

# Public Board of Directors

Thu 30 September 2021, 13:00 - 15:30

Freeman Hospital/MS Teams

## Agenda

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

0 min

 A0 BoD Public Agenda - 30 September 2021.pdf (3 pages)

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

25 min

#### **2.1. Standing Items:**

##### **2.1.1. Apologies for Absence and Declarations of Interest**

*Verbal*          *Chair*

##### **2.1.2. Minutes of the Meeting held on 29 July 2021 and Matters Arising**

*Attached*          *Chair*

 A1(ii) Public Trust Board of Directors Meeting 29 July 2021 DRAFT FD KJ.pdf (15 pages)

##### **2.1.3. Meeting Action Log**

*Attached*          *Chair*

 A1(iii) BoD Public Board Actions SEPT 21 FD KJ.pdf (1 pages)

#### **2.2. Chairman's Report**

*Attached*          *Chairman*

 A2 Chairman Board Report - 30 September 2021 SJB KJ FD.pdf (5 pages)

#### **2.3. Chief Executive's Report**

*Attached*          *CEO*

 A3 CEO Board report September 2021.pdf (9 pages)

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### 13:25 - 14:20 **3. Patients**

55 min

#### **3.1. Digital People Story**

*Attached*          *ECN*

 A4 Digital Story - 30 September 2021 KJ FD.pdf (3 pages)

#### **3.2. Director Reports:**

##### **3.2.1. Medical Director/Deputy CEO, including:**

*Attached&BRP*          *MD/DCEO*

- a) Consultant Appointments
- b) Annual EPRR Report
- c) Annual Revalidation Report
- 📎 A5(i) Medical Director Report - 30 September 2021 KJ FD.pdf (8 pages)

### 3.2.2. Executive Chief Nurse, including

*Attached&BRP*                      *ECN*

- a) Ockenden Update Report
- b) Newcastle Improvement Development.
- 📎 A5(ii) Executive Chief Nurse Update September 2021 FD KJ.pdf (15 pages)
- 📎 A5(ii)a Ockenden Report Update - 30 September 2021 KJ FD.pdf (17 pages)
- 📎 A5(ii)b Newcastle Improvement Board Update - 30 September 2021 Cover Sheet and Exec Summary KJ FD.pdf (2 pages)
- 📎 A5(ii)b Newcastle Improvement Board Update - 30 September 2021 KJ FD.pdf (9 pages)
- 📎 A5(ii)b Blank Page.pdf (1 pages)

### 3.2.3. Chief Operating Officer:

*Attached*                      *COO*

- a) Health Inequalities Report
- b) Operations Report
- 📎 A5(iii)a Health Inequalities Report KJ FD.pdf (10 pages)
- 📎 A5(iii)b Operations Report KJ FD.pdf (6 pages)

### 3.2.4. Director of Quality & Effectiveness - Maternity CNST

*Attached*                      *DQE*

- 📎 A5(iv) Maternity CNST Incentive Scheme 30 Sept 2021 - Final Draft 24.09.21.pdf (12 pages)

### 3.2.5. Director of Infection Prevention and Control

*Attached & BRP*                      *DIPC*

- 📎 A5(v) Healthcare Associated Infections - DIPC Report - 30 September 2021 KJ FD.pdf (10 pages)

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**14:20 - 14:40**  
20 min

## 4. People

### 4.1. People Report

*Attached&BRP*                      *HRD*

- 📎 A6 People Report KJ FD.pdf (8 pages)

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**14:40 - 15:00**  
20 min

## 5. Performance

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

*Attached*                      *DQE, COO, HRD & FD*

- 📎 A7 Integrated Board Report Cover Sheet - 30 September 2021 KJ FD.pdf (2 pages)
- 📎 A7 Integrated Board Report Sept 2021 KJ FD.pdf (37 pages)
- 📎 A7 BLANK PAGE.pdf (1 pages)

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**15:00 - 15:10**  
10 min

## 6. Pioneering

## 6.1. Spotlight on Strategy: Pioneers

*Attached*                      *DfE&BD*

-  A8(i) Spotlight on Strategy Board Cover Sheet September 2021 FD KJ.pdf (1 pages)
  -  A8(i) Strategy slides - Pioneers FINAL KJ.pdf (8 pages)
  -  A8(i) BLANK PAGE.pdf (1 pages)
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## 15:10 - 15:30 20 min      **7. Governance**

### 7.1. Update from Committee Chairs

*Attached*                      *Chairs*

-  A9 Update from Committee Chairs SEPT 2021 FD KJ.pdf (6 pages)

### 7.2. Corporate Governance Update; including:

*Attached & BRP*                      *DTS*

i) Quarterly NHSE/I Declarations

-  A10 Corporate Governance Report - 30 September 2021.pdf (7 pages)
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## 15:30 - 15:30 0 min      **8. Date of Next Meeting:**

*Verbal*                      *Chair*

Thursday 25 November 2021 [Venue TBC]

**PUBLIC TRUST BOARD OF DIRECTORS' MEETING**

Thursday 30 September 2021 – Freeman Hospital Trust Management Meeting Rooms (Board Members only) / MS Teams (for all meeting observers)  
Start time 1pm

Agenda					
Item		Lead	Paper	Time	Page
<b>Business Items</b>					
A1	Standing Items: i) Apologies for Absence and Declarations of Interest; ii) Minutes of the Meeting held on 29 July 2021 and Matters Arising; and iii) Meeting Action Log.	Chairman	Verbal  Attached  Attached	13:00pm – 13:05pm	  4  19
A2	Chairman's Report	Chairman	Attached	13:05pm – 13:15pm	20
A3	Chief Executive's Report	CEO	Attached	13:15pm – 13:25pm	25
<b>Patients</b>					
A4	Digital People Story	ECN	Attached	13:25pm – 13:35pm	34
A5	Director Reports: i) Medical Director/Deputy CEO, including: a) Consultant Appointments; b) Annual EPRR Report; and c) Annual Revalidation Report.  ii) Executive Chief Nurse, including: a) Ockenden Update Report; and b) Newcastle Improvement Development.  iii) Chief Operating Officer: a) Health Inequalities Report; and b) Operations Report.	MD/DCEO    ECN   COO	Attached & BRP   Attached & BRP  Attached Attached	13:35pm – 13:45pm   13:45pm – 13:55pm  13:55pm – 14:05pm	37    45 60 77  89 99

Item		Lead	Paper	Time	Page
	iv) Director of Quality & Effectiveness: Maternity CNST Report	DQE	Attached & BRP	14:05pm – 14:10pm	105
	v) Director of Infection Prevention and Control	DIPC	Attached & BRP	14:10pm – 14:20pm	117
<i>Break -14:20pm – 14:30pm</i>					
<b>People</b>					
A6	People Report	HRD	Attached & BRP	14:30pm – 14:40pm	127
<b>Performance</b>					
A7	Integrated Board Report - Quality, Performance, People & Finance	DQE, COO, HRD & FD	Attached	14:40pm – 15:00pm	135
<b>Pioneering</b>					
A8(i)	Spotlight on Strategy: Pioneers	DfE&BD	Attached	15:00pm – 15:10pm	175
<b>Governance</b>					
A9	Update from Committee Chairs	Chairs	Attached	15:10pm – 15:25pm	185
A10	Corporate Governance Update; including: i) Quarterly NHSE/I Declarations	DTS	Attached & BRP	15:25pm – 15:30pm	191
Date of Next Meeting: Thursday 25 November 2021					

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

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**i) Standing Items:****a. Apologies for Absence and Declarations of Interest**

Apologies were received from Mr A Welch, Medical Director/Deputy Chief Executive and Mrs P Ritchie, Associate Non-Executive Director. Dr M Wright was in attendance to deputise for the Medical Director/Deputy Chief Executive.

The Chairman welcomed the meeting's observers and thanked Dr L Murthy and Dr V Hammond for their service on the Council of Governors as their terms of office come to an end in August 2021.

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 further declarations of interest were noted.

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

**b. Minutes of the Meeting held on 27 May 2021 and Matters Arising**

The minutes of the meeting were agreed to be an accurate record of the meeting, subject to a correction to replace to word 'indited', with 'inducted' on page 4.

**It was resolved:** to **accept** the minutes of the meeting as a correct record, subject to the above outlined amendment.

The Chairman highlighted the meeting was taking place both virtually and in person, with the majority of NEDs gathered in the Freeman Hospital Board Room, and the Executive Directors in their own offices, to ensure social distancing could be maintained.

**c. Meeting Action Log**

There were no current actions to note.

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

**ii) Chairman's Report**

The Chairman presented the report, noting that the recruitment exercise for a new NED had concluded and the Trust had appointed Ms Stephanie Edusei to the role. Ms Edusei is the current Chief Executive of St Oswald's Hospice and commenced her career as a NHS Graduate Management Trainee at the Freeman Hospital. Ms Edusei would commence her role as a NED on 1 August 2021 and would join the Board for her inaugural meeting on 30 September 2021.

## Agenda item A1(ii)

The Council of Governors approved the appointment of Professor McCourt as Deputy Chair following a recommendation from the Nominations Committee. Professor McCourt would replace Mr Stout as Deputy Chair from 1 August 2021. Mr Stout would be stepping down from the Board of Directors following nine years of service as a Trust NED. The Chairman extended the gratitude of the Board of Directors and the wider Trust to Mr Stout for his service to the organisation.

The Chairman noted a 'Spotlight on Services' that had been facilitated by the COO to highlight the work of Collaborative Newcastle.

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

iii) **Chief Executive's Report, including overview of:**

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

The CEO presented the report, with the following key points noted:

- The CEO extended the gratitude of the Board of Directors to the Trust's staff who continued to work tirelessly across the organisation to meet the increasing demand for non-elective care. In addition, due to increasing rates of COVID-19 community infection, many staff have been contacted through the NHS COVID-19 app or by NHS Test & Trace to advise of a requirement to self-isolate. This created significant absences and therefore pressures across the organisation.
- Congratulations were extended to Ms Amanda Pritchard on her appointment as Chief Executive of the NHS.
- An update on the ICHNE was provided. The CEO referred to recent discussions with representatives from the newly formed UK Health Security Agency (HSA) about ICHNE's longer-term strategy and alignment with the vision for the HSA.
- Networking engagements were highlighted in section two of the report, with the CEO noting the importance of ensuring that Newcastle Hospitals featured strongly across multiple domains to build back stronger following the pandemic.
- The CEO noted the significant number of awards and achievements across the Trust, which continued despite the challenges.

The CEO paid tribute to Mrs Liz Harris, Deputy Chief Nurse, who was retiring from the Trust following 38 years of service to the NHS, 25 of which with Newcastle Hospitals.

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

**21/35** **PATIENTS**

i) **Digital People Story**

The ECN introduced the Digital Patient Story, which highlighted the experience of baby Grace and her family. Grace was the first child in the UK to have the new mobile Berlin Heart driving unit at 18 months of age.

The Chairman expressed the thanks of the Board of Directors to the teams in the Paediatric Intensive Care Unit at the Freeman Hospital for their continuing commitment during the pandemic.

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

**ii) Director Report**

**a. Medical Director /Deputy CEO, including:**

- **Consultants Appointments**
- **Quarterly Guardian of Safe Working Report (Q1)**

The DMD presented the report, with the following key items to note:

- Training sessions facilitated by the Institute for Healthcare Improvement (IHI) had commenced. The partnership with the IHI was to further embed Quality Improvement methodology across the Trust, as well as to develop capacity and build capability within the organisation.
- In relation to Quality and Safety, the Trust recently underwent a Care Quality Commission (CQC) Ionising Radiation (Medical Exposure) Regulations (IRMER) inspection to ensure the safety of staff and patients utilising the Radiology and Nuclear Medicine service. An outstanding inspection report was received, with tribute paid to all staff involved.
- The 2021 Peer Review (mock CQC inspection) process had commenced and had proven to be a useful exercise in highlighting both strengths and areas for development.
- Prevalence of COVID-19 within the community was currently high and an increase in admissions had been observed. As stated earlier by the CEO, challenges relating to staff isolation have had a significant impact during the current wave of the pandemic. COVID-19 admissions appeared to have stabilised over the past 48 hours and the Trust was hopeful that the situation would start to improve. Focus continued to remain on staff wellbeing and providing high quality care for patients.
- Referral levels continued to rise and significant work was being undertaken on Trust Recovery projects, such as reviewing the flow of patients through the Dermatology Department.
- An update on Cancer services was provided, with data demonstrating an increase in advanced presentations as a result of COVID-19.
- Dr Sarah Brown had been appointed as Honorary Associate Medical Director from 1 August 2021. Dr Brown managed the Trust's Liaison Psychiatry Service and would be working to improve the experience of patients within the Trust with mental health conditions.
- An update on Research was provided, noting that the research strategy launch event scheduled for 20 July had been postponed due to operational pressures resulting from the pandemic. Despite this, the Trust placed top in the country for the number of research studies open, as well as the number of commercial research studies open for patient recruitment.

The DMD highlighted the inclusion of two papers within the Board Reference Pack (BRP), being:

Agenda item A1(ii)

- Consultant Appointments; and
- Quarterly Guardian of safe Working Report.

The Chairman queried whether senior medical students continued to provide support across the organisation. The DMD advised that the position was currently under review and discussions were ongoing with the Trust medical students regarding how they could assist further. The ECN added that a number of medical students were already trained and registered on the staff bank ready for deployment.

**It was resolved:** to (i) **receive** the report and (ii) **receive** the documents within the BRP.

**b. Executive Chief Nurse, including:**

The ECN presented the report with the following points noted:

- The Nursing, Midwifery and Allied Health Professionals (NMAHP) strategy was outlined in section 1 of the report. This was being developed following the ‘Big Event’ which took place in March 2020 to consider the key priorities for the next five years. The work to develop the strategy was postponed due to COVID-19, however the six key priorities for the year were outlined. The strategy would launch in the autumn and include provision for the health and wellbeing of staff.
- The challenges related to staff absence as a result of the pandemic were reiterated, noting the formal escalation processes in place. These were established to ensure safety of patients. Gratitude was expressed to the Deputy Chief Nurse and all of the Senior Nursing Team members for their continued support in ensuring staff were deployed to areas which had been escalated.
- Section 2 of the report detailed the work of the Newcastle Occupational Health service, building on previous updates to the Trust Board describing their achievements through the pandemic and the health and wellbeing offer to staff.
- An update on international recruitment was provided, including 26 recent international recruits from Kerala, India who joined the Trust following the completion of the mandated quarantine period in early July. The nurses would undertake their Observed Structures Clinical Examinations in September. The Trust would also welcome a cohort of nurses from The Philippines later in the financial year. This provided further staffing resilience in advance of winter.
- An update on the work of the Freedom to Speak Up Guardian (FTSUG) was provided, with a presentation provided to the People Committee earlier in the month.

Mr Jowett, Chair of the People Committee, commended the work of the FTSUG and team for their ongoing work to support staff. In addition Professor McCourt paid tribute to all involved in the recruitment and retention of Trust nursing staff.

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

- **Ockenden Update Report**

The ECN presented the report, noting that it had been discussed in detail at the July Quality Committee meeting.

## Agenda item A1(ii)

The ECN outlined the changes since the last report to the Trust Board, noting that national funding totalling circa £95m had been made available to organisations to support the systems required to address all seven immediate and essential actions. The Trust submitted a bid totalling circa £1.8m to support identified deficits in the midwifery workforce and to resource the required multi-disciplinary training. The Trust was successful in being awarded circa £800k which presented a significant shortfall against the bid submitted. Section 4 of the report outlined the specific requirements.

The ECN noted that work was ongoing to review how best to utilise the funding received, and noted that this may be insufficient to meet the stringent requirements. In addition, work continued to ensure that the leadership requirements, from both a NED and Senior Midwifery perspective, continued to be fit for purpose and meet the additional requirements. A meeting took place between the ECN, TS and NEDs to discuss and a separate report was being prepared for the Trust Board detailing the actions taken and actions required to achieve the requirements.

The actions to address the requirements of the Ockenden Report were outlined, along with the associated assurance plan. The risks associated with the funding shortfall were noted.

The Chairman advised that Professor McCourt had been appointed as NED lead for Maternity Services.

Ms Baker queried whether the Trust had been advised as to why the funding received was circa 50% of what was required. The ECN explained that the bid was reasonable, however the funding sought was oversubscribed nationally. She added that the Trust was therefore required to plan sufficiently on the basis of need to deliver the requirement and would submit further bids should further funding become available.

The Chairman noted the potential impact on the Trust as an anchor institution. The ECN advised that the Local Maternity System was fully briefed and the funding position had been discussed within the Provider Collaborative (PC). The CEO advised that this would remain under review within the North East and North Cumbria (NENC) PC.

**It was resolved:** to (i) **receive** the report and (ii) **note** the progress to date.

- c. Director of Quality & Effectiveness, including:**
- **Health & Safety Annual Report 2020/21**

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

- Tribute was paid to the Health and Safety Team, as well as Infection Prevention and Control (IPC), Chaplaincy, and HR for their work over the period. In addition to business as usual duties, team members undertook additional work during the pandemic to ensure that appropriate risk assessments were undertaken and to support the development of ICHNE, the Nightingale Hospital North East and the Vaccination Centres.
- The health, safety, and welfare of patients and staff remained a key priority for the Trust.

## Agenda item A1(ii)

- Three Health and Safety Executive visits were undertaken during the year, which resulted in no notices or significant concerns. No regulatory interventions were required during the period. All legal obligations regarding Health and Safety were met.
- During the period, the Trust upgraded and replaced all lone working devices to support staff in the community.
- Socially distanced Health and Safety training continued to take place within the Trust, as well as at ICHNE, the Vaccination Centres and the Nightingale Hospital North East.
- The DQE outlined the violent patient marker arrangements in place across the Trust. An increase in violence and aggression had been observed across the Trust, particularly during the periods of lockdown. These were impacted by both alcohol consumption and the social impact of isolation. An increase in drug related admissions was also observed. This challenged security staff, who were supported and had undertaken conflict resolution, de-escalation, and restraint training.
- The Violent Marker Panel approved the marking of 161 patient records in year, a 45% increase on the previous year.
- A staff wellbeing group was created at the onset of the pandemic, to provide support mechanisms for staff and progress actions.
- Mental Health First Aid training continued to be accessed across the Trust. Work continued in relation to stress awareness risk assessments amongst staff during the pandemic.

Ms Baker highlighted the 6.5% increase in health and safety incidents during the year from 1,845 to 1,961 and noted COVID-19 related incidents accounted for an increase of 100. Ms Baker noted the increase (16) of 'standard' incidents and queried whether this was consistent with national trends. The DQE noted that this increase was within normal expectations.

Ms Baker queried whether the medical mediation training undertaken by staff at the Great North Children's Hospital (GNCH) was the same as the de-escalation training provided. The ECN advised that this was a separate training package specific to GNCH, however the Trust was considering whether this training should be more widely available across the organisation.

The Chairman queried whether there had been any expansion to the Trust's security staff and whether more staff were required. The ECN advised that work had been undertaken over the last year to reconfigure security provision across the Trust and as such, increased presence at the RVI had been implemented.

Mr MacLeod queried the current position following the end of the reporting period. The DQE advised that incidents had remained largely static and no large increase had been observed, despite the Euros and the relaxation of COVID-19 restrictions. She added that despite increases in Emergency Department admissions, no correlating increase in instances of violence and aggression had been observed.

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

- **Maternity CNST Report**

## Agenda item A1(ii)

The DQE presented the report, noting the need for the Board to receive the statement for assurance and confirmation of compliance with element 4, standard A of the Maternity CNST Safety Actions. The DQE highlighted the Trust had facilitated face-to-face training during the pandemic in line with social distancing guidelines. Trust Board members expressed their commitment to the delivery of continued face-to-face training.

**It was resolved:** to (i) **receive** the report, and (ii) **approve** the self-assessment to date within the report.

- **Learning from Deaths Quarter 1**

The DQE presented the report, noting that:

- There were 432 patient deaths within the Trust within the first quarter of 2021/22, with a detailed review undertaken on 144. The majority of reviews highlighted that the deaths were not deemed to have been preventable. Where modifiable factors were noted, a serious incident review was undertaken.
- An update on the implementation of the Medical Examiner role within the Trust was provided. Arrangements at the RVI were due to commence imminently following the successful implementation at the Freeman Hospital site. Early feedback highlighted that robust scrutiny of non-coronial deaths could now be undertaken and Junior Doctors were supported in the completion of death certificates. The implementation also allowed the opportunity for patient families to raise questions and was a welcomed addition for bereaved families. The project was due for rollout within the community in early 2022.

The Chairman queried whether one of the HOGAN 5 deaths included within the report should be attributed to the Trust as the patient had been transferred from another hospital. The DQE advised that the delay had occurred prior to transfer and the transferring site were undertaking a review.

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

- d. **Director of Infection Prevention and Control**

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

- COVID-19 prevalence in the community was starting to decrease, however the DIPC noted that there was likely to be further peaks and troughs in case numbers as the pandemic progressed. It remained important to ensure that rates of infection and hospital admissions could be sufficiently managed. The Infection Prevention and Control (IPC) team continued to support clinical teams within the Trust.
- NHS England released a revised Board Assurance Framework for COVID-19, which provided good assurance of the processes in place across the Trust.
- The Trust continued to perform well in relation to Healthcare Associated Infections (HCAIs) of COVID-19. All cases continued to be reviewed by the IPC team and the Trust managed well during national outbreaks.
- The IPC team continued to support staff testing and fit testing was ongoing.

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- The Trust achieved excellent uptake of the COVID-19 staff vaccination programme, with over 90% of staff taking up the first dose and over 80% taking up the second dose across all staff groups. No vaccine hesitancy was observed.
- Increases in the other HCAs monitored by the Trust were observed. This was as a result of both changes in the criteria for reporting, as well as other factors such as increasing activity and staff shortages. This was in line with national trends.
- NHS England had undertaken a visit to the Trust to review aureus bacteraemia rates and confirmed their satisfaction with the Trust processes in place.
- Three Quality Improvement projects were included within the IHI programme. These focussed on the priority areas of Sepsis and the deteriorating patient, catheter associated urinary tract infection prevention and hepatobiliary sepsis.

Mr Morgan queried whether there was a common theme for increases in HCAs (non-Covid). The DIPC advised that commonalities had been observed, particularly those associated with line insertion. She added that this was most prevalent in cancer patients and the vulnerability to infection due to the need for an indwelling device such as IV lines. The DIPC explained that the Trust was reviewing themes to improve performance.

The ECN queried how the Trust compared with others in this regard, with the DIPC explaining that the Trust's experience was in keeping with that of other similar sized organisations in the country. The Trust continued to have robust processes in place and shared good practice with other Trusts.

Professor D Burn queried whether an increase in anti-biotic usage had resulted from the higher levels of HCAs and asked whether secondary infection cases had increased. The DIPC advised that the Trust completed point prevalence audits and has undertaken a number of antibiotic stewardship reviews with no significant actions identified.

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

**21/36 PEOPLE**

- i) **People Report, including:**
  - a. **Trade Union Facility Time Annual Report**

The HRD presented the Trade Union Facility Time Annual Report, an annual legal requirement for NHS Trusts. The report was reviewed and discussed by the People Committee during the July meeting.

The Board of Directors **approved** the report for publication.

The HRD outlined the People Report, with the following key points to note:

- Staff pressures and increasing staff absence as a result of COVID-19 and other ill health conditions was outlined. The HRD noted that the challenges during the month of July had been exceptional and the Trust was cognisant of the need to ensure that staff continued to be supported in delivering safe patient care and services. Staff continued to be encouraged to utilise annual leave.

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- The Trust remained the lead employer across the NENC for the Vaccination Programme, with work ongoing to deliver phase 3 of the programme which was due to be extended to March 2022.
- A summary of the Trust's Flourish Programme was provided, highlighting the Trust's People Strategy. The Trust remained focussed on ensuring that Newcastle Hospitals was a great place to work, which actively cared about its staff. Capacity to expand the programme was in development, with a focus on ensuring staff voices were heard.
- Routes for staff to 'speak up' were outlined, including the role of the FTSUG, the newly introduced quarterly NHS staff 'pulse' surveys, and the 'Speaking in Confidence' anonymous online platform. The role of the Trust's Staff Networks in supporting staff was also highlighted.
- The Trust was also actively working to increase and improve diversity across its workforce as a long term commitment. Diverse recruitment panels for roles at Band 6 and above were implemented and an Equality, Diversity, and Inclusion (EDI) dashboard was in development for Directorates.
- The Trust was currently awaiting an OFSTED inspection on its apprenticeship programme. The apprenticeship 'offer' to new and existing staff was currently under review.
- An update relating to education and training was provided, which noted the recruitment of international employees and the next rotation of Junior Doctors. The Trust continued to place importance on creating a good environment for education and training.
- The Department of Health and Social Care's recent announcement on the 3% pay award for NHS staff was noted. The HRD advised that the Trust awaited further detail with regard to funding.

Regarding the Trade Union report, Ms Baker queried the number of trade unions recognised within the Trust to which the HRD advised that there were currently 17.

Noting the 'Do you want to be a doctor?' and 'Do you want to work in Healthcare?' programmes aimed at students, Ms Baker queried why there were two separate programmes and advised that this may deter rather than attract interest. The HRD advised that this would be considered as the programme was currently undergoing review following the pandemic. She added that the programmes were intended to provide exposure to careers within the NHS more broadly.

Ms Baker went on to query the extent to which the EDI dashboard would consider EDI in the wider sense or whether it would be focussed solely on the protected characteristics. The HRD advised that in the first instance, the dashboard would be utilised to track progress against protected characteristics with the intention to broaden the scope once it was embedded in the organisation.

The ECN provided some further detail regarding access to nursing careers and the work underway in collaboration with Health Education England.

The Chairman queried whether introducing healthcare careers to 16-18 year olds was too late to which the HRD advised that sessions had also been undertaken in primary schools.

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The Board went on to discuss general staffing levels across the Trust, with Mr Morgan asking whether more could be done to increase places on university courses. Professor D Burn noted that all medical schools had a quota and noted that those who trained at Newcastle University often were likely to stay in the region. He highlighted the GP training programme was underutilised. Professor D Burn went on to note that by increasing the size of intake, consideration would need to be given to the overall student experience.

The HRD added that transformation of the workforce was required, including approaches to education and the ways in which the skills of the Trust's current workforce could be enhanced. The challenge in futureproofing supply of staff was noted.

The ECN agreed to discuss the national shortage of nurses and the measures that the Trust had in place to manage this, including international recruitment, further with Mr Morgan outwith the meeting [**ACTION01**].

**It was resolved:** to (i) **receive** the report, (ii) **receive** the Trade Union report and note the Board's approval for publication; and (iii) for the ECN to further **discuss** nursing recruitment strategies with Mr Morgan.

**21/37** **PERFORMANCE****i) Integrated Board Report – Quality, Performance, People & Finance**

The report was presented with the following key points to note:

*Quality*

- The DQE advised that the HCAI elements of the report were highlighted in the comprehensive DIPC report.
- 17 Serious Incidents were reported during the month of June. An increase in pressure ulcers was reported. This was largely due to high patient acuity and increased activity across the Trust.

*Performance*

- The COO provided an update on the Vaccine Programme to date, noting that staff had delivered circa 3.8m doses across the NENC. He urged that those within the 18-29 age group come forward for their vaccine and highlighted the 180 locations across the region.
- The Trust did not achieve the 95% 4 hour Accident and Emergency (A&E) standard in June, with a performance of 89.9%. The Trust continued to experience high levels of attendance within A&E, with a 20% increase noted on pre-pandemic levels.
- Due to the current prevalence of COVID-19, the Trust unfortunately had to postpone some elective activity. This had been undertaken based on clinical advice and on the balance of clinical risk. This impacted circa 100 patients on a weekly basis, compared to circa 40,000 patients who continued to receive treatment.
- The referral position was outlined, as well as the Trust's current Patient Tracking List position currently at circa 86k. The COO acknowledged that some patients would

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continue to experience longer than usual waits as a result of the pandemic and noted the likely time and resources required to remedy this.

- The Trust achieved two of the eight Cancer Waiting Time standards during the month of May, an improvement on the previous month.

Regarding the vaccination programme, Mr MacLeod queried the potential requirement to deliver COVID-19 'booster' vaccines. The COO advised that the flu vaccination programme would likely commence in September and there was a strong likelihood that such staff would be utilised to deliver a third 'booster' dose to those eligible if required. This would be undertaken in partnership with the Trust's primary care colleagues.

*People*

The HRD noted that data contained within the report demonstrated to position to the end of June and highlighted the challenged position in July relating to staff absence as a result of COVID-19. Sickness absence amongst staff continued to be monitored on a daily basis

*Finance*

The FD outlined the finance position to the end of June, with the following points to note:

- NHS England issued a revised regime to operate to 30 September 2021. The expectations for the second half of the financial year (H2) were currently unknown.
- The Trust's overall expenditure for the first quarter equated to circa £328m, which was directly matched by income for mainstream budgets. This led to a breakeven position.
- In addition, the Trust incurred further expenditure of circa £5.3m on programmes outwith these mainstream budgets such as the vaccination programme.
- All financial risk ratings and use of resources metrics continue to be suspended and are therefore not included within the report.
- The Trust spent £8.7m of its Capital Programme, which was circa £0.2m ahead of plan.
- Challenges were highlighted in relation to the current non-recurrent funding regime and the recent changes in the Elective Recovery Fund (ERF) criteria.

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

**21/38** **GOVERNANCE****i) NIHR CRN NENC Annual Report 2020/21**

The DMD presented the annual report on behalf of the National Institute for Health Research Clinical Research Network for the North East and North Cumbria.

The Board of Directors approved the report.

**It was resolved:** to (i) **receive** the report and (ii) **note** the Board's approval.

**ii) Update from Committee Chairs**

The report was received, with the following updates to note:

## Agenda item A1(ii)

*Charity Committee*

- Ms Baker, Chair of the Committee, detailed the meeting held in June. An update on recruitment for the Charity team was provided, including the recent appointment of an Arts Programme Manager. An update on the Charity's funding of the IHI work to further develop quality improvement in the Trust was provided.
- A number of grants were approved, which included the Nursing, Midwifery, and Allied Health Professional Research internships and Project Menopause applications.
- The Charity Governance Working Group was established and would meet regularly. The Committee considered and accepted the group's Terms of Reference.
- The Annual Report of Committee was approved, along with the revised Terms of Reference and Schedule of Business.
- The Committee was focussed on supporting the Trust's strategic objectives around staff wellbeing and support.

*People Committee*

- Mr Jowett, Chair of the Committee, detailed the meeting held in July.
- The Committee considered the routes available to staff to raise concerns. The Raising Concerns Triangulation Report was received and discussed and the FTSUG, Mr Andy Pike, presented the Annual Report.
- The Committee continued to discuss ways in which the agenda and agenda timings could be utilised to ensure full discussion of topics could be facilitated. As such, an update of Education, Training and Workforce Development would be received at alternate meetings.
- The Committee continued to monitor sustainability within the Trust and achievement of the Trust plan.

The CEO advised that she was the CEO representative for the NHSE Climate Change Conference and credited teams for driving the sustainability agenda forward, particularly during the pandemic.

*Audit Committee*

- Mr Stout, Chair of the Committee, noted that there had been two meetings of the Committee since the last meeting of the Board of Directors. An extraordinary meeting was held to review and approve the Annual Report and Accounts for 2020/21.
- The Audit Committee Chair from Leeds Teaching Hospitals NHS Trust observed the July meeting
- Committee members received training from PricewaterhouseCoopers (PwC). Following this, a review of the agenda/agenda timings was required to ensure that sufficient time was afforded to items for discussion.

The Chairman requested an update on the oversight of Cyber Security processes to which Mr Stout advised that work was ongoing within the Internal Audit consortium to ensure the IT audit provision remained fit for purpose.

*Quality Committee*

## Agenda item A1(ii)

- Professor McCourt, Chair of the Committee, outlined the recent activity of the Committee and extended thanks to the clinical representatives for their continued attendance.
- The Committee received a significant update relating to the Ockenden Report from the ECN, as well as an update on the Maternity Clinical Negligence Scheme for Trusts.
- The DQE provided an informative 'deep dive' into the Trust's learning from deaths and mortality review process.
- Quarter Four reports relating to Learning from Deaths, Safeguarding, and Learning Disability were received and discussed.

*Finance Committee*

- Mr Morgan, Chair of the Committee, noted the two meetings that had taken place since the last meeting of the Board of Directors.
- Topics for discussion have included the current and potential future financial regimes and the Elective Recovery Fund.
- The Committee would next meet in September and would discuss the Trust's ongoing cash position and the Capital Programme, including the current backlog maintenance position.

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

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

- a. Trust Board Committee Annual Reports and Terms of Reference Review**
- b. Modern Slavery Declaration**

The TS presented the report, with the following key items to note:

- An update on the elections to the Council of Elections was provided. It was noted that the results would be declared on 27 August 2021, with incoming Governors commencing their terms of office on 1 September 2021.
- The Annual Reports of the Board Committees, along with the revised Terms of Reference and Schedules of Business, were included in the Board Reference Pack for Board approval.
- Also contained within the Board Reference Pack, was the Annual Statement on behalf of the Trust in relation to the Modern Slavery and Human Trafficking Act 2015 for Board approval. The report had previously been considered by the Trust's Audit Committee.

**It was resolved:** to (i) **receive** the report, (ii) **approve** the Committee Annual Reports, Terms of Reference and Schedules of Business, and (iii) **approve** the Annual Trust Modern Slavery Act Statement.

**21/39 DATE AND TIME OF NEXT MEETING**

The next meeting of the Public Board of Directors is on Thursday 30 September at 1pm via MS Teams.

**There being no further business, the meeting closed at 14:59pm.**

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Log No.	BOARD DATE	PRIVATE / PUBLIC	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
79	29 July 2021	PUBLIC	21/36 PEOPLE i) People Report	The ECN agreed to discuss the national shortage of nurses and the measures that the Trust had in place to manage this, including international recruitment, further with Mr Morgan outwith the meeting [ACTION01].				23/09/21 - Meeting currently being scheduled.

KEY

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



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	30 September 2021						
Title	Chairman’s Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsener, 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"> <li>• Introductory meeting with our newly Appointed Non-Executive Director, Ms Stephanie Edusei and re-appointment of Professor Kath McCourt and Mr Steven Morgan;</li> <li>• Completion of the Annual Appraisal process for all Non-Executive Directors;</li> <li>• A summary of the Council of Governors’ Workshop held on 19th August 2021;</li> <li>• Feedback from the recent Spotlight on Services virtual meetings regarding the Facilities Department and the EPOD (Ear Nose &amp; Throat, Plastics Ophthalmology and Dermatology) – Plastic Surgery Directorate;</li> <li>• Attendance at the Clinical Research Strategy (2021-2026) Launch Event; and</li> <li>• Updates from meetings of the regional Foundation Trust Chairs and the North Integrated Care Partnership.</li> </ul>						
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:

- Introductory meeting with our newly Appointed Non-Executive Director, Ms Stephanie Edusei and re-appointment of Professor Kath McCourt and Mr Steven Morgan;
- Completion of the Annual Appraisal process for all Non-Executive Directors;
- A summary of the Council of Governors' Workshop held on 19th August 2021;
- Feedback from the recent Spotlight on Services virtual meetings regarding the Facilities Department and the EPOD (Ear Nose & Throat, Plastics Ophthalmology and Dermatology) – Plastic Surgery Directorate;
- Attendance at the Clinical Research Strategy (2021-2026) Launch Event; and
- Updates from meetings of the regional Foundation Trust Chairs and the North Integrated Care Partnership.

## CHAIRMAN'S REPORT

Our annual appraisal cycle was completed over the last few weeks and I was pleased to report to the Nominations Committee the success of our Non-Executive Directors (NED) in completing their objectives for the year. I was also able to formally greet our new Non-Executive Director, Ms Steph Edusei. Steph began her career in the NHS at Freeman Hospital having grown up nearby. She is currently Chief Executive of St Oswald's Hospice having previously led Healthwatch Newcastle and Healthwatch Gateshead, and worked as part of the management team of the North East Ambulance Service NHS Foundation Trust. She will take a leading role in our Equality, Diversity and Inclusion agenda while learning about the Trust structures. I have initiated a review with Board members of the likely future role of the NEDs and whether we should add a further NED to the team to increase capacity in a changing environment.

We hosted a Council of Governors' Workshop on 19<sup>th</sup> August 2021, our first face to face meeting since the start of the pandemic. Colleagues from Sintons LLP gave us an overview of latest position regarding the Health and Care bill including provision for the development of Integrated Care Systems, key considerations and what this means for our Trust. Cameron Waddell from Mazars, our External Audit Partner, updated Governors on the favourable outcome of this year's audit cycle and completion of the Annual Accounts for the last financial year (2020/21), supported by Angela Dragone, Finance Director. Professor Neil Watson, Director of Pharmacy, reviewed the success of our regional roll out of vaccination, coordinated by the Newcastle Hospitals team. We used this session, and a subsequent session with the chairs of the working groups to discuss the functional impact of the Governors and how we can make their involvement more meaningful and rewarding.

During July and August, as part of our Spotlight on Services, I chaired virtual meetings with the Facilities Department as well as our EPOD (Ear Nose & Throat, Plastics, Ophthalmology and Dermatology) – Plastic Surgery Directorate.

- **Facilities**

John Thompson, Head of Facilities introduced senior colleagues; Michael Brannen, Deputy Facilities Manager, Kevin Potts, Deputy Catering Manager and Iain Clarke, Assistant Catering Manager. The scale and complexity of portering, catering and hotel services is easily overlooked but their efficiency and stability is one of the key contributors to our Trust's success. Cleaners, porters and catering staff are too often the unsung heroes of the care we provide. We heard that the 1,100 staff have adapted well to the challenges of recent months. Impressive statistics included the 35,591 "cleans" and 10 million processed items of dirty linen that were undoubtedly a major factor in the very low nosocomial infection rate in our hospitals. We take for granted the delivery of 535,000 items of mail, the monitoring of 1,000 cameras and incineration of 1,200 tons of waste. We were also saddened by the 234 cases of physical abuse and 456 cases of verbal abuse handled by our security team.

- **EPOD– Plastic Surgery**

Claire Pinder, Directorate Manager, introduced the Consultant lead, Mr Daniel Saleh who gave us a virtual tour of the complexities and challenges of their work supported by several team members. The term "plastic" derives not from the substance used to make water

## Agenda Item A2

bottles and a long history of medical jokes, but rather its alternative use to refer to “moulding”. The Plastics team often work with other specialities to construct a tolerable appearance and function after major surgery, trauma or birth defects. The repair of cleft lip and rebuilding faces damaged by burns are good examples.

We discussed the challenging border between the private world of cosmetic surgery and the life changing benefits of procedures like breast reconstruction after cancer. The Plastics team serves a wide area across the North of Britain, being the third highest nationally for non-elective work, in large part due to our regional trauma centre status. Activity far exceeds that of our peers and we discussed for some time the opportunities to improve the design of services, to better integrate with work in other hospitals in the region.

Sister Jenny Wright relived the “scary” but positive experience of twice converting Ward 39 from Day Care and Trauma into a “Covid 19” ward. The adaptability of the staff was also recounted in the way Chris Fenwick, Senior Sister, and colleagues kept her theatre team working through the pandemic, dealing among other things with the increase in injuries resulting from inexperienced DIY enthusiasts!

I was delighted to attend meetings of the region’s Foundation Trusts Chairs and the Chiefs and Chairs of the health and care organisations in the “North” Integrated Care Partnership, as well as the launch of the Trust Research Strategy.

**RECOMMENDATION**

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

**Report of Professor Sir John Burn**

**Chairman**

**16 September 2021**

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## TRUST BOARD

Date of meeting	30 September 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"> <li>• An update on the operational situation in the Trust and the approach being taken to manage recovery;</li> <li>• Work going on with partners including through Collaborative Newcastle and the emerging Integrated Care System and Provider Collaborative; and</li> <li>• Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements.</li> </ul>						
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 checked="" type="checkbox"/>	<input checked="" 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;
- The financial settlement for the NHS through the Comprehensive Spending Review;
- An update on the work of Collaborative Newcastle including the launch of Children and Families Newcastle;
- The development of the emerging North East and North Cumbria Integrated Care System (ICS) and Provider Collaborative;
- The opening of the Northern Centre for Cancer Care, North Cumbria;
- Submission of our bid for funding the 'New Specialist Hospital / Richardson Wing' development through the national New Hospitals Programme; and
- Recognition of key awards and achievements of staff.

## CHIEF EXECUTIVE'S REPORT

### 1. CHIEF EXECUTIVE OFFICER (CEO) OVERVIEW AND SUMMARY

The pressures on all our services that I have reported in successive Board reports continued throughout the summer and are showing no signs of abating. Our staff have continued to show remarkable dedication and flexibility to respond to these pressures that have, for example, included:

- A&E attendances at the Royal Victoria Infirmary (RVI) were 22% higher in August 2021 than in August 2019;
- We have consistently had 50 Covid-19 patients in hospital, the equivalent of two wards; and
- The temporarily closure of in excess of 100 beds due to lack of available trained staff.

These significant pressures are consistent with what other NHS Trusts across the country are experiencing, and were key to the NHS funding negotiations held as part of the Comprehensive Spending Review (CSR). This resulted in a revised financial settlement for the NHS being announced on 6<sup>th</sup> September 2021, with an additional £5.4bn funding for the remainder of 2021/22, and a further £6.6bn for 2022/23, funded by an increase in National Insurance tax.

The funding increase is very welcome and while we wait to see more detail about exactly what it means for us as an organisation, we expect to receive similar funding to the first half of this year to cover the continued provision of Covid-19 care and the hospital discharge scheme.

In light of the CSR settlement, my conversations with national leaders, including the new Secretary of State for Health and Social Care, Sajid Javid, and NHS CEO, Amanda Pritchard, have reinforced the priorities facing us. With resources in place, I am clear that our challenge for the coming years - starting now - will be to set out and deliver our Newcastle Plan to reduce elective waits for our patients while delivering excellent emergency care and supporting the wellbeing and experience of our staff.

Because of the pandemic-driven unavoidable reductions in elective activity over the last 18 months, our waiting lists now look very different – in terms of their overall size, but also their profile. The Board will review our position in the integrated report (agenda item A7).

We are going to need to be bold in the months ahead in making the decisions needed to increase elective capacity, but the answer cannot just be to ask existing staff to work harder. We'll deliver through a combination of transformation and innovation, workforce and facilities expansion, supported by recurrent investment. We're going to need to be creative given the constraints of workforce supply and the pressures across the system. Our discussions with directorate teams have started to identify initial areas in which to do this, and you'll hear more detail in coming months.

This is a huge challenge but also a huge opportunity to innovate and develop, and one that I'm committed to delivering. I will chair a new 'Newcastle Plan Delivery Board' that will

oversee this work. This is an organisation-wide challenge in which the whole leadership team have key parts to play and I have asked our Chief Operating Officer, Martin Wilson, to coordinate the varied elements of this.

Across the whole NHS, there is an expectation that the coming winter is likely to be very difficult, with all parts of the system already under significant pressure. Covid-19 will be an illness which will be with us for the long term, filling clinical capacity that would otherwise be available for the expected seasonal surges in demand. Continued caution and adherence with infection control and social distancing measures in all parts of lives will be critical, as well as ensuring the uptake of flu and Covid-booster vaccinations as they are offered.

### **North East & North Cumbria Integrated Care System (ICS) & Provider Collaborative**

Work is continuing across the region to prepare for the formation of a North East and North Cumbria ICS from April 2022, subject to the passage of the Government's Health and Care Bill that is currently subject to Parliamentary scrutiny.

Sir Liam Donaldson, the Chair-designate of the ICS, is convening a series of sessions to build agreement about how the ICS might be structured and conduct its work. I will be participating in these discussions along with other invited NHS and Local Authority leaders. The key role of Chief Executive of the ICS is currently being recruited to.

Alongside the ICS, the North East & North Cumbria NHS Provider Collaborative is also continuing its development, bringing together the 11 NHS Provider Trusts to work jointly on a range of shared challenges including the regional approach to clinical services. I expect to see an acceleration in the pace of development of both the ICS and the Provider Collaborative in the coming months.

A tangible example of provider collaboration was recognised over the summer when we welcomed the Secretary of State to open the Northern Centre for Cancer Care, North Cumbria. Situated on the site of the Cumberland Infirmary in Carlisle, the new Centre is the culmination of almost a decade of work from colleagues in both North Cumbria and Newcastle. We haven't just developed a state-of-the-art new facility, but brought teams together under this Trust's leadership. The result is that 2,000 patients from North Cumbria each year will receive care in the new centre, getting the highest quality specialist treatment from our team without having to make regular trips over to Newcastle.

### **Collaborative Newcastle**

As part of our work with civic partners in Collaborative Newcastle, 'Children and Families Newcastle' launched last month. We have some excellent services in the city, but Newcastle has higher rates of children who are subject to child protection plans and greater numbers of children in care than our comparator cities. Children in our region also do less well in school and infants attend our Accident and Emergency more often than the national average.

To help make a difference, we have been listening to children and their families to make positive changes in the services offered, with the aim of providing these in a more personalised, joined-up way. The new offer includes vibrant community hubs where families can go to access a wide range of practical and social activities in their community; where families can also meet their named worker who can help them access support they need, no

matter which organisation provides it. I was delighted to join the launch event at the first of the community hubs in the Galafield Centre which co-locates services with a soft play, café, food bank and breastfeeding support. We look forward to developing this model further to help improve the health, wealth and wellbeing of our communities, and to tackle inequalities.

### **New Hospitals Programme**

In previous reports, I have highlighted that in order to continue delivering excellent regional services, the need for investment in our estate is increasingly important. The proposed '*New Specialist Hospital*', or '*Richardson Wing*' development on the RVI site is critical to ensuring the population of the North East as a whole have access to quality specialist maternity, burns, critical care and other services. The development would also allow us to expand our overall ward and theatre capacity, supporting our elective recovery efforts.

I am pleased to confirm that after excellent work by the project team and support from regional colleagues we submitted an application for this £190m scheme to the Government's 'New Hospitals Programme'. This is a competitive national process that will select eight bids to fund, with an outcome expected in Spring 2022.

## **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. I have continued to visit a variety of clinical areas across the Trust when it has been safe to do so.

One of the most impactful visits was to the Emergency Department (ED) and Assessment Suite (AS) following an extremely difficult night shift where staffing had been challenged and a high volume of sick patients were presenting for care. It was important for me to continue that visit at that time, to see and hear first-hand the experience of members of staff on the most difficult shifts. Unfortunately such pressured situations are becoming more common - you will see from the operational and performance information presented at Board that the number patients are greater than ever. Despite the staffing difficulties and tiredness, what I did see was the absolutely amazing teamwork and the drive to continue to do the best for our patients and for our Trust.

Visiting wards 4 (daycase) and 20 (orthopaedics and rheumatology) at the Freeman Hospital was a further opportunity to talk with staff, this time with a focus on the challenges facing us in delivering the volume of elective care needed to reduce the backlog. The positive and caring staff I met are doing remarkable things, but I know we can do more to support them in getting the most of out of our resources and enhance the capacity and efficiency of our daycase facilities.

In July we welcomed Dr Tim Ferris to the Trust. Dr Ferris had recently joined NHS England/Improvement (NHSE/I) as their new Transformation Director. His portfolio is broad and he has responsibility for digital, transformation and improvement, research, innovation and life sciences. Dr Ferris visited the Integrated Covid Hub North East, Ward 19, and spent time in discussions with Collaborative Newcastle and digital teams. He was extremely impressed

with what he saw in Newcastle and we will maintain contact with him as part of the national work he is undertaking to harness transformation and digital in support of recovery.

In advance of the international climate change 'COP' summit in Glasgow in November, I have taken part in a number of events to discuss the NHS' contribution to sustainability. At our Trust Management Group in August 2021 we discussed with senior leaders Trust and ICS work in this area that we are leading, including the proposal for a regional Clean Air action plan to reduce the air pollution that is a key contributor to heart disease, stroke and lung cancer.

Earlier this month I had the pleasure of meeting the team who supported the birth of Rosie Martha O'Sullivan, who was the first baby to be born in the UK (within the RVI) with the assistance of 'climate-friendly' gas and air for her mum, Kaja. Working with Medclair, a pioneering Swedish company, our sustainability, maternity and anaesthetic teams have led the way in adopting new technology to prevent nitrous oxide, a greenhouse gas, being exhaled into the atmosphere.

I was able to reflect on all our work and leadership in tackling the climate emergency in discussion on this subject with the NHS Assembly in September. I highlighted the huge engagement our 'Sustainable Healthcare in Newcastle' (SHINE) programme has generated from staff and its success to date in reducing direct emissions by 5% a year. However it was also important to point out that more is needed, and that reducing emissions at the pace required to minimise global temperature rises will require us to rapidly decarbonise the energy provision to our hospitals, requiring significant national investment and technological innovation to replace our current gas-fuelled combined energy plants.

As you will be aware from previous reports, increasing the support to our staff and developing the workforce remains the number one long-term issue facing the NHS in my view. Immediate financial investment as announced in the CSR is welcome, but without increased supply and retention of skilled staff, the NHS will be constrained in how quickly clinical capacity can be expanded. Both the Regional People Board (RPB), which I chair, and the National People Board (NPB) have met since our last Board meeting and considered these issues among others. We discussed workforce issues in the region as well as the demographic opportunities and risks facing us, and how to attract staff to the region.

Finally, my activities through co-chairing the Shelford group have continued and this has proved a useful forum to discuss how the significant national policy developments may impact and be shaped by the largest NHS anchor organisations with high levels of research and innovation expertise such as ours. We have had a number of conversations including with Samantha Jones, the Prime Minister's expert adviser for NHS transformation and social care delivery, and with Tony Blair who is working through his Global Institute to develop thinking about health as an asset and how technology can support post-pandemic healthcare delivery.

### **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.

- **Welcoming overseas nurses** - In July, we welcomed our new cohort of 26 nurses who joined us from Kerala in India. They have been supported with a comprehensive induction as well as getting to know their new city. We are increasingly recognised as an exemplar organisation for our work to provide professional and pastoral support to international recruits.
- **UK first** - Professor Annette Hand was appointed as the first Clinical Academic Professor in Nursing across the North East and North Cumbria – one of the first roles of its type in the UK. The post, which is joint position between our Trust and Northumbria University, will drive a collaborative nursing, midwifery and Allied Health Professional agenda in research, education and clinical practice.
- **Our research agenda** - This month I had the pleasure of opening the virtual launch of our clinical research strategy which sets out our ambitious vision for the future of research at Newcastle Hospitals. This was a timely event given we recently registered our 10,000 clinical trial, a fantastic achievement.

### Awards

- After one of the most demanding and challenging years on record for the NHS, it was great news to hear that the organisation has been named a finalist for the Acute or Specialist Trust of the Year in the Health Service Journal (HSJ) Awards. We have also been shortlisted in a number of other categories including:
  - Outstanding Contribution to Healthcare – Newcastle Collaborative; and
  - Connecting Services and Information / Provider Collaboration of the Year – The Great North Care Record (on behalf of North East and North Cumbria ICS).

- We were visited by Deputy Chief Midwifery officers Sascha Wells-Munro and Jess Read who presented midwives Diane Buggy and Sonja Kelly with prestigious Chief Midwifery Officer Awards in recognition of the inspirational work they do.

Diane was awarded Gold Award for her work supporting women in the west end of Newcastle while Sonja, who has been a midwife at the RVI since 2014, was presented with a Silver Award recognising her contribution to patients and the profession through her work with UK-Med.

- Congratulations to a number of teams and individuals who were shortlisted or finalists in a number of awards including:
  - Our work with collaborative Newcastle has been shortlisted in the Chartered Institute of Public Relations North East awards.
  - Our IPC Team are shortlisted to receive the Infection Prevention Society Team of the Year Award 2021.

- Our NIHR Patient Recruitment Centre Newcastle were finalists in the Digital Clinical Transformation category of the HSJ Values Awards for their work in developing the RELIEVE IBS-D trial – one of the first fully interventional clinical trials to be conducted in England.
- Our purpose-built Lighthouse Laboratory has been shortlisted for Building Magazine Project of the Year. The laboratory was designed & constructed in just four months, a truly outstanding achievement, only made possible by our fantastic estates team and amazing partnerships including Turner Townsend.
- Our teams' innovative approaches to ensuring high quality student nurse placements continued across Newcastle during the height of the pandemic have also been shortlisted in this year's Student Nursing Times Awards.

Claire Winter, a clinical educator based in the central operating department at the Freeman Hospital, and the health visiting / school nursing team in Newcastle's out of hospitals and community services have both been recognised for their work which you can find out more on our website at the following address:

[www.newcastle-hospitals.nhs.uk/news/newcastles-nursing-educators-named-as-national-award-finalists/](http://www.newcastle-hospitals.nhs.uk/news/newcastles-nursing-educators-named-as-national-award-finalists/)

#### **4. RECOMMENDATION**

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

**Report of Dame Jackie Daniel**

**Chief Executive**

17 September 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	30 September 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 checked="" type="checkbox"/>				
Summary	<p>This month's digital people story introduces the Northern Centre for Cancer, North Cumbria and provides an overview and insight into the facility, which was developed in partnership between The Newcastle upon Tyne Hospitals Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust.</p> <p>Dr Azzabi, Consultant Medical Oncologist, explains that the 'state of the art' facility providing non-surgical oncology treatment is now open to patients in North Cumbria.</p> <p>Patients and staff reflect on the positive impact the homely and calming environment is having on them.</p>						
Recommendation	To listen and reflect on this story.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> <li>• Putting patients at the heart of everything we do.</li> <li>• Providing care of the highest standard focusing on safety and quality.</li> </ul>						
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

The Northern Centre for Cancer situated in North Cumbria is a new state of the art facility providing non- surgical oncology treatment to cancer patients.

Dr Azzabi, Consultant Medical Oncologist for Cancer Services, explains cancer treatment is not only about drugs and chemotherapy it's also about the holistic needs of the patient. Providing care in the type of environment which is being offered in North Cumbria aims to improve the patient's journey in a calm environment, under one roof which will make patients feel happier which is all part of treatment success.

Working in parallel with the way NCCC Newcastle delivers care, patients in Cumbria will have the advantage of continuing to receive great care and will also have local access to new technology, without having to travel to Newcastle.

It is hoped that opening of the facility will increase capacity by 50% and patients will have to wait less time for chemotherapy. Presently the wait times are in the region of three to four weeks which is well within national targets, however with increased capacity this wait will become even shorter for patients.

2,000 patients are already set to receive treatment. Each year the facility will deliver 11,500 radiotherapy treatments, 8,000 chemotherapy treatments and 4,000 supportive therapy treatments.

Therapist Judy Gopsill reflects that the facility will give the feeling of hope and nurture which is so important for patients.

Patients also reflect on the amazing, colourful and calming space with big clinical rooms creating a healthy space which is so important within the current pandemic. Not having to travel to Newcastle for treatment along with the homely environment is already having such a positive impact on patient experience.

### Recommendation

To listen and reflect on the positive impact the Northern Cancer for Care, North Cumbria is having on both patient and staff experience.

### **Report of Ms Maurya Cushlow**

#### **Executive Chief Nurse**

30 September 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 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:

- COVID-19 impact remains significant with continuing impact on recovery.
- Quality improvement in partnership with the Institute of Healthcare Improvement (IHI) remains an absolute priority to embed future innovation and sustainability.
- 5 year ambition for robotic surgery.
- Staff dedication and resolve continues despite unprecedented pressures.
- Research progress is sustained to maintain the highest quality outputs.

## MEDICAL DIRECTOR'S REPORT

### 1. QUALITY AND PATIENT SAFETY

- **COVID-19 Impact**

This is still felt with a burden of approx. 50 in patients and 5-10 Intensive Treatment Unit (ITU) patients over the last two months.

This two ward's worth of inpatient burden has had inevitable impact on other aspects of the hospital and recovery programme. Elective surgery has remained at a depressed level. We hope that from this month the provisions for a full 3<sup>rd</sup> wave/extraordinary winter pressure will come into effect as the additional nursing and medical staff to allow full utilisation of the surge area in Ward 49 come on line.

Our clinical teams have introduced new ways of working to balance emergency and elective prioritisation. Patient and staff safety will remain a priority.

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

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

This item should remain at the top of the quality agenda for the next 12 months and funding beyond this period assuming a successful programme will likely be sought.

As stated, this work forms the foundation of a Whole System Quality approach that we seek with QI and continuous data led improvement becoming an embedded part of how Newcastle Hospitals functions.

In addition to current Team and Coach based training ongoing we are shortly (October) to embark on a 6 month (1 day/ month) "Leading for Improvement Programme" aimed at providing training for senior clinical and managerial leadership to gain a grounding in QI science and its application at organisation and system level.

Learning and Sharing events from active projects and QI work are now being staged twice per month and are proving hugely popular with > 300 participants in the last Teams event.

- **Medical Examiner (ME)**

The ME process and system has been rolled out at the Royal Victoria Infirmary (RVI) following successful piloting at the Freeman Hospital since January of this year. This process demands independent scrutiny of deaths within the trust by senior consultants employed in this role and add an additional layer of assurance, scrutiny and learning and allows families the immediate opportunity to feedback to a senior clinician.

The Freeman ME Office is now located in the refurbished bank sitting behind reception. It is anticipated that this office will become the hub for the community Medical Examiner process which we anticipate may begin next year.

- **Ophthalmology**

We continue to work with this department to address the themes identified through incident reporting, namely loss to follow up events and prolonged waiting times.

- **Duty of Candour (DoC)**

To strengthen this process a new dynamic form has been introduced to Power Chart. Demonstrating compliance with DoC requirements is likely to be a key Care Quality Commission (CQC) metric and we hope this documentation will strengthen both our compliance with this absolutely key process and by measuring it will encourage greater engagement.

- **British Medical Journal (BMJ) Best Practice Guidelines**

We are working with the BMJ to incorporate their up to date evidence based guidelines into a searchable and easily accessed resource within PowerChart – the main clinical interface within the electronic patient record. These will be linked with internal clinical guidance. Access to and compliance with local and national guidance is a key part of good care. Our own database of guidelines is not particularly intuitive or easy to use and we hope this development will be a major improvement.

- **Day Case Surgery**

Following COVID-19 disruption we will continue to work at our dedicated day case programme – an area of work needing development with patient and hospital efficiency benefits. The longer term aim will be dedicated day case facilities – ward and theatres.

- **Robotics in Surgery**

Newcastle Hospitals has been a UK leader in the introduction of Robotic assisted surgery and we currently have one of the largest programmes spanning several surgical specialties. The key advantage is minimal access and absolute precision and we can show substantial reductions in complication rates and length of stay across a range of procedures when compared with laparoscopic or open procedures. Reducing length of stay is a hugely important metric –patients benefit from a reduced length of staff as this reduces the risk of deconditioning and provides a better care experience. We have embarked on a multi-directorate business case with an ambition to deliver >90% of appropriate cancer surgery in the trust robotically in 5 years. This programme will be highlighted periodically to the Trust Board.

## 2. COVID-19

Following the peak in cases reached in July 2021, COVID-19 prevalence has overall decreased, reaching a plateau of around 300 per 100,000 population. This has translated into a steady flow of admissions to hospital that varies between 5 and 10 per day. The vaccination status and age of patients are probably the most important risk factors that influence the length of stay and outcomes of the patients that require admission.

The community rates also had an impact in our staffing levels when they needed to isolate. Our processes have been both supportive and innovative and have introduced risk assessments for all staff who had a significant contact with a confirmed case. Let us not underestimate the dedication and resolve of our colleagues who continually ensure that our patients receive the highest standards of care in spite of the unprecedented pressures in terms of acuity and volumes.

### **3. CANCER UPDATE**

- Cancer Waiting Time (CWT) referrals are now above pre-COVID-19 levels with significantly higher referrals for skin and lower gastrointestinal (GI) cancers. The increased referrals for skins and the impact of COVID-19 (social distancing) on clinic capacity has temporarily significantly impacted on their performance. As nearly 25% of our CWT referrals are skin cancers this has resulted in reducing the Trust CWT performance. There are currently a number of initiatives in place to achieve skin CWT recovery Waiting List Initiative (WLI) clinics including virtual.

Dermatologists saw over 1,000 two week wait (2WW) referral's last month. Medical photography WLI weekend sessions have been undertaken. Changes have been agreed with Clinical Commissioning Groups (CCGs) to the skin 2WW referral pathway where GP's now must attach photographs of the suspicious lesion. The changes came into place last week. Although the changes are making some improvement in the skin position, we are also looking at outsourcing to clear the Appointment Slot Issues (ASI's) as effectively as possible.

- Targeted Lung Cancer Health checks have started and now that we have appointed a new respiratory consultant, Dr Ann Ward, who will be able to commit more time to the clinical lead role and increase public involvement.
- Rapid Diagnostic Service – a Lead Clinician has been appointed lead clinician and the service will go live following the forthcoming appointment of a Nurse Consultant.
- Newcastle Hospitals continues to chair the weekly cancer surgery hub. The Trust has agreed to take a number of gynae-oncology surgical cases that would normally have been performed in gynae- oncology centre to support the regional service.

### **4. RESEARCH UPDATE**

## Agenda item A5(i)

- To date we have participated/led 55 COVID-19 studies, including seven vaccine studies, with almost 5,000 participants recruited.
- This performance means we are continually one of the top three Trusts in the country for both the number of COVID-19 studies open and the total number of participants recruited to COVID-19 research.
- Over £5m has been generated from COVID studies from April to July, with 50% of that generated from just two vaccine studies.
- From April to July we have recruited over 3,000 participants to studies, which is a significant improvement on the same period last year (peri-pandemic) and the year before that (pre-pandemic). We are also the only Trust in the region that has bucked the national downwards recruitment trend compared to last year.
- From a performance perspective, we remain 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 since the first one in 1975.
- We have received £300,000 from the Department of Health and Social Care (DHSC) to expedite commercial research, particularly late phase cancer research – which will be temporarily moved on to Ward 11. This is excellent for patients, finances and reputation.
- Tobias Menne has been appointed as new Clinical Director for research. Tobias is a consultant haematologist in the Trust and honorary senior lecturer at Newcastle University and brings a wealth of experience to the role, from fundamental discovery research to commercially sponsored clinical trials.
- Our new research strategy has been launched and now has an implementation plan in place – with priority projects include digitisation, study-tracking (for efficiencies) and Trust-wide opt-out consent processes.
- We are also making sound progress with the establishment of clinical trials capacity in the new cancer unit in Cumbria, reducing the need for trials participants to travel to Newcastle.
- The Sir Bobby Robson Unit (SBRU), the Biomedical Research Centre (BRC) and the Clinical Research Facility (CRF) are all competing for renewal of their respective infrastructure awards, with promising early competition feedback.

## 5. **BOARD REFERENCE PACK DOCUMENTS**

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

- a) Consultant Appointments;
- b) NHS Emergency Preparedness, Resilience & Response National Assurance Process 2021 – 2022; and
- c) A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report and Statement of Compliance.

Agenda item A5(i)

**6. RECOMMENDATION**

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

**A R Welch FRCS**  
**Medical Director**  
21 September 2021

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## TRUST BOARD

Date of meeting	30 September 2021						
Title	Executive Chief Nurse (ECN) Report						
Report of	Maurya Cushlow						
Prepared by	Ian Joy, 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"> <li>• Nursing, Midwifery and Allied Health Professional Leadership Development Offer</li> <li>• Patient Experience and Engagement Summary Quarter 1 (Q1) 2021-2022</li> <li>• Clinical Assurance Toolkit (CAT) Summary</li> <li>• Safeguarding Quarter 1 (Q1) 2021 - 2022</li> <li>• Learning Disability Quarter 1 (Q1) 2021 – 2022</li> <li>• Nursing and Midwifery Staffing</li> <li>• Flu/Covid Vaccination Overview</li> </ul>						
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"> <li>• Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</li> <li>• We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes.</li> <li>• Being outstanding, now and in the future.</li> </ul>						
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 outlines recent work undertaken to develop and deliver a sustainable leadership development offer for our frontline clinical leaders. The leadership programmes we are launching are rooted in the ethos of compassionate leadership and our first programme was delivered this month.

Section 2: This section gives a summary of Q1 patient experience data which includes:

- A summary of patient experience projects;
- Complaint's data; and
- An Equality and Diversity update.

Section 3: provides an overview of the Clinical Assurance Toolkit and its future development. A new digital solution has been procured and the timeline for implementation is outlined.

Section 4 and 5: This summary provides a Q1 update of Safeguarding and Learning Disability activity including analysis and review of the activity of the team, the impact of new statutory national guidance, emerging issues and local practice developments.

Section 6: This is the regular nurse staffing update, which highlights any areas of risk and details actions and mitigation to assure safer staffing in line with the agreed escalation criteria. The continued challenges from the pandemic and increased emergency activity continue to impact on safer staffing. The Board of Directors have previously been informed of additional measures implemented in line with the Trust safer staffing escalation framework. These measures, which include daily oversight and assessment of the staffing position, reported into silver and gold command continue.

Section 7: The section provides an overview of the Trust plans to deliver the Flu Vaccination programme alongside the Covid-19 vaccination booster for our staff. The Trust has re-established the Vaccine Steering Group to lead and oversee the delivery of both programmes. This Group has been meeting weekly since July and manages all aspects of the programmes and oversees compliance with national standards

### RECOMMENDATIONS

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

## EXECUTIVE CHIEF NURSE REPORT

### 1. NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONAL LEADERSHIP OFFER



Despite the challenging pressures the Trust continues to experience, a significant amount of work has taken place in year to develop and establish a series of high quality and sustainable leadership development programmes to support Nurses, Midwives and Allied Health Professionals (NMAHP). This work has culminated in the launch of our first 'LEO' programme in September 2021.

Our patient facing clinical leaders are vital in developing our teams, enhancing practice, and ensuring high quality patient centred care.

The principles of our refreshed Newcastle NMAHP Leadership offer have been developed in partnership with the Learning and Development Team and are clearly aligned to the Trust Organisation Development Programme – 'Flourish', our Trust values and strategic drivers. The principles are rooted in the ethos of compassionate leadership and whilst several key NMAHP staff groups (Band 6-8a) will initially benefit from the offer, this work complements the universal offer for all staff in a leadership position across the organisation.

Each programme is modelled on an initial period of learning, or "core offer", which will be modified for each staff group, including the following key elements:

- Celebrating you
- Self-awareness
- Personal responsibility, managing self and others
- Leading with Compassion
- Effective Teams
- Developing others
- Building resilience
- Change Management

Continual Professional Development funding has been used to secure the core offer, which has been developed using a tiered approach, dependent on the leadership role and banding of the staff member.

Our Matrons/Department Heads (8a and above) will receive a bespoke core offer from Steve Heads who has been commissioned to deliver a Trust specific programme. Steve Heads has worked extensively across the NHS and industry blending his approach to develop personal awareness and resilience recognising the challenging roles of first line leaders. Band 7 ward/team leaders and equivalent will participate in the internationally recognised Leading Empowered Organisations (LEO) programme, and band 6 ward leaders will receive a core offer provided via packages procured from Skills for Life. The LEO programme has involved training a number of our own staff as LEO facilitators to ensure sustainability.

The core offer will be complimented by a bitesize, or wraparound offer, to scaffold each programme and will include many aspects of leadership that are currently part of the core Learning and Development team offer and include:

- Quality Improvement
- Project Management
- Budget Management
- Human Resources (HR) management
- Strategies for managing staff including those that that used to be your peers
- Managing Difficult Conversations

The leadership offer will involve a diagnostic element to support delegates to identify and understand their personality and leadership traits. Coaching and action learning will form a continuous thread through all programmes to support individual learning and development. This will reflect both the current Workplace Coaching model offered internally and the coaching model which exists across a variety of practice placements for NMAHPs to maximise learner development and experience.

Our first cohort of 20 staff undertook the LEO programme in the middle of September with further cohorts planned in the coming months. Our first Matrons and Department Heads programme commences in November 2021. By April 2022 we anticipate that over 120 staff will have completed the LEO programme and 75 staff will have undertaken the bespoke programme delivered by Steve Heads.

## **2. PATIENT EXPERIENCE AND ENGAGEMENT SUMMARY – QUARTER 1 2021-2022**

### **2.1 Improving Patient Experience through Accessible Partnership**

The patient experience team have successfully applied for Newcastle Charities funding to support the ongoing partnership work with AccessAble for a further three years. The founder of AccessAble used his personal experiences of suddenly becoming disabled and a wheelchair user to start producing access guides, which help people with disabilities to fully prepare when attending a public building.

The access guides available on the Trust Internet follow the patient journey from arrival, parking and entering the building to finding specific wards and departments. There are currently 252 detailed access guides available for the Trust and in the last year, these were accessed over 17,000 times.

### **2.2 National Patient Surveys**

The Trust has received the preliminary results of the Adult Inpatient Survey 2020 and the Urgent and Emergency Care 2020 survey. These results are embargoed until the Care Quality Commission (CQC) publish the results nationally (expected September 2021 to November 2021). The Trust historically performs very well in these patient satisfaction surveys, and hopes this continues with the 2020 results. The Trust was approached by the

Picker Institute in recognition of the very positive results and asked to take part in compiling a case study highlighting our high performance.

### 2.3 Patient Advice and Liaison Service (PALS)

There were 919 issues raised with PALS in this quarter, which is an increase from 669 in Q4 2020/21. This demonstrates that patient contact is continuing to increase month on month as restrictions ease and services return to normal activity levels. PALS concerns and enquiries over this three-month period do not demonstrate any specific themes or trends.

### 2.4 NHS Friends and Family Test

The Trust has now submitted new Friends and Family Test (FFT) data for five months to NHS England. The published data shows that there were 1,063 responses to the FFT from the Trust. 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
<b>Inpatients</b>	574	98%	1%
<b>A&amp;E</b>	56	98%	2%
<b>Outpatients</b>	341	97%	2%
<b>Community</b>	55	93%	7%
<b>Maternity (birth)</b>	37	100%	0%

Work continues to encourage staff and patient engagement with the survey. Whilst formal feedback via Picker surveys and FFT during this period is encouraging, it is acknowledged that this does not always reflect the continued impact Covid-19 is having on patient and public expectations. Sadly, many of our teams are experiencing higher than normal levels of verbally challenging and difficult behaviours from patients and members of the public, which are being closely monitored. Some of the key themes include challenging the use of a facemask on trust premises, family involvement, access to care and wait times and communication.

### 2.5 Complaints Activity

The Trust has opened 133 formal complaints in Q1, which is an increase of 21 from complaints opened in Q4 (112). The Trust has received on average 44 formal complaints per month this financial year, which is a 13% increase from the previous year where the average was 39 per month. The primary concern for the majority (60%) of complaints made related to clinical treatment, medical care, progress of care and nursing care issues. From the 209 resolved complaints, 33 complaints were upheld.

## **2.6 Freedom of Information (FOI)**

517 FOI requests have been received in Q1, with 49 requests from commercial organisations many relating to pharmaceuticals and treatments. From July 2021, the FOI process has been transferred to the corporate risk and assurance team.

## **2.7 Chaplaincy**

The chaplaincy team continue to adjust and react to the needs of our staff, leading on numerous decompression and support sessions for units and wards. Along with other colleagues in the Trust, the team have successfully supported the implementation of the 'Pay It Forward' staff meal scheme and the TogetherALL resource for all Trust staff.

For patients, the chaplaincy team continue to provide welfare packs for those with need on discharge and clothing packs for out of area patients who have arrived in gowns.

The team have sourced Quran cubes, Ramadan packs including Itfar snacks, extra sacred space and faith was featured on the trust advent calendar to ensure the faith and beliefs of all patients were supported. A further detailed update for the work of this team will be included in a future paper to the Trust Board.

## **3. CLINICAL ASSURANCE TOOLKIT (CAT)**

The Clinical Assurance Toolkit (CAT) underpins the Trust commitment and vision for high quality patient care provided by nursing and midwifery staff. As previously reported to the Board of Directors, in April 2020, the CAT was suspended due to the pandemic. In the interim an over-arching audit tool was put in place as a temporary solution to ensure robust governance and oversight remained in place.

It was recognised prior to the pandemic that the CAT required renewal and updating, and several digital solutions were reviewed. This work was revisited later in 2020. In June 2021 investment was agreed to procure this service and build a bespoke suite of audits. Following this process Synbiotix will work with the Trust to develop the next version of the CAT tool. Synbiotix are dedicated to delivering transformative software and technology to the NHS, which complements existing hospital and healthcare operating environments. A bespoke suite of audits will be developed which will ensure clinical assurance across all aspects of cleanliness and clinical standards including Infection Prevention and Control (IPC), antimicrobial reduction and clinical standards. In addition, a new audit tool is in development for Hotel Services to ensure the Trust are compliant with the new National Cleaning Standards.

Significant progress has been made and Synbiotix are currently building the new audits ready for testing and validation. Discussions have also begun with IT to start the build of the tablet devices ready for implementation and deployment. The project remains on schedule to commence implementation in November and the roll out of additional audits to be completed by the end of March 2022. The project team remains on track to deliver this

essential clinical assurance tool on time.

#### **4. SAFEGUARDING – QUARTER 1 (Q1) 2021/2022**

This summary provides a Q1 update including analysis and review of the activity of the safeguarding team, considering new statutory national guidance, emerging issues and local practice developments.

Activity has increased for the teams and there is continued evidence of case complexity. Within this work, assuring the application of the Mental Capacity Act (MCA) for young people and adults is vital for patient safety. During this quarter, we have seen further work with legal services to consider legal options for provision of care and support. In Safeguarding Adult Reviews and Domestic Homicide Reviews within Newcastle and neighbouring Local Authorities, the application of the MCA is a recurring theme. With an increasing caseload, the teams are required to consider how to continue to ensure that all cases are provided with a proportionate response.

The Adult Safeguarding team have seen a 40% increase in referrals in comparison to Q1 2020/21. Partner agencies have also reported an increase, which may be due in part to the opening of society post lockdown, and individuals seeking help and support. Nationally, as reported previously, there has been an increase in domestic abuse and a 21% increase in alcoholic liver deaths during the pandemic (UK Government 2021). This national picture is also evident locally, for example, the impact of substance use is linked to self-neglect within several cases within the adult safeguarding team. The Safeguarding team use the expertise of the legal team to inform their decision making and thinking. These cases also emphasise the need for practitioners to be confident in the application of the MCA.

Deprivation of Liberty Safeguards (DoLs) have remained static with applications comparable to previous years. During this quarter, 32 applications from Trust staff were not progressed; this demonstrates the assurance of this single point of contact model, where the MCA lead can review applications prior to the relevant Local Authority. The work of the MCA lead extends beyond DoLs, with increasing joint working with the learning disability team and the safeguarding teams. The importance of ensuring mental capacity assessment and best interest decisions that are thorough and documented remains a priority nationally and in the Trust.

Activity for the Children's team has also seen an increase in duty calls, with more than double the concerns received compared to 2020/21. For the first time the most common category has changed to self-harm/ overdose, overtaking concerns in both the domestic abuse and neglect categories. This has been reflected locally, regionally, and nationally both in health and in partner agencies. There has been a steady increase in numbers over the last year; however, there has been a 33% increase in Q1 compared to Q4 of 2020/21. This is a worrying situation and thought is being given by the Newcastle Safeguarding Children's Partnership as to how partner agencies can work together to mitigate this trend. Children's Multi-agency Safeguarding Hub (MASH), supervision, training and safeguarding meetings have continued successfully via virtual platforms. Despite some operational

pressures the team have continued bespoke support to the wards/services and theme-based training sessions for both adult/paediatric Emergency Department (ED) teams being especially well received.

Midwifery Safeguarding activity for Q1 remains relatively stable as does the category and source of notification. This is despite the impact of Covid-19 on patient care across the Trust and maternity is one area where service delivery been maintained albeit by a different forum such as virtually. As such, safeguarding activity has remained unchanged. Similarly, the categories of previous / current social care involvement, domestic abuse, drug and alcohol use and mental health issues remain the prevailing categories, with many individual cases involving a combination of these presenting often very challenging cases to manage.

There has been significant work across the whole safeguarding team in relation to recording safeguarding risks on both e-record and working in conjunction with 0-19 senior team who have developed processes to ensure this is reflected on system one.

#### **4.1 Domestic abuse**

The Domestic Abuse Bill received Royal Assent on 29 April 2021. This Bill is now an Act of Parliament. The changes and impact of this Act have been previously reported. The safeguarding team welcomes this strengthened recognition and response to domestic abuse, the protection and support of victims/survivors and the recognition of children as victims within their own right. One key workstream is to ensure all records (e-records and SystemOne) are flagged for high-risk victims of domestic abuse and for those children within the family. This work has been conducted with our community services, legal and information governance teams.

The team has also linked with Safe Newcastle to participate in discussions regarding the requirement for Local Authorities to form Domestic abuse local partnership boards. This work has also included joint public facing campaigns to sign post individuals and families to support and to participate in the 16 Days of Activism in November 2021.

#### **4.2 Transition from Deprivation of Liberty Safeguards (DOLS) to Liberty Protection Safeguards (LPS)**

The Health and Care Bill published 6 July 2021, made clear that, even before coming into force, the Government anticipates that the LPS will have to be amended to reflect the proposed abolition of Clinical Commissioning Groups (CCGs) in England and their replacement with Integrated Care Boards. The proposed amendment makes clear that the concept of NHS continuing healthcare will remain a reality. Responsibility will therefore continue to lie with the NHS (through Integrated Care Boards rather than CCGs) for arrangements giving rise to a deprivation of liberty, which are carried out mainly through the provision of NHS continuing healthcare in England. A current Local Implementation Group with CCG, Local Authority, Newcastle Hospitals and neighbouring Trust colleagues is analysing the impact, risks and management of this transition.

## **5. LEARNING DISABILITY UPDATE Q1 2021/2022**

The workload for the Learning Disability Liaison Team continues to increase with a rise in referrals. There has been an increase of 18% from Q4 2020/21 to the end of this current period. In comparison to the end of Q1 2020/21, facilitation has increased by 83%. Many patients have complex and complicated circumstances, many of which have been compounded by Covid-19. There are significant challenges to ensure all patient requirements are met whilst ensuring ongoing audit of practice to provide assurance and inform continued practice development.

The Liaison team are working closely with medical colleagues to ensure the secondary Learning Disabilities Mortality Reviews (LeDeR) are timely, and the opportunity to share learning is demonstrated across the organisation. In response to the needs of individuals with a learning disability, the team are working on the launch of a “Learning Disability Forum” with six forums annually to support learning from LeDeR and from the experiences of individuals and families. This is an exciting development, and the forums will exist alongside the Learning Disability Champions Network.

Nationally, the LeDeR programme will move to include not only those with a learning disability but also those with autism. It is anticipated that this move will require further support to ensure that the Trust meets this requirement, and work is in progress to understand the impact.

As previously reported to Board, the Trust is working towards the Learning Disability Diamond Standards. These have been developed by the North-East and Cumbria Learning Disabilities Network to support NHS Trusts to deliver high quality, reasonably adjusted care to people with a learning disability. There has been a delay in launching the standards and the implementation plan has been revised with a planned launch of standards across the Trust in November 2021.

The Learning Disability Steering Group continue to focus on providing priorities for supporting care for patients with known Learning Disabilities when they access Trust services.

## **6. NURSING AND MIDWIFERY STAFFING**

The continued challenges from the pandemic and increased emergency activity continue to impact on safer staffing and there have been several actions implemented to mitigate risk.

The key factors which impact on the current position are multi-factorial with a noted increase in sickness absence levels and maternity leave (which now must be taken earlier) alongside awaiting new registrants to start in post in September and October. The Board of Directors have previously been informed of additional measures implemented in line with our safer staffing escalation framework. These measures, which include daily oversight and assessment of the staffing position, reported into silver and gold command continue.

There are number of updates to highlight:

- Normal pre-pandemic Registered Nurse (RN) sickness absence levels fluctuated between 4.00% to 4.50%. At the time of writing, the sickness absence level is 6.50% (Covid and non-Covid) and has remained above 6.00% for a sustained period, peaking at over 9.00%. This is currently 7.57% for Healthcare Support Workers (HCSW). This impacts on the total staff available to support direct care and the Executive Chief Nurse Team have worked closely with medical and operational colleagues to review the situation daily to ensure workforce availability matches patient need.
- Bed capacity has been reviewed regularly to balance operational pressures with safer staffing levels. Where concerns have been highlighted by ward and departments, red flags and incident reporting has been encouraged. All red flags are picked up daily by the senior nursing team and staffing related incidents are reviewed daily and monthly to identify trends. An increase in reporting has been noted.
- 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.
- In addition to the Covid -19 pandemic, Public Health England modelling has led to alerts regarding a potential surge in Respiratory Syncytial Virus (RSV) in Children this autumn and winter. NHSE/I staffing guidance has been released to support Trusts in preparing for and assuring escalation plans. Work is already underway in the Trust to prepare for any RSV surge, and this is aligned to the newly released national guidance.

Whilst acknowledging a number of measures are in place to support effective safer staffing decision making, it is important to note that the current pressure continues to have a significant impact on our staff.

The Nurse Staffing and Clinical Outcomes Operational Group continues to meet monthly, reviewing all wards where there is a staffing or clinical outcome concern based on a risk adjusted dashboard and professional judgement. In addition, any ward which has altered from their primary function for either Covid-19 or winter pressures is also reviewed with the Wards being classified as requiring low level, medium level or high-level support. Any ward requiring medium support for two consecutive months or any ward requiring high-level support will be highlighted to the Trust Board in this report along with relevant action plans to mitigate risk.

- In the last quarter no wards have required high-level support or medium level support for two consecutive months thus, there are no action plans highlighted.
- Below is an overview of the number of wards reviewed and level of escalation for the last quarter.
- In June a new approach was taken with Internal Medicine as several wards had flagged as requiring Low Level support in the preceding months. This approach includes increasing ward leadership capability.

Month	No. of Wards Reviewed	Directorate	Low Level Support	Medium Level Support	High Level Support	No support required
June	15	x3 Internal Medicine x2 Children's Services x2 Cardiothoracic x1 EPOD x2 Surgical Services x3 Musculoskeletal Services x1 Renal Services x1 Peri-OP &Critical Care	10	3	0	8
July	13	x3 Cancer Services x4 Cardio thoracic x1 Children's Services x5 Internal Medicine	2	0	0	11
August	17	x2 Surgical Services x2 Musculoskeletal Services x4 Internal Medicine x1 Children's Services x3 Cancer Services x2 EPOD x1 Neonates x1 Cardiothoracic x1 Critical Care	11	0	0	8

- It is noted that whilst there is no escalation of Wards to medium or high-level support, the number requiring low-level support has increased and is evident across the Trust. This is expected with the continued challenges as noted above.
- Evaluation of Nurse Staffing and Clinical Outcomes demonstrates recurrent themes from the reviews. These include an impact on safe staffing levels from fluctuating sickness levels and workforce availability due absence and vacancies. However, there has also been a notable increase in patient acuity and dependency, in all service areas. These themes continue to be closely monitored via normal assurance mechanisms with mitigation actioned where appropriate.
- The birth rate plus acuity tool used within Maternity Services has reported that whilst there have been staffing challenges, there has only been one occasion the department has recorded a red flag for being unable to provide 1:1 care in labour and one occasion where the Delivery suite co-ordinator has not been supernumerary to the staffing numbers. On both occasions this was escalated to the senior team and mitigated within the service.
- Whilst this group provides oversight and high-level monitoring and assurance, there is a robust leadership and management framework led by the matron team who manage the wards staffing ensuring safety every day.

**6.1 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 %
June 2021	89.12	87.58	90.87	104.25	90.85

July 2021	84.97	88.24	86.27	101.82	87.58
August 2021	85.24	87.73	86.67	103.93	87.97

- It should be noted that the total fill rate has fallen below 90% consecutively for the last two months. This is due to workforce availability related to sickness and Covid-19 related absences
- The Healthcare Assistant (HCA) fill rate on day shifts is lower than last year (average 100%). The reason for this is predominantly due to the aspirant nurses who formed part of the workforce for the same period last year. However, all cause of absence remains high in this staff group.

## 6.2 Recruitment and International Recruitment

- The Senior Nursing Team are working closely with HR and Directorate colleagues to carefully map when new staff will start in post. There are 230 whole-time equivalent (wte) Band 5 RN/Operating Department Practitioners who will be deployed between September and November 2021.
- In addition, 22 International Recruits from India are undertaking their Observed Structured Clinical Examinations (OSCE) to register with the Nursing and Midwifery Council (NMC) in September and an additional 4 in October. They will be included in the RN workforce in the coming weeks.
- There are a further 24 International Recruits from the Philippines due to be deployed in early October with an OSEC date in December, and a further 24 International Recruits due to be deployed in December with OSCE in February/March time. All are separate from the deployment figures noted above.
- Work is underway to model and predict future International Recruitment requirements and will be progressed rapidly in line with recovery plans.
- Following the last Band 5 generic interviews in September there remained 45wte outstanding to recruit. This represents a recruitment vacancy rate of 1.6% once all staff are deployed.
- HCSW substantive and bank recruitment continues with an aim of recruiting between 75-100 new starters and increasing bank numbers in the next four months to mitigate increased acuity and prepare for winter.
- The National HCSW programme which launched last year aimed to achieve an operational zero vacancy rate at the end of March 2021 with the programme continuing into 2022. Work streams agreed as part of the programme include, quality in workforce reporting, benchmarking of centralised HCSW recruitment, improving the apprenticeship offer and attracting staff new to care. The Trust is required to provide evidence of commitment to targets via the Provider Workforce Report monthly and a HCSW steering group takes place on a monthly basis to review and monitor performance. The next phase of the programme will focus on the sustained retention, career development and pastoral support of HCSW across the organisation; this includes the provision of a career conversation for all HCSWs.
- Maternity Services have recruited 19.67wte Midwives. This is a combination of existing vacancies and investment money from Ockenden funding. We anticipate that all recruited staff will be in post by the end of October 2021.

## **7. WINTER INFLUENZA VACCINATION (FLU) AND COVID-19 BOOSTER CAMPAIGN 2021 - 2022**

The Joint Committee on Vaccination and Immunisation (JCVI) advises that any potential Covid-19 booster programme should begin in September 2021, to maximise protection in those who are most vulnerable to serious Covid-19 infection ahead of the winter months. Recent government announcements have confirmed the eligible cohorts for this programme which includes health and social care workers. Winter influenza vaccines are also to be delivered in the autumn in line with the normal yearly vaccination programme.

Last year the uptake for the winter flu vaccine was 78% (this excludes staff who had their vaccination elsewhere) and the Covid Vaccine uptake was 90% first dose and 83% second dose. The formal letter of expectation from Public Health England (PHE) identifies a flu vaccine uptake ambition of 100% of staff being offered the vaccine with 85% uptake. The Trust has not yet received similar expectations regarding the Covid-19 booster.

The Trust has re-established the Vaccine Steering Group to lead on the delivery of this work and oversee the delivery of both programmes. This group has been meeting weekly since July and manages all aspects of the programmes including estates, vaccine supply, workforce and education, infection prevention and control and oversees compliance with national standards. It is led by ECN but responsibility for delivery rests with the leaders and managers across the Trust.

The Covid-19 booster will be delivered in clinics Monday to Wednesday from Ward 12, Freeman Hospital and Thursday and Friday from the Child Development Centre, Royal Victoria Infirmary. This programme is due to commence in late September, starting with clinically extremely vulnerable groups as identified at the start of the Covid-19 vaccination programme. "BookWhen", will be used which used a self-select booking system which allows staff to select as well as rearrange their own appointments. This system was successfully used for the 2020 seasonal flu campaign and antibody testing appointments and staff are familiar with the system. A manager can also access the system to support staff who may have difficulties in making appointments.

The Winter Flu vaccine will launch in early October 2021 (pending confirmation of vaccine supply) with two weeks of Peer Vaccinators delivering vaccines in their directorates. This approach has been adopted previously with great success and has the support of the Directorate Managers and Matrons.

As in previous years, it is envisaged that the uptake of both vaccines will be monitored daily and reported weekly to Directorates via Trust meetings. This will be high level data broken down to Directorate level. This information can be available to the Executive Team and Trust Board as required. There is a requirement to report flu vaccination numbers weekly to PHE and monthly to NHSEI via a database (immform) as was the case for previous years. It is assumed that Covid reporting requirements will remain as was during the initial programme which was a monthly upload to immform.

## Agenda item A5(ii)

As the main vaccination programme draws to a close the “vaccinated elsewhere app” will be utilised to survey staff who have not received the vaccine according to our records. This will be a separate app for each vaccine as uptake may differ. This will collate staff vaccination information for those vaccinated outside of the Trust or will gain intelligence as to why an individual decided not to get vaccinated. Proposed time implementation is early December 2021.

The Steering Group will monitor uptake of both vaccines across the organisation and if areas of low uptake are noted, the team will work closely with managers and staff to identify barriers and facilitate uptake

The Department of Health and Social Care (DHSC), together with PHE outlined their expectation to Trusts regarding Flu uptake in July 2021. This includes a ‘self-assessment checklist’ completed and published in Board papers at the start of the flu season. This completed checklist is in the Board Reference Pack (BRP).

## **8. RECOMMENDATIONS**

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

**Report of Maurya Cushlow  
Executive Chief Nurse**

30 September 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 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 10 Safety Actions within The Maternity Incentive Scheme (CNST).</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) has invested an additional £95.9m in 2021/22 to support the system to address all 7 immediate and essential actions consistently. This paper will discuss this investment and the impact for Newcastle Hospitals.</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"> <li>i) Receive and discuss the report;</li> <li>ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the minimum evidence requirements (NHSE/I);</li> <li>iii) Recognise that further detailed work is required to ensure full compliance;</li> <li>iv) Note the associated risks involved; and</li> <li>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.</li> </ul>		
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 29 July 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 (IEA), together with a number of urgent clinical priorities (UCP) 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.

As discussed with the Board of Directors in July 2021, NHSE/I has invested 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. The Trust has been successful in being awarded a revised sum of £798,836.

Work continues by the Trust on the progression of the recommendations of the Ockenden Review and the further work required to identify how the established gaps can be resolved.

Strategic implications for the Trust as a Tertiary centre remain unclear at present; however, the Trust is working with the Local Maternity System (LMS) and other NHS providers within the region to establish and consider if the wider implications of meeting with the Ockenden requirements will have an impact on our services.

### 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 against the minimum evidence requirements (NHSE/I).
- 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 Hospitals' 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.

## OCKENDEN REPORT UPDATE

### **1. INTRODUCTION**

The purpose of this report is to provide the Board of Directors with background and 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 the recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust. 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.

Board members will recall that 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). As shared through the update to the Trust Board in July 2021, Trusts have been asked to submit detailed minimum evidence requirements against 49 elements identified from the Ockenden recommendations, and a further update is provided within this paper.

To reduce variation in experience and outcomes for women and their families across England, NHSE/I has invested an additional £95.9m to support the system and address all 7 Immediate and Essential Actions consistently, and to bring sustained improvements in maternity services. As discussed with the Trust Board in July 2021, Newcastle Hospitals was awarded an initial sum of £814,813 against a bid of £1.7m and this, together with the revision and additional investment, 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 Immediate and Essential Actions (IEA) in the Ockenden Report, and provided assurance of effective implementation to Board, the Local Maternity System (LMS) and NHSE/I regional teams.

Since that time and as previously reported to the Board of Directors, the requirements in terms of the minimum evidence to support compliance have changed considerably. Each of the 7 IEAs in the report have been cross referenced with the 12 UCPs and linked to the 10 Safety Actions within the Maternity Incentive Scheme, resulting in a total of 49 standards to

be addressed by providers of maternity services.

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, and this work is in progress.

A significant volume of evidence has been requested by NHSE/I in support of the 49 standards with detailed descriptors of the minimum evidence required in order to demonstrate compliance. Newcastle Hospitals submitted all available minimum evidence by the stipulated deadline of 30<sup>th</sup> June 2021. The Trust are informed that submissions have been analysed and the regional Chief Midwifery team are in the process of preparing reports which are awaited by the Trust.

As reported to the Trust Board previously, in view of the increasing and evolving position with regard to the requirements, a newly revised gap analysis has been undertaken, together with a revision to the high-level action plan. Work has continued to progress and Table 1 below illustrates revised compliance.

Immediate Essential Action		Brief Descriptor	Compliance
Section 1		IEA 1-7	
<b>IEA 1: Enhanced Safety</b>	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.	Compliant
	Q5	Submitting required data to the Maternity Services Dataset.	Compliant
	Q6	Qualifying cases reported to 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
<b>IEA 2: Listening to Women and Families</b>	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.	Compliant
	Q12	National Perinatal Mortality Review Tool (PMRT) in use to required Ockenden standard (compliant with CNST).	Compliant
	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
<b>IEA 3: Staff Training &amp; Working Together</b>	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
	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
<b>IEA 4: Managing Complex Pregnancy</b>	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
<b>IEA 5: Risk Assessment Throughout Pregnancy</b>	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
<b>IEA 6: Monitoring Fetal Wellbeing</b>	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)	Compliant
	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
<b>IEA 7: Informed Consent</b>	Q39	Ensure women have access to accurate information, enabling informed choice for place and mode of birth.	Compliant
	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
<b>Section 2</b>			
<b>Workforce Planning</b>	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
<b>Midwifery Leadership</b>	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
<b>NICE Maternity Guidance</b>	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

<b>Total Number of Questions</b>	49	100%
Non-applicable (Q9 and 10)	2	n/a
Compliant	30	63%
Partial Compliance	17	37%

Table 1 illustrates Newcastle Hospitals' revised position against the minimum evidence required. Of the 49 elements, full compliance is achieved against 30 equating to 63%. The remaining 17, (2 are non-applicable), 37%, demonstrate partial compliance.

Contained within the partially compliant category, 8 (47%) 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 were discussed at the LMS Board meeting in July 2021. It is of benefit to note that the three regional Local Maternity Systems have amalgamated to form one new system with the first Board meeting scheduled for September 2021.

The detailed action plan which 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 has been updated since the July 2021 report to reflect current position. This is 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 we understand, 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;** Now fully compliant.

**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. Compliance against CNST was met and declared with Board sign off and submission in July 2021; the Trust awaits confirmation that all 10 safety actions have been achieved.

As discussed in a previous paper to the Trust Board, an additional dimension which impacts on this element is the challenge that the COVID-19 pandemic has brought, and this is considered within the Directorate's planning. A task and finish group has been created to ensure sustained focus on all aspects of training compliance. To enable clear oversight, the reporting and monitoring of training data will be presented at each Obstetric Governance Group.

**IEA 4;** The one remaining element in this IEA which is partially compliant relates to each woman with a complex pregnancy having a named consultant. As reported to the Trust Board in a previous paper, although each woman who requires 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 currently in the process of implementing BadgerNet, a maternity specific electronic patient record, and it is anticipated that this system will be fully functioning 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 are more robust. Paper based systems are not as accurate in providing the required level of quality assurance and this carries a moderate level of risk. The introduction of an electronic patient record will support the service to achieve full compliance with this element; in the meantime, in mitigation of the identified risk, work continues to ensure that the current paper-based system is as robust as possible. A multi-disciplinary task and finish group has been created to enable greater focus on ensuring increased levels of quality and compliance with the paper-based assessment whilst we await the transfer to electronic patient records. Further monitoring will be undertaken and reported through the Obstetric Governance Group to provide assurance that the enhanced processes are effective.

**IEA 6;** Obstetric and Midwifery fetal monitoring leads have now been appointed; work continues to ensure that these new roles are firmly embedded to meet with the essence of what is required. This work aligns to evolving 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 is an additional area whereby electronic patient records will further support and enable the service to achieve greater quality and increased 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. As previously discussed with the Trust Board, Newcastle Hospitals submitted a bid on 6 May 2021 to NHSE/I for a total of £1,792,123.

Of note is that the initial award full-year-effect (FYE) has been amended by NHSE/I from £814,813 to £798,836 following discussions between their workforce team and the Women's Services Directorate Finance Manager (DFM), as there was a discrepancy between the described national funding mechanism and the original calculation, the part-year-effect PYE (2021/22 allocation, £505,490) remains unchanged.

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 equivalents (WTE). This amount was included in the Trust's bid for funding. The investment received provides funding for 12.10 WTE Midwives, plus an allowance per Midwife for multi-disciplinary core competency training.

The directorate is in the process of actively recruiting to these additional posts and considering the shortfall. As reported through the Trust Board safe staffing paper, despite the shortfall in registered Midwives, the Maternity Services remain safe and any risk is mitigated by the increased numbers of non-registered staff within the established budget, together with careful operational planning in the redeployment of staff within the Service.

The wider transformation work being undertaken to deliver the national policy as detailed in the 2021/22 Operational Planning Guidance (NHSE 2021), aligned to Better Births (2016) and Continuity of Carer, will include a wider workforce review to identify any additional or further efficiencies which can be made within the service through skill mix review.

#### **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 all appointed candidates will be in post in September 2021.

#### **4.3 Neonatal Nursing Workforce**

The Dinning Tool is a workforce tool recommended by the British Association of Perinatal Medicine (BAPM). As discussed in a previous paper to the Trust Board, an additional nineteen nurses are to commence in post in September 2021 to fill both vacancies and to support the opening of the already funded 6 additional cots, and it is at this point a further Dinning review will be made to ensure that the service meets with the national recommendation.

#### **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. The 21/22 job plan review is complete and from September 2021 the Department will have recruited to all Obstetric Consultant vacancies.

Approval of a business case to move from 7 to 10 elective caesarean section lists per week has been made and this has now been incorporated within job plans along with the dedicated Consultant cover for the Maternity Assessment Unit (MAU) on weekday afternoons.

The presence of a consultant from 08:00 to 18:00 along with the MAU cover 13:00-17:00 will create a more flexible senior presence alongside the delivery suite consultant which will have many benefits for the Service, particularly in strengthening quality, safety, and the patient experience.

## **5. MATERNITY SAFETY LEADERSHIP**

As part of the Ockenden assurance framework, NHS England have also asked all providers of Maternity services to complete a gap analysis, and to create a plan which meets with the recommendations set out by The Royal College of Midwives (RCM) in their publication *Strengthening Midwifery Leadership; a manifesto for better care (2019)*.

This work is nearing completion and is currently being considered by the Executive Team with a future update planned for Quality Committee.

## **6. 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**

<b>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<sup>st</sup> September 2021</b>			
<b>Immediate and Essential action (IEA)</b>	<b>Action required to meet recommendation</b>	<b>Lead/s</b>	<b>Completion Date</b>
<b>IEA 1 Enhanced Safety</b>	<p>The majority of partially compliant actions require regional input and we await confirmation from the LMS of agreed mechanisms.</p> <p>Further information has been received which indicates a clear plan with be forthcoming with the advent of the newly formed LMS in September 2021.</p>	<p>LMS Leads Associate Director of Midwifery Head of Obstetrics Clinical &amp; Quality Effectiveness Midwife</p>	September 2021
	<p>Increased level of reporting of SIs to the Trust Board; a meeting has been arranged with the Trust Clinical Governance and Risk Department (CGARD) to review our current process.</p> <p>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.</p>	<p>Head of Patient Safety Associate Director of Midwifery Head of Obstetrics Clinical &amp; Quality Effectiveness Midwife</p>	November 2021
<b>IEA 3 Staff training and working together</b>	<p>Required to ensure 90% of all specialties take part in multi-disciplinary training. This has been challenging as reported in the Trust Board and Quality Committee reports; a mechanism is in place for regular monitoring and reporting. A task and finish group has been established to ensure a more focussed strategy going forward.</p>	<p>Consultant Obstetrician (Training Lead) Practice Support Team Clinical Director Directorate Manager</p>	Target date as per Year 4 CNST
<b>IEA 4 &amp; 5 Named Consultant and Risk assessment throughout pregnancy</b>	<p>Continue to embed named consultant and continuous risk assessment through training, audit and plan-do-study-act (PDSA). A task and finish group has been established.</p> <p>Continue the work to progress implementation of BadgerNet as the agreed electronic paper record. Recruitment underway for a Digital Health Specialist Midwife.</p>	<p>Head of Obstetrics Midwifery Matrons Clinical Quality and Effectiveness Midwife Clinical Director Directorate Manager</p>	<p>Enhanced quality paper-based system September 2021</p> <p>EPR 12 months to implementation</p>

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

## **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 a key item for discussion with the newly merged LMS 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, a newly created task and finish group has been established to enable increased focus and enhanced quality with regard to the assessment of risks. Regular audits have been implemented to enable monitoring and evaluation 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 may impede further. A more focussed approach has been taken and training schedules are in place with regular monitoring and reporting mechanisms which will enable early identification of key issues with revised planning.

As discussed, with the Trust Board in July 2021, 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. That said, workforce safeguards to manage and mitigate risk as described in the safe staffing paper presented to the Trust Board, continue to ensure we respond dynamically to the changing care needs of women on a daily basis.

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. The Directorate is currently assessing this impact which will be shared in due course

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.

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:

- v) Receive and discuss the report.
- vi) Note the current level of assurance and the identified gaps in assurance as benchmarked against the minimum evidence requirements (NHSE/I).
- vii) Recognise that further work is required to ensure full compliance.
- viii) Note the National investment opportunity aligned to the maternity workforce and training and Newcastle Hospitals' 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 Hospitals as the leading Tertiary centre for the North East.

**Report of Maurya Cushlow**  
**Executive Chief Nurse**  
**30 September 2021**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 2021						
Title	Newcastle Improvement Update						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Iain Bestford, Project Director – Newcastle Improvement						
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 slides provide a summary of Newcastle Improvement activity.</p> <p>Slide 1 shows the influencing factors and dependencies for the delivery element of Newcastle Improvement programme.</p> <p>Slide 2 highlights the 69 Directorate and 17 Institute for Healthcare Improvement (IHI) improvement team ideas being supported by Newcastle Improvement specialists and gives a high-level summary on the development of the partnership with IHI.</p> <p>Slides 3-6 provide examples of actual results achieved by some of the strategic and Directorate improvement initiatives that have been supported and implemented.</p> <p>Slides 7-8 provide information in respect of our activities in the development of capability and capacity, both in conjunction with IHI and separately within the Newcastle Improvement team.</p> <p>Slide 9 highlights how we are building a community of people from across the Trust who have an interest in improving services for patients and staff.</p>						
Recommendation	The Board is asked to note the activities being undertaken and the positive outcomes associated with implementation of improvement initiatives.						
Links to Strategic Objectives	Patients – Learning from continuous improvement is embedded across the organisation.						
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 checked="" type="checkbox"/>
Impact detail	Activities support the development of improvement capability and capacity. Some improvement initiatives have evidenced outcome improvements for patient quality, environmental sustainability and financial improvement.						
Reports previously considered by	This is a new report updating on the work of Newcastle Improvement. It is anticipated that regular and frequent updates will be provided as the improvement activities within the Trust gain momentum and the strategic partnership with Institute for Healthcare Improvement matures.						

## NEWCASTLE IMPROVEMENT UPDATE

### EXECUTIVE SUMMARY

Newcastle Improvement (NI) was formed in October 2020 following the merger of the Trust's Transformation & Financial Improvement Team, Service Improvement & Transformation Team and Quality Improvement Team. The successor-team has sought to work across three domains (Improvement Delivery, Building Capability & Capacity, and Research & Evaluation).

The accompanying slides highlight some of the principal developments in the past year and provide examples as to how the work of NI has supported improvements in the quality of patient care, the contribution to financial efficiency and support of environmentally sustainable initiatives.

Priorities for NI are influenced by internal (e.g. breakthrough objectives and recovery programme) and external drivers (e.g. benchmarking and national programmes) and that the work of Newcastle Improvement is intrinsically linked to Flourish and underpinned by the Trust's Finance, Estates, Digital and People strategies (*Slide 1*).

NI are currently supporting 69 Directorate improvement initiatives and 17 teams are undertaking formal training with the Institute for Healthcare Improvement (IHI). The progress of each improvement idea is reviewed against the IHI assessment scale (*Slide 2*).

Highlights from ongoing strategic programme work include 495,000 outpatient appointments conducted via video or telephone since the beginning of the Covid-19 pandemic, resulting in nearly 3.2 million miles not travelled, 330,000 hours of patient travelling time saved and an estimated saving of 600,000 kg CO<sub>2</sub>e. (*Slides 3-4*).

Directorate initiatives are evidencing financial savings and activity increases as well as delivering on quality of life and patient experience ambitions (*Slides 5-6*).

The formal training programmes supported by the IHI have commenced with 40 coaches and 83 improvement enthusiasts from 17 teams having attended on-line workshops aimed at developing skills and confidence in leading and delivering improvement projects (*Slide 7*).

Monthly on-line learning and sharing events now have 254 registered participants and continue to provide a popular forum for people to share successes, discuss challenges and provide advice, support and inspiration to others (*Slide 9*).

The Trust Board is asked to note the information presented and comment accordingly.

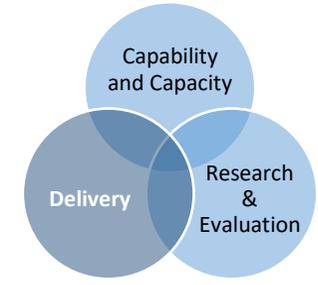
**Report of Maurya Cushlow**

**Executive Chief Nurse**

14 September 2021

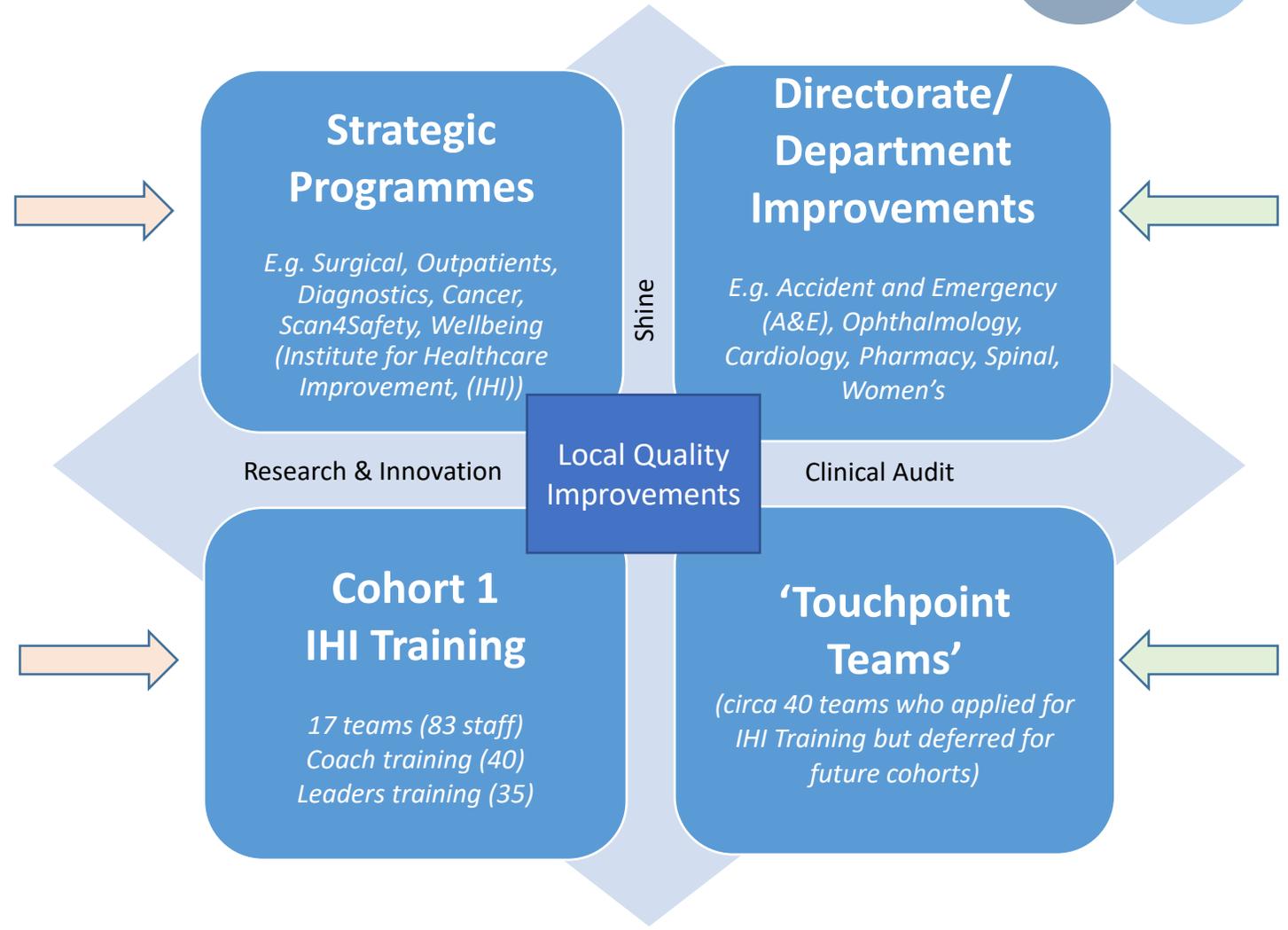
# Delivery of Improvement

Translating the 'improvement capability' into real (measurable) tangible improvements for patients, staff and the wider population. To 'make a difference' to the lives of patients and staff.



## Internal Priorities

- Breakthrough Objectives 2021-22
- Collaborative Newcastle
- Recovery through Improvement
- Quality Priorities 2021-22

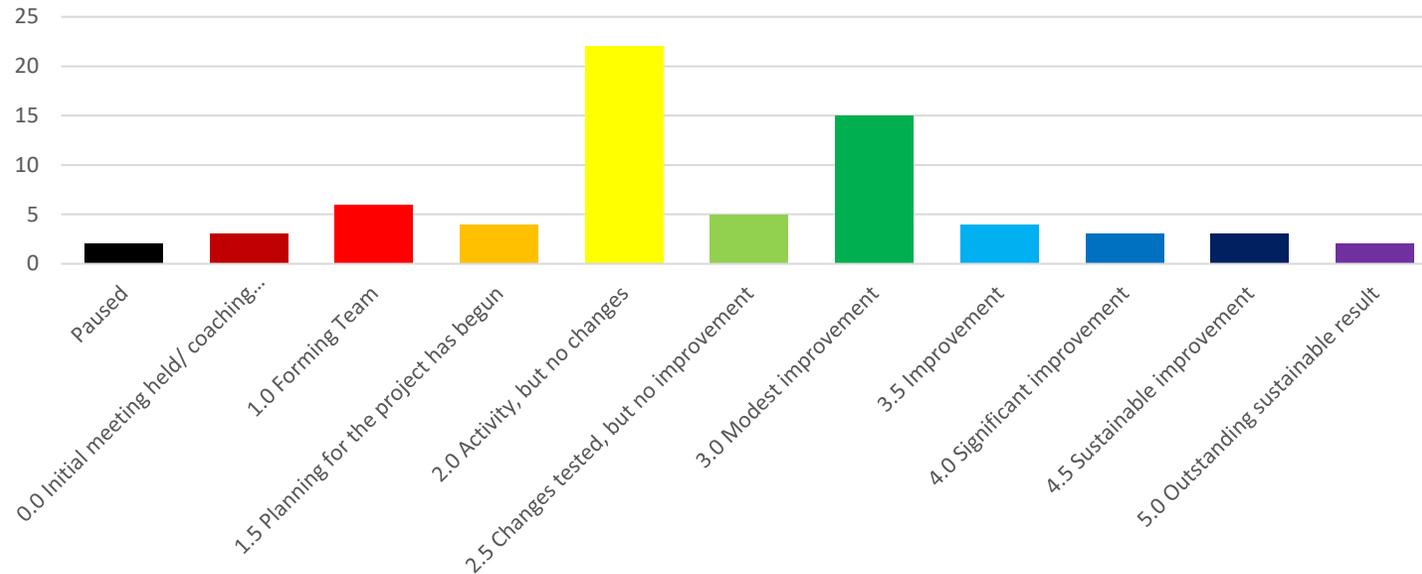


## Externally Directed

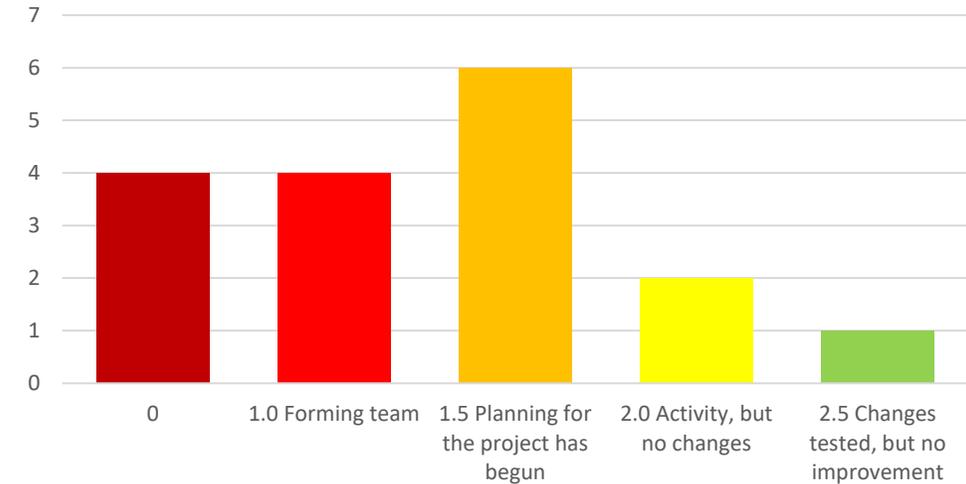
- National Benchmarking
- National Pathway Improvement Programme
- ICS/ICP e.g. COOs, Orthopaedics, Ophthalmology
- National Programmes e.g. Outpatients, GIRFT

# Newcastle Improvement Programme Highlights

Directorate / Department Improvements  
Assessment Scale



IHI Improvement Programme for Teams  
Assessment Scale



17 teams recruited to IHI cohort 1 training with self-assessment of progress made to date

69 Directorate / Department Improvements are being supported by Improvement Specialists from within Newcastle Improvement, with varying degrees of interaction (Advice & Guidance, Coaching, Facilitation, Leadership & Project Management)



Partnership continues to develop  
Strategic guidance calls commenced  
2<sup>nd</sup> senior leadership workshop planned for 21<sup>st</sup> October 2021

Improvement Coach Programme and Improvement Programme for Teams have commenced

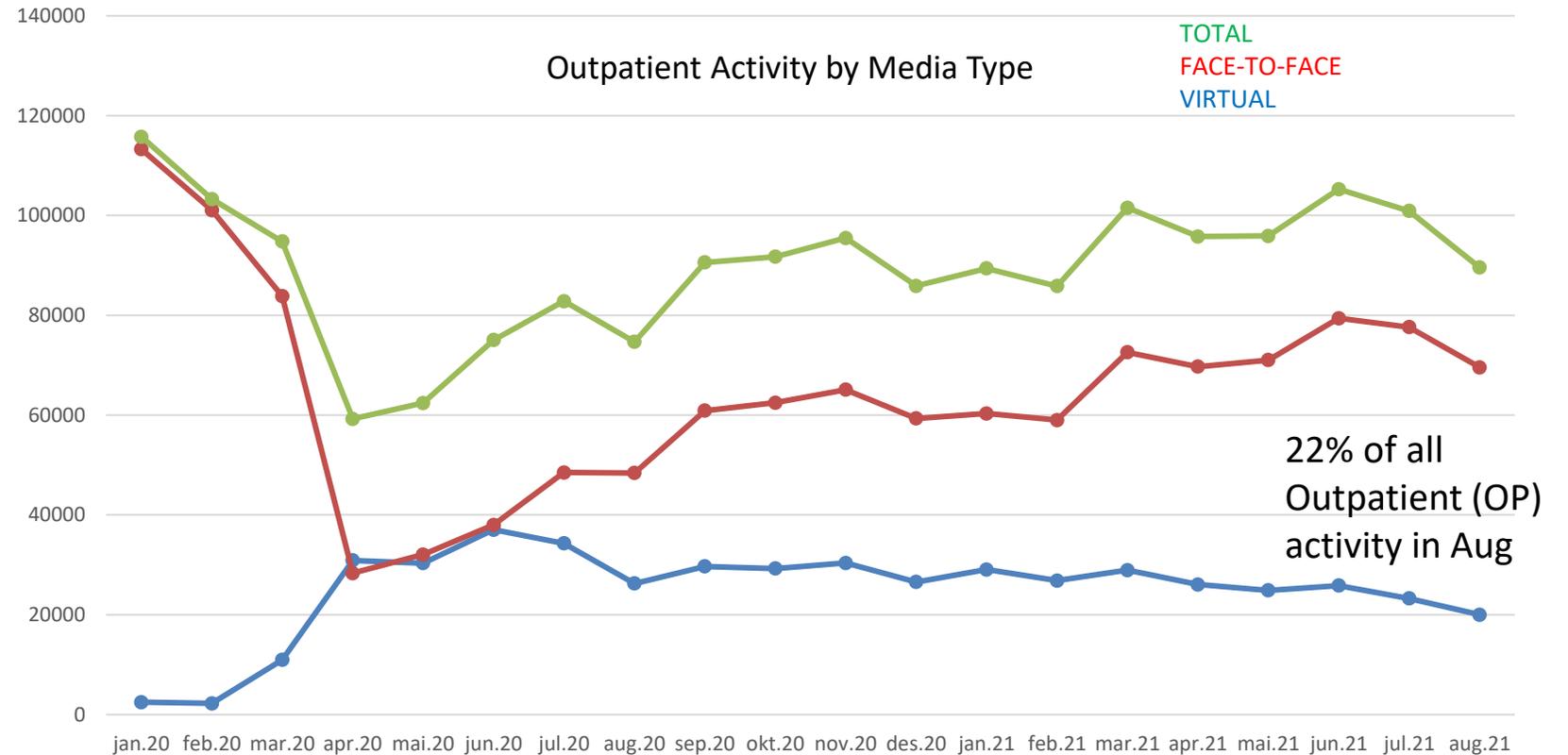
# Strategic Programme - Virtual consultations

We will use technology to avoid the need for you to come to hospital wherever we can



495k virtual consultations  
Since Jan 2020

94% of 1,443 patients rated the video consultation platform service as good or very good



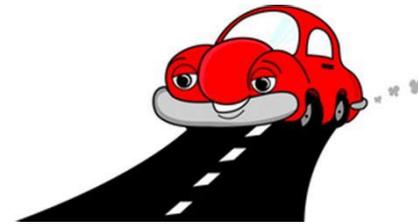
# Strategic Programme - Virtual consultations

We will use technology to avoid the need for you to come to hospital wherever we can



Over 13,000 hours of patient travelling time saved in August

330,000 hours saved since January 2020



At least 125,000 patient miles saved in August

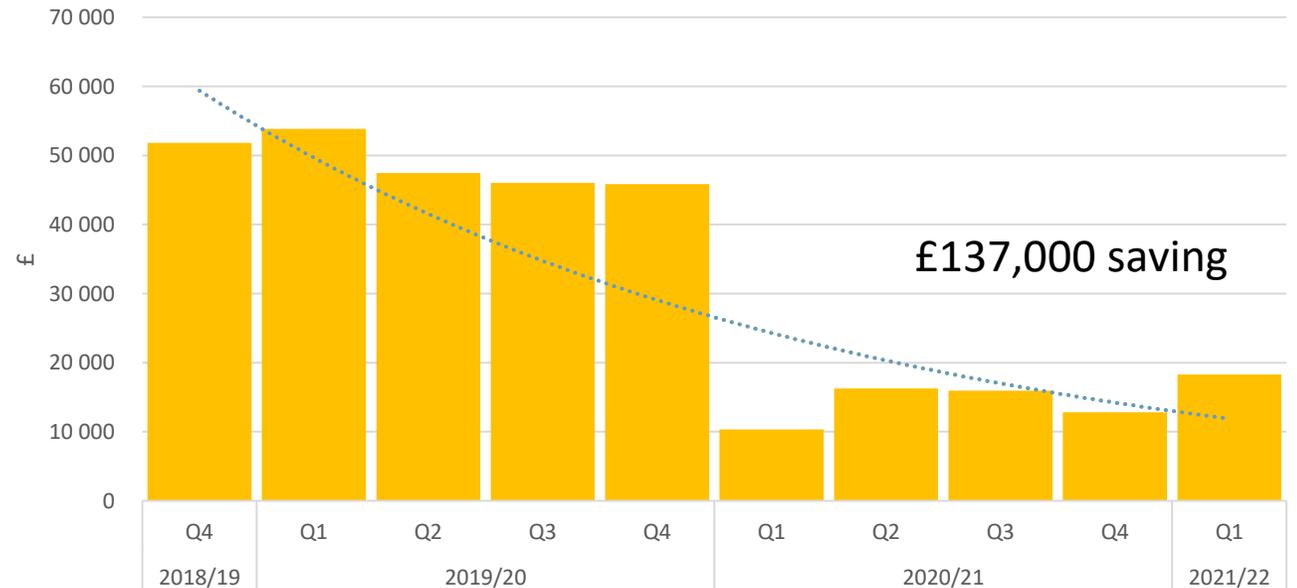
Nearly 3.2 million miles saved since January 2020



More than 23,500kg CO<sub>2</sub>e saved in August

Estimated minimum 600,000kg CO<sub>2</sub>e saved since January 2020

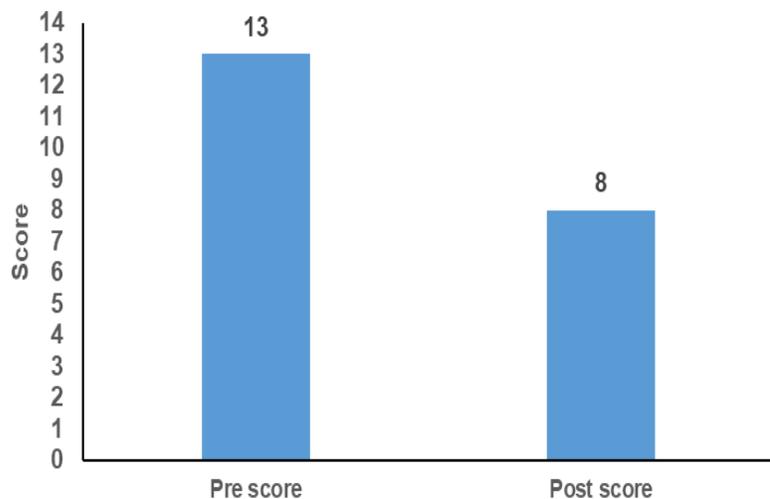
Patient Travelling Expense Claims



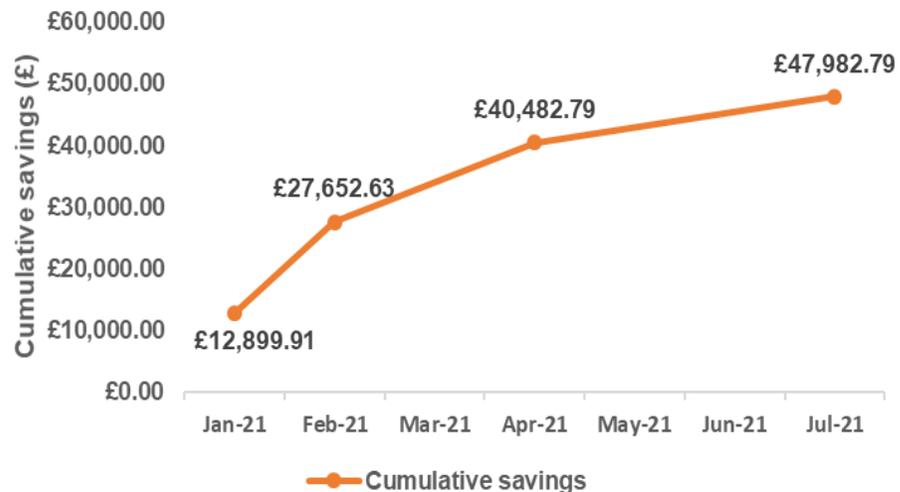
# Directorate / Department Improvements

- **Light incontinence project** has supported 213 patients with pelvic floor examination and effective bladder retraining.
- 99 patients discharged, 144 active cases.
- Quality of Life (QoL) score improvements (NB a lower score is better).
- £48k saving from reduced prescribing of pads.

Average QoL score

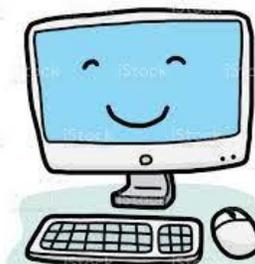


Positive savings outcome timeline



We will make every contact count which will help you live a longer, happier and healthier life

- **Information Technology (IT) requisition process efficiency project** removed c. 37 steps
- Estimated IT time saving of 1,850 hours  $\approx$  0.95 wte  $\approx$  £25k
- Time re-invested to review licences with potential saving of £180k



# Directorate / Department Improvements

- **Diabetes Specialist Midwifery** service were experiencing delays in responding to patients' concerns about their gestational diabetes.
- The service changed the process from patients telephoning with blood sugar results to the patient using an electronic Healthcall digital application.
- The electronic recording resulted in patient concerns being addressed in a more timely way, and the work of the team became more structured.
- Patients speaking to a midwife on the day of enquiry rose from a baseline of 2% to ~64%.
- Healthcall alerts processed by a midwife within 5 days of receipt, rose from a baseline of 23% to ~65%.

Women consistently reported less worry and anxiety because of the changes made

We will use technology to avoid the need for you to come to hospital wherever we can



- **Glaucoma hub** established in April 2021
- 846 patients seen so far
- Started seeing stable review patients
- **400 case reduction** in outpatient waiting list, all had been waiting > 18 weeks

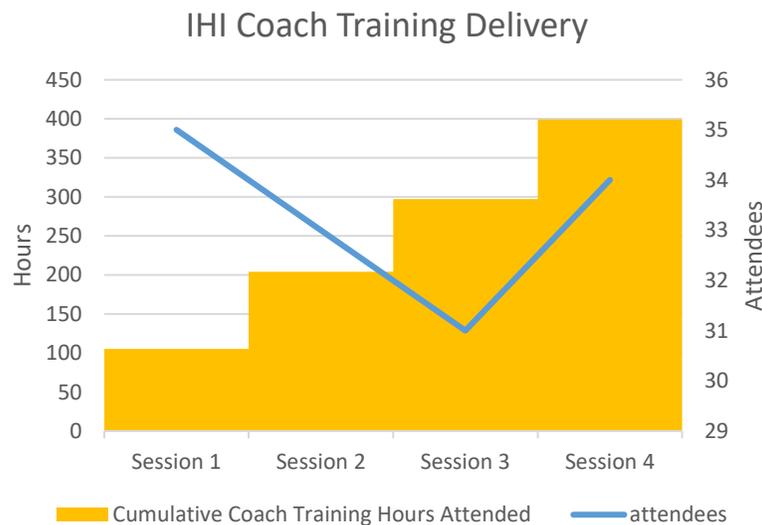
We will aim to do today's work today and avoid having waiting lists wherever we can

# Capability & Capacity – IHI Partnership



## Improvement Coach Programme

399 cumulative attended hours of Coach training received by, on average, 33 of 40 registered coaches



## Improvement Programme for Teams

17 teams, comprising 83 team members, have identified an improvement project, have participated in two ½ day virtual workshops and have been assigned an improvement coach

## Leading for Improvement Programme

Commences 5<sup>th</sup> October  
5 full-day workshops over a 6 month period

35 places available

Aim to enhance leadership for improvement capability through action learning

# Capability & Capacity – Newcastle Improvement Support

Bitesize sessions provide opportunities for teams and individuals not participating in the formal IHI programme, to learn handy tools, techniques and tips, to support with the delivery of improvement ideas.

Sessions last between 60 and 90 minutes and are delivered by Improvement Specialists from within Newcastle Improvement for up to 20 people

Bite-size Quality Improvement (QI) session	Date
1. Readiness for change	16/09/2021
2. Problem solving	23/09/2021
3. Model for Improvement	30/09/2021
4. Measurement and variation	07/10/2021
5. Sustaining improvement	14/10/2021

Since May 2021, 45 staff have attended the monthly enhanced induction where a short interactive introduction to the Newcastle Improvement approach and team is delivered

**NHS**  
The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## Newcastle Improvement

**Why is Quality Improvement important?**  
Improving quality is about making healthcare safe, effective, patient-centred and focusing on timely, efficient and equitable care.

Having a culture of continuous improvement ensures that high standards of care can be maintained and we are constantly seeking to improve. If we stood still and did nothing, technology and medical advances would overtake us and care standards would slip.

The demand for clinical services continuously grows as we try to meet the challenge of changing population demands. Evidence shows that Trusts that have embraced improvement methodology have better patient outcomes.

We want to maintain our outstanding performance. The CQC recognise the high quality care that our patients receive and our commitment to continuous quality improvement.

We want to support you with your improvement ideas so that together we can make change happen and make a difference to patients and staff.

**What do we do?**  
We are here to help you and your teams improve patient care, work in a better way, and build a sustainable future together.

The Newcastle Improvement team provides strategy support, planning and delivery of improvement. We train and coach the workforce to develop skills in order to facilitate change. There is also an element of research and evaluation to assess our improvement approach and how it can be shaped for the future.

Newcastle Improvement advocate the model for improvement as a methodology and set of tools for all staff to use when improving quality. We are working in partnership with the Institute for Healthcare Improvement (IHI) to broaden and strengthen our approach, which incorporates the IHI's Model for Improvement:

**Who we are?**  
At Newcastle Improvement, we specialise in quality improvement. Quality improvement is about making healthcare: safe, effective, patient-centred, timely, efficient and equitable. It is also about making things better for our staff.

Although Newcastle Improvement is a specialist quality improvement team, quality improvement is for everyone!

Our team has a diverse set of skills, experiences and backgrounds. We work to support the Trust's vision of better care, better day's work and better future.

**Newcastle Improvement Approach**

**Newcastle Improvement: what we do**

- Delivery**: Strategic support and delivery of improvement
- Capacity and Capability**: Training the workforce, coaching and facilitation
- Research and Evaluation**: Ongoing evaluation and monitoring of effectiveness

Contact us via email: [nuth.Newcastleimprovement@nhs.net](mailto:nuth.Newcastleimprovement@nhs.net)  
[Click here for further information](#)

**Flourish**  
at Newcastle Hospitals

New starters and those starting in a supervisory/management role are given opportunities to develop their improvement knowledge skills and approach.  
Quality Improvement is now prominent within the First-Day kit.

# Learning & Sharing Events



**254 registered participants**

IHI improvement teams to present

**Additional new lunchtime session**

6 sessions delivered

An integrated spinal unit

Corporate Cancer Services: Improving how we work

Acute coronary syndrome: a coaching story

Enhanced recovery after surgery in renal transplantation

Making the IT requisition process more efficient

Manual vacuum aspiration for management of miscarriage

Investigating patient feedback

Paediatric Rheumatology – day case to home case

Paediatrics – embedding QI in a Directorate

Hepatobiliary (HPB) – enhanced recovery pathway

Colorectal – enhanced recovery pathway

Labs – sustained improvement in test request data quality

I've really been appreciating the honesty and transparency of the people presenting... a really useful way to learn from colleagues

Superbly developed and run in the face of, not inconsiderable, challenges

So inspiring to hear about the achievements made. I'm really keen to learn more and participate in future sessions

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 2021						
Title	Health Inequalities						
Report of	Martin Wilson, Chief Operating Officer						
Prepared by	Martin Wilson, Chief Operating 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 checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	<p>This report set in the context of the ongoing COVID-19 pandemic provides assurance to the Board on work to address Health Inequalities.</p> <p>The Trust's five year strategy has tackling health inequalities as a priority: <i>"We aim to improve the health, wealth and wellbeing of our local population and reduce health inequalities through prevention, earlier diagnosis and by delivering outstanding care and treatment."</i></p> <p>This report summarises the work being undertaken under the leadership of the Trust Health Inequalities Group and through Collaborative Newcastle to tackle health inequalities within the Trust and the wider system.</p>						
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Assure that the Trust's plans for recognising and addressing health inequalities, both internally and with wider system partners are appropriate.</li> </ul>						
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>Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes.</p> <p>Performance - Being outstanding, now and in the future.</p>						
Impact	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	Improving patient care through reducing health inequalities impact on all areas of the Trust.						
Reports previously considered by	This is a new report specifically produced for the Board. The Chief Operating Officer will provide regular reports of this format on different topics going forward. The operational issues covered in this report are actively discussed in Executive Team and other managerial meetings.						

## HEALTH INEQUALITIES

### EXECUTIVE SUMMARY

The Trust is focussed on improving the health of local people through delivering high quality care and at the same time addressing longer term health inequalities.

A significant driver of the operational pressures on health and care services in Newcastle and the wider North East is that local people have amongst the poorest health and lowest healthy life expectancy in the UK. The Covid pandemic has shone a very important spotlight on health inequalities, including those linked to race and ethnicity.

The main drivers of health and health inequalities are social determinants including wealth, education, housing, employment and behaviours. Within healthcare there are three types of health inequalities; access to care, experience of care, and outcomes. Outstanding health care is necessary but not sufficient, for addressing health inequalities. Only by addressing the wider social determinants and inequalities will the health of the North East be improved.

The Trust's five year strategy has tackling health inequalities as a priority: *"We aim to improve the health, wealth and wellbeing of our local population and reduce health inequalities through prevention, earlier diagnosis and by delivering outstanding care and treatment"*.

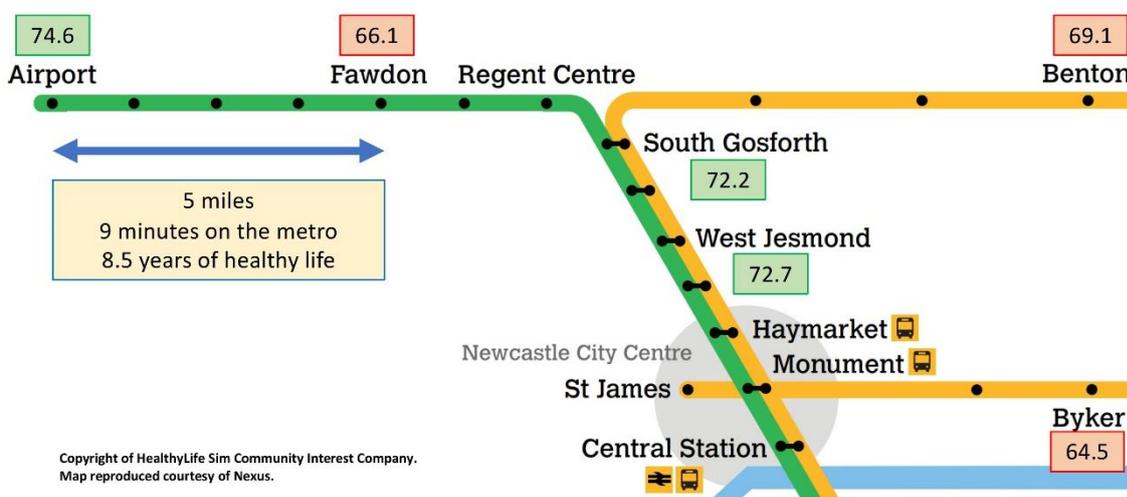
The Trust is delivering on this priority through both Collaborative Newcastle at 'place' level and internally through the appointment of a Health Inequalities Executive lead, the creation of a Health Inequalities Group with a clear work programme and targeted investments. This report updates the Board of Directors on this work.

## HEALTH INEQUALITIES

### 1. HEALTH INEQUALITIES

Despite having some of the most outstanding health and social care services in the country, people in Newcastle and the wider North East have amongst the poorest health and lowest healthy life expectancy in the United Kingdom (UK). Average total life expectancy in Newcastle is 1.7 years less than the England average and healthy life expectancy is 5.5 years less than the England average. Healthy life expectancy varies by over 10 years between different parts of the city.

Figure 1. Healthy life expectancy for males aged 55 within the City of Newcastle, as shown on the Metro map



Health inequalities are experienced differently by groups of people, grouped for example by their level of deprivation, or by sharing common protected characteristics such as gender, age, race and ethnicity, sexual orientation etc.

The main drivers of health and health inequalities are social determinants including wealth, education, housing, employment and behaviours. Access to healthcare contributes only about 20% of people’s health<sup>1</sup>. Outstanding health care is necessary, but not sufficient, for addressing health inequalities. Only by addressing the wider social determinants and inequalities will the health of the North East be improved.

Newcastle Hospitals is committed to tackling health inequalities in all their forms. The Trust’s five year strategy<sup>2</sup> has tackling health inequalities as a priority: *“We aim to improve the health, wealth and wellbeing of our local population and reduce health inequalities through prevention, earlier diagnosis and by delivering outstanding care and treatment”*.

<sup>1</sup> Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

<sup>2</sup> <https://www.newcastle-hospitals.nhs.uk/about/ambitions/our-strategy/>

## **2. FLOURISH – SUPPORTING WORKPLACE EQUALITY, DIVERSITY AND INCLUSION**

Health inequalities are different from, but linked to, inequalities experienced by different staff groups, where a focus on equality, diversity and inclusion is pivotal. An appendix to this paper provides an update on work to improve workplace equality, diversity and inclusion within the Trust. Progress on these important matters is overseen by Dee Fawcett, Director of Human Resources, and regularly assured by the People Committee of the Board.

## **3. COVID-19**

COVID-19 has shone a very important spotlight on health inequalities, with nationally those younger than 65 in the poorest 10% of areas being four times more likely to die from COVID-19 than those in wealthiest<sup>3</sup> and people of Bangladeshi ethnicity having around twice the risk of death from COVID-19 than people of White British ethnicity. COVID-19 has been described as a syndemic pandemic<sup>4</sup> because inequalities in COVID-19 are related to existing inequalities in chronic diseases and the social determinants of health. Poor health and existing inequalities left parts of the UK vulnerable to the virus and defined the contours of its devastating impact.

## **4. IMPACTING HEALTH INEQUALITIES THROUGH COLLABORATIVE NEWCASTLE**

Influencing and addressing these much larger wider drivers of health is why the Trust, as a major anchor organisation in the region and with major reputational reach, is so actively championing and leading the development of Collaborative Newcastle.

Collaborative Newcastle ([www.collaborativenewcastle.org](http://www.collaborativenewcastle.org)) is an innovative partnership which aims to improve the health, wealth and wellbeing of everyone in the City. Unique in scope and scale, it brings together the NHS, local government, higher education, voluntary and community sector in Newcastle. It combines the efforts, expertise and resources of partners through working collaboratively and creatively to achieve a single, shared vision to: reduce inequalities; tackle some of the big things that hold people back; and provide better opportunities for all.

Through Collaborative Newcastle, services are increasingly being organised around local neighbourhoods, linking in with Primary Care Networks and the voluntary and community services which do so much in local areas. This builds on the strong track record of social prescribing and community link workers who support local people to improve their health and wellbeing.

## **5. IMPACTING HEALTH INEQUALITIES DIRECTLY WITHIN THE TRUST**

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<sup>3</sup> <https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery>

<sup>4</sup> Bamba C, <https://policy.bristoluniversitypress.co.uk/the-unequal-pandemic>

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There is much that NHS organisations can do to directly identify and address health inequalities. These can be in three main areas:

- access to care
- experience of care
- outcomes

The NHS is one of the most equitable health care systems in the world. But at the same time, minimising inequalities in NHS provision is a hugely challenging ambition.

Improving the population health can only be met through far better engagement with those least likely to present at NHS services now, increasing early cancer diagnosis at stage 1 and 2 to 75%, detecting 200,000+ people in the North East with unmanaged hypertension, and reducing the life expectancy gap for people with learning disabilities and severe mental illness.

The Trust has assured itself and significantly increased its focus on tackling health inequalities in a number of ways as summarised below:

- a) Martin Wilson, Chief Operating Officer, is the **executive lead** for Health Inequalities and is accountable to the Chief Executive and the Board of Directors. He chairs Collaborative Newcastle Delivery Group and the Health Inequalities Group.
- b) A new internal Trust monthly **Health Inequalities Group (HIG)** has been established with a diverse membership of clinicians, managers and support staff, together with experts with a deep knowledge of health inequalities from Newcastle City Council, Newcastle University, primary care and the local voluntary and community sector.

HIG members have recently received excellent training for their role from public health colleagues.

- c) The HIG has a clear **prioritised work programme** and reports regularly to the Executive Team.
- d) The most important, intense and successful work on tackling inequalities has been the **COVID-19 vaccination programme**, which Newcastle Hospitals leads on behalf of the whole North East and North Cumbria (NENC) Integrated Care System. Work to increase uptake in specific communities has been undertaken with the NENC Inequalities Network which includes representatives from public health, Clinical Commissioning Groups (CCGs), local authorities, NHS England, and the voluntary and community sector. This network has enabled the sharing of learning, good practice and resources to target key communities which suffer inequalities and deprivation.

Working with partners the NHS have been able to increase the rate of COVID-19 vaccination uptake amongst more hesitant groups, for example the vaccination rate for people from a Black African ethnic background increased nationally from 38% in January 2021 to 70% in May 2021. There is a significant opportunity to apply the learning to other services, such as flu. Through the network, good practice and case studies have been mapped into a toolkit and provide a significant resource for next phases.

## Agenda item A5(iii)a

- e) Significant work has been undertaken by **analytical and information services** teams to support a health inequalities approach in areas such as waiting list management and COVID-19 response. Analyses have highlighted that, once on Trust waiting lists, patients are seen in clinical priority order regardless of deprivation, ethnicity, age, gender etc. However, it is recognised that there are wider access barriers to overcome. This work underpins the HIG work programme priority areas.
- f) Live dashboards for clinical and directorate teams enable them to compare referral rates and waiting times based on deprivation, age, gender, ethnicity and learning disability. A HIG subgroup of senior directorate representatives is developing a methodology for how these tools can be **embedded in day to day operations** and how pathways of care can be adjusted to overcome access barriers.
- g) A health inequalities approach is embedded in the design of major projects. For example, the Trust's **Integrated Covid Hub North East (ICHNE)** successfully created over 750 new NHS jobs targeted at disadvantaged communities.
- h) The **Targeted Lung Health Check** programme is rolling out earlier screening in disadvantaged communities across Newcastle to identify lung cancer earlier.
- i) The Trust has **invested in capacity** to address health inequalities, including through the creation of the ICHNE Coordination and Response Centre which supports the public health COVID-19 response across the region and the appointment of a dedicated trust consultant in public health.
- j) A £2m two year project on '**duplication to personalisation**' has been launched, following a successful pilot project in 2020. Half funded by the Newcastle Hospitals Charity, this project with Collaborative Newcastle partners will use data and conversations with people who are or should be receiving care and their care teams, to address health inequalities and better meet population health needs.

## 6. THE BOARD FOCUS ON HEALTH INEQUALITIES

The Trust Board of Directors' commitment to addressing health inequalities is welcomed and evidenced by examples of personal leadership, the Trust's 5 year strategy, strategic decisions such as the creation of Collaborative Newcastle, the Integrated Covid Hub and Targeted Lung Health Checks, the focus of Newcastle Health Innovation Partners (NHIP) and the Flourish cornerstone programme.

To enhance this it is proposed that the Trust Board of Directors receives training on health inequalities once per year through a Board Development workshop session and a formal update twice per year on health inequalities and the work of the HIG.

Rather than create a separate potentially silo assurance mechanism for health inequalities, Committees of the Board of Directors are asked to embed / continue to embed a focus on this in all of their work, supported by all members of the Executive Team.

## **7. RECOMMENDATION**

The Board is asked to:

- Assure that the Trust's plans for recognising and addressing health inequalities, both internally and with wider system partners are appropriate.

**Report of Martin Wilson**  
**Chief Operating Officer**  
19<sup>th</sup> September 2021

## Appendix 1

### Flourish – supporting workplace equality, diversity and inclusion

#### Strengthening the culture of belonging and trust

- Production of 'Equality Action Plans' including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES):
  - Responsive to NHS Staff Survey results.
  - WRES and WDES Subgroup to develop and monitor delivery/progress of WRES and WDES actions plans.
- Well established staff networks. Offer includes wellbeing/social activities, regular 'tea and talk' virtual support. Raising the profile and visibility of the networks.
- Expanded training offer and resources relating to equality, diversity and including:
  - 'Micro aggressions' education and training - video produced by Black, Asian and Minority Ethnic (BAME) staff network to explain the impact of behaviour using 'lived experience'.
  - Bespoke development for departments and groups regarding micro-aggressions, incivility and the impact.
- Revising local behaviour standards and expectations ensuring civility and respect.
- Equality, Diversity and Inclusion expressly incorporated into Trust 'Staff Health & Wellbeing Strategy' published January 2021.
- All BAME staff offered health and wellbeing risk assessment in 2020/21.
- Cultural Ambassadors in place supporting a range of employment relations activity.
- Revised Local Clinical Excellence Award (LCEA) Scheme 2021 to increase diversity (gender and race) of beneficiaries and award committee membership.
- Positive action to address health inequalities and increase workforce diversity through targeted local recruitment and build a sustainable workforce pipeline including:
  - Community engagement;
  - Postal 'drop' in key areas with vacancy notifications;
  - Diverse appointments panels;
  - Assisted recruitment programmes; and
  - Research to assess impact of NHS jobs on people from disadvantaged communities.
- Local partnership working and collaboration to balance Trust aspirations, with influencing and supporting those of the wider system:
  - NHIP 'Widening Participation' work-stream ensuring diverse views.
  - Newcastle Collaborative People Group to increase employment, reduce inequalities.
  - Health and Care Support Worker Apprenticeship programme.
  - Sharing good practice.
- 2021 Health Service Journal (HSJ) Finalist 'Workforce Race Equality Award'.
- 2021 Finalist in Recruitment Industry Disability Initiative (RIDI) Awards.

Improvement target to have 15% BAME staff by 2022 (increase from 10.4% currently).

Indicators: NHS Staff Survey, WRES Action Plan/Public Sector Equality Duty

**Increasing diversity in leadership and senior positions**

- Board level commitment to becoming an inclusive and diverse employer, and improving Board diversity.
- Robust data analysis of recruitment and appointments of senior staff to evidence the need to take action to improve – particularly in Nursing, Midwifery and Allied Health Professions (NMAHP's). Acknowledgement of the need to create career progression routes, enabling an increase in pay, which impact on wider determinants of health and opportunities.
  - Appointment of two nursing project staff to focus on improving experience of BAME Nurses and Midwives.
- Positive action in recruitment:
  - Increasing Board diversity – new Non-Executive Director commenced in August 2021.
  - Diverse panels for all senior recruitment ensuring ethnic minority staff representation.
  - Expanded to band 6 recruitment from July 2021; around 150 staff trained to participate in recruitment panels as 'diverse' representative.
- 'Reverse Mentoring Scheme' implemented from June 2020, participants included Board members.
- Creating exposure to varied leadership activity: 'Research, Innovation and Enterprise Strategy Group' enabled a 'rotating member' opportunity, more diverse views to participate.
- Senior Lesbian, Gay, Bisexual, Transgender and related communities (LGBT+) Equality Allies in place.
- Positive action through expanded Talent Development programmes including:
  - BAME Staff Leadership training - funding in place to establish.
  - Career development for B2-5 BAME staff.
- Council of Governors training to educate colleagues about the Equality, Diversity and Inclusion (EDI) agenda.
- Equality 'People Dashboard' to be launched August 2021 will provide local EDI data to Directorate management teams, to ensure understanding of their own data and establish ownership /local action plans. This includes race disparity ratio data.

**Improvement targets:**

- WRES Metric 7: improvement in Race Disparity Ratio. Currently 1.5. (This is focused only on Agenda for Change (A4C) job grades).
- WRES Standard 'Model Employer Aspirations': Leadership (Band 8a and above) to reflect BAME staff workforce at that grade by 2028.

**Indicators: Data on changing profile of senior roles**

NHS Staff Survey

WRES Data

Participation in leadership programmes/creation of career development opportunities.

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 2021						
Title	Operations Report						
Report of	Martin Wilson, Chief Operating Officer						
Prepared by	Martin Wilson, Chief Operating 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	This report, set in the context of the ongoing COVID-19 pandemic, provides assurance to the Board on operational delivery and resilience going in to winter.						
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Thank once again, staff across the Trust and partners across Collaborative Newcastle for the outstanding care they provide in very challenging circumstances.</li> <li>• Receive the operational position update and details of plans for managing services through winter whilst working towards elective and emergency care recovery.</li> </ul>						
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>Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes.</p> <p>Performance - Being outstanding, now and in the future.</p>						
Impact	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	Improving patient care impacts on all areas of the Trust.						
Reports previously considered by	This is a new report specifically produced for the Board. The Chief Operating Officer will provide regular reports of this format on different topics going forward. The operational issues covered in this report are actively discussed in Executive Team and other managerial meetings.						

## OPERATIONS REPORT

### **EXECUTIVE SUMMARY**

The top priority of the Trust's operational services is on maintaining patient safety and providing high quality patient care. The Trust, like the rest of the health and care system nationally, is under significant pressure linked to the sustained effects of COVID-19, levels of demand and workforce supply constraints.

Teams are working incredibly hard to deliver emergency and elective care and are grateful for patients understanding when care cannot be provided as quickly as would ordinarily be expected.

Winter is likely to be yet more challenging and every effort is being taken to reduce demand through vaccination, increase staffing and physical capacity and improve flow through collaboration and targeted improvement work.

Recovery of waiting times will take a number of years supported by a Newcastle plan, and recent national funding announcements are welcomed.

## OPERATIONS REPORT

### 1. OPERATIONAL POSITION ACROSS THE TRUST

The top priority of the Trust's operational services, including the 20 clinical directorates and their leadership teams, is on maintaining patient safety and providing high quality patient care. The Trust, like the rest of the health and care system nationally, is under significant pressure linked to the sustained effects of COVID-19, levels of demand and workforce supply constraints.

Compared to the 2019 pre-COVID-19 period, the Trust is now caring for an additional 50 inpatients at any one time due to COVID-19 and has seen a 3.6% rise in emergency attendances, including a 22% rise in Accident and Emergency (A&E) attendances at the Royal Victoria Infirmary (RVI) and a 5.6% rise in emergency admissions. This is being managed whilst having in excess of 100 beds temporarily closed due to lack of available trained staff. Rising workforce pressures in social home care impact on people's ability to maintain their independence at home and to be discharged quickly from hospital.

Levels of elective care (planned operations and procedures) are at 80-90% of 2019 levels due to COVID-19 and capacity and workforce pressures. Patients waiting for elective care are clinically prioritised so that the most urgent elective patients (P1 and P2) receive their care without delay. Regrettably, in a number of specialties, less clinically urgent patients are experiencing longer waits before being asked to come in to the hospitals for treatment. A number of schemes are in place to increase elective activity levels, such as the Newcastle Westgate Cataract Centre, the Day-Case improvement project and use of the independent sector.

Teams are working incredibly hard to deliver emergency and elective care and are grateful for patients understanding when care cannot be provided as quickly as would ordinarily be expected.

### 2. WINTER

Many health conditions, including respiratory system diseases such as asthma, can be caused or worsened by cold weather. Together with higher incidences of so-called 'seasonal illnesses' including flu and norovirus, this means the NHS often faces much greater pressure in winter, both in the community and in hospitals. Given the additional pressures the NHS is already facing it is particularly important that the NHS is as prepared as possible for heightened challenges over the coming months.

Effective system working is key to service resilience particularly over the winter period. The Collaborative Newcastle daily operational calls, weekly operational director meetings and monthly executive group meetings are very helpful in this regard. Similarly the close collaboration between acute, mental health and ambulance trusts supported by the Provider Collaborative, Chief Operating Officer, Nurse Director and Medical Director and the adult and paediatric Critical Care Networks are essential.

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The Trust's weekly executive 'Operations Board' is overseeing winter preparations including the following key actions:

- a) On-boarding **newly recruited nurses**, health care assistants and others in order to reopen all closed beds by the end of October, and then continuing to recruit at pace.
- b) **Vaccinating all staff** for seasonal influenza and for third dose boosters of COVID-19, in line with the 'healthcare worker vaccination best practice management checklist'.
- c) Effective **COVID-19 and multiplex testing**, supported by track and trace and other measures. The Integrated Covid Hub North East (ICHNE) is a valuable addition this year.
- d) Converting the current RVI medical records library into a Clinical Investigations Unit and **expanding the A&E departmental areas** for minor injuries. This will take a number of months and is expected to open towards the end of the winter period due to the estates work involved.
- e) Enabling **Newcastle Improvement** to support front line teams to drive improvements in service delivery and patient flow.
- f) Maintaining effective **silver command** arrangements including effective communication and responsive operational management across directorates.
- g) Maintaining the appropriate capacity **balance between emergency and elective care**, including ring fencing elective care capacity.
- h) Working with system partners to **minimise discharge delays**.
- i) Expanding joint **health and social care recruitment**, including through the joint health and social care academy and apprenticeships.
- j) Supporting the **Collaborative Newcastle Local Care Model** review which is looking at ensuring sustainable primary, community and urgent care services across the city.

## 2.1 How the public can help this winter

Everyone across Newcastle and the wider North East can help the NHS and social care this winter. In particular local people are asked to:

- a) Protect themselves and their families by **being vaccinated** for flu and COVID-19. [www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them](http://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them)
- b) Taking even small steps to **keep healthy and active** using [www.howfittoday.co.uk](http://www.howfittoday.co.uk) or the leaflet delivered to every local home. Dr Steve Parry, Clinical Director, has developed the 'HowFit' Plan as a regional campaign to try and improve health and fitness for all and prevent further deterioration in mental and physical wellbeing in those affected by being inactive during COVID-19.

Agenda item A5(iii)b

- c) If they need NHS urgent or emergency care, to please **use the most appropriate service** by checking [www.nhs.uk/nhs-services/urgent-and-emergency-care-services](http://www.nhs.uk/nhs-services/urgent-and-emergency-care-services). This will reduce queues and waiting times for everyone.

### **3. THE NEWCASTLE PLAN FOR RECOVERY**

Waiting times across the NHS were rising prior to the pandemic and these have been exacerbated by COVID-19. Recovery will take a number of years and recent national funding announcements are welcomed.

Work within the Trust and with system partners is being extended and accelerated to develop and implement multi-year recovery plans to reduce the number of people waiting for treatment and the length of these waits.

A full update on this work will be brought to subsequent Public Trust Board of Directors' meetings.

### **4. RECOMMENDATION**

The Board is asked to:

- Thank once again, staff across the Trust and partners across Collaborative Newcastle for the outstanding care they continue to provide in very challenging circumstances.
- Receive the operational position update and details of plans for managing services through winter whilst working towards elective and emergency care recovery.

**Report of Martin Wilson**  
**Chief Operating Officer**  
19 September 2021

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## TRUST BOARD

Date of meeting	30 September 2021						
Title	Maternity Incentive Scheme Year 4 (CNST)						
Report of	Angela O'Brien, Director of Quality and 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 4 scheme, to provide evidence of their compliance using a 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>The content of this report specifically addresses Year 4 Maternity Safety Actions 1, 2, 3, 4, 6 &amp; 9 in order to highlight new requirements since Year 3 of the scheme and to report progress and ongoing compliance with the recommended standards and timescales for these respective safety actions.</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 checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to comply with the standards outlined could impact negatively on maternity safety, resulting in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is a new report for Year 4 of this Maternity CNST incentive scheme. Previous reports for Year 3 of this Maternity CNST incentive scheme were presented to the Trust Board on 30 <sup>th</sup> July 2020, 24 <sup>th</sup> September 2020, 26 <sup>th</sup> November 2020, 28 <sup>th</sup> January 2021 and 27 <sup>th</sup> May 2021.						

## **MATERNITY INCENTIVE SCHEME YEAR 4 (CNST): MATERNITY SAFETY ACTION COMPLIANCE**

### **1. BACKGROUND TO CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) MATERNITY INCENTIVE SCHEME – YEAR 4**

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

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

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

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

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

The Trust Board declared full compliance with all 10 maternity safety actions for both Year 1, Year 2 and Year 3 of this scheme. Confirmation of the Trust's achievement in fully complying with all 10 standards was confirmed by NHS resolution and the Trust was rewarded, for Year 1 and Year 2, with £961,689 and £781,550 respectively in recognition of this achievement. Confirmation of the Trust's position relating to achievement of safety action compliance for Year 3 by NHS Resolution is awaited.

The incentive scheme will run for a further year and new standards were published on 29<sup>th</sup> August 2021 outlining Year 4 requirements.

The Board will receive a further report for consideration in November 2021 as required by the scheme.

### **2. SAFETY ACTION 1: ARE YOU USING THE NATIONAL PERINATAL MORTALITY REVIEW TOOL (PMRT) TO REVIEW PERINATAL DEATHS TO THE REQUIRED STANDARD?**

The Trust has produced a quarterly PMRT report for Board since 25/04/2019. This report outlines data from PMRT for Quarter 1 2021/22 reviews (01/04/2021 – 30/06/2021). This

has been included within the Private Board Reference Pack for information (Agenda item A5(iv)).

The following standards are required to be compliant with Safety Action 1:

## 2.1 Standard A

- i. *All perinatal deaths eligible to be notified to MBRRACEUK from 1 September 2021 onwards must be notified to MBRRACE-UK within two working days and the surveillance information where required must be completed within one month of the death.*

From 01/04/2021 to 30/06/2021 there were 19 baby deaths in the Trust (8 stillbirths & late fetal losses; 11 neonatal and post-neonatal deaths). Of the 11 neonatal and post-neonatal deaths, 1 of these babies was born at a different hospital but died at the Royal Victoria Infirmary (RVI). All these deaths were notified to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) within 7 days as outlined in Year 3 requirements of the scheme.

For Year 4 of the scheme, all perinatal deaths from 1 September 2021 need to be notified to MBRRACE within two working days of each death. This is a significant challenge in relation to workload and particularly in relation to deaths occurring outside of maternity and neonatal care. Processes are in place to align to established Child Death Review mechanisms to ensure timely notification is possible for all babies who have died in the Trust.

- ii. *A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 8 August 2021 will have been started within two months of each death. This includes deaths after home births where care was provided by your Trust.*

This is a revised standard from Year 3, as 95% of all reviews using the PMRT must now be started within two months of each death.

All deaths of babies in the Trust, who require review, are reviewed within two months of each death using the PMRT and this process pre-dates the deadline date outlined in Standard A (08/08/2021). This process is well established and includes deaths after home births where care was provided by the Trust. There are no concerns regarding ongoing compliance with this standard and cases either have a review in progress, or a completed review. There is variation in PMRT data pulled month on month as this is dependent on the date of death, completion of review and the timing of Board report submission.

## 2.2 Standard B

*At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 8 August 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the*

*point that at least a PMRT draft report has been generated by the tool within four months of each death and the report published within six months of each death.*

The Trust is confident in exceeding the 50% target outlined in this standard for Year 4. The PMRT will only provide a completed (published) report after multidisciplinary case reviews have been fully completed. Where PMRT data set does not clearly generate accurate information, evidence of MDT involvement is available for each individual case review if needed.

There are likely to be challenges to achieving compliance with this standard in future submissions due to delays with completion of Post Mortems, the proportion of out-born infants cared for and challenges organising local mortality reviews with representative input from involved clinicians outside the Trust. These are all outside the Trust's control.

### **2.3 Standard C**

*For at least 95% of all deaths of babies who died in your Trust from 8 August 2021, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any questions and/or concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died either at home or in your Trust. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion.*

*Trusts should ensure that contact with the families continues during any delay and make an early assessment of whether any questions they have can be addressed before a full review has been completed; this is especially important if there are any factors which may have a bearing on a future pregnancy. In the absence of a bereavement lead ensure that someone takes responsibility for maintaining contact and for taking actions as required.*

The Trust continues to be compliant with this standard. It is a routine part of the discussion with families after the death of a baby that a review will take place and their views are sought as part of the bereavement pathway. This is recorded clearly within the PMRT database (for Quarter 1 2021/22), and the Trust has achieved 100% compliance. For each baby who has died, a bereavement lead is nominated who takes responsibility for maintaining contact with parents.

### **2.4 Standard D**

*Quarterly reports will have been submitted to the Trust Board from 8 August 2021 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety and Board level safety champions.*

The Trust is confident in meeting with this standard. The content of this report includes a summary of the deaths reported and reviewed for Quarter 1 2021/22 reviews (01/04/2021 – 30/06/2021).

19 reviews (eligible for PMRT as per this incentive scheme criteria) have been undertaken in Quarter 1 2021/22 and the report published; these reviews have demonstrated the care was appropriate and consequent action plans have been created. The action plans for neonatal deaths are reported to the Trust Child Death Administration Team who monitor the timelines and whether actions are achieved. Action plans are also, where they are more broadly relevant, shared with the Northern Neonatal Network for wider learning.

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

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

#### **3.1 Standard 1**

*Trust Boards to confirm that they have either:  
already procured a Maternity Information System complying with the forthcoming commercial framework (to be published by NHSX) and are complying with Information Standard Notices DCB1513 and DCB3066*

*OR*

*have a fully funded plan to procure a Maternity Information System from the forthcoming commercial framework and comply with the above Information Standard Notices and attend at least one engagement session organised by NHSX.*

The Trust is compliant with the actions outlined for this safety action to date. The Trust's Executive Team approved the procurement of the fully funded Electronic Patient Record (EPR) for Maternity Services at the Executive Team meeting on 19<sup>th</sup> May 2021. In addition, attendance by the maternity digital health leads for at least one engagement session with NHS Digital will assure compliance with the requirements of this standard for Year 4.

#### **3.2 Standard 2**

*Trust Boards to assure themselves that at least 9 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria on the national Maternity Services Dashboard for data submissions relating to activity in January 2022. The data for January 2022 will be available on the dashboard during April 2022.*

This is a new requirement for Year 4 of the incentive scheme. The Trust is compliant with 9 out of 11 of the Clinical Quality Improvement Metrics (CQIMs) required in this standard. The Trust is confident in achieving compliance with the planned submission of January 2022 data, as outlined in the requirements of the scheme. Evidence of the Trust's compliance to date is available if required.

#### **3.3 Standard 3**

*January 2022 data contained height and weight data, or a calculated Body Mass Index (BMI), recorded at the first antenatal booking appointment for 90% of women booked in the month.*

This is a new standard outlined in Year 4 of the incentive scheme. The Trust does not currently submit this data via MSDS; however, height, weight and BMI data is recorded in the Trust's maternity information system. Work is in progress to enable the Trust to record this data via MSDS for 90% of women booked for the January 2022 data submission to enable compliance as outlined in the scheme.

### **3.4 Standard 4**

*January 2022 data contained Complex Social Factor Indicator (at antenatal booking) data for 95% of women booked in the month.*

This is a new standard outlined in Year 4 of the incentive scheme. Work is ongoing to align data currently collected for this criterion to capture this as the Complex Social Factor Indicator in-line with MSDS data set standards, in order for the Trust to be compliant for the January 2022 data submission.

### **3.5 Standard 5**

*Trust Boards to confirm to NHS Resolution that they have passed the associated data quality criteria on the national Maternity Services Dashboard for data submissions relating to activity in January 2022 for the following 5 metrics:*

#### Continuity of carer (CoC)

- 1. The proportion (%) of women placed on a CoC pathway by the 28 weeks antenatal appointment, as measured at 29 weeks gestation*
- 2. The proportion (%) of women receiving CoC*

#### Personalised Care and Support Planning

- 3. The proportion (%) of women who have an antenatal care plan by 16+1 weeks gestation age (119 days) that also have a personalised care and support plan.*
- 4. The proportion (%) of women who have a birth care plan by 34+1 week's gestation age (245 days) that also have a personalised care and support plan.*
- 5. The proportion (%) of women who have a postpartum care plan by 36+1 weeks gestation age (259 days) that also have a personalised care and support plan.*

The Trust will be fully compliant with this Standard when the procured Electronic Patient Record (EPR) for Maternity Services is in place. The Trust can however evidence compliance as outlined in the scheme, as sustained engagement with NHS Digital will be evidenced by monthly use of the data Quality Submission Summary Tool. Technical guidance in relation to data quality criteria is awaited from NHS Digital to enable Trust's to be able to use this tool and this is planned for publication from 30 September 2021.

**4. SAFETY ACTION 3: CAN THE TRUST DEMONSTRATE THAT IT HAS TRANSITIONAL CARE SERVICES IN PLACE TO MINIMISE SEPARATION OF MOTHERS AND THEIR BABIES AND TO SUPPORT THE RECOMMENDATIONS MADE IN THE AVOIDING TERM ADMISSIONS INTO NEONATAL UNITS PROGRAMME?**

The following standards are required to be compliant with Safety Action 3:

**4.1 Standard A**

*Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.*

The Trust is compliant with this standard as outlined in previous Board reports for Year 2 and Year 3 of the scheme and this pre-dates the deadline of 30 September 2021 required for Year 4. Pathways of care are outlined in the Care of the Vulnerable Neonatal Guideline and are based on the principles of the British Association of Perinatal Medicine (BAPM). This pathway is business as usual and was jointly approved by maternity and neonatal teams, with a focus on minimising separation of mothers and babies and includes the NEWBORN Early Warning Trigger and Track (NEWTT) assessment from birth on Delivery Suite, Transitional and Postnatal care.

**4.2 Standard B**

*The pathway of care into transitional care has been fully implemented and is audited quarterly. Audit findings are shared with the neonatal safety champion, Local Maternity and Neonatal System (LMNS), commissioner and Integrated Care System (ICS) quality surveillance meeting each quarter.*

The Trust is compliant with this standard and monthly ongoing audit of compliance with the agreed pathway into transitional care has continued from Year 3 as outlined in the incentive scheme.

A process is in place to share subsequent audit findings with the neonatal safety champion on a quarterly basis. Mechanisms are in the process of being agreed regionally for sharing audit findings quarterly with the Local Maternity and Neonatal System (LMNS), commissioner and Integrated Care System (ICS) quality surveillance meeting, to enable compliance with this requirement of the scheme for Year 4.

**4.3 Standard C**

*A data recording process for capturing existing transitional care activity, (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc.) has been embedded.*

*If not already in place, a secondary data recording process is set up to inform future capacity management for late preterm babies who could be cared for in a TC setting. The data should capture babies between 34+0-36+6 weeks gestation at birth, who neither had surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered.*

Data is available on transitional care activity (regardless of place - which could be transitional care, postnatal ward, virtual outreach pathway etc.) and this data recording process pre-dates the deadline of 30 September 2021 outlined in Year 4 of the incentive scheme.

The Trust has a secondary recording process available for babies born between 34+0-36+6 week's gestation at birth, who did not have surgery nor were transferred during any admission, in order to monitor the number of special care or normal care days where supplemental oxygen was not delivered. This is already in place and pre-dates the deadline of 30 September outlined in the scheme.

#### **4.4. Standard D**

*Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data set (NCCMDS) version 2 are available to be shared on request with the operational delivery network (ODN), Local Maternity and Neonatal System (LMNS) and commissioners, to inform capacity planning as part of the family integrated care component of the Neonatal Critical Care Transformation Review and to inform future development of transitional care to minimise separation of mothers and babies.*

The Trust is compliant with this standard, coding is in place and commissioner returns are available to be shared more widely, on request, with the operational delivery network, Local Maternity and Neonatal System, Operational Delivery Network or commissioners as outlined in Year 4 of the scheme.

#### **4.5 Standard E**

*Reviews of term admissions to the neonatal unit continue on a quarterly basis and findings are shared quarterly with the Board Level Safety Champion. The reviews should report on the number of admissions to the neonatal unit that would have met current TC admissions criteria but were admitted to the neonatal unit due to capacity or staffing issues.*

*The review should also record the number of babies that were admitted to, or remained on Neonatal Units because of their need for nasogastric tube feeding, but could have been cared for on a TC if nasogastric feeding was supported there. Findings of the review have been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting on a quarterly basis.*

The review of term admissions to the neonatal unit have continued on a monthly basis carried forward from Year 3. The requirement for Year 4 is for findings from reviews to be shared quarterly with the Board Level Safety Champions and for reviews to include admissions to the neonatal unit due to capacity and staffing issues and admissions due to the need for nasogastric feeding. The first review will include 01 July 2021 – 30 September 2021 admissions and is planned to be shared with Board level Safety Champions on 13 October 2021 at the Trust's Maternity Safety Champions meeting, and quarterly thereafter.

As outlined above, mechanisms are in the process of being agreed regionally in order to be able to share findings quarterly from the Trust's reviews of term admissions to the neonatal unit with LMNS and ICS.

#### **4.6 Standard F**

*An action plan to address local findings from the audit of the pathway (point b) and Avoiding Term Admissions into Neonatal units (ATAIN) reviews (point e) has been agreed with the maternity and neonatal safety champions and Board level champion.*

An action plan to address local findings will be agreed with the maternity and neonatal safety champions and Board level champion and is planned to be submitted for Board approval and sign off in the November 2021 Board paper, in order to comply with the deadline of no later than 30 November 2021, outlined in the scheme.

#### **4.7 Standard G**

*Evidence of progress with the action plan being shared with the neonatal, maternity safety champion, Board level champion and LMNS and ICS quality surveillance meeting each quarter following sign off at the Board.*

*Plans are in place to share progress with the action plan quarterly once signed off by Board, with the neonatal, maternity safety champion, Board level champion and LMNS and at ICS quality surveillance meeting.*

There is a new requirement as part of Year 4 of the scheme to share progress with action plans with the LMNS and ICS quality surveillance meeting quarterly and a mechanism is being agreed regionally in order to be compliant with this standard, as outlined above.

### **5. SAFETY ACTION 4: CAN YOU DEMONSTRATE AN EFFECTIVE SYSTEM OF CLINICAL WORKFORCE PLANNING TO THE REQUIRED STANDARD?**

There are new standards for Year 4 in relation to the obstetric medical workforce for this safety action:

#### **5.1 Standard A**

*The obstetric consultant team and maternity senior management team are required to acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service.*

*Units should monitor their compliance of consultant attendance for the clinical situations listed in this document when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance. Trusts'*

*positions with the requirement should be shared with the Trust board, the board-level safety champions as well as LMS.*

Standard a) relates to the Obstetric medical workforce and is a new requirement for Year 4 of the scheme. Details in relation to compliance with this safety action will be outlined in the November 2021 and January 2022 papers to Board, confirming engagement with the RCOG workforce document: ‘Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology’, alongside an action plan to review any non-attendance to the clinical situations listed. The Trust is confident in confirming compliance with this standard by the January 2022 deadline outlined in Year 4 of the scheme.

## **6. SAFETY ACTION 6: CAN YOU EVIDENCE COMPLIANCE WITH ALL FIVE ELEMENTS OF THE SAVING BABIES’ LIVES CARE BUNDLE VERSION TWO?**

There are new standards for Year 4 in relation to this safety action:

### **6.1 Element 1**

*This element requires the following monitoring evidencing an average of 80% compliance over a*

- A. Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded.*
- B. Percentage of women where CO measurement at 36 weeks is recorded.*

CO monitoring of women at 36 weeks remains an ongoing challenge from Year 3 due to the lack of electronic maternity records for capturing this data. Ongoing monitoring and audit continues in order to promote consistent compliance with this element of the scheme.

Further updates relating to Safety Action 6 for Year 4 of the scheme will be outlined in subsequent Board papers.

## **7. SAFETY ACTION 9: CAN YOU DEMONSTRATE THAT THERE ARE ROBUST PROCESSES IN PLACE TO PROVIDE ASSURANCE TO THE BOARD ON MATERNITY AND NEONATAL SAFETY AND QUALITY ISSUES?**

There are new standards required for this safety action in order to be compliant with Year 4 of the scheme, as outlined below:

### **7.1 Standard A**

*The pathway developed in Year 3, that describes how safety intelligence is shared from floor to Board, through local maternity and neonatal systems (LMNS), and the Regional Chief Midwife has been reviewed in line with the implementing-a-revised-perinatal-quality-surveillance-model.pdf (england.nhs.uk). The revised pathway should formalise how Trust-level intelligence will be shared with new LMNS/ICS and regional quality groups to ensure early action and support is provided for areas of concern or need.*

This is a new requirement for Year 4 of the scheme and a pathway is to be agreed formalising how Trust-level intelligence will be shared with new LMNS/ICS and regional groups. This requirement was discussed at an inaugural LMNS meeting on 21 September 2021 and the Trust is awaiting confirmation of the agreed pathway.

## **7.2 Standard B**

*Board level safety champions present a locally agreed dashboard to the Board on a quarterly basis. To include, as a minimum, the measures set out in Appendix 2 of the Perinatal quality surveillance model, drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.*

A monthly Trust maternity data dashboard is submitted as part of the Integrated Quality Report (IQR) data submission and this pre-dates the deadline date of 30 September outlined for the scheme. However, this data is not fully aligned to the Perinatal Quality Surveillance Model as agreement is awaited from the LMNS in relation to confirmation of the locally agreed dashboard for all regional trusts and this is outside the Trust's control.

An additional new requirement for Year 4 of the scheme is to ensure that the Trust's claims scorecard is reviewed alongside incident and complaints data and that this is discussed with the maternity, neonatal and Trust Board level Safety Champions quarterly. Quarterly data is planned to be shared with the Trust Maternity Safety Champions on 13<sup>th</sup> October 2021 and quarterly thereafter, to ensure compliance with this standard.

## **8. RECOMMENDATIONS**

To (i) note the content of this report, (ii) comment accordingly and (iii) approve the self-assessment to date.

**Report of Angela O'Brien**  
**Director of Quality & Effectiveness**  
30 September 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 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 Mr Ian Joy, 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 August 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 10.09.2021); trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard August 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"/>				
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).

Key points to note;

- Community rates of COVID-19 infections have progressively increased since June 2021 with a peak in July 2021, higher than that experienced in January / February 2021. Data on community prevalence is shared by Public Health England (PHE), and any fluctuations are reflected on hospital admission numbers. The number of patients with a new COVID-19 diagnosis requiring hospital admission peaked in July 2021 although COVID-19 admissions continue to place a demand on services
- 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 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 is an individual scorecard for August 2021 (located within the Public Board Reference Pack).
- There has been an increase in all non-COVID-19 HCAI rates. Although the cause for these infections is multifactorial, there are common themes. Some of these themes are shared with other secondary care providers in the region. Individual directorate action plans capture themes and improvement objectives. In addition to this, the work currently overseen by the Gram-negative Stewardship and the reinstatement of the MDT reviews of individual infections is expected to make an impact.
- Additional resources to support IPC and antimicrobial stewardship have been requested and funded non-recurrently as part of a comprehensive business case.

### RECOMMENDATIONS

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

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

### 1. KEY POINTS FOR JULY/AUGUST 2021

#### 1.1 Coronavirus (COVID-19)

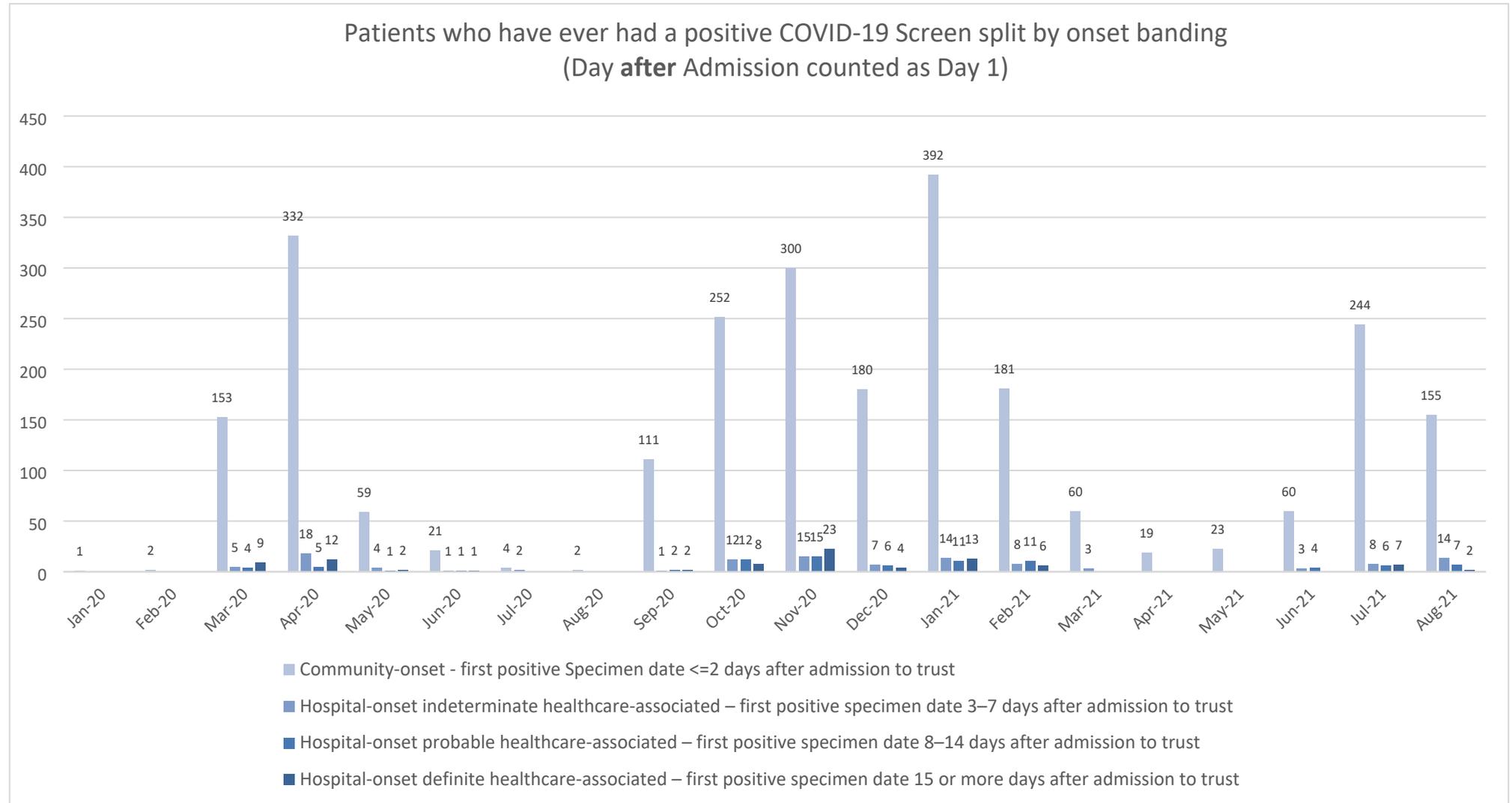
Community rates of COVID-19 infections have progressively increased since June 2021 with a peak in July 2021 higher than that experienced in January / February 2021. Data on community prevalence is shared by Public Health England (PHE), and any fluctuations are reflected on hospital admission numbers. The number of patients with a new COVID-19 diagnosis requiring hospital admission peaked in July 2021 although COVID-19 admissions continue to place a demand on services.

##### 1.1.1 **Managing HCAI COVID-19 cases**

COVID-19 infections are classified as follows:

- Community-Onset (CO) – First positive specimen date  $\leq 2$  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.



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Overall, the Trust continues to perform well in relation to those cases which could be determined as ‘Hospital onset’. There have been 6 COVID-19 outbreaks declared during July and August 2021. An outbreak is declared when there are 2 confirmed connected cases within a 14-day period and continues for 28 days from the last positive case.

Early detection of COVID-19 is key to minimise the risk of cross-infection by correct patient placement and appropriate Personal Protective Equipment (PPE). Assurance of COVID-19 screening compliance is through point prevalence audits whilst we work towards establishing a real-time monitoring process as part of our “business as usual”. The results of our latest point prevalence audit from 1 September 2021 confirmed slight Trust improvement for compliance to admission screening with 89% but a drop in compliance for day 3 and day 5 with 37% and 40% respectively. Screening compliance is shared with clinical teams who investigate factors that may be affecting compliance data and identify opportunities for improvements.

All staff who undertake Aerosol Generating Procedures (AGP) are required by NHS England (NHSE) to be fit-tested every 2 years for at least 2 types of FFP3 masks. The future maintenance of a fit-testing service remains under review and a scoping exercise is underway to scope a proposal for a regional fit-testing service for staff to fulfil NHSE requirements.

The message of ‘Hands, Face and Space’ continues to be disseminated through Champions within Directorates to support staff compliance to COVID-19 precautions. The latest completed audit was undertaken in August 2021, compliance with individual elements of the audit is greater than 93% from both clinical and non-clinical 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 total number of LFT tests up to 31 August 2021 is 100,861 tests with 178 positive cases, and a positivity rate of 0.2%. Symptomatic staff and household contacts continue to have access to PCR testing via the testing pod.

In July 2021, the Trust introduced a COVID-19 risk assessment process for staff contacts to enable an early release from self-isolation and return to work. This was established in line with statutory requirements to mitigate the risk to patient safety arising from high absence levels, which were a consequence of staff receiving alerts to isolate. The Trust T&T team monitors all positive staff cases and a total of 331 staff were assessed to return to work ahead of completing the 10-day isolation period between 6 July 2021 and 16 August 2021. Only one staff member subsequently developed COVID-19. This provides assurance on current IPC policies and procedures.

On 16 August 2021, there was a national change to self-isolating guidance for fully vaccinated population in the community. Restrictions have remained in place for healthcare professionals therefore the Trust has amended the early staff COVID-19 contact release process to reflect the changes.

### 1.1.3 COVID-19 / ‘flu Staff Vaccination Programme

The Trust is ready to deliver COVID-19 booster and seasonal ‘flu vaccination programs with

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the aim to start in September 2021, the detail of which is in the Executive Chief Nurse (ECN) Board report.

#### **1.1.4 COVID-19 Patient Vaccination Programme**

The Trust is a referral centre for North of Tyne for complex patients who cannot be vaccinated in the community and vaccinations continue in a dedicated clinic run by Infectious Diseases with referrals screened by Immunology. In-patients who require vaccination are vaccinated as needed.

#### **1.1.4 New variant of concern**

The SARS-COV-2 virus has evolved throughout the pandemic with the emergence of viral variants. Some variants are associated with greater transmissibility, pathogenicity and immune escape and are designated Variants of Concern (VOC). Identifying new VOCs quickly enables targeted public health actions including surge testing to limit their spread. Prior to April 2021 whole genome sequencing was required to identify viral mutations and variants. A decision was made at Government level to introduce VOC mutation testing which only looks at single point mutations within the genome, and is therefore less accurate than sequencing, results can potentially be available within 24hr. The long-term plan nationally is to improve the speed of sequencing so that mutation testing is no longer needed.

The Trust is unique in running a Lighthouse Laboratory (Integrated COVID Hub North East - ICHNE) as well as an NHS laboratory. From July 2021, ICHNE has performed VOC mutation testing on positive samples from the Lighthouse Laboratory, the Trust and other laboratories in the North East and Cumbria. At the current time, almost all samples have mutation profiles consistent with the delta variant.

#### **1.2 C. difficile Infections (CDI)**

A national threshold has been issued for 2021/22 with an assignment of no more than 98 cases for this Trust. By the end of August 2021, a total of 75 cases were attributed to the Trust which places the Trust over trajectory by 35 cases. Multidisciplinary review meetings are planned to be reinstated from September 2021, which were temporarily stepped down due to clinical pressures experienced by all teams.

#### **1.3 MRSA / MSSA Bacteraemias**

There have been no MRSA bacteraemia cases since April 2020 thus the Trust has been "MRSA bacteraemia free" for 16 months, which equals our previous longest MRSA bacteraemia free period.

There is no National set threshold for MSSA therefore we are continuing with setting a 10% reduction on the previous financial year's total number of cases (100) which is  $\leq 90$  cases for 2021/22. By the end of August 2021, a total of 42 cases were attributed to the Trust which places the Trust over trajectory by 4 cases.

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

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In July 2021, national thresholds for all gram negative bloodstream infections (GNBSI) were published based upon 2019 calendar year data. However, as a Trust we also are committed to achieve a 10% reduction on the 2020/21 total number of each individual gram-negative bacteraemia.

As at the end of August 2021, there have been 88 *E. coli* bacteraemias, 68 Klebsiella bacteraemias and 19 Pseudomonas aeruginosa bacteraemias to date, which places the Trust above all internally set GNBSI reduction trajectories but within the national thresholds.

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. In July 2021, work within the two Institute for Healthcare Improvement (IHI) GNBSI reduction projects began.

### **1.5 Outbreaks and Periods of Increased Incidence (PIIs)**

In depth analysis into the increased number of cases of Klebsiella bacteraemia in Cancer Services has revealed the same strain involved, with no evidence yet of a common source therefore an outbreak has now been declared whilst this is further investigated following discussion with PHE. An environmental common source has been excluded however the area has undergone deep cleaning as an additional precaution. Targeted support from IPC is ongoing, delivering education and training, involving the Hand Free Care team, line lead nurse and sepsis nurse to reinforce and ensure compliance with standard IPC practice. All of this will continue whilst this investigation continues.

There have been 4 CDI PII during July / August. This is defined as two cases within a 28-day period. The cases are being further investigated to establish if there are any learning from related themes.

In July 2021 the Trust had one outbreak of diarrhoea and vomiting. No organism was confirmed which affected 5 patients, 11 staff and led to 31 lost bed days.

### **1.7 Sepsis**

Focused work continues to improve practice in the management of Deteriorating/Sepsis patients. An investment proposal for an additional Sepsis Nurse has been supported in a non-recurrent basis with further work underway to identify long term support for this work. The Sepsis Steering Group has produced a proposal to combine the Deterioration and Sepsis Working Groups to ensure efficient governance and oversight and this is in the process of being reviewed.

The Trust implemented the Electronic Deterioration patient ALERT on 8 June 2021. The system provides real time ward level data which will help improve sepsis recognition and treatment, improving patient safety. Currently, overall Trust compliance within inpatient areas against NEWS2 and national guidance against early recognition, escalation and treatment is 73%. This varies if broken down into directorate areas and this is being shared with individual directorates to ensure focused learning and improvements are progressed.

A proposed Quality Improvement (QI) project on improving sepsis recognition and

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treatment within Emergency Department (ED) at the RVI 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. Work on this continues.

Trust wide education sessions continue to be promoted to all Directorates to raise awareness on Deteriorating Patients and Sepsis. Work is also being undertaken to include Deterioration and Sepsis into annual mandatory training within the Electronic Staff Record (ESR).

### **1.8 Antimicrobials**

Of note to this Board are challenges to deliver the full anti-microbial stewardship programme in line with NICE and best practice recommendations as detailed in the BAF and reported on the Trust risk register.

The Take 5 Audits are currently on hold with a view to integrate into the Synbiotix platform in the forthcoming 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 and provide assurance on the appropriateness of antibiotic prescriptions. Separate audits into the use of Octenisan in the wards are ongoing which help monitor this important intervention to prevent Staph aureus bacteraemia.

### **1.9 Water Safety**

The programme of pipework dead leg removal in the maternity area of the Royal Victoria Infirmary (RVI) is ongoing with 2 of 3 phases now complete, removing a total of 35 dead legs. The final, and largest, phase, is scheduled for 18 September 2021. Following the removal of dead legs in Phases 1 and 2 there has been an increased level of Legionella sampled at locations within the area; the cause of which is thought to be due to the disruption of the biofilm within the pipework following the intrusive works. This is being controlled by an increased flushing regime imposed by both Estates and clinical teams in line with the Water Safety Plan.

Increased levels of legionella have also been identified in the Emergency Admissions Department at the Freeman Hospital following recent routine sampling. In line with the water safety plan all outlets have been replaced and further works are being planned in conjunction with the Department to increase water circulation within the area.

### **1.10 Ventilation**

Within this reporting period, there was a critical failure of Air Handling Unit (AHU) No. 33 in the Dental Hospital. The failure resulted in a loss of supply air to numerous departments although no patients were exposed to any harm. The fault was identified and rectified within 4.5 hours and assurance of patient safety was provided by Dental Services Directorate Manager, due to their being no AGP during the period of downtime. Work surrounding the increase in reliance of the Dental AHUs is ongoing.

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The installation of new fans with the theatre ventilation plant at the Freeman Hospital is ongoing with works scheduled around theatre activity. The replacement fans will hopefully increase the reliability of the existing ventilation plant and reduce theatre downtime due to plant failures.

### **1.11 Decontamination**

As previously reported, the Estates Department is continuing to work with the Decontamination Team to produce an investment proposal for the replacement of the tunnel washers at the Freeman Hospital.

## **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)**

30 September 2021

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### TRUST BOARD

Date of meeting	30 September 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 checked="" 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 Board is also asked to endorse publication of:</p> <ul style="list-style-type: none"> <li>○ Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans (supporting documentation Appendix 1 pages 14/15 and 25/26)</li> <li>○ WRES data (supporting documentation Appendix 2)</li> <li>○ Equality Delivery System (EDS) grading assessment (supporting documentation Appendix 1 page 29/30)</li> <li>○ Public Sector Equality Duty (PSED) reporting requirements (supporting documentation Appendix 1 page 4)</li> </ul>						
Recommendation	<p>Note the contents of this report.</p> <p>Endorse publication of the Equality, Diversity and Inclusion (EDI) data by 30 September 2021.</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 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. In regard to publication of EDI data, differences in staff experience could potentially breach legislation, lead to legal challenge with reputational and financial consequences.						
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:

- Staffing pressures remain the key concern. Workforce gaps due to COVID-19 related and other absence impacts on patient care activity, including recovery. We continue to work in partnership to take the necessary steps to support the health and wellbeing of staff to deliver safe patient care and services, and encourage staff to take periods of annual leave to support their resilience.
- Vaccination:
  - Mandatory vaccination for staff who work in care homes becomes a statutory requirement from November 2021.
  - Consultation on mandatory vaccination for front line health and care staff opened earlier this month.
- Volume of recruitment activity remains high across the Trust:
  - Plans well advanced for 'virtual recruitment events' in October. The Trust is leading on a number of virtual recruitment events taking positive action to increase diverse representation in the workforces, promote job opportunities particularly to those who identify as ethnic minority and disabled. Working collaboratively with several North East NHS Trusts and local councils as well as the North East Ambulance Service NHS Foundation Trust (NEAS).
  - Shortlisted for RIDI Awards 2021 (Recruitment Industry Disability Initiative) due to the work with the Integrated Covid Hub North East (ICHNE).
  - A significant number of international nurses have joined the Trust – more are expected next month.
- A number of leadership and organisational development programmes are being designed and developed to support a range of leaders across the organisation.
- Communication and engagement relating to the 2021 NHS Staff Survey has begun.
- The Trust is required to publish its WDES & WRES data and action plan by 30 September 2021 and the Board is asked to endorse publication. The information was discussed at the People Committee on 16 September 2021 at which assurance of compliance was provided.
- From 10 pilot NHS Trusts participating in the Rainbow Badge Pilot, Newcastle was the only organisation to be assessed as 'Silver'; the other Trusts were assessed as Bronze.
- A considerable focus on apprenticeships and maximising use of the levy is ongoing.
- The issue of available space to deliver teaching and education has previously been noted. A development plan has made good progress to mitigate the risks.

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

## PEOPLE REPORT

### 1. COVID/RECOVERY/WINTER: WORKFORCE ACTIVITY

<b>NENC Social Partnership Forum (SPF)</b>	The Trust was supportive of the SPF <b>Regional Statement on People Recovery</b> , issued in August.
<b>COVID-19 Mass Vaccination Hub &amp; Programme</b>	As lead employer across the North East and North Cumbria (NENC) preparations are in progress relating to Phase 3 of the programme which will extend to 31 March 2022. Vaccination centres at Penrith and Hexham close on 30 September 2021 and the Trust is supporting staff who wish to find alternative employment.
<b>Integrated Covid Hub North East (ICHNE) – ‘Lighthouse’.</b>	Staff contracts have been extended until 31 March 2022 in line with the Department of Health and Social Care (DHSC) contract; recruitment to expand the workforce is in progress following a successful bid to increase capacity from 40,000 samples a day to 60,000; a recruitment campaign is also pending following a successful bid for wastewater testing until 31 March 2023.
<b>COVID-19 Secure</b>	A refresh of the Trust’s guidance on COVID-19-secure risk assessments is being led by the health and safety team with support from various departments including Infection Prevention and Control, Estates, HR, IT and Occupational Health.

### 2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

<b>Wellbeing</b>	As an <b>‘Armed Forces’</b> staff employer, with a number of veterans and family members, many colleagues were impacted by events unfolding in Afghanistan. Via the Chaplaincy Service and Armed Forces forum, staff have been offered support, signposted to a range of resources, and reminded that we stand with them during this very difficult time.
<b>Belonging, feeling valued and recognised</b>	<p>The <b>2020 NHS Staff Survey Engagement</b> focus group activity has been aligned to the Institute for Healthcare Improvement (IHI) ‘What Matters To You’ programme. Over 30 directorates have submitted their action plans and data from their engagement discussions which has been analysed and themed with other engagement data.</p> <p>The <b>2021 NHS Staff Survey</b> planning is now underway with ‘go live’ scheduled for 4<sup>th</sup> October and closing on 26<sup>th</sup> November. The survey has been re-designed around the NHS People Promise, with a reduction in questions. A 50% response target has been agreed.</p>

<p><b>Inclusive and diverse workforce</b></p>	<ul style="list-style-type: none"> <li>○ The Trust is required to publish its <b>WRES and WDES action plans, WRES data, our EDS grading assessment and PSED data</b> by 30 September 2021. Detail is contained in the data set within the Board Reference Pack.</li> <li>○ <b>Rainbow Badge pilot:</b> From 10 pilot NHS Trusts – Newcastle Hospitals was the only organisation to be assessed as ‘Silver’; the other Trusts were assessed as Bronze.</li> <li>● <b>Equality, Diversity and Inclusion (EDI) people dashboard:</b> This local development was launched this month - 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.</li> <li>● <b>EDI Management module</b> – plans are in place to develop an internal management EDI modular development programme to increase management awareness of the EDI agenda and its significance.</li> <li>● <b>NHSE/I – EDI ‘best practice’:</b> The Trust has been identified by NHSE/I as exemplar in regard to its work as part of the national recruitment pilot.</li> <li>● <b>Disability History Month – December 2021:</b> Plans in progress to host a series of virtual events.</li> <li>● <b>Black, Asian and Minority Ethnic (BAME) History Month October 2021:</b> The BAME Staff network are co-ordinating an event on 29<sup>th</sup> October 2021 – ‘How to reduce the risk of burnout when doing anti-racism work’.</li> <li>● <b>Disabled Staff Talent Development Programme:</b> Cohort 2 applications process is open and will commence in October 2021.</li> <li>● <b>Diverse interview panels for Band 6 recruitment:</b> Since implementation in July, 93% have been supported by a member of the BAME Staff Network.</li> <li>● <b>NHS Flex for the Future:</b> Starting this month, the Trust is participating in a national e-learning programme to draw on the collective knowledge and experiences and support development of a programme to create local plans for more flexible working opportunities in all roles.</li> <li>● <b>Project Choice</b> – 10<sup>th</sup> intake commenced 13<sup>th</sup> September 2021. 75% of last cohort transitioned into paid employment.</li> </ul>
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**3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING**

<p><b>Leadership &amp; Organisation Development</b></p>	<p><b>Organisational Development – Strategic Leadership Programme:</b>                  Development programme for Senior Strategic Leaders is at design stage with the key aim to prepare them for the emerging ‘New NHS’, provide time to reflect and support recovery from the pandemic, and look forward to new and different ways of working.</p> <p><b>Leading an Empowered Organisation (LEO)</b>                  Choice Dynamic International (CDI) have begun to deliver this Train the Trainer programme to enable delivery of a series of programmes to increase leadership capability amongst the Nursing, Midwifery and Allied Health Professions (NMAHP) workforce.</p>
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	<p>The outcomes from the <b>Leadership Congress</b> earlier this year, along with Staff Survey feedback has been themed by the IHI using their Joy@Work framework. This work focusses on staff experience and informs Organisational Development (OD) activity which will be taken forward.</p>
<p><b>Apprenticeship – levy and activity</b></p>	<p>A revised approach to recruitment and maximising use of the levy has been supported in principle. It’s now subject to further consultation before planned implementation this year. The new launch is expected to include an expansion of nursing and nursing support roles, as well as introducing an apprenticeship offer into some corporate support teams including Finance and IT.</p> <p>Newcastle Hospitals are currently supporting the following through levy Transfer arrangements:</p> <ul style="list-style-type: none"> <li>• NEAS - 8 Ambulance Support Worker apprentices</li> <li>• GP practices across the North East - 30 Pre-Registration Pharmacy Technicians</li> </ul> <p><b>Health Care Support Worker (HCSW) apprentices:</b> the next cohort of 15 Apprentices is planned for October 2021 in addition to a Bank ‘pool’ of HCSW ahead of winter pressures.</p>
<p><b>Work Experience</b></p>	<p>A virtual work experience programme is being developed, to support up to 250 students for a 2 week, virtual work experience programme. This will include live webinars and interactive sessions with representatives from a wide range of teams and departments.</p>
<p><b>Induction</b></p>	<p>328 Junior Doctors joined the Trust in August. All received online induction prior to joining and face to face e-record training on their first day.</p>
<p><b>Resus</b></p>	<p>Over 100 staff in paediatric basic life support have been trained to support the delivery of COVID vaccinations to the under 18s. Demand for Resuscitation training continues to increase, and the risk associated with capacity to provide required levels of training has been noted.</p>
<p><b>Medical Education</b></p>	<p>The new foundation programme curriculum for Junior Doctors was implemented in August 2021. Changes include self-development time and additional simulation sessions.</p> <p>The General Medical Council (GMC) survey results for 2020 -2021 have been published. They reflect known issues in a small number of Departments. The Director of Medical Education and the Medical Director are aware and robust action plans are in place.</p> <p>The Trust will accept a small number of Sunderland Medical School SSC (Student Selected Component) placements from May 2022.</p>

**4. PEOPLE WORKING DIFFERENTLY**

<b>Recruitment</b>	26 Staff Nurses from India were welcomed in June 2021. To support orientation, daily engagement sessions and they are being actively supported to prepare for their OSCE. A further 24 international recruits from the Philippines are expected next month, and more new colleagues from the Philippines will join before the end of the year.
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**5. NHS ENGLAND AND NHS IMPROVEMENT (NHSE/I)**

A number of documents have been published to provide guidance on people matters specific to the development of Integrated Care Boards (ICB). These include:

- The **Human Resources (HR) Framework for developing Integrated Care Boards**, supporting the successful transition of people into ICB’s, intended to ‘minimise uncertainty and limit employment changes’, endorsing a ‘one NHS workforce approach’, facilitate collaboration and a ‘move away from traditional organisational change’.
- **Building Strong Integrated Care Systems Everywhere:** guidance on the Integrated Care System (ICS) people function.
- Health Education England (HEE) has been commissioned to review strategic trends for the health and social care workforce. The **Long Term Strategic Framework for Health and Social Care Workforce Planning** is intended to review and update the original framework and will now include regulated professionals working in social care. Of important note, this framework will not include all parts of the workforce – the focus is on registered and professional roles only.

**6. NHS PAY REVIEW BODY AND PAY AWARD 2021/22**

The NHS Pay Award will be implemented into staff pay this month. No other public sector employers have received a financial settlement. We are cognisant of the impact of the proposed increase in national insurance contributions on a significant proportion of our workforce.

**7. RECOMMENDATIONS**

The Board is asked to note the contents of this report. It is also asked to endorse and agree publication of the following documents on the Trust website by 30 September 2021:

- WRES and WDES action plans;
- WRES data;
- EDS grading assessment; and

Agenda item A6

- PSED data.

Report of Dee Fawcett  
Director of HR  
21 September 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	30 September 2021						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lowis – Senior Business Development Manager (Performance)						
Status of Report	Public	Private			Internal		
	<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 Trust Board on the Trust’s performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets.						
Reports previously considered by	Regular report.						

## INTEGRATED BOARD REPORT – 30 SEPTEMBER 2021

### EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position against key indicators relating to Quality, Performance, People and Finance:

- The Trust **had 0 cases of MRSA bacteremia attributed in August 2021**, therefore no cases have been recorded since April 2020.
- There were 25 **Serious Incidents (SIs) reported in August 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 and Emergency (A&E) 4hr standard in August, with performance of 85.6%**. Type 1 attendances are now above pre-COVID-19 levels.
- The **Trust Patient Treatment List (PTL) size was 90,597 in August with 5,050 patients waiting over 52 weeks. Referral to Treatment (RTT) Compliance was 72.7%**.
- The Trust **achieved 1 of the 8 Cancer Waiting Time standards in July**, which was less than in the previous month (2).

# Integrated Board Report

Quality, Performance and Finance

September 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.**

# Executive Summary

## Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in August 2021**, therefore no cases have been recorded since April 2020.
2. There were 25 **Serious Incidents (SIs) reported in August 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 August, with performance of 85.6%**. Type 1 attendances are now above pre-COVID levels.
4. The **Trust PTL size was 90,597 in August with 5,050 patients waiting over 52 weeks. RTT Compliance was 72.7%**.
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in July**, which was less than in the previous month (2).

# Contents: September 2021

## Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- Clinical Audit
- Quality Account Priorities Update
- 3Rs Programme / Recovery Plus
- Monthly Performance Dashboard
- A&E Access and Performance
- Bed Occupancy and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

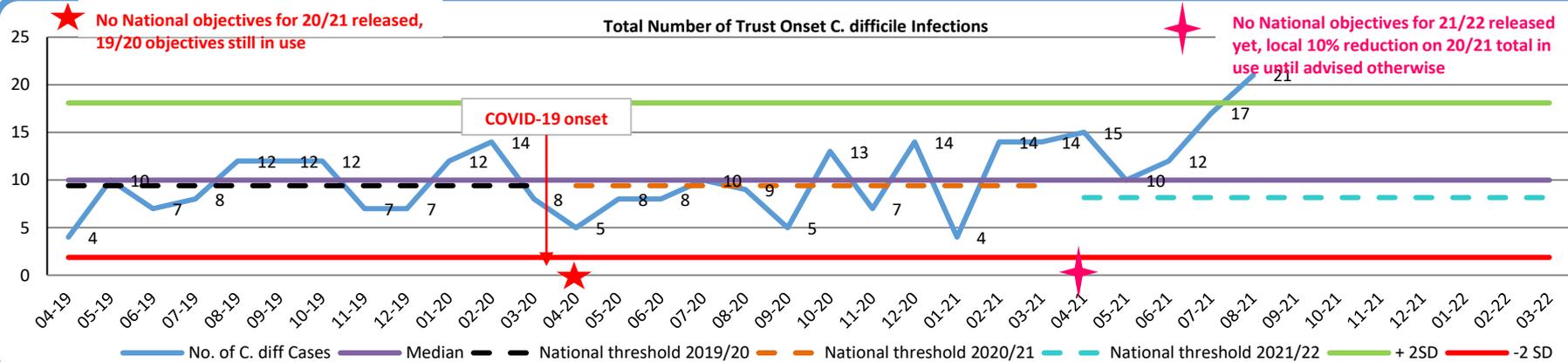
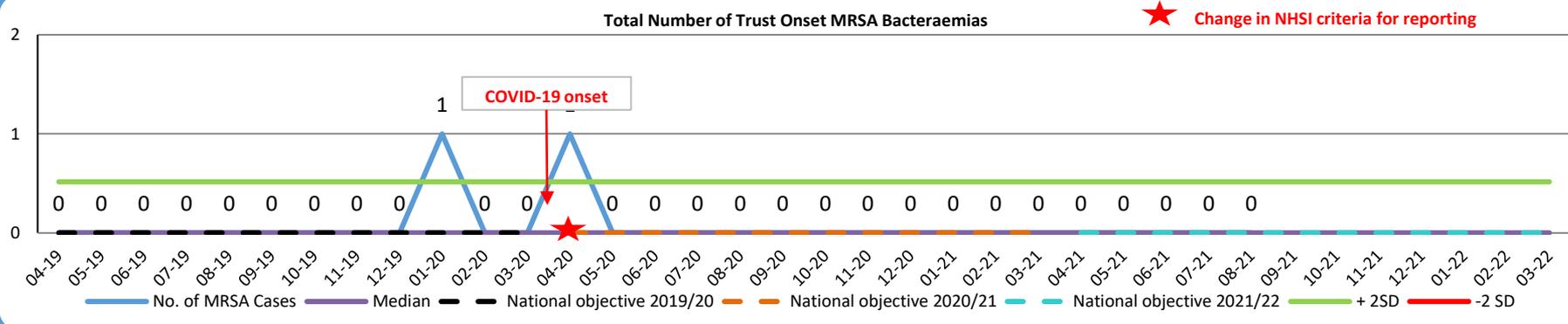
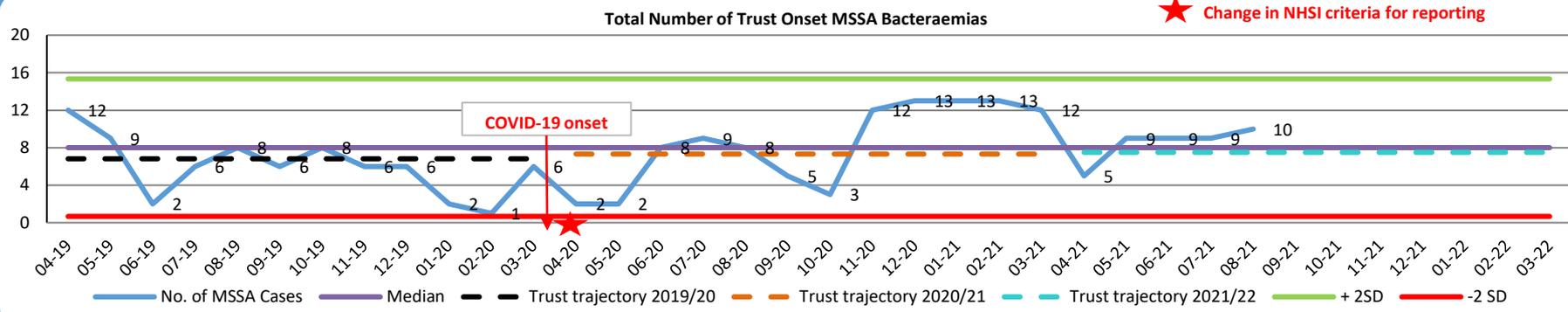
## People

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

## Finance

- Overall Financial Position

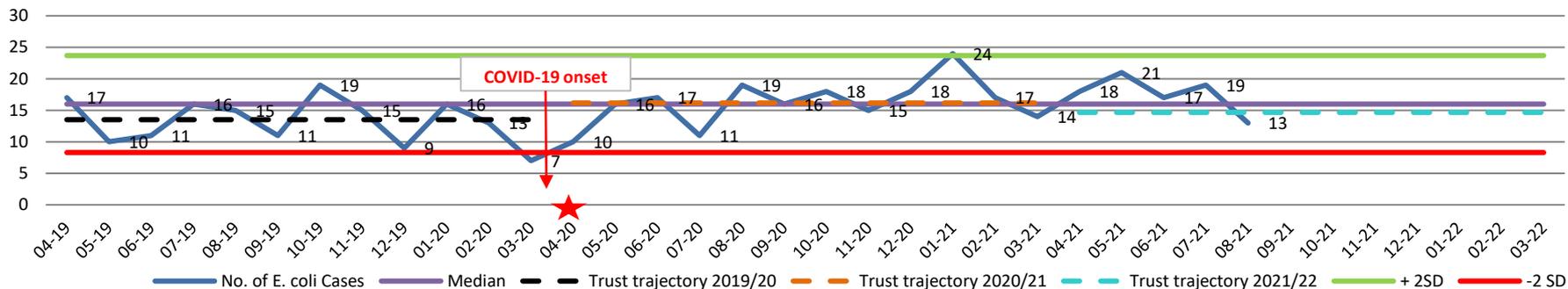
# Quality and Performance: Healthcare Associated Infections



# Quality and Performance: Healthcare Associated Infections

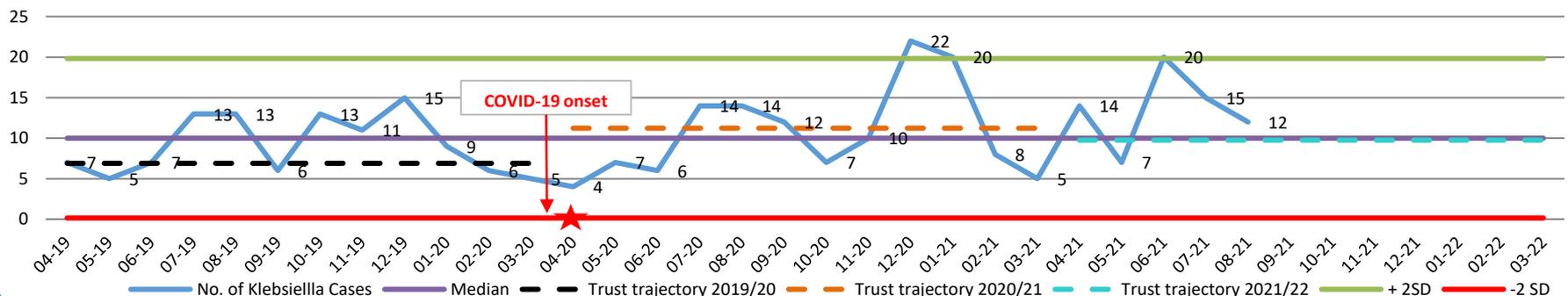
### Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



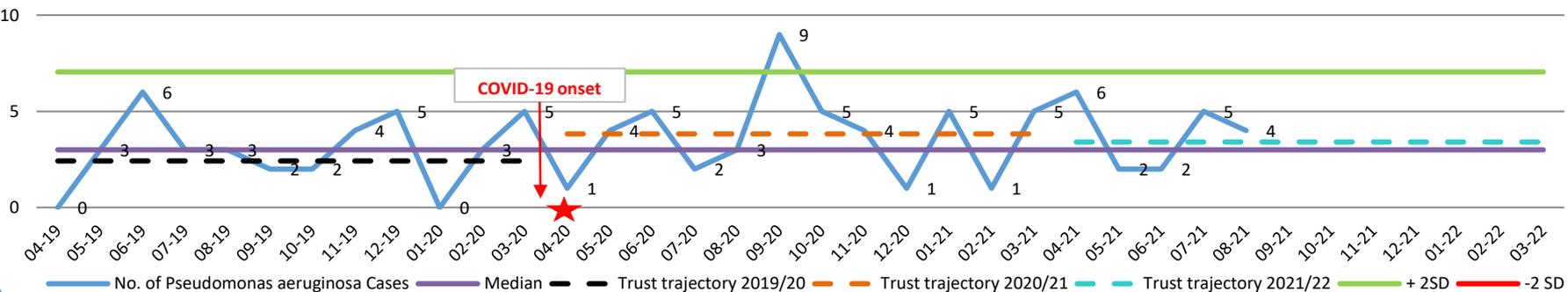
### Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



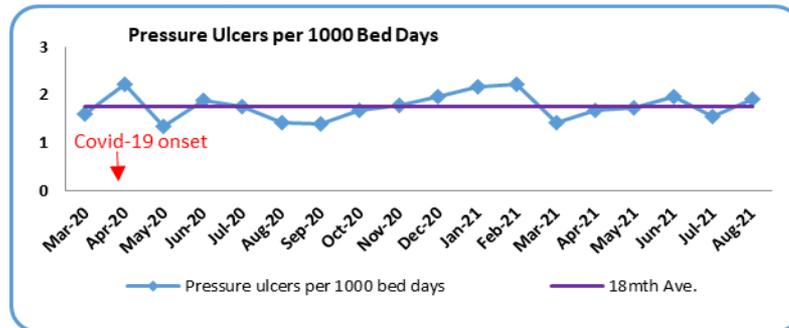
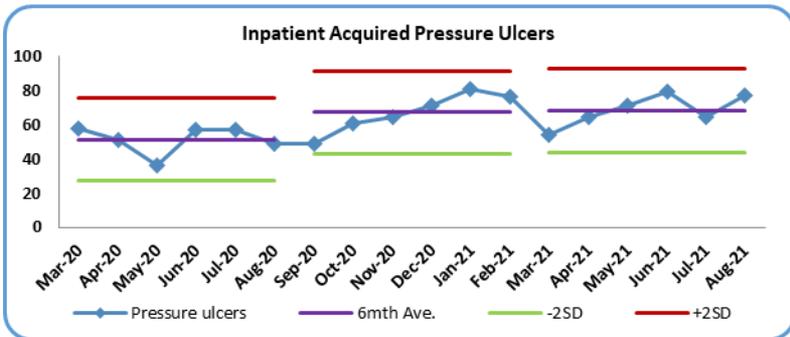
### Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting

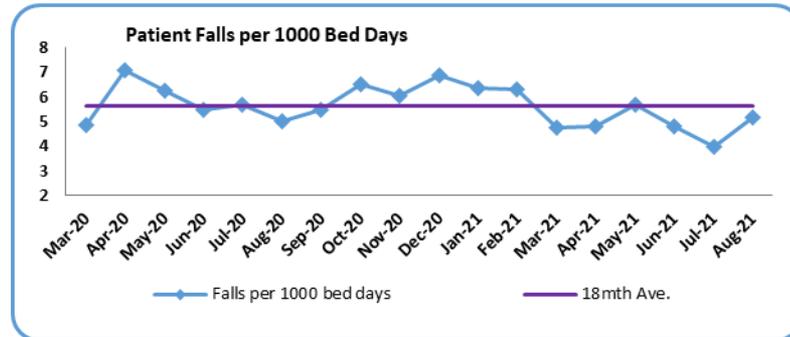
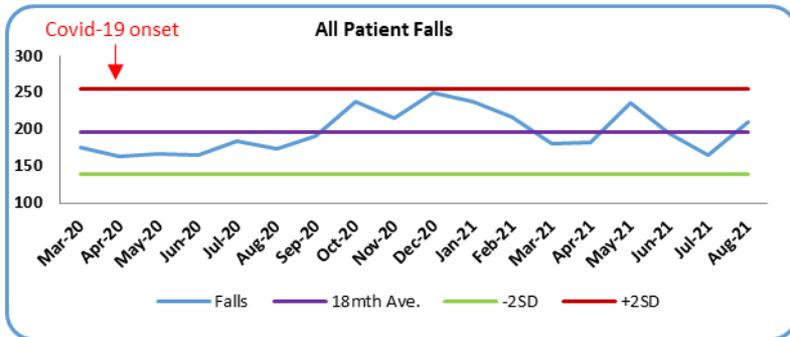


# Quality and Performance: Harm Free Care

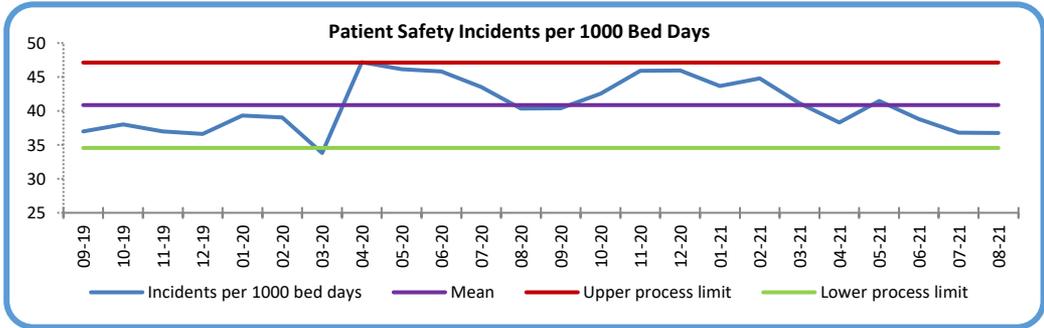
Incidence of pressure ulcers have been on an upward trajectory since November 2020, particularly between October 2020 –February 2021. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an additional increase. This directly 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 the last six months this has reduced, however remains higher than pre-pandemic figures. However during this time 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, there is also an increase in patient presenting to the Trust with significant existing damage, or at risk of skin deterioration. This 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.



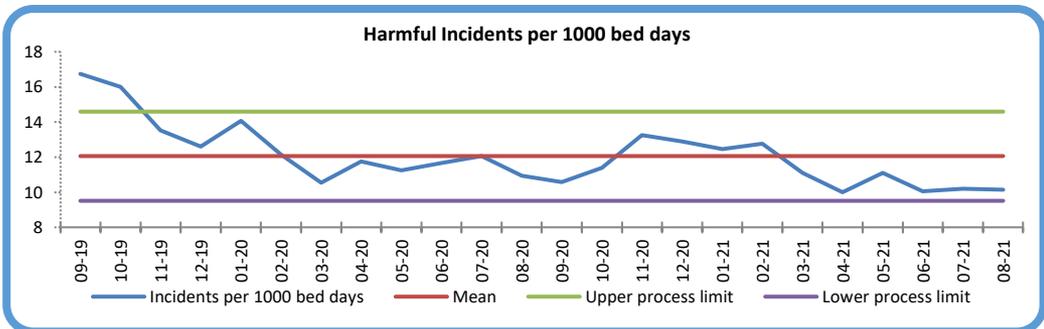
Until October 2020 a significant reduction in inpatient falls was evident, however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in acuity of patients, 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 began 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. In August again there has been a significant increase in medical patients, with surgical ward again being converted to medicine, an increase in falls is again evident. 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.



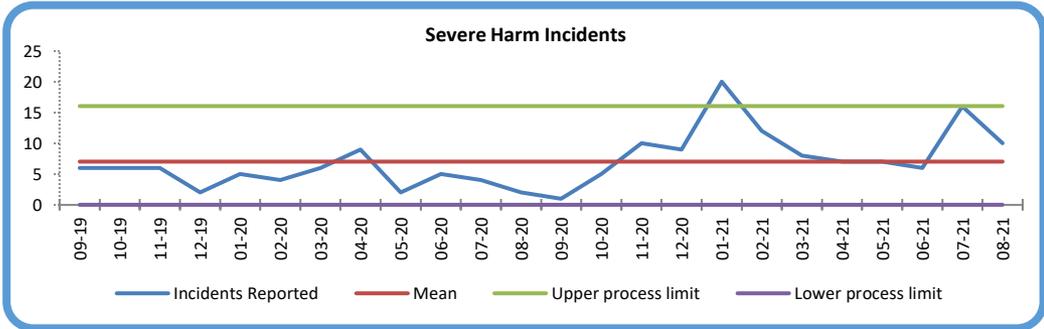
# Quality and Performance: Incident Reporting



**All patient incidents:** There has been a continued decrease in the rate of incidents reported, indicating 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.

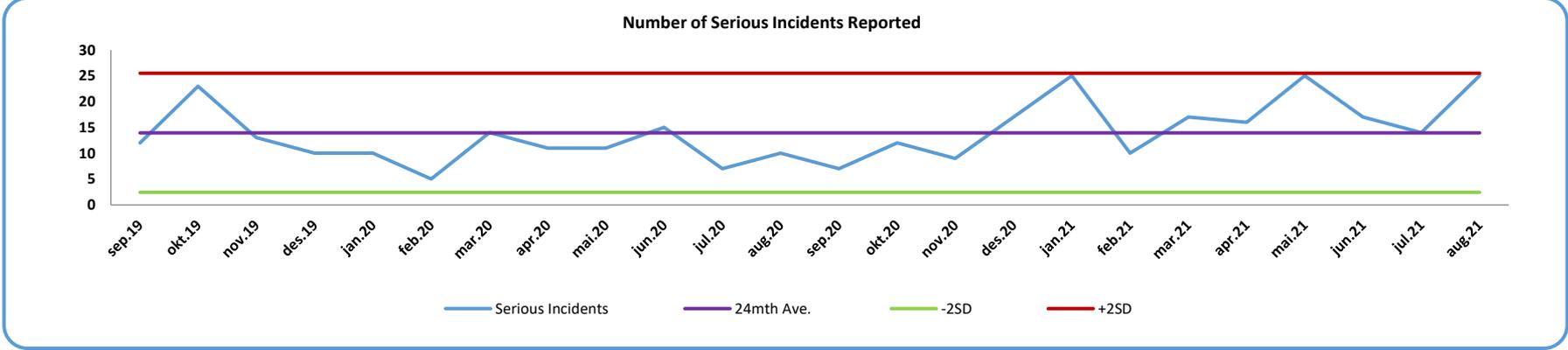


**Harmful incidents:** There is a sustained improvement shift demonstrated, starting with a downward trend in the number of \*harmful patient safety incidents per 1000 bed days from May 2019 to August 2021. This reflects a combination of increased accuracy in grading of harm from patient safety incidents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



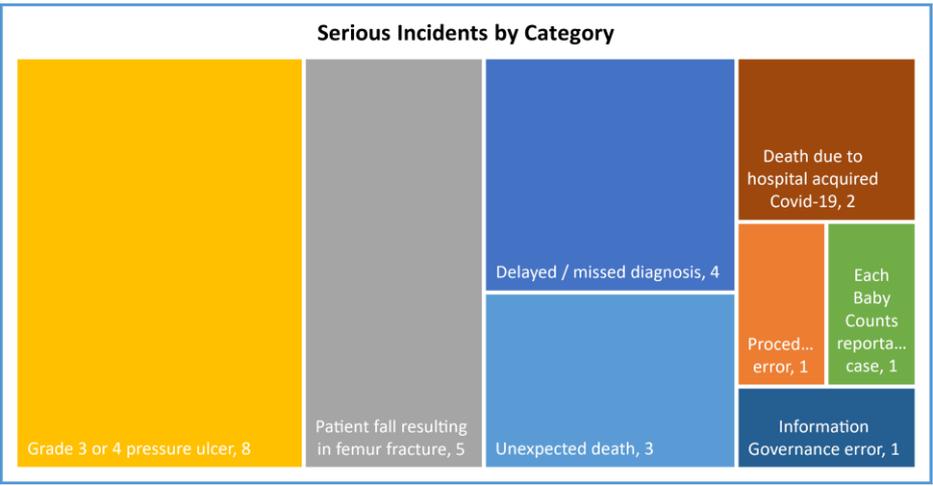
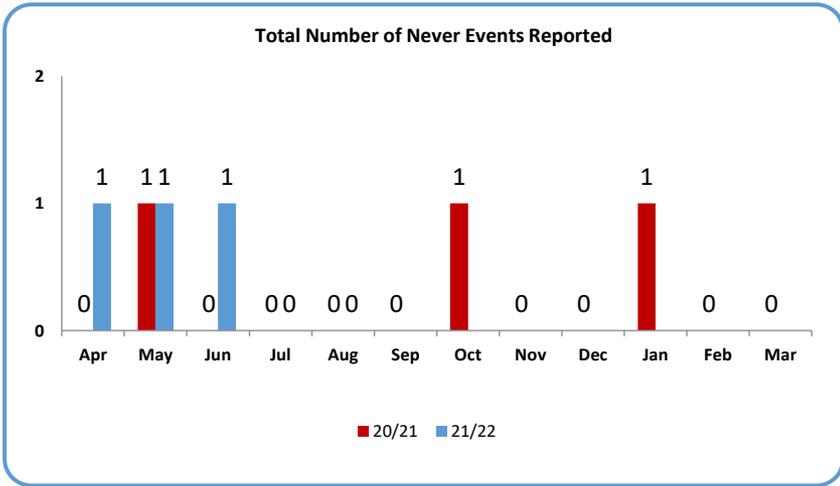
**Severe harm incidents:** There were 10 patient safety incidents reported which resulted in severe harm in August 2021. This monthly data is subject to change in future reports as severity grading may be modified following investigation. The January-February 2021 increase was in part related to new NHSEI Covid-19 reporting requirements; this included all patient deaths or patients with severe harm, and confirmed definite or probable hospital-onset Covid-19.

# Quality and Performance: Serious Incidents & Never Events



There were 25 Serious Incidents (SIs) reported in August 2021. The increase in the numbers of SIs in May 2021 and August 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust.

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, with the exception of one sensitive case due to patient’s request.



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

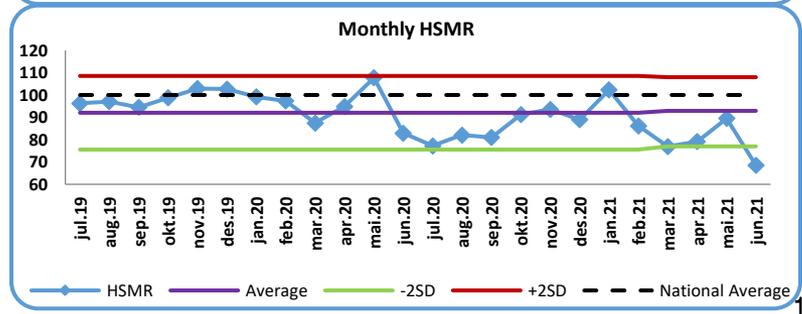
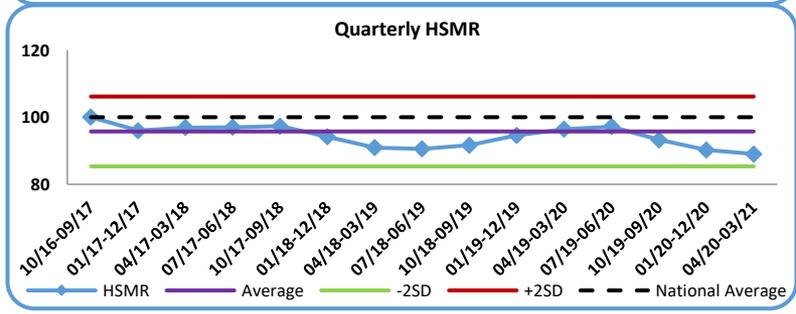
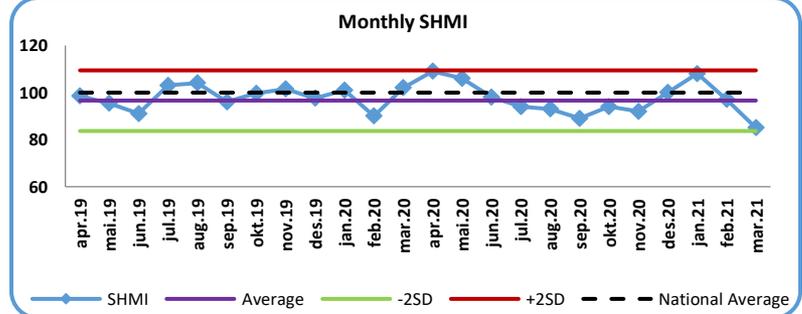
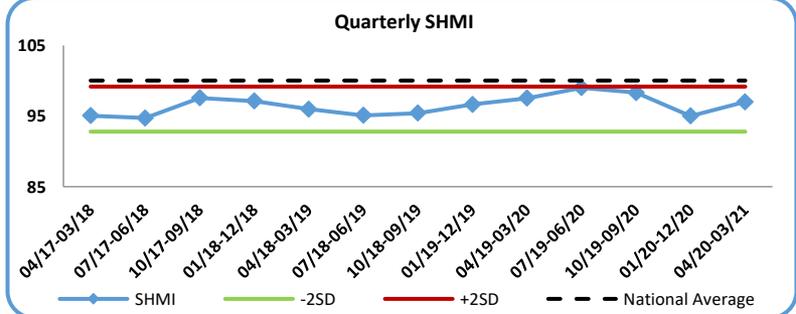
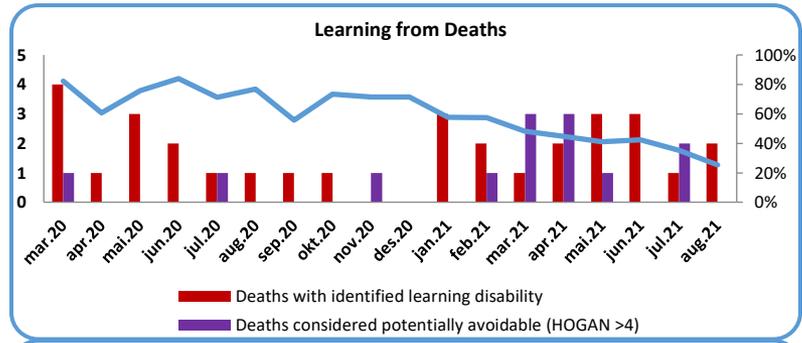
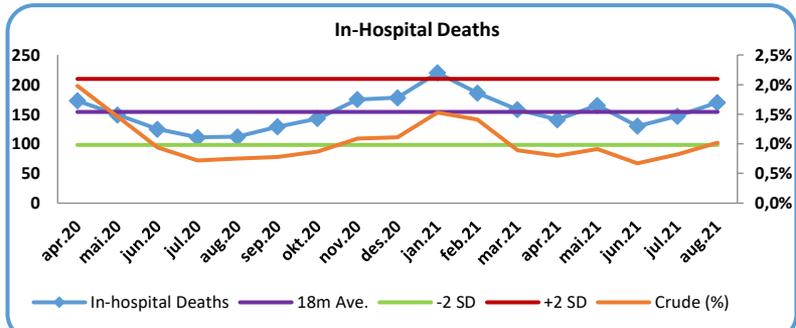
# Quality and Performance: Mortality Indicators

**In-hospital Deaths:** In total there were 170 deaths reported in August 2021, which is higher than the amount reported 12 months previously (n=112). Crude death rate is 1.02%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

**Learning from Deaths:** Out of the 170 deaths reported in August 2021, 43 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 97 from months April 2020 – March 2021, this is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be well within expected limits.

**HSMR:** The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Monthly HSMR data is available up to June 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 eight months to NHS England. The published data shows that there were 1,514 responses to the Friends and Family test from the Trust in July 2021 (published 9 September 2021) compared to 2876 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	567	98%	2%
A&E	3	*	*
Outpatients	2,244	97%	1%
Community	62	95%	25%
Maternity (birth)	*	*	*

All data is available at:

[www.england.nhs.uk/fft/friends-and-family-test-data/](http://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 225 (211 with identified patient activity) formal complaints up to the end of August 21, an increase of 45 on last month's opened complaints.

The Trust has received an average of 45 new formal complaints per month, which is 6 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 July are within Patient Services with 0.09% (9 per 10,000 contacts) followed by Medicine with 0.06%. The lowest are within Dental at and NCCC with 0.01%.

Directorates	2021-22				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	15	44,154.00	0.034%	1:2944	1:3733
Children's Services	13	34,230.00	0.038%	1:2633	1:2523
Out of Hospital/Community	7	25,050.00	0.028%	1:3579	1:3134
Dental Services	2	44,641.00	0.004%	1:22321	1:5411
Medicine	28	69,747.00	0.040%	1:2491	1:4129
Medicine (ED)	21	94,255.00	0.022%	1:4488	1:3416
ePOD	23	151,295.00	0.015%	1:6578	1:7606
Musculoskeletal Services	11	51,281.00	0.021%	1:4662	1:2610
Cancer Services / Clinical Haematology	10	81,451.00	0.012%	1:8145	1:6118
Neurosciences	12	44,136.00	0.027%	1:3678	1:3299
Patient Services	18	19,707.00	0.091%	1:1095	1:2003
Peri-operative and Critical Care	5	18,523.00	0.027%	1:3705	1:51990
Surgical Services	18	31,745.00	0.057%	1:1764	1:1313
Urology and Renal Services	6	31,028.00	0.019%	1:5171	1:4013
Women's Services	22	60,323.00	0.036%	1:2742	1:2742
<b>Trust (with activity)</b>	<b>211</b>	<b>801,566.00</b>	<b>0.026%</b>	<b>1:3799</b>	<b>1:3583</b>

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 61% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 22% of all subjects raised within complaints, with the remaining 17% covering a wide range of issues.

# Quality and Performance: Health and Safety

## Overview

There are currently 1232 health and safety incidents recorded on the Datix system from the 1st September 2020 to 31st August 2021 this represents an overall rate per 1,000 staff of 71.6. The Directorate with the highest number of incidents is Patient Services reporting 166 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (329) Peri-operative & Critical Care Services (110), Women's Service (95) and Internal Medicine (85).

## Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 935 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st September 2020 to 31st August 2021 - this represents an overall rate per 1,000 staff of 54 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (316), Neuroscience (121), Musculoskeletal Services (151), Community (97), and Surgical Services (78).

## Sharps Incidents

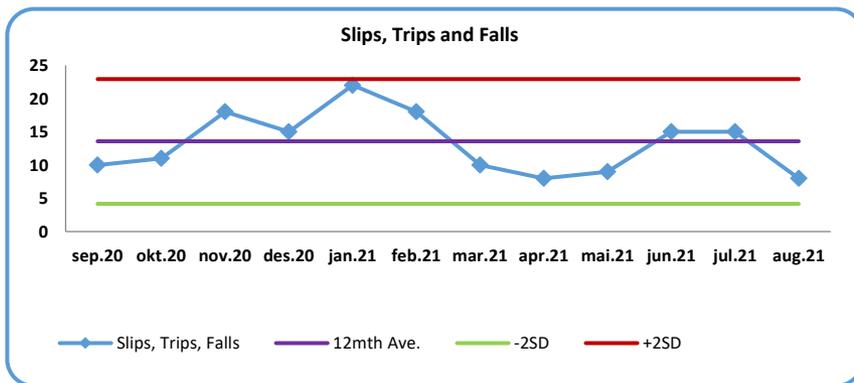
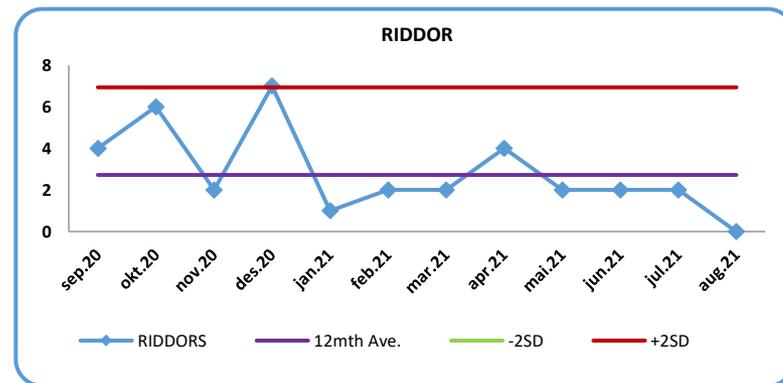
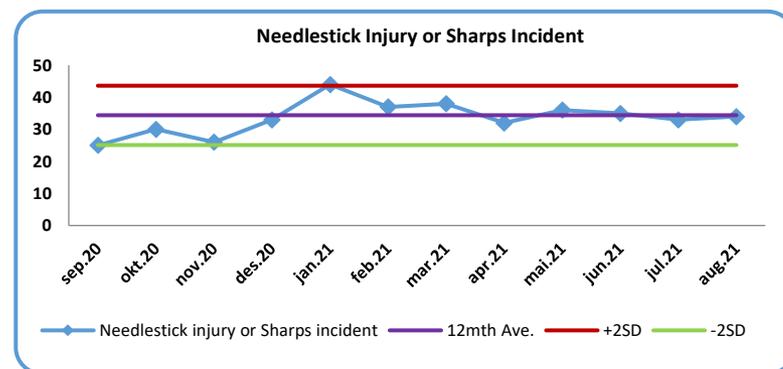
The average number of all sharps injuries per month is 34 between 1st September 2020 to 31st August 2021 based on Datix reporting, with 18.6% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 24.8 per month.

## Slips, Trips and Falls

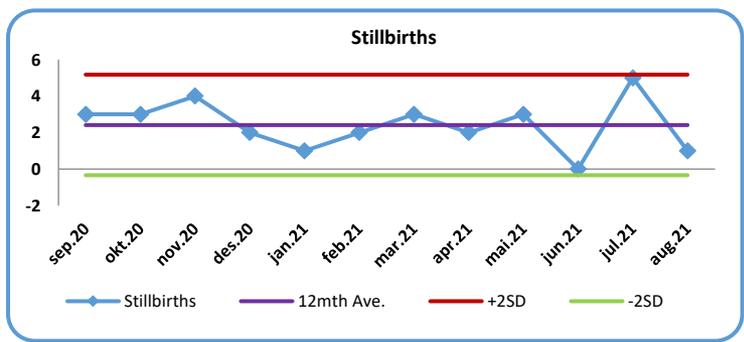
Slips on wet surface, fall on level ground and tripped over an object collectively account for 55.3% of falls between 1st September 2020 to 31st August 2021. Fall from height; fall up or down stairway and falls from a chair account for 15.7% of the incidents recorded.

## RIDDOR

There have been 36 RIDDOR incidents reported between 1st September 2020 to 31st August 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (9) Moving and handling (5), COVID (5) Exposure to Hazards (2). These account for 55% of reportable accidents over the period.

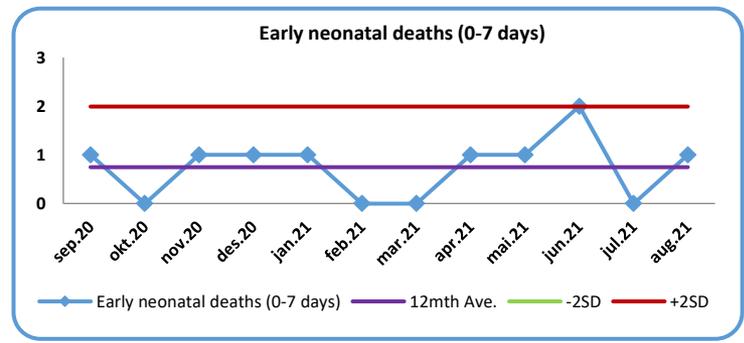


# Quality and Performance: Maternity (1/3)



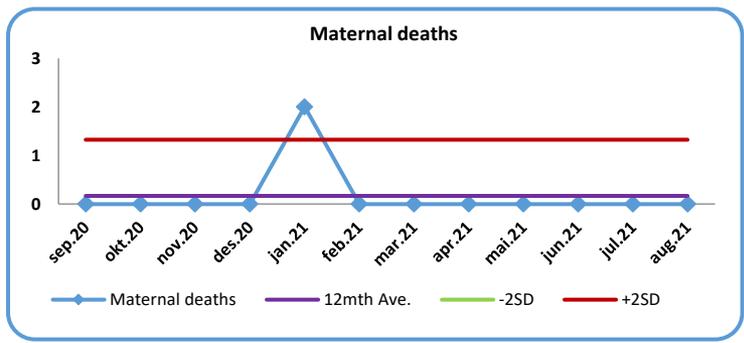
## Perinatal deaths

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. There were 5 stillbirths in July which is higher than average. 2 of these were as a result of sudden placental abruption with no previous risk factors. The one case in August has also been reported as a Serious Incident.



## Early Neonatal Deaths

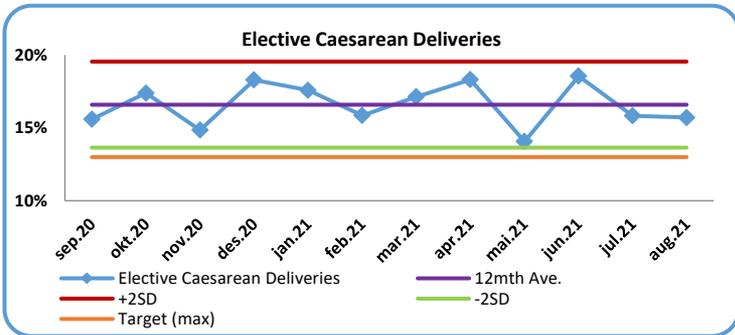
These figure are for term infants (born between 37 and 41 weeks) who delivered at The Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. In August the one baby that sadly died was known to have an abnormality but was expected to live. The case was reported to HSIB but rejected. A local review is being undertaken.



## 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 more detailed report 'Saving Lives, Improving Mothers' Care' was published in December 2020. A detailed review of this report was undertaken and a gap analysis presented to the Board level Safety Champions in August.

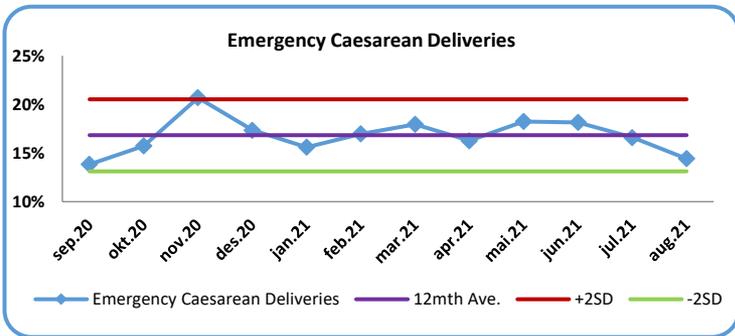
# Quality and Performance: Maternity (2/3)



### Elective Caesarean section

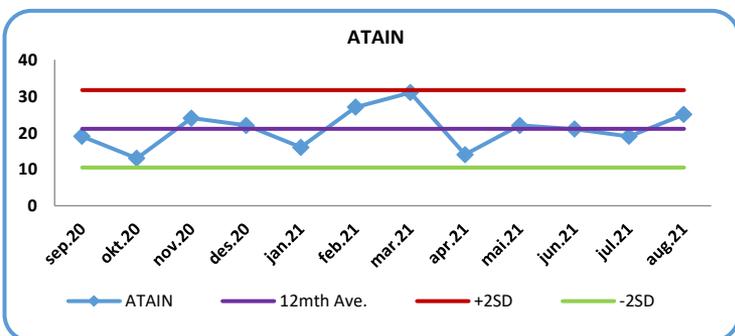
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

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.

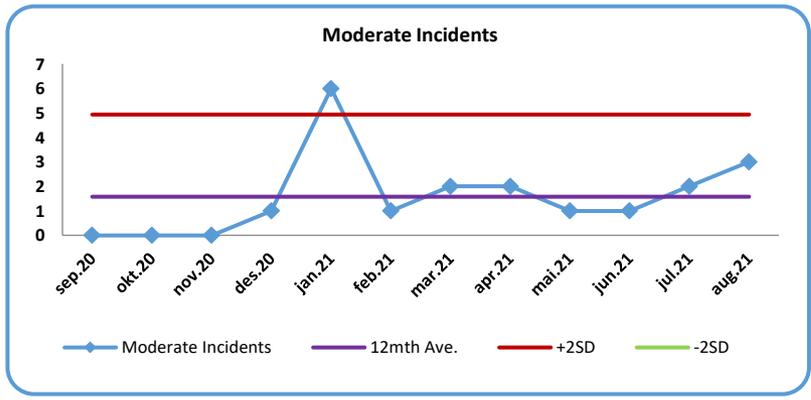
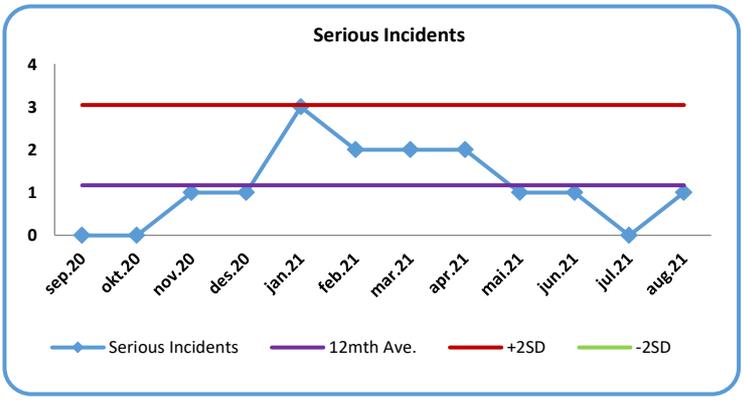
# Quality and Performance: Maternity (3/3)

## Serious Incidents

There have been 14 incidents escalated as Serious Incidents to The Trust in the past 12 months. These include 5 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 (48hr 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. Moderate incidents will be investigated as a Serious Learning Event and involve parental input to the investigation.



# Quality and Performance: Clinical Audit

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
<b>Maternal Mortality Report: Saving Lives, Improving Mothers' Care</b>	The seventh annual report included surveillance data on women who died during or up to one year after pregnancy between 2016 and 2018 in the UK	<ul style="list-style-type: none"> <li>Regional standards of care and pathways are in place for pregnant women with epilepsy.</li> <li>Dedicated weekly obstetric neurology clinic for women with epilepsy with named consultant obstetrician and consultant neurologist.</li> <li>Robust bespoke electronic VTE risk assessment for maternity and joint obstetric haematology Absolute Neutrophil Count with Haematologist for MDT input and planning for women with VTE in pregnancy.</li> <li>Preterm prevention service with dedicated consultant obstetrician covering this and weekly clinic. Women with extremely preterm pre-labour rupture of membranes have access to Fetal Medicine and counselling by consultant obstetrician and consultant neonatologists with expertise in this area.</li> <li>Consultant-led service – Consultant Obstetricians and consultant obstetric anaesthetists oversee the care of any woman sustaining a major obstetric haemorrhage.</li> <li>Maternal Medicine Specialists coordinate the care of pregnant women with complex needs or a complex medical history with anaesthetists / physicians.</li> <li>Individualised MDT planning.</li> <li>Critical care support initiatives in Trust: Enhanced Maternal Care Guideline 2018, Midwifery maternal Critical Care Course and Training for Outreach and ITU staff.</li> </ul>	<ul style="list-style-type: none"> <li>Recurrent funding required for consultant neurologist for Obstetric Neuro antenatal clinic and to oversee regional pathways of care for pregnant women with epilepsy and women who present with a stroke.</li> <li>Need for robust VTE risk assessment for women in early pregnancy.</li> <li>Need for individualised approach to fluid replacement by bodyweight with obstetric haemorrhage.</li> <li>Urgent need for robust triage for pregnant women or recently pregnant women in Maternity and across the Trust.</li> <li>Need for comprehensive interpreting service.</li> <li>Improved contraception services required for pregnant women.</li> </ul>	Discussed at August 2021 Clinical Audit and Guidelines Group
<b>Inpatient Falls</b>	2018-2021 Programme	<ul style="list-style-type: none"> <li>All Inhospital Falls are recorded in the national audit.</li> <li>All Inhospital Falls undergo a root cause analysis and quality assurance process which includes the Associate Director of Nursing, Clinical Standards, Quality Improvement Lead and Falls Prevention Coordinator.</li> <li>Trust Falls Taskforce Group meets bimonthly. Group is chaired by Associate Director of Nursing and vice-chair is Clinical Standards and Quality Improvement Lead. Overseen by a member of the executive and non-executive team.</li> <li>All hip fractures are reported as severe harm regardless of circumstance.</li> </ul>	<ul style="list-style-type: none"> <li>Harm free care leaders to be trained to competently assess for provision of walking aids for vulnerable patients.</li> <li>Falls Prevention Coordinator to complete Audit through harm free care month of August for falls.</li> <li>Falls prevention coordinator to continue to educate staff through various teaching sessions and inductions throughout Trust and conduct a further compliance audit.</li> <li>Review and amend "Management and prevention of adult patient, slips, trips and falls policy". Invite Specialist Nurse in orthogeriatrics to Falls Prevention Taskforce Group to discuss best practice tariff standards and implement into the policy.</li> </ul>	Discussed at August 2021 Clinical Audit and Guidelines Group

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

## Management of Abnormal Results

### Progress to Date

- The management of clinical tests, from their request, through booking, performance, reporting, reviewing and acting on the results, is an important priority area for patient safety in the Trust and in all healthcare systems.
- It is recognised as a highly complex problem which does not yet have a complete solution in any healthcare system.
- New digital support and changes in clinical workflows will address this clinical risk.
- A “closed loop” investigations system has been designed through clinical collaboration to track and display all investigations from request, to appointment, to completion, to reporting and then endorsement. This will be visible in each patient’s electronic record and in a consolidated viewer for the requester and responsible consultant.

### Improvement focus

- Fully closing the investigations loop requires checking that appropriate actions have been taken on the results. We are exploring artificial intelligence solutions with suppliers in order to identify gaps in care which could result in patients being lost to follow-up or further treatment.
- This work is part of the on-going upgrade to the Trust electronic patient record system. It is planned to be completed in October 2021 when the project will be formally initiated.

## Modified Early Obstetric Warning Score (MEOWS) outside maternity

### Progress to Date

- The implementation of an electronic MEOWs system outside the Women’s Services Directorate would improve the quality and safety of patient care for pregnant/recently pregnant women regardless of their location throughout the trust.
- Two virtual meetings with IT involvement have taken place with the aim of:
  - creating an IT solution for identification of a pregnant/recently pregnant woman (within six weeks of birth) outside Women’s Services.
  - IT development of an electronic MEOWs system to replace NEWS for this group of women (outside of maternity).
- The MEOWs IT solution is currently at the testing phase of development. Once this is completed the eObs system can be updated. The plan is to implement this in the next eObs deployment that is expected to be in October 2021.

### Improvement focus

- A proposal to the Trust Improvement for Teams programme delivered by the Institute for Health Improvement (IHI), concerning ‘The recognition and management of the deteriorating pregnant or recently pregnant woman’ was successful.
- The scope of this work includes identifying pregnant or recently pregnant women outside the Directorate, a system where the correct early warning score is used for those women and education/cross department working.

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

## Mental Health in Young People

### Progress to Date

- There is a dedicated Mental Health Strategy Group that reviews the relevant NCEPOD Standards and identifies appropriate actions to ensure compliance.
- Collaborative work is ongoing with CNTW in terms of:
  - 1) training and support for staff.
  - 2) the production of joined up patient information.
  - 3) developing links with KOOTH (Healthy Young Minds).
- Hospital Staff working in acute care settings would like to improve their confidence and skills in caring for children with mental health needs. Research identifies young people can have negative experiences when presenting to hospital due to their mental health. Work continues with the We Can Talk Programme, which is a co-designed and co-delivered project working with over 50 hospitals to train more than four thousand staff to transform the experience of young people and hospital staff .
- Work to improve the environment in Paediatric Assessment for Children and Young People (CYP) presenting in crisis is being progressed.
- Focused work Preventing Restrictive Interventions; policy, equipment, debrief and support for staff is ongoing.
- Work to support patients under 18years who are detained under the Mental Health Act is continuing.
- Working with families to hear experience and make improvements is underway.

### Improvement focus

- Efficient and timely pathways for CYP presenting acutely.
- Developing the workforce skills to manage CYP with acute mental health conditions.
- Dedicated safe area within Paediatric Assessment to manage patients awaiting acute mental health admission.
- Policy to support Reduction in Restrictive Interventions for CYP and CYP detained under MCA.

## Forward Plan for the Quality Account

- There have been a number of changes in the requirements for completion of this years Quality Account.
- In 2020/21 NHS foundation trusts were not required to include a quality report in our annual report. This will continue for 2021/22 and beyond, with focused reporting on quality priorities and performance in the annual report incorporated directly into the performance report.
- NHS foundation trusts were not required to commission external assurance on their quality report for 2020/21. From 2021/22 onwards this assurance exercise will be optional for all providers; commissioning of external assurance for 2021/22 is currently under review by the Trust.
- November 2021: There will be a six month review of all Quality Priorities to Trust Board.

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

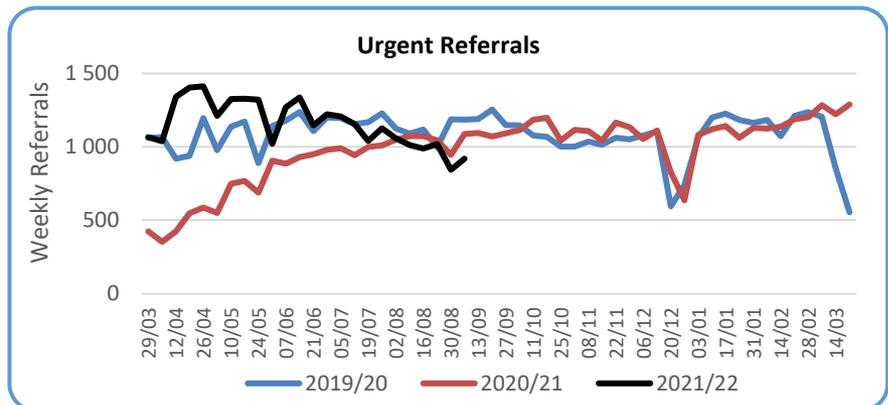
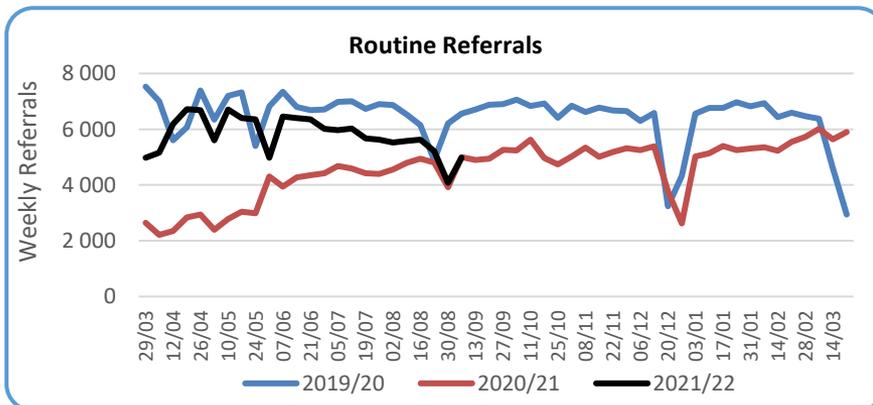
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective 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

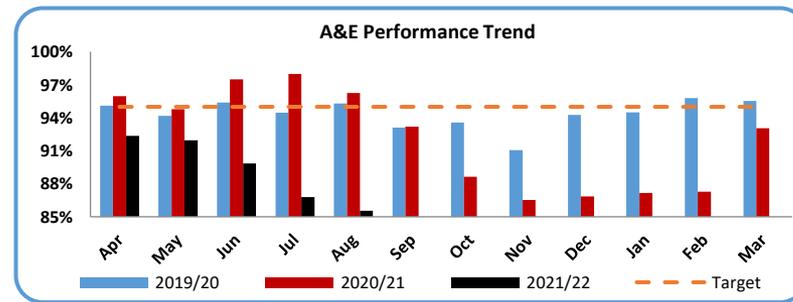
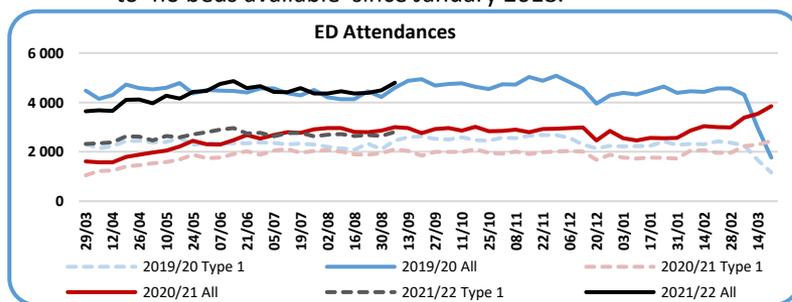
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month in 2019			
				w/e 08/08/21	w/e 15/08/21	w/e 22/08/21	w/e 29/08/21	Jun-21	Jul-21	Aug-21	
Front Door	Type 1 Attendances (Main ED)	2,377	2,678	113.0%	114.1%	111.2%	112.7%	121.4%	114.7%	122.2%	
	Ambulance Arrivals	635	627	104.9%	96.4%	100.3%	98.8%	Unavailable			
	Eye Casualty Attendances	416	349	77.8%	79.8%	79.8%	83.8%	83.9%	69.6%	75.0%	
	Walk in Centre Attendances	1,419	1,270	84.5%	91.6%	87.1%	89.5%	93.3%	88.8%	94.4%	
	A&E 4hr performance (Type 1)	89.5%	78.6%	-10.4%	-13.7%	-14.4%	-10.9%	-8.0%	-11.1%	-14.3%	
	A&E 4hr performance (All Types)	94.3%	86.4%	-7.5%	-9.3%	-9.4%	-7.9%	-5.6%	-7.7%	-9.7%	
Admission & Flow	Emergency Admissions (All)	1,368	1,332	93.0%	93.4%	94.9%	97.3%	109.8%	105.6%	105.6%	
	G&A Bed Occupancy	80.8%	78.0%	82.3%	81.8%	78.7%	78.0%	78.7%	82.7%	80.3%	
RTT/Planned Care	Outpatient Referrals (All)	8,187	6,413	86.4%	86.5%	86.0%	78.3%	93.4%	87.0%	84.7%	*
	Elective Spells	2,721	2,185	71.9%	84.0%	81.3%	80.3%	89.6%	85.4%	75.8%	*
	Outpatient Attendances	20,457	19,082	100.7%	99.9%	97.1%	93.3%	96.9%	99.0%	97.9%	*
	DNA Rates	7.2%	7.9%	8.3%	8.1%	7.7%	7.9%	7.5%	8.0%	8.3%	
	Incomplete Performance	87.3%	71.3%	72.3%	72.6%	72.2%	71.3%	74.5%	73.7%	72.8%	
	RTT >52 Week Waiters	18	5,172	5,138	5,179	5,177	5,172	4,977	5,074	5,050	
Cancer	2WW Appointments	482	510	93.1%	105.9%	103.2%	105.7%	93.4%	101.9%	88.8%	*
	All Cancer 2WW	No weekly performance recorded.						53.1%	55.0%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic	No weekly performance recorded.						21.6%	39.0%		
	Cancer 62 Days - Urgent	No weekly performance recorded.						69.9%	63.3%		
	Cancer 62 Days - Screening	No weekly performance recorded.						85.1%	76.9%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,888	90.1%	92.8%	91.2%	90.9%	84.5%	89.4%	91.9%	*
	Diagnostic Performance	No weekly performance recorded.						80.2%	79.0%	78.3%	

Data provided as 'Actual' figure rather than % comparison

\* Working day adjusted

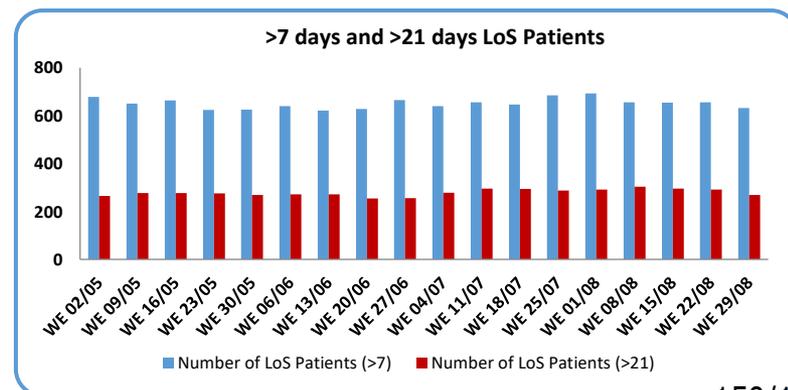
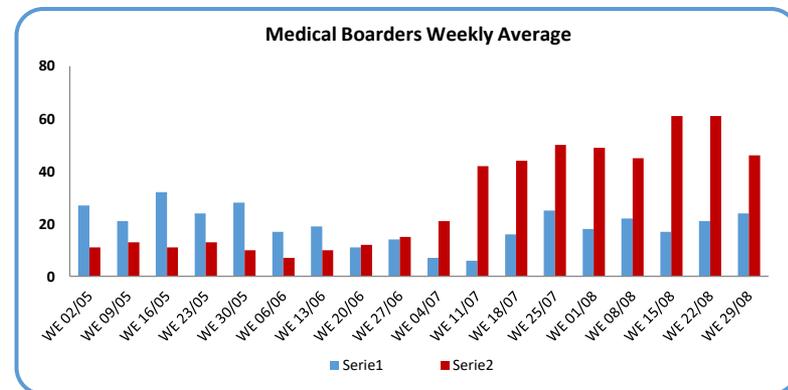
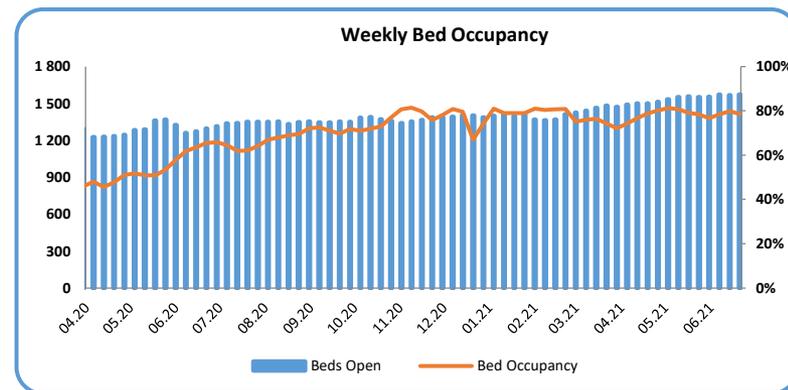
# Quality and Performance: A&E Access and Performance

- In August A&E performance was 85.6% against the 95% 4hr standard. The standard has not been met for 12 months.**
  - This was the lowest level of performance for many years. Type 1 performance (77.0%) dropped for the 5<sup>th</sup> month in a row.
  - NuTH's performance remains well above the national (77.0%) and regional (82.1%) averages, comparing favourably to other Shelford Trusts.
  - There were 2 ambulance handovers >60 minutes last month, which is the highest level since the onset of COVID-19. The Trust also reported 1 trolley wait >12 hours for the first time in 4 months, with the delay caused by bed unavailability.
- The reformed attendance profile observed in recent months (in comparison to pre-Covid trends) shows no sign of abating with a larger proportion of attendances being of higher acuity.**
  - Whilst monthly attendances reduced slightly compared to July, they were still at 104% of the volume seen in August 2019, as the usual summer drop was not seen to the same extent as previous years.
  - Attendances in the evening were especially high in recent weeks placing pressure on the emergency department.
  - Type 1 attendances in August 2021 accounted for 61.1% of all attendances, compared to just 51.8% in August 2019.
    - The overall volume of these Type 1 attendances was 22% higher than in August 2019.
    - The total number of patients classified as 'majors' within the month exceeded 7,000 for the first time in many years.
    - Type 1 breaches topped 2,700 for the first time in many years, having only peaked above 2,000 for the first time in June.
      - For comparison Type 1 breaches were 843 and 467 in August 2019 and August 2020 respectively.
  - Eye Casualty attendances are yet to return to pre-pandemic levels, with August 2021's total equating to 75% of August 2019's total. Despite this, Eye Casualty performance has recently deteriorated to below 95% for 2 successive months for the first time since May 2018. This is due to staffing shortages across Ophthalmology, balancing staffing the Eye Emergency department whilst maintaining elective activity.
  - The Trust's Urgent Treatment Centres (UTCs) saw their highest level of attendances since February 2020, only slightly below August 2019 levels (94%). However GP streaming attendances remain very low with August 2021's figure at only 47% of the August 2019 level. Work is ongoing to optimize how this resource is utilised.
- The Trust has faced exceptional difficulties in staffing levels and bed availability due to the high levels of COVID transmission in the past 2 months. These were both significant factors in the low compliance against the 4 hour standard.**
  - The Trust had to constantly accommodate a consistent level of around 50 COVID inpatients throughout August. Although this is slightly lower than in July, it is higher than any other month since February 2021. This caused ward conversions from elective beds to non-elective beds.
  - Staff sickness due to COVID-19 has also been high in the past 2 months, although positively staff absence due to self-isolation was significantly lower than in July. The total number of bed days lost has reached record levels in the past 2 months with closures due to Covid infections and staffing shortages prompting sizeable reductions to the overall bed base. Particular impact due to staffing shortages has also been felt within Same Day Emergency Care and the observation beds in ED. These bed shortages will have contributed to the highest number of breaches due to 'no beds available' since January 2018.



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

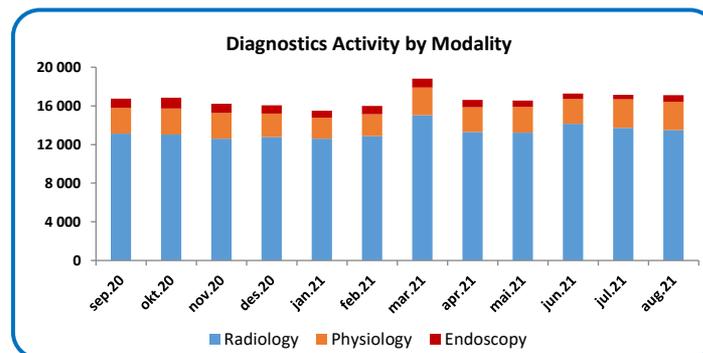
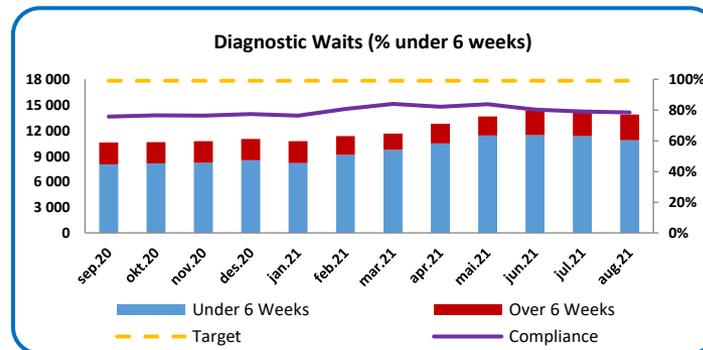
- **The Trust averaged 79% bed occupancy in August 2021, 4% lower than in July.**
  - Occupancy levels fell steadily during the month, reversing the trend of rising bed occupancy that had been seen during the spring and early summer.
    - Occupancy was 77% in the last week of August, the lowest level since the end of May.
  - The falling occupancy during August was due to a combination of some beds reopening as COVID related staff absences lessened, and the cancellation of some P3 and P4 elective activity.
  - Occupancy was however above both July 2019 and July 2020 levels due to:
    - The Trust having to accommodate a steady level of 50 COVID inpatients
    - High volumes of emergency activity
    - COVID outbreaks causing bed closures
    - Staffing shortages causing bed closures due to high levels of COVID-19 in the community and greater annual leave during the summer holidays
- **Despite lower bed occupancy, medical boarders increased further during August.**
  - The level peaked at 61 in mid-August. This is an unprecedented level for summer months and corresponds with peak winter volumes in previous years.
  - This contrasts with a sustained period of very low levels during the spring of 2021. The sharp rise in boarders is another consequence of the severe pressures on beds and staffing levels linked to increasing COVID prevalence and high emergency demand.
- **As can be seen later in the report, staffing sickness levels continue to rise, with the nursing staff group having a sickness rate of 5%, running above the usual rate of 4-4.5%.**
  - Due to the unavailability of nursing staff a significant number of bed have been closed to ensure safe staffing levels are maintained.
  - During September and October the Trust anticipates receiving approximately 170 WTE registered nurses to substantially boost staffing levels and reopen beds.
- **August saw a steady drop in the Trust's volume of Long Length of Stay (LoS) patients.**
  - By the end of August there were 9% fewer patients with a LoS >7 days (632) compared to the end of July.
  - The level of patients with a LoS >21 days (269) also dropped by 8%.
- **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

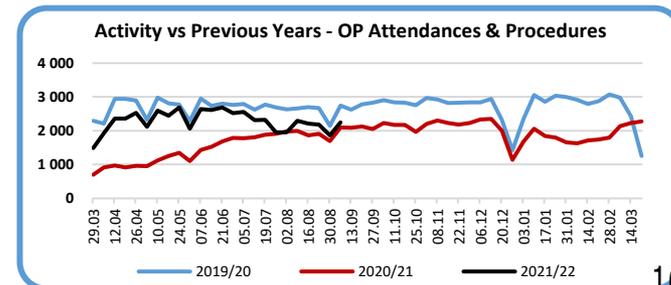
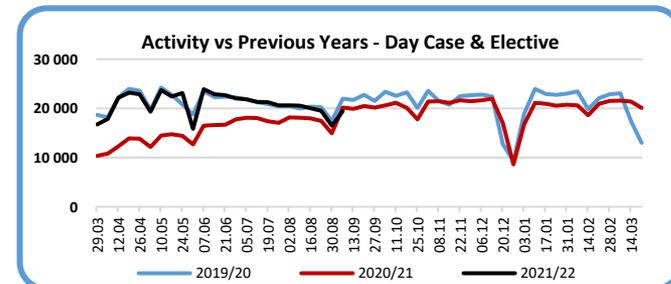
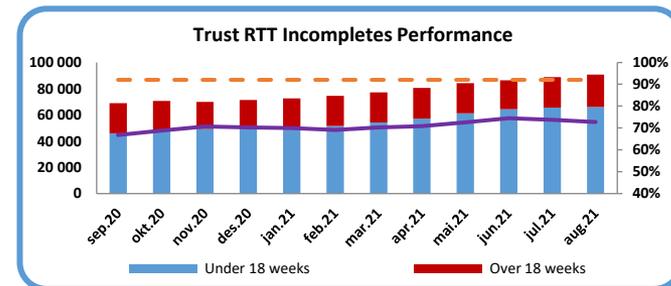
- Diagnostic performance in August was 78.3% against the 99% standard, a 0.7% fall from July and the lowest level of compliance since January 2021.**
  - The overall decline was due to a downturn in performance within Radiology (84.4%, -1.4%), responsible for the majority of Trust diagnostic activity, as well as in Physiological Measurements (55.5%, -1.6%). An increase in performance was registered in Endoscopy (53.8%, +11.2%).
  - The total number of long waiters significantly reduced compared to July, falling by 86 (-9.1%) to an overall total of 883 patients waiting over 13 weeks. This cohort of patients make up 6.4% of the overall waiting list (WL).
  - In July (latest NHSE data) NuTH's diagnostics performance (79.0%) remained above the national (76.5%) and regional (74.5%) positions.
- In August 17,106 tests were carried out, very closely matching the total in July 2021 but still 8% lower than in August 2019.**
  - Endoscopy activity increased by almost 50%, but this is largely due to a delay in coding episodes that occurred in July which resulted in us underreporting our overall activity carried out.
  - There were decreases of 1.6% in both Imaging and Physiological Measurement activity compared to the previous month, but when adjusting for the extra working day in July both modalities demonstrated a comparable rise in activity.
  - Echo maintained high levels of activity throughout the month following the implementation of numerous activity recovery schemes including three insourcing companies as well as outsourcing.
  - CT and Non-obstetric Ultrasound, the two most voluminous tests performed within the Trust, are both back to delivery levels matching or exceeding the numbers performed in August 2019 – however MRI still lags 6.7% behind.
- Having consistently expanded throughout 2021, the total WL size fell for the first time this year to 13,876 patients, a 3.4% reduction.**
  - Compared to July, there were notable drops within MRI, Non-Obs Ultrasound, DEXA and Echo. Whilst demand remains strong it is possible that the decline recorded in routine outpatient referrals in recent weeks is in turn impacting on the number of patients referred for a diagnostic test.
  - Capacity is also being expanded as a consequence of the implementation of activity recovery schemes through the Recovery Plus programme. MRI continue to flex capacity as much as possible and have accrued an additional mobile van to supplement capacity - Neuro MRI were allocated a number of additional days to utilise the scanner in August.
  - Despite the reduction in the overall WL size this month it has still increased by 26% over the course of 2021, having remained comparable to pre-pandemic levels through 2020.
- Efforts continue to expand activity despite ongoing social distancing and infection prevention control regulations, as well as the problematic staffing gaps witnessed in recent weeks as a consequence of increased COVID-19 prevalence.**

Overall Patients Treated Within Month	Aug-21	Jul-21	Difference (Actual)	Difference (%)
Imaging	13,511	13,724	-213	-1.6%
Physiological Measurement	2,918	2,965	-47	-1.6%
Endoscopy	677	453	224	49.4%
Trust Total	17,106	17,142	-36	-0.2%

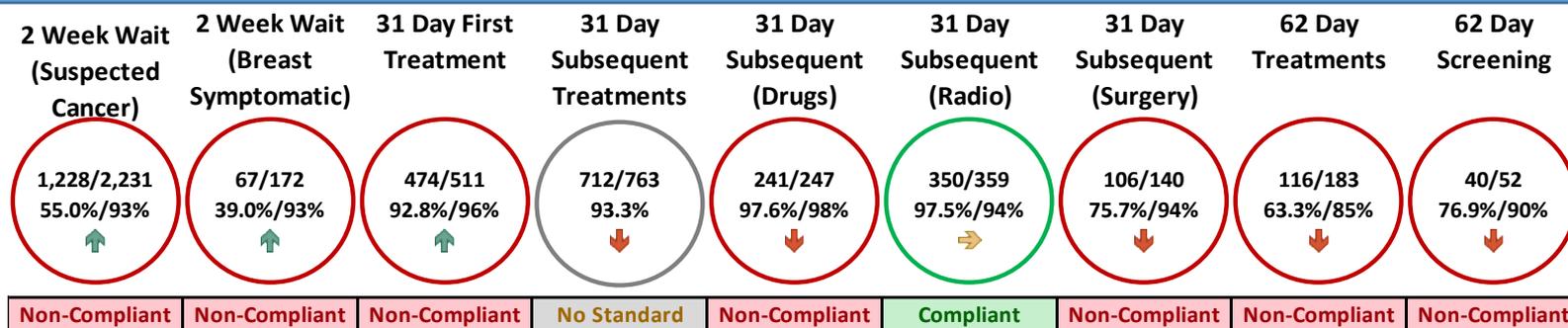


# Quality and Performance: 18 Weeks Referral to Treatment

- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. August's performance against the 18 week wait target (92%) declined slightly to 72.8%, 0.9% below July's level of performance.**
  - 24,684 patients have waited more than 18 weeks, with 8,966 >40 week waiters. Both of these figures increased for the second month in a row having diminished over preceding months.
  - The number of patients waiting >52 weeks minimally reduced by 24 patients (0.5%) to 5,050. The drop observed in recent months is mainly due to referrals to the Trust falling considerably during Spring and Summer 2020, a consequence of the onset of the COVID-19 pandemic.
  - In July 5.7% of the Trust's PTL were >52 week waiters, 0.5% above the national position but below the overall Shelford position.
  - Consistent with recent months, in August 45% of >52 week waiters were within Ophthalmology, with this total standing at 2,273. The Trust now has a cataract modular theatre designed to enhance patient flow and rapidly expand capacity to help tackle this problem.
  - Dermatology, Spinal Surgery and Orthopaedics continue to also have high volumes of >52 week waiters.
  - 112 patients have now waited >104 weeks, a number that continues to expand and currently spreads across 5 specialties. The majority of these waiters remain with Spinal Surgery whose longest waiter is at 138 weeks.
- **As of July 2021 NuTH have the 8th largest PTL in the country and remain the most compliant of the top 10 Trusts with the largest PTLs. National compliance in July stood at 68.3%, 5.4% below the NuTH total.**
  - In total August 2021's referrals volume dropped by 12% from July's level, equating to 85% of the volume received in August 2019. For a second month in a row there appears to have been a considerable drop across each referral type (routine, urgent and 2 week wait), contrasting with previous months when urgent and 2 week wait referrals had consistently exceeded pre-pandemic levels.
  - Nonetheless, the Trust's total waiting list size increased for a ninth consecutive month and now stands above 90,000, 37% larger than this time last year.
- **Treatment of long waiters and recovery of elective activity and RTT performance are key Trust priorities. NHSE/IT's Elective Recovery Framework (ERF) set ambitions to achieve increasing levels of planned activity: April 70%, May 75%, June 80%, July – Sept 95%**
  - During August activity delivery measured at 75.8% (Day Case & Elective) and 97.9% (Outpatient Attendances & Procedures) when compared to August 2019. *It should be noted these figures are based solely on units of activity, with no accommodation of case mix/financial value made which is a component in ERF calculations.*
- **Monitoring of approved recovery schemes and new opportunities to increase throughput and reduce long waits are being assessed on a weekly basis via the Recovery Plus programme at the Trust's Operational Board.**
  - Current approved recovery schemes include additional sessions within numerous specialties, additional locum cover, expansion of radiology provision, the cataract delivery unit, a dedicated weekend day case ward pilot, and other initiatives.
- **Due to the staffing and bed situations described throughout the report, elective activity has decreased during July and August, with cancer and urgent P1 and P2 work prioritised.**
  - The elective programme is in constant review with as much non-urgent elective work undertaken as can be safely delivered.



# Quality and Performance: Cancer Performance (1/2)



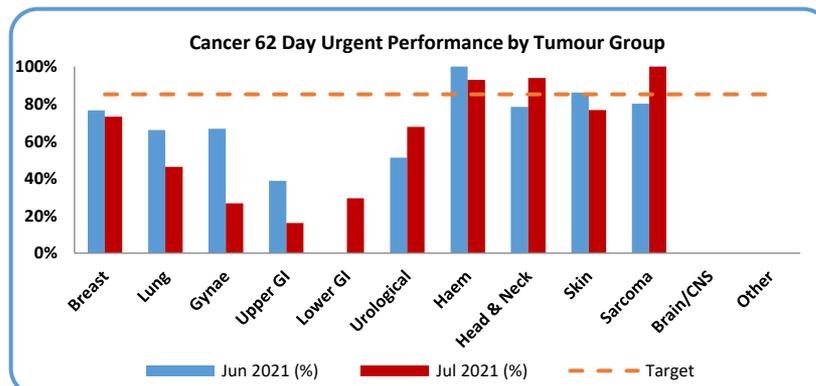
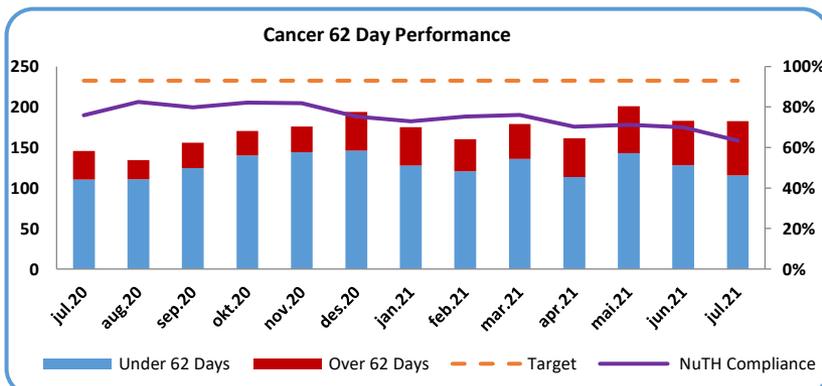
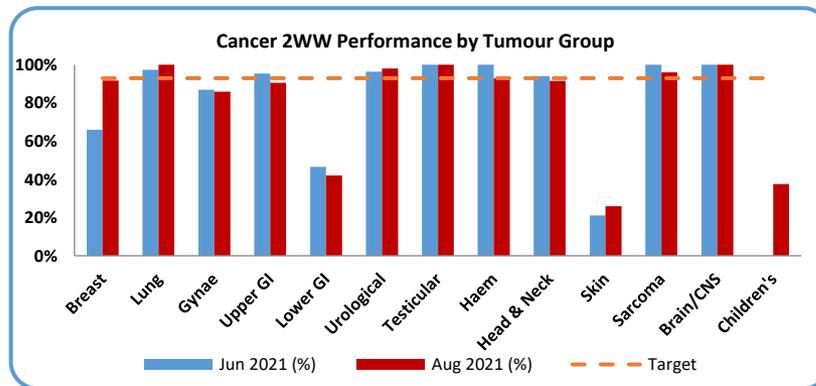
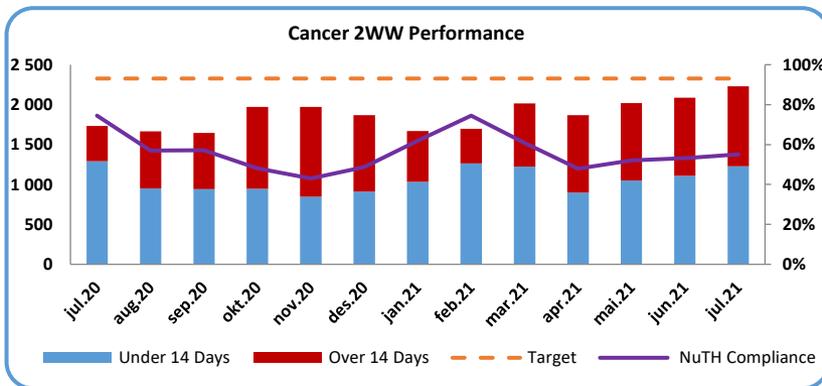
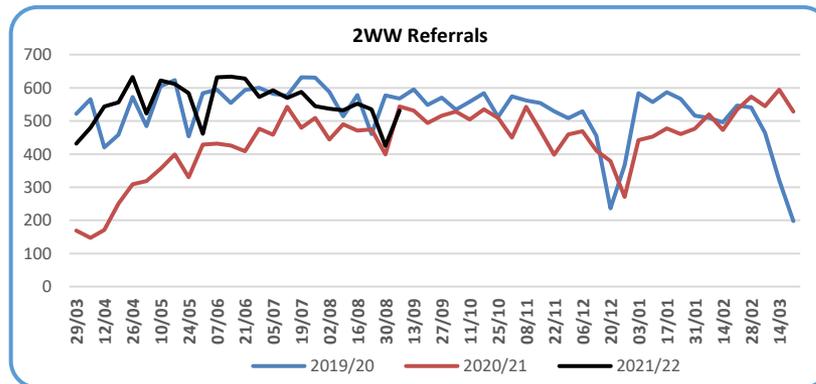
The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

- The Trust achieved 1 of the 8 Cancer Waiting Time standards in July; 2 of the 8 standards were met in June.
- The nationally validated 2ww position remained low as expected due to issues previously raised relating to the Skins (26%) and Lower GI (42%); positively the Breast suspected position increased to 92% compliance.
  - **Within the Skins pathway tele-dermatology has been introduced** with GPs now sending images to NuTH alongside referrals, further education events are planned within primary care to ensure images received are of the highest quality. 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 – presently the Skins tumour group accounts for a 20% drop within the 2ww compliance.
  - **The Lower GI service has now moved to an electronic solution to assist in the management of the referral and triage process; alongside actions to increase capacity and utilise the independent sector (for non-cancer work), further improvements are expected within the area.**
    - GPs are now required to provide the result of the FIT before referral which will increase performance. Where this is not received first time this can add up to 5 days to a pathway.
    - 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 (92% suspected, 39% symptomatic) have now cleared a symptomatic backlog** which formed due to previously increased referral levels. 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 and July has shown an increase in compliance (+25%, +17%).
- **The 62 Day compliance dropped by 8% due to drops in Skins (-9%), Lung (-20%), and Upper GI (-23%).** Although urgent and cancer work is being prioritised significant pressures exist in ITU and theatres.
- **Due to COVID pressures, the Northern Cancer Alliance initiated a North and South Surgical Hub** to capture details of patients requiring surgical intervention across the Cancer Alliance; cases are then discussed to ensure each organisation has capacity to take their own cases and support sought if not. Cases were redistributed during the Jan / Feb wave with NuTH providing significant surgical support during the period. Both surgical hubs have resumed meeting over the past 6 weeks to ensure that capacity is maintained across the system.
- **The Northern Cancer Alliance met 2 of the 8 standards in July; 2 of the 8 standards were met in July.**
  - 2 providers within the Northern Cancer Alliance achieved the 2ww target in July.
  - No providers within the Northern Cancer Alliance met the 62 day target in July.

# 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

- **The last 3 months have seen the highest levels of 'last minute' cancelled operations since the onset of COVID-19, with the Trust reporting 45 in August.**
  - This is 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 9th month in a row Cardiothoracic Services (30) was comfortably the biggest contributor to the Trust total. Theatre lists overrunning was a key reason for cancellations, alongside the unavailability of beds, particularly ITU beds.
- July and August have seen high levels of COVID-19 inpatients and COVID related staff absences, which have caused a significant rise in the number of operations cancelled in advance (which are not included in the figures above) - Trauma and Orthopaedics and Ophthalmology were the hardest hit specialties. Consequently, although last minute cancellations have fallen for 2 successive months, elective activity has dropped during this period.
- The Trust reported 9 breaches (Cardiothoracic Services (6), Surgical Services (2), Medicine (1)) against the standard to treat within 28 days following last minute cancellations in August, which was the highest level for 2 years. This will have been impacted by the high prevalence of COVID-19 in the community, impacting staff and patients, and causing bed shortages.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in August.**
  - Performance against the referral metric was 100% and has been at this level of compliance for over a year.
  - The low proportion of patients who were asked the dementia case finding question was partly due to the reduced 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 low throughout 2021. To try and reverse this trend, 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 dropped in August (1.13%). This is the lowest level of 2021/22 to date and the monthly target (1.58%) has not been met for many years.**
  - 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 August performance against the IAPT 'moving to recovery' standard increased slightly to 41.6%, but the 50% target has not been met since June 2020.**
  - Positively, the IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 91.0% and 99.8%.
  - Operational service leads and finance teams are working together to model current and projected models of service access and provision.

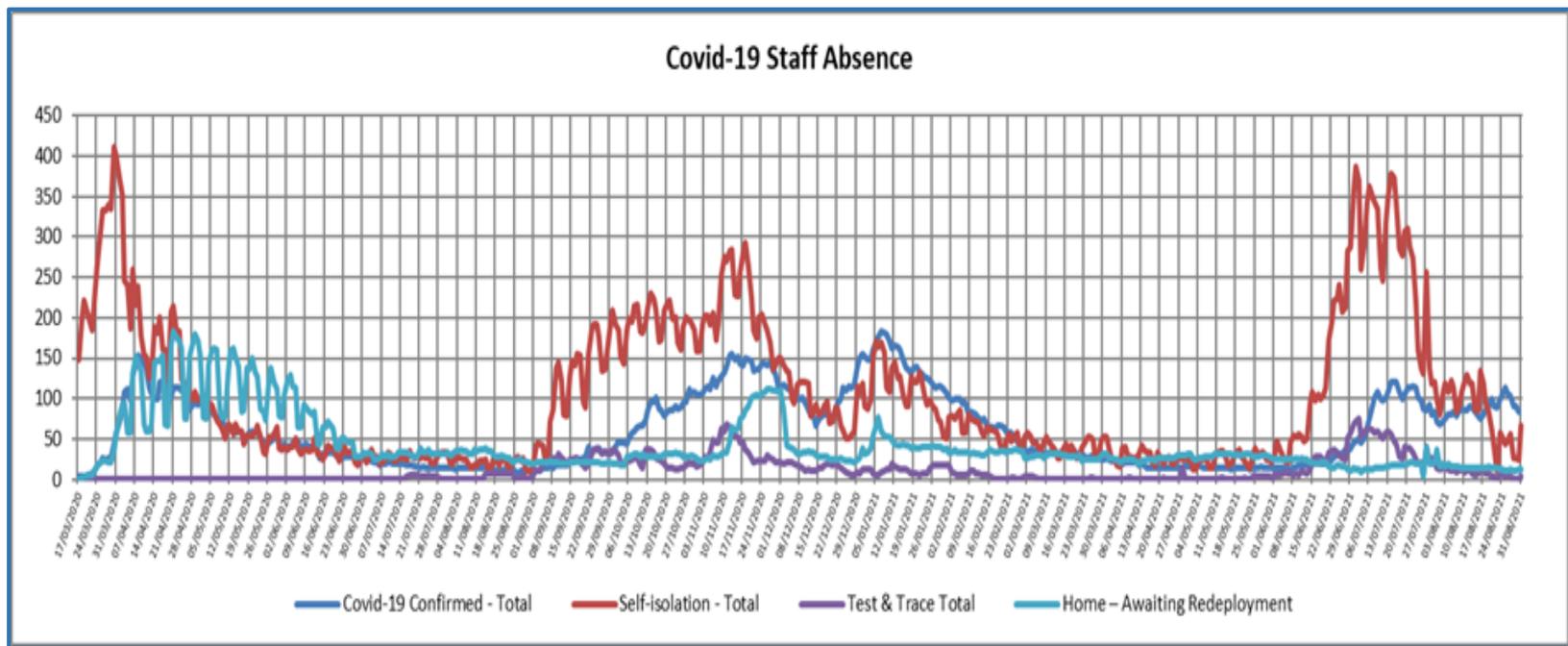
Reportable Cancelled Operations	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Last minute cancelled operations	40	34	30	30	14	19	16	7	24	34	56	52	45
Number of 28 day breaches	0	0	2	0	0	5	0	0	0	3	1	6	9
Urgent operations cancelled for a 2 <sup>nd</sup> or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
% asked the dementia case finding question within 72 hours of admission.	90%	39%	38%	36%	43%	42%	47%	49%	52%	49%	35%	57%	44%	49%
% reported as having had a dementia diagnostic assessment including investigations.	90%	71%	64%	38%	36%	26%	24%	15%	14%	17%	30%	18%	27%	17%
% who are referred for further diagnostic advice in line with local pathways.	90%	100%	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 17<sup>th</sup> March 2020 and 31<sup>st</sup> August 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 7<sup>th</sup> January 2021 and climbed again to 121 on 16<sup>th</sup> July 2021.



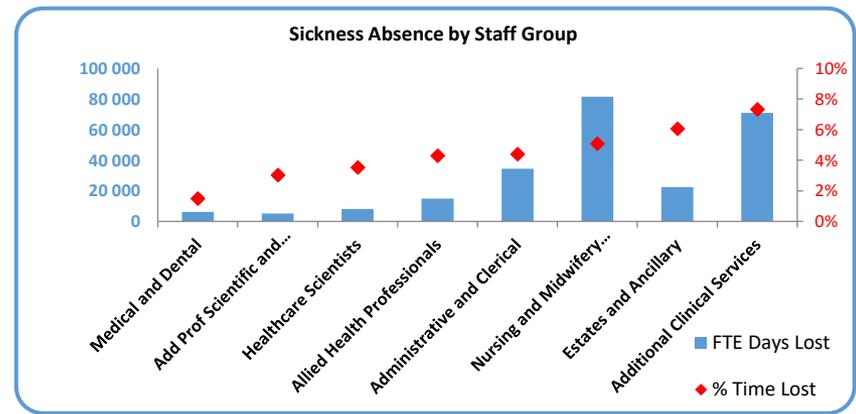
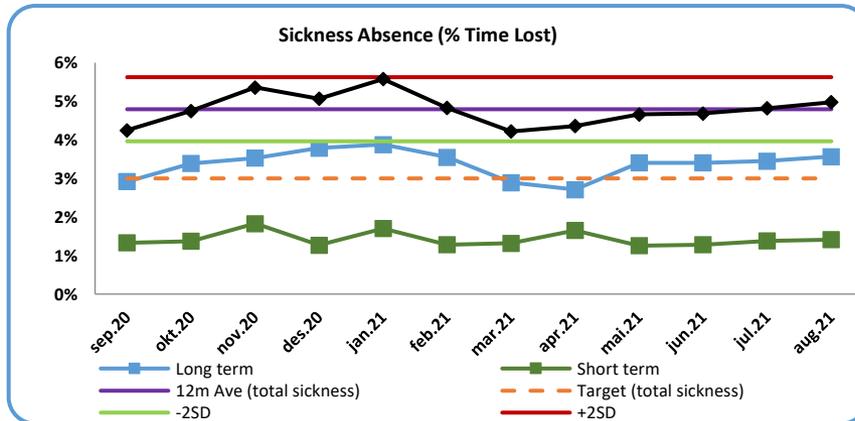
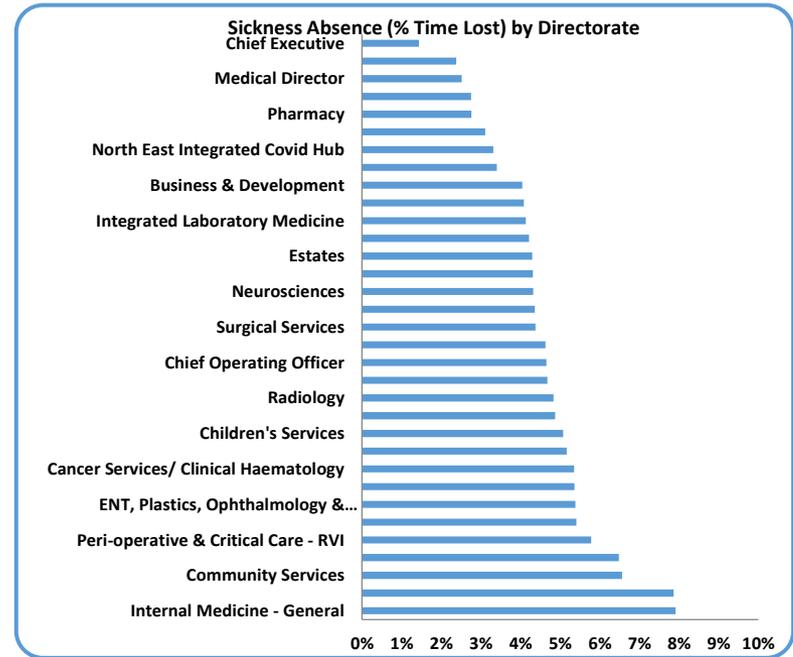
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

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

- Year to year comparison for sickness absence (including Covid related sickness) :

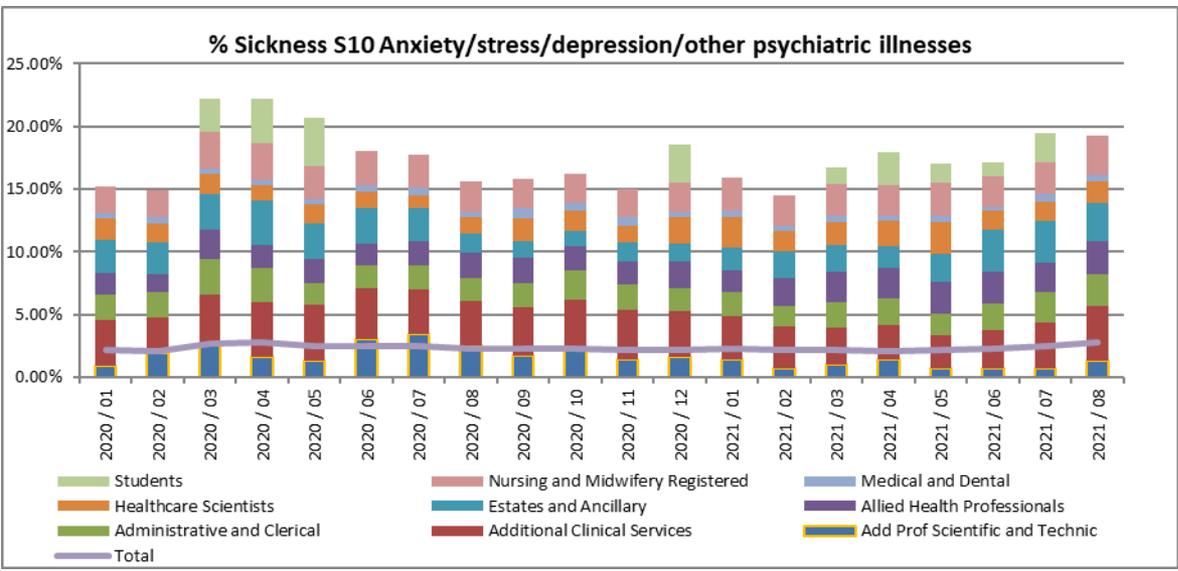
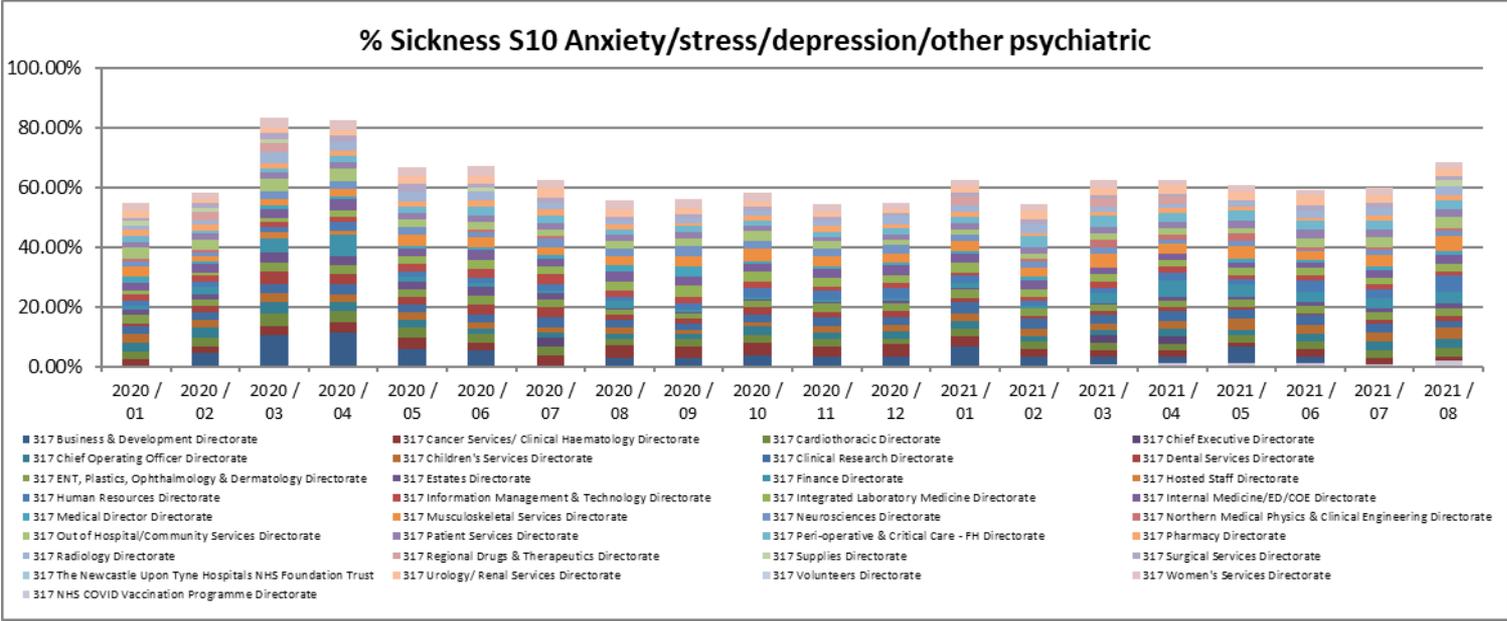
	Aug-20	Aug-21	
Long-term	3.37%	3.54%	↑
Short-term	1.35%	1.45%	↑
Total	4.72%	4.99%	↑

- 244,009 FTE working days were lost due to sickness (including Covid related sickness) in the year to August 2021, compared to 223,167 for the previous year.
- Overall sickness absence (including Covid related sickness) is 4.99%, which is up from the end of March 2021 position of 4.69% - (% FTE Time Lost).
- The top three reasons for non-Covid related sickness absence are anxiety/ stress/ depression (18% of total absence), gastrointestinal problems (15% of total) and other musculoskeletal problems (8% of total). For the previous 12 months the top three reasons were anxiety/ stress/ depression, gastrointestinal problems and other Cold, Cough, Flu - Influenza.



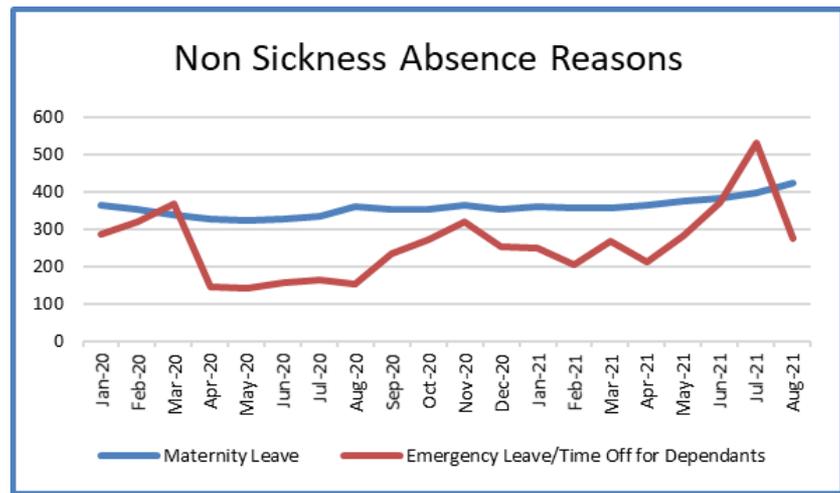
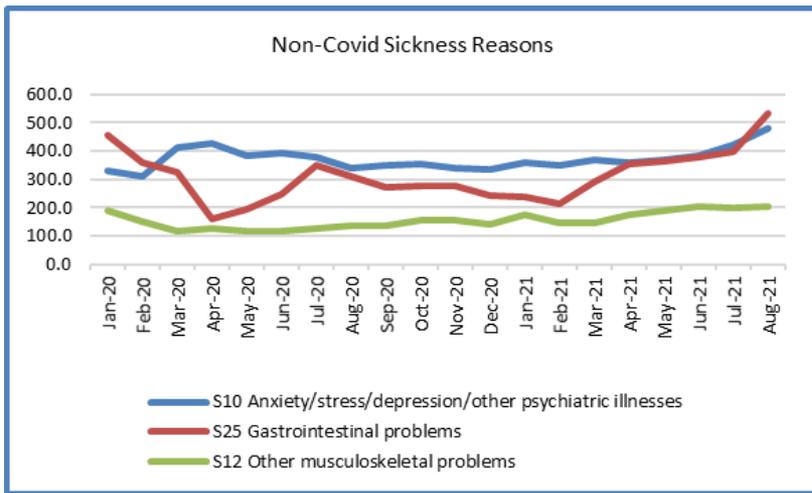
\*COO Directorate includes Outpatients / ABC Service

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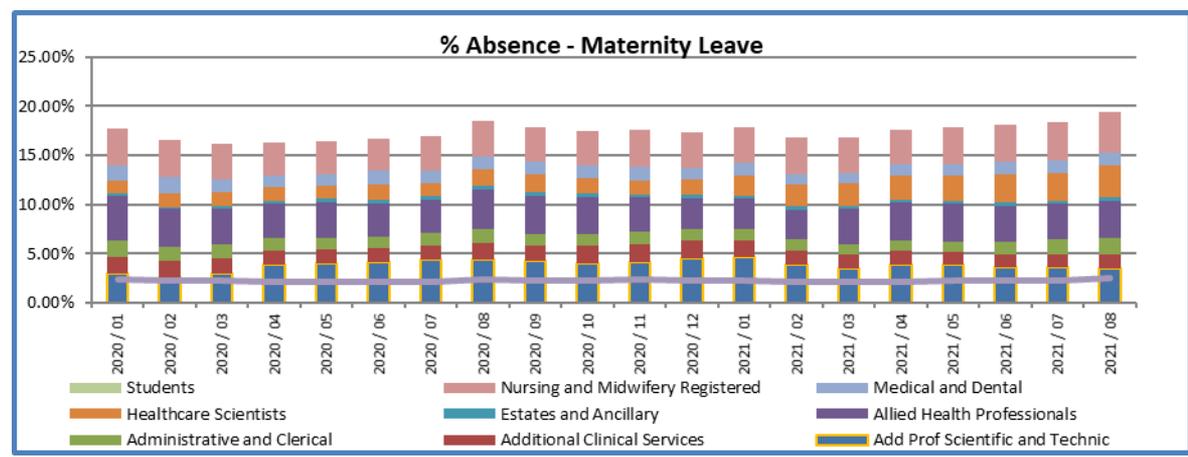
- The graphs identify % sickness absence for anxiety/stress.
- The % sickness absence across the Trust for anxiety and stress has increased from 2.18% in January 2020 to 2.82% in August 2021.
- The 3 staff groups with highest % sickness for stress/anxiety in August 2021 are Additional Clinical Services (4.30%), Nursing and Midwifery (3.10%) and Estates and Ancillary (3.10%).

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



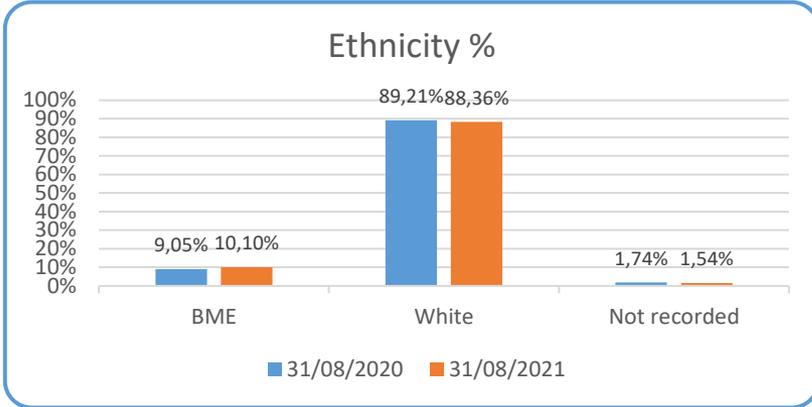
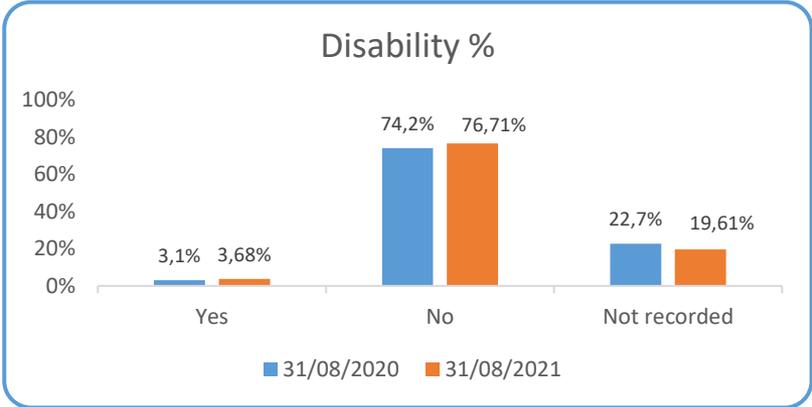
- The graph above identifies the number of staff absent due to non-Covid sickness for the for the top 3 reasons up to the end of August 2021.

- The graph above identifies the number of other non-sickness absence reasons up to the end of August 2021, (excluding Covid 19).

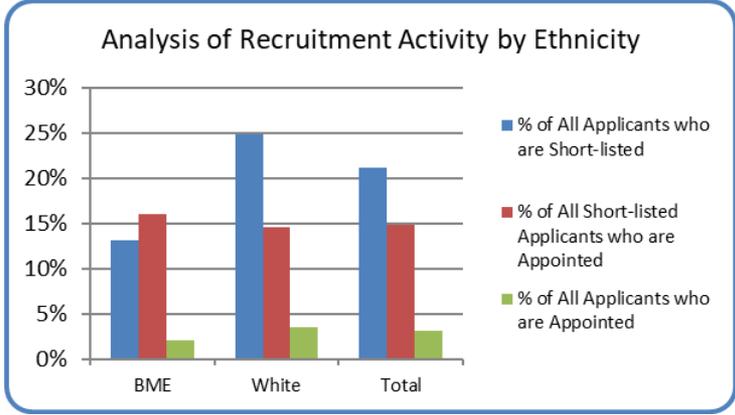
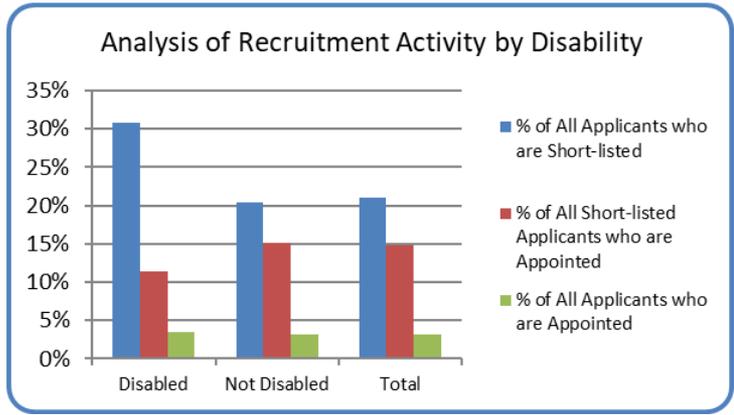


- There has been a 0.07% increase in maternity leave overall from January 2020 to August 2021.
- Maternity leave absence in Nursing and Midwifery has increased by 0.42%, from January 2020 (3.75%) to August 2021 (4.16%).

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

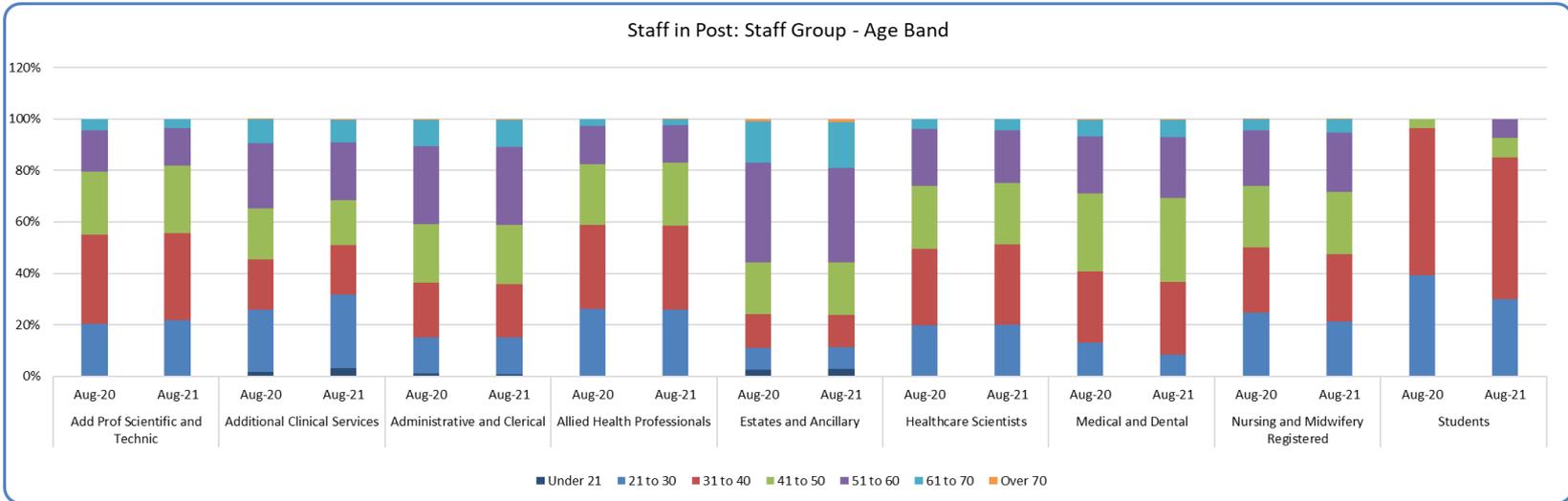
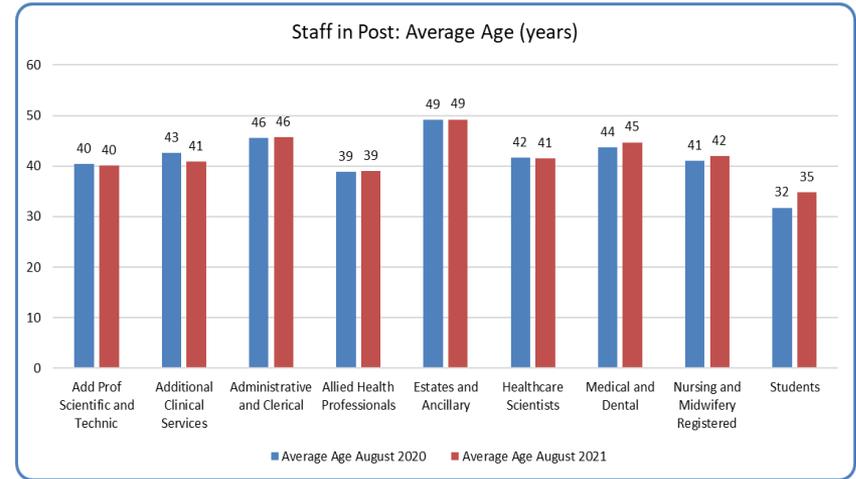
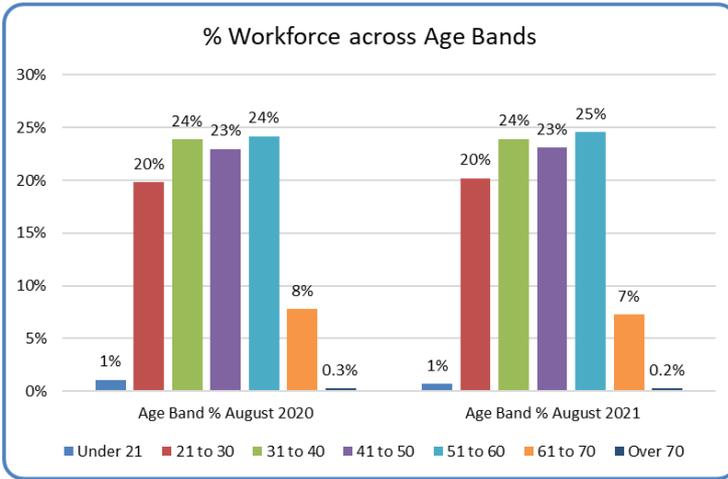


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending August 2021.



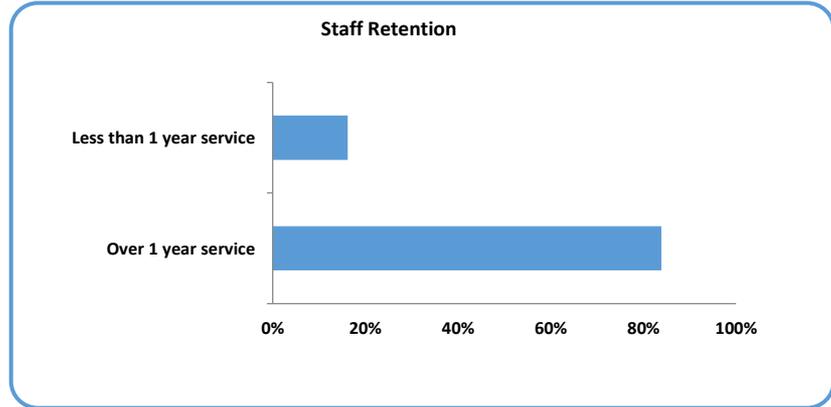
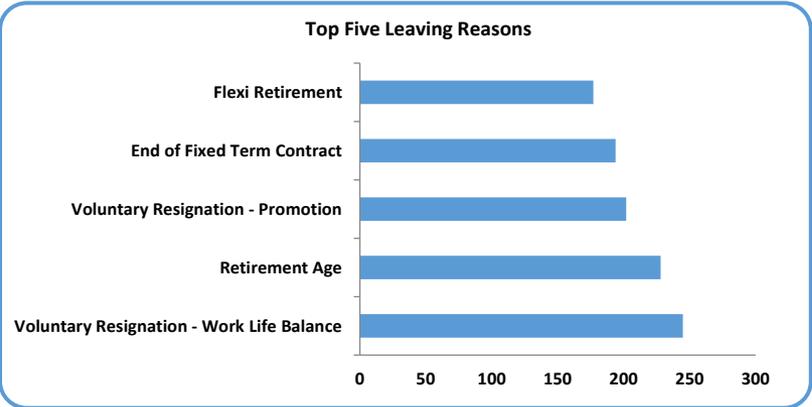
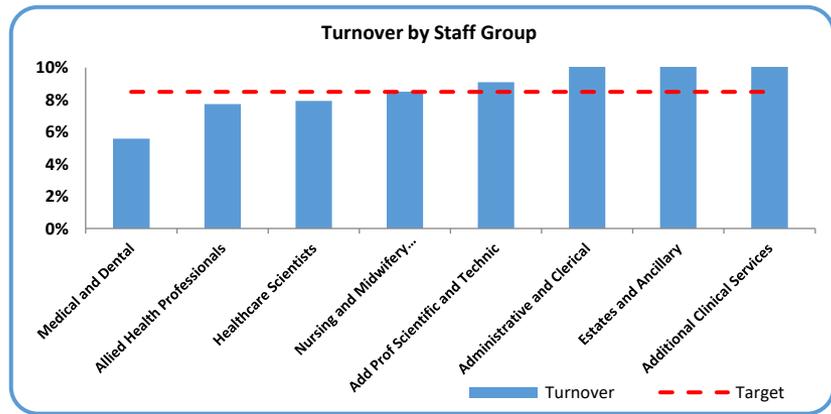
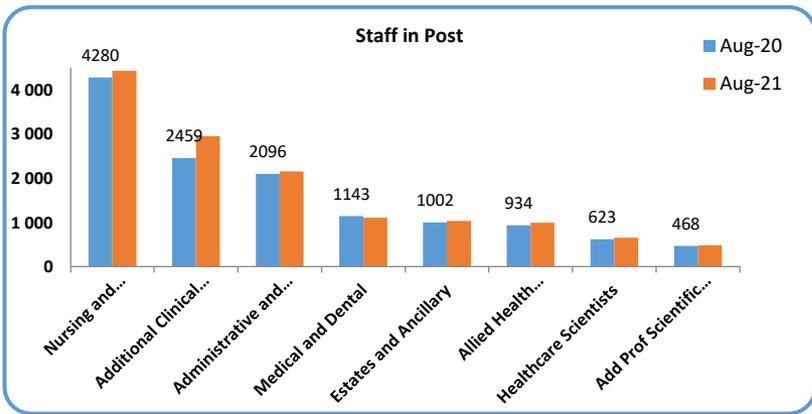
- The graphs above identify, by headcount, the percentage of staff in post in August 2020 and August 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 3.1% to 3.68% and the percentage of BAME staff has increased from 9.05% to 10.1%.

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



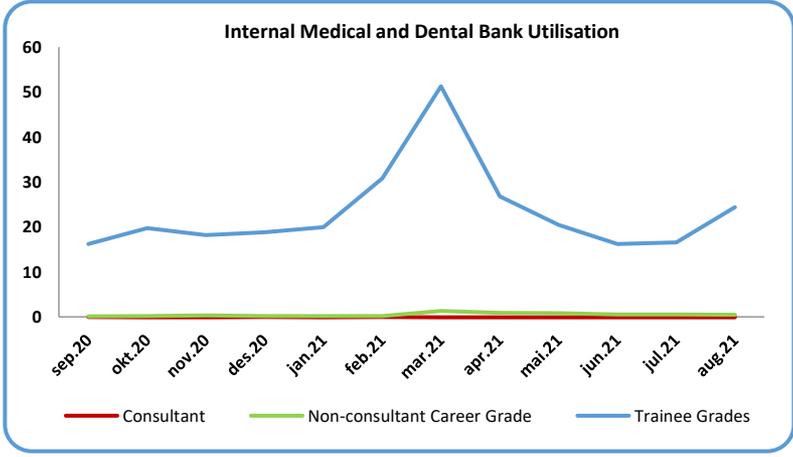
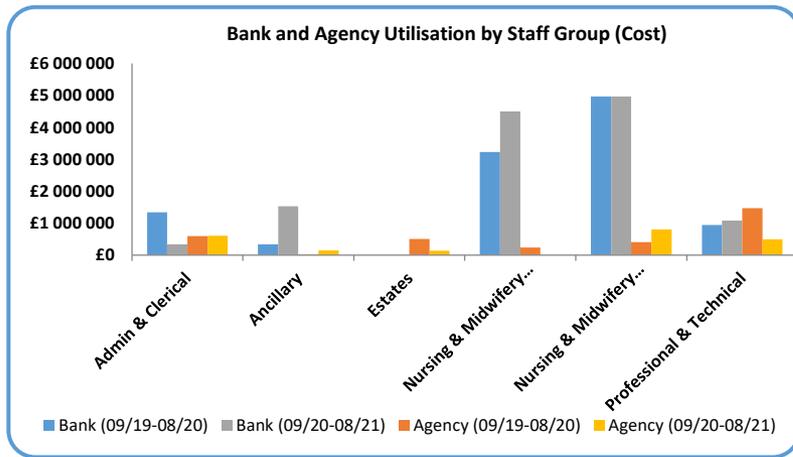
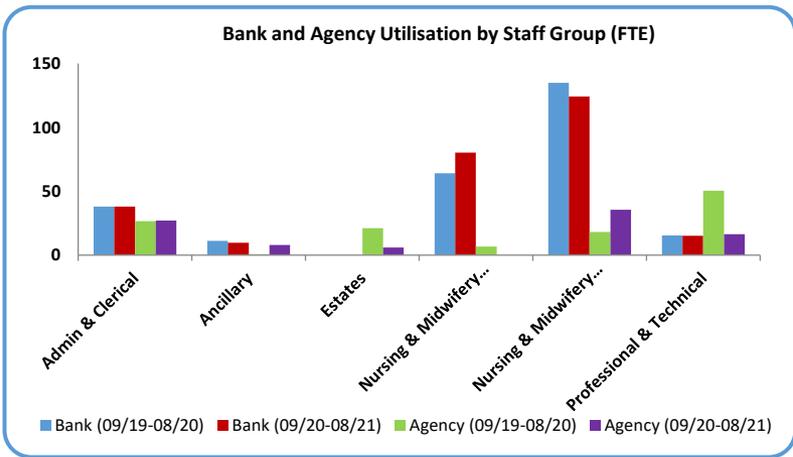
- The graphs above identify that staff in post across aged bands has remained similar between August 2020 and August 2021.

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



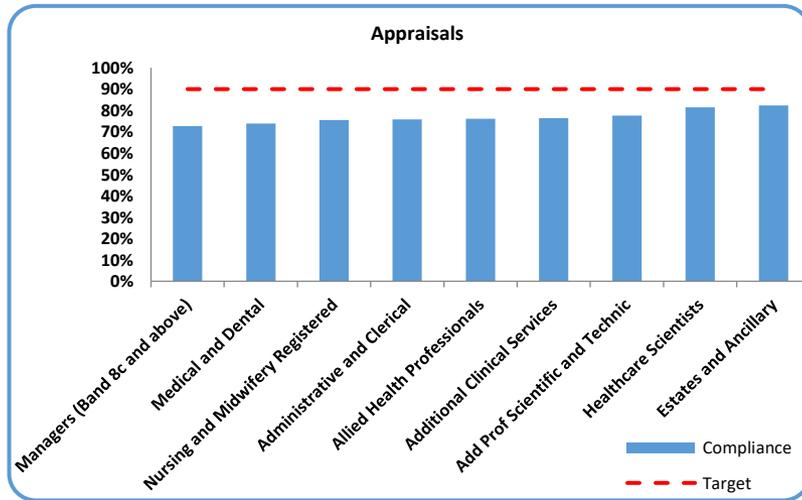
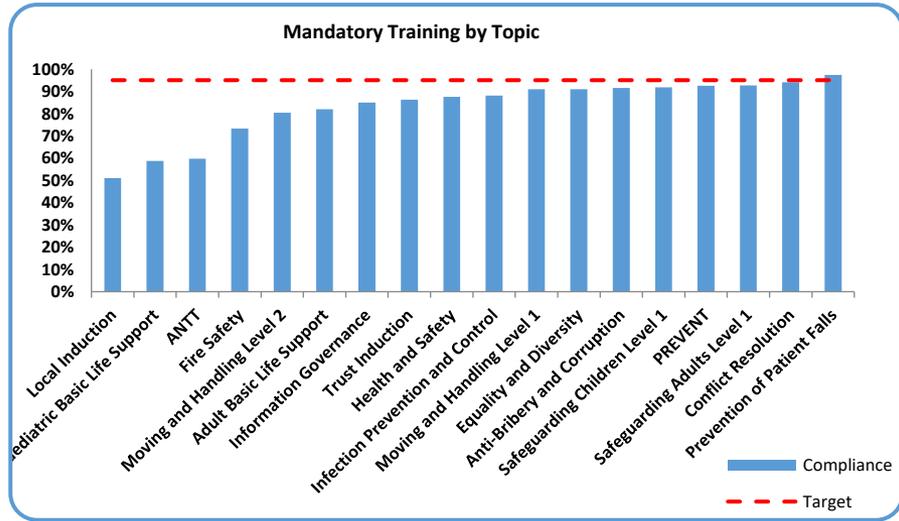
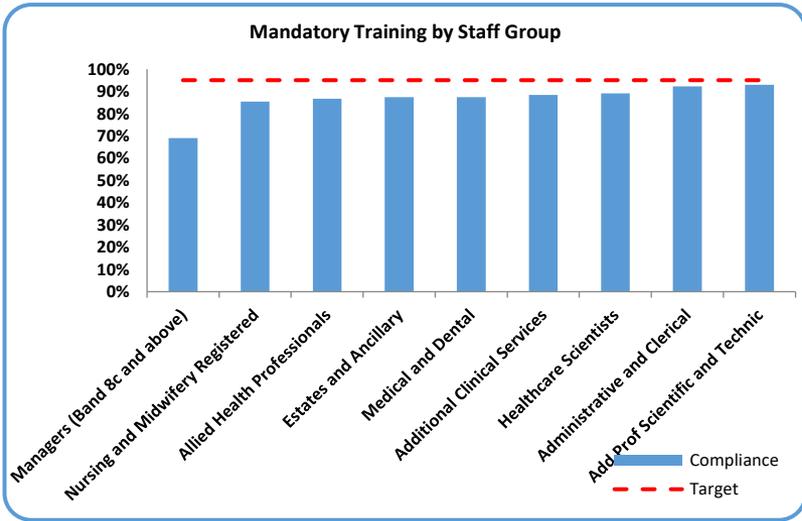
- Staff in post at August 2021 is 13,819 wte (16,074 headcount) compared to 13,007 in August 2020 (15,031 headcount).
- Staff turnover has increased from 9.71% in August 2020 to 9.74% in August 2021, against a target of 8.5%.
- The total number of leavers in the period September 2020 to August 2021 was 1,708.
- Staff retention for staff over 1 year service stands at 83.84, which is a decrease from 87.35% in August 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

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



- Comparing the periods September 2019 – August 2020 to September 2020 – July 2021, overall bank utilisation has increased from 263 wte to 267 wte and agency utilisation has decreased from 123 wte to 92 wte.

# People: Delivering Excellence in Education & Training



- Appraisal compliance stands at 76.64%, at end of August 2021, against an end of year target of 95%. The August 2020 position was 78.53%. 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 87.10% at end of August 2021, against a Q1 target of 80% and end of year target of 95%. The August 2020 position was 90.94%.

# Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 31<sup>st</sup> August 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 submitted a financial Plan to NHSE for H1 at the end of May, and the financial regime for the second half of the year (H2) is not yet clear.

In the period to 31<sup>st</sup> August 2021 the Trust incurred expenditure of £558.3 million, and accrued income of £558.3 million on mainstream budgets and incurred expenditure of £8.8 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a break even. The Trust expenditure is exactly matched by income from NHSE and other commissioners and is therefore I & E neutral for the Trust. ICHNE is now being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £51.3 million.

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 31<sup>st</sup> August the Trust had spent £15.8 million capital, £0.9 million behind Plan.

<b>Overall Financial Position</b>			
	Month 5 Budget £'000	Month 5 Actual £'000	Month 5 Variance £'000
Income	606,011	558,310	(47,700)
Expenditure	606,011	558,310	(47,700)
I & E position (excl impairment)	0	(0)	0
Capital Programme	16,670	15,816	(854)

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 2021						
Title	Spotlight on Strategy						
Report of	Vicky McFarlane-Reid, Executive Director of Business, Development and Enterprise						
Prepared by	Lisa Jordan – Assistant Director of Business Strategy and Planning						
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 this report is to provide an overview of progress against the Trust Strategy, with a focus on 'Pioneers'.</p> <p>The report provides examples of achievements within the following areas:</p> <ul style="list-style-type: none"> <li>• Diagnostics – Integrated Covid Hub North East (ICHNE), Innovation Lab and Dermatology.</li> <li>• Digital – The Great North Care Record and Health Information Exchange.</li> <li>• Research – The launch of the Trust Research Strategy and our 10,000<sup>th</sup> study.</li> <li>• Climate Emergency – An update on the Trust's performance against the target to reduce carbon emissions, which are reducing but not at a fast enough rate.</li> </ul>						
Recommendation	To receive the report, promote awareness of the achievements to date and discuss areas where further progress could be made.						
Links to Strategic Objectives	Ensuring we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Detailed within the presentation.						
Reports previously considered by	This is a new report to Public Board. There will be a focus on one of the 5 Ps from the Trust Strategy at each Board meeting.						



# Pioneers

Ensuring that we are at the forefront of health innovation and research.

By 2024 we want to ensure:

- We lead the way in delivering world class, cutting-edge diagnostics, treatment and care, research, education, innovation and management. We enable all staff to liberate their potential.
- We maximise the benefits from the use of technology with a view to more informed, and safer decisions about patient care, improving the patient experience and enhancing patient engagement.



# Pioneers

## We will do this by:

- **Integrating research into everyday care, facilitating research in directorates and departments and publicising research opportunities for patients**
- Maximising the **life sciences strategy and industrial strategy**
- Appointing a Director of Enterprise and Business Development to enhance our commercial capabilities
- Developing and promoting our innovation and commercial strategies including the generation of wealth for our local population
- Creating environments that lead the way for delivering world class, cutting-edge treatment and care, research, education and innovation
- Sharing our expertise globally
- Achieving our **Net Zero Carbon Care targets**:
  - By 2030 the emissions we control will be net zero
  - By 2040 the emissions we can influence will be net zero
- Leading the way in health informatics and **digital services** at a regional and national level including having fully interoperable health records with our partners, developing our patient portal and maximising the use of technology in healthcare delivery such as **telehealth**, artificial intelligence (AI) and robotics



# Diagnostics

1. Definitions: Laboratory, molecular, clinical and imaging
2. Examples: Integrated Covid Hub North East (ICHNE), high through put, 60,000 per day, Innovation Lab, device evaluations and waste water, Genomics – Whole Genome Sequencing (WGS) and Cancer panels
3. Our recovery: Glaucoma, Community Diagnostic Hubs
4. Bigger themes: Personalised healthcare, Diagnostics North East, Industry.



1. Determination of the nature of a cause of a disease.

2. A concise technical description of the cause, nature, or manifestations of a condition, situation, or problem.

# My skin selfie case study

## Pre-covid:

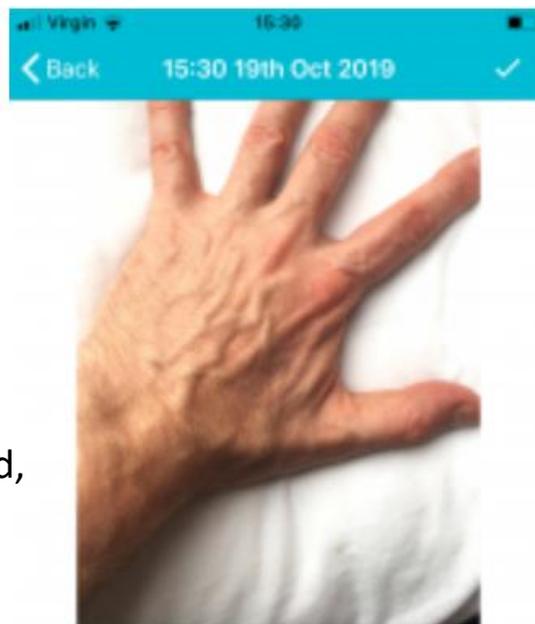
Patients referred by GP, wait for out patient appointment.

Patient attends out patient clinic, assessed and then either discharged, booked for biopsy or booked straight for excision.

## Issues:

Waiting list growing, seasonal variation in demand, long waits between stages. Time to see patient in clinic.

Covid increased need to remove patient attendances where possible.



## Post-covid:

Patients referred by GP, offered My Skin Selfie option or wait for normal out patient appointment.

Patient takes own skin photos, reviewed in Digital Clinic, either discharged, booked for biopsy or booked straight for excision in most cases without need for face-to-face (F2F) appointment.

## Benefits:

Quicker to review Digitally, clinician able to tackle backlog and provide timely service.

Still able to review in clinic for the complex / unsure cases without additional delay.

Stores relevant images and plans in E-Record.



# Digital

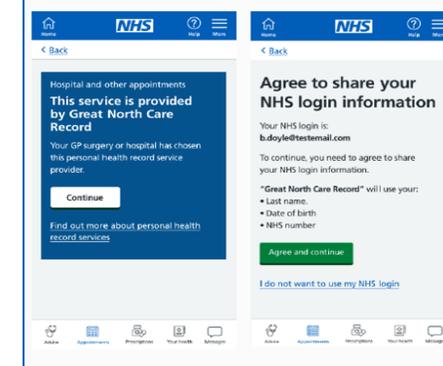


The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## The power of collaboration



The NHS App provides a single, digital “front door” for patients



## Uptake of NHS App in England

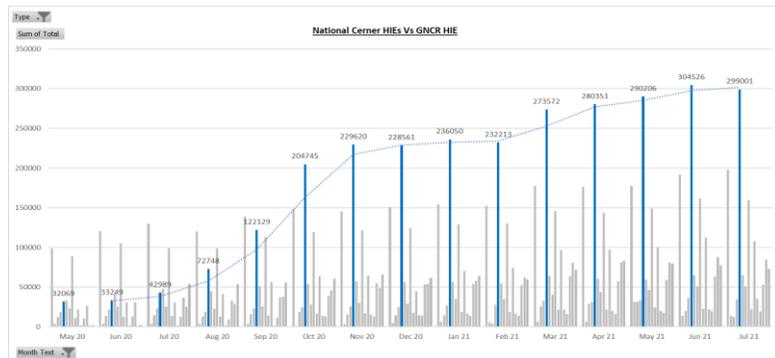
## Uptake of NHS App in NENC

10,816,397 NHS App registrations

506,113 NHS App registrations



## The largest in the UK



Healthcare at its best  
with people at our heart

# Research & Innovation

- Research Strategy 2021-26 launched this month
- 10,000 studies since 1975
- 55 COVID-19 studies, including seven vaccine studies, with almost 5,000 participants recruited. >£5m has been generated from COVID studies from April to July
- We are top of all Trusts in the country for the number of commercial research studies that are open with patient recruitment
- We have received £300k from the Department of Health and Social Care (DHSC) to expedite commercial research, particularly late phase cancer research
- New supporting strategies for Innovation and Commercial

## Celebrating our 10,000th clinical trial

**1975**

First clinical trial registered with study management.



**1992 and 1999**

Our two longest-running studies began.

**1,000th trial**

Assessed the effectiveness of HIV treatments.



**5,318**

The highest number of patients to be recruited to one of our trials.

**5,000th trial**

Improving diagnosis and assessment for diabetic eye screening patients.



**8,000th trial**

Our 8,000th trial, which is ongoing, seeks to improve understanding of rare cancer called chordoma.



**10,000**

**We registered our 10,000th clinical trial in August 2021**



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# Climate Emergency

## Performance

- The carbon emissions we have direct control over are reducing, **though not fast enough**
- The carbon emissions that we have influence over (our indirect emissions) **are increasing**

## Notable achievements

- United Kingdom's (UK's) first Climate Friendly baby
- ZMOVE Pharmacy courier hub
- Team of Sustainability Ambassadors
- Extended Programme of IEMA approved courses launched (open to external delegates)
- Trust Management Group workshop delivered
- Dame Jackie Daniel - One Step Greener Ambassador for Healthcare sector at COP26.



Fig



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# Shine

Sustainable Healthcare in Newcastle



**Meat Free**  
Mondays



**5% reduction**  
in direct carbon  
emissions



**500 suppliers**  
engaged on net  
zero carbon



Planted  
**100 trees**



Saved **36,000**  
**patient journeys**  
through pharmacy  
delivery



Introduced  
**2 pool eBikes**



**15000 actions**  
via Shine Rewards



**Sustainable  
Respiratory Care  
Group** established



Strategic roadmap to  
**Net Zero estates**



Committed to  
**Passivhaus design  
& BREEAM  
Outstanding**  
in new buildings



**Sustainability**  
embedded in HR  
and recruitment



**23% reduction** in  
anaesthetic gas carbon  
emissions



**Climate Emergency  
Strategy** launched



**Recycled 47%**  
of non-clinical waste



Launched **Climate  
Emergency Action  
Fund** to support staff  
led projects



**99% staff** said  
sustainability is  
important



Trained first cohort of  
**9 Sustainability  
Ambassadors**



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with people at our heart

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## TRUST BOARD

Date of meeting	30 September 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 29 July 2021:</p> <ul style="list-style-type: none"> <li>• Charity Committee – 27 August 2021;</li> <li>• People Committee – 16 September 2021;</li> <li>• Quality Committee – 23 September 2021; and</li> <li>• Finance Committee – 29 September 2021.</li> </ul>						
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 July 2021.

## UPDATE FROM COMMITTEE CHAIRS

### 1. CHARITY COMMITTEE

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

- The Charity Director provided an extensive update on progress against the Charity Strategy, focussing on the development of the charity team, improving the visibility of the charity across the organisation; improving Charity operations; and provided a short case study on 'The Big Tea' campaign. Over 13,000 of Trust staff participated in the Big Tea, across all Trust sites.
- A grant application from Newcastle Hospitals Charity on behalf of the North East and North Cumbria ICS to the NHS Charities Together Community Partnerships Programme has awarded £1,425,000 to Newcastle Hospitals Charity for projects working in partnership with communities and groups disproportionately affected by the pandemic
- The Committee received and considered a number of grant applications. A total of £305,709 of funding was awarded to the following projects:
  - Development of an integrated prehabilitation pathway for oesophagogastric cancer patients at Newcastle Hospitals;
  - Haven at the Freeman Hospital: Palliative Care service for families and carers of patients at the end of their life; and
  - Deaf Health Navigator: Pilot support for Deaf people, delivered in partnership with Deaflink North East (charity supporting Deaf people); Northumbria Healthcare NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- The Committee received a summary of small grants agreed since the last meeting up to the value of £25k.
- A number of finance reports were received and discussed, including the statement of financial accounts, the income report, and the investment report.
- An update on the work of the Charity Governance Working Group was provided.
- The Charity Risk Statement was received and discussed, which highlighted the risk areas for committee attention.

The next formal meeting of the Committee would take place on 3 December 2021.

### 2. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 16 September 2021. This was a meeting with a reduced agenda and was utilised as a 'deep dive' session. During the meeting, the main areas of discussion to note were:

- The Associate Director of Education, Training, and Workforce Development provided an extensive 'deep dive' on recent developments. The update included detail on the following areas:
  - Organisational Development, with a focus on improving coaching capacity and capability;

## Agenda item A9

- The establishment of the Education and Learning Quality Assurance and Safety Group;
  - The Trust's apprenticeship programme;
  - The Trust's Statutory and Mandatory training compliance;
  - The provision of education space within the organisation; and
  - Activity in the Health Care Academy.
- The Head of Equality, Diversity and Inclusion (EDI) presented an update on Equality and Diversity within the Trust. This incorporated both the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. The report identified the key Equality, Diversity, and Inclusion workstream work programmes undertaken within the Trust in the last year.
  - The Committee supported the publication of the WRES 2021 data on the Trust website.
  - The Committee reviewed the EDI dashboard.
  - The Deputy Trust Secretary presented the proposed amendment to the Trust's Constitution to allow for staff members to become foundation trust members on an 'opt out' rather than 'opt in' basis. Committee members supported the proposed amendment. The paper would be presented for adoption at the Annual Members Meeting on 28 September 2021.

The next formal meeting of the Committee was scheduled to take place on 16 October 2021.

### **3. QUALITY COMMITTEE**

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

- The Executive Chief Nurse provided an extensive update on the Trust's response to the requirements of the Ockenden Report.
- The Patient Safety Group and Patient Experience and Engagement Group provided comprehensive reports of their recent activities.
- The Safeguarding, Learning Disability, and Patient Experience Quarter 1 Reports were received and discussed.
- The Committee considered the Quality and Performance elements of the Integrated Board Report. The Director of Infection Prevention and Control, Executive Chief Nurse, Director of Quality and Effectiveness, and Medical Director/Deputy Chief Executive provided detailed analysis of the data.
- The Committee received both the Research and Innovation Bi-Annual Report and a Legal Update.

The next formal meeting of the Committee was scheduled to take place on 16 November 2021.

### **4. FINANCE COMMITTEE**

## Agenda item A9

A formal meeting of the Finance Committee took place on 29 September 2021. During the meeting, the main areas of discussion to note were:

- The Finance Director provided an extensive update on the current financial position. This included the Month 5 Finance Report and financial planning for the next six months.
- An update on the elective recovery programme was provided.
- The Committee received a 'deep dive' on the Commercial Enterprise Unit from the Associate Director for Commercial Enterprise.
- A number of items were considered for approval, including tenders and a revised Intellectual Property policy.
- The Procurement and Supply Chain Director provided an update regarding the Procurement Plan.

The next formal meeting of the Committee was scheduled to take place on 24 November 2021.

## 5. RECOMMENDATIONS

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

**Report of Fay Darville**  
**Deputy Trust Secretary**  
23 September 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	30 September 2021						
Title	Corporate Governance Update						
Report of	Dame Jackie Daniel, Chief Executive						
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 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"> <li>• Council of Governors Update;</li> <li>• Council of Governors Elections;</li> <li>• Annual Members Meeting;</li> <li>• Annual Report and Accounts 2020/21;</li> <li>• Recent Publications;</li> <li>• ICS Publications; and</li> <li>• Quarterly NHS Improvement Declarations.</li> </ul>						
Recommendation	<p>The Board of Directors are asked to</p> <ol style="list-style-type: none"> <li>receive the update; and</li> <li>approve the Quarterly Declarations for publication.</li> </ol>						
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:

- A Council of Governors update, including the outline of the private workshop held in August 2021 and the appointment of Mrs Pam Yanez to the role of Lead Governor. Other developments relating to the Governors are detailed, such as the establishment of a task and finish group, a recruitment exercise to support the Governors and members and a review of the new Governor induction programme.
- The Governors newly election to Council following the recent election round are outlined in section 2.
- The Annual Members Meeting to take place on Tuesday 28 September 2021 at 3:30pm was outlined.
- The Trust's Annual Report and Accounts 2020/21 were laid before parliament on Wednesday 8 September 2021.
- Recent publications from the Department of Health and Social Care and NHS England/NHS Improvement are included in section 5.
- The quarterly NHS Improvement declarations are included in the Board Reference Pack and require Board approval for publication.

The Board of Directors are asked to

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

## CORPORATE GOVERNANCE UPDATE

### 1. COUNCIL OF GOVERNORS

#### 1.1 Recent Meeting

Board members will recall that meetings of the Council of Governors had taken place virtually since the onset of the pandemic.

The private workshop of the Council of Governors on 19 August 2021 took place in person, with all present adhering to the Government guidelines in place at the time of the meeting.

The meeting included presentations on the following topics:

- 'Understanding the Role of Foundation Trust Governors in a changing environment' presented by Sintons Law firm;
- 'Vaccination Programme Update' presented by Professor Neil Watson, Chief Operating Officer, NHS COVID Vaccine North East and North Cumbria and Director of Pharmacy;
- 'Annual Report and Accounts Briefing' presented by Angela Dragone, Finance Director, and Cameron Waddell, Managing Partner of Mazars LLP.

The next formal meeting of the Council will take place on Thursday 21 October 2021. Governors will have the option to meet in person, or join the meeting virtually via Microsoft Teams. Observers are welcome to attend virtually.

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

#### 1.2 Lead Governor

The Trust's Lead Governor, Dr Vanessa Hammond, did not stand for re-election to the Council and therefore a new Lead Governor was required.

Expressions of interest were requested from those Governors who had served one or more years as a Trust Governor with a view to undertaking an internal ballot. As such, the Corporate Governance Team received one expression of interest from Mrs Pam Yanez who was therefore appointed as Lead Governor, whose 3 year term of office commenced on 10 September 2021.

#### 1.3 Council of Governor Developments

A Task and Finish Group has been established with the Governors to consider future agendas for formal Governor meetings, the format of Governor papers, and the Governor Working Groups. The group consists of both new and existing Governors, the Chairman, the Trust Secretary, and Deputy Trust Secretary. The first meeting will take place on Monday 18 October.

Agenda item A10

The Corporate Governance Team has commenced a recruitment exercise for a Governor and Membership Engagement Officer. The role will be focussed on ensuring the Council of Governors fulfils their role effectively and to help drive the continuous development of the Council and wider Trust membership. Interviews are scheduled for mid-October.

The new Governor Induction programme has undergone an extensive review. The new programme has been developed in collaboration with Mrs Judy Carrick, Public Governor and Chair of the People, Engagement, and Membership Working Group.

## 2. COUNCIL OF GOVERNOR ELECTIONS

The 2021 round of elections have concluded, with the results announced on 27 August 2021. The following Governors were newly elected into the following public constituencies and staff classes:

Constituency/Class	Elected Governor(s)
Newcastle upon Tyne (1)	Mr David Black, Dr Alexandros Dearges-Chantler, Mrs Aileen Fitzgerald, Dr Eric Valentine, and Mrs Pam Yanez
Northumberland, Tyne, and Wear (2)	Mrs Catherine Heslop, Professor Philip Home, Mrs Norah Turnbull, and Dr Ian Wilson.
North East (3)*	Mr Neville Coulthard-Shaw, Mr David Hughes, and Mr Michael Warner.
Staff – Admin & Clerical, Chaplains & Managerial	Mrs Kate Pine
Staff – Ancillary & Estates	Miss Genna Bulley
Staff – Nursing & Midwifery	Mrs Poonam Singh
Staff – Volunteers *	Mr Gary Gibson

\* These constituencies/classes were elected unopposed.

The newly elected Governors will undertake Governor induction in early October. The session will be facilitated by the Chairman, Professor Kath McCourt, Non-Executive Director and Deputy Chair, the Trust Secretary and Deputy Trust Secretary, and the Chairs of the Governor Working Groups.

## 3. ANNUAL MEMBERS MEETING

The Annual Members Meeting will take place virtually at 3:30pm on Tuesday 28 September. The event, hosted by the Chairman, will include a Review of the Year and launch the Annual Report and Accounts for 2020/21.

An amendment to the Trust’s Constitution will be proposed at the meeting to create provision for Trust staff to become member of the Foundation Trust on an ‘opt out’ rather than ‘opt in’ basis.

#### 4. ANNUAL REPORT AND ACCOUNTS 2020/21

The Trust's Annual Report and Accounts for 2020/21 were laid before parliament on Wednesday 8 September 2021 and can be found here:

<https://commonsbusiness.parliament.uk/document/49951/html#anchor-49>.

#### 5. RECENT PUBLICATIONS

The following documents have recently been published since the last meeting of the Board of Directors:

- NHS England/NHS Improvement (NHSE/I) published guidance on provider collaboratives, positioning them as key components of system working and Integrated Care System delivery. <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf> (September 2021)
- The Department of Health and Social Care published an engagement document outlining the role of Integrated Care Partnerships within Integrated Care Systems. [https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-document/integrated-care-partnership-icp-engagement-document-integrated-care-system-ics-implementation?utm\\_campaign=717821\\_NHS%20Providers%20next%20day%20briefing%3A%20Integrated%20Care%20Partnership%20engagement%20document&utm\\_medium=email&utm\\_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=The%20Newcastle%20Upon%20Tyne%20Hospitals%20NHS%20Foundation%20Trust&dm\\_i=52PX,FDVH,3GE655,1RR77,1](https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-document/integrated-care-partnership-icp-engagement-document-integrated-care-system-ics-implementation?utm_campaign=717821_NHS%20Providers%20next%20day%20briefing%3A%20Integrated%20Care%20Partnership%20engagement%20document&utm_medium=email&utm_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=The%20Newcastle%20Upon%20Tyne%20Hospitals%20NHS%20Foundation%20Trust&dm_i=52PX,FDVH,3GE655,1RR77,1) (updated September 2021)
- NHS Providers have published a new briefing named 'Rebuilding our NHS: The case for capital funding'. [https://nhsproviders.org/the-case-for-capital-funding?utm\\_campaign=722958\\_Rebuilding%20our%20NHS%3A%20The%20case%20for%20capital%20funding&utm\\_medium=email&utm\\_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=The%20Newcastle%20Upon%20Tyne%20Hospitals%20NHS%20Foundation%20Trust&dm\\_i=52PX,FHU6,3ET3QP,1S8QK,1](https://nhsproviders.org/the-case-for-capital-funding?utm_campaign=722958_Rebuilding%20our%20NHS%3A%20The%20case%20for%20capital%20funding&utm_medium=email&utm_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=The%20Newcastle%20Upon%20Tyne%20Hospitals%20NHS%20Foundation%20Trust&dm_i=52PX,FHU6,3ET3QP,1S8QK,1) (September 2021)
- NHSE/I also published guidance on the functions and governance of the Integrated Care Boards. [https://www.england.nhs.uk/wp-content/uploads/2021/06/B0886\\_Interim-guidance-on-the-functions-and-governance-of-the-integrated-care-board-August-2021.pdf?utm\\_campaign=696617\\_NHS%20Providers%20next%20day%20briefing%3A%20ICS%20guidance%20and%20the%20model%20constitution&utm\\_medium=email&utm\\_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=The%20Newcastle%20Upon%20Tyne%20Hospitals%20NHS%20Foundation%20Trust&dm\\_i=52PX,EXIH,3ET3QP,1PUFN,1](https://www.england.nhs.uk/wp-content/uploads/2021/06/B0886_Interim-guidance-on-the-functions-and-governance-of-the-integrated-care-board-August-2021.pdf?utm_campaign=696617_NHS%20Providers%20next%20day%20briefing%3A%20ICS%20guidance%20and%20the%20model%20constitution&utm_medium=email&utm_source=NHS%20Providers%20%28Policy%20and%20networks%29&Organisation=The%20Newcastle%20Upon%20Tyne%20Hospitals%20NHS%20Foundation%20Trust&dm_i=52PX,EXIH,3ET3QP,1PUFN,1) (August 2021)

#### 6. QUARTERLY NHS IMPROVEMENT DECLARATIONS

Agenda item A10

The quarterly self-certifications provide assurance that NHS providers are compliant with the conditions of their NHS provider licence. Compliance is reviewed quarterly to ensure that the Trust can continue to demonstrate effective systems are in place and adherence to the conditions of the NHS provider licence, NHS legislation and the NHS Constitution.

A review of compliance was undertaken in August 2021 and compliance with the conditions of the NHS provider licence, NHS legislation and the NHS Constitution has been confirmed. The self-certification documents can be found in the Board Reference Pack and Trust Board approval is requested for publication.

## **7. RECOMMENDATIONS**

The Board of Directors are asked to

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

**Fay Darville**  
**Deputy Trust Secretary**  
**22 September 2021**

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