

Public Board of Directors

Thu 25 November 2021, 13:00 - 15:40

Room DMBB.2.16 Event/Teaching Room, Dame Margaret Barbour
Building NE2 4DR

Agenda

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

0 min

 A0 Board of Directors Agenda - Public - 25 November 2021.pdf (4 pages)

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

25 min

2.1. Standing Items

2.1.1. Apologies for Absence and Declarations of Interest

Verbal *Chairman*


2.1.2. Minutes of the Meeting held on 30 September 2021 and Matters Arising

Attached *Chairman*

 A1(ii) Board of Directors - Public - 30 September 2021 [DRAFT].pdf (16 pages)

2.1.3. Meeting Action Log

Attached *Chairman*

 A1(iii) BoD Public Board Actions - November 2021.pdf (1 pages)

2.2. Chairman's Report

Attached *Chairman*

 A2 Chairman Board Report - 25 November 2021 final by SJB KJ FD.pdf (5 pages)

2.3. Chief Executive's Report

Attached *CEO*

 A3 CEO Report NOV 21.pdf (9 pages)

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

60 min

3.1. Digital People Story

Attached *ECN*

 A4 Digital Story - November 2021.pdf (3 pages)

3.2. Director Reports:

3.2.1. Medical Director/Deputy CEO; including

Attached & BRP *MD/DCEO*


- a) Guardian of Safe Working Update; and
- b) Consultant & Honorary Consultant Appointments.

 A5(i) Medical Director Report - November 2021.pdf (6 pages)

3.2.2. Executive Chief Nurse, including:

Attached & BRP *ECN*

- a) Nursing & Midwifery Staffing Bi-Annual Update Report;
- b) Ockenden Update; and
- c) Safeguarding Annual Report

 A5(ii) Executive Chief Nurse Update - November 2021.pdf (14 pages)

 A5(ii)a NM Staffing Board Paper - November 2021.pdf (15 pages)


 A5(ii)b Ockenden Report Update - November 2021.pdf (17 pages)

3.2.3. Director of Quality & Effectiveness; including

Attached & BRP *DQE*

- a) Maternity CNST Report;
- b) Learning From Deaths Quarterly Report

 A5(iii)a Maternity CNST Report Nov 21.pdf (13 pages)

 A5(iii)b Learning from Deaths - November 2021.pdf (13 pages)

3.2.4. Director of Infection Prevention and Control

Attached & BRP *DIPC*

 A5(iv) Healthcare Associated Infections - DIPC Report - November 2021.pdf (10 pages)

14:25 - 14:35
10 min

4. People

4.1. People Report

Attached *HRD*

 A6 People Report.pdf (7 pages)

14:35 - 14:45
10 min

5. Partnerships

5.1. Collaborative Newcastle Update

Presentation *COO/ACE*

14:45 - 14:55
10 min

6. Performance

6.1. Operations Update; including:

Attached & BRP *COO*

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

 A8 Operations Report.pdf (9 pages)

14:55 - 15:25
30 min

7. Pioneering

7.1. Chief Information Officer Annual Report


Attached CIO

 A9 CIO Annual Report - November 2021.pdf (8 pages)

7.2. Strategy Update

Attached EDBDE

 A10 Spotlight on Strategy Board Cover Sheet - November 2021.pdf (1 pages)

 A10 Strategy Spotlight November 2021.pdf (7 pages)

7.3. NIHR Local Clinical Research Network Update

Attached EDBDE

[Caroline Wroe, Director of LCRN, to attend and present this item]

15:25 - 15:40
15 min

8. Governance

8.1. Update from Committee Chairs

Attached Chairs

 A12 Update from Committee Chairs - November 2021.pdf (6 pages)

8.2. Corporate Governance Update; including:

BRP TS

i) Chair Fit & Proper Persons Statement

 A13 Corporate Governance Report November 2021.pdf (8 pages)

15:40 - 15:40
0 min

9. Date of Next Meeting:

Thursday 27 January 2022

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 25 November 2021 – Dame Margaret Barbour Building, Newcastle University
Start time 1pm

Agenda					
Item		Lead	Paper	Time	Page
Business Items					
A1	Standing Items: i) Apologies for Absence and Declarations of Interest; ii) Minutes of the Meeting held on 30 September 2021 and Matters Arising; and iii) Meeting Action Log.	Chairman	Verbal Attached Attached	13:00pm – 13:05pm	 5 21
A2	Chairman's Report	Chairman	Attached	13:05pm – 13:15pm	22
A3	Chief Executive's Report	CEO	Attached	13:15pm – 13:25pm	27
Patients					
A4	Digital People Story	ECN	Attached	13:25pm – 13:35pm	36
A5	Director Reports: i) Medical Director/Deputy CEO; including a) Guardian of Safe Working Update; and b) Consultant & Honorary Consultant Appointments. ii) Executive Chief Nurse, including: a) Nursing & Midwifery Staffing Bi-Annual Update Report; b) Ockenden Update; and c) Safeguarding Annual Report iii) Director of Quality & Effectiveness; including:	MD/DCEO ECN DQE	Attached & BRP Attached & BRP Attached & BRP	13:35pm – 13:45pm 13:45pm – 13:55pm 13:55pm – 14:05pm	39 45 59 74

Item		Lead	Paper	Time	Page
	a) Maternity CNST Report; and b) Learning From Deaths Quarterly Report.				91 104
	iv) Director of Infection Prevention and Control	DIPC	Attached & BRP	14:05pm – 14:15pm	117
<i>Break – 14:15pm – 14.25pm</i>					
People					
A6	People Report	HRD	Attached	14:25pm – 14:35pm	127
Partnerships					
A7	Collaborative Newcastle Update	COO/ ACE	Presentation	14:35pm – 14:45pm	
Performance					
A8	Operations Update; including: a. Integrated Board Report - Quality, Performance, People & Finance	COO	Attached & BRP	14:45pm – 14:55pm	134
Pioneering					
A9	Chief Information Officer Annual Report	CIO	Attached	14:55pm – 15:05pm	143
A10	Strategy Update	EDBDE	Attached	15:05pm – 15:15pm	151
A11	NIHR Local Clinical Research Network Update <i>[Caroline Wroe, Director of LCRN to attend and present this item]</i>	EDBDE	Presentation	15:15pm – 15:25pm	
Governance					
A12	Update from Committee Chairs	Chairs	Attached	15:25pm – 15:35pm	158
A13	Corporate Governance Update; including: i) Chair Fit & Proper Persons Statement	TS	Attached	15:35pm – 15:40pm	164

Date of Next Meeting: Thursday 27 January 2022

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

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PUBLIC TRUST BOARD OF DIRECTORS MEETING

DRAFT MINUTES OF THE MEETING HELD 30 SEPTEMBER 2021

Present:	Professor Sir J Burn <i>[Chair]</i>	Chairman
	Dame J Daniel	Chief Executive Officer (CEO)
	Mr M Wilson	Chief Operating Officer (COO)
	Mr A Welch	Medical Director/Deputy Chief Executive (MD/DCEO)
	Ms M Cushlow	Executive Chief Nurse (ECN)
	Mrs A Dragone	Finance Director (FD)
	Dr V McFarlane-Reid	Director for Business, Development & Enterprise (DfBDE)
	Ms J Baker	Non-Executive Director (NED)
	Mr J Jowett	Non-Executive Director
	Mr B MacLeod	Non-Executive Director
	Mr S Morgan	Non-Executive Director
	Mr G Chapman	Non-Executive Director
	Ms S Edusei	Non-Executive Director
	Professor D Burn	Associate Non-Executive Director (ANED)

In attendance:

Dr M Wright, Deputy Medical Director (DMD)
 Mrs C Docking, Assistant Chief Executive (ACE)
 Mrs D Fawcett, Director of HR (HRD)
 Mr R Smith, Estates Director (ED)
 Mrs A O'Brien, Director of Quality and Effectiveness (DQE)
 Mr G King, Chief Information Officer (CIO)
 Dr L Pareja-Cebrian, Director of Infection Prevention and Control (DIPC)
 Mrs K Jupp, Trust Secretary (TS)

Observers:

Dr I Wilson, Public Governor
 Mrs P Yanez, Public Governor and Lead Governor
 Mr S Volpe, Health Reporter
 Mrs K Pine, Staff Governor

Secretary: Mrs F Darville *(Minutes)* Deputy Trust Secretary (DTS)

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

21/43 BUSINESS ITEMS

i) Standing Items:

a. **Apologies for Absence and Declarations of Interest**

The Chairman welcomed members and attendees, noting that the Board of Directors were dialling in from a number of different locations to maintain adequate social distancing.

Apologies were received from Professor K McCourt, NED, and Mrs P Ritchie, ANED.

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 29 July 2021 and Matters Arising

The minutes of the meeting were agreed to be an accurate record of the meeting, subject to a minor correction required to regarding the spelling of 'bacteraemia'

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

c. Action Log

The action log position was received, noting that the amber action was in progress.

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

ii) Chairman's Report

The Chairman presented the report, referencing the two 'Spotlight on Services' virtual visits undertaken with the NEDs to the Facilities Department and the Plastic Surgery team within the Ear, Nose and Throat, Plastics, Ophthalmology and Dermatology (EPOD) directorate. The Chairman noted the 35,591 deep cleans undertaken by the domestics team which had positively impacted the low COVID-19 infection rate within the Trust. Tribute was also paid to the Security team for their work, noting that an increase in cases of physical and verbal abuse from patients and visitors had been observed throughout the pandemic.

The Chairman shared the experience of the Plastics team when Ward 39 (RVI) was twice converted from a day case and trauma ward into a COVID-19 ward.

The annual appraisal cycle had been completed for the NEDs and the Chairman welcomed Ms Edusei to her first meeting of the Board.

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

iii) Chief Executive's Report

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

- Attendances in both the Emergency Department (ED) and Walk In Centres continued to remain at significant levels, with the Trust experiencing higher numbers of patients converting from ED attendances into inpatients. This resulted in additional pressure on bed occupancy and patient flow across the Trust and was also being experienced nationally within the NHS.
- There were currently two wards dedicated to the care of patients with COVID-19. The CEO outlined that such patients were not experiencing the higher levels of acuity as earlier in the pandemic, however noted that this impacted on Trust capacity and the nursing and clinical oversight required for such patients. She added that the pandemic continued to negatively impact Trust staffing levels.
- The positive outcome in relation to the comprehensive spending review was noted, with funding to be utilised to tackle the backlog of patients waiting for care on the Trust's waiting lists. Planning guidance continued to be awaited however further transformational change would be required to facilitate elective recovery.
- The CEO noted the challenging winter period ahead, and paid tribute to staff for their continued work under pressurised conditions and extended the gratitude of the Trust's Board for their continued dedication.
- The focus on transformation was outlined, with the Trust's ongoing collaboration with The Institute for Healthcare Improvement (IHI) noted. Training was taking place with teams across the Trust in quality improvement.
- Expanding staffing levels and created further space within the Trust estates was a key area of focus, with the Executive Team exploring potential opportunities. This would be required to accelerate activity levels beyond those pre-pandemic and further detail would be provided to the Board in due course.
- Developments within the wider NHS in relation to Integrated Care Systems (ICSs) and the Trust's active role within this were outlined. An announcement regarding the recruitment of the ICS Chief Executive for the North East and North Cumbria was awaited.
- Trust partnerships, particularly those in relation to Collaborative Newcastle and the recent launch of the children and families work to improve the lives of children living in poverty in the city, were highlighted. Tribute was paid to the COO and team in this regard.
- A business case was submitted to the Government's New Hospitals Programme for the re-provision of a number of specialist services to provide further essential capacity at the RVI.
- The CEO advised that she continued to visit wards and departments to converse with front line staff.
- The Trust's recent awards and achievements were outlined.

It was resolved: to receive the report.

21/44 PATIENTS**i) Digital People Story**

The ECN presented the item, noting that the video introduced the Northern Centre for Cancer, North Cumbria and provided an overview of the facility created in collaboration with the North Cumbria Integrated Care NHS Foundation Trust. The long awaited development was welcomed news, particularly for those patients who had previously travelled the long journey to the Freeman Hospital from Cumbria for treatment.

It was resolved: to receive the digital patient story.

ii) Director Reports

a. Medical Director/Deputy CEO, including:

- **Consultant Appointments**
- **Annual EPRR Report**
- **Annual Revalidation Report**

The MD/DCEO presented the report, noting the following points:

- As outlined earlier, two wards continued to be dedicated to the Trust's COVID-19 response and the demands related to COVID-19 continued to challenge the Trust's recovery. The MD/DCEO reiterated that the COVID-19 inpatients currently being treated were not as acutely ill as earlier in the pandemic and noted the continuing importance of the vaccination programme.
- Further emphasis of the ongoing resilience of staff was noted, with continuing dedication evident despite unprecedented pressures. The Trust was currently operating at over 90% capacity.
- Further tribute was paid to the Trust's support staff, such as domestic and security staff, who continued to undertake remarkable work, occasionally within difficult situations.
- The Trust remained committed to quality improvement as a cornerstone of the future sustainability of the organisation, working in collaboration with the IHI.
- An update on robotic surgery was provided, noting that a multi-directorate business case was in production demonstrating the Trust's five year ambition to deliver over 90% of appropriate cancer surgery robotically.
- A research update was provided in section 4 of the report, with gratitude expressed to the teams involved in sustaining research progress despite the difficult circumstances presented by the pandemic.
- A detailed cancer update was provided, noting the significant increase in referral rates from pre-COVID levels.

The MD/DCEO noted the inclusion of three papers within the Board Reference Pack (BRP) to be received, being:

- Consultant Appointments;
- NHS Emergency Preparedness, Resilience and Response National Assurance Process 2021/22; and
- A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report and Statement of Compliance.

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It was resolved: to (i) **receive** the report and (ii) **note** the inclusion of reports within the BRP.

[The MD/DCEO left the meeting]

b. Executive Chief Nurse

The ECN presented the report, with the following points noted:

- A comprehensive update was provided detailing recent work to develop and deliver a sustainable leadership and development offer for Nursing, Midwifery, and Allied Health Professional (NMAHP) staff, particularly those at Band 6 and Band 7 level. This had been enabled through the allocation of Continuous Professional Development funding and would focus on both personal and professional development. The programme complemented the provision of training, coaching, and ‘bite size’ development. It was anticipated that by April 2022, over 120 staff would have completed the programme.
- The Patient Engagement and Experience quarter one summary was included, which had been discussed in detail at the recent Quality Committee meeting. An update regarding the Trust’s partnership with ‘Accessible’, supported by funding from Newcastle Hospitals Charity (NHC), was provided which helped people with disabilities to navigate public spaces. This would be augmented with virtual reality when further embedded within the Trust.
- Section 2.4 outlined the recent results of the NHS Friends and Family tests. The ECN reiterated the increase in verbally challenging and difficult behaviours from patients and members of the public to Trust staff. The situation would continue to be closely monitored by the Trust and staff continued to be supported in response.
- The Safeguarding quarter 1 report was outlined in section 4 of the report. Growth within this area continued to be experienced and therefore the Trust had commissioned an external partner to review the current workload to ensure that the team in place remained fit for purpose and able to manage the anticipated future growth.
- The Nursing and Midwifery Staffing update was provided, noting the challenged position, which had been further impacted by the requirement for staff to take maternity leave early and other absence. The fill rate was outlined in section 6.1, which had been below 90% for two consecutive months. This had a significant impact which, combined with increased patient acuity and activity, could be seen in decreases in compliance in Harm Free Care.
- The recruitment position was outlined, noting that circa 300 nurses would be deployed between now and February 2022, with the majority near to Christmas. This included both newly registered staff as well as international recruits.
- The COVID-19 booster and flu vaccination programme had commenced, with over 1,600 staff vaccinated thus far.

Ms Baker queried the Trust’s response to the increase in hostile behaviour to staff and queried whether the mediation training for Great North Children’s Hospital (GNCH) staff would be suitable for wider use. The ACE outlined the GNCH training was specifically for medical staff mediation and would not be suitable for Trust-wide implementation. She went on to note that there had been an increase in reports from front line staff of

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patients/members of the public displaying rude and/or aggressive behaviour. These were predominately as a result of the Trust maintaining COVID-19 restrictions, which continued to be in place to maintain low levels of infection in the Trust hospitals.

The ACE explained that a programme to hear of such cases from front line staff had commenced, along with a review undertaken of the information provided to patients coming into hospital to enable further clarity regarding requirements. This would be undertaken alongside a review of signage across Trust sites.

A publicity campaign would also be enacted to encourage those visiting the Trust to consider their behaviours. The ACE acknowledged the frustration of patients needing to answer the same question at multiple stages across their interactions with the Trust, which was being reviewed by the IHI.

Mr MacLeod queried whether there had been any detrimental impact on either patients or staff as a result of the recent fuel shortage. The ECN advised that whilst none had been reported to date, the matter remained under review at Gold Command, particularly in relation to community based staff.

Querying uptake of the vaccination programme, Ms Edusei acknowledged that certain groups would be less likely to take up the offer of a vaccine and queried whether the Trust had access to data on such groups and what could be done to encourage this. The ECN advised that to date, circa 86% of Trust staff had received both doses of the COVID-19 vaccine and there had been only a small number of reported instances of refusal. Ms Edusei queried whether this data was available in relation to protected characteristics. The HRD noted that the Trust had not experienced the same levels of vaccine hesitancy amongst ethnic minority staff as had other organisations and noted the work undertaken by the Trust's Staff Networks in support of local government campaigns.

In relation to the Trust's responsibility as lead provider for the vaccination programme for the North East and North Cumbria (NENC), the COO advised that over 4m doses of the vaccine had been delivered with targeted work around vaccine confidence. He advised that the same method would be applied to the roll out of the Flu Campaign and would be reviewed by the Joint Inequalities Board.

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

- **Ockenden Update Report**

The ECN provided an update on the Trust's progress to date in relation to the requirements set out in the Ockenden Report published in December 2020, advising that the Quality Committee continued to be regularly apprised of developments.

Good progress continued to be made and going forward, reports would include updates on the implementation of the Badgernet system in Maternity Services.

Section four of the report outlined an update relating to Maternity workforce planning and the successful award of circa £800k in funding and section eight detailed current risks and the positive progress made against the achievement of the standards.

The Chairman queried whether challenges persisted in relation to the take up of the COVID-19 vaccine during pregnancy to which the ECN advised that the Trust continued to offer the vaccination to patients during pregnancy and had seen good uptake.

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

- **Newcastle Improvement Development**

The ECN provided an update on developments relating to Newcastle Improvement, which was formed in October 2020 following the merger of three existing teams within the Trust being Transformation and Financial Improvement, Service Improvement and Transformation, and Quality Improvement.

A summary of activity to date was provided, with a focus on three domains – Improvement Delivery, Building Capability and Capacity, and Research and Evaluation.

The ECN noted the positive outcomes to date, which would continue to grow over the coming year in collaboration with the IHI. Board members acknowledged the need to work differently as a result of the pandemic. The CEO suggested that key projects be presented to future meetings of the Board to highlight progress and to hear from staff who had undertaken training, highlighting the positive difference quality improvement was making across the Trust.

SJB queried whether any qualitative evaluation had taken place given the increase in virtual consultations required due the pandemic. The ECN explained that work had taken place across the Trust, noting that virtual consultations would not be suitable for patients across all directorates. She added that this was being managed at directorate level and highlighted that the use of virtual appointments continued to be effective.

Ms Baker highlighted the potential transformative changes required to assist in managing attendance in the Accident and Emergency (A&E) Department, and suggested a community based approach. The ECN advised that an update regarding transformation possibilities would be given at the private Board Development Workshop in October.

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

- c. **Chief Operating Officer**
 - **Health Inequalities Report**

The COO presented the report, noting the following points:

- The city's residents, along with the wider region, had amongst the poorest health and lowest healthy life expectancy in the UK. Social determinants such as wealth, education, housing, and employment were highlighted as having the most significant effect on life expectancy, as well as the impact of the pandemic on health inequalities linked to race and ethnicity.
- The three types of health inequalities were outlined, being access to care, experience of care and outcomes.

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- The COO outlined the Trust's commitment to tackling health inequalities as part of the five year strategy which would be delivered through a variety of routes. These included the Trust's work as part of Collaborative Newcastle (in partnership with Newcastle City Council and Newcastle University), the creation of a Health Inequalities Group, and through the appointment of a Health Inequalities Executive lead.
- The report outlined the work undertaken thus far in relation to both Collaborative Newcastle and the Health Inequalities Group, with the COO noting that a future Board Development Workshop session would be scheduled on health inequalities to aid further understanding.

Professor D Burn noted the focus on health inequalities was becoming an area of real strength within the city, and suggested the invitation to the workshop be extended to Professor Clare Bambra, Professor in Public Health at Newcastle University. The COO advised that Professor Bambra was a member of the Health Inequalities Group.

Mr Chapman highlighted the importance of the measuring of 'healthy' life expectancy.

Ms Baker noted the importance of involving voluntary and community groups in the Health Inequalities Group. Ms Edusei concurred, highlighting the need to ensure those with lived experience were involved in the work to tackle health inequalities.

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

- **Operations Report**

The COO presented the report, noting the inclusion of the summary of Trust preparations in place for the forthcoming winter period.

Section 2.1 of the report outlined the part members of the public could play in ensuring that the NHS and social care services continued to be both sustainable and successful, noting the importance of vaccination protection and considering the most appropriate route to access care.

The ACE referenced the 'Do Your Bit' communications campaign which highlighted the first routes members of the public should take for urgent medical advice and treatment.

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

- d. **Director of Quality & Effectiveness**
 - **Maternity CNST Report**

The DQE presented the report, noting the importance of adopting best practice to improve safety and protect mothers and their babies from harm during labour and birth. Further, it also helped in reducing the number, and cost, of litigation claims made.

The Trust had been successful in demonstrating compliance with the CNST standards during years 1-3 of the scheme, with year 4 launched in August. The changes made as part of year 4 of the scheme were under review with Trust teams, however it was evident that as the scheme progressed, the standards were becoming harder to achieve. The DQE highlighted

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the shortening of reporting requirements for deaths of babies from 7 days to 2 days and changes to the intelligence data which were required for inclusion in the Integrated Board Report.

The DQE added that the Trust was confident that the new standards would be met and would continue to keep Board members abreast of progress. The CEO paid tribute to the teams involved.

The DQE noted the standards required as part of CNST, as well as the Ockenden Report as described by the ECN under agenda item 21/44 ii b, and the Care Quality Commission. The Trust continued to act on feedback received from patients in the delivery of care.

Ms Baker queried whether year 4 would be the final year of the scheme, to which the DQE advised that there had been no indication that this would be the case. Ms Baker also queried whether there was any scope to integrate the CNST requirements with those set out in the Ockenden Report. The ECN explained that adherence to multiple standards continued to be a challenge for organisations and noted further national changes taking place related to the monitoring of maternity services. She further referenced an upcoming meeting with the national Head of Midwifery, alongside the Trust CEO, and would feedback the outcome to Board members in due course.

Ms Baker queried whether there was any actions planned to link the CNST work with that of the Medical Examiner to which the ECN advised that there was a different mortality review process in place for children and babies.

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

[The TS left the meeting]

e. Director of Infection Prevention and Control

The DIPC presented the report, noting the following:

- Community prevalence of COVID-19 continued to vary. The Trust continued to treat circa 50 inpatients with COVID-19, with the position remaining relatively constant at this level over previous months. This placed added pressure on the Trust's ability to recover activity and further impacted Trust staffing levels. The Trust continued to undertake a Test and Trace service for staff and had undertaken over 20k tests since March 2020.
- Risk assessments continue to be undertaken for all staff who have had contact with COVID-19 cases. This will continue over the winter period.
- The Trust continued to develop and improve COVID-19 patient screening.
- The booster COVID-19 vaccination programme and the Flu vaccination programme would commence imminently. Good uptake was anticipated both within the Trust and the community.
- Non-COVID-19 Healthcare Acquired Infections (HCAIs) continued to be monitored against the thresholds set by NHS England. Changes relating to definitions of cases were recently implemented which had impacted Trust rates. Work continued to

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understand where improvements in compliance could be made, with a number of IHI improvement projects which were currently underway noted.

- Some of the IPC measures utilised within the Trust relating to COVID-19 may have had a positive impact on MSSA rates.
- Work continued in relation to sepsis and anti-microbial stewardship, with the DIPC highlighting organisational pressures relating to the management of the pandemic had affected sepsis compliance. Further training and education for staff was in development. A detailed discussion on this subject took place at the recent Quality Committee meeting.

Ms Edusei noted her disappointment at the rates of c.difficile and queried whether this was as a result of changes in definitions or whether rates were currently higher. She highlighted that due to increased handwashing for COVID-19, lower rates of c.difficile infection would be expected. The DIPC noted that changes in c.difficile reporting had impacted the figures and advised that organisations were now required to include cases which originated in the community. She further explained that work was underway to ascertain the causal factors, noting the link to health inequalities and access to antibiotics. The Trust continued to review all cases and frequently liaised with Primary Care colleagues. The DIPC also acknowledged that an increase in patient acuity had negatively impacted rates.

The Chairman queried whether the Trust undertook sequencing of c.difficile. The DIPC advised that sequencing did take place when two or more patients in one area both acquired c.difficile. She advised that in the majority of cases, there was no link and the Trust had not experienced an outbreak of c.difficile. Despite this, the Trust continued to treat cases such as these with the same scrutiny as if there had been an outbreak.

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

21/45 PEOPLE

i) People Report

The HRD presented the report, with the following points to note:

- A further update on international recruitment was provided. 26 nurses from India joined the Trust in June and a further 24 nurses from The Philippines were expected to join the organisation in the coming month.
- The 2021 staff survey would go live across the organisation on 4 October. The content of the survey was redesigned at a national level to align to the NHS People Promise and would include a reduced number of questions. The Trust had set the ambition of achieving a 50% response rate.
- A number of documents were included in the BRP for Board endorsement for publication, including the:
 - Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans;
 - WRES data;
 - Equality Delivery System grading assessment; and
 - Public Sector Equality Duty.

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Mr Jowett advised that the recent People Committee deep dive session considered the documents in detail and supported the endorsement of the documents for publication.

The Board of Directors ratified the documents for publication.

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

21/46 PERFORMANCE

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

Quality

The DQE presented the quality section of the report, highlighting the impact of operational pressures on quality metrics. Increased demand for services, higher patient acuity levels, increased rates of bed occupancy and staffing challenges all had a potential negative impact on harm free care.

When comparing the Trust with other large tertiary providers, the Trust continued to perform well however the organisation was not complacent in this regard. The DQE paid tribute to staff who continued to work tirelessly to give patients the best possible care given the current pressures on services.

The DQE noted the inclusion of maternity safety intelligence data in the report, a requirement of the CNST. The rates of both perinatal deaths and stillbirths were highlighted as being higher than the national average. This was as a result of the Trust's role as tertiary centre for the region. This also explained the higher than average rates within foetal medicine due to the Trust receiving both regional and national referrals, and being the location of the regional Neonatal Intensive Care Unit. When comparing with peers within the Shelford Group and other tertiary providers, the Trust was performing consistently.

Two maternity deaths were reported during the period, with both patients having been transferred to the Trust's Intensive Care Unit (ICU) post-delivery for specialist support.

It was noted that the Trust appeared to be an outlier in relation to elective caesarean section rates, however this was due in part to the Trust role as tertiary provider. The DQE explained the Trust's history of shared decision making and noted the risk to babies during a long labour in maintaining a low rate. When considering this in relation to similar providers, the Trust was not an outlier.

Mr Macleod queried the prevalence of hospital acquired COVID-19, noting the two Serious Incidents reported within the Trust and whether further actions were required. The DIPC explained that the Trust had one of the lowest rates of hospital acquired COVID-19 in the country and this had been maintained despite the challenged position. The DIPC detailed the process undertaken to review any patients who had acquired COVID-19 whilst in the Trust's care, regardless of outcome, and in the event that a death occurred, the Trust

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followed processes stipulated by NHS England. The Trust's robust process in relation to duty of candour was also outlined.

Mr Chapman queried the cause of the significant increase in bed occupancy from 79% in August to 94% currently. The CEO advised that this was as a result of increases in demand for services.

Performance

The COO presented the performance element of the report, noting that the Trust's current operational pressures had been discussed at length earlier in the meeting. The CEO highlighted that the Trust's performance data was set against standards which were introduced prior to the pandemic.

People

The HRD presented the people section of the report, noting that the Trust continued to regularly review staff absence, both for COVID and non-COVID related reasons. The impact of staff taking maternity leave earlier during pregnancy was highlighted.

In relation to diversity of workforce, the HRD advised that there had not been a significant increase in staff taking retirement however succession planning across the organisation continued to take place.

The Board of Directors discussed the increase in the Trust's headcount over the pandemic as a result of the additional staff recruited into the Integrated COVID Hub North East and the Vaccination Programme.

The Trust continued to deliver education and training across the organisation, with updates on appraisal and mandatory training compliance provided.

Finance

The FD provided the update, noting that:

- The Trust continued to operate within the emergency financial regime set out by NHSE to run to 30 September 2021. This regime provided a fixed envelope of funding for the first six months of the year (H1). The financial regime for the second half of the year (H2) was expected to be announced imminently.
- To the end of August 2021, the Trust incurred expenditure of £558.3m, and accrued income of £558.3m on mainstream budgets. This excluded programmes outwith the block envelope such as the vaccination programme and the ICHNE.
- The Trust had spent £15.8m capital, which was £0.9m behind plan. The Trust Capital Programme was heavily back loaded into the final two quarters of the financial year and therefore no concerns were noted.

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

21/47 PIONEERING

i) Spotlight on Strategy

The DfBDE presented the report, reminding Board members that the Trust's 5-year strategy was updated in 2019 and included the development of the Trust strategic framework – the five 'P's. Pioneers would be the focus of the spotlight for this meeting. The following key points were noted:

- The 'Pioneers' priority was detailed, being 'Ensuring that we are at the forefront of health innovation and research'. How the Trust set out to achieve this was outlined, which included the integration of research into everyday care, maximising the life sciences strategy and industrial strategy, and achieving the Net Zero Carbon Care targets.
- An update relating to diagnostics was provided, with the DfBDE noting that plans had accelerated during the pandemic. The broad terms was explained, highlighting the areas covered and examples provided. This included the Integrated COVID Hub North East (ICHNE), which was processing circa 60k tests a day, and the Innovation Lab which had generated income through improved diagnostics.
- Successes in relation to wastewater testing and genomics were highlighted, noting the national drives to further embedding Whole Genome Sequencing in treatment pathways. The challenge to drive diagnostics forward and utilise it in different ways was further noted.
- The 'My Skin Selfie' app case study was highlighted as an example of virtual/digital innovation. This originated as a research project in collaboration with Newcastle University.
- The CIO explained the regional digital pioneering initiatives in relation to the Great North Care Record (GNCR), to be used for direct patient care. The GNCR had recently been nominated for two Health Service Journal (HSJ) awards, the results of which would be announced later in the year.
- In relation to research and innovation, over 10,000 clinical trials had taken place within the Trust since 1975 and the Trust had the highest number of COVID-19 trials opened. The Research Strategy for 2021-2026 was launched earlier this month.
- Sustainability remained an area of focus for the Trust, with work continuing to reduce both those carbon emissions that the organisation directly controls as well as those that could be influenced. The Trust remained committed to decarbonising its estate, with critical change required within the organisation to meet these ambitions. Notable achievements include the birth at the RVI of the UK's first 'Climate Friendly' baby, and the CEO's role as One Step Greener Ambassador for the Healthcare sector at COP26.

Professor D Burn noted the National Institute of Health Research as an example of a pioneering partnership.

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

21/48 GOVERNANCE

i) Update from Committee Chairs

The Update from Committee Chairs report was received, with the following additional points outlined:

Charity Committee

Ms Baker noted that further curation of grant applications had taken place by the charity team to highlight how each application aligned to the charity strategy. This aided the committee's decision making and allowed further time on the agenda for the consideration of other matters.

During the meeting, the committee were advised of the successful outcome of a bid submitted to NHS Charities Together for £1.4m of funding. The bid had been developed in collaboration with the Trust's community partners across the North East and North Cumbria and the funding would be utilised to assist communities that had been disproportionately impacted by the pandemic.

The committee also received the finance reports, an update on the work of the Charity Governance Working Group, the Charity Risk Statement, and a case study on the recent 'NHS Big Tea' event in which over 13,000 staff participated.

People Committee

Mr Jowett noted that the recent meeting included two 'deep dives' into Education and Workforce Development (EWD) and Equality, Diversity, and Inclusion (EDI). The EWD report detailed the breadth of work underway and noted challenges related to provision of education space. The EDI deep dive involved a review of the WRES and WDES data prior to inclusion for approval at this meeting.

Quality Committee

Mr Chapman extended the Committee's gratitude to staff for their ongoing work to ensure quality and safety for patients was maintained. The recent reports received were outlined, including those relating to the Ockenden Report and the quarter 1 reports for Safeguarding, Learning Disability and Patient Experience.

Finance Committee

Mr Morgan provided a summary of the meeting undertaken the previous day, noting the forecasted break-even position and the key focus on increasing capacity for the Trust recovery programme. The committee also received a 'deep dive' into the work of the Commercial Enterprise Unit and noted challenges around recruitment as a result of caps within medical schools.

Professor D Burn noted that the removal of the international cap was awaited and referenced the impact of COVID-19 in relation to this. He advised that there was significant demand for medical training places and highlighted that medical students tended to remain in the area if they trained in Newcastle.

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Ms Baker added that the Charity had recently introduced the ability to undertake Payroll Giving and encouraged Board colleagues to undertake this.

It was resolved: to **receive** the report and the additional verbal updates.

ii) Corporate Governance Update, including:

a. Quarterly NHSE/I Declarations

The DTS presented the report, noting the following points:

- An update on the Council of Governors was provided, outlining the recent private workshop undertaken in August and the results of the latest round of Governor elections.
- The Annual Members Meeting took place on 28 September, to formally adopt the Annual Report and Accounts 2020/21. These were laid before parliament on 8 September 2021.
- Recent publications from the Department of Health and Social Care and NHS England/Improvement (NHSE/I) were outlined.
- The quarterly NHSI declarations were included in the Board Reference Pack for Board approval prior to publication.

The Board of Directors approved the publication of the NHSI quarterly declarations.

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

DATE AND TIME OF NEXT MEETING

The next meeting of the Public Board of Directors is on Thursday 25 November 2021 at 1pm.

There being no further business, the meeting closed at 14:49pm.

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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. 19/10/21 - Meeting held - action complete.

KEY

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



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 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 the Chairman's activity and key areas of focus since the previous Board meeting, including:</p> <ul style="list-style-type: none"> • Chaired the Annual Members Meeting; • Attendance at the League of Friends Celebration held on 27 September 2021; • Led the Induction Programme for newly elected Governors in collaboration with the Trust Lead Governor and the Chairs of the Governor Working Groups; • Opened our 'Volunteer Appreciation Event'; • Participation in the NHS England/Improvement (NHSE/I) Regional Roadshow on 17 September 2021; • Updates from meetings of the regional Foundation Trust Chairs and the North Integrated Care Partnership; • Guest attendance to the Asian Business Connexions 12th Anniversary Dinner & Awards Ceremony; • The Spotlight on Services Session on Integrated Laboratory Medicine (ILM); • Participation in a visit to the Trust by two Non-Executive Directors from NHSE/I; and • Panellist on a Life Sciences & Healthcare event. 						
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:

- Chaired the Annual Members' Meeting.
- Attendance at the League of Friends Celebration held on 27 September 2021:
 - The League of Friends has a comprehensive history and consists of a group of committed and generous individuals who continue to support the Trust, and our efforts in dealing with the pandemic.
- Induction Programme for newly elected Governors:
 - The induction programme was refreshed following feedback from our Governors and was delivered in collaboration with the Trust Lead Governor and Chairs of our Governor Working Groups.
- Opened our 'Volunteer Appreciation Event'.
- Participation in the NHSE/I Regional Roadshow on 17 September 2021:
 - Amanda Pritchard, NHS Chief Executive and Mark Cubbon, Interim NHS Chief Operating Officer joined the session.
- Updates from meetings of the regional Foundation Trust Chairs and the North Integrated Care Partnership.
- Guest attendance to the Asian Business Connexions 12th Anniversary Dinner & Awards Ceremony.
- The Spotlight on Services session on Integrated Laboratory Medicine (ILM).
- Visit to the Trust by two Non-Executive Directors from NHSE/I.
- Panellist on a Life Sciences & Healthcare event.

CHAIRMAN'S REPORT

September saw our second virtual Annual Members' Meeting which was well attended and included a wonderful video compilation of our Review of the Year 2020/21.

I was delighted to be asked to speak at the Freeman Hospital League of Friends Celebration held on 27 September 2021 and present a special award to Norah Turnbull for her long service. Throughout the most challenging days of the pandemic, the League of Friends volunteers continued to support our shop at the Freeman Hospital, and have raised more than £8m for the Trust over the years, for which we will always be grateful. Sadly, they have decided to hand over their responsibilities to the Newcastle Hospital Charity.

We held a successful Induction Programme for our newly elected Governors on 4 October 2021. The induction programme was refreshed following feedback from our Governors and was delivered in collaboration with our Lead Governor and the Chairs of our Governor Working Groups. The well attended session provided an overview of the Role of Governors in the context of existing and future NHS structures.

I am also pleased to welcome Mrs Pam Yanez as our new Lead Governor. Pam was among more than 120 volunteers who attended our Volunteer appreciation event on Sunday 10 October where I joined colleagues in thanking them for their huge contribution to our response to the pandemic.

Since the start of the pandemic just under 400 volunteers from all over the North East and North Cumbria have been recruited. As a volunteer service, we were in awe of the out-pouring of generosity and support from the people within our communities, and during times when COVID-19 infection rates were at their highest, and the nation were advised to stay at home, people still came and registered to volunteer.

A Governor Task & Finish Group has also been established following feedback from Trust Governors to consider how we can refresh and further improve the format and content of both the agenda and supporting papers for Council of Governor meetings.

I was pleased to participate in the NHSE/I Regional Roadshow hosted by Dr Amanda Doyle OBE, North West Regional Director, and Richard Barker, North East Regional Director, held on 17 September 2021. In addition, Amanda Pritchard, NHS Chief Executive, and Mark Cuban, Interim NHS Chief Operating Officer, both joined the roadshow. We discussed the challenges ahead, as we deal with significant pressures while maintaining the vaccination programme and tackle our growing waiting lists. We also acknowledged the skill, determination and resilience that NHS staff have shown in the face of the greatest challenge in NHS history.

I continue to attend meetings of the region's Foundation Trusts Chairs, and the Chief Executives and Chairs of the health and care organisations across both the "North" Integrated Care Partnership and the wider North East and North Cumbria Integrated Care System (ICS), including being a panel member for the interviews of the Chief Executive to

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the Integrated Care Board resulting in the successful appointment of Ms Sam Allen. Ms Allen joins the ICS from Sussex Partnership NHS Foundation Trust where she has been Chief Executive since March 2017.

I was delighted to attend the Asian Business Connexions (ABC) 12th Anniversary Dinner & Awards Ceremony. ABC aims to connect, support and promote the Asian and wider community. It has helped to deliver employability programmes, education initiatives and community activities in an effort to improve life choices for all our people in the North East.

In October 2021, as part of our Spotlight on Services programme, I chaired a virtual meeting of our Integrated Laboratory Medicine (ILM). Mr Ahktar Husain, Clinical Director of Integrated Laboratory Medicine led the session together with David Bourn, Laboratory Head, John Hardy and Jennifer Collins, Laboratory Managers, Julie Samuel, Consultant Microbiologist, and Katrina Wood and Nigel Cooper, Consultant Cellular Pathologists.

A comprehensive presentation was delivered covering a number of areas including Blood Sciences, Cellular Pathology/Cytology, Mortuary Services, Microbiology and Virology, and the Genomics Laboratory hub.

Our Board Development Session was held in October 2021 which included discussions on:

- The latest developments in system work and the impact for Newcastle Hospitals.
- Trust performance in relation to the Newcastle Plan, and how a key strategic enabler (the development of Newcastle Improvement) will support delivery of the Plan.
- The Trusts strategic ambitions regarding health inequalities.

I was also part of the contingent that welcomed two Non-Executive Directors from NHSE/I. This was an opportunity to showcase recent developments, including the new Westgate Cataract Centre, as well as highlighting the ongoing challenges faced by the Trust.

On the 12 November 2021, I was a panellist at the Life Sciences & Healthcare event in the University. The event brought together both the public and private sector, and academia, to explore how key economic sectors across our region are responding to the environmental crisis. The event highlighted both the City's and the Trust's significant contribution towards environmental sustainability. Examples I was able to highlight included the UK's first baby to be delivered by climate-friendly gas and air and introduction of ZMOVE pharmacy courier delivering medication to patients homes using electric vehicles and courier bikes hub, saving around 36,000 patient journeys so far. 99% staff stating sustainability is important. To date circa 1,000 staff have signed up and taken 15,000 actions to support the Trusts climate change ambitions via the SHINE (Sustainable Healthcare in Newcastle) Rewards programme.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
17 November 2021

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TRUST BOARD

Date of meeting	25 November 2021						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer (CEO)						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • An update on the pressures facing the Trust and the plan to respond to these; • Work with partners including the emerging Integrated Care System and Provider Collaborative; and • Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements. 						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 Newcastle Plan to support staff and increase our physical and workforce capacity;
- The development of the emerging North East and North Cumbria Integrated Care System (ICS) and Provider Collaborative;
- The COP26 climate change conference and the Trust's sustainability leadership;
- Planning permission application for the 'New Specialist Hospital / Richardson Wing' development;
- Networking and communication activity including recent BBC coverage; and
- Recognition of key awards and achievements of staff, including the HSJ awards.

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

CHIEF EXECUTIVE'S REPORT

1. CHIEF EXECUTIVE OFFICER (CEO) OVERVIEW AND SUMMARY

This organisation and the whole NHS continues to face persistent and unprecedented demand pressures. In the last two months, our leadership focus has been on working to develop our Newcastle Plan to provide a sustainable response. The plan will reduce elective waits for our patients while delivering high standards of emergency care and maintaining a particular focus on supporting our staff.

The first phase of the plan covering the period to March 2022 has now been submitted to NHS England. It builds on the work that leaders at every level are doing with their teams across the Trust to provide immediate headroom and breathing space wherever possible, alongside managing the immediate pressures. The pressures that we have been facing in the last two months have included:

- Weekly Type 1 Accident & Emergency (A&E) attendances up to one third higher than before the pandemic;
- Caring for around 75 Covid inpatients every day: two thirds of which were not fully vaccinated; and
- Community nursing contacts up 16% from pre-Covid levels.

The combination of these demands on our Trust alongside those across the wider health and care system create what we have been describing as a 'wicked wheel' or perfect storm of pressures. For example ambulance delays may contribute to patients being more unwell when they arrive at hospital, leading in turn to increased pressures in A&E and the wider hospital.

Our staff continue to respond magnificently, but we know that everyone has been affected by Covid and the strains of the last 19 months. It is clear that the underpinning constraint across the NHS and care sector is workforce. Across the NHS there are 90,000 vacancies and a national shortage of clinically qualified staff, so even though Trusts now have additional funding in budgets, it is very difficult to recruit. As Chris Gibbins, our Clinical Director for Medicine and Emergency Care, told the BBC when they visited last week: *'There's only so many extra shifts you can ask anyone to do, there's only so much overtime anyone can pick-up'*. That's why we must maintain an unrelenting focus on both supporting staff now and ensuring we have a good supply of new recruits for the future.

A key part of the Newcastle Plan is therefore improving staffing levels. Despite the challenges, our senior nursing and Allied Health Professionals (AHP) team have continued to explore collaborative solutions to increase the number of available staff. This work includes recruiting 74 international nurses who will arrive by Christmas, joining 200 newly qualified nurses who have begun work with the Trust this autumn. Increasing nurse staffing will increase our resilience in all areas.

Since the last Board meeting, work has also begun on another key part of our plan - a new multi-specialty elective treatment centre at the Freeman Hospital. This will be a new purpose built facility which will include four theatres to enable an additional 1,500 day cases and infusion treatments to take place. It will help us to not only tackle our waiting lists for

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high volume specialties, but also frees up existing theatres for more complex spinal work. This £18million investment will support patients from across the city and the wider region and will be completed in the early summer of 2022.

Investing in our facilities and our staff is essential and goes alongside our focus on improvement – making small changes that help support staff and improve efficiency. For example, since the start of the pandemic our Orthopaedic clinical team has redesigned the fracture clinic pathway so every patient now gets same day specialist review, reducing the need for patients to return the next day. This saves 4,000 clinic appointments a year, allowing staff time to be spent on other priorities. We need to continue and support this sort of improvement work across the whole Trust as a core part of our approach.

Our plan puts us in the best possible position for what will be a difficult winter. We will need to continue to develop and iterate it over the months ahead in light of the evolving situation and our work with partners across the system.

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

The Health & Care Bill is continuing its passage through Parliament, with the continued expectation that ICSs will come into being as statutory organisations from 1 April 2022. Preparations for the establishment of the ICS have been accelerating in the last two months, and these have included the appointment of Sam Allen as its Chief Executive designate.

I chaired the provider stakeholder panel that met with candidates as part of the Chief Executive appointment process and was hugely impressed by Sam. She will begin work in the North East and North Cumbria at the end of January 2022 and brings with her an excellent reputation from her work as the Chief Executive of Sussex Partnership NHS Foundation Trust. I look forward to working with her and welcoming her to Newcastle in due course.

In a further preparatory step for the ICS its Chair-designate, Sir Liam Donaldson, convened a series of design sessions which I contributed to along with other NHS and Local Authority leaders. These discussed options for the ICS' governance and working arrangements, including the composition of its Boards and how it might work at local authority place level. I expect formal proposals on these areas to follow in the months ahead.

In parallel with the development of the ICS, we have also continued to develop the North East and North Cumbria Provider Collaborative which is made up of all 11 NHS Trusts in this geography. As co-Chair of the Collaborative, I led the process that appointed our founding Managing Director, Matt Brown. Matt has worked across the North East and North Cumbria NHS for 17 years in a variety of settings. His key initial priorities when he starts in January 2022 will include establishing the infrastructure of the collaborative and driving its delivery of collaborative programmes on behalf of the Trusts and the wider system.

Sustainable Healthcare & COP26

The Trust's leading work on sustainable healthcare has again been in the spotlight recently in a series of events scheduled around COP26: the United Nations Climate Change Conference 2021 in Glasgow.

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In advance of the Conference, we had the pleasure of welcoming NHS England and Improvement's new Chief Executive Officer, Amanda Pritchard, to the Trust. She saw examples of the great work we do here at Newcastle Hospitals as part of our response to the climate emergency.

In addition to hosting Amanda, I carried out a range of media and speaking engagements to raise awareness that the climate emergency is a health emergency, and to highlight the progress we've made along with the challenges that we face in continuing to reduce our emissions – for example the urgent need to decarbonise how we heat our hospitals. These engagements included giving a keynote address to the NHS Scotland Sustainability Conference which you can watch here (<https://www.youtube.com/watch?v=XfM966u-GvM>).

To raise awareness of the impact of air pollution on health, three of our staff joined a group of paediatric healthcare professionals on a 'Ride for their lives' cycle of 800 miles from London to COP26 in Glasgow. We welcomed them to Newcastle at the conclusion of one of their legs along with a 'pollution pod' which simulated the air quality of some of the most polluted cities on the planet. In the UK over 40,000 people a year die prematurely because of air pollution. It was a privilege to attend COP26 and discuss this issue with Rosamund Adoo Kissi-Debrah. Rosamund founded the Ella Roberta Foundation following the tragic death of her nine year old daughter Ella in 2013 from a series of severe asthma attacks linked to air pollution.

At COP26 I also spoke to a number of international leaders, including Dr Tedros Adhanom Ghebreyesus, World Health Organisation Director General, about the work we are doing in Newcastle and what more we need to do. I returned inspired to continue and further the leadership we're providing on air pollution and the climate emergency and I look forward to updating the Board further about this in future meetings.

Estates developments

As part of our major ten-year programme of strategic estates improvements to ensure we continue to deliver safe, high quality care to our patients, we are currently sharing our plans – and ambition – to construct a new, iconic, purpose built home for many of our specialist services on the Royal Victoria Infirmary (RVI) site.

In the coming weeks we will submit planning and listed building consent applications to the City Council asking for permission for the construction of our New Specialist Hospital Building and have also shared the plans with our immediate neighbours to give them the opportunity to give us their views on the proposed building. As mentioned in previous Board reports, we have applied to the Government for funding for the project through the 'New Hospitals Programme' and expect to hear news about this application in the New Year. You can find more information about the proposals here [Estate strategy - Newcastle Hospitals NHS Foundation Trust \(newcastle-hospitals.nhs.uk\)](#).

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 also continued to visit a variety of clinical areas across the Trust when it has been safe to do so.

I was delighted to visit our Paediatric Emergency Department and Intensive Care Unit earlier this month. I was able to see first-hand the huge pressures that this unit, amongst others within our Trust, are currently having to deal with. I was also able to see how creative they have been and how working as a team and being able to support each other has enabled them to continue to provide the first class care for our patients and support for their families.

In October, our Leadership Congress met to consider the next steps in our Flourish programme and particularly our plans to listen and respond to staff more effectively. We have asked the Institute for Healthcare Improvement to support us in our drive to improve staff experience, and I was delighted that they could join the session to help us understand and analyse some of the feedback we have received from staff and to consolidate the high impact actions we can take together.

The Shelford Group held its annual event in October where I officially stood down as co-Chair following the completion of my term of office. I was delighted that we were able to launch the new Shelford strategy at the event, and to host a discussion session with former Secretary of State Alan Milburn. Alan reminded us that when the NHS brought waiting lists down in the early 2000s, it was through a combination of reform and investment in services. There was recognition throughout the Conference that we are going to need to use the technology of the 2020s to improve health and transform services in the coming years.

As part of a series of visits the NHS England Non-Executive Directors were undertaking, I welcomed Susan Kilsby and Jeremy Townsend to our Trust in November. We were able to discuss the challenges of providing care at this time and what NHS England could do as a commissioner of specialised services to support tertiary centres like ours. They took the opportunity whilst they were here to meet some of our clinical staff involved with our elective recovery programme, within our Major Trauma Centre and working on our Collaborative Newcastle health improvement programmes.

This month we invited BBC health editor Hugh Pym and the Today Programme into the Trust to talk about the current challenges and pressures we're facing and the fantastic way that staff are responding. We hope to continue to tell our story – and the progress we make – with the BBC over the winter to help the public understand the bigger picture for the health service as well as encouraging them to do their bit to help – particularly getting vaccinated against flu and Covid.

We've had some excellent feedback about the coverage and on behalf of all the Board, I'd like to thank all the teams who took part and everyone who helped to facilitate the visits.

3. AWARDS AND ACHIEVEMENTS

Despite the current challenges and pressures 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.

- **Lighthouse laboratory** – Our 800-strong lab team – part of the Integrated Covid Hub North East - have now processed more than 5million Covid tests, with samples coming in from the region and beyond – a fantastic achievement!
- **Research** – We're delighted to be sponsoring the world's largest organ donation study, SIGNET (Statins for Improving orGaN outcomE in Transplantation) that will look at improving the quality of donated organs. Organ donors involved in the trial will be prescribed a single dose of simvastatin, a commonly used statin, which could help reduce inflammation and improve organ quality. If successful, the trial could boost organ recipients' chance of survival.

Also a huge congratulations to orthopaedic consultants Andrew Bowey and David Fender who performed a world-first operation as part of an international clinical trial. The operation was performed as part of the BRAIVE IDE study which will test the effectiveness of a new device to treat children with scoliosis. The trust also recruited the first patient to the trial.

- **Great North Run** – Thank you to everyone who took part in the 40th Great North Run and chose to support our Newcastle Hospitals Charity. As part of the 40th anniversary celebrations, Sister Jade Trewick, was one of four 'NHS heroes' to officially start the event. Jade has been key to the success of ward 49 – a respiratory support unit which provides both intensive care and step-down care for Covid positive patients.

I was also delighted to see that Catriona Johnston, an advanced clinical pharmacist at the Freeman Hospital, joined as an Elite in the Women's Wheelchair racing and achieved a fantastic time!

Awards

- We were proud to be shortlisted for a number of HSJ Awards, including in the Connecting Services and Information / Provider Collaboration of the Year category for The Great North Care Record (on behalf of North East and North Cumbria ICS).

When the awards were revealed, we were delighted that the Trust was 'Highly Commended' in the Acute/Specialist Trust of the year category, and that Collaborative Newcastle won the Health & Local Government partnership award. Such national recognition is due to the hard work and commitment of all staff in the most difficult of years.

- Congratulations to a number of teams and individuals who have also been recognised through awards in their fields of work including:
 - Dr Karen Marshall who has been named as the next President of the North of England Thoracic Society. Her internationally recognised expertise around

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Cognitive Behavioural Therapy (CBT) for Chronic Obstructive Pulmonary Disease (COPD) has benefitted hundreds of patients.

- Our HR team who have been shortlisted in two categories – Best recruitment and workforce planning team of the year and HR team of the year - in the HR Excellence Awards. The winners will be announced on 1 December 2021.
- The E-rostering team have been shortlisted for the “Operational Roster Excellence” award in the Allocate Awards 2021.
- Consultant orthopaedic surgeon Kenneth Rankin is shortlisted in the Bone Cancer Research Trust’s Bone Idols for the use of fluorescence in surgical research to inform and improve accuracy and effectiveness.
- Dr Graham Burns was appointed as one of the first national specialty advisers for long Covid with NHS England. This is a key role in helping the NHS meet the demand for ongoing care for people with long-term effects of the virus.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel

Chief Executive

17 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>This month's digital people story shares a patient's reflective experience of the Newcastle Westgate Cataract Centre.</p> <p>Newcastle Westgate Cataract Centre (NWCC) is a new purpose built facility to provide surgical treatment for patients with a cataract. Based on Westgate Road, the centre offers a convenient way for patients needing surgery to remove a cataract, without having to go to hospital for their treatment.</p>						
Recommendation	To listen and reflect on this story.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Involving and engaging with staff, patients and relatives will help ensure we deliver the best possible health outcomes for our patients.						
Reports previously considered by	This patient/staff story is a recurrent report.						

DIGITAL PEOPLE STORY

EXECUTIVE SUMMARY

Newcastle Westgate Cataract Centre (NWCC) is a new purpose built facility to provide surgical treatment for patients with a cataract. Based on Westgate Road, the centre offers a convenient way for patients needing surgery to remove a cataract, without having to go to hospital for their treatment.

Tom's cataract surgery journey started eighteen months ago. Tom has kindly taken the time to reflect on the difference of his experience in receiving his first cataract surgery on ward 21 at the Royal Victoria Infirmary (RVI) and his second surgery four months later at NWCC.

Whilst Tom's experience on ward 21, RVI was good, he explains finding the parking and general access to and from the multi-storey carpark was quite an ordeal. Nursing staff on the department were fantastic and put him at ease and kept him informed at different points of his surgery. Tom explains that he was moved from one area to another by wheelchair which might have added to the time he spent in the department. Tom was admitted to the ward for at least three hours which, he feels was time well spent.

Tom's experience four months later at the NWCC was a completely different experience. NWCC has allocated parking facilities outside of the centre with ramp access directly into the centre, which made such a difference to his first impression and put him at ease. Staff warmly greeted him and he handed in his yellow card with the name of his wife who would be contacted to collect him after his surgery. Tom was taken directly into assessment and pushed in a wheelchair into the operating theatre. Tom was very pleased that the wheelchair converted directly into an operating table which means patients who have mobility problems were not moved unnecessarily.

On Tom's return from theatre he collected his medications and the administration staff had already contacted his wife to collect him. The whole journey only took forty five minutes. Tom has expressed that this was a fantastic experience.

Recommendation

To listen and reflect on the positive impact the Newcastle Westgate Cataract Centre (NWCC) is having on patient experience.

Report of Maurya Cushlow

Executive Chief Nurse

17 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 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:

- The COVID-19 impact remains significant with continuing impact on recovery.
- Harm Free Care – we aim to re-focus efforts on the core principle of keeping patients safe.
- Institute of Healthcare Improvement Partnership working – the main training programmes are well underway.
- Getting It Right First Time (GIRFT) – a national initiative to even up practice to national best practice standards.
- Ophthalmology – we continue to work with this department to improve on areas identified through the Trust incident reporting process.
- Regional Endoscopy Training Academy – the Trust has been awarded academy status for regional endoscopy training.

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

- **COVID-19 Impact**

This is still felt with approximately 70 inpatients and a small number of Intensive Treatment Unit (ITU) patients being cared for within the Trust on a daily basis. This position has been relatively stable over the last 2 months.

The reduction in ITU requirement in relation to admission numbers, and community prevalence, in comparison with the previous wave is maintained and at present we do not require an early winter move into critical care surge capacity on Ward 49. Funding for critical care staffing of this area is secured however and it remains in reserve.

- **Harm Free Care**

As we establish our new normal, coping with the additional workload, we aim to re-focus efforts on the core principle of keeping patients safe – preventing falls, pressure injury, acquired infection and thrombosis. Focus on healthcare acquired gram negative infection is ongoing and will be highlighted at the Trust Clinical Risk Group and other forums. Small investment is sought to strengthen the lines service (mid-line and peripherally inserted central lines) at the Royal Victoria Infirmary (RVI) - a key part of reducing infection and line issues with the increasingly large group of patients requiring longer term access or who have complex access issues. Additionally, a business case is under consideration to strengthen the venous thrombus prevention and management service, this will allow appointment of specialist nurses who will be involved in aspects of prevention and management.

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

The main training programmes are well underway – training for 20 teams and training for 80 coaches to allow cascade training – this is going well.

In addition, the “Leading for Improvement Programme” has commenced, involving training for senior Trust staff across management, medical and nursing colleagues.

Planning for Year 2 of the partnership is well underway.

The challenges are:

1. To what extent do the Trust want to embrace the full IHI model of Whole System Quality, developing the pillars of assurance, improvement and planning? This may require re-alignment of the existing Patient Safety and Quality Assurance functions with Newcastle Improvement and greater focus on planning. Additionally, the concepts and methodology need to embed into all units and wards.

2. Assuming the ambition to deliver this model, year 2 will need to deliver the correct amount of training to the correct people – this is being addressed. Involving the directorate quality and safety leads alongside matrons seems logical with subsequent expectation that they oversee dissemination within their areas.

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.

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

- **Getting It Right First Time (GIRFT)**

“Getting it right first time”, a national initiative to even up practice to national best practice standards has now been adopted by NHS England and will form another external guideline source for the Trust to benchmark against. The implications will be felt across all clinical directorates. Newcastle Hospitals has several sub-specialty national leads involved in the GIRFT project.

- **Ophthalmology**

We continue to work with this department to improve on the themes identified through incident reporting, namely lost to follow up events and prolonged waiting times. The major action of appointment of ‘fail safe’ staff to ensure 100% follow up is achieved has been completely successful.

2. CANCER UPDATE

In all specialities, apart from Head and Neck, total number of Cancer Waiting Time (CWT) referrals are above pre COVID19 levels.

- 14 day **61.1%** (93%)
- Symptomatic Breast **50.8%** (93%)
- 28% faster diagnosis standard has improved to **68%** (75%) from 63% in September
- 62 day performance is **51.3%** (85%)
- 31 Day subsequent (Surgery) **77.6%** (94%)
- 31 Day subsequent (Radiotherapy) **94.8%** (94%)
- 31 Day subsequent (Drugs) **98.4%** (98%)

The percentage of CWT patients on the Patient Tracking List (PTL) beyond 62 days is reducing consistently, and predicted trajectories indicate that significant reduction will occur by January 2022. The situation continues to be actively managed with additional resources deployed as appropriate.

Agenda item A5(i)

Specific initiatives include:

- Breast - additional symptomatic breast clinics at the Rutherford Centre.
- Prioritised imaging for urology and GI CWT patients.
- Further additional Skin Waiting List Initiative (WLI) clinics (50 patients).
- Rapid Diagnostic Service is now commissioned with Dr Dave Nylander as the clinical lead. A nurse consultant has been appointed.

3. NHSBT

Congratulations to Professor Derek Manas, Consultant Hepatobiliary and Transplant Surgeon, who has been appointed as National Medical Director for Organ and Tissue Donation and Transplantation.

4. REGIONAL ENDOSCOPY TRAINING ACADEMY

It has been announced that the Trust has been awarded academy status for regional endoscopy training.

5. BOARD REFERENCE PACK DOCUMENTS

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

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

6. RECOMMENDATION

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

A R Welch FRCS
Medical Director
18 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Executive Chief Nurse (ECN) Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
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 regarding the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> • Chaplaincy Spotlight; • Patient Experience and Engagement Summary Quarter 2 (Q2) 2021 – 2022; • Safeguarding Quarter 2 (Q2) 2021 – 2022; and • Learning Disability Quarter 2 (Q2) 2021 – 2022. 						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	<ul style="list-style-type: none"> • Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

EXECUTIVE SUMMARY

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

Section 1: This month's 'Spotlight' section outlines the work of our Chaplaincy Team. The chaplaincy team are a fundamental part of our Trust and have been pivotal in supporting both staff and patients before and, particularly during, the pandemic. This section highlights developments within the time as well as providing an overview of the work undertaken.

Section 2: This section gives a summary of Quarter 2 (Q2) patient experience data, which includes:

- Complaint activity;
- Feedback from national patient experience surveys; and
- The Equality, Diversity and Human Rights Annual Report (patients).

Key themes and learning from the national patients experience surveys are outlined, and where relevant, directorate teams are developing action plans to further improve experience scores. This is overseen and monitored by the Patient Experience and Monitoring Group.

Sections 4 and 5: These sections provide a Q2 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. The sections outline the factors which are having an impact on the continued trend of increased activity and referrals into the team as well as the increasing complexity of case management. A workforce review of the teams is in process. This is to ensure we have the appropriate workforce, structure, systems, and processes in place to continue to assure Safeguarding and Learning Disability services, meet the needs of all our patients and families and is aligned to national best practice.

RECOMMENDATIONS

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

EXECUTIVE CHIEF NURSE REPORT

1. CHAPLAINCY



The chaplaincy team are a fundamental part of our Trust and have been pivotal in supporting both staff and patients before, and particularly, during the pandemic.

The team continues to provide a one-hour response 24 hours a day 7 days a week across the Trust where there are patients or staff who need their help, support or guidance. The services the team provide are variable depending on need but includes supporting staff or relatives in distress; providing comfort to dying patients and their relatives; requests for a baptism or blessing prior to palliation or escorting a deceased child or baby to the mortuary with their parents. The team also help to facilitate time critical police identifications in the chapel of rest on behalf of Her Majesty's Coroner. They are an integral part of our life in the Trust, and we are incredibly proud of the work that they do and the difference that they make.

1.1 Staffing

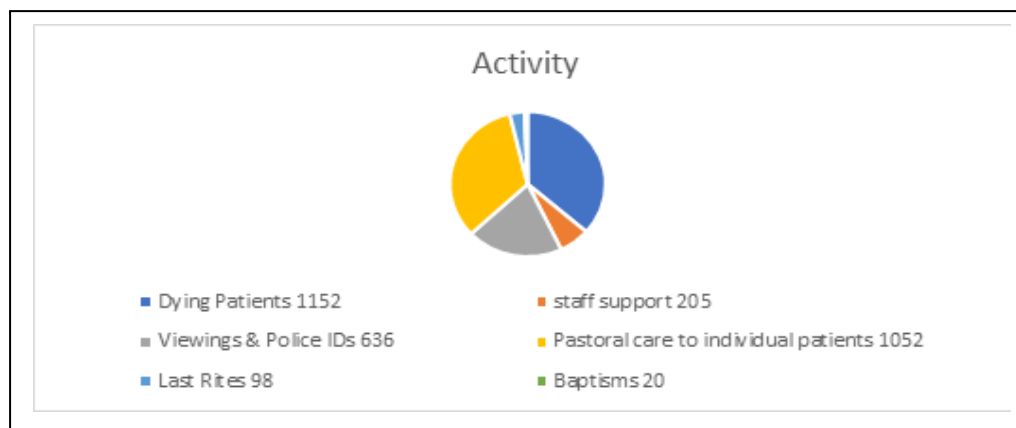
Historically, the Chaplaincy team has been drawn from the Christian faith groups with support from volunteers from other faith and belief groups including Muslims, Jews, Hindus, and Sikhs. The team has operated for the last two years with three full time staff and three part time chaplains (all Christian). Due to challenges with recruitment, the team have reviewed their purpose and structure, and this has led to successful recruitment from different faith/belief groups to generic chaplaincy posts supported by the staff bank. The team are training these part time chaplains in house. This has been supported by access to temporary funding for two posts provided by the Trust and the pathology department funding to support their work with the mortuary teams.

For the first time the team now comprises a paid staff of faith/belief groups including: Christians, Muslims, Sikhs, Jewish, Hindu, a pastoral care chaplain and a Humanist has recently been appointed to a part time role.

During the working day all chaplains on shift respond to whichever call they are nearest to, they triage the situation and will when necessary for very specific rites and rituals ask a chaplain from that faith group to attend to undertake these.

1.2 Chaplaincy Activity

The diagram below provides a snapshot of the team's activities from April to October 2021



The Chaplaincy Team have continued to conduct funerals for hospital patients, staff members and their families, babies, and funerals for children including a monthly fetal cremation service. Outlined below are just a few examples demonstrating the incredible and diverse work our Chaplains undertake and the impact this has on our patients and staff.

- “We were called to a ward in the Great North Children’s Hospital to a dying young boy who had a huge passion for Marvel’s Avengers superheroes. The Chaplain was able to conduct an impromptu service during which the analogy of being a hero, a hero’s courage and the support of their friends and family were all told using the story of the Avengers. The chaplain then conducted the blessing including anointing the little boy as an honorary avenger.”
- “A maternity patient from out of area was struggling with being admitted to hospital prior to the birth of her child and her mental health was beginning to decline. Ward staff asked a chaplain to attend who spent time with the patient listening. The Chaplain then went to the shops and purchased craft equipment including a cross stitch for the patient to work on for the baby’s nursery and returned to the ward with these gifts plus ‘pampering things for a mini spa afternoon on the ward’. The patient continued to be visited by the chaplain and when the baby safely arrived, mum asked for the chaplain to come and meet baby on Delivery Suite.”
- A chaplain arrived at a patient’s home when they recognised the patient was not going to live to see her son’s wedding. With the aid of an iPad they were able to conduct a service of ‘intention to marry’ so that the patient’s son and partner were able to make their vows with her blessing, in front of her and the partner’s parents in Australia. The patient died a short time after the service.”
- “A member of staff arrived at the office door in distress, having been subject to domestic violence. He was unable to talk to his wider family because of the perceived cultural embarrassment of being a victim. The chaplaincy team supported him financially and practically to find a safe place to stay and sought timely and appropriate support for him and his family. ”

1.3 Initiatives

COVID-19 brought for the team many challenges and moving to the use of filmed services, face timed funerals and staff support sessions using Teams was challenging. However, the team have embraced the opportunity for change and explored “outside of the box” initiatives. They have been instrumental in establishing the following services for Trust staff with support from the Newcastle Hospitals Charity:

- Helping Hands @NUTH – This offers dedicated direct access to social welfare workers, enabling Trust staff to be supported with a myriad of issues.
- NUTHFed – Chaplains recognising the impact of the lockdown and furlough created a pay it forward scheme NUTHfed in which staff who need assistance are issued a ‘loyalty’ card which is a pre-loaded means of purchasing food at NUTH catering facilities, without question or judgement.

1.4 Looking forward

The team is a new and dynamic team with a makeup that is completely unique to this Trust, and our approach of generic chaplaincy and “growing our own” is exciting. We have an opportunity to continue to build upon the solid foundations of the team whilst developing new ways of being a fully integral and embedded part of the Trust.

2. PATIENT EXPERIENCE AND ENGAGEMENT SUMMARY – QUARTER 2 (Q2) 2021-2022

2.1 Complaints Activity

The Trust has opened 128 formal complaints in Q2, which is a decrease of seven from complaints opened in Q1 (135). The Trust has received on average 44 formal complaints per month this financial year. This is a 13% increase from the previous year where the average was 39 per month.

Of the 128 complaints that opened in Q2, 81 (63%) had a primary concern with regard to clinical treatment. These further break down into sub-subjects, where the medical care is the most common issue (n45), nursing care (n12), delay/failure to progress care (n7). Complaint themes and trends continue to be closely monitored in the monthly complaint panel.

2.2 KO41 mandatory return

From the 121 resolved complaints in Q2: 13 complaints were upheld, 34 were partially upheld and 74 were not upheld. Clinical treatment is the most critical sub-subject area overall, with a combined nine complaints out of all the upheld complaints.

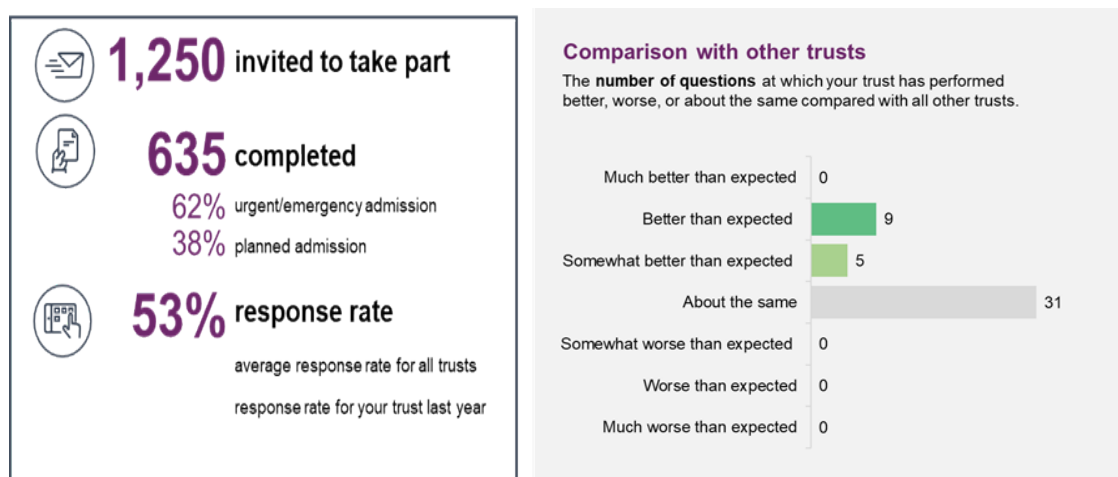
2.3 National Patient Survey Programme (2020) and Picker Survey Results (2020)

The Care Quality Commission (CQC) published the national benchmarked results in Q2. This included the Adult Inpatient Survey (2020) and the Urgent and Emergency Care Survey (2020). The Trust has also received preliminary results from two further national patient surveys; the Children and Young Peoples (CYP) Patient Experience Survey (2020) and the Maternity Survey (2020).

The key highlights from each are noted below:

2.3.1 Adult Inpatient Survey 2020

- Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital, and were not admitted to maternity or psychiatric units.



- Survey results are shared with appropriate directorates to ensure any opportunity for improvement is identified and acted upon. Monitoring of action plans will be overseen by the Patient Experience and Monitoring Group.

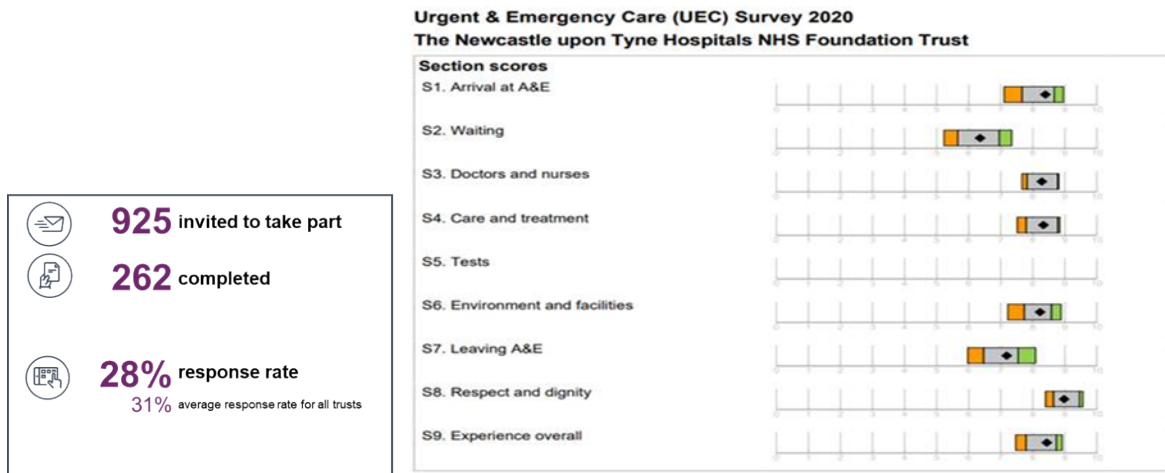
2.3.2 Urgent and Emergency Care (UEC) 2020

Patients were eligible for this survey if they were aged 16 years or older and had attended UEC services during September 2020. As the Trust delivers both Type 1 & Type 3 services a sample of size 925 patients from Type 1 department and 411 patients from Type 3 department totalling 1,336 patients were invited to participate.

Type 1 services (A&E) (A&E department, major, consultant led with full resuscitation facilities operating 24 hours a day, 7 days a week)

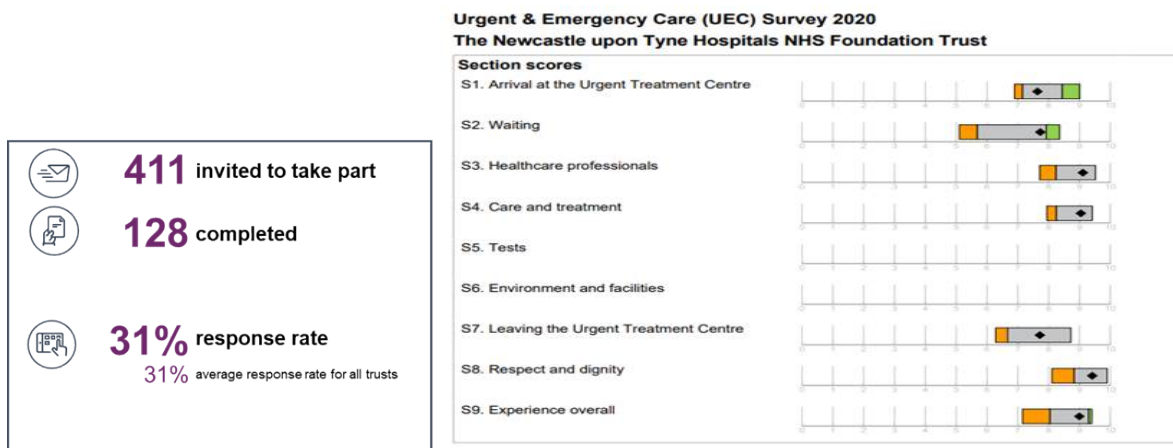
- The Trust results were better than most Trusts for 0 questions and worse than most Trusts for 1 question.
- The Trust results were about the same as other trusts for 36 questions.

- There were no statistically significant differences between the results for all 29 questions when compared to the last national survey.



Type 3 services (A&E/minor injury unit, with designated accommodation for the reception of accident and emergency patient).

- 128 patients responded to the survey giving a response rate of 31.14%.
- The Trust results were better than most Trusts for 1 question.
- The Trust results were about the same as other Trusts for 27 questions.



Results have been shared with directorates to ensure any opportunity for improvement is identified and acted upon.

2.3.3 Children and Young People’s (CYP) Patient Experience Survey 2020

355 responses were received giving a 28% response rate (average 24% for similar organisations)

- 99% of children felt well looked after in hospital.
- 96% of parents felt well looked after by staff.
- 95% of parents felt that the staff agreed a plan with them for child’s care.

The five most improved scores for the Trust and the five most declined scores compared to 2018 have been reviewed and shared with the directorates. The directorate of children’s services are in the process of developing actions plans, which will be supported and monitored by the Patient Experience and Monitoring Group.

2.3.4 Maternity Survey 2020

242 responses were received from women who gave birth during February 2021, giving a 55% response rate (average 54% for similar organisations).

- 98% of respondents said they were treated with respect and dignity (during labour and birth).
- 98% had confidence and trust in staff (during labour and birth).
- 97% were involved in decisions about their care (during labour and birth).

Similarly to the previously mentioned surveys, the five most improved scores for the Trust compared to 2018 and the five most declined scores have been reviewed and shared with the directorates. The directorate of Women’s services are in the process of developing actions plans, which will be supported and monitored by the patient experience and monitoring group.

2.4 NHS Friends & Family Test (FFT)

The published FFT data shows that there were 1,514 responses from the Trust in July 2021 (published 9 September 2021) compared to 2,876 in the previous month. Work continues to encourage staff and patient engagement with the survey. 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	480	97%	1%
A&E	1	*	*
Outpatients	938	96%	1%
Community	80	98%	1%
Maternity (birth)	15	100%	0%

NHS England have recently announced that all post-COVID-19 clinics should implement a specific Friends and Family Test with additional questions. The Patient Experience Team are working with the clinical team to implement this survey.

2.5 Equality, Diversity And Human Rights Annual Report (Patients)

The Equality Delivery System 2 (EDS2) for the NHS is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010 and to support

them in meeting the Public Sector Equality Duty. The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Trust uses the EDS2 NHS toolkit to demonstrate how it meets these requirements and sets out our commitment to taking equality and human rights into account in everything we do whether providing services, developing policies, communicating, consulting or involving people in our work.

The EDS2 patient objectives were developed through a process of:

- Profiling demographic information on the population of Newcastle by protected characteristic.
- Collating qualitative and quantitative evidence in relation to equality issues for patients, service users and staff.
- Consultation and involvement with the third sector, voluntary organisations and Trust staff.
- Considering what we currently do to meet identified needs and what else we might need to do.

Workforce and Leadership objectives relating to EDS2 are reported separately by human resources.

2.6 Grading of EDS2 Objectives

Grading of the objectives has been subject to robust scrutiny processes, which has included:

- Collating qualitative and quantitative data in relation to the needs of people with protected characteristics.
- Collating evidence of work within the Trust to address needs.
- Review of this evidence by 3rd sector and voluntary organisations working with people who have protected characteristics and with staff.

It has been agreed by the Equality Diversity and Human Rights group and the Patient Experience and Engagement group that the Trust is achieving on goals 1 and 2.

Goal 1: Better health outcomes for all

Overall grade – **Achieving**

Outcome	Grade
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.	Achieving
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways.	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Achieving

1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Achieving
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving

Goal 2: Improved patient access and experience

Overall grade – Achieving

Outcome	Grade
2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds.	Achieving
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Achieving
2.3 People report positive experiences of the NHS.	Achieving
2.4 People’s complaints about services are handled respectfully and efficiently.	Achieving

2.7 Patient Focused Equality Objectives 2021 - 2024

Under the Equality Act 2021, public sector organisations have a duty to publish equality objectives at least every four years. Although good progress has been made against the objectives identified in 2020/21, it has been agreed to remain focused on objective (1) due to the ongoing COVID-19 pandemic. Objectives 2 – 6 were added following further feedback from Equality, Diversity and Human Rights (EDHR) members and local communities. Each objective has its own Specific, Measurable, Achievable, Relevant and Time based (SMART) working and action plans. This will make sure that we are making continuous improvement. Actions include:

1. Active engagement with voluntary and third party organisations in relation to Covid 19 information. Ensure new and updated policies have a full equality analysis.
2. Support for Carers and people being cared for – introduction of the hospital advice and information worker role (charitable funding).
3. Accessible Information Standard – review of compliance of the 2016 standards and embed any improvements required.
4. Interpretation and Translation Services – full review of process and contract.
5. Disability Awareness training – to be co-developed with Disability North (charitable funding).
6. Deaflink Health Navigator Project – to be co delivered with Northumbria Healthcare and Cumbria, Northumberland Tyne and Wear Trust (charitable funding).

EDS2 gradings, patient data and equality objectives will be published on the trust’s internet, which fulfils the Trusts statutory requirements.

3. SAFEGUARDING – QUARTER 2 (Q2) 2021/2022

This summary provides a Q2 update including analysis and review of the activity of the safeguarding team, considering new statutory national guidance, emerging issues and local

practice developments. The Trust continues to be an active partner in the wider Newcastle Safeguarding Adults Board (NSAB) and a copy of the Annual Report can be found in the Board Reference Pack.

3.1 Activity

Safeguarding activity for Q2 evidences the following:

- 1982 “Cause for Concerns” (CFC) /referrals across the Trust safeguarding teams.
- 102 case discussions in the Multi-Agency Safeguarding Hub (MASH) by the Children’s Nurse Advisor’s. This is a 30% decrease compared to the same period last year.
- There has been a 37% increase in referral of activity in adult safeguarding compared to the same period last year.
- In Children’s Safeguarding, the overall increase in duty calls seen over the pandemic has remained, with 40% more calls seen in the first two quarters of 2021/22 compared with 2019/20, although down 11% on the same period for last year (2020-21). The most common cause for concern category is neglect, closely followed by domestic abuse and self-harm/ overdose.
- In Maternity Safeguarding, a small increase in overall activity is noted. The predominant categories being previous / current involvement of children’s social care, domestic abuse and mental health issues.

As well as a noted increase in activity in some areas, cases continue to be complex requiring the teams to consider risk, safety planning and escalation where indicated. Within this work, assuring the application of the Mental Capacity Act for young people and adults is vital for patient safety. During Q2, we have continued to see further work with legal services to consider legal options for provision of care and support. With an increasing caseload, the teams are required to consider how to continue to ensure that all cases are provided with a proportional response.

3.2 Workforce

Over several years there has been a noted increase in safeguarding and learning disability referrals and subsequent activity across all areas within the Trust and across partner agencies. This has been exacerbated by the pandemic. Alongside this, there has been an increase in scrutiny around safeguarding and learning disability practise due to significant high-profile cases where learning has been identified and shared. This is evident in both local and national Serious Case reviews/Safeguarding Adult Reviews. There have also been several changes to national best practice and legal requirements, which have also had an impact on safeguarding requirements within the Trust.

The Trust has an experienced Safeguarding Team and Learning Disability Liaison Team who are experts in their respective fields and deliver a high-quality service. It has however been recognised by the Executive Chief Nurse and the Safeguarding and Learning Disability Liaison Teams that it is timely to undertake a formal workforce review. This is to ensure we have the appropriate workforce, structure, systems, and processes in place to continue to assure Safeguarding and Learning Disability services, which meets the needs of all our

patients and families and is aligned to national best practice. Lynn Craig from North Tyneside CCG as an external advisor has been identified and commissioned to undertake this review. It is expected that this will be completed by the end of this year.

3.3 Mental Capacity

In Q2 there were 178 Deprivation of Liberty Safeguards (DoLS) applications, this is a 17% decrease compared to the same period last year.

The Trust operates a single point of contact for DoLS that are reviewed and assured through the Mental Capacity Act (MCA) lead or Adult Safeguarding Nurse Specialist in their absence. During this quarter, 18 applications from Trust staff were not progressed; this demonstrates the assurance of this model, where the MCA lead can review application 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.

3.4 Adult MASH (Multi Agency Safeguarding Hub)

There is further development with the Adult MASH and a pilot of strategy discussions are now occurring weekly for a small cohort of complex cases. As part of the continuing evolution of the adult MASH it is proposed that a weekly multi-agency meeting takes place to discuss cases which have been referred into safeguarding procedures and agree upon the need for further safeguarding investigation.

It is recognised that there are already a number of multi-agency meetings which take place attended by representatives from across multi-agency partnerships including the Trust. Whilst this proposal relates to an additional multi-agency meeting requiring a commitment from partner agencies, an expected outcome of the Strategy Discussion Panel is that less safeguarding cases would be required to progress to Strategy Meeting stage.

4. LEARNING DISABILITY UPDATE Q2 2021/2022

The Trust continues to improve the care for people with Learning Disabilities. A key aspect of the liaison teamwork is facilitation, which includes planning and supporting access to care, which can range from attending an outpatient appointment to day case attendance or admission to hospital. There continues to be an increase in referrals and case complexity with a notable increase in referrals by 56% compared to the same period in 2020. The team are exploring different ways to manage and mitigate the increase in referrals. This includes a project to trial a band 5 staff “ward walking” to increase visibility and support patient/family discussions. One temporary staff member will commence this work in October and the team are looking at further staff to complement this work.

Work remains ongoing to raise awareness across the Trust of the Learning Disability Liaison Team and to support staff in recognising any individual with a learning disability and how to seek support. Learning from complaints and incidents is used positively and lessons learned are shared across various forums within the organisation.

Lessons from local Learning Disabilities Mortality Reviews (LeDeR) have been previously shared with the Trust Safeguarding Committee and Learning Disability Steering Group. Work remains ongoing to address this learning. These lessons include consideration of when an individual does not attend for appointments, the management and coordination of complex of cases, the importance of hospital passports and the prevalence of obesity and complications of obesity for people with a learning disability. 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.

5. RECOMMENDATIONS

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

**Report of Maurya Cushlow
Executive Chief Nurse**

25 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Nursing and Midwifery Staffing – Six Month Update						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Ian Joy, Deputy Chief Nurse Lisa Guthrie, Associate Director of Nursing						
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 describes the Nursing and Midwifery Staffing six-month review and the quarterly safe staffing assurance report. It fulfils the recommendations of the NHS Improvement ‘Developing Workforce Safeguards’ guidance (October 2018) and adheres to the recommendations set out by the National Quality Board (NQB 2016): How to ensure the right people, with the right skills, are in the right place at the right time.</p> <p>It updates the Board in relation to the following:</p> <ul style="list-style-type: none"> Progress update in regard to actions agreed in the 2020/21 Nursing and Midwifery Staffing Review (Section 2). Setting evidenced based staffing establishments (Section 3). In-patient Skill Mix (Section 4). Vacancy and turnover data for Nursing and Midwifery (Section 5.1). Monthly planned and actual staffing fill rates (Section 5.3). Care Hours Per Patient day (CHPPD) figures (Section 5.4). Operational Staffing Pressures and three monthly staffing assurance review (Section 5.5). 						
Recommendation	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Receive and review the six-monthly Staffing Review report from April 2021 - October 2021. Review and note the progress of the Midwifery review and comment accordingly. Consider the approach taken in line with national guidance. Acknowledge and comment accordingly on actions outlined within the document. Receive and review the last quarter staffing review from August to October 2021. 						
Links to Strategic Objectives	<ul style="list-style-type: none"> To put patients at the heart of everything we do and providing care of the highest standard focussing on quality and safety. Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential 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 checked="" type="checkbox"/>

Agenda item A5(ii)a

Impact detail	<ul style="list-style-type: none">• Failure to assure safer staffing levels may lead to patient harm, litigation against the Trust and loss of reputation.• Assurance of Safer Staffing based on Nurse and Midwifery Staffing Review process highlights the need to ensure alignment between base line establishment requirements and financial budget setting to meet safety and quality standards and comply with national guidance.
Reports previously considered by	The Board has previously received an annual Nursing and Midwifery Staffing Review report and quarterly safer staffing assurance reports.

NURSING AND MIDWIFERY STAFFING REVIEW REPORT SIX MONTHLY REVIEW

EXECUTIVE SUMMARY

This report combines the Nursing and Midwifery staffing six-month review report with the quarterly safe staffing assurance report. The purpose is to provide assurance that the Trust remains compliant with national guidance in relation to safer staffing.

Covid-19 continues to significantly impact and influence some of the detailed actions and outcomes contained within this report. There is robust professional leadership in place, supported by existing safe staffing governance frameworks and pandemic specific escalation criteria to ensure the most safe and effective deployment of staff. The report will include reference to the on-going work and oversight in relation to safe staffing during the pandemic and any changes to normal process, which have been required. The sustained clinical pressures alongside staffing shortages from increased sickness absence rates and maternity leave continue to be challenging across the Trust.

A comprehensive and thorough staffing review was completed for 2020/2021 in line with national guidance and presented to Board in May 2021. The actions from this review have been progressed and an update is provided within the report. Due to the Covid -19 pandemic the Safer Nursing Care Tool (SNCT) data capture was delayed and completed in May 2021, to ensure as many wards as possible had returned to their base function. The second data collection for the SNCT tools is currently underway as per the national guidance.

Maternity Services continues to be under significant scrutiny and this report provides an overview of staffing actions undertaken in line with Ockenden recommendations, continuity of carer aspirations and operational safe staffing management.

The nursing and midwifery staffing spend remains within budget and trends are discussed within this report.

RECOMMENDATIONS

The Board of Directors are asked to:

- (i) Receive and review the six-monthly Staffing Review report from April 2021 - October 2021.
- (ii) Review and note the progress of the Midwifery review and comment accordingly.
- (iii) Consider the approach taken in line with national guidance.
- (iv) Acknowledge and comment accordingly on actions outlined within the document.
- (v) Receive and review the last quarter staffing review from August to October 2021.

NURSING AND MIDWIFERY STAFFING REVIEW REPORT SIX MONTHLY REVIEW

1. INTRODUCTION/BACKGROUND

The Developing Workforce Safeguards (2018) document clearly articulates the requirement to undertake an in-depth nursing and midwifery staffing review annually with a review and update on actions highlighted to the Board at six months.

This report combines the Nursing and Midwifery staffing six-month review report with the quarterly safe staffing assurance report. The purpose is to provide assurance that the Trust remains compliant with national guidance in relation to safer staffing.

Covid-19 continues to significantly impact on/influence some of the detailed actions and outcomes contained within this report. There is robust professional leadership in place, supported by existing safer staffing governance frameworks and pandemic specific escalation criteria. This is to ensure the most safe and effective deployment of staff. The report will include reference to the on-going work and oversight in relation to safe staffing during the pandemic and any changes to normal process.

2. 2020/21 NURSING AND MIDWIFERY STAFFING REVIEW UPDATE

2.1 Progress since 2020/2021 review

A comprehensive and thorough staffing review was presented to the Trust Board in May 2021. An update on progress is provided below:

- **Ward 1a and 9 Great North Children's Hospital (GNCH)** were identified as potentially requiring additional resource and further work was required to understand and quantify this requirement.

Update – The Children and Young People (C&YP) Safer Nursing Care Tool (SNCT) data capture demonstrated a gap between the required versus actual establishment. This is due to the increase in the acuity and dependency profile of the patients on both wards since the establishments were last set. In the interim, any risk is managed through the responsive review of patient acuity and bed capacity. The final C&YP SNCT reports will be discussed with the Directorate in January 2022 and a business case may be required to request additional resource.

- **Ward 7 (GNCH)** requires additional investment.

Update – Final decisions regarding the best course of action for the department remain under discussion within the Directorate. This will be reviewed and finalised as part of the 2022 staffing review.

- **Undertake an in-depth nurse staffing review once the Emergency Department SNCT is released** – see Section 3.

- **Complete a review of Community Services acuity and dependency data** - see Section 3.
- **Complete a Neonatal Services staffing review upon the completion of the cot expansion** - see Section 3.

3. SETTING EVIDENCED BASE ESTABLISHMENTS (April 2021 - October 2021)

3.1 Adult and Paediatrics

The Trust uses the Safer Nursing Care Tool (SNCT) and the Safer Nursing Care Tool Children and Young People (SNCT C&YP) as the evidence-based establishment-staffing tool.

It is important to highlight, the SNCT tool assumes at least 22% uplift when setting establishments, i.e. headroom for annual leave, sickness, training etc. Within this Trust, the uplift is currently included in establishment and funded as 20% for in-patient areas, with a future intention/aspiration when funding is available to increase this, should this be required. This means the SNCT outputs and recommendations will always include a 2% differential requirement. This is well known and understood and is not viewed as a risk as SNCT metrics are always interpreted and used in conjunction with professional opinion and other safe staffing metrics to inform establishment setting.

Under the SNCT licence agreement, and in line with guidance all matrons and senior ward staff are required to complete inter-rater reliability scoring to assure validity of the levels of care identified by staff for establishment setting. A training process has been implemented to ensure all new staff complete their training during their preceptorship period, and all existing staff have been trained and assessed.

Due to the Covid -19 pandemic the SNCT data capture was delayed by two months to May 2021, to ensure as many wards as possible had returned to their base function. The second data collection for the SNCT tools is currently underway as per the national guidance.

Key additional points to note:

- Meetings are scheduled in December to undertake an in-depth review of the two SNCT data captures along with other staffing metrics and outcomes. The Senior Nurse (Nursing and Midwifery Staffing) will meet with all inpatient Senior Sisters/Charge Nurses and their Matrons as part of this process.
- Many wards are reporting an ongoing increase in patient acuity and dependency, which is supported by the current available data. These trends are particularly evident in Older People Medicine and Surgery. However, these trends have been replicated throughout all specialities in the recent months.
- Ward and departments which have altered from their primary function due to Covid -19 are reviewed monthly at the Nurse Staffing and Outcomes Group, ensuring their demand templates remain fit for purpose and any impact of acuity and dependency profiles monitored.

3.2 Maternity Review

As reported to the Trust Board in previous papers, Maternity Services in England are under intense and increasing scrutiny due the findings of various governing bodies, and specifically the public inquiry and subsequent report of Donna Ockenden (2020). The key expectations of providers within NHS England's Maternity Transformation Programme and Better Births (2016), together with the Operational Guidance 2021/22 (NHS England), lay down specific requirements about workforce planning and changes which align to Continuity of Carer and the reconfigured workforce models.

The Maternity Incentive Scheme Year 4, Safety Action 5 (NHS Resolution 2021), further directs providers of maternity services to demonstrate an effective system of midwifery workforce planning to a Birthrate Plus standard; this is also referenced in the Trust Board Maternity Clinical Negligence Scheme for Trusts (CNST) paper.

The Board of Directors will recall that an external Birthrate Plus workforce review was completed in October 2020. This enabled the Directorate to compare the recommended levels of staffing for the Maternity Unit against the funded establishment, the details of which have been discussed in previous papers. The review identified a shortfall in the Midwifery workforce which aligned to the Trust's bid for Ockenden funding, and which has been reported and regularly updated through the Trust Board Ockenden paper.

The window of opportunity for recruitment has been timely due to the availability of new registrants completing midwifery training which has enabled the Directorate to fulfil existing Band 5 and Band 6 vacancies. Based on the Birthrate Plus recommendations there is currently a shortfall in budget amounting to 6.46 WTE (2.53% of the total workforce); in mitigation there is agreement to over-recruit midwives and the Trust is assured in the continuity of a safe maternity service.

The Trust is pleased to have bid successfully to receive support to recruit 5 Midwives through NHS England's International Recruitment initiative, and this work will be progressed throughout the course of 2022.

The Maternity CNST requires services to ensure that the number of specialist and leadership roles are aligned to the Birthrate Plus review. For a complex tertiary service like Newcastle, this equates to 27.73 WTE, which is 11% of the clinical workforce. As part of the wider workforce review, the number of specialist and leadership roles within the maternity services at Newcastle is also under review.

One of the requirements of the CNST is to report on the provision of 1:1 care for all women in labour and 100% supernumerary status of the Labour Ward Co-ordinator. From 1 May 2021 to 31 October 2021, there has been one occasion recorded where the midwife has been unable to provide continuous one-to-one care and support to a woman in established labour; and two occasions where the delivery suite coordinator has not remained supernumerary and has resulted in the coordinator being the named midwife for a woman.

On both occasions, this was escalated to the senior team and managed through internal redeployment within the service. Where red flags and shortfalls against plan were noted, a

review of the acuity and activity has been undertaken. Taken together with professional judgement, the most appropriate utilisation of the available workforce resource has been made, thereby preserving safety.

Throughout the months of August to October 2021, the Department has seen an increasingly significant impact on maternity staffing due to the effects of the Covid-19 pandemic. The Trust has in place a rigorous escalation and business continuity plan to ensure that staffing remains at optimum levels at all times and as reported through the regional daily maternity SitRep, carefully considered internal escalation has been consistently necessary.

In line with national guidance the Midwife to birth ratio is also monitored and reviewed. The current ratio is 1:27 which is broadly aligned to national recommendations. This ratio is arrived at by extracting those roles, which are predominantly leadership and/or specialist positions, advising on the ratio of clinical midwives to the number of births at Newcastle Hospitals.

3.3 Urgent and Emergency Services

The Emergency Department (ED) Safer Nursing Care Tool (EDSNCT) was released for use at the end of September 2021. Preparations are in place to commence teaching for the tool and the Inter-Rater Reliability assessment with the senior staff who will complete the tool. This assessment provides validation and assurance that the tool is being implemented correctly. The first data capture will take place early in 2022.

Additional resources have been allocated to the emergency care departments on a non-recurrent basis to mitigate risk on an interim basis. More recently that there has been a significant rise in attendances in ED and the senior nursing team are working with the directorate teams to understand the impact this will have on short term and long-term workforce requirements.

3.4 Community District Nursing Services

In August 2021, the Trust district nursing services took part in primary data collection for the development of the National Community Safer Nursing Care Tool. Secondary testing of the tool is to commence for seven days at the end of November 2021. The Shelford Group and NHS England/Improvement (NHSE/I) have commissioned the tool as there is no available evidence-based workforce planning tool for community district nursing services. It is expected that being part of the testing phases will allow us to gain information with regard to the required establishment for our district nursing service. An update will be provided to the Trust Board in a future report once reviewed and analysed.

3.5 Neonatal Services

Staffing in Neonatal units is based on the commissioned cot base and activity. In Newcastle, the British Association of Perinatal Medicine (BAPM) standards are used as a framework to manage workload and staffing. In line with National Quality Board (2018) guidance for Safe and Sustainable Care in Neonates, a workforce review is required at least annually or more frequently if changes are planned. Staffing reviews are completed using the Dinning tool,

which is similar to the Safer Nursing Care Tool, but specific to Neonates. Although the total establishment is broadly fit for purpose, the review recommends a greater number of Band 6 staff compared to Band 5. A further review and a risk/benefit analysis is planned, and it is anticipated that this can be rectified within the existing budget.

4. IN-PATIENT SKILL MIX

As part of the 2020/21 nurse staffing review, all areas have a skill mix agreed after consultation with Matrons and Ward Sister/Charge Nurses. This will be reviewed yearly based on any changes in acuity and dependency metrics or more frequently should the wards change its primary function.

The Senior Nursing team, Finance and Electronic Rostering and Attendance (ERA) team are currently reviewing the process to request a skill mix change in year, to refine the process and improve productivity in line with staffing guidelines.

The work to accurately capture Nursing Associates in the national safe staffing returns via the Allocate rostering system was halted temporarily due a requirement to shift focus to support operational staffing monitoring. This work is due to re commence in January 2022 to assess the validity and accuracy of the data prior to agreeing a change in process.

5. NURSE STAFFING METRICS

5.1 Vacancy and Turnover Data

The updated vacancy and turnover data have been reviewed. Key points to note include:

- Current total nursing and midwifery workforce (Registered Nurse (RN), Registered Midwife (RM) and Healthcare Support Workers) turnover is 9.59%. This is based on month 5 internal data. Data provided in Model Hospital (a national NHS benchmarking tool) in June 2021 (last data capture) reports our total RN turnover rate as 7.9%. This is in comparison to a national average of 10.2%, with only nine other Trusts reporting a lower RN turnover nationally.
- Monthly generic recruitment for Band 5 RN continues with bespoke recruitment agreed as required. The Band 5 RN vacancy rate sits at 6.05%. This figure is based on the financial ledger and relates to current substantive staff in post and does not include those staff currently in the recruitment process. This demonstrates a strong position and focused recruitment continues in areas with higher-than-average vacancies.
- International recruitment has continued at pace. At the end of June, we welcomed our first cohort of 26 nurses from India followed by an additional 24 nurses who arrived from the Philippines in October. A further cohort of 24 nurses are due to arrive from the Philippines in December. The ECN has recently presented a report to the Executive Team reviewing our workforce data and a proposal for the continuation of our international recruitment programme has been supported. We are working actively to recruit internationally at scale. This will be supported by additional funding from NHSE/I.

- There has been significant focus on recruitment of Healthcare Support Workers (HCSW) from NHSE/I in the last year. The Trust has successfully received additional funding to enhance pastoral support for our HCSW workforce. Due to a culmination of factors, including turnover, progression and service expansion and a competitive employment position, it remains challenging to achieve an operationally zero vacancy position. The senior nursing team and HR recruitment have developed a pro-active recruitment plan, involving several targeted recruitment campaigns to ensure that the vacancy rate is reduced. The teams have already seen an increase in activity with over 100 candidates in the recruitment process. This is in addition to a number of quality improvement measures that are being applied to ensure quality in the recruitment and on-boarding process.
- Significant work continues via the Nursing and Midwifery Recruitment and Retention Group to improve the overall vacancy and turnover position. There are currently six work streams utilising Quality Improvement (QI) methodology in process including Team rostering within the electronic rostering system Allocate.
- Due to the successful virtual recruitment open days held in the spring, planning is already in progress for future days next year to ensure we capture graduating students and external Registered Nurses.

5.2 Red Flags and Datix (April 21-October 21)

Red flag and Datix incident data are reviewed daily by the Senior Nursing Team and presented to the Nurse Staffing and Clinical Outcomes Group monthly to observe trends and highlight areas of concern. This data is available at a Ward, Directorate and Trust level. Frequency and themes inform responsive and planned nurse staffing reviews and inform future establishment requirement.

Key points from the last 6 months:

- Changes to the DATIX system has enabled improved reporting of staffing related incidents across all directorates. There has been an increase in the number of reports received to an average of 25 per month from 9-10 previously. This is largely due to the increased pressure faced by clinical teams and will be discussed further in this report.
- Red flags continue to be auto generated in the nurse day count application due to a shortfall in RN time. This allows scrutiny and oversight of all staffing shortfalls against plan by the Nurse Staffing and Clinical Outcomes Group.
- Red flags in the SafeCare application continue to be utilised effectively and staff also employ the professional judgement with regard to patient acuity. Red Flags are reviewed daily and acted upon/mitigated where possible in real time.

5.3 Planned and Actual Staffing (April 21 - October 21)

Planned staffing is the amount (in hours and minutes) of Registered Nurses, Midwives, and care support staff time that each ward plans to have on duty each day. This is based on maximum utilisation of their funded establishment. Actual staffing is the amount of staff time (in hours) actually on duty each day. These are broken down by day and night shift.

Key points to note:

- There has been a reduction in the fill rates from April (95.86%) to September (86.54%). The reason for this is multi-factorial and discussed further within the paper in Section 6.
- RN fill rates have decreased on days to an average fill rate of 83.42% and on night shift to an average fill rate of 86.54%. This is reviewed regularly with temporary bed closures employed to mitigate the risk, which are reviewed on a weekly basis.
- In October, 30 wards reported a fill rate of less than 85% which is an increase of 11 from the previous year. This is closely monitored by the senior nursing team.
- Healthcare Assistance (HCA) fill rates have also decreased in the day fill rate (86.59%) however, the night fill rate is broadly in line with the night fill reported in May.

5.4 Care Hours per Patient Day (CHPPD) (April 21 - October 21)

Care hours per patient day (CHPPD) is the unit of measurement recommended in the Carter Report (2016) to record and report deployment of staff working on inpatient wards. As stated previously, this is to become the primary benchmarking metric from September 2019. It is made up of Registered Nurses and support worker hours. All acute Trusts have been required to report their actual monthly CHPPD, based on the midnight census per ward to NHS Improvement since May 2016. It is calculated using the formula below.



Key points to note:

- The Trust average CHPPD for July 2021 is 8.4 in line with our peer average 8.7 and identical to the national average. These averages are lower than our last report. Although the accuracy of data continues to be substantially impacted by the pandemic and increased number of critical care patients over the last year making it difficult to draw any meaningful conclusion from this figure at a Trust wide level.
- Due to Covid-19, wards across the country have changed their primary function and reduced bed capacity. This has altered the accuracy of ward level and speciality level benchmarking via Model Hospital. We broadly remain aligned with no areas of concern with all metrics reviewed as part of the nurse staffing review process.
- Specialist areas continue the re-occurring theme of demonstrate the greatest variance against the national average. This trend is well understood locally and nationally.

5.5 Operational Staffing Pressures and Nurse Staffing and Clinical Outcomes Review August to October 2021

Although this report is designed to provide an update on the staffing review process, the extraordinary events and response to the global pandemic as well as the continued workforce and clinical pressures have been included for information and assurance. Covid-19 continues to have a significant impact on the nursing, midwifery and allied health professional workforce.

Key points to note:

- RN and HCSW sickness remains higher than the pre-pandemic average at over 7% (pre-pandemic between 4 - 4.5%). This is due to Covid-related absence but also an increase in non-Covid related absence.
- RN maternity leave remains higher than the pre-pandemic average. This is due in part to staff taking maternity leave earlier than normal due to increased Covid-19 risk.
- Both of the above factors have impacted on the number of staff on shift and is the main influencing factor on the reduced fill rates noted previously in the report.
- Responsive bed closures remain in place to maintain safety. This is reviewed daily, and plans are in place to increase capacity where staffing allows.
- It should be noted that due to the workforce pressures and increase in patient acuity and dependency, it is becoming increasingly challenging to provide 1:1 enhanced care in all instances. This is monitored daily by the Senior Nursing Team but is an ongoing concern.
- Staff are increasingly reporting concerns around staffing levels and the impact on patient care. Such reporting is supported and encouraged, and all reports are reviewed daily to ensure appropriate action.
- Due to the increase in inpatient activity and staff absence, safer staffing escalation process was elevated to level 2 and continues in place.
- Ward 10 Great North Children's Hospital is currently designated as the Respiratory Syncytial Virus (RSV) surge ward. The impact of RSV cases in Ward 10 and the Paediatric Intensive Care Unit (PICU) is monitored by the Senior Nursing Team working closely with Children's Services.
- The high-level respiratory care unit on ward 49 Royal Victoria Infirmary (RVI) successfully recruited staff into substantive posts. This will support additional Covid-19 and respiratory capacity over the winter months.
- Two discharge lounges will open over winter at the RVI and Freeman Hospital (FH) sites to improve flow and capacity and will be operational between December and March 2022.
- All safe staffing assurance processes, alongside robust professional leadership remain in place to ensure patient and staff safety.

As part of normal assurance processes, any ward with a concern regarding safe staffing or clinical outcome metrics is reviewed by the Nurse Staffing and Clinical Outcomes Group monthly. Any ward requiring medium level support after review for two consecutive months will be highlighted to the Trust Board with a review of actions to mitigate and manage risk.

- Between August and October, no wards required medium level of support for two consecutive months and therefore no action plans are highlighted.
- The reduction in bed capacity to mitigate risk of low staffing in wards has been taken into account to ensure accurate fill rates and triggers for review.
- The Group continues to review any ward where there has been a change in its primary function in response to the pandemic.
- The table below provides an overview of the number of wards or departments reviewed by the Group and action taken.

Month	No. of Wards Reviewed	Directorate	Monitor	Low Level Support	Medium Level Support	High Level Support
August	18	X3 Cancer Services (NCCC) X2 Ear, Nose and Throat, Plastics, Ophthalmology and Dermatology (EPOD) x2 MSK x4 Internal Medicine x2 Surgical Services x 1 Cardiothoracic Services x 1 Peri-Op and Critical Care x1 Children's Services x1 Women's Services	9	8	0	0
September	16	x1 EPOD x1 Musculoskeletal Services x5 Internal Medicine x3 Cancer Services x1 Cardiothoracic Services x1 Children's Services x1 Urology and Renal Services x3 Neuro-Surgical Services	13	3	0	0
October	13	X1 Musculoskeletal Services X6 Internal Medicine X2 Neuro-Surgical Services x3 Cancer Services x1 Peri-Op and Critical Care	6	6	0	1

Although no ward has required two consecutive months of medium level support, there have been increasing staffing challenges and concerns in our Internal Medicine Wards across both sites but more notably at the FH. The wards remain with a high occupancy level and a noted increase in patients with high acuity and dependency and concurrent staffing challenges. A bespoke piece of work is being undertaken with the Matron, Wards Sisters and Senior Nursing Team to maximise workforce, maintain capacity and continue the delivery of high-quality care. This will be monitored by the Nurse Staffing and Outcomes Group and an update will be provided in subsequent reports.

6. FINANCIAL UPDATE

Due to Covid-19, the rapid redeployment of staff across the Trust and the subsequent changes to financial scrutiny and oversight, the normal process of review of nursing budgets and escalation has not been possible. Whilst this is noted, spend against the nursing budget continues to be reviewed monthly by the Senior Nursing Team to identify any overspend/trends and bank and agency use is reviewed.

Key points to note:

- Quarter 2 (Q2) analysis demonstrates that the total Nursing & Midwifery (N&M) budget is £4.54m underspent. This demonstrates a 96.6% budget utilisation year to date (YTD). Q2 last year demonstrated a £2.35m underspend position and a 98.2% budget utilisation. It is noted that £2.5m of underspend this year relates to the Covid-19 Mass Vaccination programme. When taking this into account there is a 98.6% budget utilisation YTD.

- Agency spend YTD is £505k and is similar to the same period last year. This is 0.3% of the budget spend year to date.
- Bank spend YTD is £3.8m and is £100k less than the previous year. This may be due to more staff picking up additional hours due to enhanced overtime.

7. CONCLUSIONS AND ACTIONS

From this mid-year review, the following conclusions have been drawn:

- The responsive movement of staff and rapid agreeing of safe staffing levels to respond to Covid-19 and sustained clinical pressures has been robust, overseen by the Senior Nursing Team and based on existing evidenced based tools and assurance processes.
- Nursing establishments remain broadly fit for purpose whilst acknowledging the continued increase in acuity and dependency may necessitate further investment.
- The N&M spend is within budget and broadly comparable to spend at the same point last year.
- In line with national guidance, the annual nurse staffing review is currently underway and will be reported to the Trust Board in full in May 2022.

The following actions are proposed:

- Complete the Nurse Staffing Review meetings for all inpatient wards and meet with directorate and financial management teams in early 2022 to agree budgets for the 2022/23 financial year.
- Undertake an in-depth nurse staffing review in the Emergency Department.
- Continue to work with the Shelford Group in the development of Community district nursing evidence based tool.
- Maximise international and local recruitment potential to ensure workforce stability.

8. RISK AND MITIGATION

This report highlights that a robust nursing and midwifery six-month review process has been undertaken in line with national mandate and guidance. However, there is a significant workforce risk to the Trust in light of Covid-19, increased clinical pressures and the need to meet the demand of the elective recovery programme. Consistent professional leadership, scrutiny, and oversight in part mitigate this but workforce redesign will need to be undertaken responsively in the coming months. This poses a risk to safe staffing and staff well-being.

It is evident from the nurse staffing metrics that there is a continued risk to the Trust due to the local and national shortage of Registered Nurses, which is being closely monitored. Although the Trust is in a positive and assured position, it is unlikely that there will be significant intake of RN until this time next year due to the changes in undergraduate training. It is therefore necessary to continue to explore mechanisms to maximise external recruitment, alongside retention strategies to reduce the total vacancy rate. Further International Recruitment has been agreed and will be progressed.

Whilst this risk cannot be fully mitigated, a robust professional leadership and assurance framework is in place to actively support directorates in assuring safety and good progress across all work streams.

9. SUMMARY

The purpose of this report is to provide the Board of Directors with an overview of nursing and midwifery staffing capacity and advice upon compliance with national guidance. The 2020/21 six monthly review has been thoroughly, and comprehensively undertaken and ongoing work and actions identified within this report. The Board will be provided with the full year 2021/22 review in May 2022.

10. RECOMMENDATION

The Board of Directors are asked to:

- i) Receive and review the six-monthly Staffing Review report from April 2021-October 2021.
- ii) Review and note the progress of the Midwifery review and comment accordingly.
- iii) Consider the approach taken in line with national guidance.
- iv) Acknowledge and comment accordingly on actions outlined within the document.
- v) Receive and review the last quarter staffing review from August to October 2021.

Report of Maurya Cushlow
Executive Chief Nurse

Ian Joy
Deputy Chief Nurse

Lisa Guthrie
Associate Director of Nursing

25 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 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 49 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, together with key elements which relate to leadership within the Maternity Service.</p> <p>Associated risks have been identified which align to personalised care, workforce, and the delivery of multi-disciplinary obstetric training within the Maternity and Neonatal Services.</p>		
Recommendation	<p>The Board of Directors is asked to</p> <ol style="list-style-type: none"> i) Receive and discuss the report; ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the minimum evidence requirements (NHS England/Improvement (NHSE/I)); iii) Recognise that further detailed work is required to ensure full compliance; iv) Note the associated risks involved; and v) Note the position with regard to the strategic implications arising for all Maternity Services from the Ockenden Review and the impact that this may bring for Newcastle Hospitals as the leading Tertiary Centre for the Northeast. 		
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 30 September 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.

The Trust submitted evidence against all 49 elements which arise from the Ockenden Review to the National portal in June 2021 and are awaiting an evaluative report from the regional Chief Midwifery Officer, due to be received in November 2021. Any significant changes will be reported to the Trust Board in January 2022.

The high-level action plan has been updated to reflect the Trust's current position and is included this within this paper. Key issues of note are those are those aligned to personalised care planning, multi-disciplinary training, and workforce aligned to maternity transformation.

Significantly, emerging from the analysis and evaluation of the Trust's compliance, are the number of elements which are assessed as partially compliant which directly relate to paper-based records and the current position with regard to a maternity specific electronic patient record. This is further discussed within this paper.

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. Those risks identified which have emerged from this work have been considered and mitigated.

Strategic implications for the Trust as a Tertiary centre continue to remain unclear; however, the Trust continues to work with the Local Maternity System (LMNS) 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 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 detailed work is required to ensure full compliance;
- iv) Note the associated risks involved; and

Agenda item A5(ii)b

- v) Note the position with regard to the strategic implications arising for all Maternity Services from the Ockenden Review and the impact that this may bring for Newcastle Hospitals 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 49 elements arising from 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.

From previous papers the Board of Directors 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 September 2021, Trusts have been asked to submit detailed minimum evidence requirements against 49 elements identified from the Ockenden recommendations, and a further update on the progression against these requirements is provided within this paper.

Of note, emerging from the analysis and evaluation of the Trust's compliance, are the number of elements which are assessed as partially compliant which directly relate to paper-based records and the current position with regard to a maternity specific electronic patient record. This will be further 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. Since that time and as previously reported to the Board of Directors, the requirements in terms of the minimum evidence required to support compliance have evolved considerably, resulting in a total of 49 standards to be addressed by providers of maternity services.

In addition, 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 an update of this work is provided within this paper.

Following the submission of evidence in June 2021, on 3 November 2021 the Trust received formal feedback together with an evaluative report from NHSE/I. The report has been rigorously benchmarked against the original submission and the directorate has challenged some of the conclusions reached by the regional team signposting them to the evidence submitted to support this. Despite this, the overall outcome does not materially differ from the Trust's original self-assessment and, therefore, the rag rating and high-level action plan has remained the same at present.

Table 1 illustrates Newcastle Hospitals current updated position against the minimum evidence required. Of the 47 applicable elements, full compliance is achieved against 36 equating to 77%. The remaining 11 (23%) demonstrate partial compliance. This demonstrates progression against the required actions in comparison to previous reports.

Immediate Essential Action		Brief Descriptor	Compliance
Section 1		IEA 1-7	
IEA 1: Enhanced Safety	Q1	Local Maternity System (LMNS) regional oversight to support clinical change - internal and external reporting mechanisms for key maternity metrics in place.	Compliant
	Q2	External clinical specialist opinions for mandated cases.	Compliant
	Q3	Maternity Serious Incident (SI) reports sent jointly to Trust Board (not sub board) & LMNS quarterly.	Compliant
	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/LMNS/ICS responsibility).	Partial Compliance
	Q8	Monthly sharing of maternity SI reports with Trust Board, LMNS & HSIB.	Compliant
IEA 2: Listening to Women and Families	Q9	Independent Senior Advocate Role to report to Trust and LMNS.	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
IEA 3: Staff Training & Working Together	Q17	Evidence of multidisciplinary team (MDT) training and working validated by LMNS 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).	Compliant
	Q21	90% attendance for each staff group attending MDT maternity emergencies training session (with LMNS 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 LMNS 3 times a year. All professional groups represented at all MDT and core training.	Partial Compliance
IEA 4: Managing Complex Pregnancy	Q24	Maternal Medicine Centre (MMC) Pathway referral criteria agreed with trusts referring to NUTH for specialist input.	Compliant
	Q25	Women with complex pregnancies (whether MMC or not) must have a named consultant lead.	Partial Compliance
	Q26	Early specialist involvement and management plans must be agreed where a complex pregnancy is identified.	Compliant
	Q27	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (SBLCBv.2)	Compliant
	Q28	Continuation of Q25: mechanisms to regularly audit compliance.	Compliant
	Q29	Trust supporting the development of maternal medicine specialist centre.	Compliant
IEA 5: Risk Assessment Throughout Pregnancy	Q30	All women must be formally risk assessed at every antenatal contact.	Partial Compliance
	Q31	Risk assessment must include ongoing review of the intended place of birth.	Compliant
	Q32	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (V.2).	Compliant
	Q33	Regular audit mechanisms are in place to assess Personalised Care & Support Plan compliance.	Partial Compliance
IEA 6: Monitoring Fetal Wellbeing	Q34	Dedicated Lead Midwife and Lead Obstetrician to champion best practice in fetal wellbeing.	Compliant
	Q35	Leads must be sufficiently senior with demonstrable expertise to lead on clinical practice, training, incident review and compliance of Saving Babies' Lives care bundle (V.2)	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 LMNS oversight and validation).	Partial Compliance
	Q38	Implement the Saving Babies Lives care bundle: identify a lead midwife and a lead obstetrician (as Q34)	Compliant
IEA 7: Informed Consent	Q39	Ensure women have access to accurate information, enabling informed choice for place and mode of birth.	Compliant
	Q40	Accurate evidence-based information for maternity care is easily accessible, provided to all women and MVP quality reviewed.	Compliant
	Q41	Enable equal participation in all decision-making processes and Trust has method of recording this.	Partial Compliance

	Q42	Women’s choices following a shared & informed decision-making process must be respected and evidence of this recorded.	Partial Compliance
	Q43	Robust mechanism working with and gathering feedback from service users through Maternity Voices Partnership (MVP) to design services.	Compliant
	Q44	Clearly described pathways of care to be posted on the trust website and MVP quality reviewed.	Compliant
Section 2			
Workforce Planning	Q45	Effective system of clinical workforce planning – twice yearly review against Birth Rate Plus (BR+) at board level, LMNS/ICS input.	Compliant
	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.	Compliant
Midwifery Leadership	Q47	Director/Head of Midwifery is responsible and accountable to an executive director.	Compliant
	Q48	Organisation meets the maternity leadership requirements set out by the Royal College of Midwives in “Strengthening midwifery leadership manifesto”.	Partial Compliance
NICE Maternity Guidance	Q49	Providers review their approach to NICE maternity guidelines, provide assurance of assessment and implementation. Non-evidenced based guidelines are robustly assessed before implementation, ensuring clinically justified decision.	Compliant

Total Number of Questions	49	100%
Non-applicable (Q9 and 10)	2	n/a
Compliant	36	77%
Partial Compliance	11	23%

As previously reported, a high-level action plan has been created to ensure progression is monitored at a local level within the Directorate at the Obstetric Governance Group. This plan is regularly updated, and key elements continue to be reported to the Board level Maternity Safety Champions, the Trust's Quality Committee and to the Trust Board.

There are three key issues of note which arise from review and analysis of the gaps, as follows:

IEA 1; Fully compliant with the exception of element 7 - implementation of the Perinatal Quality Surveillance Model - the reporting mechanisms to the LMNS have not yet been fully agreed by the newly formed LMNS, however, it is noted that some progress has been made towards this.

IEA 3; The Trust has continued to progress scheduled multi-disciplinary team training and as previously reported, there have been challenges in maintaining 90% attendance of all specialties which is a requirement of Ockenden. In part the COVID-19 pandemic has contributed to the challenge, alongside the number of medical staff who are available to attend the high number of clinical skills sessions versus the ratio of midwives. Detailed work continues with regular monitoring through the reporting framework for CNST.

IEA 4, 5, 7; As reported to the Trust Board previously, the Trust is currently in the process of implementing a maternity specific electronic patient record (BadgerNet) which will support compliance with the requirements aligned to each of these IEAs. A more detailed updated on the current position regarding the implementation of BadgerNet is discussed within this paper.

4. DIGITAL HEALTH RECORDS

4.1 Current Position

As noted above, the primary reason for partial compliance with 5 elements (25, 30, 33, 41, 42) is due to the continued use of paper-based systems which are not as accurate in providing the required level of quality assurance as an electronic record. The introduction of an electronic patient record will support the service to improve the quality of data and evidence full compliance with these elements.

The Trust has agreed to implement a nationally recognised maternity specific platform, namely BadgerNet, provided by the medical software company Clevermed, a system used by the majority of the other providers within the region. The clinical and IT project team are working collaboratively and have reviewed the Clevermed contract for the implementation of BadgerNet which has been found to be satisfactory. Sign-off on the contract is planned for early November 2021 and Clevermed have fully engaged with the Trust ahead of contract signing.

All Project team members and key stakeholders with a vested interest in the project now have access the BadgerNet test environment and have been invited to navigation sessions to understand the operability of the new system.

The Project Initiation Plan (PIP) is in development, working backwards from a go-live date of June 2022 for the Maternity service. Providing there is a smooth maternity transition, the Neonatal service who already use elements of BadgerNet will go live approximately 2 months later.

The Data Protection Impact Assessment (DPIA) is in progress and work continues in collaboration with the Trust Information Governance team. Trust DSS servers and architecture documentation have been initiated in readiness for the implementation. A first meeting with the interface developer team and Clevermed has taken place to ensure sufficient awareness and knowledge regarding the type of systems which may be required for the build.

A more in depth Train the Trainer programme is currently being created. Work has commenced on collating current-state paper-based records to enable a gap analysis and subsequent transfer to the equivalent functionality within the BadgerNet system.

The Directorate has presented to the Trust's Quality Committee on the progress and plans for implementation of the electronic patient record, providing assurance that work is underway in progressing towards improved data quality, compliance which relates to both Ockenden and CNST, and an overall positive impact on patient safety within the maternity service.

5. MATERNITY WORKFORCE PLANNING AND INVESTMENT

5.1 Midwifery Workforce

As has been previously reported to the Board of Directors, 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 identified a shortfall in the Midwifery workforce which aligned to the Trust's bid for Ockenden funding, now received by the Trust.

The window for recruitment has been timely due to the availability of new registrants completing midwifery training. This has enabled the Directorate to successfully fulfil existing Band 5 and Band 6 vacancies utilising both Ockenden and Trust funds. Further detail is contained within the Trust's Nursing and Midwifery Staffing Paper, November 2021.

In addition to Band 5/6 Midwives, the Trust has supported recruitment to a Digital Health Midwife who will co-lead on the implementation of BadgerNet, and plans are in place to recruit a Consultant Midwife for Maternal Medicine who will co-lead on work across the region.

The 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, includes a wider workforce review [to ensure adequate provision across the registered and non-registered workforce](#).

5.2 Neonatal Medical and Nursing Workforce

As reported to the Trust Board in September 2021, recruitment is near completion; it is anticipated that all staff will be in post in March 2022.

As part of the regular nursing workforce review, a further Dinning review will be undertaken in early 2022 to provide assurance on sustained safe nurse staffing within the neonatal service.

5.4 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 2021/22 job plan review is complete, and the Department have now recruited to all Obstetric Consultant vacancies. There is nothing further to update to the Board of Directors at present.

6. 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)*.

Wider review of the senior midwifery leadership is nearing completion and is currently being considered by the Executive Team, with a future update planned for the Trust Quality Committee.

The Executive Chief Nurse as a Maternity Board-level Safety Champion meets regularly with the Associate Director of Midwifery to discuss safety specific issues and undertakes regular walk-about within the maternity service, meeting with front-line staff and patients. Oversight is gained on safety culture, the wellbeing of staff, and on the progression of work in relation to the refurbishment and improvement of estates within the Directorate of Women's Service.

7. HIGH LEVEL ACTION PLAN

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

Table 2

The Newcastle Upon Tyne Hospitals NHS Foundation Trust Maternity Services Assessment and Assurance Tool High Level Action Plan to support the requirements arising from the Ockenden Review; 27 October 2021			
Immediate and Essential action (IEA)	Updated action which is required to meet recommendation	Lead/s	Completion Date
IEA 1 Enhanced Safety	Awaiting additional confirmation from the newly formed LMNS regarding use of the Perinatal Quality Surveillance Model and associated governance framework.	LMNS Leads Associate Director of Midwifery Head of Obstetrics Clinical & Quality Effectiveness Midwife	TBC regionally
IEA 3 Staff training and working together	Required to ensure 90% of all specialties take part in multi-disciplinary training. This has been challenging for the reasons 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.	Consultant Obstetrician (Training Lead) Practice Support Team Clinical Director Directorate Manager	Target date as per Year 4 CNST – 30 th June 2022
IEA 4, 5 & 7 Named Consultant and Risk assessment throughout pregnancy	Continue to embed named consultant and continuous risk assessment through training, audit, and plan-do-study-act (PDSA). A task and finish group are established. Further enhance the current paper-based system as an interim whilst awaiting implementation of EPR with full audit schedule. Continue the work to progress the project plan and implementation of BadgerNet as the agreed electronic paper record.	Head of Obstetrics Midwifery Matrons Clinical Quality and Effectiveness Midwife Clinical Director Directorate Manager	Enhanced quality paper-based system December 2021 EPR 10 months to implementation

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

8. STRATEGIC IMPLICATIONS

As previously discussed, the Trust is continuing work with the LMNS and other NHS providers within the region to establish and consider the wider implications of meeting the Ockenden requirements. This is of relevance with regard to specific key elements, for example, those which align to the risk assessment, referral, and the Maternal Medicine Centre.

9. RISKS

The risks identified in the September 2021 Trust Board paper which align to the quality assurance issues arising from the use of paper-based records continues to exist. In mitigation interim monitoring measures are in place whilst progressing the implementation of a maternity specific electronic patient record.

Workforce training is identified as being at risk in terms of the sustainability of ensuring 90% compliance across all specialities and a more focussed approach has been taken, with regular monitoring and reporting mechanisms. This workstream aligns to meeting with compliance against CNST with a timeframe to meet full compliance by June 2022. Any modifications which are required will be reported to the Trust Board in line with the requirements of CNST.

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 additional funds for the maternity workforce beyond the Birthrate Plus compliant position. A workforce remodelling 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 with the Trust Board in January 2022.

10. CONCLUSION

As has been reported in previous papers, the Trust continues to progress the actions which align to the minimum evidence requirements of the Ockenden review. Further clarity with regard to those elements which require a more focussed approach and of the actions which are required to meet with compliance has been gained. Key elements are those aligned to personalised care planning, multi-disciplinary training, and maternity transformation.

The implications for maternity services across the region are as yet still unclear and under review. Work will continue with the LMNS and other local systems to fully understand the extent of these implications.

It is anticipated that the second report of Donna Ockenden will be published in December 2021.

11. 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 detailed work is required to ensure full compliance;
- iv) Note the associated risks involved; and
- v) Note the position with regard to the strategic implications arising for all Maternity Services from the Ockenden Review and the impact that this may bring for Newcastle Hospitals as the leading Tertiary Centre for the North East.

**Report of Maurya Cushlow
Executive Chief Nurse
25 November 2021**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Maternity Incentive Scheme Year 4 (CNST)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Jane Anderson, Associate Director of Midwifery and Rhona Collis, Quality & Clinical Effectiveness Lead Midwife						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme invites Trusts, in this Year 4 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions.</p> <p>The content of this report focusses on key aspects of Year 4 Maternity Safety Actions 1, 2, 3, 4, 5, 6, 8 & 9. The previous report in September 2021 highlighted the changes to the standards from Year 3.</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, result in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is the second report for Year 4 of this Maternity CNST incentive scheme. A previous report for Year 4 of this Maternity CNST incentive scheme was presented to Board on the 30 September 2021.						

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

EXECUTIVE SUMMARY

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 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.

The content of this report focusses on key aspects of Year 4 Maternity Safety Actions 1, 2, 3, 4, 5, 6, 8 & 9. The previous report in September 2021 highlighted the changes to the standards from Year 3.

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.

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.

New standards were published on 29 August 2021 outlining Year 4 requirements. Amendments to these standards were published in October 2021.

The Board will receive a further report for consideration in January 2022 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?

Key aspects updated from the previous Board report include:

2.1 Standard A

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

At the start of Year 4 of the scheme, all perinatal deaths from 01 September 2021 were required to be notified to MBRRACE within two working days of each death. This was a significant challenge in relation to available resource and in particular in relation to deaths occurring outside of maternity and neonatal services. Due to concerns voiced nationally directly to NHS Resolution the timescale was subsequently changed on 13 October 2021 from two days to seven working days. Whilst this remains challenging, the Trust is confident in being able to achieve this requirement.

2.2 **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.

From 1/07/2021 to 30/09/2021 there were 19 baby deaths in the Trust (9 stillbirths and late fetal losses; 10 neonatal deaths). All of these deaths were notified to MBRRACE within the required timescales.

The Trust has produced a quarterly PMRT report generated by MBRRACE for Trust Board since 25/04/2019. This report outlines data from PMRT for Quarter 2 2021/22 reviews (01/07/2021 – 30/09/2021) and is included within the Private Board Reference Pack (BRP) under item A5(iii)a. Data on this report may differ to the above figures as these are local deaths in contrast to the MBRRACE generated report, which includes babies born elsewhere but transferred to the Trust and have subsequently died. In these cases the PMRT review requirement will be re-assigned to the other Trusts to complete. The quarterly report was discussed with the Maternity Safety and Board level Safety Champions on 13 October 2021.

A more detailed report with action plans regarding stillbirths and late fetal loss has been produced and shared within the Directorate for 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.

Key aspects updated from the previous Board report include:

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 May 2021. In addition, attendance by the maternity digital health leads for at least one engagement session with NHS Digital has been planned and 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 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 standard has been amended in the October 2021 update to the scheme and stipulates that height and weight data OR a calculated Body Mass Index (BMI) must be recorded by 14+1 weeks gestation for 90% of women. This replaces the previous requirement for this to be undertaken at the first booking appointment. The Trust now submits weight/height/BMI data via MSDS, this was previously recorded in the Trust's maternity information system only. Compliance with this data submission is being monitored monthly to ensure the Trust has assurance of meeting the required standard for the January 2022 data submission 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.

Work continues to align the individual data measures currently collected for this criterion, in order to capture this as the *Complex Social Factor Indicator* in-line with MSDS data set standards. The Trust is confident in being compliant with this requirement 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 – this has been amended to clarify that the care plan 'is part of' a personalised care and support plan.

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.*

As reported to the Board of Directors in September 2021, the Trust will be fully compliant with this Standard when the procured Electronic Patient Record (EPR) for Maternity Services is in place, which is planned for implementation in June 2022.

The Trust can, however, evidence compliance as outlined in the scheme, as sustained engagement with NHS Digital will be planned monthly, which as a minimum includes monthly use of the data Quality Submission Summary Tool supplied by NHS Digital. Data for September 2021 has been submitted using the Data Quality Submission Summary Tool and feedback regarding compliance is awaited.

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?**

Updates for safety action 3 from the previous report include the following:

4.1 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 currently 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, in order to enable compliance with this requirement of the scheme for Year 4.

4.2 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 requirement for Year 4 is for findings from reviews of term admissions to the neonatal unit 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 was shared with Board level Safety Champions on 13 October 2021 at the Trust's Maternity Safety Champions meeting and will continue to be shared on a quarterly basis.

As reported to the Board of Directors in September 2021, mechanisms are currently being agreed regionally in order to share findings quarterly from the Trust's reviews of term admissions to the neonatal unit with LMNS and ICS.

4.3 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.

Evidence of an action plan being agreed with the maternity and neonatal safety champions and Board level champion and signed off by the Board, is required no later than 28 February 2022; this is an updated deadline extended from the previous Year 4 requirement of the scheme.

Quarterly action plans are discussed regularly at the Board level Maternity Safety Champions meetings and preliminary discussions in relation to the ATAIN action plan took place at the meeting held on the 13 October 2021.

4.4 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.

As previously reported, 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. A mechanism is being agreed regionally in order to be compliant with this standard, and the Trust is awaiting confirmation of this process.

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

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. Trust compliance with this safety action will be outlined in the January 2022 paper to Board, confirming engagement with the RCOG workforce document; 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology'. A review of episodes of non-attendance to the clinical situations listed is being undertaken, with learning opportunities identified and implementation of subsequent action plans.

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

6.1 Standard A

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

6.2 Standard B

The midwifery co-ordinator in charge of labour ward must have a supernumerary status to ensure there is an oversight of all birth activity within the service.

6.3 Standard C

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

6.4 Standard D

Submit a midwifery staffing oversight report that covers staffing/ safety issues to the Board every 6 months, during the maternity incentive scheme year reporting period.

The Trust is compliant with Safety Action 5. Trust's compliance in relation to all the elements contained within these standards are detailed and cross referenced in the Nursing and Midwifery staffing report, and the Ockenden paper, both of which have been submitted to the Trust Board in November 2021.

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

7.1 Element 1

Element 1 requires the following monitoring evidencing an average of 80% compliance over a six month period for the following requirements:

- 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.*

As reported in September's Trust Board paper, CO monitoring of women at 36 weeks remains an ongoing challenge due to the lack of electronic maternity records for capturing this data. Assurance is given to the Board that ongoing monitoring and audit of CO measurement at booking and at 36 weeks continues, in order to promote consistent compliance with this element of the scheme. Further updates will be outlined in subsequent papers to Board.

8. SAFETY ACTION 8: CAN YOU EVIDENCE THAT A LOCAL TRAINING PLAN IS IN PLACE TO

ENSURE THAT ALL SIX MODULES OF THE CORE COMPETENCY FRAMEWORK WILL BE INCLUDED IN YOUR UNIT TRAINING PROGRAMME OVER THE NEXT 3 YEARS, STARTING FROM THE LAUNCH OF THE MIS YEAR 4?

IN ADDITION CAN YOU EVIDENCE THAT AT LEAST 90% OF EACH RELEVANT MATERNITY UNIT STAFF GROUP HAS ATTENDED AN 'IN-HOUSE', ONE DAY, MULTI-PROFESSIONAL TRAINING DAY WHICH INCLUDES A SELECTION OF MATERNITY EMERGENCIES, ANTENATAL AND INTRAPARTUM FETAL SURVEILLANCE AND NEWBORN LIFE SUPPORT, STARTING FROM THE LAUNCH OF THE MIS YEAR 4?

The following are requirements for safety action 8:

8.1 *A local training plan is in place.*

The local Training Needs Analysis is in the process of being updated to include the two new core modules; Personalised Care and Care during labour and the immediate postnatal period. Implementation of all six new core modules will be undertaken over a three-year period in line with the requirements of the scheme. This ongoing work will be continuously reviewed and monitored to achieve this standard.

8.2 *90% attendance of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day, which includes maternity emergencies and fetal surveillance.*

This element continues to be a challenge for the Directorate. Due to an increased level of absence due to the COVID-19 pandemic and associated staff sickness, several training days were cancelled in August, to ensure the continuation of a safe service, thus training compliance fell below the planned trajectory. Additional training sessions have been put in place to support trajectory and increase compliance with this standard and this is being closely monitored and reviewed by the directorate.

Ensuring a true multi-professional training approach is also an ongoing challenge. The ratio of midwives to medical staff results in training sessions often attended by a large group of midwives whilst, in contrast, a lesser number of medical staff in attendance. Training sessions from November 2021 onwards have been reviewed and increased numbers of medical staff added where availability allows, in order to achieve compliance with this standard.

8.3 *Can you evidence that 90% of the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating newborn infant have attended your in-house neonatal life support training or Newborn Life Support (NLS)?*

The neonatal and maternity units closely monitor compliance with this standard. It will continue to be a challenge if there are periods of staff absence, as outlined above. Additional ad hoc sessions will be put in place if the trajectory is not met.

A task and finish group, led by the Clinical Director for the directorate, has been established to review training requirements and monitor compliance with this safety

action, due to the challenges identified in relation to achieving compliance. Progress of the actions implemented by the task and finish group will be reviewed at the bi-monthly CNST meetings that are held within the Directorate and escalation, where necessary, will be made through the Board-level Maternity Safety Champions Group.

9 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 have been further amendments to the standards required for this safety action in order to be compliant with Year 4 of the scheme.

9.1 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.

Use of the Perinatal Quality Surveillance Model and how Trust intelligence will be shared has not yet been agreed by the LMNS. At the LMNS inaugural meeting on the 21 September 2021 acknowledgment was made that the quality dashboard was in development under the leadership of the Regional Chief Midwife, and further information would be issued in due course. This element will be updated in future papers to the Trust Board.

9.2 Standard B

This standard was amended in the October 2021 update of the scheme, as follows:

The earlier version stated that ‘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’. Progress with this was shared with the Trust Maternity Safety Champions on the 13th October 2021.

Amendments to this standard state that Board level safety champions present a locally agreed dashboard to the Board on a quarterly basis, including the number of incidents reported as serious harm, themes identified and actions being taken to address any issues, staff feedback from frontline champions and walk-about; minimum staffing in maternity services and training compliance are taking place at Board level no later than the 31 October 2021’.

This amendment to Year 4 standards was published on the 13 October 2021. The information required as outlined in this standard, were presented to Board in a number of papers and which pre-date the 31 October deadline requirement, as below:

- a) Number of incidents reported as serious harm, themes identified, and actions being taken to address any issues is presented in the monthly Integrated Board Report (IBR).
- b) Staff feedback from frontline champions and walk-about is undertaken by a Board level maternity safety champion; feedback from these sessions is shared with front line staff and the Board in line with previous requirements of the incentive scheme.
- c) Minimum staffing in maternity services was presented to Board in the Maternity Services Review board paper
- d) Training compliance was presented to Board in the Ockenden Board reports for July and September 2021.

A paper summarising the agreed data dashboard will be presented and agreed at the next Trust Maternity Safety Champions on the 8 December 2021.

10. 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
25 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Learning From Deaths (July 2021 – September 2021)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager-Quality; Vic Smith, Patient Safety Manager						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>This paper aims to provide assurance to the Trust Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018).</p> <p>This paper also summarises the processes that are in place to provide assurance to the Board of Directors that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.</p>						
Recommendation	The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality <ul style="list-style-type: none"> Put patients and carers first and plan services around them; and Maintaining our 'Outstanding' CQC rating. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provision of assurance that patient outcomes are reviewed and lessons learned to include deaths of people with learning disabilities.						
Reports previously considered by	This is a recurrent report, previously considered by the Quality Committee on 16 November 2021.						

LEARNING FROM DEATHS

EXECUTIVE SUMMARY

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

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

The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.

LEARNING FROM DEATHS

1. INTRODUCTION

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

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

2. BACKGROUND

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

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

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

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

3. MORTALITY REVIEW DATABASE – DATA SUMMARY

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

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

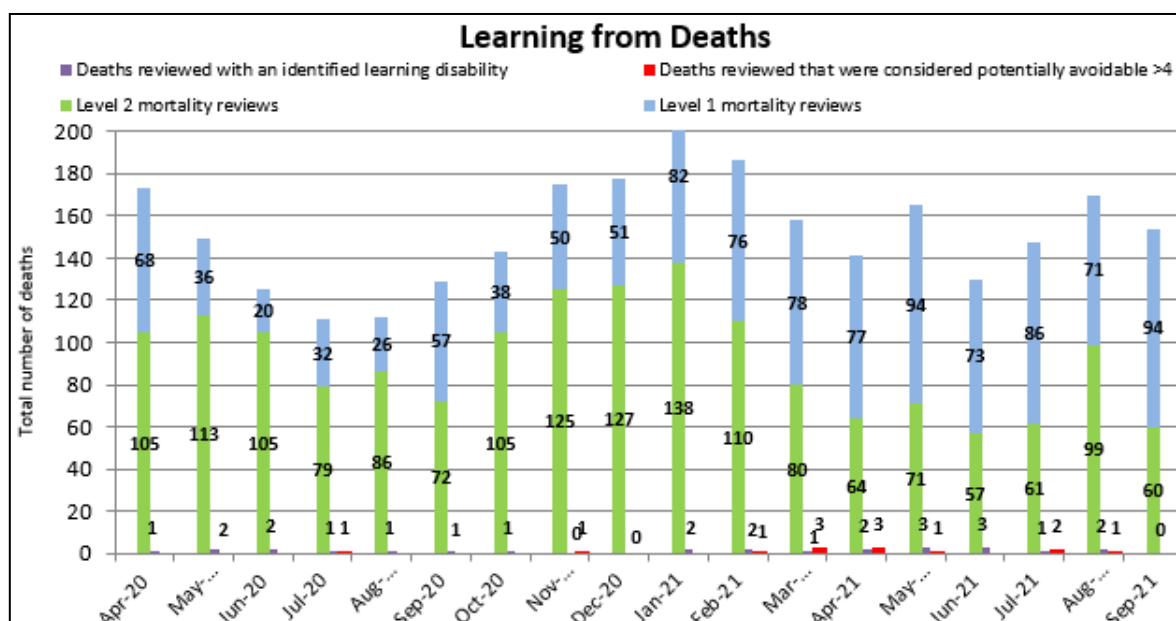
Level 1: The reviewer reviews the cause of death and discusses with the certifying doctor.

Level 2: In addition, the reviewer also considers documents and health records associated with the death and records findings into the Trust-wide mortality review database, in-line with Trust Mortality Policy.

The Learning Disability Team (LDT) uses the database to record their investigations; this is above and beyond the LDT recording into The National Learning Disabilities Mortality Review (LeDeR) National Database.

3.1 Inpatient Deaths

In the past 12 months (October 20 – September 21) 1,968 patients died within Newcastle Hospitals with a total of 1,001 patients having received a level 2 mortality review. It is likely that these mortality review figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months. These figures will continue to be monitored and modified accordingly. The graph below shows total number of deaths each month from April 2020 as well as Trust mortality reviews, the graph clearly shows the peaks through the pandemic.



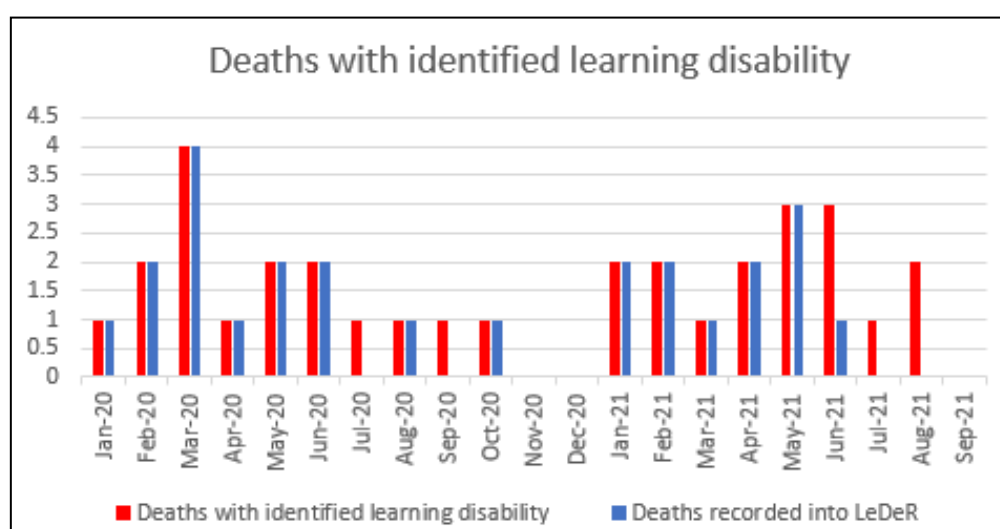
3.2 Patients identified with a Learning Disability

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

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Since April 2020, 25 patients who died within Newcastle Hospitals were identified as having a learning disability. Within the Trust, whenever a patient with a learning disability dies, the death is reviewed by the clinical team and is supported by the Learning Disability Team. There is a further in-depth case review at the Learning Disability Mortality Review Panel and the case review is also entered onto the Trust Mortality Review Database, as well as into the LeDeR National Database. An update is provided from the Learning Disability Specialist Nurse at each quarterly Mortality Surveillance Group meeting and lessons are shared using various methods, which includes presenting at the Clinical Risk Group and via Patient Safety Bulletins.

The graph below shows the data from January 2020 – September 2021 and includes those patients who have been recorded into the national LeDeR database. However, due to the complexity of some cases, further information and discussion is required, which can result in a delay in patients’ cases being reviewed. To date seven patients are awaiting a LeDeR review which includes two patients who died in 2020 who were referred to inquest to determine the cause of death.



3.3 Outcome of Case Reviews – Hogan Score

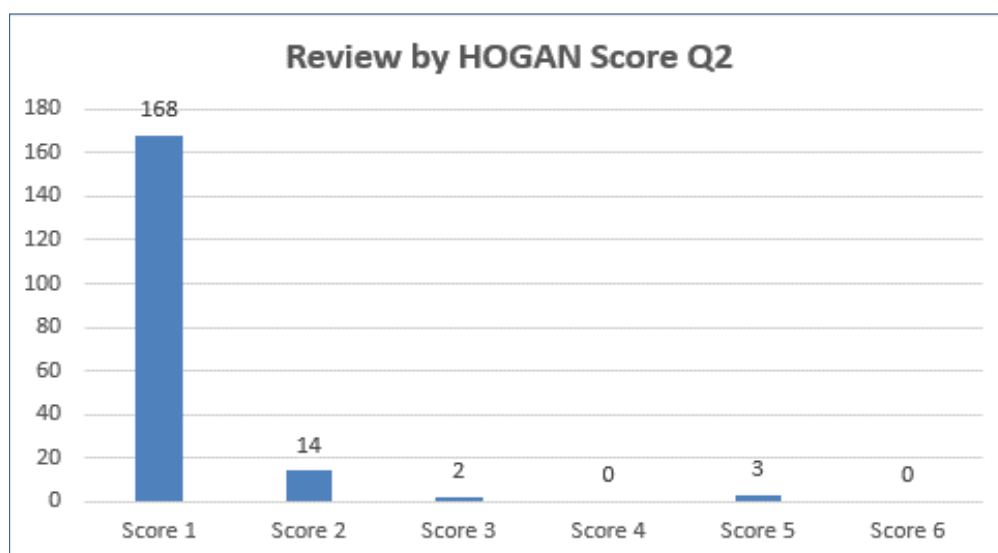
Throughout Quarter 2 (July 21 – September 21), 220 patients have received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database. This number will continue to rise as more M&M meetings go ahead over the forthcoming months.

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

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

6	Definitely preventable
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A score of ≥ 5 suggests 'strong evidence of preventability' and an investigation is initiated to determine if a serious incident (SI) is to be reported. All HOGAN grading ≥ 4 are discussed on an individual basis at the mortality surveillance group. The outcomes of the cases reviewed in Quarter 2 (Q2) are summarised below:



Three patients' case reviews were graded a HOGAN 5 during Q2. One patient died following a complication of treatment, one patient died unexpectedly during an interventional procedure and a third patient died following transfer from an external Trust. All three patients were discussed at the Trust's Serious Incident (SI) Triage Panel, with two patients' cases being referred for serious incident investigation.

4. KEY LEARNING POINTS

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

Following a death, information gathered using case record review or investigation should be used to inform robust clinical governance processes. The findings should be considered with other information and data including complaints, clinical audit information, patient safety incident reports and outcomes measures. This information resource can then inform the Trust's wider strategic plans and safety priorities.

The learning points identified following M&M reviews in Q2 are detailed below, together with how learning has been shared and what action has been taken. Clinicians from each Directorate are also encouraged to share learning from local mortality reviews with any other Directorates throughout the Trust.

Learning points identified from case reviews undertaken in Q2

Directorate	Speciality	Learning Points	Action Taken
Peri-op & Critical Care	Critical Care	An elderly patient was placed on end of life care after a one-month stay on the Intensive Care Unit (ICU). The patient's death was not preventable and good practice was identified. Learning recognised poor outcomes for complex elderly patients with multi-organ failure and the need for early Multidisciplinary Team (MDT) review.	Learning shared locally highlighted the importance of early MDT review in complex elderly patients.
Internal Medicine	Clinical Pharmacology	The need for timely response to a deteriorating elderly patient and senior review was identified. The patient's death was sadly not preventable.	Learning shared with wider clinical team in relation to responding to national early warning scores (NEWS); learning included in junior doctors local induction.
Internal Medicine	Assessment Suite	Consistent documentation of discharge summaries and medical certificate of cause of death is required within e-record. The patient's death was sadly not preventable.	Learning disseminated to all Directorate medical staff to promote consistent documentation.
Cardio	Cardio Surgery	A patient died within theatre following emergency transfer from an external Trust. Whilst the patient's death was not preventable, learning identified that an earlier MDT case debrief would have been helpful in this instance.	Case debriefs in place to agree how to integrate the perspectives of the multi-disciplinary team.
Cardio	Cardiac Surgery	The case reviews of two patients urgently transferred from an external trust for surgery, both identified the need for improvements in discharge documentation and cause of death/coroner discussions. Both patients' deaths were sadly unpreventable.	Discussed at local governance meeting to ensure clinical staff are aware that deceased patients require discharge summaries and cause of death documentation completing.
Surgical Services	HPB Transplant	A patient accepted for elective surgery from an external trust had significantly deteriorated when they were transferred 10 days later. Communication between parent teams across trusts could be improved to highlight any change in patient condition.	Consultants identifying how to improve the communication between parent teams across organisations, for patients awaiting transfer.

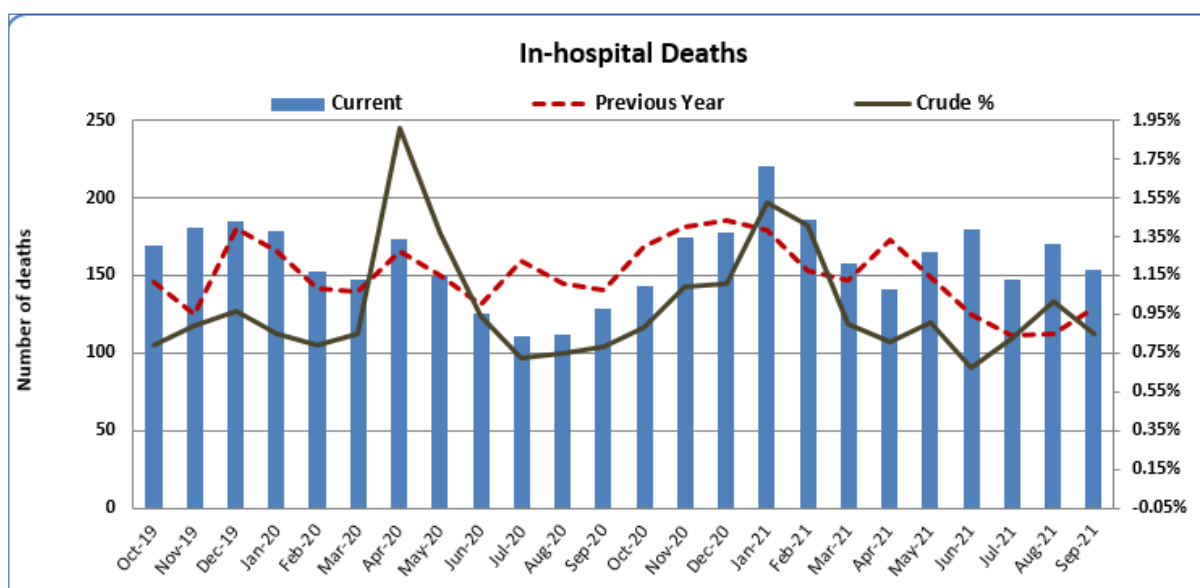
5. CRUDE MORTALITY

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

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

Agenda Item A5(iii)b

The graph below shows the crude mortality rates since October 2019. The crude mortality shows a significant increase in April 2020. This can be explained as the majority of elective surgical cases were postponed during the COVID-19 pandemic first wave period, which dramatically reduced the amount of discharges. Although the deaths for this time period did not rise dramatically in comparison to the same time period the previous year, the reduced discharges increases the crude mortality percentage. A further significant rise can be seen from December 2020 to February 2021, which reflects more deaths than expected during the second wave of the COVID-19 pandemic. This is in part due to increased numbers of patients being admitted into the Intensive Treatment Unit (ITU) from other regional and national hospital trusts as part of the second wave surge. More recently, there has been a rise in deaths in comparison to the previous year; this can be explained by the increased number of patients admitted into the Trust in 2021 in comparison to reduced numbers of patients in 2020, due to cancelled elective surgeries throughout the COVID-19 pandemic.



6. SHMI AND HSMR MORTALITY RATES

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

SHMI and HSMR data is scrutinised on publication to determine any areas that may raise concern. All groups within the data are individually monitored and all findings are presented to the Trust Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the relevant Directorate to ensure an in-depth analysis is undertaken and findings recorded into the mortality review database. All learning from this analysis is shared with Directorates and presented to the Mortality Surveillance Group. The latest SHMI publication for April 2020 – March 2021 shows the Trust to be at 97, which is below the national average and within “expected levels”.

Agenda Item A5(iii)b

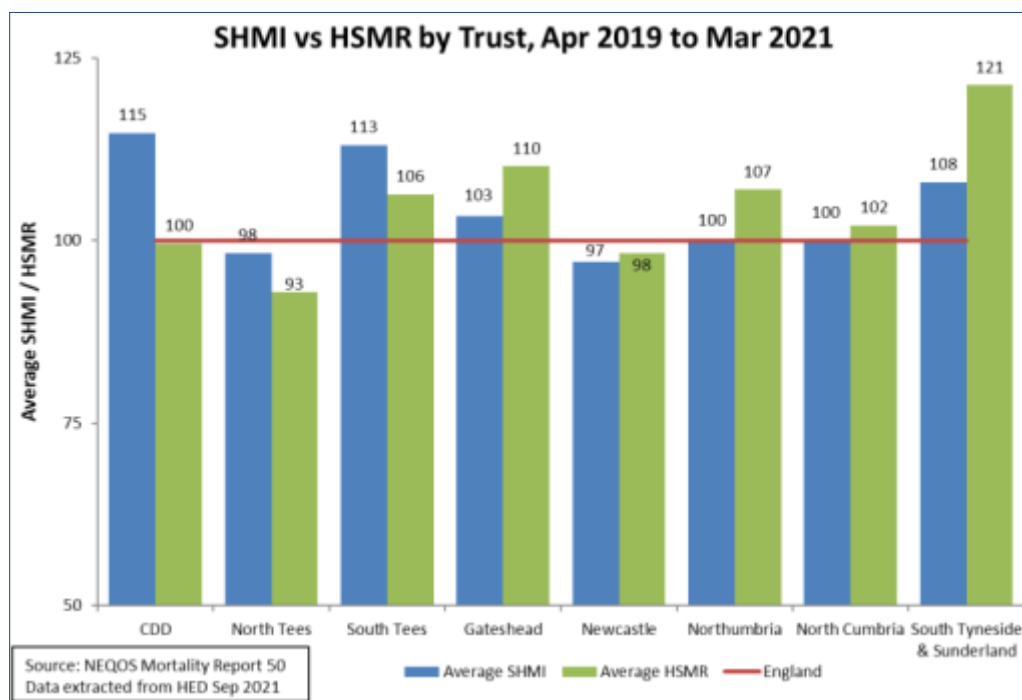
All mortality data including Standardised Hospital-level Mortality Indicator (SHMI), Hospital Standardised Mortality Ratio (HSMR) and Variable Life Adjustment Displays (VLADS) are closely monitored.

7. NEQOS

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

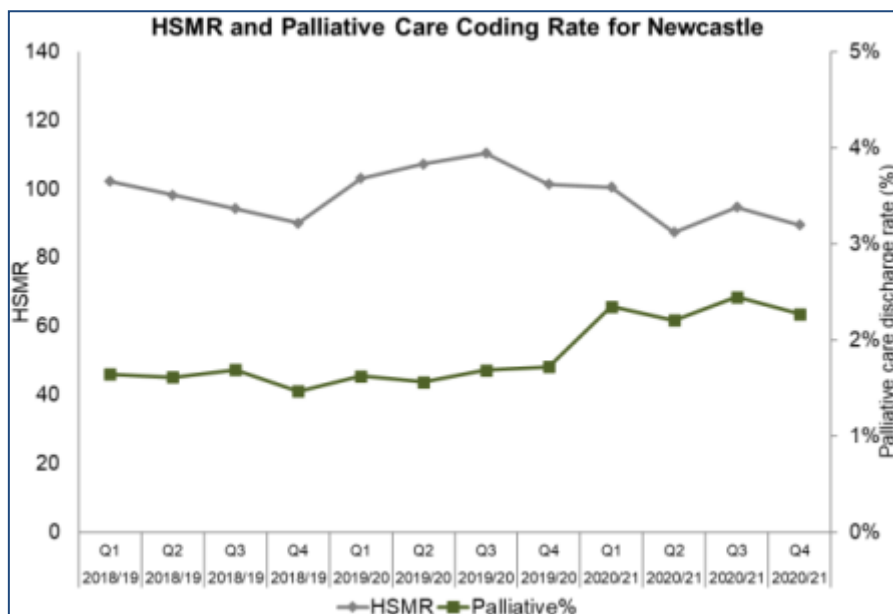
Overall, the graph below shows the Trust to be consistently below the national average for both SHMI and HSMR. The Trust average SHMI for this time period is 97 and the HSMR 98; both are below the national average. The Trust HSMR has lowered within recent months, with a main factor being due to new processes that were introduced into the Trust around palliative care coding, therefore as HSMR includes palliative care coding and is adjusted accordingly, the higher the palliative care coding the lower the HSMR.

SHMI vs HSMR for the last 2 years

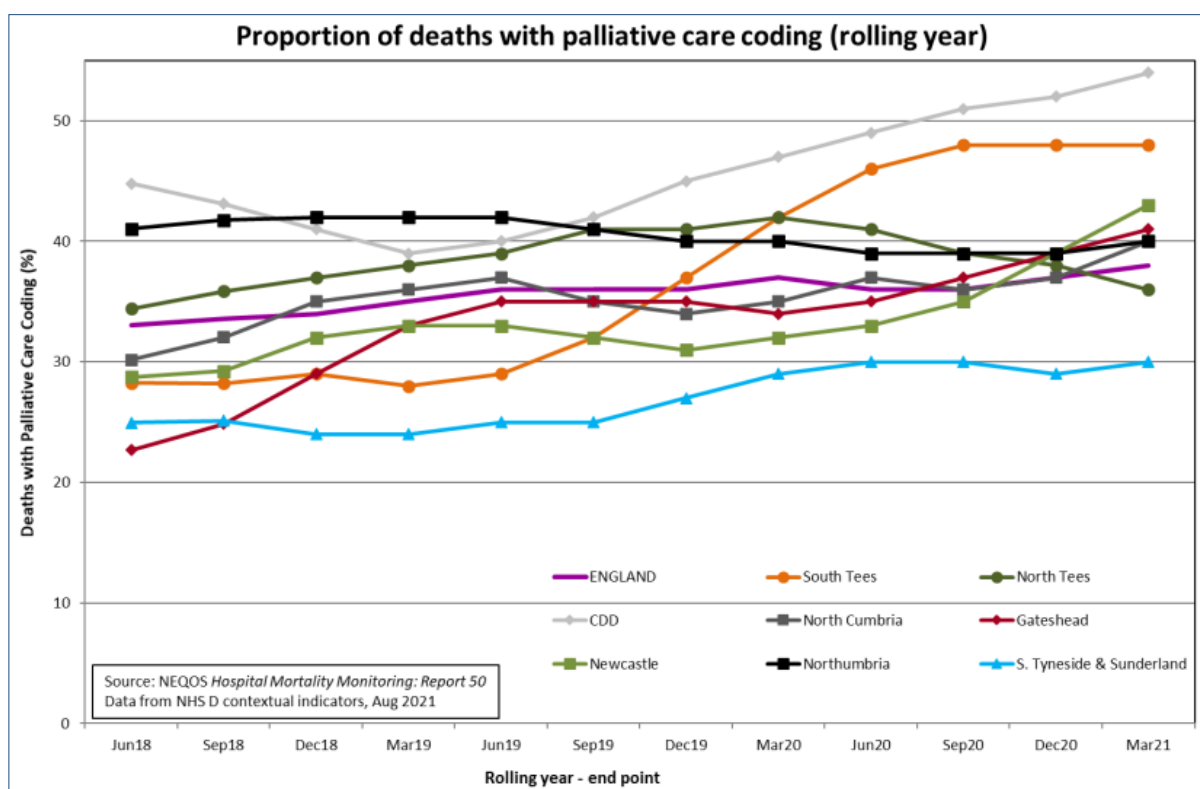


8. PALLIATIVE CARE CODING

The graph below shows that palliative care coding rate on discharge (including in-patient deaths) is historically reported below 2% within Newcastle upon Tyne Hospitals, which is one of the lowest in the region. However, the palliative care team and coding department have worked collaboratively to better capture patients who are receiving end of life care and the graph reflects this with palliative care coding starting to rise and maintain above 2%.



The graph below shows the percentage of deaths with a palliative care coding for regional Trusts, which includes those who have died within 30 days of discharge.



9. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

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

Agenda Item A5(iii)b

care. For deaths identified and reported externally as an SI, a full investigation is undertaken, which includes an analysis of the care provided to identify any learning and determines whether any modifiable factors contributed to the death. Key learning points are identified and action plans generated. A summary of investigation outcomes linked to SIs in Q2 are shown below:

- During July 2021 - September 2021 there were 61 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 61, there were 5 patient deaths which identified potential modifiable factors and which were subject to a SI investigation.

The incidents and learning from SI investigations that have been completed since the previous report submitted on 22nd July 2021 are as follows:

2020/2095 – Medication review incident
<p>A patient presented at the Emergency Department, however as part of the rapid review assessment it was not initially identified that the patient was on anticoagulation medication. Review of this case has identified the following learning:</p> <ul style="list-style-type: none"> - Robust patient identification processes must be locally agreed and embedded for patients who are unable to identify themselves, in line with Trust policy. - Timely access to accurate, up to date written handover and past medical history is critical in understanding the risk factors for each patient. - Clinical guidance, required by staff in an emergency, should be clear and easy to follow.
2021/16435 – Complication of interventional procedure
<p>A patient sustained a complication of treatment after undergoing an interventional procedure and sadly passed away during the procedure. The investigation into this case has identified the following learning:</p> <ul style="list-style-type: none"> - Clear documentation of clinical decision-making and the consent process is essential to understand plans in relation to patient management. - Formal multi-disciplinary team meetings should align themselves to national and international guidance to ensure the needs of all patients are appropriately met.
2021/14113 – Pressure Ulcer infection
<p>A patient developed an infection from a pressure ulcer, leading to sepsis. An in-depth review of the case has identified the following learning:</p> <ul style="list-style-type: none"> - Within the community, communication and handover of care between health and social care teams is essential; with named nurses having oversight of each patient’s care. - Development and promotion of a pressure ulcer prevention pathway for community staff will drive consistent, high quality care for patients.

10. MEDICAL EXAMINER

Agenda Item A5(iii)b

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

The Medical Examiners roles went live in January 2021 as part of an initial test period, scrutinising patients' medical notes and discussing the care pathway with the ward clinician for all patients who died within two specified wards at the Freeman Hospital (FH). As the test period was considered a success, the project moved to the next stage in March 2021 and which involved scrutinising all deaths at FH and finally including all deaths at Royal Victoria Infirmary (RVI) in August 2021. The Medical Examiners do not currently scrutinise paediatric deaths as these patients receive a full and in-depth case review, in line with the national child death review process.

The medical examiner process plans to incorporate community deaths in early 2022. The Trust is currently expanding the medical examiners and medical examiner officer roles to incorporate this new service.

A new online coroner referral system has been introduced into the Trust in August 2021.

11. RECOMMENDATIONS

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

Report of Angela O'Brien
Director of Quality & Effectiveness
8 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 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 October 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 12.11.2021); trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard October 2021), enclosed in the Public Board Reference Pack, which details the performance against targets where applicable.						
Recommendation	The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.						
Links to Strategic Objectives	Achieving local excellence and global reach through compassionate and innovative healthcare, education and research. Patients - Putting patients at the heart of everything we do and providing care of the highest standards focussing on safety and quality. Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes. Performance - Being outstanding, now and in the future						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to effectively control infections may lead to patient harm, litigation against the Trust and loss of reputation. There are no specific equality and diversity implications from this paper.						
Reports previously considered by	This is a bimonthly update to the Board on Healthcare Associated Infections (HCAI).						

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

EXECUTIVE SUMMARY

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

Key points to note:

- Community rates of COVID-19 infections have continued to increase from September 2021, coinciding with return to school and following an initial surge in infections in children. Data on community prevalence is shared by the UK Health Security Agency (UKHSA) and any fluctuations are reflected on hospital admission numbers. The number of patients with a new COVID-19 diagnosis requiring hospital admission has stabilised since August 2021.
- 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 October 2021 (located within the Public Board Reference Pack).
- New sub-lineages of Delta are regularly identified and designated. The Delta sub-lineage AY.4.2 was designated Variant Under Investigation (VUI) on 20 October 2021 (VUI-21OCT-01) and accounts for a slowly increasing proportion of cases in the UK. It is also seen in travellers to the UK from a large number of countries. It is not clear where it originated or when. It may be associated with a slight increase in transmissibility although this is not yet clear.
- 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.
- Multidisciplinary post infection review (PIR) meetings have been reinstated since September 2021, effective hand hygiene has been promoted throughout October 2021 and it is anticipated that antimicrobial auditing will recommence from November 2021.

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 SEPTEMBER/OCTOBER 2021

1.1 Coronavirus (COVID-19)

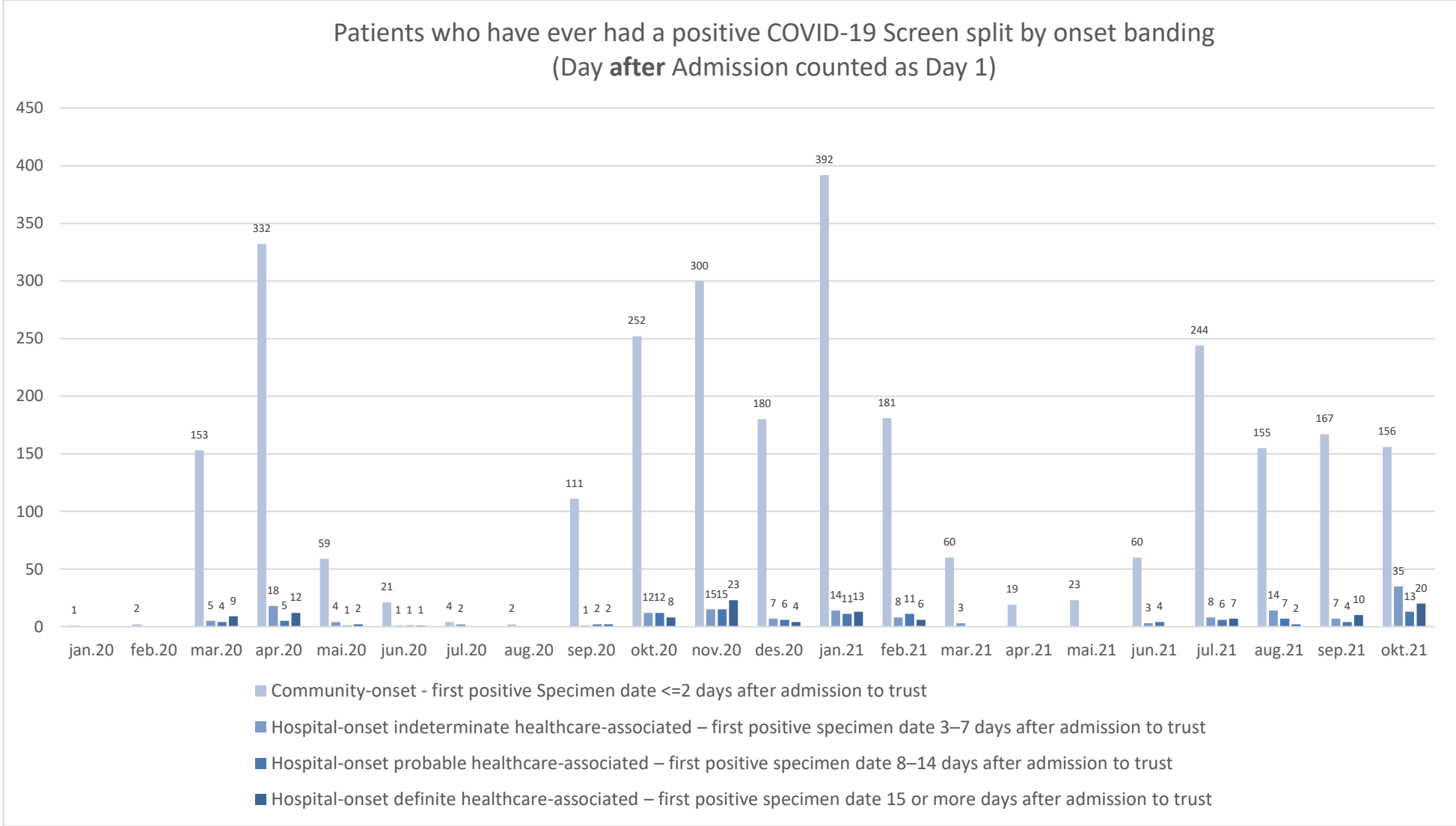
Community rates of COVID-19 infections have continued to increase from September 2021, coinciding with return to school and following an initial surge in infections in children. Data on community prevalence is shared by the UK Health Security Agency (UKHSA) and any fluctuations are reflected on hospital admission numbers. The number of patients with a new COVID-19 diagnosis requiring hospital admission has stabilised since August 2021.

1.1.1 **Managing HCAI COVID-19 cases**

COVID-19 infections are classified as follows:

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

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



The increase in prevalence in the community has been mirrored in the number of cases admitted to the Trust. In October 2021, there was a significant increase in HO.iHA patients detected within day 3-7 of hospital admission for other non-COVID reasons. As demonstrated above, this was the highest incidence since reporting began, with 35 HO.iHA cases that have contributed to transmission to other patients resulting in outbreak declaration.

There have been 7 COVID-19 outbreaks declared during September and October 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 with ongoing review by the Infection Prevention and Control team

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 October 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 October 2021 is 113,807 tests with 225 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.

Between 6 July and 28 October 2021, 870 staff were risk assessed following a COVID contact: 275 had a proximity alert, 295 had a work or social contact and 300 had a household contact.

1.1.3 COVID-19 Booster / Seasonal 'flu Staff Vaccination Programme

The COVID-19 booster programme was launched on 22 September 2021 and as at 31 October 2021, 7,995 staff had received their COVID booster vaccination in the Trust, with some staff receiving their boosters in the community. Clinics are currently being held Monday – Tuesday on Ward 12 at the Freeman Hospital (FH) and Thursday – Friday in the Child Development Centre (CDC) at the Royal Victoria Infirmary (RVI) which are being staffed by 3 – 4 vaccinators per clinic.

The seasonal 'flu vaccination program has been a mixed model of peer vaccinators in wards and departments, bookable clinics at FH/RVI/Regent Point (RP) as well as bespoke clinics for departments without peer vaccinators or located in the wider community. As at 31 October 2021, 7,610 staff had received their 'flu vaccinations and there is no limit on volumes due to good flu vaccine supply.

Any staff aged 65 and older can attend a flu clinic which has been set up at RP and all staff in this demographic have been invited to attend. This clinic is being held every Friday and also includes non-clinical directorates' staff and staff based at RP.

A community clinic is in place and based at Molineux for the Out of Hospital and Community

Services Directorate with their Assistant Directorate Manager overseeing the delivery of this service.

Many staff have contacted Occupational Health Service (OHS) advising they have received vaccinations for their COVID-19 booster and/or flu elsewhere. Work is being undertaken to link the databases for these vaccinations and an App will be launched in December 2021 which will survey those vaccinated elsewhere to gather the necessary workforce data.

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).

The lineage B.1.617.2 was escalated to a variant of concern in the UK on 6 May 2021. This variant was named Delta by WHO on 31 May 2021.

New sub-lineages of Delta are regularly identified and designated. The Delta sub-lineage AY.4.2 was designated Variant Under Investigation (VUI) on 20 October 2021 (VUI-21OCT-01).

AY.4.2. accounts for a slowly increasing proportion of cases in the UK. It is also seen in travellers to the UK from a large number of countries. It is not clear where it originated or when. It may be associated with a slight increase in transmissibility although this is not yet clear.

1.2 C. difficile Infections (CDI)

At the end of October 2021, a total of 114 cases were attributed to the Trust which places the Trust over the national threshold by 57 cases. The increase is multifactorial, which includes the suspension of additional COVID-19 workload multidisciplinary post infection review (PIR) meetings, suspension of antimicrobial audits, and an increase of glove use due to national COVID-19 IPC guidance which has affected hand hygiene compliance. PIR meetings have been reinstated since September 2021, effective hand hygiene has been promoted throughout October 2021 and it is anticipated that antimicrobial auditing will recommence from November 2021. No financial penalties are expected to be associated to CDI cases above nationally allocated threshold therefore it is likely that the formal appeals process will end.

1.3 MRSA / MSSA Bacteraemias

There have been no MRSA bacteraemia cases since April 2020 thus the Trust has been “MRSA bacteraemia free” for 18 months, which is the Trust’s longest MRSA bacteraemia free period (was previously 16 months).

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 ≤ 90 cases for 2021/22. By the end of October 2021, a total of 64 cases were attributed to the Trust which

places the Trust over trajectory by 11 cases.

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

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 October 2021, there have been 123 *E. coli* bacteraemias, 100 *Klebsiella* bacteraemias and 26 *Pseudomonas aeruginosa* bacteraemias to date, which places the Trust above all internally set GNBSI reduction trajectories but within the national thresholds for *E. coli* and *Pseudomonas aeruginosa*. The number of *Klebsiella* bacteraemias cases has taken the Trust above the national threshold.

Quality Improvement projects are underway to support a reduction in cases.

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 a potential common environmental link between the cases, which has been addressed in collaboration with Estates teams. Further investigation is ongoing in addition to the ongoing training and education targeted support to the directorate by the IPC team.

There have been 8 CDI PII during September / October 2021. 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.

There have been 5 outbreaks of diarrhoea and vomiting within the Trust during September/October 2021. Norovirus was confirmed in 4 of these cases which effected 38 patients, 16 staff and led to 226 lost bed days.

1.6 Sepsis

As reported in the last paper, an investment proposal for an additional sepsis nurse has been supported and the appointment process has commenced. The Sepsis Steering Group has produced a Gap analysis which was presented to the Infection Prevention and Control Committee (IPCC) in August 2021 and the Patient Safety Group on 22 October 2021 outlining areas of improvement in the recognition and management of sepsis. This has been discussed through internal governance processes and the associated risk appropriately documented and also raised for discussion at Quality Committee.

Currently, overall Trust compliance with the Electronic Deterioration patient ALERT within inpatient areas against NEWS2 and national guidance against early recognition, escalation and treatment is 60%. This varies if broken down in to directorate areas and this is being shared with individual directorates to ensure focused learning and improvements are progressed. This is in the final stages of development and once we have this data we will be

able to look into monthly sepsis data compliance. Current compliance for Quarter 2 recognition of sepsis to antibiotics administered is at, 55% for inpatients and 77% for RVED.

Trust wide education sessions continue to be promoted and work is also being undertaken to include Deterioration and Sepsis into annual mandatory training within the Electronic Staff Record (ESR). This is due to be launched on 1 April 2022.

1.7 Antimicrobials

Discussions are underway to recruit pharmacists to support the work of antimicrobial stewardship in the Trust. Antimicrobial Stewardship (AMS) remains on the risk register.

November marks the World Health Organisation (WHO) Antimicrobial Awareness week; within the Trust we feature this Awareness Week over a full month. The Trust antimicrobial team are highlighting awareness of the issues due to growing worldwide resistance with few antibiotic options available where there is resistance, potentially leading to premature deaths and cancellation of surgical procedures due to inadequate antimicrobial cover available. We have education through electronic resources in the form of the rolling banner on the intranet, Twitter, social media and the more traditional banner boards sited in seven spots within the RVI and FH. In addition, we have planned 'education walks' for each ward delivered by a team consisting of Microbiologists, Infectious Diseases Clinicians and Pharmacy staff.

Work is continuing on the development of eRecord solutions to aid appropriate prescribing including care sets and further project work on ePrescribing-based Antimicrobial Stewardship (ePAMS) intervention for hospitals, a collaborative piece of work with Edinburgh, Birmingham and Newcastle Universities.

We have on-going QI projects in Gram negatives involving in-depth reviews of current guidelines and in Emergency department for appropriate prescribing in severe sepsis, which are well progressed.

1.8 Water Safety

All dead legs have now been removed from the Delivery Suite as part of the ongoing refurbishment works with monitoring sampling currently being undertaken.

The surveillance sampling of the RVI Birthing Pools has now been completed with all pools free of coliforms, *E. coli* and *Pseudomonas*.

As part of the refurbishment of the Freeman Emergency Assessment Suite all dead legs have now been removed with major improvements also made to the design of the pipework distribution.

1.9 Ventilation

The replacement of the 15 theatre ventilation plant fans at the Freeman has now been completed as part of the management of backlog maintenance.

1.10 Decontamination

The replacement of the Freeman endoscopy washers is currently undergoing technical design and is to be looked at as part of the equipment replacement programme for 2022/23.

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)

12 November 2021

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TRUST BOARD

Date of meeting	25 November 2021						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	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.						
Recommendation	Note the contents of this report.						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	Routine update to the Board.						

PEOPLE REPORT

EXECUTIVE SUMMARY

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

Key points:

- 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 as well as motivate them to be available to work.
- Vaccination:
 - The government has confirmed that new regulations will be introduced from 1 April 2022 requiring people who conduct regulator activity in a health and social care setting to have received two doses of an approved COVID-19 vaccination.
- Volume of recruitment activity remains high across the Trust:
 - A significant number of international nurses have joined the Trust – more are expected next month.
- The 2021 NHS Staff Survey will close on 26 November 2021.
- OFSTED have been on site this month undertaking an inspection of the Trust. Formal notification of the outcome is awaited.

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

PEOPLE REPORT

1. COVID/RECOVERY/WINTER: WORKFORCE ACTIVITY

Integrated Covid Hub North East (ICHNE) – ‘Lighthouse’.	Staff contracts extended until 31 March 2022 in line with the Department of Health and Social Care (DHSC) contract; contract increased from 40,000 tests per day to up to 60,000; turnover a concern (12%) and is related to temporary contracts; recruitment activity on-going; exit planning in process.
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2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

Wellbeing	<p>The level of staff sickness – covid and non covid related, continues to be a cause for concern as the levels remain higher than ‘pre’ pandemic. We monitor the data closely.</p> <p>To support staff wellbeing, respond to concerns raised by staff, and encourage availability to work additional shifts and support elective recovery, a number of local incentive arrangements have been introduced.</p>
Belonging, feeling valued and recognised	<p>The 2021 NHS Staff Survey closes on 26 November 2021. The target response rate is 50% - the response rate mid-November is 42% (6,788).</p> <p>We have moved into the final phase of the communications and engagement plan to encourage people to share their views before the deadline.</p>
Inclusive and diverse workforce	The Equality, Diversity and Inclusion (EDI) dashboard was shared at the Operational Policy Group meeting on 23 November prior to launch in December.

3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING

Leadership & Organisation Development	<ul style="list-style-type: none"> • Four cohorts of the Leading an Empowered Organisation (LEO) programme have now been delivered with 78 attendees; one cohort of LEO Train the Trainer programme completed with 10 Trainers successfully completing the programme and further LEO dates have been finalised for 2022. • The Matron/Allied Health Professionals (AHP) lead 'Developing our Talent' programme commenced on 3 November with 13 staff attending. Further 3 cohorts planned. • A ‘bite size’ learning session on ‘Long Distance Advice for A Long Term Crisis’ is being delivered by Jim Whittington on 8 December to support staff resilience. • Recruitment to the System Leadership Programme cohort 5 & 6 is now in progress commencing February 2022. • Programme of activity in 2022 – Chimp Management (for Nursing, Midwifery and Allied Health Professionals (NMAHP’s)) including :
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	<ul style="list-style-type: none"> ○ Mind Management Skills for Life Programme – 3 programmes of 8, 2 hour workshops. ○ Master Classes 15 x 2 Hour (7 topics re-run). ○ Bite size 6 x 1 Hour sessions for up to 400 delegates.
<p>Apprenticeship – levy and activity</p>	<p>OFSTED were on site for three days this month undertaking an inspection of the Trust Apprenticeship provision. Themes of the inspection were Quality of Education, Behaviours and Attitudes, Personal Development, and Leadership and Management. Initial feedback was received during the visit and a formal report is awaited which will outline strengths and any areas for improvement.</p> <p>The feedback session concluded with the inspector noting that the Trust was ‘on a journey’ towards its next inspection, and recognised that we are a ‘growing provider’.</p>
<p>Work Experience</p>	<p>As a key strand of the Trust’s Widening Participation agenda, the Apprenticeship team have worked with an external organisation, SpringPod, to develop and deliver a Virtual Work Experience programme which launched in October. Eight hundred applications were received and 650 young people were able to access the programmes. Further, the Trust has been nominated by Health Education England (HEE) for a national award in recognition of this initiative.</p>
<p>Under graduate Medical Education</p>	<ul style="list-style-type: none"> • The new Year 5 curriculum has commenced, receiving positive feedback regarding the specialty assistantships in Women’s Health and Child Health. • Planning for Good Medical Practice, Acute and Critical Care is well underway and it is anticipated that the demands of implementing the new curriculum will be met. • Academic Mentors (32) have been recruited to support 62 students. The team have been impressed by the excellent response and enthusiasm of Newcastle Hospitals’ clinicians in the implementation of the curriculum changes. • Year 4 recruitment has identified 43 Academic Mentors for 85 students, and the team has successfully recruited 85 medicine clinical placement mentors and 85 surgical placement mentors. • Ward 12 has been identified as the venue for the Year 4 MOSLER exam in December with the Clinical Learning Centre as an additional site. Discussions are still underway to identify space for exams in March and April 2022. • Twelve Newcastle Hospitals’ Consultants have responded positively to a letter from Sunderland Medical School regarding hosting a Student-Selected Components (SSC).
<p>Post Graduate Medical Education</p>	<ul style="list-style-type: none"> • The new simulation programme that consists of half day sessions for Foundation doctors has been implemented and has been very successful so far receiving good feedback from trainees and facilitators. • Following the results of the General Medical Council (GMC) survey this year, we have been actively meeting with departments to discuss the feedback given regarding training in the Trust. • Following the Foundation Curriculum change in August of this year the team have been raising awareness and supporting Clinical Supervisors with

	the implementation of the Placement Supervision Group tool on the ePortfolio site Horus.
Education Space and Facilities	<p>Work continues at pace on plans to renovate and refurbish the Freeman Hospital Education Centre and securing a new facility in the City Centre to replace space soon to be lost at both the Laing O’Rourke Building (Clinical Learning Centre (CLC)) at the Royal Victoria Infirmary (RVI) and Cragside Education Centre at the Campus for Ageing and Vitality (CAV). This exciting project will improve and modernise the educational facilities and will provide innovative and inclusive teaching and library spaces for everyone.</p> <p>The initial proposal for the city centre facility has been agreed and passed on for the next stage of design. Activity and staff have been relocated from the Freeman Hospital (FH) Education Centre to allow for imminent work to commence.</p>
Simulation	The Simulation Team won the ‘Best Oral Presentation’ at Association for Simulated Practice in Health care Virtual Conference (ASPIH) 2021 for their work streaming High Fidelity Extracorporeal membrane oxygenation (ECMO) simulation from a moving ambulance.

4. MANDATING COVID VACCINATIONS

On 9 November 2021, the Secretary of State announced that subject to parliamentary approval, new regulations will come into force on 1 April 2022, requiring people who conduct regulated activity in the NHS or independent health and social care settings in England, will be required to have received two doses of an approved Covid-19 vaccine unless medically exempt. The regulations apply to all individuals aged 18 or over. Therefore, as an example, an individual commencing employment on 1 April will need to have had their first dose by 3 February 2022.

The Trust is awaiting guidance from NHS England regarding how to operationalise this regulation. Locally, the Trust has established a small ‘Task and Finish’ Group to agree policy and process or implementation.

5. INDUSTRIAL ACTION

A number of national trade unions are balloting their members following the 2021 pay award. These ballots are both indicative (Royal College of Nursing) or for industrial action (GMB).

6. NATIONAL HR/OD REVIEW

The national ‘Future of NHS HR and OD’ report was launched on 22 November 2021.

7. RECOMMENDATION

The Board is asked to note the contents of this report

Report of Dee Fawcett
Director of HR
17 November 2021

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TRUST BOARD

Date of meeting	25 November 2021						
Title	Operations Report						
Report of	Martin Wilson, Chief Operating Officer						
Prepared by	Martin Wilson, Chief Operating Officer Stephen Lewis, Senior Business Development Manager - Performance						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>This report provides an update on the operational position across the Trust in relation to Covid, emergency and elective care.</p> <p>It seeks to provide assurance to the Board on the work being undertaken to enable the Trust to improve performance as quickly as possible within the known constraints through the development and delivery of the 'Newcastle Plan'.</p>						
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive the written report; • Receive any verbal update which may be given at the Board of Directors meeting; and • Explore key risks. 						
Links to Strategic Objectives	<p>Patients - Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Performance - Being outstanding, now and in the future.</p>						
Impact	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 checked="" type="checkbox"/>
Impact detail	Improving patient care impacts on all areas of the Trust.						
Reports previously considered by	Continuation of previous activity reports delivered.						

OPERATIONS REPORT

EXECUTIVE SUMMARY

The Covid pandemic continues to significantly affect operational delivery across the trust and the whole health and care system, with additional numbers of patients to be cared for, reduced capacity, and increased pressures.

'The Newcastle Plan' sets out the strategic and operational steps being taking to reset the organisation to tackle the unprecedented challenges that we're facing in the wake of the Covid pandemic.

The report demonstrates:

- Elective activity recovery was in a strong position prior to the 4th Wave of Covid, with significant emergency pressures reducing the ability to continue delivering a full elective programme.
- The Trust continues to be constrained through reduced staffing levels and increased occupancy of emergency patients.
- The Trust, via a number of internal governance routes has approved and enacted numerous recovery measures across emergency and elective care, including in cancer and diagnostic pathways. Recovery of waiting times will take a number of years supported by the ongoing development and delivery of a new 'Newcastle Plan'.

The Board is asked to:

- Receive the written report;
- Receive any verbal update which may be given at the Board of Directors meeting;
and
- Explore key risks.

OPERATIONS REPORT

1. BACKGROUND

Waiting times across the NHS were rising prior to the pandemic and these have been significantly exacerbated by Covid, which is expected to remain a pressure on the NHS for at least 3-5 years. As always, patient safety remains the key focus for the organisation.

As will be noted within several other reports received by Board, the whole NHS and wider social care system is suffering under significant operational pressure dealing with non-elective demand and workforce constraints.

The ‘wicked wheel’ below, highlights a number of the current drivers of pressure on clinical service delivery and shows how interconnected the operational delivery of Trust services are with the wider health and care system.



2. BED CAPACITY AND OCCUPANCY

The trust has around 70 patients with Covid in hospital, all of whom need a hospital bed and the staff to care for them. That’s about 7% of beds and is higher than most other places in the country at the moment. This is reducing usual capacity by about three wards. About two thirds of those people haven’t had a full course of vaccination – which underlines the importance of the vaccination programme.

Additionally, reduced staffing levels from staff sickness and isolation, including front line redeployment of staff within their maternity period (now from week 28), combined with bed closures linked to infection prevention and control has resulted in the Trust operating with over 100 bed closures.

Agenda item A8

As non-elective demand continues to rise, an increasing proportion of beds are occupied with non-elective patients. Non-elective patients on average took up 929 beds throughout October, up from 859 in August and 886 in September.

This intense pressure on emergency pathways is being felt throughout the organisation; from increasing volumes and acuity within Emergency Department (ED) attendances to difficulties in discharging and repatriating patients to other settings. The Trust is working closely with partners in social care and other care providers in Collaborative Newcastle and the wider North East and North Cumbria Provider Collaborative.

To address staffing issues the Trust is underway with large scale nursing and healthcare support worker recruitment from within the UK and overseas; these new staff have now started across multiple wards. Enhanced rates are being offered in critical areas to ensure that urgent and emergency pathways remain safe. This is in addition to internal staff wellbeing measures such as enhanced food options for staff on shifts, regular Schwartz round sessions, access to mental health support and other initiatives supported by our Flourish programme.

Over 30 in-year proposals have been approved through the Operational Board to increase staffing and deliver additional activity wherever possible in efforts to reduce the backlog of long waiting patients and to increase patient safety. These include the recruitment of numerous additional locum consultants, changes to operating models to deliver a more efficient service through improved technology and equipment and continuous use of the Independent Sector where appropriate.

2. ELECTIVE ACTIVITY LEVELS

Following the onset of the pandemic the Trust stepped down planned elective activity from April 2020 to safely free up bed occupancy and implement new infection prevention control (IPC) measures.

Urgent and Cancer (Priority 1 / Priority 2 (P1 / P2)) patients continue to be prioritised, with as many patients with P3/P4 needs and treatments being admitted for overnight care as can be accommodated in the remaining available capacity. The latest recovery position, and impact of the 4th Wave, is shown below in table 1.

Table 1 – Elective recovery heat map

Activity Delivered - Working Day Adjusted vs 2019/20				
Month	Day Case	Elective	OP Procedures	OP Attendances
Apr-20	36%	32%	17%	68%
May-21	91%	100%	89%	107%
Oct-21	88%	74%	Not yet coded	103%

3. URGENT AND EMERGENCY CARE

Significant constraints exist within emergency pathways and bed occupancy throughout the Trust. This is directly impacting on the Trust's ability to treat patients within the 4 hour window, with the pressures of a winter period already felt. Currently emergency care performance is 83.7% overall, with Type 1 performance at 72.6% - despite this position the Trust continually outperforms regional and national positions, as pressures are felt across the country.

Actions linked to the national 10 point Urgent and Emergency Care recovery plan and to ease pressures on emergency pathways include:

- Pilot of NHS Pathways electronic screening tool in Accident & Emergency (A&E).
- Conversion of surgical wards to medical wards for non-elective patients.
- Enhanced overtime rates.
- Additional consultant posts approved for ring fenced inpatient flexible sessions to overcome periods of surge and treat elective patients when not required via ED.
- Exploration of additional emergency nurse practitioner posts to extend minor injuries unit from 8pm to midnight.
- Continual review of the ED Safer Nursing Care Tool.
- Continual focus on reviewing patients for discharge to reduce long length of stay patients and increase organisational flow.
- Work through Collaborative Newcastle to maximise capacity in community services and support admission avoidance and prompt discharge.

4. ELECTIVE CARE

Due to the issues outlined within the paper, as well as pre-Covid increases in waiting times, the Trust waiting list continues to grow. The October 2021 waiting list contains 92,919 patients – with 5,069 patients waiting over 52 weeks, and 196 waiting over 104 weeks. Approximately 100 of these long waiting patients are P5 / P6 patients, who currently do not wish to come in for treatment.

In order to address these issues the Trust is taking a number of actions including:

- Optimising the newly built modular theatre dedicated to Cataract operations, with almost 4,500 cataract operations having been delivered at the site to date.
- Intention to create a dedicated four theatre elective day case unit.
- Mobilisation of a virtual glaucoma imaging hub.
- Instillation of a mobile Cath Lab unit on site to reduce disruption from a refurbishment programme.
- Weekend operating lists across a range of services – due to limited capacity during Wave 4 these weekend initiatives are no longer viable in a number of areas.
- Outsourcing routine procedures in conjunction with Independent Sector providers, from specialties such as urology, musculo-skeletal, gastro and general surgery.
- Employment of an additional locum consultant in Spinal Orthopaedics.

Agenda item A8

- Additional pre-assessment nurses and additional admin staff for reminder services.
- Further plans to enhance future workforce requirements.
- A new digital referral and triage process in endoscopy, allowing smarter scheduling.
- Trust-wide Day Surgery Development Project will enable NuTH to maximise the use of day case surgery to support the recovery and delivery of safe elective services.
- Rapid move to virtual outpatient appointments to reduce the number of face to face appointments, with 22% of appointments now delivered virtually.
- Development of Patient Initiated Follow Up (PIFU) pathways within outpatients so that fewer patients need to come to monitoring outpatient appointments.
- Working with NHS England / Improvement (NHSE/I) on an expansion business case for Spinal Degenerative services.

5. CANCER CARE

As a tertiary cancer centre the Trust sees a wide range of complex and progressive treatments. Cancer pathways have been acutely impacted by the pandemic with some tumour groups now experiencing a shift in the staging of patients following detection.

Long term recurrent growth within cancer volumes, as well as staffing pressures across multiple pathways has led to significant pressures within cancer which existed pre-Covid. Additionally, the Trust receives a large volume of tertiary referrals from other organisations with many of these pathways extending past the agreed transfer time point prior to referral.

Currently the Trust is addressing multiple issues which have led to decreased performance within both 2 week wait (51%), and 62 day pathways (61%), this is through:

- Introduction of a tele-dermatology pathway for Skins patients.
- Recruitment of nursing and consultant posts, as well as additional Waiting List Initiative (WLI) sessions.
- Remote image review and development of a full business case within Dermatology.
- Realigning capacity within Skins from Melanoma to SCC clinics.
- Working with an external company to see additional Breast Symptomatic referrals.
- Introduction of FIT testing to downgrade Colorectal cases.
- Protected CT scanning and reporting time for Urological cases.
- Expansion of the Chemo Day Case Unit to 7 days from 7th November.
- A regional review of chemotherapy hubs.
- Use of the Independent Sector to free up clinical time for cancer work.
- Continued prioritisation of urgent and cancer surgical work over routine procedures.
- Continued work with regional partners to streamline regional pathways and take surgical cases where there is insufficient capacity elsewhere.

Whilst progress is already being seen, internal trajectories suggest the most significant improvements will be seen from January to March 2022, with further improvements anticipated through to March 2023.

6. DIAGNOSTICS

IPC measures, such as adhering to social distancing, pre-test Covid swabbing and enhanced cleaning protocols, had a particular impact on diagnostic services due to their high throughput nature resulting in reduced efficiency of services in year.

Multiple actions are underway to overcome these challenges as well as historic staffing issues, with the majority of these staff groups suffering from national shortages.

In addition to the Endoscopy actions already highlighted, these include:

- Recruitment of additional radiographers.
- Enhanced usage of mobile CT and MRI scanners.
- Significant usage of the Independent Sector for both scanning and reporting.
- Continued WLI for scanning and reporting.
- Multiple insourcing and outsourcing arrangements for Echo services.
- Community Diagnostic Hub capacity for MRI and CT at Blaydon.

Actions within Diagnostics are co-ordinated through the Trust's Diagnostics Recovery Cell led by Chris Dipper, Consultant Physician, with a recent Radiology Summit also held to work through issues and create a sustainable action plan.

7. THE NEWCASTLE PLAN FOR RECOVERY

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.

Within the Trust this work is led by Martin Wilson, Chief Operating Officer, supported by Vicky McFarlane-Reid, Executive Director for Business, Development and Enterprise, and the full team of Executive Directors. This work is known as 'The Newcastle Plan' with oversight through a three weekly Board chaired by Dame Jackie Daniel, Chief Executive. The scale and seniority of leadership involvement reflects the absolute importance of this work to the Trust and its centrality to delivering the Trust's vision of "*Achieving local excellence and global reach through compassionate, innovative, health care education and research*". The Newcastle Plan will incorporate the above schemes together with other actions to increase activity levels to 120%+ of pre-pandemic levels in relevant specialties, through additional investment, transformation in working practices, additional staffing and expansions in physical capacity. The weekly Operations Board supports this work.

A full update on this work will be brought to the Trust Board of Directors, making appropriate use of relevant Board Committees, Public and Private Board of Directors' Meetings and also relevant Board workshops.

8. KEY RISKS

The key risks to elective recovery include:

- Covid future waves.
- Workforce retention, supply, recruitment, resilience and staff engagement.
- Levels of non-elective demand, driven by population health.
- Medium term national financial policy clarity.
- National expectations not aligning to long standing commissioner capacity challenges (e.g. spines) or not accounting for long term service transformation.
- Building supplies and workforce to support estates redevelopment.
- Wider system health and social care provider risks.

9. RECOMMENDATIONS

The Board is asked to:

- Receive the written report;
- Receive any verbal update which may be given at the Board of Directors meeting; and
- Explore key risks to elective recovery.

Report of Martin Wilson
Chief Operating Officer
17 November 2021

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TRUST BOARD

Date of meeting	25 November 2021						
Title	Annual Chief Information Officer (CIO) Report						
Report of	Graham King, Chief Information Officer						
Prepared by	Graham King, Chief Information 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 annual CIO report summarises the progress of the digital strategy particularly highlighting the key digital solutions implemented to support patients and colleagues.						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	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.						
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 checked="" type="checkbox"/>
Impact detail	This is a high-level report from the Chief Information Officer covering a range of topics and activity.						
Reports previously considered by	Trust Board, November 2020.						

ANNUAL CHIEF INFORMATION OFFICER REPORT

EXECUTIVE SUMMARY

The annual Chief Information Officer report summarises the progress of the digital strategy, outlining the key digital solutions implemented to support patients and colleagues.

The key headline messages are:

1. The revised Digital Strategy is being formulated and currently under review.
2. A revised timeline has been agreed to complete the final components of the Global Digital Exemplar Programme.
3. There has been significant focus on Digital Governance within the Trust over the last 12 months.
4. The Service Management function continues to concentrate on maintaining a stable and supported service infrastructure.
5. Work within the region has progressed at pace, with a revised Digital Governance structure now established. The Great North Care Record has continued to show progress in both the Health Information Exchange and Patient Engagement Platform. The procurement of a single regional Laboratory Information Management System has completed.

RECOMMENDATION

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

ANNUAL CHIEF INFORMATION OFFICER REPORT

1. DIGITAL STRATEGY

This paper provides a summary of the progress made in delivering the Trust's digital strategy. The previous strategy covered the period from 2016-20 and was geared to moving the Trust to a digital (paperlite) clinical model.

A revised strategy is being formulated taking into account the maturing nature of Artificial Intelligence, inclusion of a structured approach to support remote care pathways and the future management of the electronic patient record with focus on adoption and user experience.

2. GLOBAL DIGITAL EXEMPLAR (GDE) PROGRAMME

The GDE Programme has been reset following an agreed pause during the height of the pandemic. A revised timeline for the final components has been agreed. This includes the formal assessment from both NHS Digital for GDE status and accreditation to the International Healthcare Information and Management Systems Society (HIMMS) for digital maturity. This requires the Trust to implement Closed Loop process standards for Blood, Milk and Medication in early 2022. This achieves HIMMS level 6 and will be followed by a further assessment to the highest HIMMS level (7) for digital maturity on completion of the rollout.

3. DIGITAL GOVERNANCE

There has been significant focus on Digital Governance, both in terms of what is delivered, how and who it is delivered by.

A Digital Health Team, consisting of multi-disciplinary clinical skills has been established. This forms a collaboration between the technical and clinical teams to strengthen collaboration and focus delivery on clinical need.

The Digital Leadership Group (DLG) has been formed consisting of cross organisational, senior leadership representation to support strategic priorities.

3.1 Digital Request Tool

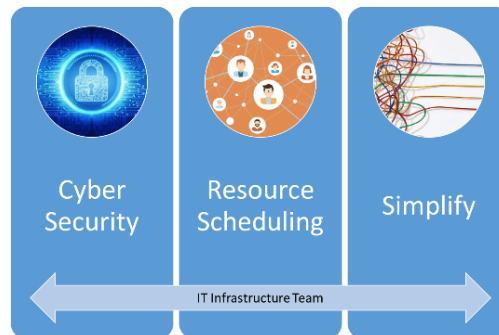
A revised Digital Request Approval Pathway was launched in August 2021.

The new tool and process enables a streamlined approval pathway which is supported by Digital Design Authority (DDA) and the DLG providing overall strategic direction for digital change. The Digital Request tool allows colleagues to submit their Digital request, which is then reviewed and approved by their Directorate Lead and taken to DDA for review and assignment. For larger pieces of work, once approved by DDA the work is prioritised by DLG resulting in the assignment of resource to deliver the work.

The new tool and process has helped to establish a significant increase in the Trust appetite for assistance from IM+T - 88 Digital Requests have been received over a 2-month period, compared to an average of 130 solution requests received annually.

4. INFRASTRUCTURE

The Service Management function continues to concentrate on maintaining a stable and supported service infrastructure with three key areas of focus:



4.1 Cyber Security

Technology and security issues are both changing rapidly. A new Cyber Security Team has been created to manage cyber security protection, detection, response and recovery. The Cyber Security Team are responsible for the strategic approach to cyber threat management and will lead the strategic planning of current and future IT security solutions. The team are responsible for the completion of the Data Security and Protection Toolkit in addition to working towards and maintaining Cyber Essentials Plus certification.

Cyber Essentials is a government-backed, industry supported scheme to help organisations protect themselves against common cyber-attacks. The National Cyber Security Centre and the National Data Guardian Review recommended all NHS organisations must achieve Cyber Essentials Plus certification. This standard is fundamental to many sections of the Data Security and Protection Requirements (DSPT). DSPT and Cyber Essentials accreditation were both achieved in June 2021.

Cyber Essentials Plus accreditation has a target date of June 2022, to coincide with the annual DSPT submission, a successful submission is dependent on several clinical system suppliers meeting their upgrade commitments.

Cyber compliance has seen the Trust wide replacement of the Windows operating system. The Trust is rated against an NHS wide compliance framework with scores reported monthly. The Trust's continued drive to reduce cyber threat exposure has resulted in a reduction in our cyber exposure score from 31.2% to 15.4% between June 2021 and September 2021 with a revised ranking of 5 compared to 25.

4.2 Simplification (carbon footprint)

Significant progress has been made in reducing the number of applications within the Trust and the required infrastructure aligning to the Trust's strategy to reduce its carbon footprint. In support of this initiative two areas housing equipment are being decommissioned as services are consolidated. The work should complete by March 22.

4.3 Wider Infrastructure

There has been an ongoing upgrade process for the Electronic Record system which completed in October, bringing the system to the latest version and code base. This allows a number of identified issues to be addressed.

A significant programme of work completed to address multiple data repositories and to bring this into an updated state and archive redundant systems to a secure environment. The need for independent data repositories has been replaced by a Trust wide data warehouse; being developed to provide a single source of data for reporting and clinical audit.

4.4 Office 365

The Trust has bought into the NHS-Digital national licensing agreement with Microsoft to offer Office 365 as a managed service. The 3-year contract offers the full office suite, support centre and shared tenant. Work is progressing to deploy O365 across the Trust.

5. REGIONAL

Through joint working with the Academic Health Science Network (AHSN)/Integrated Care System (ICS) and North of England Commissioning Support Unit (NECS), a regional digital governance structure has been established and formalised through a collaboration agreement and standardised meetings and reporting. This covers all ICS strategic digital programmes, including the Great North Care Record.

5.1 Great North Care Record (GNCR)

The Trust is the delivery lead for two of the three components of the GNCR:

- Health Information Exchange (HIE) – this provides a near real-time view of a patient's longitudinal health record for the purposes of direct care.
- Patient Engagement Platform (PEP) – this provides the region with a consistent approach to digital interaction with our patients including functionality to view appointments and correspondence.

The Patient Engagement Platform core product is scheduled to be completed by the end of December 2021, with the first expected integration anticipated for spring 2022.

The HIE is the region's primary tool for patient record sharing. Direct record sharing via the Health Information Exchange (HIE) has over 300,000 views per month and work has begun to increase adoption across all sectors. Appendix 1 shows the growth in usage compared to other shared record initiatives across England, utilising the same technology.

The Great North Care Record was shortlisted for two Health Service Journal (HSJ) Awards (both in the Provider Collaboration of the Year and also the Connecting Services and Information Award categories). The team presented to the judging panel in September and await the outcome which will be announced in November 2021.

5.2 Replacement Laboratory Information Management System (LIMS)

The Trust led on the procurement of a single Laboratory Information System to be used by five Hospital Trusts in the region. The commercial negotiations are complete, and the region was awarded funding to facilitate implementation. This, with the GNCR programme, demonstrates the positive contribution the Trust is making to the regional digital strategy.

5.3 Digitising Maternity

Work has been undertaken with the Maternity Services to select a clinical system which meets Trust requirements and furthers progress towards Regional Standardisation of a Maternity record. A procurement process began in July 2021 and the contract was recently signed with implementation due to commence.

6. RESEARCH

Significant progress has been made since the establishment of Research as a Directorate. This has allowed a structured approach to digitising the workflows. A monthly Directorate meeting is now in place, and this has defined an approach with additional devices provided, revised clinic builds and workflows.

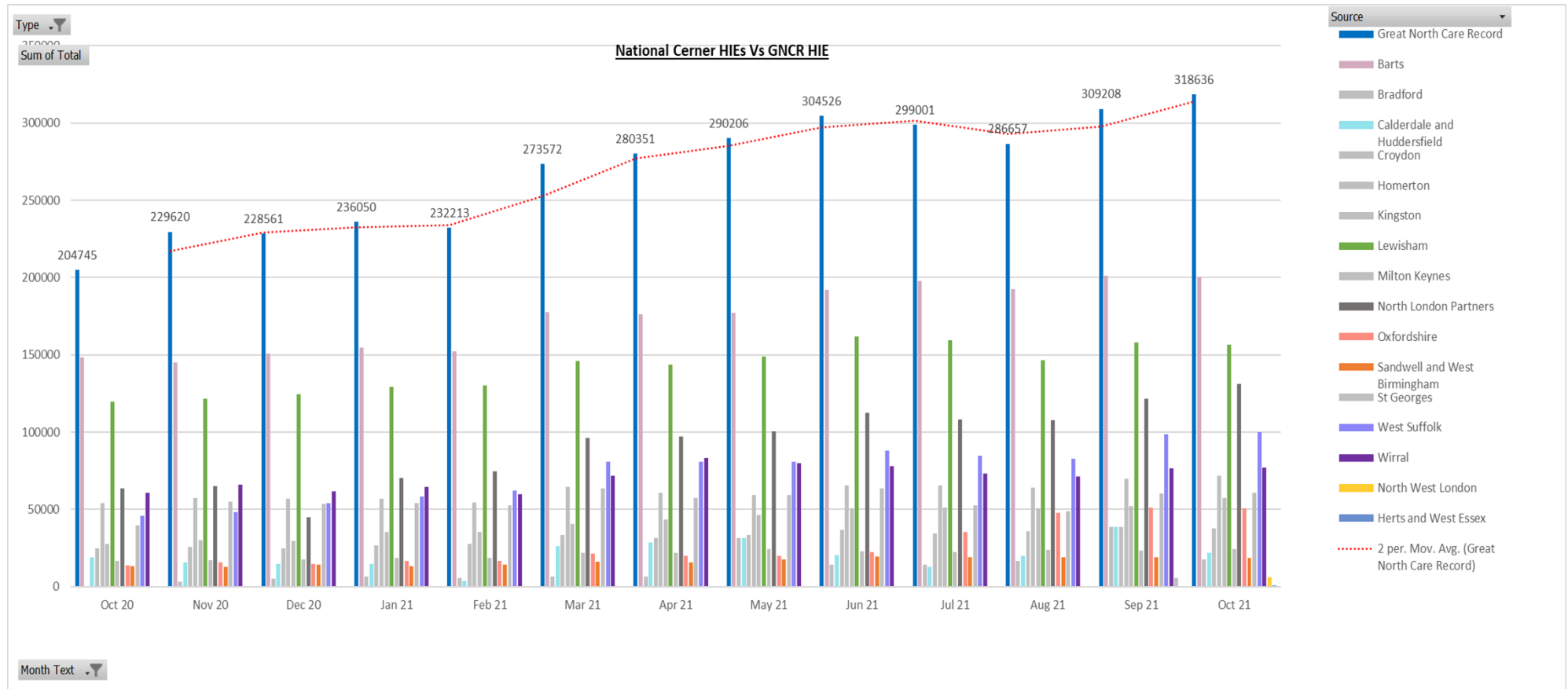
A joint collaboration between the Trust and Newcastle University have secured an umbrella research ethics approval for use of anonymised routinely collected data from the Trust systems. Work will begin on the creation of a catalogue of research ready data sets that will be available for research in Quarter 3 2021/22.

7. RECOMMENDATION

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

**Report of Graham King
Chief Information Officer
15 November 2021**

Appendix 1 – Health Information Exchange system views



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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Spotlight on Strategy						
Report of	Vicky McFarlane-Reid, Executive Director of Business, Development and Enterprise						
Prepared by	Lisa Jordan – Assistant Director 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	This report provides an update against the Trust Strategy and its objectives. It also provides an overview of plans to refresh the directorate strategies.						
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	Links to all.						
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	Outlined in the presentation.						
Reports previously considered by	A Strategy update is provided at every Trust Board meeting.						

Strategy

Vicky McFarlane-Reid

Director Business, Development & Enterprise

Trust Board

25th November 2021



Healthcare at its best
with people at our heart

Half-way point

- We're almost at the half-way point of the 2019-24 Trust Strategy
- Time to reflect
- Many of our strategic objectives have already been achieved
 - E.g. The development of an Appointment Booking Centre and a system command centre and
 - Appointing a Director of Enterprise and Business Development to enhance our commercial capabilities
- And many are well underway.....
- So, are we on track?

Strategy helps to identify a valuable difference the Organisation
can defend

By 2024 we will ensure...

During 2021-22 we have...



- We deliver the best possible health outcomes for our patients
- We focus on prevention and population health
- Learning and continuous improvement is embedded across the organisation.

- Continued to treat patients accordingly to clinical need / urgency, prioritising P1 and P2 patients and cancer patients.
- Newcastle Improvement team has begun training staff across the organisation to empower them to make transformational changes
- The Trust has a Health Inequalities Group with a clear action plan for addressing the inequalities gap



- We are the recognised employer and educator of choice in the NE
- We enable all staff to liberate their potential
- We create an environment where all staff and volunteers feel welcome and valued.

- Staff sickness levels are higher than average. The Trust is using What Matters to you' programme to increase staff engagement and satisfaction at work.
- International recruitment continues to be successful



- Our partnerships provide added value in all that we do
- Patient pathways are streamlined through integration and collaboration

- Our local partnerships have been strengthened, working on large scale projects with Local Authorities, CCGs, universities and the voluntary sector to benefit our population.
- Working with the Independent Sector to maximise use of their capacity for the benefit of our patients








- We lead the way in delivering world class, cutting-edge diagnostics, treatment and care, research, education, innovation and management
- We maximise the benefits from the use of technology

- ICHNE - high through put, 60,000 per day, Innovation Lab, device evaluations, Genomics – WGS and Cancer panels
- We are top of all Trusts in the country for the number of commercial research studies that are open with patient recruitment.



- We are recognised as a national exemplar in all that we do
- We maintain financial strength and stability

- Operational performance has suffered as a consequence of the impact of Covid 19. We have not recovered our performance position
- The Trust is in a stable financial position for 2021-22, however the future financial regime is still unknown.

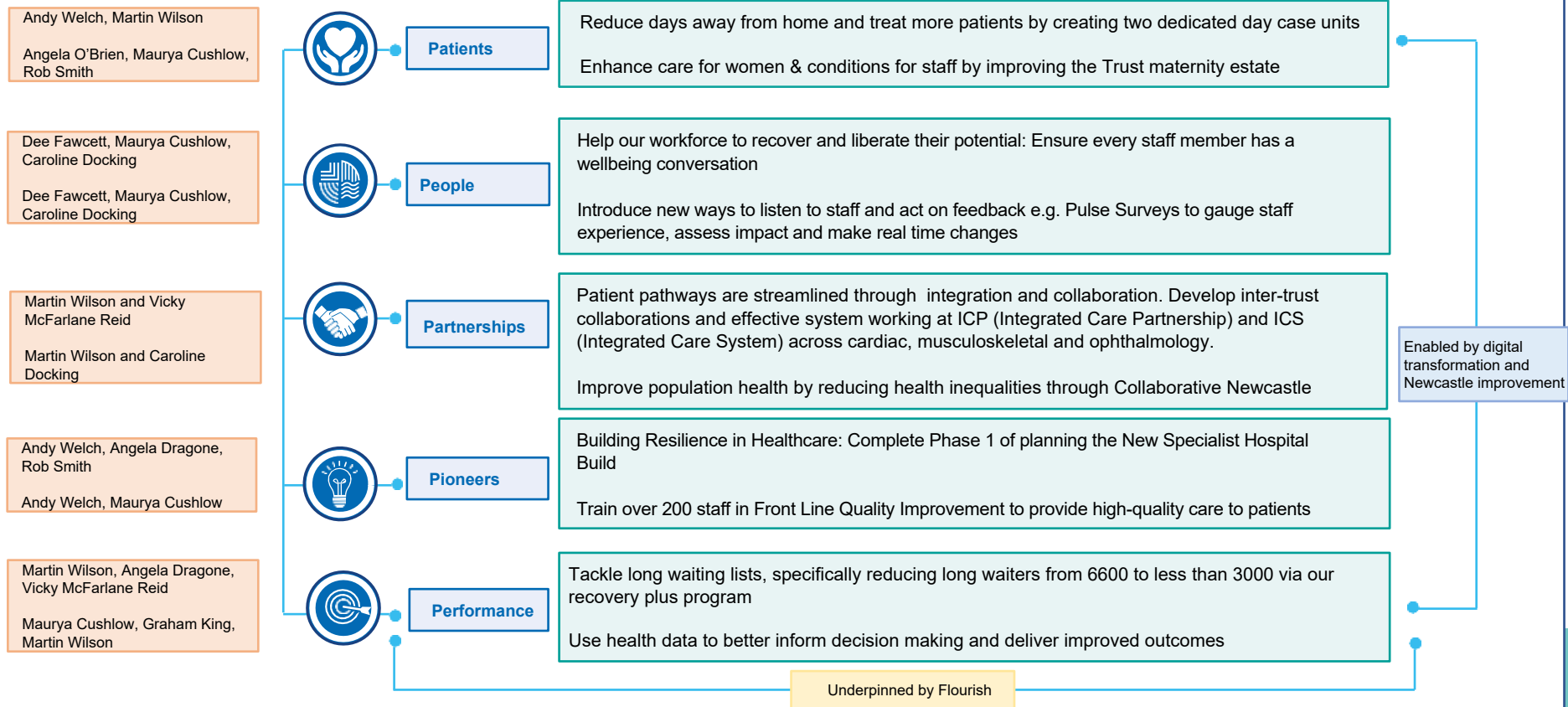
	Situation Analysis / Gap Assessment What has happened in our environment ?	How do we respond?
	<ul style="list-style-type: none"> • <u>Living with COVID</u>– there continues to be a level of covid inpatients which require cohorting. Patients with long covid. High levels of A&E attendances with high acuity patients and many patients waiting for treatment 	<ul style="list-style-type: none"> • The Newcastle Plan and Delivery Board • Break Through Objectives • Emerging ICS structure and governance • Elective Care Treatment Centre -
	<ul style="list-style-type: none"> • <u>Huge workforce challenge</u> there is a need to recruit additional staff to manage the backlogs of patients 	
	<ul style="list-style-type: none"> • <u>City working</u> highly effective • <u>ICS</u> underdevelopment, Chair and CEO appointment, requirement to work collaboratively 	
	<ul style="list-style-type: none"> • Demand for <u>digital solutions has increased</u> • H2 planning demands increase in Patient Initiated Follow Up, use of Advice and Guidance, use of remote Out Patients Appointments 	
	<ul style="list-style-type: none"> • Impact of the pandemic and our inability to treat patients during 1st wave. • High numbers of >52ww and >104ww. Cancer targets not being met. 	

How do we stabilise our core against the external buffering?

Lead executive sponsors

The 5 'P's of our strategic framework

Breakthrough Objectives 20 21/22



Program for Directorate Strategy re - fresh

- Developed in 2018 and used to inform 2019 Trust Strategy
- Much as happened since then (**COVID 19 pandemic, unprecedented recovery challenges**) and much more is planned (**ICS/ICBs and system collaboration**)...
- Trust Strategy also expires in 2024.....



Healthcare at its best
with people at our heart

What now....

How do we Stabilise our Core

The Newcastle Plan

Executive ownership....BTO.....Trust Strategy

Key focus areas to Stabilise the Core

1. Workforce Expansion and Well being
2. Operational Recovery for Delivery And Performance – *Delivery Board & ECTC*
3. Financial Stability
4. Transformation and Quality Improvement – *Newcastle Improvement*
5. Digital Enablement

What measurement and metrics to we need to track progress?
What processes and governance do we use to provide assurance?



TRUST BOARD

Date of meeting	25 November 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 30 September 2021:</p> <ul style="list-style-type: none"> • Audit Committee – 26 October 2021; • Finance Committee – 27 October 2021 [EXTRAORDINARY] and 24 November 2021; • People Committee – 4 November 2021; and • Quality Committee – 16 November 2021. 						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

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

UPDATE FROM COMMITTEE CHAIRS

1. AUDIT COMMITTEE

A formal meeting of the Audit Committee took place on 26 October 2021. During the meeting, the main areas of discussion to note were:

- The Head of Corporate Risk and Assurance presented the quarterly Board Assurance Framework and Risk Register Reports.
- AuditOne, the Trust internal auditor, presented the Internal Audit Progress Update.
- The Fraud Specialist Manager presented the quarterly report, which included both the Fraud Response Log and the Activity Report.
- Mazars LLP, the Trust's external auditor, provided an update. This included the outcome of audit work undertaken in the year to date, the management letter (ISA260) relating to the Newcastle Hospitals Charity accounts and the Auditors Annual Report.
- The Committee considered an update pertaining to the Charity Accounts from the Finance Director, a Clinical Audit Update from the Trust Secretary and agreed some amendments to the Trust's Scheme of Delegation.
- The Committee also received a number of items, including:
 - A Procurement Update;
 - The Schedule of Approval of Single Tender Action;
 - The Breaches and Waivers Exception Report;
 - The Review of Debtor and Creditor Balances; and
 - The Schedule of Losses and Compensation

The next formal meeting of the Committee will take place on 25 January 2022.

2. FINANCE COMMITTEE

An extraordinary meeting of the Finance Committee was convened on 27 October 2021. The meeting was predominantly required to discuss the Trust's Financial Plan for the second half of the 2021/22 financial year. In addition, the Committee also considered:

- The Month 6 Finance Report;
- The 'Newcastle Plan' Activity and Recovery Update;
- Updates to the Trust Intellectual Property Policy were approved; and
- An update on the Procurement Plan was received which included detail on the Trust Capital Procurement Schemes.

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

- The Finance Director presented the Month 7 Finance Report and Forecast Outturn, and outlined the 2021/22 risks.
- The Activity Plan for the second half of the 2021/22 financial year was outlined.
- The Committee considered a number of tenders and business cases for approval.
- The Committee also reviewed the Board Assurance Report.

The next formal meeting of the Committee will take place on 26 January 2022.

3. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 4 November 2021. During the meeting, the main areas of discussion to note were:

- Ian Forrest, Deputy Director of Medical Education, attended the meeting to present the outcome of the General Medical Council (GMC) Training Survey.
- The Head of Workforce Engagement and Information provided an update on the NHS Staff Survey.
- The Committee considered the People Dashboard which focussed on staff absence and an update on Recruitment and Retention.
- The Committee received a number of items, including:
 - An Employee Relations and Legal Update;
 - The Board Assurance Framework Report;
 - The Guardian of Safe Working Report; and
 - The Sustainability Update.

The next formal meeting of the Committee will take place on 14 December 2021.

4. QUALITY COMMITTEE

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

- The Committee received a comprehensive update relating to the Trust's response to the Ockenden Report recommendations. This included the implementation of an electronic record for Maternity Services.
- The Committee received the Integrated Quality and Performance Report.
- The Director of Infection Prevention and Control (IPC) provided a detailed presentation of the Trust's IPC improvement projects.
- The Director of Quality and Effectiveness presented the Mortality/Learning from Deaths Quarter 2 Report.
- The Committee received the End of Life and Palliative Care Bi-Annual Report.
- The Committee considered:
 - A Legal Update;
 - The Quality account 6 Month Review; and
 - The Quality Committee Board Assurance Framework Report.
- The Committee also received the Quarter 2 Reports relating to:
 - Patient Experience;
 - Learning Disability; and
 - Safeguarding.

The next formal meeting of the Committee will take place on 18 January 2022.

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
18 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 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 type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The report includes an update on the following areas:</p> <ul style="list-style-type: none"> • Council of Governors; • Board and Committee Meetings in 2022; and • Annual Review of Fit and Proper Persons. 						
Recommendation	<p>The Board of Directors are asked to</p> <ol style="list-style-type: none"> Receive the update; and Receive assurance that The Newcastle upon Tyne Hospitals NHS Foundation Trust are fully compliant with regulation 5 and the associated requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. 						
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:

- The activity of the Council of Governors, including:
 - The recent formal meeting undertaken in October 2021 and details of the upcoming formal meeting date in December 2021;
 - The Task and Finish Group created to consider the format of Council meetings and papers going forward; and
 - The recent Governor Induction programme.
- The scheduling of the 2022 meetings of the Board of Directors, the Board Committees, and the Council of Governors; and
- The Annual Review of the Fit and Proper Persons process undertaken by the Head of Corporate Risk and Assurance. The Chairman's annual declaration is appended to this report.

The Board of Directors are asked to

- i) Receive the update; and
- ii) Receive assurance that The Newcastle upon Tyne Hospitals NHS Foundation Trust are fully compliant with regulation 5 and the associated requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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. Following the private workshop in August, a hybrid meeting (virtual and in-person) was undertaken for the formal October meeting of the Council.

The meeting included an update from Margaret Gray, Deputy Chief Operating Officer, on the Trust's Recovery Programme.

The next formal meeting of the Council will take place on Thursday 2 December 2021.

1.2 Council of Governors Developments

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

The Governor Task and Finish Group established to consider the future format of meetings and papers has met on two occasions since the last report. The group considered the agendas of Council meetings from other Shelford Group trusts and has made a number of small amendments to the Trust's agendas going forward.

The Corporate Governance Team has successfully recruited a Governor and Membership Engagement Officer who will commence in post on 6 December 2021. The role will be focussed on providing support to Trust Governors to fulfil their role effectively, and to engage with Trust members.

The new Governor Induction took place on 4 October 2021. The content and format had undergone extensive review and the session was supported by the Lead Governor and Working Group Chairs, and Professor Kath McCourt, Non-Executive Director. Positive feedback has been received.

2. BOARD AND COMMITTEE MEETINGS FOR 2022

The Corporate Governance Team have completed the scheduling for all Board of Directors and Committee meeting dates for 2022 (as follows).

Board of Directors

Formal Board Meeting	Board Workshop
Thursday 27 January 2022	Thursday 24 February 2022
Thursday 31 March 2022	Thursday 28 April 2022

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Thursday 26 May 2022*	Thursday 30 June 2022
Thursday 28 July 2022	Thursday 27 October 2022
Thursday 29 September 2022	Thursday 15 December 2022
Thursday 24 November 2022	

*This meeting will consider the Annual Report and Accounts for the financial year 2021/22 – the date may be subject to change depending on formal communication of the submission dates from NHS England/Improvement.

Council of Governors

Thursday 17 February 2022
Thursday 21 April 2022#
Thursday 16 June 2022
Thursday 18 August 2022
Thursday 20 October 2022#
Thursday 8 December 2022

#These meetings have been scheduled to be private workshops for Trust Governors.

Board Committees

Committee	Frequency per Terms of Reference	2021 Meeting Dates
Audit Committee	5 x per year (min)	25 January, 28 April, TBC May\$, 26 July, 25 October
Quality Committee	6 x per year (min)	18 January, 22 March, 17 May, 19 July, 20 September, 15 November
Finance Committee	6 x per year (min)	26 January, 30 March, 25 May, 28 July, 28 September, 23 November
Newcastle Hospitals Charity Committee	4 x per year (min)	4 March, 6 May, 2 September, 4 November
People Committee	6 x per year (min)	15 February, 19 April, 23 June, 16 August, 18 October, 20 December
Appointments & Remuneration Committee	Min. 1 per year	8 March, 19 May, 1 October, 13 December

\$ Meeting to be scheduled to consider the Annual Report and Accounts for the financial year 2021/22. Date may be subject to change depending on submission deadlines.

3. ANNUAL REVIEW OF FIT AND PROPER PERSONS

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors’ test came into effect in November 2014. Regulation 5 recognises that individuals who have authority in organisations that deliver care are responsible for overall quality and safety of that care. This regulation ensures that registered providers have individuals who are fit and proper to carry out the important role of director ensuring that the provider is also able to

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meet the existing requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The following demonstrates and provide assurance to the Board of Directors that the Trust annual Fit and Proper Persons process and checks have been carried out and confirm compliance with Regulation 5.

The Trust Fit and Proper Persons Test process was carried out in November 2021. In accordance with the Trust policy, the following roles have been subject to the Trust fit and proper person’s tests:

- Board of Directors (including Non-Executive Directors)
- Deputy and Associate Medical Directors
- Director of Estates
- Director of HR
- Chief Information Officer
- Assistant Chief Executive
- Director of Quality and Effectiveness
- Director of Pharmacy
- Deputy Finance Director
- Deputy Director of Business and Development
- Deputy Chief Operating Officer
- Deputy Chief Nurse
- Procurement and Supply Chain Director
- Trust Secretary

The results of the checks have been summarised in the table below. Overall this demonstrates that reasonable checks have been undertaken to ensure full compliance with CQC Regulation 5.

Fit and Proper Person Test	Outcome
Insolvency check	No issues found
Disqualified director check	No issues found
Professional body checks	No issues found
Annual FPPR Declaration forms completed	No issues found
Trust Board Register of Interests	No Issues found

The annual Chairman declaration is appended to this report.

4. RECOMMENDATIONS

The Board of Directors are asked to

- (i) Receive the report; and

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- (ii) Receive assurance that The Newcastle upon Tyne Hospitals NHS Foundation Trust are fully compliant with regulation 5 and the associated requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Fay Darville
Deputy Trust Secretary
18 November 2021

Appendix 1

CHAIRMAN'S ANNUAL DECLARATION

As Chairman of The Newcastle upon Tyne Hospitals NHS Foundation Trust, I can confirm that all Executive Directors, Directors and Non-Executive Directors comply with the Care Quality Commission regulation 5 and existing requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following completion of all appropriate Fit and Proper Persons Test checks all Executive Directors, Directors and Non-Executive Directors are considered to be of good character, have the necessary qualifications, competence, skills and experience and are physically fit and mentally fit. There has been no evidence of misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity.

My declaration has been informed by:

- completion of the annual Fit & Proper Persons Test self-declarations;
- my knowledge of the Trust recruitment process for new appointments at Director level, specifically the application and interview process; reference checks and other pre-employment checks; and the use psychometric testing for specific roles;
- a review of the Trust Board Register of interests;
- a review of the GMC and NMC register to ascertain whether such registration was valid whereby the role required it for a Director;
- a review of DBS checks; and
- a review of the individual insolvency register and directors disqualification register for the individuals agreed as meeting the definition of a 'Director' undertaken by the Head of Corporate Risk and Assurance in November 2021.

Professor Sir John Burn

Chairman, The Newcastle upon Tyne Hospitals NHS Foundation Trust

11 November 2021

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