Guideline (NG15) a business case has been submitted for an IT system that would achieve this.

Pressure Ulcer Reduction – Community Acquired Pressure Damage whilst under care of our District Nursing Teams

Progress to Date

- Clear definition of a reportable 'Community Acquired Pressure Ulcer' agreed, which includes:
 - If there are omissions in documentation.
 - If a practitioner visit is missed and there is subsequent tissue damage.
 - Where a patient's needs have been identified but not acted upon.
 - Any other omission in care that may have contributed to tissue damage.
- Data dashboards for Community Acquired Pressure Ulcer reporting developed and shared with District Nursing Teams to enable monitoring of frequency of incidence by locality.
- Revision of equipment pathway, rebranded as 'Pressure Ulcer Prevention Pathway'.
- Weekly auditing of three, randomised sets of patient electronic notes in order to monitor successful implementation.
- Support from Trust Clinical Governance Department in managing data and analysis.
- Staff education provision has been increased.
- Patient and Carer education/information has been updated.

Improvement focus

- A succession planning strategy is being developed in response to senior staff having moved in to alternate roles/retirement and due to the current impact of COVID-19 on staffing resource.

Quality and Performance: Quality Account Priorities Update (2/2)

Enhancing capability in Quality Improvement (QI)

Progress to Date

- 17 multidisciplinary teams (circa 85 staff) are participating in the IHI Improvement Teams Programme. The teams were represented at an initial welcome session, with the first workshop scheduled for July 2021.
- There are 43 staff participating in the IHI Improvement Coach Programme, which started in June 2021 and was met with great enthusiasm from participants. The sessions have been delivered digitally with positive feedback from the attending cohort.
- Planning for the Leading for Improvement programme is progressing well and is planned to start in September 2021.
- Baseline team and team lead assessments have been developed which will inform the evaluation of Leading for Improvement programme.

Improvement focus

- Supporting individuals and teams to attend improvement programmes will be a focus due to challenges to time commitment of participants, particularly with clinical commitments, given the current organisational staffing pressures relating to COVID-19.

Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disabilities

Progress to Date

- Development of electronic staff training for Diamond Standard Pathways is near completion for roll out across organisation.
- Timely Learning Disability Mortality Review (LeDeR).
- Lessons learnt from LeDeR shared with Learning Disability Steering Group and timely interventions are identified and actioned.
- Review and development of the role of Learning Disability Champions and incorporating Champions for Autism.

Improvement focus

- Monitoring increased activity and referral into the service, impacting on the volume of work and capacity within Learning Disability Team to support clinical teams.
- Assessing the impact of increased referrals on the ability of the Learning Disability Team to support training programmes that educate staff.

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

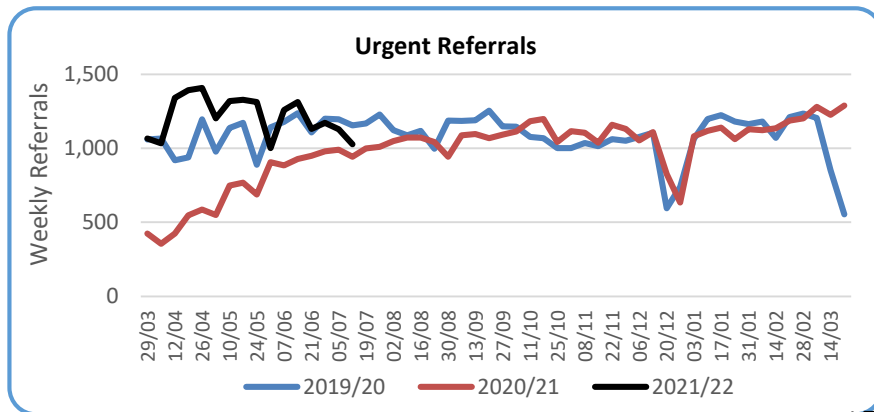
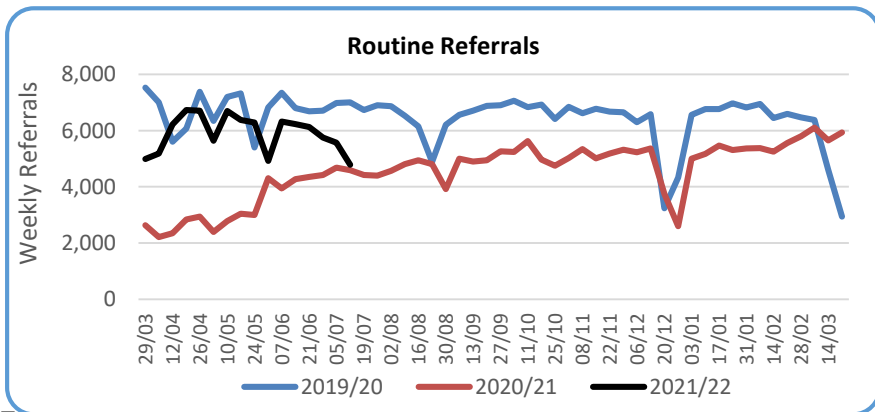
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective 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 were 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.
- **Now in the third phase of the programme** the firm focus is now on recovering activity levels and reducing waiting times. **The 3Rs programme has now transitioned into a Recovery Plus programme** which focuses on how we 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 through the Trust's Operational Board meeting group.
- **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 Operational Board 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

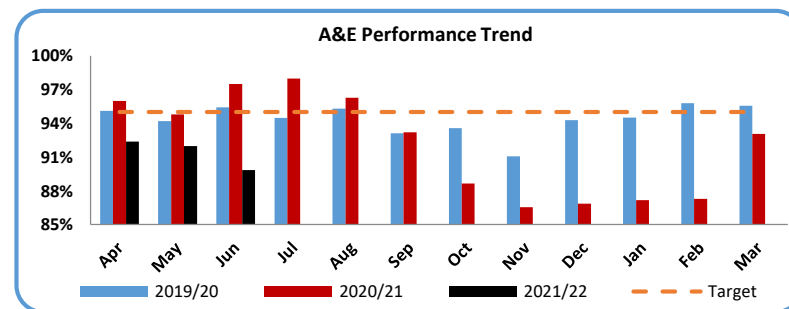
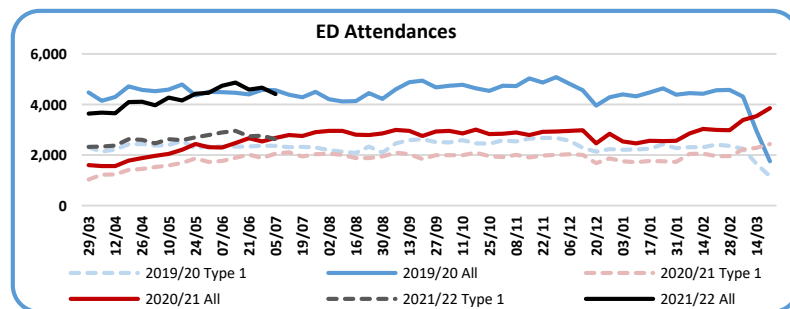
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month in 2019			
				w/e 06/06/21	w/e 13/06/21	w/e 20/06/21	w/e 27/06/21	w/e 04/07/21	Apr-21	May-21	Jun-21	
Front Door	Type 1 Attendances (Main ED)	2,377	2,771	117.8%	121.8%	124.4%	115.6%	116.6%	106.6%	108.8%	121.4%	
	Ambulance Arrivals	635	686	111.4%	114.2%	108.9%	102.9%	108.1%	Unavailable			
	Eye Casualty Attendances	416	342	68.7%	85.0%	74.5%	87.2%	82.2%	69.8%	71.8%	83.9%	
	Walk in Centre Attendances	1,419	1,316	81.0%	89.4%	96.4%	88.3%	92.7%	65.1%	74.0%	93.3%	
	A&E 4hr performance (Type 1)	89.5%	79.6%	-7.8%	-4.3%	-0.5%	-7.8%	-9.9%	-2.7%	-1.9%	-8.0%	
	A&E 4hr performance (All Types)	94.3%	87.4%	-6.1%	-3.3%	-1.2%	-5.4%	-6.9%	-2.7%	-2.2%	-5.6%	
Admission & Flow	Emergency Admissions (All)	1,368	1,376	99.5%	109.6%	106.0%	95.9%	100.6%	107.2%	110.2%	109.8%	
	G&A Bed Occupancy	80.8%	80.5%	77.1%	78.4%	78.9%	79.0%	80.5%	77.2%	79.8%	78.7%	
RTT/Planned Care	Outpatient Referrals (All)	8,187	7,256	77.3%	99.4%	98.9%	94.1%	88.6%	94.4%	96.0%	89.8%	*
	Elective Spells	2,721	2,513	75.9%	97.6%	96.5%	99.2%	92.4%	85.0%	92.6%	89.9%	*
	Outpatient Attendances	20,457	21,591	77.4%	116.5%	111.2%	110.0%	105.5%	96.9%	102.8%	96.3%	*
	DNA Rates	7.2%	7.6%	7.7%	7.3%	7.0%	8.0%	7.6%	6.8%	6.8%	7.5%	
	Incomplete Performance	87.3%	72.3%	70.7%	71.7%	71.7%	72.3%	72.3%	70.9%	72.7%	74.5%	
	RTT >52 Week Waiters	18	5,074	5,563	5,359	5,028	5,113	5,074	6,411	5,625	4,977	
Cancer	2WW Appointments	482	464	75.3%	105.7%	109.7%	82.9%	96.2%	91.9%	103.9%	93.6%	*
	All Cancer 2WW	No weekly performance recorded.							48.0%	52.0%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic	No weekly performance recorded.							41.2%	21.3%		
	Cancer 62 Days - Urgent	No weekly performance recorded.							70.3%	71.1%		
	Cancer 62 Days - Screening	No weekly performance recorded.							84.7%	84.5%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,604	76.4%	93.1%	93.9%	88.8%	84.3%	93.2%	93.5%	84.5%	*
	Diagnostic Performance	No weekly performance recorded.							82.1%	83.7%	80.2%	

Data provided as 'Actual' figure rather than % comparison

* Working day adjusted

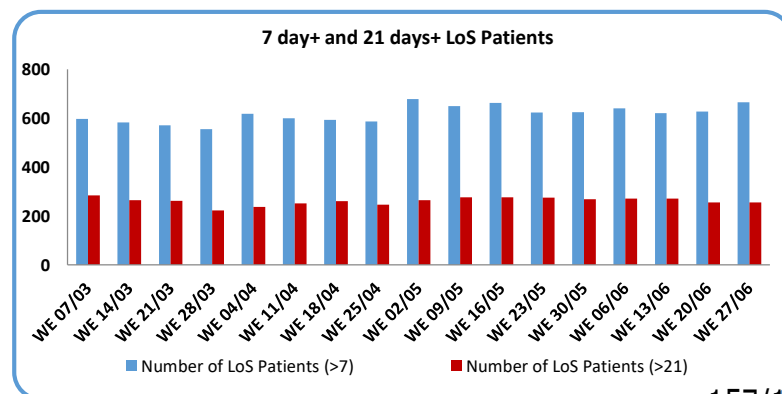
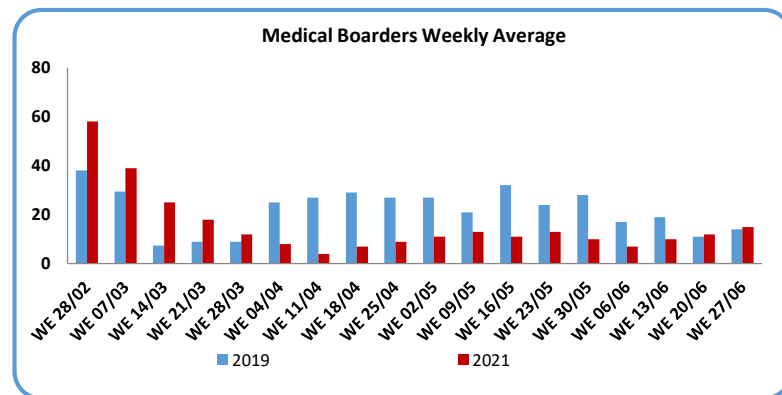
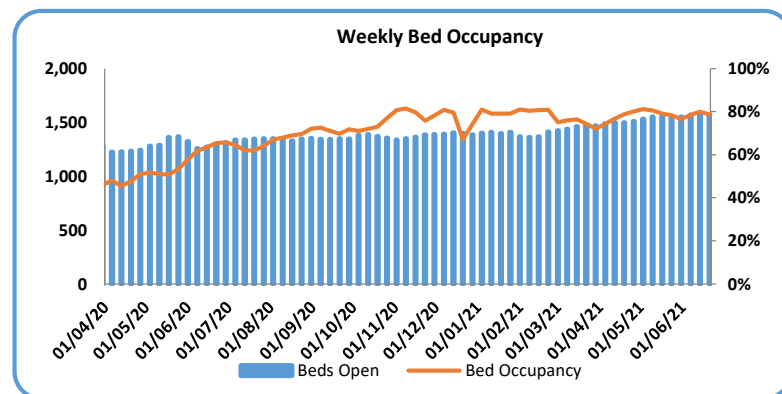
Quality and Performance: A&E Access and Performance

- In June A&E performance declined slightly to 89.8% against the A&E 4hr standard (95%). The standard has not been met since August 2020.**
 - NuTH's performance was well above the national (81.3%) and regional (86.7%) averages and compares favourably to other Shelford Trusts.
 - 1 ambulance handover took >60 minutes to occur last month; this has only happened on one other occasion since October 2019.
 - The Trust did not report any trolley waits >12 hours in June for the second successive month having done so in March and April.
- Performance remains above the levels recorded throughout the 2020/21 winter season with developments contributing to this upturn including:**
 - The partial reopening of observation beds via the re-provision of the minor injuries unit in an alternative space.
 - Increased utilisation of Same Day Emergency Care (SDEC) for suitable Emergency Department (ED) patients.
 - The transition back to a 5 and 6 bedded bay model, enabling the reopening of over 120 beds across the Trust.
 - A sharp and sustained fall in the number of COVID-19 inpatients since the end of February, in turn reducing the number of lost bed days.
 - Improved patient flow due to a four fold reduction in the average number of medical boarders in June compared to February 2021.
- However in June performance dipped below 90% for the first time in four months due to a number of extremely challenging circumstances:**
 - For the first time since the onset of the COVID-19 pandemic, monthly attendances exceeded the level of the corresponding month in 2019.
 - Within this overall growth, Type 1 attendances were especially high at 121% of June 2019's level. In the context of this exceptional demand, Type 1 breaches topped 2,000 for the first time in many years.
 - 'Black Level' escalation criteria were activated on a number of days in June due to the extremely high volumes within ED. This criteria is triggered when there are >100 patients in ED at any one time.
 - During one day of unprecedented demand in early June the decision was taken to divert ambulances to NSECH.
 - In the final week of June overall performance was also particularly hampered by a significant rise in the number of beds closed across the Trust, largely due to staffing shortages, as well as a norovirus outbreak forcing the closure of 30 beds on Ward 15 at Freeman.
 - Additionally, Eye Casualty performance has recently deteriorated and dropped to 93.9% for the week commencing 28th June - the lowest level for more than 2 years. The department is currently being refurbished which may be impacting on efficient patient flow.
- Throughout the early stages of July issues around staffing levels have been significantly exacerbated:**
 - Community transmission of Covid-19 has dramatically increased within the locality, in turn impacting on the Trust workforce. By the end of the w/c 5th July the number of positive staff had quadrupled in under 3 weeks to over 100, whilst the volume of staff required to self-isolate has also substantially grown. Total staff absence rates have peaked above 8%, nearly double the usual average.
 - Consequently there has been a significant impact on Trust operations. The total number of beds closed for staffing reasons in the w/c 5th July was the highest number recorded in years, with further beds unavailable due to D&V outbreaks, resulting in a total of 933 beds closed across the week – over a third higher than any previously recorded total for many years.



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

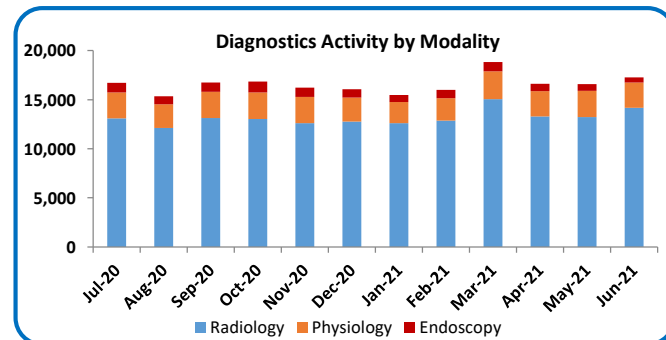
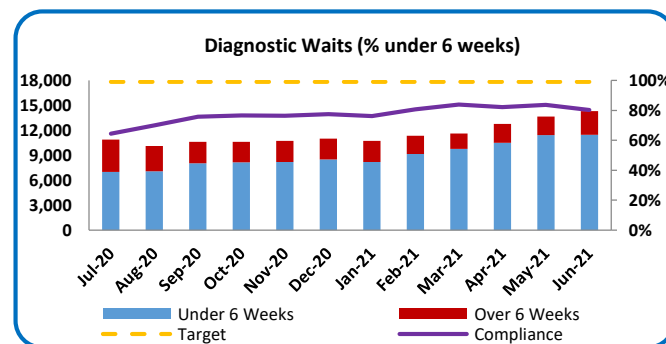
- **The Trust averaged 79% bed occupancy in June 2021, 1% lower than in May.**
 - Occupancy fluctuated to a degree within individual weeks, tending to peak in the early part of the week, but overall the monthly average remained largely constant, remaining between 78% - 80% throughout the month.
 - The average number of beds available on a daily basis throughout the month was 1,445, with 1,462 beds were open on 30th June, 22 more than at the start of the month, emphasising stability in the overall volumes available throughout June.
 - Occupancy was substantially above June 2020 levels, during which the emergency response to the COVID-19 pandemic resulted in widespread cancellation of elective activity. However, bed occupancy in June 2021 remained 2.8% lower in comparison to June 2019.
- **Consistency in bed occupancy levels throughout June may be due to:**
 - Overnight inpatient activity, whilst remaining high in comparison to almost all of the pandemic era, slightly reducing as a percentage of June 2019 activity when compared against May 2019 and 2021 levels.
 - Continuing high demand on emergency services being tempered by minimal levels of COVID-19 inpatients.
 - Core bed stock steadily increasing in recent months to levels now comparable with the equivalent month in 2019. Furthermore, closures were minimal throughout the majority of the month.
- **Medical boarders minimally increased throughout June** but still remained at low levels. This contrasts with a sustained period of very high levels during the winter of 2020/21. The sharp drop in COVID-19 inpatients will have contributed to this improvement and has in turn influenced improving A&E 4 hour performance. However, the number of boarders has been increasing in early July due to the accelerating pressures on beds and staffing.
- **The Trust's volume of Long Length of Stay (LoS) patients** remained largely steady over the course of the month. By the end of June there were 6.4% more patients with a LoS >7 days (665) compared to the end of May (due to a jump late in the month), but a 4.8% decrease in those with a LoS >21 days (256). The Trust's average LoS can increase in line with high emergency admissions, which the Trust continues to experience, but also through the reduction in elective activity, which may become a factor in July due to the increasing numbers of isolating staff.
- **Due to the suspension of reporting to NHSE/I this report no longer contains information relating to Delayed Transfers of Care (DTCs).** Processes remain in place to ensure this reporting can be restarted in October 2021 in line with the proposed national timescales.



Quality and Performance: Diagnostic Waits

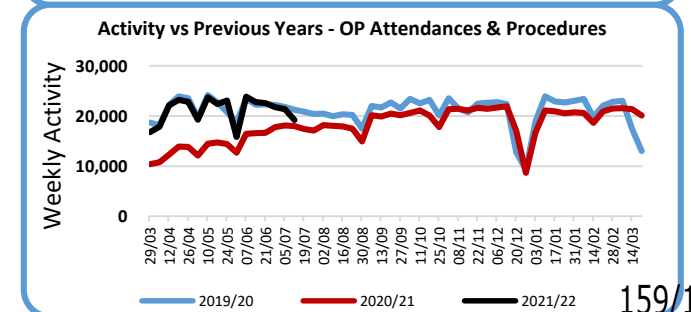
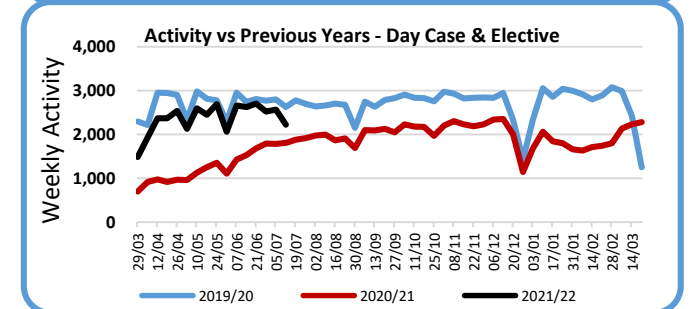
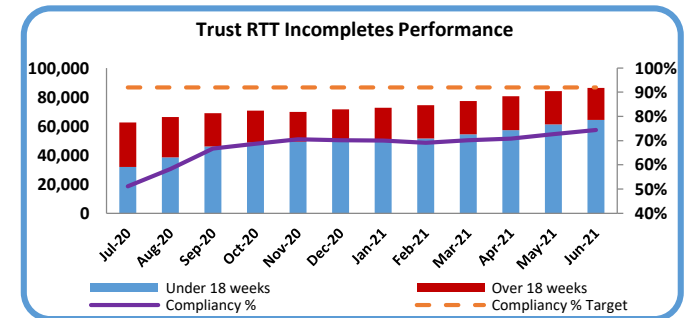
- Diagnostics performance for June was 80.2% against the 99% standard, a decline of 3.5% from May. This represents the lowest level of compliance recorded since January 2021.**
 - The reduction in overall performance against the standard was largely attributable to increasing waits within the modalities of Physiological measurement (59.8%, -10.1%) and Endoscopy (49.5%, -16.7%). Radiology compliance levels prevented the overall position from decreasing substantially further, with 88.0% of patients waiting under 6 weeks, just a 0.3% drop from the previous month.
 - The total number of long waiters increased significantly compared to May, rising by just under a quarter to now stand at 779 patients waiting over 13 weeks (+22.9%), making up 5.4% of the overall waiting list (WL).
 - In May (latest NHSE data) NuTH's diagnostics performance (83.7%) was appreciably above the national (77.7%) and regional (76.1%) positions.
- In June 17,271 tests were carried out, a 4.2% increase on the activity levels seen in May 2021, but still 7% lower than in June 2019.**
 - When adjusted for working days, activity delivery was only at 84.5% of the volumes achieved in June 2019, and 90% of May 2021 levels. However in terms of pure activity performed, June still delivered the second highest monthly activity volume since February 2020.
 - The month on month increase in completed diagnostics is largely attributable to Radiology, with a 7% increase reported across imaging as a whole, fairly evenly split across each of the key scans provided by the Trust. Total activity outperformed the 2019/20 pre-Covid average.
 - Contrastingly, Endoscopy activity reduced for the fourth month in a row, falling to its lowest level since May 2020 (-19.6%). Scoping reduced by over a quarter in Colonoscopy and Gastroscopy and more than halved within Flexi Sigmoidoscopy.
- The size of the total WL grew for the 5th successive month and now stands at 14,302 as at the end of June – a 4% increase on the previous month and the largest recorded in many years. Over the course of 2021 the WL size has increased by 30%.**
 - Compared to May, there were particularly large increases within Audiology (+34%), Echo (+16%) and MRI (+15%). However the DEXA WL reduced by 26% after a number of extra lists were provided throughout the month,
 - MRI continue to flex capacity as much as possible but face increasing demand particularly within Neuro MRI. An additional van is supplementing capacity with Neuro allocated a number of days to utilise the scanner.
 - 61% of Echo patients on the WL have waited >13 weeks, however the service have received approval through the Recovery Plus programme for additional funding to support insourcing over the next few months to help reduce both the backlog and average wait time.
- Efforts continue to expand activity across all settings despite ongoing social distancing and infection prevention control regulations, as well as the increasingly problematic staffing gaps which are occurring as a consequence of increased COVID-19 prevalence.**

Patients Treated	Jun '21	May '21	Difference (Actual)	Difference (%)
Imaging	14,163	13,245	918	6.9%
Phys. Measurement	2,575	2,666	-91	-3.4%
Endoscopy	533	663	-130	-19.6%
Trust Total	17,271	16,574	697	4.2%

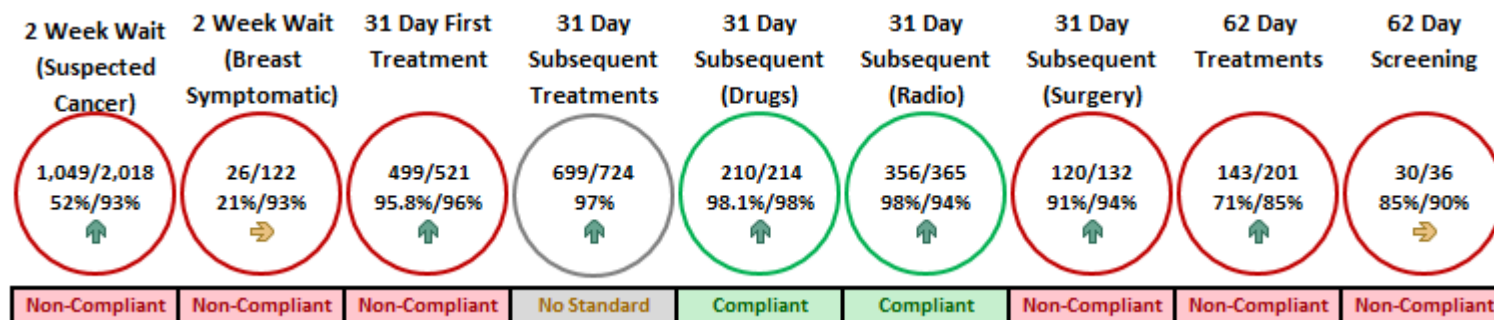


Quality and Performance: 18 Weeks Referral to Treatment

- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. However, June's performance against the 18 week wait target (92%) improved slightly to 74.4%, the highest compliance for more than a year.
 - 21,992 patients have waited more than 18 weeks, with 8,312 >40 week waiters. Both of these figures are slight reductions from May's levels.
 - The number of patients waiting >52 weeks reduced considerably, down 11% in June to 4,977. It should be noted however that this drop is mainly due to referrals to the Trust falling considerably 12 months ago due to the onset of the COVID-19 pandemic.
 - Around 6% of the Trust's PTL are >52 week waiters which is in line with the national average.
 - Similarly to May, 45% of >52 week waiters are within Ophthalmology, although this total reduced by 205 to 2,246. This follows the opening of a cataract modular theatre designed to enhance patient flow and rapidly expand capacity.
 - Dermatology, Spinal Surgery and Trauma & Orthopaedics also have high volumes of >52 week waiters. There are 49 patients waiting >104 weeks, with this growing number of patients now spread across 4 specialties. The majority of these >104 week waiters remain with Spinal Surgery whose longest waiter is at 129 weeks.
 - In total June 2021's referrals volume was 90% of the level received in June 2019. Routine referrals remain slightly below pre-pandemic levels, but urgent and 2 week wait referrals in June 2021 were higher than in June 2019. The Trust's total waiting list size has grown for 7 consecutive months with this trend replicated nationally.
 - NuTH have the 8th largest PTL in the country as of May 2021, and has the highest compliancy rate of these Trusts with the 8 largest PTLs. National compliancy in May stood at 67.4%, 5.2% below the NuTH total.
- Treatment of long waiters and recovery of elective activity and RTT performance are key Trust priorities. NHSE/I's Elective Recovery Framework (ERF) set ambitions to achieve increasing levels of planned activity: April 70%, May 75%, June 80%, July – Sept 95%
 - During June activity delivery measured at 89.9% (Day Case & Elective) and 96.3% (Outpatient Attendances & Procedures) when compared to June 2019.
 - Although June saw more activity than May, there was a drop in activity per working day. **Despite this NuTH activity comfortably exceeded June's 80% recovery target, although it should be noted these figures are based solely on units of activity, with no accommodation of case mix/financial value which is a factor in ERF.**
 - Activity recovery was hampered in late June by the growing prevalence of COVID-19 in the community. This has led to a rising level of COVID inpatients but more significantly has rapidly increased COVID related staff absences for isolation.
 - Both these factors have resulted in the postponement of non-urgent elective activity. Although minimal in June, this has increased in July.
 - NHSE/I have recently updated their recovery target for Jul-Sep '21 from 85% to 95%. This higher target and the rising prominence of COVID-19 will therefore make achievement of the Q2 ERF targets more difficult.
- Opportunities to increase throughput and reduce long waits are being assessed on a weekly basis via the Recovery Plus programme.
 - Current primary recovery schemes include additional sessions within numerous specialties and 7 day working in the Chemo Day Case Unit.



Quality and Performance: Cancer Performance (1/2)



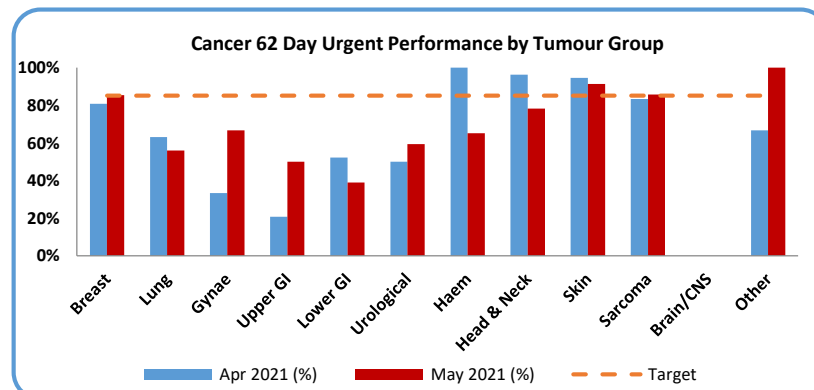
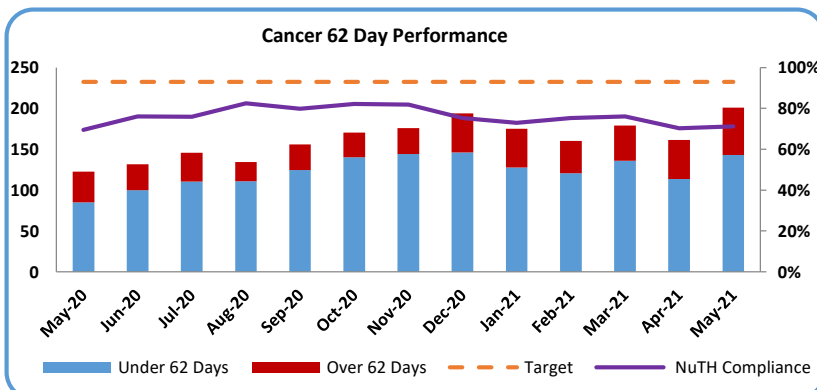
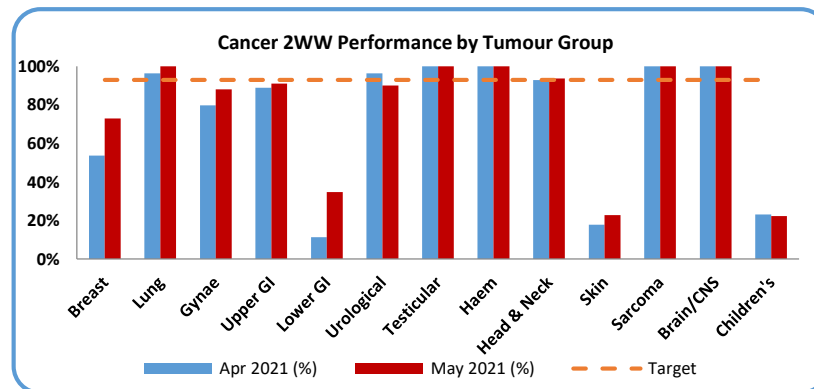
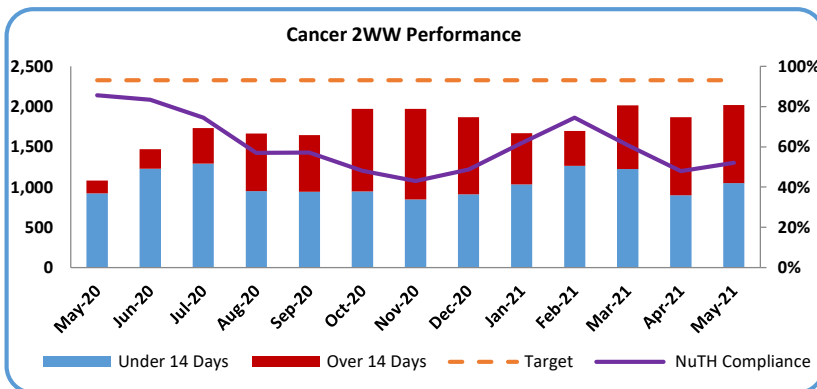
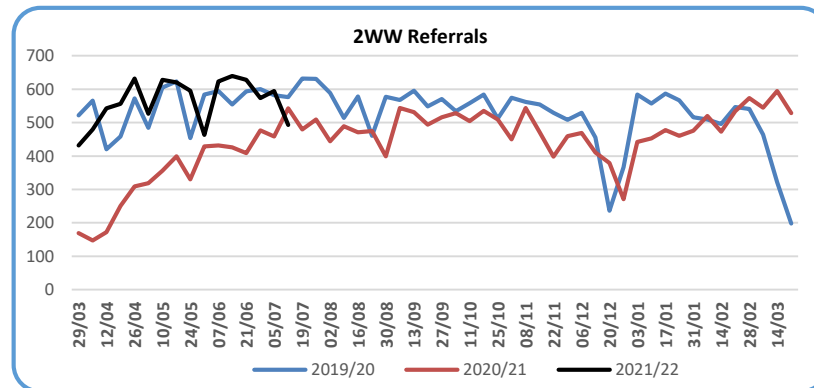
The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

- The Trust achieved 2 of the 8 Cancer Waiting Time standards in May; 1 of the 8 standards was met in April.
- The nationally validated 2ww position remained low as expected due to issues previously raised relating to the Skins pathway (23%) for May; this is primarily due to significantly increased referrals levels with capacity yet to catch up. Concerns also remain within Breast (73%) and Lower GI (35%).
 - Within the Skins pathway tele-dermatology has been introduced** with GPs now sending images to NuTH alongside referrals, however this is still voluntary with further education events planned with primary care. It is estimated that 50% of these reviews result in no face to face appointment being required within a cancer pathway.
 - 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 – without Skins patients within the position the 2ww compliance would rise by approx. 20%.
 - The Lower GI service (35% 2ww compliance) is now moving to a fuller electronic solution which will help to manage the referral and triage process, as well as exploring all options to increase capacity within the service.**
 - 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 and other measures have been approved internally to increase capacity to the endoscopy service.
 - The Breast service (73% suspected compliance and 21% symptomatic compliance) continue to work through clearance of an existing symptomatic backlog** which has formed due to increased referrals. Additional capacity beyond usual establishment has been secured through non-recurrent sessions as well as additional support from Radiology and risk stratified clinics; this has been extremely successful to date.
- Due to COVID pressures, the Northern Cancer Alliance has set up a North and South Surgical Hub** which captures details of patients requiring surgical intervention across the Cancer Alliance, these cases are discussed to ensure each organisation has capacity to take their cases and support sought if not. Cases were redistributed during the Jan / Feb wave and meeting were stood down following the decline in operational pressures.
 - NuTH provided significant support during February to this initiative with the May 62 Day position still showing some of the impact from taking this additional caseload, as well as the additional COVID support to out of region partners throughout February.
 - Both surgical hubs have resumed meeting over the past weeks to ensure that capacity is maintained across the system.
- The Northern Cancer Alliance met 2 of the 8 standards in May; 1 of the 8 standards was met in April.**
 - 2 provider within the Northern Cancer Alliance achieved the 2ww target in May.
 - No providers within the Northern Cancer Alliance met the 62 day target in May.

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 months have seen a significant increase in referrals within the Skins tumour group with pathway discussions in place with primary care colleagues.



Quality and Performance: Other Performance Requirements

- **For the third successive month there was a significant rise in the number of 'last minute' cancelled operations, with the Trust reporting 56 in June 2021, the highest number since March 2020.**
- This was still below the pre-COVID monthly average of 62 and partly reflects the rising level of elective inpatient activity being scheduled as the Trust aims to recover activity levels.
 - For the 7th month in a row Cardiothoracic Services (42) was comfortably the biggest contributor to the Trust total. The biggest reason for these cancellations was the unavailability of ITU beds.
 - The Trust reported 1 breach (in Surgical Services) against the standard to treat within 28 days following last minute cancellations in June.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in June.**
 - Performance against the referral metric was 100% and has been at this level of compliance for over a year.
 - Despite being below the 90% target, 57% of patients were asked the dementia case finding question, which was the highest level for more than 2 years. Improving performance levels further is difficult currently due to the reduction in staffing levels caused by COVID-19. Positively, Information Services are developing a Power BI report which will be available daily and will aid the dementia care team in targeting support and training to the clinical teams with the lowest compliance.
 - Compliance with the requirement for appropriate patients to have a dementia diagnostic assessment has been consistently low during 2021 and reduced again last month. In response, the dementia care team have increased their support to clinical teams for completing the assessment. Additionally the team are conducting a questionnaire to understand the barriers which currently prevent assessments being completed.
- **The proportion of people who have depression and/or anxiety receiving psychological therapies increased in June (1.38%). Despite this being below the target (1.58%), this is the second highest level achieved since January 2020.**
 - Recent funding for both additional step 3 CBT trainee posts and extra CBT online provision has facilitated a reduction in the CBT waiting list size.
 - The service has undertaken a successful transition to using telephone and video consultations. These virtual sessions will continue to be offered to patients, as feedback suggests virtual service provision has been very helpful for many patients and it has contributed to lower DNA rates.

- **In June performance against the IAPT 'moving to recovery' standard decreased to 38.3%, the lowest level of 2021 to date. The 50% target has not been met since June 2020.**

- Positively, there was further improvement against the IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) and they continue to be comfortably exceeded with performance of 92.9% and 100%.
- Operational service leads and finance teams are working together to model current and projected models of service access and provision.

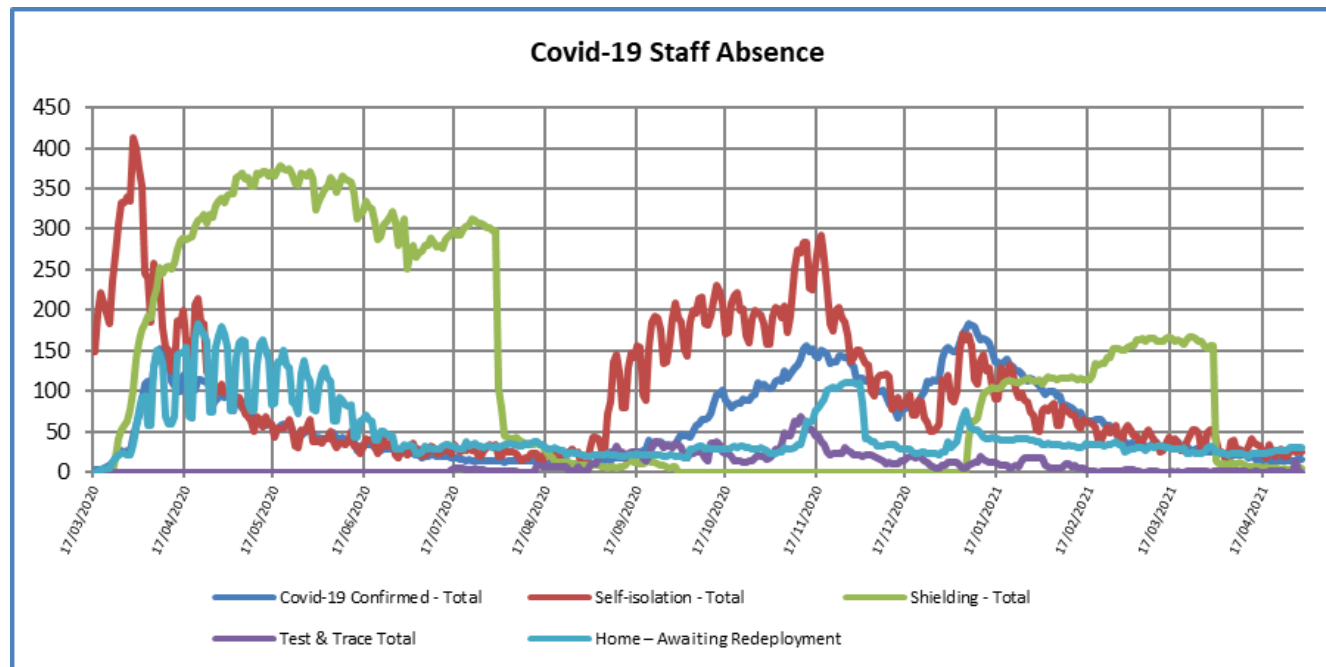
Reportable Cancelled Operations	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Last minute cancelled operations	45	40	34	30	30	14	19	16	7	24	34	56
Number of 28 day breaches	0	0	0	2	0	0	5	0	0	0	3	1
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
% asked the dementia case finding question within 72 hours of admission.	28%	39%	38%	36%	43%	42%	47%	49%	52%	49%	35%	57%
% reported as having had a dementia diagnostic assessment including investigations.	62%	71%	64%	38%	36%	26%	24%	15%	14%	17%	30%	18%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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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 30th June 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 30th April they were down to 46.



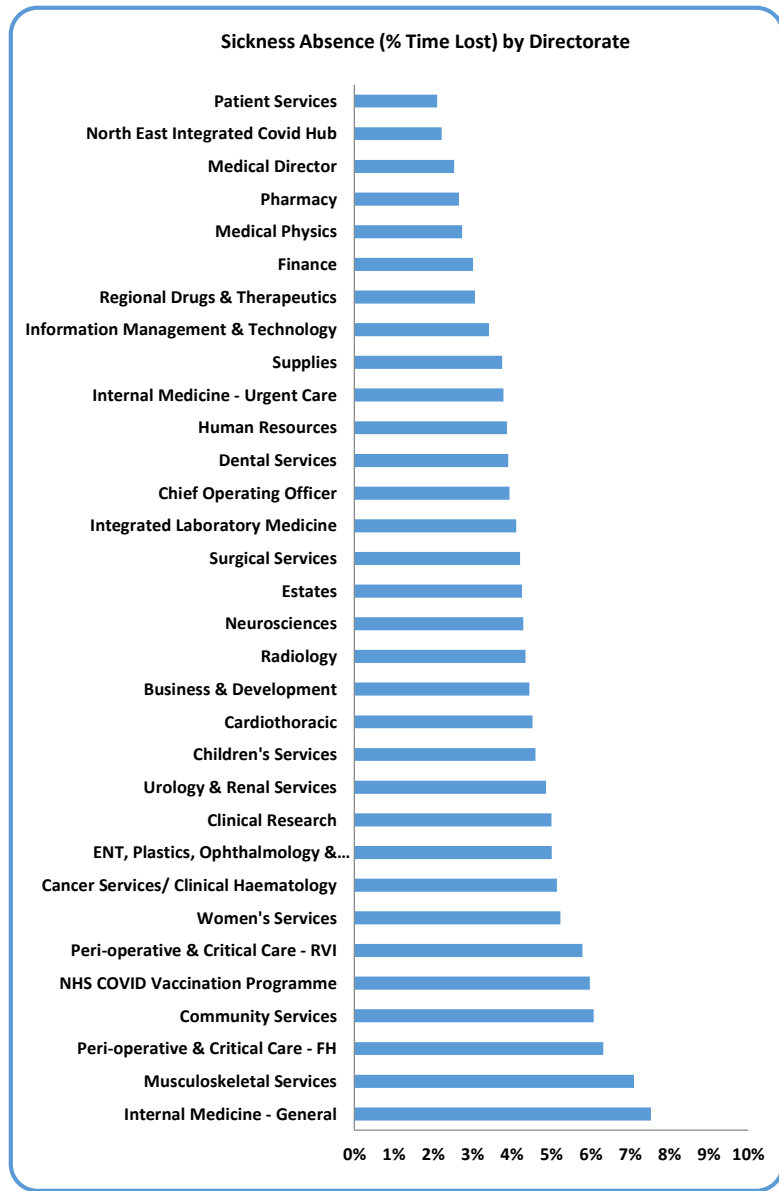
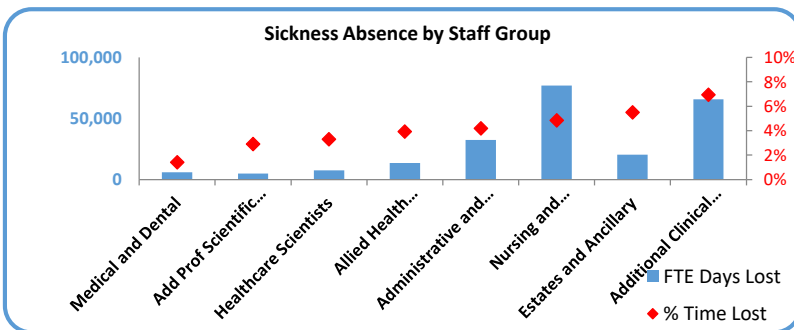
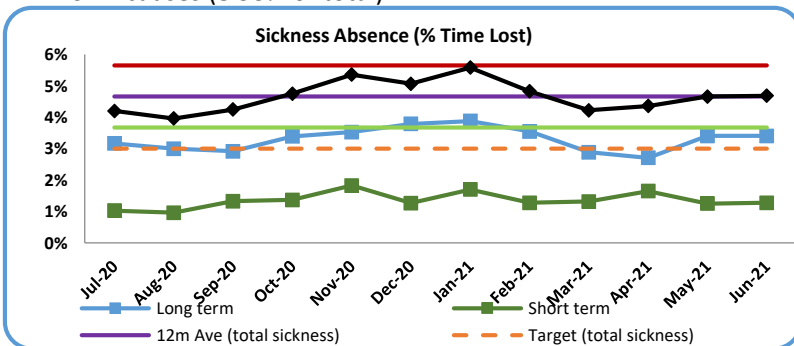
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

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- Year to year comparison for sickness absence :

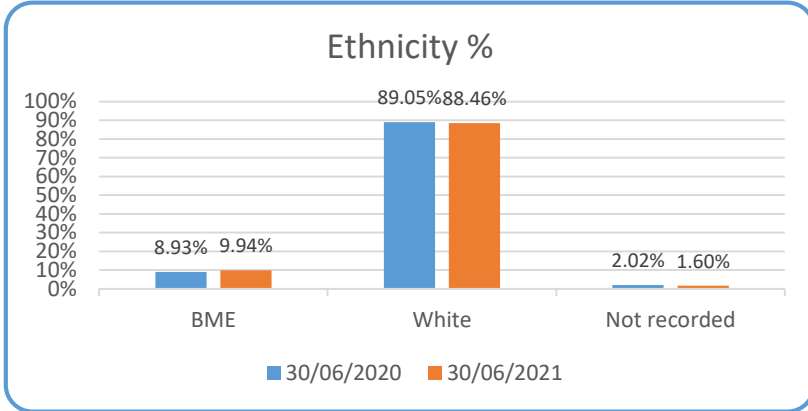
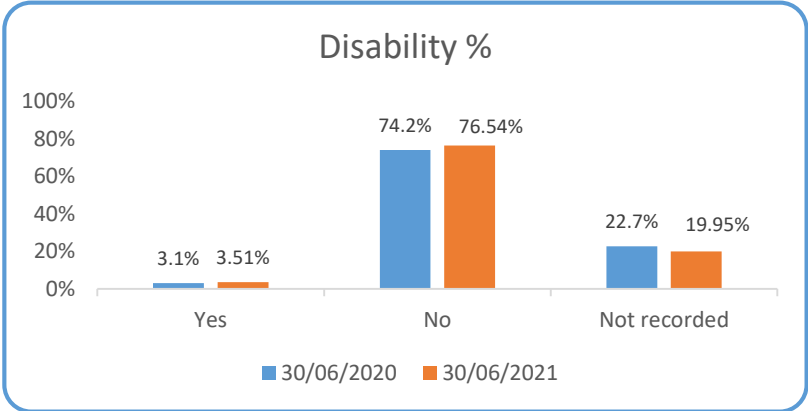
	Jun-20	Jun-21	
Long-term	3.36%	1.28%	↓
Short-term	1.38%	3.41%	↑
Total	4.74%	4.69%	↓

- 227,624 working days were lost due to sickness in the year to June 2021, compared to 221,380 for the previous year.
- Overall sickness absence is 4.69% , which is down from the end of March 2021 position of 4.77% - (% Time Lost).
- The top three reasons for sickness absence are anxiety/ stress/ depression (30% of total absence), other musculoskeletal (13.57% of total) and other known causes (9.64% of total). For the previous 12 months the top three reasons were anxiety/ stress/ depression (35.38% of total), other musculoskeletal (9.08% of total) and other known causes (8.93% of total).

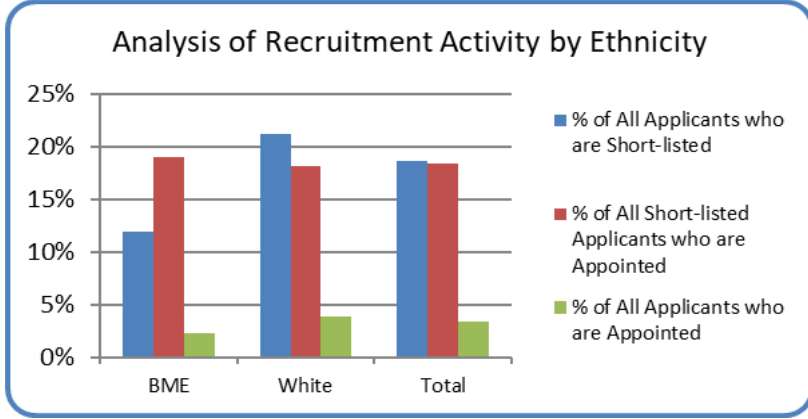
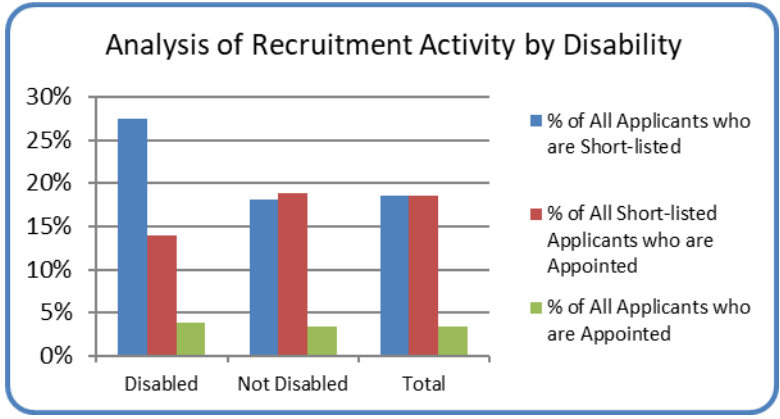


*COO Directorate includes Outpatients / ABC Service

People: Flourish – ‘Shaping the Best Place to Work’

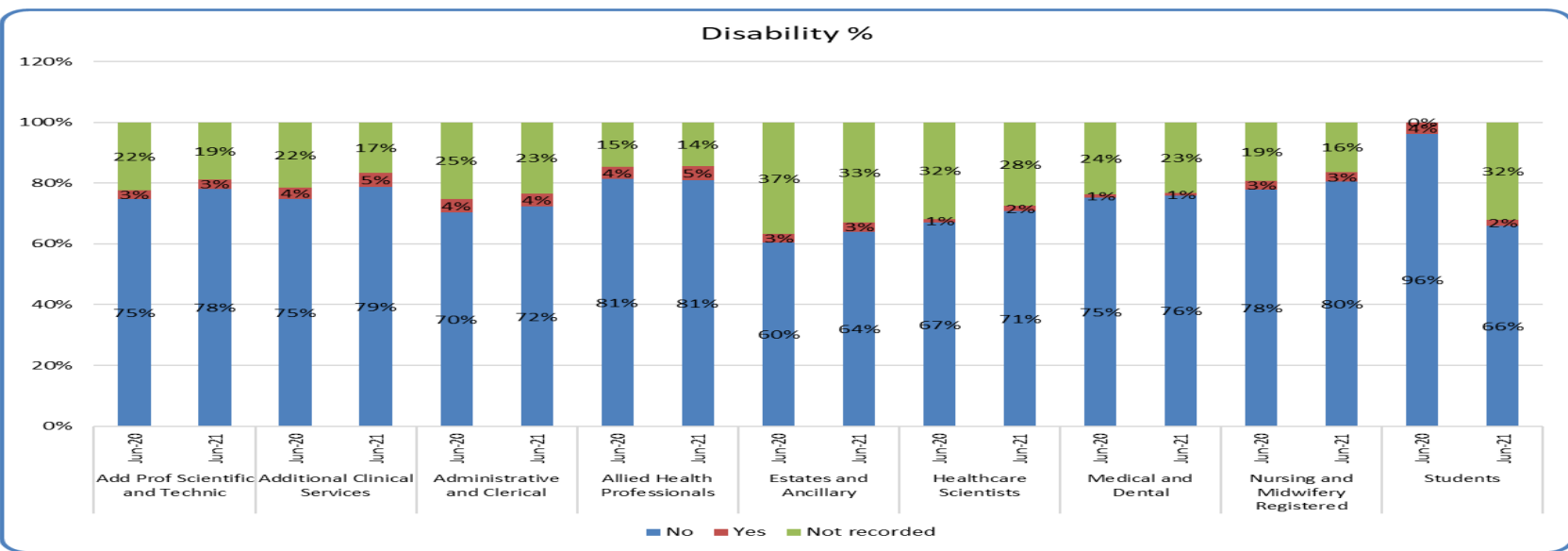
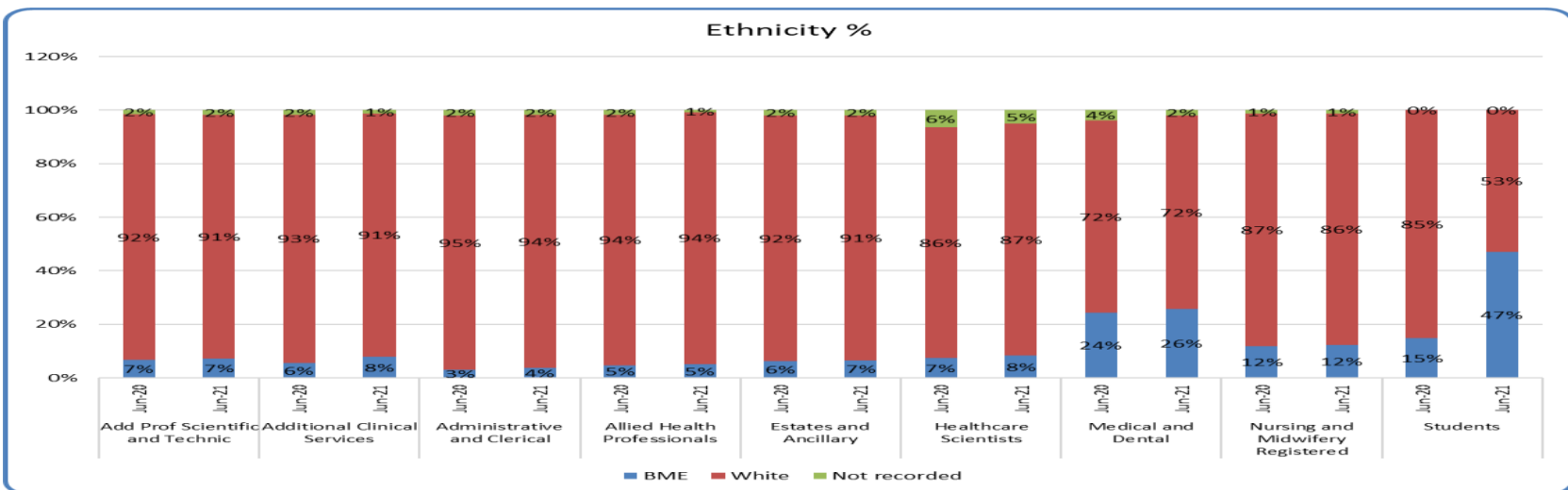


The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending June 2021.



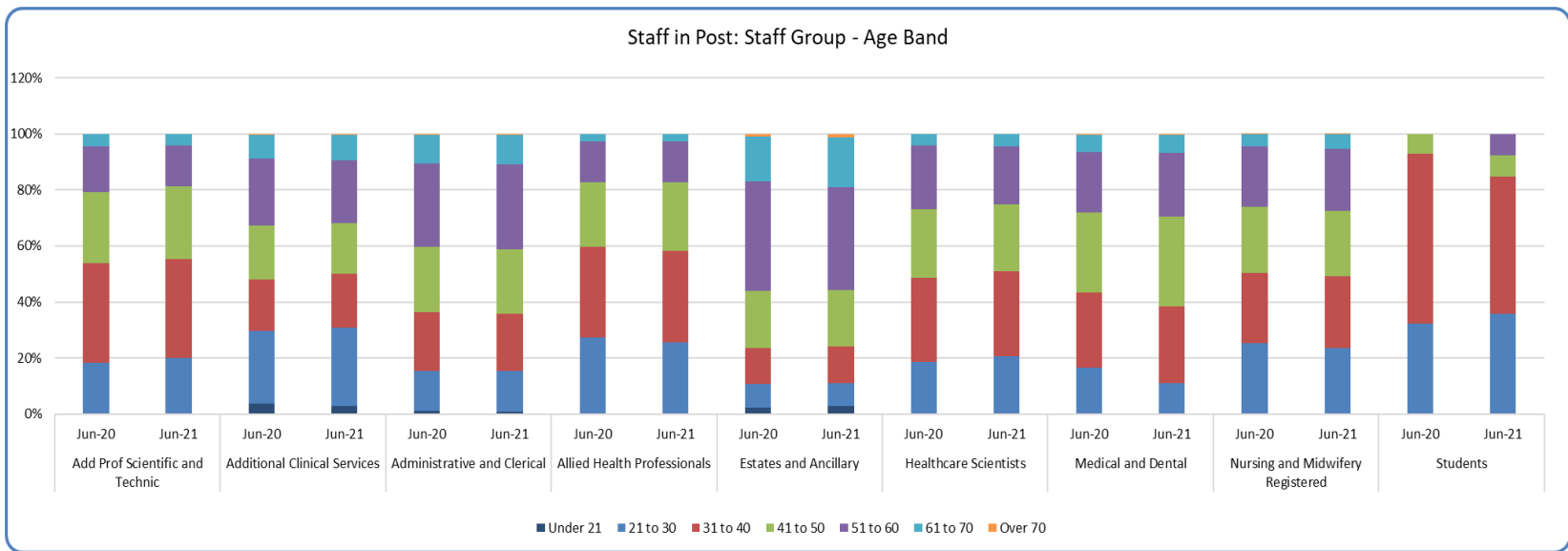
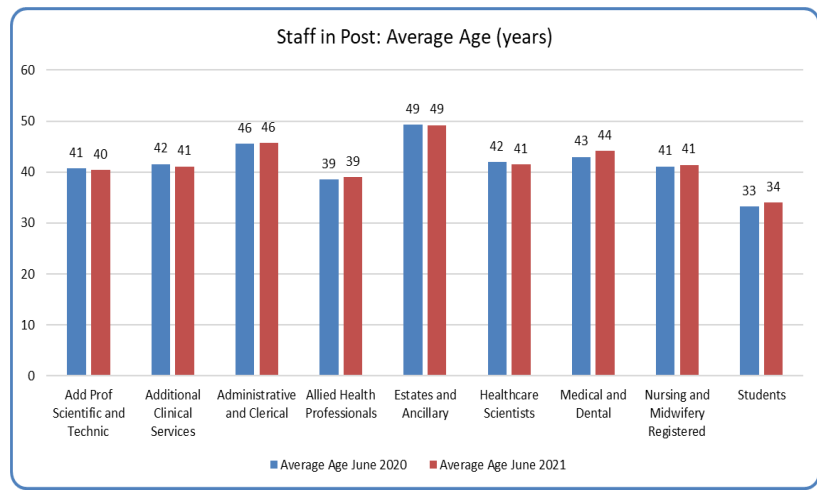
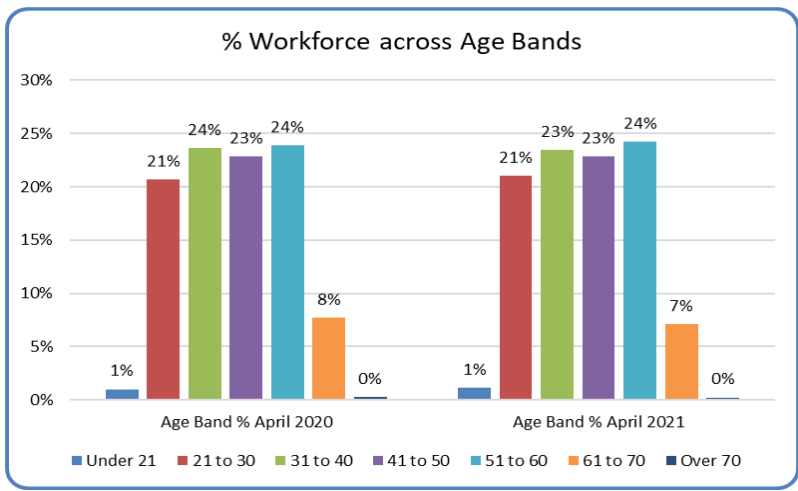
The graphs above identify, by headcount, the percentage of staff in post in June 2020 and June 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 3.05% to 3.51% and the percentage of BAME staff has increased from 8.93% to 9.94%.

People: Flourish – ‘Shaping the Best Place to Work’



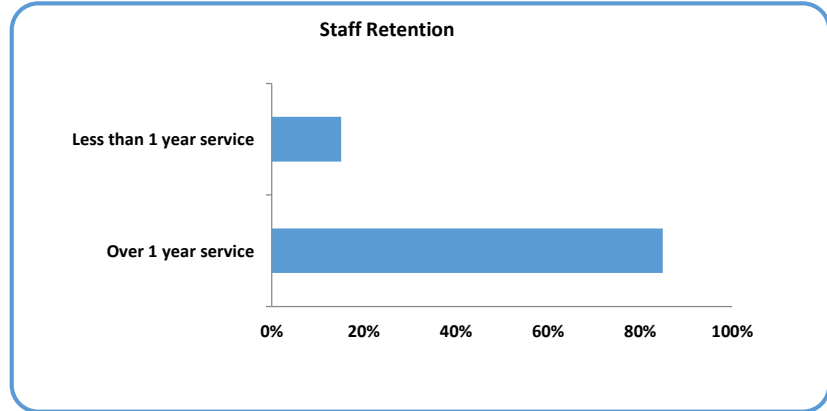
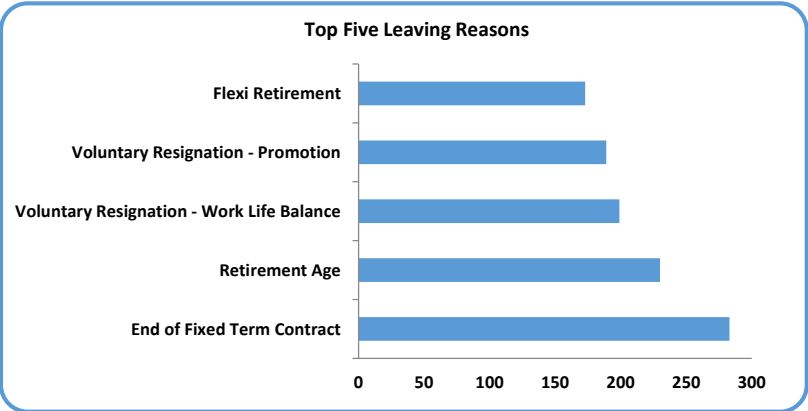
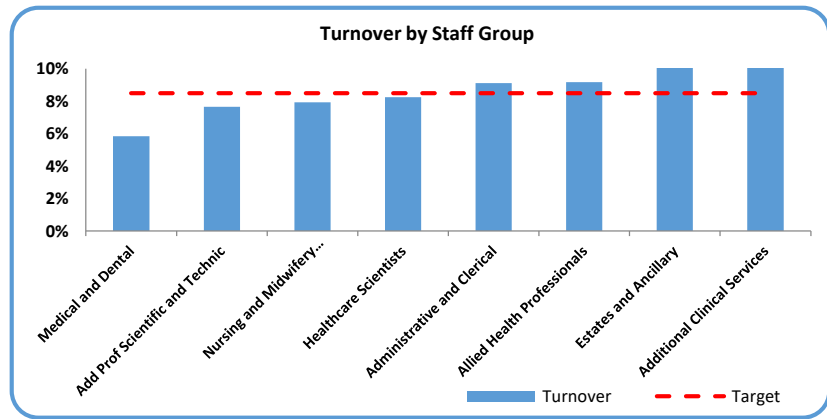
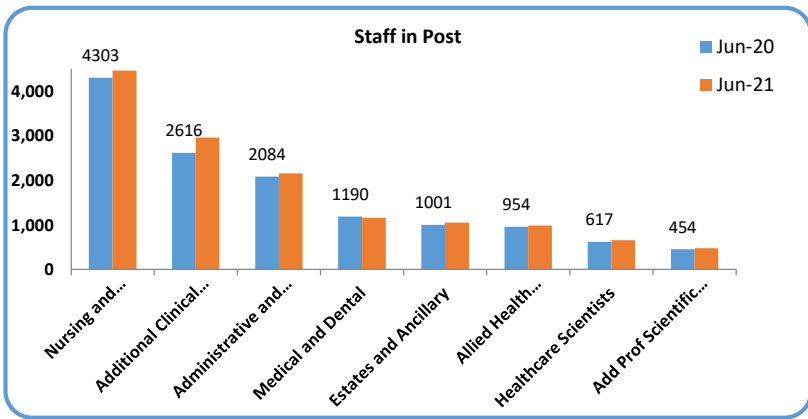
- The graph above identify, by headcount, the percentage of staff in post at June 2020 and June 2021 by ethnicity and disability across all staff groups.

People: Flourish – ‘Shaping the Best Place to Work’



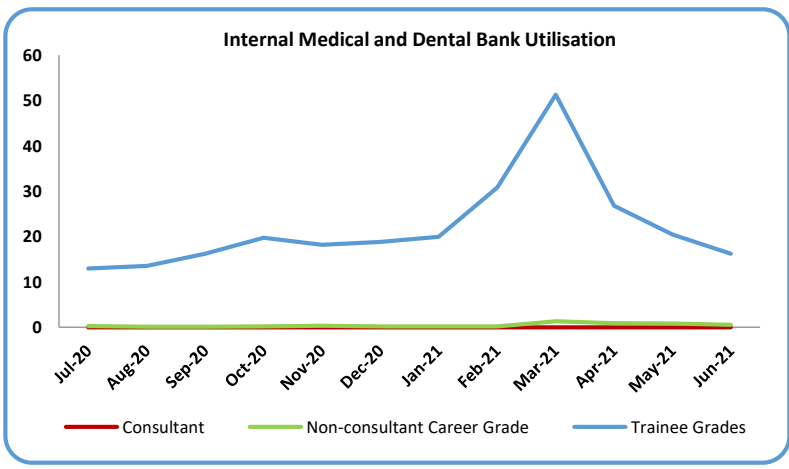
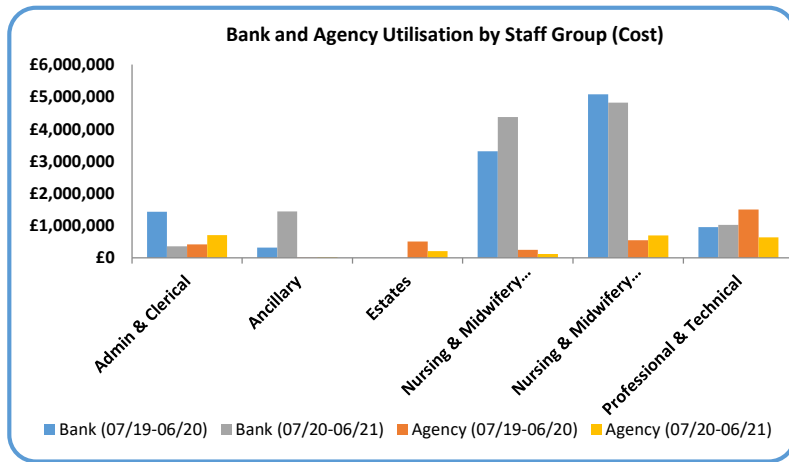
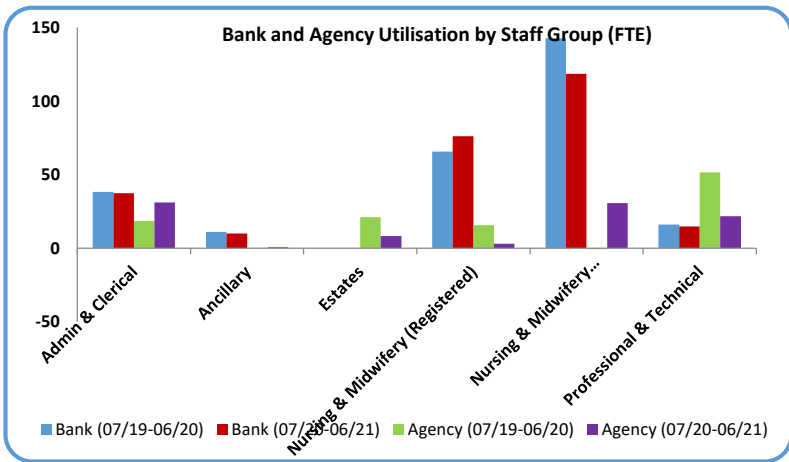
• The graphs above identify that staff in post across aged bands has remained similar between June 2020 and June 2021.

People: Flourish – ‘Shaping the Best Place to Work’



- Staff in post at June 2021 is 13,896 wte (16,169 headcount) compared to 13,219 in June 2020 (15,293 headcount).
- Staff turnover has increased from 8.53% in June 2020 to 9.89% in June 2021, against a target of 8.5%.
- The total number of leavers in the period July 2020 to June 2021 was 1,722.
- Staff retention for staff over 1 year service stands at 84.95%, which is a decrease from 87.12% in June 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

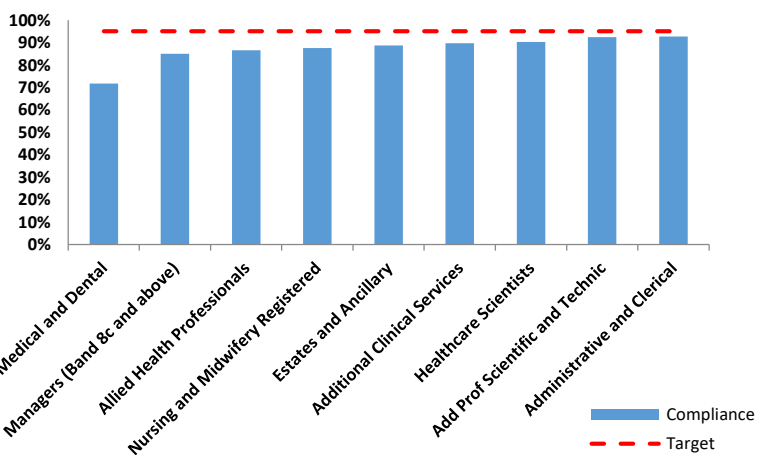
People: Flourish – ‘Shaping the Best Place to Work’



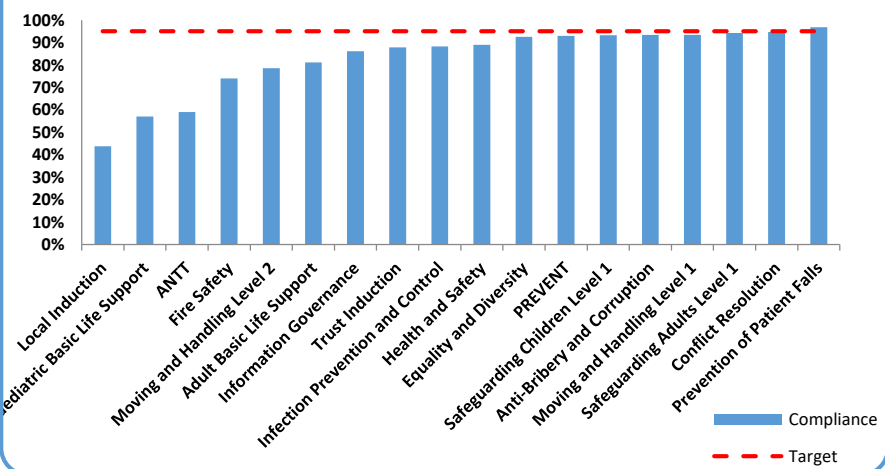
- Comparing the periods July 2019 – June 2020 to July 2020 – June 2021, overall bank utilisation has decreased from 274 wte to 257 wte and agency utilisation has decreased from 122 wte to 96 wte.

People: Delivering Excellence in Education & Training

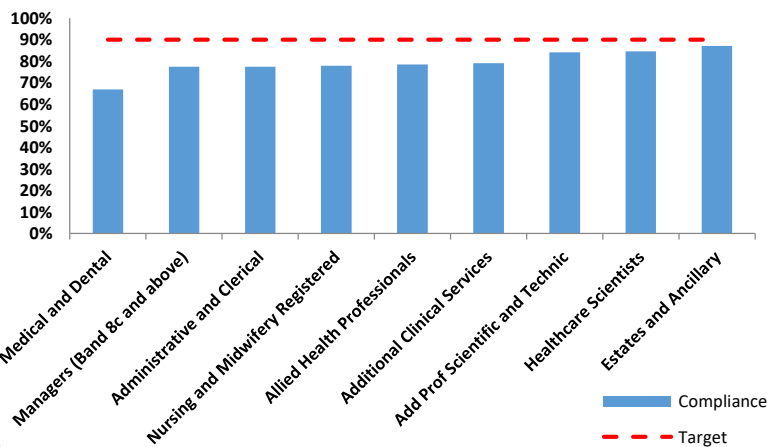
Mandatory Training by Staff Group



Mandatory Training by Topic



Appraisals



- Appraisal compliance stands at 78.80%, at end of June 2021, against an end of year target of 95%. The June 2020 position was 77.91%. 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 87.75% at end of June 2021, against a Q1 target of 80% and end of year target of 95%. The June 2020 position was 89.91%.

Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 30th June 2021.

NHSE has issued a new finance regime to operate to 30th September - NHSE are using the term H1 to mean the first half of 2021/22, at present we do not know what the finance regime will be for the second half of the year. The Trust is required to submit a financial Plan to NHSE for H1 and that is to be completed by the end of May.

In the period to 30th June 2021 the Trust incurred expenditure of £327.8 million, and accrued income of £327.8 million on mainstream budgets, leading to a break even. In addition the Trust incurred further expenditure of £5.3 million on the programmes outside the block envelope (vaccine roll-out programme), that expenditure is exactly matched by income from NHSE and is therefore and I & E neutral for the Trust. ICHNE is now being treated on an 'Agent Basis' and is excluded for both income and expenditure.

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 30th June the Trust had spent £8.7 million capital, £0.2 million ahead of Plan.

Overall Financial Position			
	Month 3 Budget £'000	Month 3 Actual £'000	Month 3 Variance £'000
Income	369,051	327,795	(41,256)
Expenditure	369,051	327,795	(41,257)
I & E position (excl impairment)	0	(0)	(1)
Capital Programme	8,506	8,687	181

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TRUST BOARD MEETING

Date of meeting	29 July 2021		
Title	NIHR CRN NENC Annual Report 2020-21		
Report of	Andrew Welch, Medical Director		
Prepared by	Chris Speed, NIHR CRN NENC Deputy Chief Operating Officer Caroline Wroe, NIHR CRN NENC Clinical Director		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary	<p>The National Institute of Health Research, Clinical Research Network North East and North Cumbria (CRN NENC) is a service hosted by The Newcastle Upon Tyne Hospitals NHS Foundation Trust. The CRN provides regional infrastructure research services for study support, staff development and research leadership. It works across >500 GP practices, several Local Authorities, the North East Ambulance Service and all Hospitals in the region.</p> <p>The CRN NENC is required to submit an annual report on its previous financial year in the first quarter of the new financial year. The report on progress uses a national format, and works to a national timeframe for submission to the national Coordinating Centre. The annual report requires approval by both the CRN NENC Partnership Group (our senior board comprising representatives of each of the regional Partner Organisations) and also the Host Trust Board.</p> <p>The approved annual delivery plan for 2020-21 identified the activities that were to be carried out within the North East and North Cumbria region in accordance with the Performance and Operating Framework CRN NENC Contract with the Department of Health and Social Care.</p> <p>During the annual cycle CRN NENC monitors progress on a quarterly basis against the annual plan and the agreed key performance indicators required (High Level Objectives (HLOs)). Historically the template mandated for the annual business plan formed the basis for the annual report, with each entry in the plan receiving its own commentary on status/progress at year end.</p> <p>Due to the COVID-19 Pandemic and the impact that has had on the NIHR CRN and its changed priorities, the Coordinating Centre agreed with the DHSC that for a second year running a revised and streamlined reporting process be implemented, and it is that we share with you here.</p>		
Recommendation	<p>The Annual report is required to be approved by the Host Trust Board prior to sign off by the NIHR CRN Coordinating Centre and inclusion in the CRN Annual Report to the Department of Health and Social Care.</p> <p>The date of submission to NIHR CRN Coordinating Centre was 23/06/2021.</p>		
Links to Strategic Objectives	<p>Links to the following strategic objectives:</p> <ul style="list-style-type: none"> - Ensuring that we are at the Forefront of Health Innovation and Research - Flourish - Ensuring that each member of staff is able to liberate their potential 		

	- Effective Partnerships						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	X		X	X	X	X	X
Impact detail	<p>Quality: A number of digital quality improvement initiatives have been undertaken in the year to more effectively support research in the NENC region (e.g. the digital Participant Research Experience Survey, the Mentorship Directory, digital 'OK to say No' on a local Urgent Public Health study – BASIL, National Vaccine Registry and Research +me, Engagement Videos of Underserved Communities, the Relieve IBS-D Virtual Trial).</p> <p>Finance: The report details the spend of the annual budget allocated to CRN NENC and how this is allocated to achieve maximum impact for staff and infrastructure investment. This budget is circa £18,000,000 annually. In 2020-21 an additional tranche of funding (circa £600,000) came to the LCRN via additional support from DHSC in year and we also report on the success of the extra investment to support for example, vaccine research, the RECOVERY Trial weekend working and further expansion into Local Authorities.</p> <p>Human Resources: Almost 800 staff are employed using the budget of CRN NENC annually and this year we report on the successful redeployment of research staff into front line and supportive functions in support of the COVID pandemic.</p> <p>Equality & Diversity: We partnered with colleagues from the Trust, regional employers, Universities and voluntary organisations to undertake an 'information needs assessment' for particular audiences. We used this knowledge to create multilingual "talking heads" for C19 vaccine research that appear on #BeatCovidNE (the flagship COVID information site for 7 Local Authorities in the North East). The impact of this approach is demonstrated as CRN NENC has a higher percentage of non-white British sign-ups to the Vaccine Registry per head of non-white British population than the national average.</p> <p>Reputation: Reporting on the successful delivery of the CRN NENC business plan is of reputational benefit to the Host organisation. The lead that the Host has taken this year with regards the further expansion into the wider near and non-NHS settings (assisting with finance and HR in partnership with the Applied Research Collaborative and Local Authorities demonstrates its commitment to partnership working with the other organisations in the region across all sectors. The Senior Leadership team received praise during its annual review for the way in which it works alongside the Host Representative to conduct business to an exemplary standard. NENC delivered the highest national performance in the Recovery Trial with 15.1% of all admissions 2020/21 vs national average of 9.3%.</p> <p>Sustainability: Securing a healthy pipeline of research from Life Sciences Industry is crucial and a bid to attract commercial research to the region and support the continuous improvement culture, we piloted and launched an Automated Expression of Interest system with associated process changes for Cancer and Mental Health Specialties. The system saves approximately 1 hour of time per application and more importantly has also significantly increased the quality of expression of interest forms, with nearly 90% meeting an agreed 'very high' quality standard. We expect these higher quality applications to generate more commercial research income.</p>						
Reports previously considered by	Annual requirement for Trust Board approval.						

NATIONAL INSTITUTE OF HEALTH RESEARCH CLINICAL RESEARCH NETWORK NORTH EAST AND NORTH CUMBRIA (NIHR CRN NENC) ANNUAL REPORT 2020-21

1. BACKGROUND

The National Institute for Health Research Clinical Research Network (NIHR CRN) is the clinical research delivery arm of the NHS in England and has been hosted by The Newcastle upon Tyne Hospitals since 2014. Its purpose is to ensure patients and healthcare professionals from all parts of the country are able to participate in and benefit from clinical research; integrate health research and patient care; improve the quality, speed and coordination of clinical research; increase collaboration with industry partners and ensure that the NHS can meet the health research needs of industry.

The NIHR CRN has been funded for since 2014 by the Department of Health and Social Care (DHSC) to support the following aims:

- a) Promote equality of access, ensuring that wherever possible, patients, the public, and users of social care services have parity of opportunity to participate in research.
- b) Improve the quality, speed and coordination of clinical research by removing the barriers to research in the NHS and wider health care settings.
- c) Streamline and performance manage NHS Support for eligible studies, to ensure the NHS Service Support Costs of these studies (or equivalent support in wider health and social care settings) are met in a timely and efficient manner.
- d) Work in partnership to unify and streamline administrative procedures associated with regulation, governance, reporting, and approvals.
- e) Meet the research delivery needs of the life sciences industry including: pharmaceutical; biotechnology; diagnostic; medical technology; and contract research organisations (CROs).
- f) Further integrate health research and patient care.
- g) Engage the providers of NHS services in research in line with the NHS Constitution to promote research participation and a research culture.
- h) Engage the providers of Public Health and social care services to promote research participation and a research culture.

Before April 2014, there were over 100 clinical research networks in England hosted by NHS Trusts in adjacent localities. From April 2014, there has been one research "branch" of the NIHR CRN in each NHS region; these are termed Local Clinical Research Networks (LCRNs). The Newcastle upon Tyne Hospitals NHS Foundation Trust (the Trust) successfully applied to host this network on behalf of the NIHR and partner organisations in the North East and North Cumbria region (County Durham, Teesside, North Cumbria, Tyne & Wear and Northumberland). The CRN is divided into 30 Clinical Specialty areas for operational management, each with a regional clinical lead in post.

The CRN is intended to fund research infrastructure throughout the region - predominantly research delivery staff e.g. research nurses in all our Partner Organisations and service support department staff e.g. pharmacy technicians. In the North East and North Cumbria,

Agenda item A8

this currently funds approximately 798 people comprising 271 Nurses, Midwives and Allied Health Professionals (NMAHPs), 234 Medical Staff, 188 Research Delivery Support Staff and 104 Operational Management and Study Support Staff.

In January 2018, the remit of the CRN was widened by the new National Director to incorporate both Public Health and Social Care Research and in October 2018 it also took over the national payments administration of Excess Treatment Costs on behalf of NHS England. The staff we fund have traditionally been NHS staff but increasingly this is branching into the Local Authorities and non-NHS sector. We engage actively with local HEIs, Life Sciences Industry, including Small to Medium Enterprises (SME) and other local research infrastructure e.g. NIHR Applied Research Collaborative (ARC), Academic Health Sciences Network, NIHR Med Tech and Invitro Diagnostics Collaborative (MIC).

The Host holds contracts with providers in the NENC region of varying financial levels:

- 11 Category A Partners (>£50,000 annual funding)
- 5 Category B Partners (£10,000 - £50,000 annual funding)
- 100 Category C Partners (<£10,000 annual funding)

CRN NENC is governed by the Performance and Operating Framework (POF) contract which the Host has agreed to. This clearly outlines the areas of responsibility each year and the rules in relation to finance and operations. There are several sub-sections within this:

- General Management
- Financial Management
- CRN Specialties
- Research Delivery
- Information and Knowledge
- Communications
- Patient and Public Involvement and Engagement (PPIE)
- NHS Engagement
- Workforce Learning and Organisational Development
- Business Development and Marketing

The Annual Business and Finance Plans outline all proposed activities to deliver the POF each year.

2. ANNUAL REPORT 2020-21

The Annual Report for 2020-21 follows the format of the previous financial year and is structured using a national template with standardised sections and requirements. This differs from the format before 2019-20 due to the COVID-19 Pandemic. Whilst in previous years we would expect to report against all the subsections listed in section one above, for this year's report we were limited to a four page summary of specific aspects of the plan.

Additionally, we are required to return an 'LCRN Fact Sheet' and an 'LCRN Finance Fact Sheet'. These are included in the Private Board Reference Pack.

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2.1 Annual Report Requirements

Specifically the annual report requires we provide details on:

- a. The LCRN's contribution to the national delivery of three Category 1A or Category 1B Priority studies of the LCRN's choice.
- b. Challenges recruiting to Urgent Public Health Prioritised Studies.
- c. Workforce.
- d. Restart and Partner organisation engagement.
- e. Patient and Public Involvement and Engagement (PPIE).
- f. Selected non-COVID-19 LCRN.

3. RECOMMENDATIONS

The Board is asked to approve the Annual Report, the LCRN Fact Sheet (Public Board Reference Pack) and the LCRN Finance Fact Sheet for CRN NENC for 2020-21 (Private Board Reference Pack).

Report prepared by Chris Speed and Prof Caroline Wroe, on behalf of Dr Andrew Welch, Medical Director

19 July 2021

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TRUST BOARD

Date of meeting	29 July 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		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The 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 27 May 2021:</p> <ul style="list-style-type: none"> • Audit Committee – 8 June [Extraordinary] and 27 July 2021 • Finance Committee – 8 June [Extraordinary] and 28 July 2021; • Charity Committee – 25 June 2021; • People Committee – 16 July 2021; and • Quality Committee – 22 July 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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on 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 ordinary meeting of the Board of Directors in May 2021.

UPDATE FROM COMMITTEE CHAIRS

1. AUDIT COMMITTEE

An extraordinary meeting of the Audit Committee took place on 8 June 2021. During the meeting, the main areas of discussion to note were:

- The Annual Report and Accounts for 2020/21 was received and agreed, including the Annual Governance Statement and TACs;
- The Internal Audit Progress Report, including Annual Report and Draft Head of Internal Audit Opinion for 2020/21, was received;
- The External Audit Progress Report, including the Trust's ISA260 Audit Completion Report and Audit Opinion on the Annual Report and Accounts 2020/21, was received; and
- The annual review of the Committee's Terms of Reference and Schedule of Business was undertaken and changes approved.

The next formal meeting of the Committee took place on 27 July 2021.

2. FINANCE COMMITTEE

An extraordinary meeting of the Finance Committee took place on 8 June 2021. During the meeting, the main areas of discussion to note were:

- The Annual Accounts for 2020/21 was received and agreed; and
- The Annual Report of the Committee, including review of the Terms of Reference (ToR) and Schedule of Business (SoB), was received and changes to the ToR and SoB approved.

The next formal meeting of the Committee took place on 28 July 2021.

3. CHARITY COMMITTEE

A formal meeting of the Charity Committee took place on 25 June 2021. During the meeting, the main areas of discussion to note were:

- The Charity Director provided an overview of progress to date against the Charity Strategy, with current areas of focus being team recruitment and grant making;
- An update was provided on how the Charity funding for the Institute for Healthcare Improvement work on the development of Newcastle Improvement was being utilised;
- A number of grants were considered and approved, including for Nursing, Midwifery, and Allied Health Professional (NMAHP) Research Internships and Project Menopause;
- A number of financial reports were received including the Statement of Financial Accounts, the Target Spend Report, the Income Report and the Summary of Investments;
- The Audit Strategy Memorandum was received by the Committee;

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- The Deputy Trust Secretary presented the Annual Review of the Committee, including the review of the Schedule of Business and Terms of Reference, with changes to the ToR and SoB approved; and
- The Chair provided an update on the Charity Governance Working Group, and presented the Terms of Reference.

The next meeting of the Committee is scheduled to take place on 27 August 2021.

4. PEOPLE COMMITTEE

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

- The Raising Concerns Triangulation Report was presented by the Head of Equality, Diversity, and Inclusion. This was followed by the Annual Report from the Freedom to Speak Up Guardian;
- A Flourish update was provided which included an Employee Wellbeing Report and an update on the NHS Staff Survey Engagement and Planning;
- The Associate Director for Education, Training, and Workforce Development provided an extensive update, including a focus on Apprenticeships;
- The Director of HR provided a 'deep dive' review of Staff Turnover;
- The Deputy Trust Secretary presented the Annual Report of the Committee, including the review of the Schedule of Business and Terms of Reference, with changes agreed;
- The Trade Union Facility Time Annual Report was received, prior to consideration by the Board of Directors; and
- A number of items were received by the Committee, including:
 - Sustainability Update;
 - Board Assurance Framework Quarterly Report; and
 - Guardian of Safe Working Quarterly Report.

The next meeting of the Committee is scheduled to take place on 24 August 2021.

5. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 22 July 2021. During the meeting, the main areas of discussion to note were:

- The Executive Chief Nurse provided an extensive update on the progress made to date against the requirements of the Ockenden Report. This was followed by an update by the Director of Quality and Effectiveness on the Clinical Negligence Scheme for Trust's Maternity Safety Actions;
- Management Group Chair Reports were received relating to the Clinical Outcomes and Effectiveness Group and the Compliance and Assurance Group;
- The Director of Quality and Effectiveness provided a 'deep dive' into the Trust's Mortality Review process and Learning from Deaths. This was followed by the Learning from Deaths Quarter 1 Report;

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- The Committee received the Safeguarding Quarter 4 Report and the Learning Disability Quarter 4 Report;
- The Quality and Performance elements of the Integrated Report were received and scrutinised;
- The Deputy Trust Secretary presented the Annual Report of the Committee, including the review of the Schedule of Business and Terms of Reference, with changes agreed; and
- The following Annual Reports were received:
 - Health and Safety;
 - Leadership Walkabouts/Spotlight on Services; and
 - Clinical Audit.

The next meeting of the Committee is scheduled to take place on 23 September 2021.

6. AUDIT COMMITTEE

A formal meeting of the Audit Committee took place on 27 July 2021. During the meeting, the main areas of discussion to note were:

- The Committee received the Board Assurance Framework Quarterly Report, and the Standards of Business Conduct, including Fit and Proper Persons, Annual Report and Directors Declarations of Interest Register from the Corporate Risk and Assurance Manager;
- An Internal Audit Update was provided, which included the Internal Audit Plan for 2021/22, a Progress Update, and the Head of Internal Audit Opinion;
- The Fraud Specialist Manager presented the Counter Fraud Activity Report for the quarter, along with the Anti-Fraud, Bribery and Corruption Annual Report for 2020/21;
- An extensive report was received from Mazars LLP, the Trust's External Auditor. This included an update on the Trust's Annual Report and Accounts for 2020/21, an update on the work required in relation to Value for Money, a Newcastle Hospitals Charity Audit Update, and the Annual Audit Report/Letter;
- The Trust Secretary presented the Trust's Annual Statement for 2021/22 on the Modern Slavery and Human Trafficking Act 2015, including a draft Action Plan for approval; and
- A number of reports were received for information, including:
 - Review of the Schedule of Approval of Single Tender Action and the Breaches and Waivers Exception Report;
 - Review of Debtors and Creditors Balances; and
 - Review of the Schedule of Losses and Compensation.

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

7. FINANCE COMMITTEE

A formal meeting of the Finance Committee took place on 28 July 2021. During the meeting, the main areas of discussion to note were:

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- The Finance Director provided a comprehensive update on the New Financial Regime, Cash Management and Forecasting, and presented the Month 3 Finance Report;
- In relation to the Restart, Reset, and Recovery Programme, the Committee received the Quarter 1 Directorate Activity Summary, and the Bi-Annual Recovery Programme Update;
- A number of tenders were received for approval;
- A Commercial Business Model Update was received; and
- The Corporate Risk and Assurance Manager presented the Finance Committee Board Assurance Framework Report.

The next formal meeting of the Committee is scheduled to take place on 29 September 2021.

8. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
22 July 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 July 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		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The report includes an update on the following areas:</p> <ul style="list-style-type: none"> • Council of Governors Update; • Council of Governors Elections; • Non-Executive Director Recruitment Update; • Committee Annual Reports, including the annual Terms of Reference and Schedule of Business reviews; • Annual Modern Slavery and Human Trafficking Act Statement; • Recent Publications/News; and • Annual Report and Accounts 2020/21. 						
Recommendation	<p>The Board of Directors are asked to</p> <ol style="list-style-type: none"> receive the update; approve the Committee Annual Reports; approve the changes to the Committee Terms of Reference and Schedules of Business; and approve the Annual Trust Modern Slavery and Human Trafficking Act Statement for publication. 						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic and reputational level.						
Reports previously considered by	Standing agenda item.						

CORPORATE GOVERNANCE UPDATE

EXECUTIVE SUMMARY

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

- An update regarding the Trust's Council of Governors, including details of the recent meeting and the ongoing election process;
- The process to recruit a Non-Executive Director has concluded, with Ms Steph Edusei appointed for a three year term of office from 1 August 2021;
- The annual reviews of the Trust's Board Committees, including Terms of Reference and Schedules of Business, have been undertaken and have been included in the Board Reference Pack (BRP) for Board approval;
- The Annual Statement on behalf of the Trust in relation to the Modern Slavery and Human Trafficking Act 2015 is also included in the BRP for Board approval;
- A number of recent publications are outlined in section 6; and
- An update relating to the Annual Report and Accounts 2020/21 is provided in section 7.

CORPORATE GOVERNANCE UPDATE

1. COUNCIL OF GOVERNORS UPDATE

The Council of Governors meetings continue to take place virtually with the last formal meeting taking place on Thursday 17 June 2021. The meeting included updates on the following items:

- The Final Activity Plan and Update on the Trust's Recovery Programme from the Director for Enterprise and Business Development; and
- The Trust's Head of Chaplaincy delivered a presentation outlining the ways in which the service had supported staff and patients throughout the pandemic.

The next meeting of the Council will be a private workshop taking place on Thursday 19 August 2021. The agenda is currently being finalised.

Since the last meeting of the Board of Directors, Professor Peter Francis stepped down from his role at Northumbria University and therefore is no longer the Trust's Appointed Governor. Professor Tom Lawson, Deputy Vice Chancellor, will join the Council of Governors as the Appointed Governor for Northumbria University from 1 September 2021.

The Deputy Trust Secretary continues to regularly update the Governors on Trust developments via virtual informal meetings and fortnightly emails.

2. COUNCIL OF GOVERNOR ELECTIONS

The election process to the Trust's Council of Governors is ongoing. The deadline for nominations was 19 July 2021, with the ballot packs to be issued on 3 August 2021. The results will be declared on 27 August 2021, with incoming Governors commencing their terms of office on 1 September 2021.

Dr Lakkur Murthy has now completed his third three year term of office and is therefore ineligible to stand in the election. The thanks of the Board of Directors is extended to Dr Murthy for his service to the Trust.

The Trust's Lead Governor, Dr Vanessa Hammond, is not standing for re-election and therefore an internal ballot to elect a Lead Governor will be undertaken at the August workshop following receipt of expressions of interest.

3. NON-EXECUTIVE DIRECTOR RECRUITMENT

Further to the update provided at the last meeting, the recruitment process for a new Non-Executive Director has been completed. Interviews took place on 14 June, with the recommendation for the appointment endorsed by the Council of Governors at their meeting on 17 June 2021.

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Ms Steph Edusei has been appointed to the Trust's Board and will commence her first term of office as a Non-Executive Director from 1 August 2021.

Mr David Stout will be stepping down from the Board of Directors following his nine years of service as a Non-executive Director at the end of July 2021. The thanks of the wider Board and Trust as a whole are extended to David for his years of service and commitment to the Trust.

4. COMMITTEE ANNUAL REPORTS, TERMS OF REFERENCE AND SCHEDULES OF BUSINESS

The annual reviews of each Board Committee have now been completed with Committee Annual Reports produced. The Annual Reports set out Committee business undertaken during the year, membership and attendance, and areas of focus for 2021/22.

Further, the Terms of Reference and Schedules of Business of each Committee have been reviewed and minor changes proposed.

The Annual Report of the Appointments and Remuneration Committee was developed as part of the production of the Trust Annual Report and Accounts 2020/21 and was reviewed by the Board of Directors at the extraordinary private meeting of the Trust Board in June 2021. The Terms of Reference and Schedule of Business for the Appointments and Remuneration Committee will be reviewed/updated following the conclusion of the work currently being undertaken by Korn Ferry to consider best practice regarding remuneration governance/arrangements.

The Annual Reports, Terms of Reference, and Schedules of Business for each of the Committees are contained within the Board Reference Pack for the approval of the Board.

5. ANNUAL MODERN SLAVERY ACT DECLARATION

Contained within the Board Reference Pack is the Annual Statement on behalf of the Trust in relation to the Modern Slavery and Human Trafficking Act 2015 for Board approval.

The report outlines the Trust's commitment to preventing modern slavery and human trafficking in its supply chain and demonstrates the Trust has reviewed and met its requirements in line with Section 54 of the Modern Slavery Act 2015.

6. RECENT PUBLICATIONS/NEWS

i) Publication of the Health and Care Bill

The anticipated Health and Care Bill was published in early July 2021. The Bill follows proposals for legislative change originally brought forward by NHS England and NHS Improvement (NHSE/I) in autumn 2019. These were further developed in the Integrating Care consultation with regard to system working and, most recently, in the Department of

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Health and Social Care's (DHSC's) Integration and innovation white paper published in February this year.

The majority of the Bill is focused on developing system working, with integrated care systems (ICSs) being put on a statutory footing. It also formally merges NHS England and NHS Improvement, and gives the secretary of state a range of powers of direction over the national NHS bodies and local systems and trusts. Other measures proposed include putting the Healthcare Safety Investigation Branch (HSIB) on a statutory footing; a new legal power to make payments directly to social care providers; the development of a new procurement regime for the NHS; and a new duty on the secretary of state to report on workforce responsibilities.

ii) The Integrated Care System (ICS) Design Framework

In June, the ICS Design Framework was published by NHS England. It sets out the operating model for ICSs from April 2022 and acts the interim guidance ICSs need to continue to develop and prepare for new statutory arrangements over the next ten months.

Key points to note include:

- As set out in the government's white paper the ICS will be made up of two parts - the ICS partnership and the statutory ICS NHS body (functions will include planning to meet population health needs, allocating resources and overseeing delivery). The statutory minimum membership of the Board will be confirmed in the legislation (see above).

Trust Boards remain accountable for the performance of their organisations and the role of Foundation Trust Councils of Governors continues.

- ICSs will be expected to agree with local partners the form of governance at place level. The design framework sets five potential place-based governance arrangements, and re-iterates that trusts are expected to be part of one provider collaborative (of which ours is already established). More guidance is expected on provider collaboratives in the coming months which will include:
 - An updated Code of Governance for NHS provider trusts.
 - Updated guidance on the duties of Foundation Trust Governors – this will be an Addendum to the existing Monitor/NHSEI guidance on *'Your statutory duties – reference guide for NHS foundation trust governors'*.
- The final 2021/22 System Oversight Framework (SOF) was also published in June which was accompanied by the new oversight metrics, setting out what trusts, CCGs and ICSs will be measured against, aligned with deliverables outlined in the 2021/22 planning guidance and ambitions set out in the NHS Long Term Plan.
- The framework reiterates seven principles for how ICSs should work with people and communities, including working with Healthwatch and the VCSE sector as key partners.
- The framework also includes a roadmap and guidance has been published.

iii) The vaccine hesitancy campaign

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#BeatCovidNE launched their vaccine hesitancy campaign. The aim of the campaign is to make sure that as many people as possible get vaccinated against the virus, especially those who have been hesitant so far in coming forward. It features a series of videos that can be watched through social media channels.

7. ANNUAL REPORT AND ACCOUNTS 2020/21

The content of the Annual Report and Accounts 2020/21 was approved by the Board during a private extraordinary meeting on 10 June 2021.

The Trust awaits communication regarding further dates for laying of the Trust accounts before Parliament, which is likely to be after the summer recess.

8. RECOMMENDATIONS

The Board of Directors are asked to:

- i) receive the update;
- ii) approve the Committee Annual Reports;
- iii) approve the changes to the Committee Terms of Reference and Schedules of Business;
and
- iv) approve the Annual Trust Modern Slavery Act Statement for publication.

Kelly Jupp
Trust Secretary

Fay Darville
Deputy Trust Secretary

23 July 2021

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