

## Public Trust Board of Directors' Meeting

Thursday 27 January 2022, 13:15pm – 15.45pm

Venue: MS Teams

### Agenda

Item	Lead	Paper	Timing	
<b>Standing items:</b>				
1	Apologies for absence and declarations of interest	Sir John	Verbal	13.15 – 13.16
2	Minutes of the Meeting held on 25 November 2021 and Matters Arising	Sir John	Attached	13.16 – 13.20
3	Chairman's Report	Sir John	Attached	13.20 – 13.30
4	Chief Executive's Report	Dame Jackie	Attached	13.30 – 13.40
<b>Strategic items:</b>				
5	Staff Story	Maurya Cushlow	Attached	13.40 – 13.50
	<i>Mr John Thompson, Head of Facilities, and Ms Jackie Thompson, Hotel Services Manager, to dial in to share the Staff Story</i>			
6	Trust response to the COVID-19 pandemic: a. General Update b. Performance Standards & Elective Recovery Programme; c. Key Areas of Focus for Quarter 4 2021/22	Martin Wilson and Vicky McFarlane-Reid	Attached	13.50 – 14.20
	<i>Refreshments break</i>			14.20 – 14.25
7	Director reports: a. Medical Director b. Executive Chief Nurse; including i) Ockenden Update Report c. Director of Quality & Effectiveness – <i>Quarterly CNST report</i> d. Director of Infection Prevention & Control e. Human Resources Director – People Report	Andy Welch  Maurya Cushlow Angela O'Brien  Lucia Pareja-Cebrian Dee Fawcett	Attached & Board Reference Pack (BRP)	14.25 – 15.15
8	Mental Health Update	Andy Welch	Attached	15.15 – 15.30
	<i>Dr Sarah Brown, Honorary Associate Medical Director for Mental Health, to dial in to present</i>			

Item		Lead	Paper	Timing
<b>Items to receive and any other business:</b>				15.30 – 15.45
9	Update from Committee Chairs	Committee Chairs	Attached	
10	Corporate Governance Update	Trust Secretary	BRP	
11	Integrated Board Report	Martin Wilson	BRP	
12	Meeting Action Log	Kelly Jupp	BRP	
13	Any other business	All	Verbal	

**Date of next meeting:** Thursday 31 March 2022

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

## 21/53 **BUSINESS ITEMS**

### i) **Standing Items**

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

Apologies were received from Mr A Welch, Medical Director/Deputy Chief Executive.

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 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 30 September 2021 and Matters Arising**

The minutes of the meeting were agreed to be an accurate record of the meeting.

Ms Baker and Ms Edusei provided further clarification relating to the importance of the inclusion of voluntary and community groups representatives, as well as those with 'lived experience', within the Trust's Health Inequalities Group. It was requested that an action be added to the action log for the COO to progress. The TS agreed to add this item to the action log [**ACTION01**].

**It was resolved:** to **accept** the minutes of the meeting as a correct record, with the TS agreeing to include one further action in the action log regarding the Health Inequalities Group membership.

#### c. **Action Log**

The action log position was received, noting that the remaining action had now been completed.

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

### ii) **Chairman's Report**

The Chairman presented the report, noting:

- The Annual Members Meeting was held virtually at the end of September, which included a video compilation of the review of the year.

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- The Chairman described a number of events he had attended on behalf of the Trust, including the League of Friends celebration event, the volunteer appreciation event and the Asian Business Connexions anniversary dinner.
- The most recent 'Spotlight on Service' virtual meeting was held with staff from the Integrated Laboratory Medicine directorate, highlighting the important services provided.

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

**iii) Chief Executive's Report**

The CEO presented the report, noting the following points:

- The organisation continued to experience sustained pressure due to the COVID-19 pandemic, as well as increased attendances in the Emergency Care Department. The Trust's leadership team was committed to working to develop the Newcastle Plan to provide a sustainable response to elective recovery.
- The first phase of the plan, covering the period to March 2022, had been submitted to NHS England (NHSE). It built on the work that Trust leaders had undertaken with teams to deliver further elective activity, alongside managing the immediate operational pressures. The CEO extended the Board's gratitude to all involved in producing the plan and to the Trust's wider staff for their continued hard work and dedication.
- Across the NHS, there were currently 90,000 staff vacancies and a national shortage of clinically qualified staff, so even though Trusts now had additional funding in budgets, recruitment remained challenging. The Trust continued to support its staff to work flexibly and provided psychological support when required.
- The Trust continued to make positive progress in relation to recruitment, with 274 new staff joining the organisation during 2021/22.
- The challenges present had impacted on the Trust performance in a number of areas, however an improvement in performance was necessary.
- Work continued on building a new multi-specialty Elective Treatment Centre (ETC) at the Freeman Hospital. The purpose built facility would include four theatres to enable an additional 1,500 day cases and infusion treatments to take place. Discussions were under way with NHSE regarding funding the £18m investment required. The CEO highlighted the importance of improving the day case facilities within the organisation.
- As a consequence of the pandemic, a number of patient pathways had been reviewed and redesigned. The orthopaedic clinical team redesigned the fracture clinic pathway so every patient now had same day specialist review, reducing the need for patients to return the following day. This saved 4,000 clinic appointments a year, allowing staff time to be spent on other priorities.
- The Health & Care Bill continued its passage through parliament.
- Ms Sam Allen has been appointed as Chief Executive designate for the North East and North Cumbria (NENC) Integrated Care System (ICS) and would commence in post in January 2022.

Sir Liam Donaldson, Chair-designate of the NENC ICS, continued to progress the ICS' governance and working arrangements, including the composition of its Boards and how it might work at local authority place level with regional CEOs.

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- The importance of the COP26 summit in relation to climate change was highlighted and the CEO commended the work of the Trust's sustainability team, led by Mr James Dixon, Associate Director – Sustainability and Environment. The CEO also commended Mr Dixon, along with Ms Teri Bayliss, Newcastle Hospitals Charity Director, and Mr Mike McKean, Consultant Paediatric Respiratory Physician, on the completion of 'Ride for their Lives', a fundraising bike ride from London to Glasgow to bring attention to the threat to children's health as a result of climate change.
- An update on estates developments was provided, noting the recent creation of the ICHNE and the Newcastle Westgate Cataract Centre (NWCC) situated at the Centre for Ageing and Vitality (CAV) site. In addition to the ETC, the CEO noted the Trust's ambition to construct a new, iconic, purpose built home for a number of Trust specialist services on the Royal Victoria Infirmary (RVI) site.
- The recent Trust awards and achievements were outlined.

The Chairman noted the Trust's recent success at the Health Service Journal (HSJ) awards. The Trust was highly commended in the Acute or Specialist Trust of the Year category, as well as in partnership with the NENC ICS for the Great North Care Record. The Trust, with its civic partners, won the Health and Local Government Partnership Award, for its work as part of Collaborative Newcastle (CN).

Professor D Burn described a recent Newcastle University faculty visit from the Medical Research Council, who had indicated that funding would be made available through a bid programme regarding health and sustainability, particularly around plastic usage. This would result in further opportunities for the Trust and Newcastle University to collaborate in relation to sustainability.

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

**21/54** **PATIENTS****i) Digital People Story**

The ECN presented the digital story, which highlighted the experience of a patient who utilised the NWCC, a new purpose built facility to provide surgical treatment to patients with a cataract, removing the need for patients to go to hospital for their treatment.

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

**ii) Director Reports****a. Medical Directors/Deputy CEO, including:**

- **Guardian of Safe Working Update; and**
- **Consultant & Honorary Consultant Appointments**

The DQE presented the report in the MD/DCEO's absence, noting the following key points:

- The impact of COVID-19 on the organisation remained significant, however the number of COVID positive inpatients had recently fallen from circa 70 to 50. This, compounded with staffing challenges and high levels of patient acuity, had resulted in

high levels of bed occupancy across the organisation and created enhanced risk in relation to harm free care. As a result, efforts had been re-focused on the core principle of keeping patients safe – preventing falls, pressure injury, acquired infection and thrombosis.

- The Quality Committee had undertaken a deep dive into quality improvement to receive assurance over the Trust's processes. The Trust's partnership with the Institute of Healthcare Improvement (IHI) continued to strengthen and had resulted in a rapid increase in the numbers of staff making quality improvements at a local level.
- An update on ophthalmology was provided, noting that an increased number of referrals had been received as a result of the pandemic. A robust governance structure was in place, with additional investment provided through the creation of the NWCC.

Professor McCourt queried whether there had been an increase observed in the number of children presenting with COVID and also queried the vaccination status of COVID inpatients. The DQE advised that the booster vaccination programme appeared to be having a positive impact on the numbers of inpatients, as well as reducing the numbers of those who were seriously ill with the virus. The DQE advised that an increase in children presenting in the emergency department had been observed as a result of challenges in primary care and telephone consultations.

Mr Macleod queried the level of ambition of the Trust in the implementation of the full IHI model of Whole System Quality, developing the pillars of assurance, improvement and planning. The DQE advised that discussions were underway in relation to this, noting that there was a further opportunity to align both quality assurance and quality improvement processes.

The DQE noted the inclusion of the Guardian of Safe Working and the Consultant and Honorary Consultant Appointments in the Board Reference Pack (BRP).

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

#### **b. Executive Chief Nurse**

The ECN presented the report, noting the following:

- The report contained a spotlight on the work of the chaplaincy team, which played an integral role in supporting both staff and patients throughout the pandemic. The team, which included representatives from a wide variety of different faith groups, also provided a recent update to the Council of Governors.
- An update on patient experience and engagement, as well as outcomes from national patient surveys, was provided. Results from both the National Patient Survey Programme and the Picker Survey Results provided a good comparator with other organisations and the Trust continued to make good progress.
- The Equality and Diversity and Human Rights Annual Report had been produced and the Trust compliance was outlined.

Ms Baker queried whether there was a role for volunteers within the chaplaincy team or whether this was already undertaken. She also queried whether there was an opportunity

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to recruit a humanist as part of the team, as well as current payment arrangements. The HRD noted that there was some chaplaincy staff available on the staff bank however recruitment challenges persisted. The ECN added that a humanist had just been appointed and the service utilised the support of volunteers. The ECN also highlighted a reflective piece of writing produced by the Head of Chaplaincy regarding the pandemic and agreed to share with the TS for onward circulation to the Trust's Non-Executive Directors [ACTION02].

The ACE added that the Trust's Chaplaincy service also received support through the Newcastle Hospitals Charity (NHC).

Mr Jowett commended the Trust on meeting the spiritual needs of those accessing services and improving the variety of faith services offered. In relation to complaints, he queried whether the Quality Committee considered trends or had undertaken a deep dive into complaints activity. He also queried whether a Spotlight session could be included in relation to safeguarding.

The ECN advised that there was a Complaints and Incidents Group in place which undertook deep dives and invited directorates in to present. In relation to safeguarding, the Trust had commissioned a separate piece of work to review the safeguarding provision across the organisation.

Ms Edusei queried whether the Trust provided secular spiritual care to patients and staff (non-faith), to which the ECN agreed to discuss further with Ms Edusei [ACTION03].

**It was resolved:** to (i) **receive** the report, (ii) for the TS to **share** the reflective written piece, with Trust Non-Executive Directors and (iii) for the ECN and Ms Edusei to further **discuss** how the organisation met the non –faith based spiritual needs of staff and patients.

- **Nursing & Midwifery Staffing Bi-Annual Update Report**

The ECN presented the report, noting:

- The Safer Care Nursing Tool was utilised to measure the acuity of patients to assist with determining the staffing requirement for each department. Many wards had reported an increase in the acuity of patients.
- Additional funding had been secured as part of the Ockenden funding bid however the funding secured was less than anticipated. Further work was required to agree the longer term staffing model for maternity services to meet the ambition to deliver continuity of care.
- Nursing staff turnover rates were noted, with the ECN highlighting the Trust's ambition to improve the rate by one to two percentage points in year.
- Band 5 recruitment continued at pace, with active staff deployment.
- The sickness absence rate was noted, which had impacted the Trust's ability to fill shifts and provide enhanced one to one care in some Older People's Medicine wards which is an area of concern to bring to the attention of BoD. Ward sisters continue to be supported to raise areas of concern and the ECN has met with senior nursing staff to discuss ongoing staff challenges. Staff continued to be encouraged to raise concerns.



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- Strong progress had been made in relation to recruitment activity however the Trust would continue to explore mechanisms to maximise external recruitment, alongside retention strategies to reduce the total vacancy rate. Further International Recruitment has been agreed for the next two years and will be progressed.
- Due to the increase in inpatient activity and staff absence, the safer staffing escalation process was elevated to level 2 and continues in place.
- Areas of risk remained and were outlined, however the assurance process regarding staffing levels continued to be in place and provide sufficient oversight.

Referencing the absence rate for nurses, Mr Morgan queried whether this was an ongoing trend or whether the Trust was anticipating a reduction. The ECN noted that the absence rate of circa 7% had remained consistent since mid-August, and would ordinarily be circa 4-5%. The ECN noted that staff were fatigued as a consequence of the pandemic and the position remained challenging.

Mr Morgan further queried the Trust's attrition rate as a result of staff absence due to ill health. The ECN advised that nursing and midwifery staff turnover continued to be relatively stable and turnover rates compare favourably with benchmarks but this will be an area for continued attention during 2022

Mr Morgan noted the successful recruitment campaigns in both India and The Philippines and queried whether the Trust had identified other countries to undertake similar recruitment programmes. The ECN advised that the Trust had made a strategic decision to limit recruitment to these two countries to ensure that new recruits had an established community when arriving in the Trust. However, this will be kept under review.

Professor McCourt noted the positive impact on the Trust through the use of national safe staffing tools, however highlighted the national issue regarding midwife shortages. The ECN noted that the Trust would shortly commence international recruitment for a small cohort of midwives for the first time.

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

- **Ockenden Update**

The ECN presented the report, noting the Trust's current level of compliance with the requirements. The Trust did not currently utilise a single electronic maternity system and continued to rely on paper-based records. The Trust had procured the BadgerNet electronic system, which was due to go live in the Trust in June 2022. This would allow the Trust to become compliant with a number of the standards detailed within the report.

The Maternity Services team provided a recent comprehensive update to the Quality Committee on progress to date with the Ockenden Report recommendations, as well as the risk of continuing to utilise paper based records and the completion of paper based audits.

Professor McCourt noted that the recent presentation at Quality Committee outlined the project plan in place and the need for the Trust to work in further collaboration with maternity services across the region. Mr Chapman added that the Quality Committee

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remained assured that sufficient progress was being made in relation to the Ockenden Report requirements.

Mr Jowett queried whether the Trust did not record compliance as a result of utilising a paper based system, to which the ECN advised that records are taken, however these are manual records at present as opposed to electronic.

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

- **Safeguarding Annual Report**

The Safeguarding Annual Report was received.

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

- c. **Director of Quality & Effectiveness; including:**
  - **Maternity CNST Report**

The DQE presented the report, noting the links to the previously discussed Ockenden Report agenda item. The Trust continued to aspire to meet all of the recommendations; however this had become more challenging due to a change to the scheme's requirements mid-year.

Regular meetings with the Trust's midwifery service continued to take place to discuss key areas of challenge, including data collection and training requirements.

The DQE also advised that amendments had been made to the scheme requirements which included strengthening of Board reporting. The Integrated Board Report had been updated to include quality metrics in relation to maternity and actions taken, which was included in the BRP.

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

- **Learning from Death Quarterly Report**

The DQE presented the report, noting that:

- A total of 1,968 deaths had occurred in the year to date with circa 50% of those deaths subject to a Level 2 review. Deaths of patients with a learning disability continued to be automatically reviewed and reported through the national LeDeR database.
- 220 full case note reviews were undertaken in the last quarter. Any death which was deemed as preventable would be reviewed further as part of the Trust's Serious Incident process.
- The number of deaths which had occurred within the Trust were within the national range. Crude mortality had fluctuated as a result of the pandemic but remained low.
- In March 2021, the Trust Medical Examiners commenced scrutinising all deaths at the Freeman Hospital and in August 2021, all deaths at the Royal Victoria Infirmary (RVI) were included. The medical examiner process plans to incorporate community deaths in early 2022.

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Mr Macleod queried how the Trust learned from matters raised following clinical negligence claims. The DQE advised that outcomes from such processes did not always result in claims and the Trust prioritised engagement with families to answer questions and queries. The Trust followed the 'Making Amends' national guidance as part of the Trust's transparent culture. She added that the more open organisations were, the less likely matters were to result in claims being made. The Trust remained confident that its process to ensure that lessons were appropriately learnt and embedded across the Trust continued. The Trust also worked in close collaboration with the coroner.

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

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

The DIPC presented the report, noting:

- Community prevalence of COVID-19 continued to increase during September and October 2021 which had resulted in an associated increase in the number of patients admitted into the Trust with COVID-19.
- The definition of healthcare acquired COVID, with an 'outbreak' equating to two or more connected cases, was outlined. At the time of writing the report, seven healthcare acquired COVID cases had been identified within the Trust in the period, however no new cases had been identified since the production of the report.
- The Infection Prevention and Control (IPC) team continued to deliver education to staff across the Trust regarding IPC, and were responsible for reviewing all deaths associated with patients acquiring COVID-19 within the organisation. The team also continued to deliver an active test and trace service for staff, with lateral flow tests utilised by many staff across the Trust.
- The staff COVID-19 booster vaccination programme was launched in late September and as at 31 October 2021, circa 8,000 staff had received a booster vaccination. In addition the Trust was running its staff flu vaccination programme concurrently.
- A new COVID-19 variant of concern had been identified by the UK Health Security Agency which appeared to have a higher rate of transmission. This would remain under review.
- Changes in the ways in which healthcare acquired infections were reported had been introduced, with the thresholds set by government.
- The Trust's cases of C.difficile were over the national threshold by 57 cases. A review of all cases were undertaken. The impact of changing patient acuity, increased admission and attendance, and staffing challenges were noted as causal factors.
- No cases of MRSA bacteraemia had been identified for over 18 months within the Trust, however cases of MSSA had breached the threshold by 11 cases.
- A deep dive into gram negative bacteraemia had been undertaken, with a number of quality improvement projects in place.
- Further outbreaks of diarrhoea and vomiting and norovirus had been identified.
- Progress regarding sepsis and antimicrobial stewardship continued to be impacted by the pandemic. Increasing resources were beginning to be utilised in the required areas.
- A new framework was being established in relation to data collection.

Ms Edusei queried the potential cause for low level of take up of the flu vaccination amongst staff and asked whether the Trust captured staff vaccinations given outwith the

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Trust e.g. in local pharmacies. The DIPC advised that this data was captured within the organisation. The ECN added that the numbers of vaccinated staff had now reached 10,500 since the report was drafted which equated to 59%.

Ms Edusei noted the link between C.difficile and glove use and queried whether the Trust had considered further measures to address this. The DIPC advised that hand hygiene remained an integral part of IPC across the Trust, with reminders being issued to staff regularly. A decrease in hand hygiene performance and an increase in glove usage had been observed.

Mr Morgan queried whether any of the rises in cases were as a result of insufficient investment. The DIPC advised that human factors were a consideration, and work continued in collaboration between the IPC team and nursing staff.

Mr Chapman advised that the monetary value of such activity had been requested by Quality Committee for consideration.

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

*[The Chief Executive and Professor D Burn left the meeting at 2:11pm]*

*[The Clinical Director for the National Institute for Health Research (NIHR) Local Clinical Research Network (LCRN) for North East and North Cumbria (NENC), the Director of Newcastle System at Newcastle and Gateshead Clinical Commissioning Group, the Matron – Community Services, and the Directorate Manager – Children’s Services joined the meeting at 2:15pm]*

**21/55 PEOPLE****i) People Report**

The HRD presented the report, noting the following points:

- Full data relating to staffing metrics was contained within the Integrated Board Report in the BRP.
- As discussed earlier, staff absence continued to be challenging. Staff were fatigued and had worked under significant pressures throughout the pandemic. Both COVID related and non-COVID related absence continued to be closely monitored.
- An increase in referrals to occupational health had been observed. As a result, the appointment time for staff had been increased.
- The Trust continued to invest in both online and physical resources to support staff and their wellbeing, including learners and trainees.
- The staff survey was due to close at 5pm tomorrow. The target of 50% response rate was noted, with 45% of staff having responded to date. This equated to over 7,000 members of staff.
- The Trust continued in its commitment to increase equality of opportunity.
- A people dashboard would be launched in December.
- In the last year, the Trust had recruited over 5,000 new staff as part of the ICHNE and Nightingale Hospital North East (NHNE) recruitment programmes.

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- The significant media coverage relating to mandatory COVID vaccinations for NHS staff. Further clarification was required, however it was anticipated that this would become a legal requirement from 1 April 2022. A small multi-disciplinary taskforce had been created to consider the implications. It was noted that limited vaccine hesitancy had been observed within Newcastle Hospitals.
- Nationally, the HR and Organisational Development review had been published. The review included a number of proposed changes along eight themes which aligned closely to the Trusts local people plan. The report set out the vision for the NHS by 2030.

Mr Jowett queried whether there would be a requirement for staff recruited to the ETC to be vaccinated and also asked whether there had been any feedback from staff regarding the mandated vaccinations. The HRD advised that a workforce group had been established within the Trust at the start of the pandemic which had continued to meet weekly and discussed vaccination status. A number of Trust staff with protected characteristics had come forward to assist others to provide support or advice regarding the vaccinations.

In relation to the pressures over the pandemic, Mr Chapman queried how the Trust's wellbeing offer to staff had adapted. The HRD noted that the Trust's in-house occupational health service had adapted to meet the increased demands. Staff had access to a range of resources available 24/7, including the chaplaincy service.

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

**21/56** **PARTNERSHIPS****i) Collaborative Newcastle Update**

The COO introduced Jackie Cairns, the Director of Newcastle System at Newcastle and Gateshead Clinical Commissioning Group, Catherine Smith, the Matron – Community Services, and Jane Melvin, Directorate Manager – Children's Services. The following points were presented:

- The presentation provided had been delivered recently as part of the HSJ awards submission.
- The three reasons why CN felt that they should win the HSJ award were outlined, which included that the CN partnership working undertaken had saved lives and supported the most vulnerable at the most challenging time.
- Healthy life expectancy in Newcastle was 5.5 years lower than the England average. This was impacted by access to healthcare, as well as other factors such as homes, jobs, and the environment.
- An overview of the work undertaken, initially, with 24 nursing care homes in Newcastle as part of the pandemic was provided. Key activity included the creation of a care home wraparound team, implementation of a seven-day service, development of information packs, palliative care planning and a rapid response service to support residents. Staff were empowered to undertake more proactive care and rehabilitation. The approach was extended from 24 to 55 nursing homes following positive feedback and outcomes. Circa 1,670 admissions to hospital between May 2020 and June 2021

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were avoided and this equated to an estimated cost saving of £1.3m. In addition, COVID related mortality was reduced in care homes, with staff and residents feeling supported and protected.

- The other priorities for CN were outlined which included addressing homelessness, supporting children and families via community hubs, and Newcastle neighbourhoods.
- A number of CN led developments had been initiated, include the Integrated System Leadership Development Programme and the Integrated Asset Based Community Development Programme.

*[The Director of Newcastle System at Newcastle and Gateshead Clinical Commissioning Group, the Matron – Community Services, and the Directorate Manager – Children’s Services left the meeting at 2:45pm]*

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

**21/57** **PERFORMANCE****i) Operations Update; including:****a. Integrated Board Report – Quality, Performance, People & Finance**

The COO presented the update, noting that the Integrated Board Report was included in the BRP. The following points were noted:

- In addition to care for circa 30,000 patients weekly, the Trust continued to undertake 150,000 COVID tests and deliver 125,000 COVID vaccines.
- Bed capacity remained challenging as a result of additional patient demand and staff absences.
- In relation to Urgent and Emergency Care, the Trust continued to care for increasing numbers of patients in the emergency department. This resulted in a 20-25% increase in attendances at the RVI and an increase of 50% for children services. The increase in attendances was being managed through staff working extra shifts, additional recruitment and updated discharge arrangements. The Trust had worked with the LGA to further improve discharge processes.
- Elective care remained an area of concern. The Trust’s waiting list exceeded 92,000, with over 5,000 people currently waiting over 52 weeks for treatment. To address this, the ETC was under construction and a patient initiated follow up campaign introduced, which allowed patients inform the Trust when they thought a follow up appointment was required.
- Improvements in performance against the faster diagnosis standard were noted. The new standard to be introduced across the NHS was noted, being the requirement for 75% patients to have a diagnosis within 28 days. A 5% increase in performance had been noted.
- Section 7 of the report, outlined the coordinated recovery work programme as part of the Newcastle Plan.

Mr Morgan queried whether there was any risks associated with the patient initiated follow up approach to which the COO explained that the decision was made by the consultant who would assess any risks involved.

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

**21/58 PIONEERS****i) Chief Information Officer Annual Report**

The CIO presented the report, noting:

- During the final quarter of 2019/20, the Trust had planned to optimise its newly implemented Paperlite digital system however as the pandemic struck, system optimisation was halted. More recently, the Trust had focussed on updating and maintaining its IT infrastructure.
- The Trust digital strategy was under review, with a clear national focus on remote services and improving patient experience. A revised strategy was currently in draft and approaches to the further use of artificial intelligence were being explored.
- The Trust's Global Digital Exemplar programme was due to complete in mid-2022.

*[The COO left the meeting at 2:57pm]*

- In relation to cyber security, the Trust continued to prioritise minimisation of cyber threat exposure. As such, the Trust's exposure score had reduced from 31.2% to 15.4% between June and September 2021. This improved the Trust ranking from 25<sup>th</sup> to 5<sup>th</sup> position.
- Regionally, the Trust was leading on the procurement of a Laboratory Information Management System (LIMS) to consolidate laboratory systems across five NHS trusts. Commercial negotiations had concluded and funding had been awarded to facilitate implementation.
- An update on the GNCR and the Health Information Exchange element was provided, which allowed for the sharing of real time data at the point of care for clinicians. The scale of usage of the GNCR was outlined; it was accessed circa 320,000 times per month and work was underway to increase use across other sectors and expansion into South Cumbria.

Mr Jowett asked whether the Trust had an accredited information security management system in use, such as ISO27002 or CIS18. The CIO explained that the Trust adhered to ISO27002, as well as other clinical safety standards, the Data Security and Protection Toolkit (DSPT) and Cyber Essentials. An annual assessment of the DSPT was undertaken by the Trust Internal Auditors however the CIO noted that it was increasingly difficult to comply with the DSPT due to increase requirements.

The CIO noted that the Chair of the Audit Committee at Sunderland University had notified peers of a cyber-attack within their organisation and the CIO recommended undertaking a deep dive in relation to this. The CIO agreed to action and facilitate via the TS **[ACTION04]**.

Mr Chapman noted the positive progress in relation to the LIMS procurement and queried whether Artificial Intelligence (AI) was being utilised to drive transformation. The CIO advised that the Trust was assessing where in the organisation AI could be used most effectively e.g. if a patient does not attend a follow up appointment. The Trust was also considering the use of AI in diagnostics.

Ms Edusei queried whether rollout of the GNCR was planned in the independent and voluntary sectors. The CIO advised that roll out to the third sector, to include hospices, was being considered currently. Local authorities were in the process of connecting and expansion into dentistry and care homes was also being considered. He added that as the GNCR was a shared record, there was a need to ensure that patients information sharing and consent protocols were complied with.

Professor McCourt noted the challenge in ensuring lab results were returned to the clinician that had ordered them and queried whether clinicians were involved in the developments. The CIO advised that work was underway to ensure that results were sent directly to the correct clinician, differentiating between the person ordering the results and the lead clinician where different staff were involved.

Professor McCourt queried the process for routinely collecting anonymised data for research purposes. The CIO noted that anonymised data was routinely collected for studies such as BRC and the admission project. The necessary approvals were sought and granted before the data was collected.

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

ii) **Strategy Update**

The EDBDE delivered the update, noting that:

- The Trust was nearing the halfway stage of the five year strategy.
- A number of external variables/influences had been identified which had impacted the Trust Strategy however the Trust continued to make good progress.
- The Trust continued to align its ambitions to the five strategic 'P's of the strategy.
- A situational analysis was being develop for consideration at a future board development session.
- Highly effective system working continued, with digital expansion continuing at pace.

*[S Volpe left the meeting at 3:15pm]*

- The programme to refresh directorate strategies was underway. This process would take into account the impact of the pandemic and the challenges in relation to elective recovery, as well as the changes to come from the creation of Integrated Care Systems and further system collaboration.

Mr Macleod noted that culture and strategy were inextricably linked and queried how the Trust would work on improving the organisation culture. The HRD noted the collective responsibility within the organisation and pointed to the improvement work undertaken by both the IHI and the Newcastle Improvement Academy. She added that the Trust's OD framework centred on the Flourish programme, with further conversations taking place currently about how the programme can be shaped to meet the demands of the evolving culture.



Mr Morgan recommended that this be included as a future Board workshop agenda item, to consider quantifiable measures and timelines for the breakthrough objectives. The EDBDE agreed to action, with the TS to facilitate **[ACTION05]**.

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

### iii) NIHR Local Clinical Research Network Update

Dr C Wroe, Clinical Director for the National Institute for Health Research (NIHR) Local Clinical Research Network (LCRN) for North East and North Cumbria (NENC) delivered the presentation with the following points noted:

- An overview of the LCRN was provided, which included 15 networks across England and employed more than 14,000 research staff.
- The network operated within both NHS Trusts and GP practices, as well as non-NHS settings such as care homes. The Trust hosted the CRN for the NENC.
- In 2020/21, the network recruited over 66,000 participants across 520 studies and employed over 900 staff. Around 15% of the team were redeployed to support the region's response to the pandemic.
- Over 1,400 participant in research survey responses were received, covering all age categories.
- Resources to engage with under-served communities for take up of the COVID vaccine were produced by the network.
- In relation to the COVID response, the network recruited nearly 2,000 participants to five vaccine studies, including Falcon MoonShot which considered lateral flow test efficacy, REMAP-CAP for patients with COVID in intensive care units, and the BASIL study which was an urgent public health study led within the region.
- A core team of around 60 staff were part of the NENC LCRN, based at Regent Point. The Trust supported staff to work flexibly during the pandemic.
- Barriers to participation in research studies as a result of protected characteristics and health behaviours were a key area of focus, with further work required to understand and remove such barriers.
- The network's position within the evolving NHS landscape was described.
- Key areas of risk were summarised, which included the fact that research activity had not yet rebounded in all areas (such as cancer) to pre-pandemic activity levels, or in the same way as other regions. In addition, research staff had experienced similar issues as those in the wider NHS relating to recruitment and retention, wellbeing and fatigue.

Ms Baker suggested collaboration with the voluntary and community sector in addressing equality and diversity challenges.

The Chairman noted that the network remained mid-table when compared with other networks in relation to recruitment per million of the population and queried what action was required to improve this position. The Clinical Director for the NIHR LCRN noted the need to increase the numbers of chief investigators and work was underway to seek funding to address this. A pilot was currently underway with a national funding body for chronic obstructive pulmonary disease.

Agenda item A2

Ms Edusei noted that as with the vaccination programme, ease of access was integral to improving participation.

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

## 21/59 **GOVERNANCE**

### i) **Update from Committee Chairs**

The report was received, with the following additional points to note:

#### *Audit Committee*

- Mr Macleod advised that the first informal face to face meeting had taken place since commencement of the pandemic, attended by internal audit, external audit and the Trust counter fraud manager.

#### *Quality Committee*

- Mr Chapman noted that he had chaired his first meeting, and thanked Professor McCourt, the previous chair, for the work she had undertaken thus far. Ms Edusei was welcomed as a new member of the committee.
- Mr Chapman extended the thanks of the committee to the Executive Team for the ongoing exemplary focus on quality, and extended the thanks of the committee to the corporate governance team for their support.
- A 'deep dive' into harm free care was undertaken at the previous Committee meeting at the request of executive colleagues to understand drivers. The committee remained assured that the Trust was working hard to resolve challenges with harm free care.
- The committee also considered nurse staffing pressures and the associated impact on quality. This would remain an area of significant focus for the committee.

**It was resolved:** to **receive** the report and the additional points to note.

### ii) **Corporate Governance Update; including**

#### a. **Chair Fit & Proper Persons Statement**

The TS presented the report, noting the requirement for board members to note that the Trust had undertaken the annual review of fit and proper persons and was fully compliant. The Annual Chair Statement was included within the report.

It was resolved: to (i) **receive** the report and (ii) **note** that the annual review of fit and proper persons had been undertaken successfully to provide 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.

## **DATE AND TIME OF THE NEXT MEETING**

The next meeting of the Public Trust Board of Directors is on Thursday 27 January 2022 at 1pm.

**There being no further business, the meeting closed at 15:37pm.**

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## TRUST BOARD

Date of meeting	27 January 2022						
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"> <li>• Christmas Illuminations at Daft as a Brush headquarters and Freeman Hospital;</li> <li>• New Governor Induction, Governor Task &amp; Finish Group and Council of Governors meetings;</li> <li>• Chaired virtual Spotlight on Services Sessions for:             <ul style="list-style-type: none"> <li>○ The Dental Directorate and;</li> <li>○ The Trust Human Resources Department;</li> </ul> </li> <li>• Trust Board Development Session held on 16 December 2021;</li> <li>• Meetings with:             <ul style="list-style-type: none"> <li>○ Professor Sir Liam Donaldson, Chair Designate for the Integrated Care Board for the North East and North Cumbria (NENC) Integrated Care System (ICS);</li> <li>○ Jamie Driscoll, Mayor &amp; Henry Kippin, Managing Director (MD) of the North of Tyne Combined Authority;</li> <li>○ Chairs and Chief Executives of the North Integrated Care Partnership;</li> </ul> </li> <li>• Attendance at the North East &amp; Yorkshire Elective Recovery Task Force event for Chairs and Chief Executives; and</li> <li>• Meeting with Martin Thomas, Chair of NHS Resolution.</li> </ul>						
Recommendation	The Board is 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 the Chairman's activity and key areas of focus since the previous Board meeting, including:

- Christmas Illuminations at Daft as a Brush headquarters and Freeman Hospital;
- New Governor Induction, Governor Task & Finish Group and Council of Governors meetings;
- Chaired virtual Spotlight on Services Sessions for:
  - The Dental Directorate and;
  - The Trust Human Resources Department;
- Trust Board Development Session held on 16 December 2021;
- Meetings with:
  - Professor Sir Liam Donaldson, Chair Designate for the Integrated Care Board for the North East and North Cumbria (NENC) Integrated Care System (for the ICS);
  - Jamie Driscoll, Mayor & Henry Kippin, MD of the North of Tyne Combined Authority;
  - Chairs and Chief Executives of the North Integrated Care Partnership;
- Attendance at the North East & Yorkshire Elective Recovery Task Force event for Chairs and Chief Executives; and
- Meeting with Martin Thomas, Chair of NHS Resolution.

## CHAIRMAN'S REPORT

Despite the challenges of the pandemic, we were able to introduce some festive cheer. I was delighted to join Lady Elsie Robson and her sons, Newcastle United Football Club legend Shola Ameobi and Northern Voices to switch on the Christmas lights at the Freeman Hospital and to take part in the same event for the Daft as Brush Headquarters in Gosforth.

We held a follow-up Induction Session for our newly elected Governors, refreshed following feedback and delivered in collaboration with our Lead Governor and the Chairs of our Governor Working Groups. The session provided an overview of the Role of Governors in the context of existing and future NHS structures. We also held our first Governor Task & Finish Group in November. Discussions focussed refreshing and further improving the format and content of both the agenda and supporting papers for Council of Governor meetings, the new format of which was successfully trialled at our Council Governors meeting on 2 December 2021.

Teri Bayliss, our Charity Director of the Newcastle Hospital Charity attended the meeting and delivered an excellent presentation on the Charity's 5 year strategy where it aims to be an enabler to improving the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals, providing support for compassionate and innovative healthcare, education and research, locally and nationally. The Charity successfully secured grants of circa £580K in 2020/21 and is also leading the NHS Charities Together Community Partnerships Covid-19 Response grant programme on behalf of North East and North Cumbria providing £1.5m for eight two-year community partnership projects.

During November and December, as part of our Spotlight on Services, I chaired virtual meetings both with Dental Services and Human Resources Teams:

- **Dental Services**

Graham Walton, Clinical Director, introduced Andy Pike, Directorate Manager and Lorraine Olsen, Dental Nurse Manager. They delivered a comprehensive presentation giving an insight into the 'hospital within a hospital' highlighting the risks and challenges experienced during their journey through the pandemic as a supporting service across the Trust in multidisciplinary teams including cancer, cleft, paediatrics, cardiothoracic, plastics, ENT and dermatology.

- **Human Resources**

Rachel Cockburn, Human Resources Manager for Recruitment delivered a comprehensive presentation highlighting the areas of recruitment activity over the last 12 months. As an impact of the pandemic it was noted that 32% of recruitment was attributed to either the vaccination programme or to the Integrated Covid Hub North East.

Some of the recruitment challenges in other areas were outlined, which included a candidate driven market, the calibre of candidates, skills shortages and the length of the whole recruitment process. As such changes have been made in terms of effective advertising methods, collaborative working and the Trust 'brand' offering.

## Agenda Item A3

I chaired a Board Development Session which included discussions on:

- The latest developments in system work and the impact for Newcastle Hospitals;
- A briefing on the well-led framework where the Board heard an overview of the requirements of a well-led review as well as considering common pitfalls, insights and themes from recent Care Quality Commission (CQC) inspections. The Board then considered the Trust's current position against the eight Key Lines of Enquiry in the well-led framework as well as identifying key actions to undertake; and
- Strategic estates developments.

At regional level I met with Sir Liam Donaldson to discuss progress with the development of the Integrated Care System. With Dame Jackie, I met with Jamie Driscoll, Mayor of the North of Tyne Combined Authority, and its Managing Director Dr Henry Kippin. Discussion centred on our shared ambitions of sustainability and net-zero, digital innovation and collaborative work. I took part in a Yorkshire and North East recovery meeting and attended a meeting of the region's Foundation Trusts Chairs, and the Chief Executives and Chairs of the Health and Care organisations across the "North" Integrated Care Partnership.

At national level, I spent an hour with Martin Thomas, Chair of NHS Resolution. NHS Resolution manages the annual budget of around £84 billion paid by the government for liabilities relating to health care claims. Around two thirds is accounted for by birth injuries. Our Trust is a high performer and has, as a consequence, a comparatively low annual payment. Nevertheless, the system is in need of review. We discussed the different approaches undertaken in countries such as Japan and Sweden, who have moved to a no fault compensation scheme for all families whose child is born with disability, avoiding the need for many difficult and lengthy legal claims currently faced by clinicians and families.

### **RECOMMENDATION**

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

**Report of Professor Sir John Burn**  
**Chairman**  
**19 January 2022**



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## TRUST BOARD

Date of meeting	27 January 2022						
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"> <li>• The Trust's response to Omicron and NHS winter pressures;</li> <li>• An update on plans supporting the reduction of elective waiting times;</li> <li>• Work with partners including the emerging Integrated Care System and Collaborative Newcastle; and</li> <li>• Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements.</li> </ul>						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

## CHIEF EXECUTIVE'S REPORT

### EXECUTIVE SUMMARY

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

- The Trust's response to Omicron and winter pressures, including the work of the Integrated COVID Hub North East (ICHNE) and the vaccination programme;
- An update on the development of a daycase elective treatment centre at the Freeman Hospital;
- The development of the emerging North East and North Cumbria Integrated Care System (ICS) and Provider Collaborative;
- Welcoming Newcastle Council's new Chief Executive, and ongoing work with Collaborative Newcastle partners;
- Networking and communication activity including the broadcast of 'Geordie Hospital'; and
- Recognition and awards for staff.

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

## CHIEF EXECUTIVE'S REPORT

### 1. OVERVIEW

#### **Coronavirus and Winter Response**

The rapid emergence of the Omicron variant of Coronavirus, on top of the normal winter challenges which impact the NHS, has led to significant pressures on the Trust and other health and care services in the last two months.

In December, Omicron spread rapidly through the North East and we were able to monitor this in close to real-time, thanks to the capability offered by our Integrated COVID Hub North East (ICHNE). Through ICHNE's Lighthouse Laboratory, which has now processed over seven million COVID tests, we had direct visibility of the emergence of Omicron in the North East as positive samples were reported. Our Coordination and Response Centre provided the region's twelve local authority public health teams with bespoke analysis and support, and the Innovation Laboratory provided access to specialist facilities to evaluate the effectiveness of new COVID testing technologies.

As England moved to 'Plan B' in response to the risks from the variant, the urgency of the vaccination booster programme was further increased. The vaccination programme across the North East and North Cumbria again responded magnificently to the changing situation, ensuring that all adults were offered a booster vaccination by the end of December, with significant numbers of appointments offered over the Christmas period. I was pleased to be able to visit the Vaccination Centre at the Centre for Life to mark one year since the first vaccination was given in the region, and to thank our vaccinators for helping to give over 6 million vaccine doses.

By the New Year, the continuing increase in infection rates led to a sharp rise in the number of patients in hospital with Coronavirus, reaching levels equivalent to those we had during January 2021. Thankfully, the data suggests there is a lower risk of becoming seriously ill from this variant, especially for those who have been vaccinated. As a result, despite very high infection levels the Trust has had fewer critically ill patients to treat. However pressures have still been really significant, particularly due to levels of staff absence up to 12%, higher than at any other time during the pandemic. This has required intensive daily management to keep services running despite absences. I want to pay tribute to the commitment and flexibility of all staff during this time for everything they have done to deliver the best care for patients despite all the challenges.

As the Omicron wave hopefully recedes and the Government outlines its intentions to move to a 'living with COVID' society, we must all ensure that we maximise learning from the last two years. It has been confirmed that the national COVID-19 Pandemic Public inquiry will commence in Spring 2022, chaired by Baroness Heather Hallett, DBE. As a key NHS provider, the Trust played a significant part in the national response and therefore must be ready to participate in the inquiry. As a result, the Corporate Risk and Assurance and Business Continuity Teams have attend several preparatory webinars hosted by legal advisors, NHS England and NHS Providers. The Medical Director/Deputy Chief Executive and Assistant

## Agenda item A4

Chief Executive will lead the Trust's response and convene a public inquiry group with representatives from relevant teams. Regular updates will be provided to the Board as the inquiry progresses.

**Elective recovery and daycase unit development**

While the Omicron variant and winter pressures have been the most urgent operational priority since my last report, our focus on delivering recovery in elective waiting times has also remained. The Newcastle Plan Delivery Board, which I chair, continues to meet on a fortnightly basis to oversee all elements of our plan. I am also regularly participating in regional and national conversations about the approach to elective recovery, including discussions with partner Trusts about how we can best use our collective capacity.

In previous reports, I have outlined our intention to build a new day surgery treatment centre at the Freeman Hospital in order to provide additional capacity to support a reduction in elective waiting times and backlogs caused by the COVID-19 pandemic. It will include four new theatres as well as a day case assessment and a recovery area, enabling our teams to carry out 8,500 low complexity procedures a year in specialties such as MSK, urology and general surgery. The centre will also allow us to free up space in our existing theatres for more complex inpatient work, such as spinal surgery, to reduce waits for those patients too.

I am pleased to update that the construction and mobilisation of this centre is rapidly progressing. After a series of conversations with the Provider Collaborative and NHS England, capital funding has been allocated to support the scheme and a Directorate Manager has now been appointed to lead the service mobilisation. As we work towards a target completion in August 2022, there will be more opportunities for local residents and partners to provide input about the scheme.

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

Preparations for the establishment of the ICS continue and this is now expected in July 2022, subject to passage of the Health & Care Bill through Parliament. I have continued to meet with Sir Liam Donaldson, Chair Designate of the ICS, and contribute to conversations about the governance and composition of the ICS' formal bodies, the Integrated Care Board (ICB) and Integrated Care Partnership (ICP). Sam Allen, Chief Executive Designate of the ICB, begins her new role on 31 January, and we are looking forward to working with her and her new team in the months ahead.

My term of office as co-Chair of the North East and North Cumbria Provider Collaborative came to an end at the turn of the year. I helped bring the Collaborative together in the early months of the Coronavirus pandemic, and have been pleased to help guide its development. With arrangements in place to put the Collaborative on a formal footing and its first Managing Director now in place, it was the right time for officers to rotate in line with the principles of distributed leadership that we need to support system working. Ken Bremner, CEO of South Tyneside and Sunderland NHS Foundation Trust is new the Chair of the Collaborative, with Lyn Simpson, CEO of North Cumbria Integrated Care NHS Foundation Trust the Vice-Chair. I look forward to continuing to contribute fully to the Collaborative as a member.

## Agenda item A4

I firmly believe that it is in the interests of patients across the North East and North Cumbria that all NHS provider organisations work together to maximise our collective capability and resilience. I know Newcastle Hospitals has a significant further contribution to make as part of this, sharing our expertise in genuine partnership with other organisations.

**Collaborative Newcastle**

This month it has been a pleasure to have a number of early meetings with Pam Smith, the new CEO of Newcastle City Council, where we have discussed our shared commitment to partnership working and priorities for the future. Pam will also serve as an Associate Non-Executive Director of the Trust, and I know Board colleagues will give her a warm welcome.

We have continued work in recent months to deepen our collaborative working and governance arrangements between partners in Newcastle. At our Collaborative Newcastle Joint Executive Group (JEG) meetings in December and January, we discussed how to implement our partnership's ambitions in the context of the new ICS structures. We are reviewing the existing Collaborative Newcastle partnership agreement, and being clear that we aspire in time to become a joint committee of the ICB, so that decision making about Newcastle health services takes place locally. Our partnership ambitions go beyond locally exercising functions of the ICB and include continuing to join up health and care services in the city and tackling health inequalities. To help do this we want to support and further the work of the recently established joint directors team, comprised of directors from across health and care organisations of the city.

A key element of the City's health service is primary care. In December I met with the GP Clinical Directors of the city's primary care networks, who have also now become Directors of Newcastle GP Services (NGPS), the GP federation for the City. The progress that primary care colleagues have made in developing their working arrangements is hugely impressive, especially given the significant service and workforce pressures that they have been under.

It was great to hear primary care colleagues' ideas about practical ways in which pathways and working arrangements between local GPs and the Trust could be made easier, and I am grateful to Dr Chris Dipper, Associate Medical Director, for his work in leading on the joint improvements on behalf of the Trust. As there are such fundamental co-dependencies between our work, it is vital that we work together to collectively manage service pressures and to improve population health. I am pleased that in the future a NGPS Director will join the JEG to further enhance our partnership working.

**Ofsted Inspection**

Towards the end of last year Ofsted carried out a formal inspection of our apprenticeship service. I'm delighted that the final report shows that our apprenticeship service has been rated as Good. Our apprentices are an important and valued part of our workforce and I was extremely pleased to see that the hard work of our staff was reflected in the report.

**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.

## Agenda item A4

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

**Trust visits**

In the week between Christmas and New Year I took some time to walk the floor at both the Freeman Hospital and Royal Victoria Infirmary (RVI) to meet staff on duty in a number of areas and thank them for their hard work.

In early December, I was delighted to visit our Human Resources (HR) and Information Management & Technology (IM&T) teams at Regent Point and meet a wide range of staff.

In HR I spoke to the team who have managed our workforce supply and recruitment, especially vital over this past 18 months, as well as those supporting employee relations. The team were recently presented with a National Award at the HR Excellence awards for the Best Recruitment and Workforce Planning strategy for work supporting the mobilisation of ICHNE. The innovative approach to recruitment delivered not just the large number of staff required in a short space of time (nearly 700), but was also actively designed to increase the diversity of our workforce.

I also had the opportunity to speak to those in the staff engagement teams who have recently been focussed on encouraging responses to our staff survey. In addition I met with staff responsible for our wellbeing approach, our Equality, Diversity and Inclusion (EDI) activity, and heard how we've maintained our focus on Project Choice and its students.

In IM&T I met up with the Great North Care Record (GNCR) team who were recently highly commended at the Health Service Journal (HSJ) awards. I also spoke with the Project Management and Digital Health Teams, as well as those who work to provide the Health Information Exchange (HIE) technology that securely connects patient information between different organisations across the region.

Our corporate services teams provide crucial support to the services we deliver to patients and ensure we stay compliant with all relevant requirements. We keep such requirements constantly under review. This month, the Executive Team agreed updated arrangements for data security including new reporting arrangements through the Executive Risk Group and Audit Committee, and new Senior Information Risk Officer (SIRO) arrangements in response to changing requirements set out by NHS Digital. The Chief Information Officer and Assistant Chief Executive will in the future manage SIRO responsibilities jointly, supported by the Information Governance and IT Security Teams.

**Civic University Network**

Over the last year I have chaired a number of roundtable discussions between University and NHS colleagues across the country as part of the Civic University Network's work to encourage partnerships between our sectors. That work culminated in the production of a report, ['Reimagining the relationship between universities & the NHS'](#). I was pleased to speak at the launch of this report alongside Matthew Taylor, Chief Executive of the NHS Confederation.

## Agenda item A4

I place the highest importance on the strong relationships and partnerships we have with our universities. We can have such a significant impact when we work together, for example through Newcastle Health Innovation Partners (NHIP), our Academic Science Centre. I look forward to continuing to showcase our partnerships in this area and using them to influence national policy.

**Civic leaders**

As part of our regular engagement with local and regional Civic leaders, in the last month I have met with our Newcastle Members of Parliament (MPs): Chi Onwurah, Catherine McKinnell and Nick Brown to update them on the work of the Trust and our plans for the future. I am grateful for the continued support they offer to the Trust and our staff.

With the Chairman, I also met with Jamie Driscoll, Mayor of the North of Tyne Combined Authority, and its Managing Director Dr Henry Kippin. We discussed our shared ambitions on net-zero, digital innovation, public transport and the potential for further devolution in the North East.

**3. RECOGNITION 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.

**Geordie Hospital** – This month marked the start of our exciting new six-part TV series Geordie Hospital on Channel 4. Our aim in taking part in this series was to depict our unique spirit and to capture the enterprise, compassion and joy of our staff at Newcastle Hospitals.

If you watched the first episode you will see this isn't a series about COVID-19 - instead it focusses on some of the remarkable work that our surgeons, nurses, therapists and support teams do every day. I hope that both our patients and staff featured, and those watching, will take pride and joy in the amazing work we do and a huge thank you to everyone who was involved in making this series.

**Innovation Lab** – This month marked the first anniversary since our Innovation Lab opened. The lab, based at The Biosphere in Newcastle Helix, was set up to accelerate the development of the next generation of virus testing.

Hosted by our trust, it brings together a partnership of local universities, healthcare organisations and industry, with the aim of bringing new approaches and technology to mainstream use. Since launching in January 2021, the lab has engaged with over 70 organisations across the globe from the USA to Australia – with 58 based in the UK – and has 21 contracts in place with 12 companies.

**Awards**

- **2022 New Year Honours** – I was delighted to see that David Nicholson, was awarded an OBE for Services to Hospital Radio Broadcasting and to the community. The chair of Radio Tyneside is being honoured for running Tyneside's Hospital radio station and has



## Agenda item A4

been involved with the station for almost 50 years, making countless hospital visits more pleasant experiences.

- **Bright Ideas in Health Awards** – Congratulations to our two winners, out of three shortlisted teams, in these awards which are organised by the Academic Health Science Network for the North East and North Cumbria to celebrate the achievements of individuals and teams working within the NHS, industry and academia. Nurse specialist Melissa Burnside and the team won the Digital Innovation in Health and Social Care award for their Deterioration ALERT innovations, while the RELIEVE-IBSD virtual trial, led by Professor Yan Yiannakou and team at the Patient Recruitment Centre, Newcastle, won the Research Impact Award.
- **Batten Disease Award** – The team at our Great North Children’s Hospital were awarded a Batten Disease Family Association Health Award in recognition of their commitment and dedication to getting complex arrangements in place for patients to receive the specialist care they needed much closer to home.
- **Sustainability Partnerships Procurement Award** – Our procurement team won the Sustainability Partnerships Procurement Award for the development of their innovative 5 step process to support suppliers from the largest to the smallest on the collective journey to Net Zero Carbon by 2040.
- **HR Excellence Awards** – Our HR team were awarded Best Recruitment and Workforce Planning Strategy for their ‘recruiting for diversity’ campaign for the Integrated COVID Hub North East. Not only did they significantly increase our ethnic minority appointment rate, they also achieved this across the diversity strands of disability and LGBT+.
- **Health Business Awards** – Collaborative Newcastle was awarded the NHS Collaboration Award at the Health Business awards for our Joint System Leadership Programme with colleagues across the city.
- **North East & Yorkshire Regional Awards apprentice of the year awards** – The estates apprentices were awarded in three out of the four categories:
  - First Year apprentice of the Year – Albert Venables.
  - Third Year apprentice of the year – Christopher Barnett.
  - Fourth Year Apprentice of the Year – Liam Padgett.
- **KF Gould Awards 2021** – These annual awards have been introduced in microbiology and virology in memory of Professor Gould who died in March 2020. Winners of this year’s awards are listed below:
  - Newcomer award for dedication to professional development – Nathan Carroll
  - Healthcare science associate rising star – Mark McEwen
  - Healthcare science assistant rising star – Susan Proud
  - Team leader contribution to service delivery – Dave Saunders
  - Life-long contribution to microbiology/virology – Christine Lees & Steven Peart
  - Microbiology & virology services individual of the year – Michelle Permain

Congratulations to all of our award winners

**4. RECOMMENDATION**

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

**Report of Dame Jackie Daniel**

**Chief Executive**

18 January 2022

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 January 2022						
Title	Jackie Thompson Forty Seven years' service						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	John Thompson Head of Facilities						
Status of Report	Public	Private	Internal				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report comprises of information relating to the RVI Hotel Services department which provides the</p> <ul style="list-style-type: none"> <li>• Domestic cleaning services to RVI, dental hospital and ICHNE. (section 1)</li> <li>• Rapid Response (RR) teams respond to Healthcare Associated Infection (HCAI's) cleaning requests 24/7. (section 1.1)</li> <li>• Linen and Laundry services (section 1.2)</li> </ul>						
Recommendation	Acknowledgment of Jackie Thompson's outstanding service to the Trust for over 47 years' service						
Links to Strategic Objectives	<ul style="list-style-type: none"> <li>• To put patients at the heart of everything we do and providing a safe and clean environment of the highest standard focussing on cleanliness.</li> <li>• Being outstanding, now and in the future.</li> </ul>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to assure a clean environment may lead to patient harm, litigation against the Trust and loss of reputation.						
Reports previously considered by	New report						

## **JACKIE THOMPSON**

### **EXECUTIVE SUMMARY**

This report provides information in respect of RVI Hotel Services that enables a clean and safe environment for our patients, staff and visitors. The purpose is to acknowledge the part Jackie Thompson plays in the role as RVI Hotel Services manager.

The following key points are noted:

- Ensure patients, visitors and staff environments are clean, tidy and safe in reducing healthcare associated infections (HCAI's) in line with National Standards for Healthcare Cleanliness.
- Cherish the staff, enabling them to act with pride, passion and professionalism.
- Management of Linen and Laundry Contract service

## JACKIE THOMPSON

### 1. DOMESTIC CLEANING SERVICES

Jackie Thompson manages the domestic cleaning services at the RVI which also services the dental hospital and Integrated Care Hub Northeast (ICHNE), managing the budget of £7,405K with over 420 Domestic staff working 24 hours / day 365 days of the year Jackie's team provide outstanding cleaning services in line with National Standards for Healthcare Cleanliness.

The staff clean wards, departments, waiting areas and Theatres, as well as miles of corridors and toilet facilities. During Covid the team even extended their reach to the new ICHNE laboratory at Gateshead ensuring that the Trust were able to support the testing of samples in the Northeast.

During the pandemic Jackie's team also suffered from staffing shortages at the height 60 staff 14.3% were absent, adding to the pressure to deliver the service.

#### 1.1 Rapid Response (RR)

The Rapid Response (RR) teams respond to Healthcare Associated Infection (HCAI's) cleaning requests the service operates as part of the capacity management system, which enables wards and departments to request RR team to clean a specific bay, cubicle or area to facilitate patient flow through their care pathway. This financial year the RVI team have carried out over 13071 cleans in nine months. During the 2020-21 financial year the team carried out 27,562 a 233% increase on the 2019-2020 year figure of 11,812.

#### 1.2 Linen and Laundry Service

The Linen and laundry services is supported by a small team of eleven staff who make sure that on a daily bases the wards and Theatres are affectively and efficiently serviced with clean linen and laundry such as bed sheets, pillow cases, blankets, uniforms including theatre scrubs. Returning the dirty items for collection by the linen and laundry service provider to be collected, laundered and returned generally within a seventy-two-hour process. In 2020 the RVI used over 4,080,091 items in linen and laundry.



**Jackie Thompson & John Thompson**

## **RECOMMENDATION**

The purpose of this report is to provide the Board with an overview of the RVI Hotel Services department and its integral role in providing clean and safe environment for patients, staff and visitors.

The Board of Directors are asked to:

- (i) Receive and acknowledge Jackie Thompson's outstanding service to the Trust

**Report of Maurya Cushlow  
Executive Chief Nurse**

**John Thompson  
Head of Facilities**

**27 January 2022**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 January 2022						
Title	Medical Director's Report						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The Report highlights issues the Medical Director wishes the Board to be made aware of.						
Recommendation	The Board of Directors is asked to note the contents of the report.						
Links to Strategic Objectives	Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	This is a regular report to Board. Previous similar reports have been submitted.						

## MEDICAL DIRECTOR'S REPORT

### EXECUTIVE SUMMARY

The following items are to note within the report:

- COVID - COVID impact remains significant but only approximate half of patients are receiving active treatment for COVID.
- Research - We are currently ranked third in the country for the number of open COVID studies that have recruited patients.
- Mental Health - Since the appointment of an Associate Medical Director for Mental Health, a strategy is being developed to streamline management of care for patients within the Trust for those with coexisting mental and physical health requirements.
- Cancer - Overall there has been a general improvement in our cancer wait performance compared with November 2021.

## MEDICAL DIRECTOR'S REPORT

### 1. QUALITY AND PATIENT SAFETY

- We are considering the latest National Patient Safety Strategy and its implications for the organisation. The current quality and patient safety infrastructure encompasses much of the strategy already. We will drive the development required to implement the strategy, supported by the Quality and Safety Clinical Directors (CDs), senior nursing team, the Clinical Governance and Risk Department (CGARD) and Newcastle Improvement. Angela O'Brien, Director of Quality and Effectiveness, and Gus Vincent, Associate Medical Director, are assuming the role of Patient Safety Specialists which gives access to national patient safety networks and resources.
- The modified strategy will involve a change to the Serious Incident process. Further quality and patient CDs have been appointed to oversee this in conjunction with Directorate governance leads.
- Quality priorities are: digital enhancements to improve patient safety, surgical transformation to include restoration of the elective programme, prevention of avoidable harm and enhancement of patient experience.
- The pandemic has clearly had an impact on quality parameters throughout the NHS but all credit is due to our staff for ensuring that our patients have remained safe with excellent outcomes. Emphasis will be placed on re-establishing the status quo prior to further improvements, which will require recurrent resource in clinical areas including pharmacy.
- The final round of the internal peer reviews are being completed with Directorate feedback sessions currently nearly completed, in preparation for next year's directorate and trust level well-led reviews.
- Current concerns relate to non COVID patients having to wait longer for investigation and treatment particularly as Omicron is mild but unfortunately resulting in significant demand on services. There has been significant impact on staff absence due to isolation requirements. Recovery remains a priority with continuous intention to use to maximal efficiency all available resource.

### 2. COVID-19

- Inpatient COVID numbers have increased overall but approximately half of the patients are being treated for other medical conditions. Only half are receiving active treatment for COVID.
- Patients with active COVID requiring treatment have remained fairly static for several months. There has been little increase in patients requiring Intensive Care Unit (ICU) admission or ventilation and few deaths with the Omicron variant which mirrors experiences overseas.
- Communication with South African colleagues in November 2021 indicated the milder nature of Omicron and this has clearly been the case in the UK to date.
- The Department of Health and Social Care (DHSC) isolation requirements, which remain under review, have contributed significantly to the staff shortages that have been reported nationally. Staff isolation has resulted in acute shortages which have

## Agenda item A7(a)

had a marked impact on our ability to maintain the recovery effort. To date the Trust has managed to avoid any significant cancellations of P1 and P2 cases. This entirely affirms the commitment and dedication of our staff who can always be depended upon to go the extra mile for our patients.

- Vaccination status of staff within the Trust is high.
- Pressure in the system has often overflowed to Newcastle Hospitals with increased demands on the Emergency Department (ED), Assessment Suite (AS) and beds.
- COVID Medicines Delivery Unit - Newcastle Hospitals (along with James Cook University Hospital (JCUH) and North Cumberland Integrated Care has been designated a COVID Medicines Delivery Unit (CMDU). Clinically vulnerable individuals are offered either oral antiviral treatments or IV neutralising monoclonal antibodies (nMAB) if they become COVID positive. This service was stood up by the Trust Infectious Diseases team prior to Christmas on instruction from NHS England (NHSE).

### 3. GOLD COMMAND

- Emergency Preparedness, Resilience and Response (EPRR) is a statutory obligation to ensure emergency preparedness, resilience and response to incidents affecting the Trust. Major incident planning and business continuity planning comes within the auspices of EPRR.
- Executive Director oversight is provided by the Medical Director who also chairs Gold Command which is active during active incident situations.
- Attended by Executive Team members, the Director of Infection Prevention and Control and the Director of Pharmacy.
- Gold Command has been meeting regularly for nearly 2 years, currently daily, to make rapid operational decisions and to modify strategy as appropriate during the course of an incident.
- Matters discussed include current operational status based on real time patient flow data, staffing, patient flow through the organisation from ED to discharge, infection prevention and control oversight, quality and safety issues for patients and staff, communications, vaccination, visiting and response to NHSE and external agencies.
- Enables timely flexible response to any given change in circumstance during the course of an incident.
- Ensures continuation of maximal efficiency within the Trust in respect of maintaining care for non COVID patients.

This group has enabled rapid decision making with local modifications of national directives where appropriate.

### 4. MENTAL HEALTH

- Since the appointment of an Associate Medical Director for Mental Health, a strategy is being progressed to streamline management of care within the Trust for those with coexisting mental and physical health requirements.
- Future strategy will be expanded into the field of Paediatrics but lack of existing national resource for this makes this particularly challenging. Discussions have taken

place between Newcastle Hospitals and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) at Medical Director (MD) level.

## 5. RESEARCH

- We are third in the country for the number of open COVID studies that have recruited patients into.
- Of the 60 COVID studies that we have been involved in delivering, 8 are vaccine trials which is significant given the volume of planned and unplanned participant follow-up that generates, including the need to booster participants at different intervals.
- The vaccine research team is soon to be incorporated in the National Institute for Health Research (NIHR) Clinical Research Facilities (CRF) which is felt to strengthen our position as a leading vaccine research centre. We are hoping to deliver a Phase 2/3 study of the Moderna COVID-19 Omicron variant mRNA vaccine in February 2022 with a local recruitment target of 150-200 participants.
- Recruitment activity from April 2021 to November 2021 is 7,126 which is an improvement on the same period in 20/21 (6,747) despite multiple significant capacity constraints within and outwith the Directorate.
- In comparison to all other NHS providers of research, we have the 10<sup>th</sup> highest number of participants recruited to all portfolio studies which compares favourably to our 11<sup>th</sup> position last year.
- Last year, we had the highest number of open studies (with participants recruited) of all Trusts in the country and the fourth highest for commercial studies. At the time of writing, we have the second highest number of open studies and are sitting top nationally for the number of commercial portfolio studies that are open with patients recruited.
- So far this year, we have successfully recruited eight UK firsts, one European first and one global first, in that:
  - Two patients have become the first in the UK to undergo a pioneering new treatment for liver cancer in a partnership between the Freeman Hospital and St James's Hospital in Leeds as part of US-based HistoSonics' #HOPE4LIVER study.
  - The orthopaedic spinal team has performed a world-first operation as part of an international clinical trial that will test the effectiveness of a new device to treat children with scoliosis.
  - Teams at the John Walton Muscular Dystrophy Research Centre, the NIHR Newcastle Clinical Research Facility and the Great North Children's Hospital dosed the first patient with Duchenne muscular dystrophy in the UK in the CFFREO gene therapy trial.
- Since the last performance review meeting, we have also opened our 10,000th study since the first one was registered in 1975.
- The results of the Com-COV2 trial (delivered here at Newcastle Hospitals) have informed global World Health Organisation (WHO) guidelines recognising heterologous schedules for COVID-19 vaccination.
- The Trust/Sir Bobby Robson Cancer Trials Unit has successfully applied to retain its status as a funded Cancer Research UK (CRUK) centre for the next five years. That is a remarkable achievement given the impact of COVID on the charitable sector and the withdrawal of all funding/status from some other centres.

## Agenda item A7(a)

- Our NIHR Patient Recruitment Centre (PRC) won the research impact award at that Bright Ideas in Health Awards for their work on the Relieve-IBSD virtual trial.
- The SIGNET (Statins for Improving orGaN outcomE in Transplantation) study was launched as the largest ever global single, blind randomised controlled trial in organ donation. The study is being funded by a £1.3m research grant from the NIHR Health Technology Assessment Programme following an application from Newcastle University. It will be run by NHS Blood and Transplant's Clinical Trials Unit (CTU) in Cambridge, with the Trust as sponsor.
- The Trust has received £250k from a leading Motor Neurone Disease (MND) charity to support the set-up and running of the MND-SMART clinical trial. Unlike typical clinical trials which test a single treatment at a time, MND-SMART will test multiple drugs to speed up the time it takes to find effective medicines to slow the progression of MND.
- Experts from the Trust and Newcastle University have identified a new rare brain disorder, resulting in a change of diagnosis for children in four UK families.
- We have launched Research Matters – a new, research-specific newsletter that aims to raise the profile of research and its impact.
- 3m grant from NIHR: artificial intelligence to better understand multimorbidity
- The partnership is currently pulling together a similarly ambitious bid focussed on patient safety. Gus Vincent has been involved in discussions for a significant bid.

## 6. CANCER - DECEMBER 2021

- Overall there has been a general improvement in our cancer wait performance compared with November.
- 14 day GP Two week wait has improved significantly from 60.5% in November to 73.9% (85%).
- 31 day first treatment is same at 90.4% (95%).
- 31 day subsequent treatment:  
Surgery improved from 70.2% in November to 72.5% (94%).  
Chemotherapy fallen from 97.5% to 92.6% (98%).  
Radiotherapy continues to perform well at 97% (94%).
- There has been a significant improvement in 28 Faster Diagnosis Standard (FDS) from 66.9% in November to 72.1% (75%), with the changes and improvements in a number of tumour pathways we are confident that we will achieve the 75% target by March.
- No improvement in 62 day performance, 52% (85%). Lower and upper GI, skin and urology make up the vast majority of our post 62 day backlog. With the improvement in the 28 day FDS, endoscopy, GI pathways and the additional capacity in lung cancer team, this will improve significantly over the next 3 months.
- Lung cancer – the targeted lung cancer health check programme is increasing its capacity since the appointment of two new respiratory consultants.
- Lower GI- There has been a significant improvement in the 2 week-wait (WW) performance from 40% to 59.5% which has been achieved with the appointment of an additional lower GI nurse endoscopist funded by the Northern Cancer Alliance (NCA) (3 years) and the new 2WW nurse led service for lower GI Cancer Waiting Time (CWT) referrals.

**7. BOARD REFERENCE PACK DOCUMENTS**

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

- a) Consultant Appointments.

**8. RECOMMENDATION**

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

**A R Welch FRCS**  
**Medical Director**  
18 January 2022

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## TRUST BOARD

Date of meeting	27 January 2022						
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"> <li>• Staff Test and Trace and COVID-19 Swabbing Service Spotlight;</li> <li>• Nursing and Midwifery Staffing Update; and</li> <li>• Practice Education update.</li> </ul>						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	<ul style="list-style-type: none"> <li>• Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</li> <li>• We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes.</li> <li>• Being outstanding, now and in the future.</li> </ul>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						

## EXECUTIVE CHIEF NURSE REPORT

### **EXECUTIVE SUMMARY**

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

Section 1: This month's 'Spotlight' section outlines the work of the Staff Test and Trace and COVID-19 Swabbing Service. Over the last two years the Pod Swabbing Service and Test and Trace teams have been developed and refined and are now a fundamental lynch pin in the Trust's COVID-19 response. The teams have been challenged in the last two months with increasing case numbers of COVID-19 across the community which has inevitably had an impact on staff. Both teams are managed and overseen by the Executive Chief Nurse team.

Section 2: This section provides an update on the Nursing and Midwifery staffing. This section includes an overview of recent national guidance which has been released by NHS England/Improvement (NHSE/I) to support winter planning and the Trusts compliance with this guidance. COVID-19 continues to pose significant challenges due to staff sickness and the actions taken to mitigate risk are covered within this report alongside the quarterly overview from the Nurse Staffing and Clinical Outcomes Operational Group.

Section 3: The Practice Education team continue to oversee all aspects of undergraduate training, ensuring all our students have a high-quality learning experience. The team continue to develop and strengthen the portfolio of placements for our learners at Newcastle Hospitals, working with Higher Education Institutions. A number of clinical apprenticeships have been supported to ensure we "grow our own" workforce and these are explored further within this report.

### **RECOMMENDATIONS**

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

## EXECUTIVE CHIEF NURSE REPORT

### 1. STAFF TEST AND TRACE AND COVID-19 SWABBING SERVICE



The challenges posed by the COVID-19 pandemic has necessitated rapid innovation and the creation of new teams and services as the Trust responds to these challenges, ensuring patients and staff remain safe. Over the last two years the Pod Swabbing Service and Test and Trace teams have been developed and refined and are now a fundamental lynch pin in the Trust's COVID-19 response. Both teams are managed collectively and overseen by the Executive Chief Nurse team.

#### 1.1 Test and Trace

In the initial phases of the pandemic the role of supporting and advising staff regarding test and trace was undertaken by our Occupational Health Service. It became apparent that the demands and complexities were such that a dedicated team was required. The aim of test and trace is to reduce the spread of COVID-19, ultimately saving lives by protecting our staff and patients. The team works closely with Infection Prevention and Control, Virology and Microbiology Departments as well as other key stakeholders across the Trust.

The team is managed by a Band 7 Sister supported by staff who are predominantly Band 5 Registered Nurses (RN) who are either unable to work clinically, are shielding, or working non-clinically from 28 weeks of pregnancy. Most of the team work remotely via Microsoft teams, email, and phone. This innovative approach to workforce planning has meant that the service is sustainable and supports staff in continuing to undertake meaningful work. However, it does pose challenges with the staff being a largely transient group. Due to the speed in which guidance and processes change it has been imperative to have timely communication and training and the senior team in the service have been key in achieving this.

The service runs seven days per week between 8.00am–6.00pm and follows up all staff who have had a positive confirmed polymerase chain reaction (PCR) test either via the hospital swabbing service or in a community setting.

This includes the following key tasks:

- Contact Trust staff who have had a positive PCR result to determine any breaches in personal protective equipment (PPE), social distancing compliance, car sharing arrangements and contacts (hospital and community). Offer advice and establish if declared breaches may lead to an outbreak.
- Support staff with advice regarding isolation, general queries regarding COVID-19 and lateral flow testing. Staff and managers often find guidance confusing and require support to ensure that appropriate and timely interventions and testing is undertaken.

- Work closely with virology and provide analysis on trends, maintain data flows, and raise concerns for potential increased incidence.
- Support audits and research projects within their sphere of work.
- Update staff via the test and trace meeting of ongoing/new incidences, themes of practice and concerns.
- Link with the Infection Prevention and Control Nurses (IPCNs) in connection with patients in clinical and non-clinical environments.

The 'virtual' team are frequently required to have difficult and often challenging and complex conversations and have undertaken this role with positivity, proficiency, and professionalism. Since the introduction of the service the team have provided invaluable support to staff and managers and contributed to the safe delivery of care to patients. This team will need to continue as a fundamental part of our ongoing response to the pandemic.

## **1.2 COVID-19 Swabbing for Staff, Patients and Household Contacts**

National guidance relating to the management of COVID-19 symptomatic individuals (staff and household contacts) and the pre-requisite to screen elective patients prior to admission to hospital resulted in the establishment of two screening pods within the Trust.

Currently there are two pods; one based on each acute site. The pods are resourced to open seven days per week, 8.00am-5.00pm with the ability to flex up and down in line with clinical demand. The Royal Victoria Infirmary (RVI) pod is predominantly for staff testing whilst the Freeman site is mainly pre-admission swabbing for elective patients.

The RVI COVID-19 Screening Centre is now well-established within the Trust providing an effective and efficient service to staff and until recently their family members who are symptomatic. The swabbing of staff and patients through the Pods has shown to be effective and highly efficient and is seen as an exemplar locally and nationally. Staff having access to a "fast track" swabbing facility has proved effective in a reduced length of time away from the workplace and reduced the risk of cross infection to colleagues and staff. The team also provide asymptomatic screening to staff who have household, work or social contacts who are identified as COVID-19 positive. The service has provided a timely response for our staff which has been appreciated and praised across all staff groups within the Trust.

The Freeman Hospital (FH) COVID-19 Screening Centre is also now well established, predominantly for patient screening. This service supports most directorates within the Trust swabbing patients prior to their admission to hospital for planned procedures. The service is fundamental in maintaining patient flow allowing areas to make the best use of available planned admission capacity. The service also keeps all other patients safe by identifying positive patients prior to them being admitted. This allows changes to be made in a planned and co-ordinated way regarding placement and isolation.

To staff the pods requires the equivalent of around 30 full time members of staff including RN, Healthcare Assistants (HCA) and administrative staff. A Band 6 registered nurse leads the day-to-day service supported and overseen by senior nursing colleagues and one of our

Associate Directors of Nursing. The staff working in the service are either regular bank staff, staff on short-term contracts or temporary redeployments from clinical directorates where it is safe to do so. The administrative function has been supported by the Trust's Appointment Booking Centre (ABC) team and additional bank staff. This workforce model has enabled the pods to manage the work safely, flexibly and cost effectively whilst delivering a high-quality service.

Below is an overview of the swabbing activity in both pods between April and the end of December 2021:

Month	RVI Pod	FH Pod
April 2021	336	
May 2021	439	1198
June 2021	1414	2169
July 2021	2400	1707
August 2021	1330	1526
September 2021	1825	1773
October 2021	2153	1816
November 2021	1781	2245
December 2021	4994	1404
<b>Total</b>	<b>16,672</b>	<b>13,838</b>

The figures demonstrate the significant increase in the swabbing of staff in December 2021, matching the increased activity in our Test and Trace teams. Due to the flexible and proactive nature of the pod staff and other colleagues across the Trust, we have been able to meet this demand with over 250 staff being swabbed on some days and timely results provided to staff to ensure continued safe delivery of services across the Trust.

Work is underway to review the pod swabbing service to understand future demands and explore other ways to maximise the efficiency of patient and staff testing. It is clear however that this swabbing of both staff and patients will need to continue. This is essential to meet national guidance, assure safety and optimise the elective programme.

## **2. NURSING AND MIDWIFERY STAFFING UPDATE**

### **2.1 National Guidance**

In November 2021, NHSE/I released guidance "Winter 2021 preparedness: Nursing and midwifery safer staffing". This guidance outlined expectations of providers and the assurances that were required to be in place to respond to staffing challenges over the winter period. This guidance builds on the existing frameworks already outlined in the National Quality Board (NQB) Safe, sustainable, and productive staffing guidance.

The guidance outlines four key themes:

Agenda item A7b

- Staffing Escalation/Surge and Super Surge Plans;
- Operational Delivery;
- Daily Governance (via the Emergency Preparedness, Resilience and Response (EPRR) route when required); and
- Board oversight and assurance.

A gap analysis has been undertaken to ensure our existing “Nursing and Midwifery Safe Staffing Guidelines” and escalations are aligned to national expectations.

It is clear from a nursing and midwifery perspective that existing guidelines and process are aligned to national guidance. The Trust is broadly compliant with no concerns noted. Where there are areas which could be further strengthened, this is being explored.

## **2.2 Staffing Escalation**

The Trust’s Nursing and Midwifery Safe Staffing guidelines clearly articulate a process for safe staffing escalation. Since the 15 June 2021, the Trust has operated at level 2 staffing escalation. This is due to the following triggers being met:

- An increase in staffing related incident submissions;
- Sickness absence sustained between 6 and 10% for the nursing and midwifery workforce; and
- Shortfall in future planned rosters.

This led to the following actions:

- Daily staffing review by corporate team reported into Silver Command;
- Safecare (daily staffing deployment tool) utilised to deploy staff across directorates based on need;
- Increased senior nursing cover in directorates; and
- Daily contact with staff bank to co-ordinate deployment based on need.

Since the middle of December 2021 there has been a significant increase in sickness absence due to COVID-19. On the 6 January 2022 registered nurse/midwife sickness absence reached 14.23% (5.5% higher than in previous waves). Figures were similar in our Healthcare Support Worker (HCSW) workforce. This led to significant challenges in maintaining a safer staffing provision.

As a result, it was agreed to move to level 3 (highest level) in our escalation criteria. This was due to the following triggers being met:

- Deploying non-ward-based nurses/midwives in relevant clinical areas to mitigate shortfalls;
- Increase in COVID and non-COVID related absence above 10%; and
- Unable to close beds to mitigate shortfalls in planned staffing.

This led to the following actions:

- Tactical workforce cells being set up at the RVI and Freeman Hospital (including community) to support safer staffing and ensure increased senior professional oversight in complex decision making alongside existing processes. The cells are run seven days per week 8am until 8pm and overseen by our Associate Directors of Nursing. Updates are reported into Silver and Gold Command.
- Member of the Executive Chief Nurse team supporting Silver Command 8am until 8pm seven days per week.
- Regular and responsive review of staffing numbers across all wards and departments.
- Daily “battle rhythm” of calls in place daily with staff across the Trust.

This level of escalation of remains in place and will continue until the de-escalation criteria have been met. Feedback from our staff demonstrates that these additional actions are beneficial.

Alongside the formal escalation actions there are other key points and actions to note:

- Nurses and midwives in corporate roles have been deployed where possible to support clinical areas. Additional refresher training and education is in place to support staff.
- Staff are continuing to report safer staffing concerns, and this is positively supported and encouraged. All staffing related datix incident submissions are reviewed daily by the senior nursing team to ensure support is provided, relevant action undertaken, and any learning is shared. Daily red flag events are also reviewed and actioned where possible.
- It is 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 noted particularly in acute and older peoples medicine units. This is monitored daily via the tactical cells.
- The Executive Chief Nurse team are meeting regularly with Ward Sisters and Charge Nurses, Matrons and front-line staff to address any concerns and provide support, advice and guidance.
- Although there is no noted increase in critical care admissions, refresher training continues for those who may need to be deployed to support in these areas.
- There are noted gaps due to vacancies, sickness and maternity leave in Urology Services and Surgical Services. Posts have been successfully recruited to with candidates going through pre-employment checks. In the short term, a number of beds remain closed to mitigate the staffing shortfall though this does have an operational impact. A regular review of staffing and capacity is undertaken between the nursing and operational teams.

Whilst a robust professional framework for safer staffing remains in place, it is acknowledged that the current staffing challenges are having a significant impact on staff well-being. Our teams remain dedicated and focused on providing the highest possible quality of care for our patients, but this is increasingly challenging to maintain in all cases. This has an emotional and psychological impact on staff. Restorative supervision is being

provided to staff and well-being resources and support promoted at an individual, ward and Trust level. Previous updates to the Board of Directors from both the ECN and the HR Director have described the breadth of support available to all of our staff across the Trust. Nonetheless the continuing need to respond to the changes through this pandemic is placing significant demands on our staff daily which must be acknowledged.

### 2.3 Nurse Staffing and Clinical Outcomes

It is important, particularly considering the current level of staffing escalation, to ensure monitoring of clinical outcomes/nurse sensitive indicators with explicit cross reference to safer staffing metrics. The Nurse Staffing and Clinical Outcomes Operational Group continues to meet monthly, reviewing all wards, identifying where there is a staffing or clinical outcome concern based on a risk adjusted dashboard and professional judgement. Wards reviewed are classified as requiring low level, medium level or high-level support. Any ward requiring medium support for two consecutive months or any ward requiring high-level support will be highlighted to the Board in this report along with relevant action plans to mitigate risk.

In the last quarter no wards have required high-level support or medium level support for two consecutive months and therefore no action plans highlighted.

Below is an overview of the number wards reviewed and level of escalation for the last quarter:

Month	No. of Wards Reviewed	Directorate	Low Level Support	Medium Level Support	High Level Support	Monitor	No support required
October	13	X1 Musculoskeletal Services X6 Internal Medicine X2 Neuro-Surgical Services x3 Cancer Services x1 Peri-Op and Critical Care	6	1	0	6	0
November	25	X 2 Cardiothoracic Services x 3 Cancer Services x 1 Children’s Services x 7 Internal Medicine x 3 Neurosurgical Services x 1 POF x 2 Urology and Renal Services x 1 Women’s Service x 5 Covid/Ward with changed function	4	0	0	21	0



December	11	x 1 Children's Services x 4 Internal Medicine x 1 Women's Services x 5 Covid/Ward with changed function	1	0	0	10	0
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- Whilst no single ward required medium level support for two consecutive months, staffing in acute and older peoples medicine remains challenging and this has been highlighted by the ward teams. This is due to staffing shortfalls and an increase in patient acuity and dependency. The Executive Chief Nurse team have worked with the Wards Sisters to develop an action plan which is discussed via the Nurse Staffing and Operational Outcomes Group and weekly via meetings with the Ward Sisters.
- The addition of the staffing options in datix incidents has resulted in a higher number of incident reports being submitted each month with the majority being no harm/minor. These options have offered additional triangulation when linking outcomes with staffing. The following number were submitted:
  - October 27;
  - November 18; and
  - December 16.
- Whilst this Group provides oversight and high-level monitoring and assurance, there continues to be a robust leadership and management framework led by the matron team.

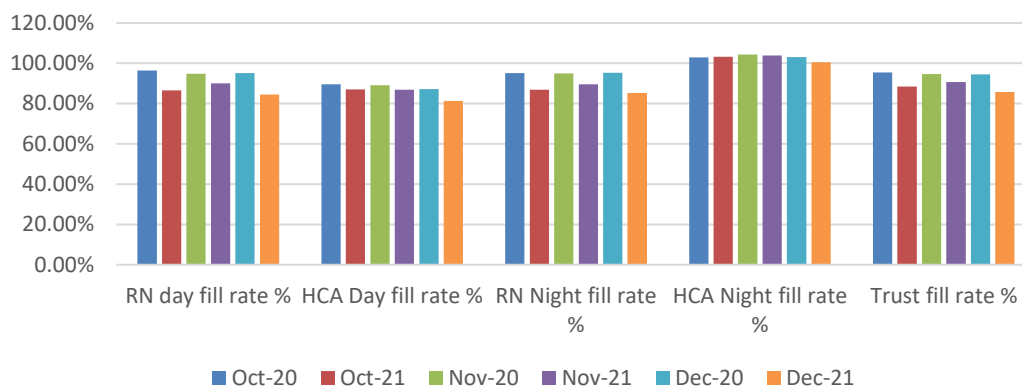
## 2.4 Trust Level Fill Rates

The Trust level Registered Nurse and Health Care Assistant fill rates are detailed below:

Month	RN day fill rate %	HCA Day fill rate %	RN Night fill rate %	HCA Night fill rate %	Trust fill rate %
October 2021	86.56%	87.03%	86.96%	103.26%	88.46%
November 2021	90.06%	86.88%	89.53%	103.92%	90.74%
December 2021	84.58%	81.33%	85.27%	100.52%	85.78%

- Below is the comparison data from this year and the same period last year. The lower RN fill rate is due to the factors outlined above. Of note, during the same period last year the higher fill rates were reflective of the temporary reduction of 6 to 4/5 beds on inpatient Wards.

### Fill Rate Comparison 2020/2021



- The HCA fill rate on days and nights remains similar compared to this period last year. HCA fill rates are above plan on nights due to the increased use of agency/bank staff to fulfil the heightened requirement for enhanced care across both sites. In addition, there continues to be an increased need for HCA's in other Covid-19 related services such as the swabbing service. Staff Bank recruitment continues at scale and over recruitment agreements are in place to maximise substantive recruitment where possible. In addition to this recruitment, a HCA Bank pool has been agreed to support responsive enhanced care requirements and this initiative is being progressed.

## 2.5 Recruitment and International Recruitment

### 2.5.1 Registered Nursing Recruitment

Centralised Band 5 recruitment continues with the next recruitment taking place in February 2022. The current RN vacancy rate is 6.15%, which remains a favourable position. Over the last four months we have supported bespoke recruitment alongside our centralised model for areas with a higher-than-average vacancy position; high-quality communications and social media presence promote these vacancies. These have been well received and have led to good outcomes in terms of successful appointments. This process will remain in place, overseen and approved by the Executive Chief Nurse team.

### 2.5.2 Healthcare Support Worker (HCSW) Recruitment

Centralised Band 2 Healthcare Assistant (HCA) recruitment continues with interviews planned in mid-January 2022. It is estimated we will have approximately 60 whole time equivalent (wte) posts still vacant. This is following responsive recruitment over the latter period of 2021, where bespoke targeted recruitment took place for areas with higher vacancy rates. There are currently 130.73wte candidates in the recruitment pipeline, 50wte of which have an agreed start date.

The national Healthcare Support Worker (HCSW) programme when launched aimed to achieve an operational zero vacancy rate at the end of March 2021 and the programme continues into 2022. Work streams agreed as part of the programme include quality in

workforce reporting; benchmarking of centralised HCSW recruitment; improving the apprenticeship offer and attracting staff new to care.

The Trust is required to provide evidence of commitment to targets via the Provider Workforce Report monthly, and despite reaching an operational vacancy rate of zero in March 2021 there has been a steady increase in HCSW vacancies over the latter part of 2021. Responsive bespoke recruitment has helped to mitigate against the vacancy rate and the model of centralised and bespoke recruitment will continue until the Trust again reaches an operational zero vacancy rate.

A HCSW steering group takes place on a monthly basis to review and monitor performance. The next phase of the programme will now focus on retention, professional development, and pastoral support of Healthcare Support Workers across the organisation. This includes the provision of a career conversation for all HCSWs and the provision of high-quality induction and training.

### **2.5.3 International Recruitment**

Since the end of June 2021, 72 international nurses have successfully been deployed from India and the Philippines. Two cohorts from the Philippines arrived in the Trust, in October and December 2021. There are eight candidates due to be deployed in February 2022 which completes that phase of deployment.

The national campaign to strengthen international recruitment continues and the plan to deploy 300 international nurses in the next year to 18 months is in progress. The focus of recruitment will be in adult nursing; however, recruitment is also planned in midwifery and paediatric nursing. The Trust is in the process of finalising contractual agreements with the first round of interviews planned in January and February.

The Trust also has a large presence in national campaigns to strengthen the pastoral support of international recruits including the “#StayandThrive” campaign, which involves several of our staff. We also have several staff completing the International Recruitment Professional Nurse Advocate qualification to further support our international recruits.

## **3. PRACTICE EDUCATION UPDATE**

### **3.1 Placement Capacity**

The Practice Education team continue to oversee all aspects of Nursing, Midwifery and Allied Health Professional (AHP) undergraduate training, ensuring our students have the highest quality learning experience. The team continue to develop and strengthen the portfolio of placements for our learners at Newcastle Hospitals, working collaboratively with Higher Education Institutions (HEI). At present the Trust works predominantly with three HEI but the team supports placements for students from across the country who have requested to experience working at Newcastle Hospitals.

The Trust continues to be the largest provider of undergraduate nursing placements regionally and one of the largest nationally. Placements are co-ordinated by the team in conjunction with the education providers across the year to maximise capacity. At peak points in the year, our wards and departments support over 750 nursing students (adult and paediatric) at any one time with an additional number of AHP students.

The practice placement team are fundamental in ensuring all placement capacity is utilised whilst ensuring a high-quality learning experience. This is at times extremely challenging but positive relationships internally and with key stakeholders externally ensures challenges are pro-actively managed. The team continue to develop student and mentor support programmes to ensure quality learning is the focus of all work-streams.

There continues to be a significant focus nationally on maximising placement capacity. This is due to the need to ensure the pipeline of new registrants meets current and future workforce demands. Significant work is being undertaken in HEI to increase programme capacity and maximise university applications. This, however, needs to be matched with a reciprocal increase in clinical placement capacity. The Trust has been recognised for proactively delivering increased capacity over several years, but it will be increasingly challenging moving forward. The Trust continues to work in partnership with our local HEI to explore creative options and are currently in discussions with one provider to change the time of the year the programme commences to increase capacity.

Non-recurrent funding from Health Education England (HEE) has been released to support placement expansion. The team have utilised this funding to enhance the team by recruiting additional Practice Placement Facilitators (PPF) from staff groups other than nursing. This has included a midwife, an Operating Department Practitioner (ODP) and an AHP.

- Maternity - Despite capacity being challenging, particularly in community due to the impact of Covid-19, innovative work has been undertaken by the new team PPF which has led to an increase of eight maternity placements. This work has been recognised regionally and the PPF midwife presented this work at a recent conference in collaboration with the regional midwifery project lead.
- ODP – recruitment of an ODP into the team has facilitated focused work in the peri-operative environment. By reviewing and realigning capacity to support both nursing and ODP students simultaneously the Trust has ensured all placement capacity is maximised. A pilot will be commenced in January 2022 implementing a coaching approach to student supervision similar to a model introduced into the wards from 2018. Several new spoke placements have also been created to further increase capacity.
- AHP - There is increasing focus national on increasing AHP placement capacity. Over several years, it has been challenging within the Trust to agree a baseline capacity model for AHPs, particularly in physiotherapy and occupational therapy (OT). The reasons for this have been multifactorial but in part, is due to the complexity of the placement structure. The AHP PPF has worked with colleagues regionally to explore areas for improvement and has identified a number of new placements as well as alternative models of placement delivery. This has led to an increase in both physiotherapy and OT capacity.

### **3.2 Apprenticeships**

In September 2021, six new ODP apprentices commenced their programme at Northumbria University. The apprentices were all previously Assistant Practitioners in the Trust and therefore stepped into year two of a three-year programme and will register as an ODP in September 2023. This is an exciting development and the first time the Trust has supported this programme.

Recruitment of Trainee Nursing Associates has also continued. We have appointed ten trainees in September 2021 with a further six in December 2021. The recruitment of 20 Registered Nursing Degree Apprentices (RNDA) will soon commence for an eighteen-month fast track Adult Nursing Programme at Northumbria University in April 2022. The Trust has previously supported eight full time RNDA and 15 part-time, all of which came from our existing Band 4 clinical workforce.

All our nursing and ODP apprentices have come from our existing clinical workforce, ensuring we put into practice our aim of “growing our own” workforce.

### **3.3 Awards**

Newcastle Hospitals was represented in two categories in the Student Nursing Times Awards 2021 with both entries shortlisted as Finalists. Claire Winter, Clinical Educator in Central Operating Department at Freeman Hospital for her nomination in the Practice Supervisor of the Year category, along with Jacqui Smith, Dawn Wilson and the 0-19 team (Health visiting and school nursing) for their entry in the Student Placement of the Year - Community.

It has been extremely encouraging to see the outstanding work our clinical staff do to provide quality learning environments recognised nationally.

## **4 RECOMMENDATIONS**

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

**Report of Maurya Cushlow  
Executive Chief Nurse**

27 January 2022

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## TRUST BOARD

Date of meeting	27 January 2022						
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 provides an update of the current position for the Midwifery workforce. 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 Trust Board is asked to</p> <ul style="list-style-type: none"> <li>i) Receive and discuss the report;</li> <li>ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the minimum evidence requirements (NHS England/Improvement (NHSE/I));</li> <li>iii) Recognise that work continues to ensure full compliance;</li> <li>iv) Note the associated risks involved; and</li> <li>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.</li> </ul>						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Impact detail	Detailed within the main body of the report.
Reports previously considered by	Previous report presented to the Trust Board on 25 November 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 arose from the Ockenden Review to the National portal in June 2021. An evaluative report from the regional Chief Midwifery Officer was received in November 2021.

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

Of note specifically are the number of elements which are assessed as partially compliant which directly relate to paper-based records and the Trust's position with regard to a maternity specific electronic patient record. This paper provides an update to the Trust Board on the current position with regard to implementation of the electronic record.

Good progress has been made by the Trust in working towards compliance with the Ockenden recommendations. Work continues on those elements which require specific focus as indicated within this paper.

## 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 the spring of 2022.

From previous papers the Board of Directors will recall that all maternity units across the country were asked 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 November 2021, Trusts were thereafter asked to submit detailed minimum evidence requirements against 49 elements arising from the Ockenden recommendations, and a further update on the progression against these requirements is provided within this paper.

### 3. NEWCASTLE HOSPITALS MATERNITY SERVICES ASSESSMENT AND ASSURANCE

The Board of Directors will recall that since the initial submission of The Maternity Services Assessment and Assurance Tool published in December 2020, the requirements in terms of the minimum evidence required to support compliance against the Ockenden recommendations 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 the Midwifery workforce work is provided within this paper.

The final report following external analysis of Newcastle's submission of minimal evidence was received by NHSE/I in November 2021; Table 1 illustrates Newcastle Hospitals current updated position against the minimum evidence required.

Of the 47 applicable elements, full compliance is achieved against 38 equating to 81%, the

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remaining 9 (19%) demonstrate partial compliance. This illustrates good progress by the Trust throughout 2021 in meeting with the recommendations arising from the Ockenden Report.

Immediate Essential Action		Brief Descriptor	Compliance
Section 1		IEA 1-7	
<b>IEA 1: Enhanced Safety</b>	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
<b>IEA 2: Listening to Women and Families</b>	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
<b>IEA 3: Staff Training &amp; Working Together</b>	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.	Compliant
	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.	Compliant
<b>IEA 4: Managing Complex Pregnancy</b>	Q24	Maternal Medicine Centre (MMC) Pathway referral criteria agreed with trusts referring to NUTH for specialist input.	Compliant
	Q25	Women with complex pregnancies (whether MMC or not) must have a named consultant lead.	Partial Compliance
	Q26	Early specialist involvement and management plans must be agreed where a complex pregnancy is identified.	Compliant
	Q27	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (SBLCBv.2)	Compliant
	Q28	Continuation of Q25: mechanisms to regularly audit compliance.	Compliant
	Q29	Trust supporting the development of maternal medicine specialist centre.	Compliant
<b>IEA 5: Risk Assessment Throughout Pregnancy</b>	Q30	All women must be formally risk assessed at every antenatal contact.	Partial Compliance
	Q31	Risk assessment must include ongoing review of the intended place of birth.	Compliant
	Q32	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (V.2).	Compliant
	Q33	Regular audit mechanisms are in place to assess Personalised Care & Support Plan compliance.	Partial Compliance
<b>IEA 6: Monitoring Fetal Wellbeing</b>	Q34	Dedicated Lead Midwife and Lead Obstetrician to champion best practice in fetal wellbeing.	Compliant
	Q35	Leads must be sufficiently senior with demonstrable expertise to lead on clinical practice, training, incident review and compliance of Saving Babies' Lives care bundle (V.2)	Compliant
	Q36	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (V.2).	Compliant
	Q37	90% attendance for each staff group attending MDT maternity emergencies training session (with 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
<b>IEA 7: Informed Consent</b>	Q39	Ensure women have access to accurate information, enabling informed choice for place and mode of birth.	Compliant
	Q40	Accurate evidence-based information for maternity care is easily accessible, provided to all women and MVP quality reviewed.	Compliant
	Q41	Enable equal participation in all decision-making processes and Trust has method of recording this.	Partial Compliance

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

<b>Total Number of Questions</b>	49	100%
Non-applicable (Q9 and 10)	2	n/a
Compliant	38	81%
Partial Compliance	9	19%

As previously reported, a high-level action plan is in place to ensure progression is monitored through governance pathways at a local level within the Directorate. This plan is regularly updated, and key elements continue to be reported to the Board level Maternity Safety Champions, Trust Quality Committee, and to the Trust Board.

The three outstanding 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. As previously reported, the reporting mechanisms to the LMNS have not yet been fully agreed by the newly formed LMNS, further direction is awaited.

**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 and CNST.

A task and finish group has been developed to enable review and close monitoring of the Maternity Service's multi-disciplinary training program.

Of note is that the reporting requirements for year 4 CNST have been paused for 3 months due to the NHS pressures. The Trust will continue to plan and provide training for staff wherever possible, however, this is likely to remain a challenge given the ongoing impact of the COVID-19 pandemic.

**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.

#### **4. DIGITAL HEALTH RECORDS**

##### **4.1 Implementation of BadgerNet**

As previously discussed with the Board of Directors, the Trust is currently in the process of planning for the implementation of a maternity specific electronic patient record, which will largely mitigate the current risks associated with paper-based records, and further enhance the level of quality assurance with regard to the provision of personalised care planning and associated documentation.

There are no exceptions to report to the Board of Directors at the present time; collaborative project work continues to be progressed in line with an implementation date of October 2022. Further updates will be provided in future papers.

#### **5. MATERNITY WORKFORCE PLANNING AND INVESTMENT**

## **5.1 Midwifery Workforce**

As has been previously reported to the Trust Board, 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 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. The plans for delivering maternity transformation and specifically reconfigured pathways which align to Continuity of Carer will be discussed in a separate private paper to the Trust Board in January 2022.

## **5.2 Obstetric Medical, Neonatal Medical, and Neonatal Nursing Workforce**

There is nothing of significant value to further update the Board of Directors on regarding this element. Future papers will report by exception whereby there are emergent risks.

## **6. HIGH LEVEL ACTION PLAN**

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



**Table 2**

<b>The Newcastle Upon Tyne Hospitals NHS Foundation Trust Maternity Services Assessment and Assurance Tool High Level Action Plan to support the requirements arising from the Ockenden Review; Updated January 2022</b>			
<b>Immediate and Essential action (IEA)</b>	<b>Updated action which is required to meet recommendation</b>	<b>Lead/s</b>	<b>Completion Date</b>
<b>IEA 1 Enhanced Safety</b>	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.
<b>IEA 3 Staff training and working together</b>	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	3 month pause introduced from the 23 December 2021. Target date as per Year 4 CNST was 30 <sup>th</sup> June 2022 but it is anticipated this will be delayed.
<b>IEA 4, 5 &amp; 7 Named Consultant and Risk assessment throughout pregnancy</b>	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	Audits undertaken in January 2022. Results to be available for the March Board report.  Revised antenatal risk assessment in draft for January 2022.  EPR 10 months to implementation.

<b>Actions to support Maternity Workforce planning</b>				
		<b>Action required to meet recommendation</b>	<b>Lead/s</b>	<b>Completion Date</b>
<b>Section 2 Midwifery workforce</b>	A plan in place to meet the Birthrate Plus standard	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 with a presentation planned to Trust Board in January 2022.	Associate Director of Midwifery Directorate Manager	Completed

## **7. STRATEGIC IMPLICATIONS**

The Trust continues to work with the LMNS and other NHS providers within the region to establish and consider the wider implications of meeting the Ockenden requirements.

## **8. RISKS**

The risks identified in the November 2021 Trust Board paper which align to the quality assurance issues arising from the use of paper-based records will continue to exist until full implementation of a maternity specific electronic patient record. In mitigation interim monitoring measures continue which, it is noted, places an additional burden on the Service.

Workforce training is identified as being at risk in terms of the sustainability of ensuring 90% compliance across all specialities. It is likely that the submission date for CNST will be extended from the end of June 2022 as it has been recognised by NHS Resolution that due to NHS pressures, staffing levels will not allow for 90% compliance. The directorate will continue to provide core training and any modifications which are required will be reported separately to the Quality Committee and Trust Board in line with the requirements of CNST.

Workforce remodelling has been undertaken by the Trust in line with the Maternity Transformation Programme and Better Births, including detail on the amount of progress the Trust can make without additional investment. This proposal has been presented to the Executive Directors and the plans for transformation and the implementation of revised models of working will be shared with the Trust Board in a separate private paper in January 2022.

## **9. CONCLUSION**

The Trust continues to progress the actions which align to the minimum evidence requirements of the Ockenden review and has made good progress against plan throughout the course of 2021.

A number of outstanding recommendations relate specifically to personalised care planning and the support which is required from a maternity specific electronic patient record. Work is progressing on the implementation of BadgerNet with a target date of October 2022.

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.

We await the second report of Donna Ockenden which it is anticipated will be published in spring 2022.

## **10. RECOMMENDATIONS**

For the Board of Directors to:

- i) Receive and discuss the report;
- ii) Note the current level of assurance and the identified gaps in assurance as benchmarked 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  
27 January 2022**

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## TRUST BOARD

Date of meeting	27 January 2022						
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, 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>This is the third 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 the Trust Board on the 25 November 2021.</p>						
	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	Regular Report.						

## **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.

On the 23 December 2021 the Trust was informed that there would be a 3 month pause in the reporting period due to ongoing pressure on the NHS and maternity services. Trusts were informed to continue to apply the principles of the 10 safety actions in view of the overall aim which was to support the delivery of safer maternity care. Trusts were encouraged to continue reporting to MBRACCE-UK and eligible cases to Healthcare Safety Investigation Branch (HSIB). In addition Trusts were asked to make every reasonable effort in making the Maternity Services Data Set submissions to NHS Digital.

The content of this report focusses on the 3 main safety actions that remain a challenge for the Trust. The previous report in November 2021 focussed on key aspects of safety actions 1, 2, 3, 4, 5, 6, 8 & 9.

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 (£2,389.89 million in 2019/20). Of the clinical negligence claims notified to NHS Resolution in 2019/20, obstetric claims represented 9% of the volume and 50% 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 successful position relating to achievement of full compliance for Year 3 was notified on the 16 November 2021. Confirmation of the total financial reward is awaited.

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

On the 23 December 2021 the Trust was informed that there would be a 3 month pause in the reporting period due to ongoing pressure on the NHS and maternity services. Trusts were advised to continue to apply the principles of the 10 safety actions in view of the overall aim which is to support the delivery of safer maternity care. Trusts were encouraged to continue reporting to MBRACCE-UK and eligible cases to HSIB. ). In addition Trusts were asked to make every reasonable effort in making the Maternity Services Data Set submissions to NHS Digital.



The content of this report focusses by exception on the 3 main safety actions that remain a challenge for the Trust. The Trust has produced a quarterly Perinatal Mortality Review Tool (PMRT) Safety action 1 report since 25/04/2019. This report outlines data from PMRT for Quarter 3 2021/22 reviews (01/10/2021 – 31/12/2021). The PMRT report has been included in the private Board Reference Pack (BRP).

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

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

The Trust is fully compliant with standards 1 and 4 of this safety action. Standards 2, 3 and 5 are partially compliant. Key aspects updated from the previous Board report include:

### **2.1 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.*

In December 2021 the Trust were informed that the quality of data submitted for August data passed 8 out of the 11 CQIM's. Of the three CQIMs not passed, it has been identified that there are technical issues with the data submitted by the Trust for two of the metrics which are being reviewed by NHS Digital. This issue is not unique to Newcastle Hospitals. For the remaining data metric which Newcastle Hospitals failed to achieve, this has been reviewed and plans put in place to ensure the correct data is input for future submissions. The failure to comply with this requirement is directly linked to the lack of suitable electronic patient records and data being recorded in the most appropriate fields.

The Trust will monitor compliance with this standard closely over the next 4 months to ensure the achievement of a more consistent level of data recording leading to full compliance. A further comprehensive update will be provided to the Trust Board in March 2022.

### **2.2 Standard 3**

*January 2022 data contained height and weight data, or a calculated Body Mass Index (BMI), recorded by 14+1 weeks gestation for 90% of women booked in the month.*

In December 2021 the Trust were informed that the quality of data submitted for August did not meet the required standard. The Trust is confident that the data has been entered onto the maternity information system, however, further work is required from IT to populate the MSDS requirements.

## 2.3 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 November 2021, the Trust will only 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 October 2022.

The Trust can, however, evidence compliance as outlined in the scheme, as ‘sustained engagement with NHS Digital’, which as a minimum includes monthly use of the data Quality Submission Summary Tool supplied by NHS Digital, and a plan is in place to ensure this is met.

On the 23 December 2021 the Trust were notified that the section on Personalised Care and Support Planning metrics has subsequently been removed following National feedback.

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

Safety Action 6 comprises 5 elements. Element 1 focusses on Carbon Monoxide measurements being undertaken twice during the pregnancy. The Trust is confident that this is being undertaken but compliance in relation to recording this onto the maternity information system requires further work. To support this action, retrospective data entry is being undertaken. In previous submissions this has continued to be an area of concern and, therefore, close monitoring and review is being undertaken on a monthly basis.

Element 4 focusses on multi-professional fetal monitoring training. This is also part of Safety action 8 and will be discussed in more detail under that specific safety action.

Full compliance has been achieved with elements 2, 3 and 5.

**4. 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:

**4.1** *A local training plan is in place.*

The Departmental Training Needs Analysis (TNA) has been 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 ensure achievement in this standard.

**4.2** *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.*

**4.3** *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)?*

Both these elements continue to be a challenge for the Directorate due to the impact of the COVID-19 pandemic and associated staff absence. Additional training sessions have been scheduled to support trajectory against this target and the Trust will continue to provide the training whereby staffing levels allow.

A task and finish group, led by the Clinical Director for the Directorate, meet monthly to review training requirements and monitor compliance with this safety action. This close monitoring enables further action to be implemented whereby trajectory is insufficient to meet with the target. The pause in reporting reflects the challenges that all Trusts currently face.

**5. SUMMARY**

The Trust continues to work towards achieving full compliance with the ten safety actions despite the challenges faced during the pandemic. The 3 month pause in reporting is likely to result in a change to the submission date, currently scheduled for 30 June 2022, and the Trust awaits further confirmation.

The 3 safety actions that remain partially compliant are being monitored closely and are discussed by exception at the bi-monthly Obstetric CNST meetings and the relevant monthly task and finish groups. The Board will receive a more detailed report for consideration in March 2022 as required by the scheme.

## **6. 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**  
**27 January 2022**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 January 2022						
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 December 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 08.12.2021); trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard December 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 increased in December 2021 due to the Omicron variant and are reflected in the hospital admission numbers. The number of patients with a new COVID-19 diagnosis requiring hospital admission has increased during this time.
- The Trust has seen an increase in outbreaks and hospital onset COVID-19 cases from December linked with the increased transmissibility of the Omicron variant.
- 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 December 2021 (located within the Public Board Reference Pack).
- There has been a high demand for staff polymerase chain reaction (PCR) screens in December with an increased incidence of positive staff.
- National guidance recommendations are risk assessed to ensure ongoing safety of staff and patients. These risk assessments have been reviewed and agreed by the COVID-19 Assurance Group and Gold Command and underpin infection prevention and control (IPC) policies and procedures.
- Guidance on return to work following COVID-19 infection or contact with a confirmed case has been updated in line with national guidance to support safe staffing levels.
- 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.

### 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 NOVEMBER/DECEMBER 2021

#### 1.1 Coronavirus (COVID-19)

The emergence of the B.1.1.529 (Omicron) variant was declared at the end of November 2021 with cases emerging initially in South Africa, Hong-Kong and Botswana and soon spreading worldwide. It is now the most prevalent strain of COVID-19 in the UK. Its most relevant characteristic is that it is more transmissible which is apparent given the rising community prevalence across the country and reflected through the increased number of in-patient cases. Protection against hospitalisation from vaccines is good against the Omicron variant however the effectiveness of all vaccines against symptomatic infection is lower against Omicron compared to Delta. Boosters improve vaccine effectiveness.

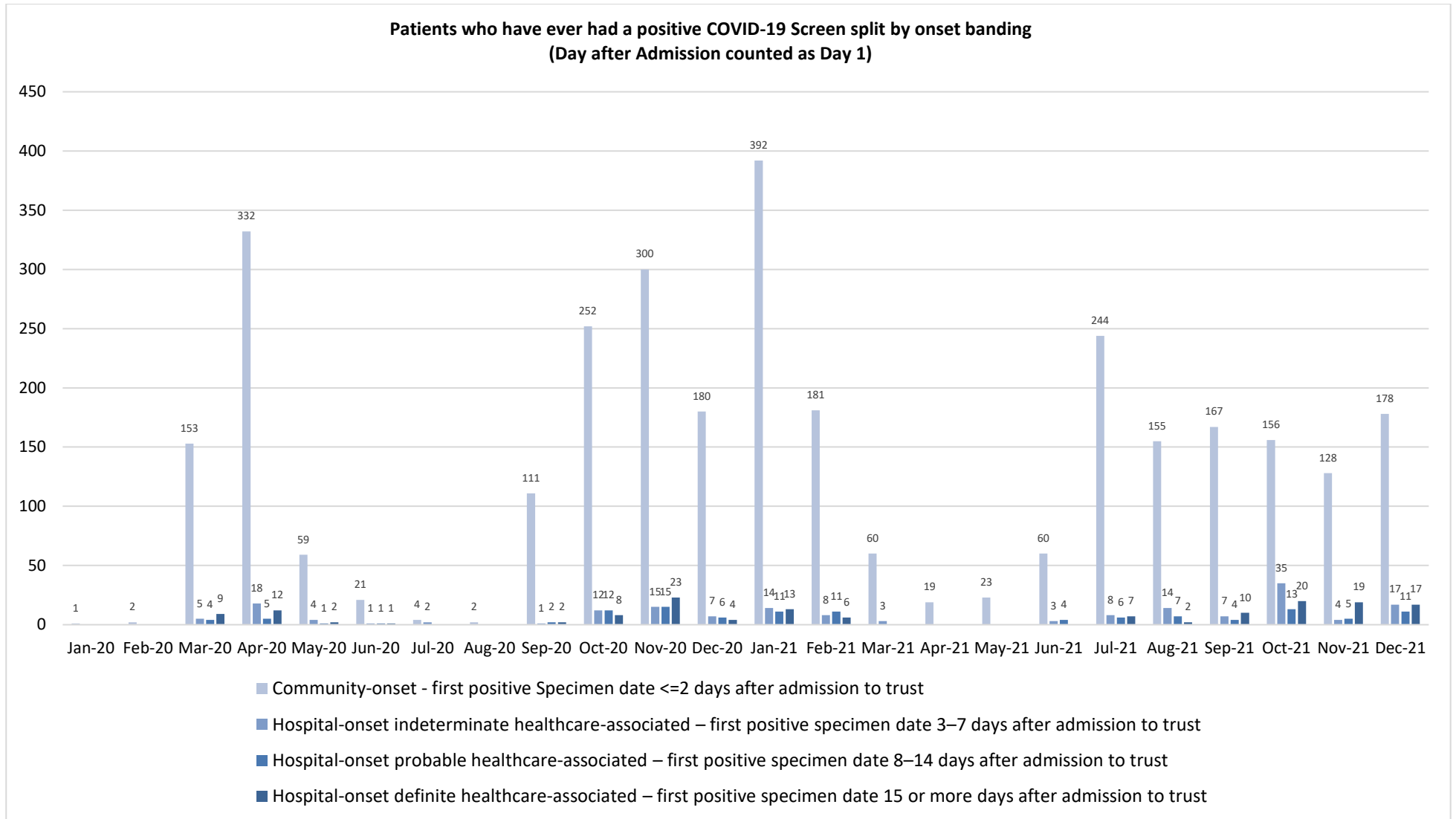
##### 1.1.1 **Managing HCAI COVID-19 cases**

COVID-19 infections are classified as follows:

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

The graph overleaf demonstrates the COVID-19 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.





## Agenda item A7d

The increase in prevalence in the community has been mirrored in the number of cases admitted to the Trust. In December 2021; there was an additional increase in HO.iHA patients detected within day 3-7 of hospital admission for other non-COVID-19 reasons.

The combination of high number of patients admitted with COVID-19 and outbreaks, together with high levels of staff sickness has had a significant impact on bed capacity. There have been 9 COVID-19 outbreaks declared during November and December 2021. An outbreak is declared when there are 2 confirmed connected cases within a 14-day period and at the time of writing continues for 28 days from the last positive case with ongoing review by the IPC team. Potential transmission from visitors and cross infection from wandering patients in elderly care wards have been the main themes from those outbreaks.

Personal Protective Equipment (PPE) guidance for the Trust is updated regularly and was proactively amended in December 2021 to include eye protection in all areas regardless of COVID-19 status due to the increased infectivity of Omicron and an increase of hospital onset patient cases. FFP3 masks are widely available to staff if they choose to upgrade respiratory protection for any patient contact and advised in areas of high COVID-19 prevalence.

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 December 2021, compliance with individual elements of the audit is 85% for clinical areas and 77% for non-clinical areas.

### **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 December 2021 is 127,597 tests with 390 positive cases, and a positivity rate of 0.3%. Symptomatic staff continue to have access to PCR testing via the testing pod, but household contacts have now been directed to use one of available external testing centres.

From April to the end of November 2021 T&T staff had followed up around 2,000 positive staff. In December 2021, the workload increased significantly with the rise in number of positive cases, due to the spread of the Omicron variant, resulting in the number of contacts rising by over 1,000 within the month of December 2021. The Team providing this end to end service have been exemplary in responding to the rapid and increasing needs of the organisation, working longer hours and flexibly in a very short space of time.

### **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 6 January 2022 over 13,000 staff had received their COVID-19 booster vaccination at the Trust, with some additional staff receiving their boosters in the community.

The mass vaccination program has now ended with new staff entering the organisation signposted to regional hubs such as Centre for Life and some additional bespoke clinics arranged by the Executive Chief Nurse team.

Current staff uptake for COVID vaccinations are:

1 <sup>st</sup> dose	97%
2 <sup>nd</sup> dose	95%
Booster	83%

The seasonal ‘flu vaccination program has used a mixed model of peer vaccinators in wards and departments, bookable clinics at Freeman Hospital (FH) / Royal Victoria Infirmary (RVI) / Regent Point (RP) as well as bespoke clinics for departments without peer vaccinators or located in the wider community. By the 6 January 2022, 11,100 staff had received their ‘flu vaccinations. At 63% this is still some way off our 80% target for staff flu vaccinations and work is underway to arrange additional general and bespoke clinics to maximise vaccination uptake.

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

At the end of December 2021, a total of 132 cases were attributed to the Trust (101 case are Hospital Onset Healthcare Associated (HOHA); 31 cases are Community Onset Healthcare Associated (COHA)), which places the Trust over the national threshold by 59 cases. The increase is multifactorial, which includes high acuity of patients, the suspension of additional Covid-19 workload multidisciplinary post infection review (PIR) meetings and suspension of antimicrobial audits. The relationship between staff shortages and increased rates of HCAI in patients with high acuity is well recognised in the literature often as the result of e.g. lapses in compliance with hand hygiene and best practice guidance on antimicrobial prescribing. These messages as well as lessons learned are shared with individual directorates and departments as well as Trust wide and additional resources, both in terms of staff and electronic solutions have been agreed to help support improvements and assist data management.

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

There have been no MRSA bacteraemia cases since April 2020 thus the Trust has been “MRSA bacteraemia free” for 20 months, which is the Trust’s longest MRSA bacteraemia free period (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 December 2021, a total of 80 cases were attributed to the Trust (59 HOHA cases; 21 COHA cases), which places the Trust over trajectory by 12 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 December 2021, there have been 156 *E. coli* bacteraemias, 125 *Klebsiella* bacteraemias and 34 *Pseudomonas aeruginosa* bacteraemias to date, which places the Trust above all internally set GNBSI reduction trajectories but within the national thresholds.

Among other factors, high patient acuity has contributed to the increased rates.

Whilst acknowledging that the high and increasing acuity, dependency and complexity of our patients continues to be a contributing factor, Quality Improvement projects are underway to support a reduction in cases.

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

There have been 4 CDI PII during November / December 2021 within Peri-operative and Critical Care, Cardiothoracic Services, Cancer Services and Internal Medicine. This is defined as two cases within a 28-day period. The cases are being further investigated to establish if there are any learnings from related themes.

There have been no diarrhoea and vomiting outbreaks within the Trust during November / December 2021.

### **1.7 Sepsis**

As previously reported, an investment proposal for an additional sepsis nurse has been supported and an appointment is likely to be made by the end of January.

There are still gaps in compliance with national guidance on documentation of recognition, escalation and management of deteriorating patients. Existing data is shared with individual directorates to ensure focused learning and improvements are progressed. Over Quarter 3, Covid-19 has also had a significant impact on this work stream. Despite this, there has been a small improvement in Emergency Department (1%) and in-patient (4%) compliance compared to the previous quarter.

Trust wide bespoke education sessions for directorates continue to be promoted whilst acknowledging this is challenging due to staff shortages due to the pandemic. The Deterioration and Sepsis annual mandatory training to be included within the Electronic Staff Record (ESR) is currently still on track to be launched on 1 April 2022.

### **1.8 Antimicrobials**

November 2021 marked the annual Antimicrobial Awareness month within the Trust. The Antimicrobial Stewardship (AMS) team used this opportunity to deliver informal teaching on wards within most directorates. The education focused on the Start Smart then Focus initiative, which is key to prudent prescribing and review. In addition, there were facts on Twitter, a rolling banner on the intranet and sail boards placed in most of the Trust main entrances highlighting to visitors, patients and staff the importance of tackling antimicrobial resistance.

The Trust has supported the application to recruit three temporary antimicrobial pharmacists. If successful this will help the AMS team, including with surveillance and education, the latter being a key area for improved stewardship.

The launch of the monthly peer review Take 5 audit has been delayed due to delays in the development process. The audit will now be launched in early 2022 with work on-going to

confirm a launch date. The Take 5 audit tool will be useful for the Antimicrobial Stewardship Group (AMSG) but especially for the wards to take ownership of their own audit tool with the ability to critically analyse the antibiotic prescribing within their ward in a snapshot monthly audit.

The Trust is progressing with e-Prescribing-based Antimicrobial Stewardship (e-PAMS) which is a research project looking at improving antimicrobial stewardship through electronic prescribing. We are identifying pilot wards and will be starting to implement the changes on these wards in early 2022.

Dr Eve Hamilton has started as IPC quality lead at the RVI site.

It is also noted that in the Emergency Department, the two dose antibiotic order set was successfully launched in November 2021 and will be audited in 2022.

The Trust is still achieving a reduction in antibiotic consumption of 15% less than in 2018.

### **1.9 Water Safety**

Improvement works within the delivery suite (RVI) are on-going, works at the Assessment Unit at FH are now complete. Following a pseudomonas incident in Ward 25, the Special Care Baby Unit (SCBU) at the RVI, condition inspections of taps across the organisation are being undertaken and reviewed via a Sub Group of the Strategic Water Safety Group.

The Water Safety Plan is currently being updated and will be uploaded to the IPC website.

### **1.10 Ventilation**

No exceptions to report.

### **1.11 Decontamination**

No exceptions to report.

## **2. RISK ASSESSMENTS**

Throughout the pandemic there has been a high number of national guidance documents released relating to IPC practice with frequent updates and reviews. Within the Trust these are robustly reviewed and implemented where appropriate to do so. Where there is concern around implementation or an inability to fully implement, risk assessments are undertaken to ensure the ongoing safety of our staff and patients. These risk assessments are reviewed and agreed by the Covid-19 Assurance Group, discussed at Gold Command and underpin IPC policies and procedures. This has necessarily been the case through December and January and the detail is included within the COVID-19 Board Assurance Framework.

## **3. RECOMMENDATIONS**

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

**Report of Maurya Cushlow**  
**Executive Chief Nurse**

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

18 January 2022

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 January 2022						
Title	Human Resources Director 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.						



## HUMAN RESOURCES DIRECTOR 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 have remained the key concern – in particular the direct impact Omicron has had on workforce gaps and high levels of staff sickness absence or isolation. The Trust has welcomed the support and commitment of its workforce in continuing to care for patients and keep them safe.
- Vaccination as a Condition of Deployment (VCOD) – a priority activity at present. The new regulations will be implemented from 1 April 2021 and the Trust is working through the national guidance and its own local plan to ensure that staff and volunteers are compliant with the requirements.
- The 2021 NHS Staff Survey response in the Trust was 46%. A report on key themes is expected by the end of January 2022.
- Recruitment activity remains high – to ensure staffing expansion for the Integrated COVID Hub North East (ICHNE), a strong base of bank workers, and the routine junior doctor changeover. It is hoped #Geordie Hospital will have a positive impact on recruitment.
- To assure the Board our workforce activity is aligned to the NHS 2022/23 Priorities and Operational Planning Guidance - to invest in our workforce, develop new ways of working and continue to enhance our culture to support delivery of outstanding care.

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

## PEOPLE REPORT

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

<p><b>Integrated COVID Hub North East (ICHNE) – ‘Lighthouse’.</b></p>	<p>The Department of Health and Social Care (DHSC) contract has been extended until 30 September 2022 and this had a positive impact on recruitment. Over 280 people are booked in for interviews in January. The Tyne &amp; Wear Fire &amp; Rescue Service has seconded a small group of staff to help with surge demand in January.</p> <p>Analysis of where staff live and deprivation shows ongoing success of the strategy to recruit locally and for diversity: 53% of staff live in Newcastle-Gateshead, 57% live in the North of Tyne Combined Area, more live in the nationally most deprived decile of wards than in any other decile, 30% of staff live in the most deprived 20% of wards nationally and 65% of staff live in 50% of the most deprived wards nationally.</p>
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### 2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

<p><b>Wellbeing</b></p>	<p>The level of staff sickness – COVID and non COVID related, has continued to be a cause for concern. The data is monitored daily. It is very clear that this increase is a consequence of increased COVID prevalence.</p> <p>To continue to provide safe care for our patients, further incentives were introduced temporarily to encourage staff availability to work additional shifts. Further, and to support wellbeing, a number of other benefits have been introduced on an interim basis until the end of March 2022, being:</p> <ul style="list-style-type: none"> <li>• Temporary additional subsidies for use on public transport resulting in more than 300 applications to benefit from the scheme and much positive feedback.</li> <li>• Early access to pay via Wagestream and removal of the transaction fee.</li> <li>• Carry over or selling of up to 5 days annual leave from 2021/22 into the 2022/23 leave taking year.</li> </ul> <p>The Newcastle Charities provided a £10 voucher to all staff and our Chaplains advised that many staff elected to ‘gift’ their vouchers to those in greatest need. The Trust’s £100 ‘thank you’ for all staff was very well received.</p>
<p><b>Belonging, feeling valued and recognised</b></p>	<p>The <b>2021 NHS Staff Survey</b> closed on 26 November 2021. The response rate was 46%, with 7,341 staff responding – the largest number ever. The content integrated the Trust’s ‘What Matters to You’ (WMTY) programme into the local key questions. The response will inform and support enhancement of the staff experience.</p> <p>The full management report for internal review is expected at the end of January 2022 with the results likely to be published at the end of February but it remains under embargo until the beginning of March.</p>

	<p>The national quarterly <b>NHS Pulse Survey</b> has been launched for the month of January 2022.</p>
<p><b>Flourish/What Matters to You</b></p>	<p>Focus on our organisational development activity continues, with our Flourish programme shaping how we aim to enhance the staff experience and embed a culture of improvement and innovation enabling all staff to ‘liberate their potential’.</p> <p>Improvement activity continues using our local WMTY programme, and working with staff to enable them to influence, shape and sustainably embed change in <u>how</u> we work.</p> <p>We will measure our effectiveness through aiming to improve the NHS Staff Survey response to ‘would you recommend the Trust as a place to work’.</p> <p>The programme priorities for 2022 are:</p> <ul style="list-style-type: none"> <li>• Amplifying the staff voice through improved and more frequent engagement – surveys and communications forums.</li> <li>• Relentless focus on Working Flexibly/Working Smarter/Working Well.             <ul style="list-style-type: none"> <li>○ This focus has been informed by key themes which emerged as a ‘priority’ from our staff survey and WMTY engagement - psychological safety, autonomy and control, participative management.</li> <li>○ For example - we aim to build confidence that flexible working is more than ‘working less than full time’ or hybrid home working – it’s providing skills and capability to ‘work differently’.</li> </ul> </li> <li>• Focussing on leadership behaviours and capabilities</li> <li>• Refreshing 3 employment policies – Flexible Working/Recruitment/Wellbeing.</li> </ul> <p>The Trust has agreed to invest in the HIVE Engagement system to enable use to create a more dynamic engagement approach, and obtain more frequent feedback/dialogue via local pulse surveys.</p>
<p><b>Inclusive and diverse workforce</b></p>	<p>The Equality, Diversity and Inclusion (EDI) dashboard was launched in December and is now part of the HR metrics reported at directorate quarterly performance reviews. Greater availability and use of data at Directorate-level will promote local ownership of the Trust’s EDI agenda and ambition, and help embed a culture of inclusion.</p> <p>The Black, Asian and Minority Ethnic (BAME) Staff Leadership Development Programme ‘Maximising your Potential’ has attracted a positive response in applications. Additional funding has been sourced to enable two cohorts to be delivered, the first of which will commence in February 2022.</p> <p>‘Managing and preventing Incivility’ workshops - 12 workshops have been delivered across the Directorates to raise awareness of the different perspectives on micro aggressions and provide a greater appreciation of the harmful effects on individuals and teams.</p>

	The latest Gender Pay Gap Report will be presented to the People Committee in February.
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**3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING**

<b>Leadership &amp; Organisation Development</b>	<p>A new ‘Strategic Leaders Programme’ commissioned by the Chief Operating Officer is progressing, and over 100 senior leaders across six cohorts will have the opportunity to participate. The content is being co-designed by the Institute of Healthcare Improvement (IHI) and Trust Organisational Development and will include:</p> <ul style="list-style-type: none"> <li>• High-level changes across the NHS;</li> <li>• Leadership behaviours to address changes;</li> <li>• Psychology of change &amp; adaptive challenges;</li> <li>• Open honest questions &amp; listening for understanding;</li> <li>• Stewardship &amp; systems thinking for new financial models &amp; a strategic workforce;</li> <li>• Psychological Safety, Trust &amp; participative management;</li> <li>• Compassionate leadership &amp; kindness;</li> <li>• Distributed leadership;</li> <li>• Inequity analysis; and</li> <li>• Peer coaching + the Model for Improvement.</li> </ul> <p>There is clear overlap with both ‘What Matters To You’ and improvement programmes and elements of these programmes will be brought-through as a ‘golden-thread’.</p> <p>Underpinning this work will be a revised ‘Leadership Behaviours Framework’ based on the themes that have emerged from WMTY conversations - Autonomy and Control; Participative Management and Physical and Psychological Safety.</p> <p>It is anticipated that the Newcastle “Leadership Way” will align with the NHS “Our Leadership Way” and the existing Professional Leadership Behaviours Framework.</p>
<b>Apprenticeship – levy and activity</b>	<ul style="list-style-type: none"> <li>• The ‘National Apprentice Week’ is 7 – 13 February with a theme of ‘Build the Future’. Newcastle Hospitals based case studies have been provided to the Integrated Care Partnership (ICP) Widening Participation group for inclusion in a planned marketing campaign.</li> <li>• The apprenticeship team are working with Gateshead Council to help them develop an integrated health and care programme based on the successful pilot currently underway with Newcastle Council.</li> <li>• Apprenticeship Academy: interviews for the Functional Skills Tutor posts are scheduled for w/c 24 January.</li> </ul>

	<ul style="list-style-type: none"> <li>• The first supernumerary cohort of Healthcare Support Workers have been appointed and allocated to clinical areas.</li> <li>• The first supernumerary cohort of Registered Degree Nurse Apprentices are currently in recruitment and will be in post by the end of March 2022.</li> </ul>
<b>Work Experience</b>	Physical work experience remains suspended due to COVID. However region-wide, discussions are taking place about how to reinstate activity safely. Work is also underway to identify and share good practice across the ICP with the aim of providing a high quality, comparable experience for all young people across the region.
<b>Under graduate Medical Education</b>	A Joint Northern Foundation School & Newcastle University Quality Meeting was held on 6 January 2022. This visit forms part of the annual quality cycle and consists of a series of meetings with Foundation Year Doctors and Undergraduate Medical Students. The final wrap-up session gave very positive feedback to a range of senior managers including the Medical Director.
<b>Education Space and Facilities</b>	Work continues at pace with the first phase of work now underway at the Freeman Hospital (FH). Work at Eldon Court in Newcastle is expected to begin in February.

#### 4. WORKING DIFFERENTLY

<b>Recruitment - general</b>	<p>There was a significant increase in recruitment activity during 2021, with over 5,500 staff commencing a new post in the Trust. In summary the key recruitment activity included:</p> <ul style="list-style-type: none"> <li>• ICHNE;</li> <li>• Hosting the national Vaccination Hub;</li> <li>• International Recruitment;</li> <li>• Student paid placements;</li> <li>• Bring Back Staff; and</li> <li>• ‘Business as usual’.</li> </ul> <p>ICHNE requires a further rapid expansion and a number of assessment centres are underway to fill vacancies to meet the increased demand on services.</p> <p>A further Trust-wide campaign is planned for early February to meet the requirements for day case services. This is linked with the development of the proposed Elective Treatment Centre at the Freeman Hospital, and transformation of services and pathways. This will focus predominantly on Registered Nurses and Medical staff.</p> <p>In anticipation of the potential increased interest in working for the Trust resulting from the Channel 4 ‘Geordie Hospital’ series, our careers website has been refreshed, updated and directs people to our vacancies on NHS Jobs.</p>
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	Social media continues to be proactively used to support key recruitment campaigns, and currently includes the tag #Geordie Hospital.
<b>Recruitment - medical</b>	<p>Medical recruitment continues to be busy and there are 17 new junior doctors and 15 senior doctors due to commence in post in February.</p> <p>There are 272 junior doctors involved in the February Junior Doctor Changeover. Some of these trainees will already be working in the Trust so not all will require Trust Induction and IT training.</p>

**Vaccination as a Condition of Employment (VCOD)**

Ensuring that staff in the Trust are compliant with these regulations which come into effect from 1 April 2022 is a key workforce priority at the present time. Locally, the Trust has established a ‘Task and Finish’ Group, with oversight from the Executive Team to agree policy and process. The Trust is working in partnership with staff side, chaplains and staff network groups to encourage vaccination and support any staff who may continue to be hesitant about getting vaccinated. A detailed briefing has been provided to the Trust Board.

**Pensions Advice Salary Sacrifice Scheme**

The Pensions Advice Salary Sacrifice option is due to be launched with the application accessible via the Benefits Everyone website for mid-February.

**NHS Pension Scheme Consultation**

The Department of Health and Social Care is consulting on proposed changes to employee contribution rates to the NHS Pension Scheme.

With the NHS Pension Scheme moving to a career average revalued earnings (CARE) model for all active members from 1 April 2022, the consultation proposes a new employee contribution structure which will contain fewer tiers and new contribution rates.

Given that some members will see an increase in their pension contributions, the changes would be phased in over two years starting 1 April 2022, with the final changes made from 1 April 2023. This approach seeks to minimise the impact on take-home pay and to give members time to adjust to the changes.

**5. RECOMMENDATIONS**

The Board is asked to note the contents of this report

Report of Dee Fawcett  
 Director of HR  
 19 January 2022

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## TRUST BOARD

Date of meeting	27 January 2022						
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 25 November 2021:</p> <ul style="list-style-type: none"> <li>• Charity Committee – 3 December 2021;</li> <li>• People Committee – 14 December 2021;</li> <li>• Quality Committee – 18 January 2022;</li> <li>• Audit Committee – 25 January 2022; and</li> <li>• Finance Committee – 26 January 2022.</li> </ul>						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						



## UPDATE FROM COMMITTEE CHAIRS

### EXECUTIVE SUMMARY

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

## UPDATE FROM COMMITTEE CHAIRS

### 1. CHARITY COMMITTEE

A formal meeting of the Charity Committee took place on 3 December 2021. During the meeting, the main areas of discussion to note were:

- The Charity Annual Report and Accounts were received and approved.
- The Charity Director provided a comprehensive update, which included a summary of progress to date against the strategy, the operational key performance indicators, and the approach to realising asset gains.
- Katie Hickman, Arts Programme Manager, delivered an informative update on her activity to date.
- The Chair provided an update on the progress made by the Charity Governance Working Group and Natalie Yeowart, Head of Corporate Risk and Assurance, attended the meeting to present the Charity Risk Statement.
- Jon Goodwin, Head of Grant Programmes, attended the meeting to provide a general overview of the charity's grant making approach. He also presented a number of grants for committee approval. Ten grants were considered by the Committee – seven approved, two deferred and one rejected. The approved grants totalled circa £4m and included projects such as:
  - Supporting Transition to Living with a Chronic Disease – Enhanced Service Provision;
  - Embedding physical activity within the healthcare system: A pilot of an Active Hospitals approach to improving the health and wellbeing of Newcastle Hospitals patients;
  - Staff support and supervision for the Great North Childrens Hospital (GNCH) / Community 0-19 service;
  - Establishment of an Abdominal Normothermic Regional Perfusion (ANRP) service in Newcastle;
  - Nursing, Midwifery, and Allied Health Professional (NMAHP) Researcher Development Institute;
  - 2021 Newcastle Occupational Health Service Post-COVID Service Renewal; and
  - Hub @ Newcastle Hospitals.
- The Deputy Finance Director presented the finance reports, as well as the summaries of investments up to September 2021.

The next formal meeting of the Committee will take place on 4 March 2022.

### 2. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 14 December 2021. During the meeting, the main areas of discussion to note were:

- An update on the Integrated COVID Hub North East and the Vaccination Hub was provided by the Chief Operating Officer.

## Agenda item A9

- Maurya Cushlow, Executive Chief Nurse, and Ian Joy, Deputy Chief Nurse, provided a comprehensive update on NMAHP staffing, including the international recruitment campaign.
- The Head of Workforce Engagement and Information provided an update on the 2021 NHS Staff Survey.
- The Associate Director of Education and Workforce Development provided a comprehensive report, with a focus on the Trust's Leadership Offer.
- The Head of Equality, Diversity, and Inclusion presented a report on the Trust's involvement in Project Choice, a supported internship programme for young adults with learning difficulties, disabilities or Autism (LDDA).
- A 'deep dive' into the Trust's workforce age profile and demographics was delivered, as well as an update on recruitment and retention across the Trust.
- The Director of HR shared the recently published NHS Futures Report.

The next formal meeting of the Committee will take place on 15 February 2022.

### **3. QUALITY COMMITTEE**

A formal meeting of the Quality Committee took place on 18 January 2022. During the meeting, the main areas of discussion to note were:

- A comprehensive update on the Trust's progress against the requirements set out in the Ockenden Report was provided. This included an update on the implementation of the electronic record.
- The Director of Infection Prevention and Control, the Director of Quality and Effectiveness, and the Chief Operating Officer presented the quality and performance elements of the Integrated Report.
- The Chairs of the Patient Safety Group and the Patient Engagement and Experience Group provided an update on the work of the groups.
- The Director of Quality and Effectiveness delivered a presentation on the National Patient Safety Strategy.
- The Committee considered a number of reports, including:
  - CQC Action Plan Update;
  - Legal Update;
  - Patient Safety and Quality Peer Reviews; and
  - A Risk Briefing, in relation to Research Passports.
- The Committee approved the revised schedule of business for the committee, which requires ratification by the Board and is included as part of the Corporate Governance Report (agenda item A10).

The next formal meeting of the Committee will take place on 22 March 2022.

### **4. AUDIT COMMITTEE**

A formal meeting of the Audit Committee took place on 25 January 2022. During the meeting, the main areas of discussion to note were:

## Agenda item A9

- Committee Chairs provided updates relating to risk and assurance in relation to their specific areas of focus.
- The Head of Corporate Risk and Assurance presented the Board Assurance Framework and Risk Register Quarterly Report, as well as a progress report on Information Governance.
- AuditOne provided a progress report on the Trust's Internal Audit programme and Mazars LLP provided an update on the Trust's external audit annual plan.
- The committee received the annual review of the Scheme of Delegation, the Standing Financial Instructions, and the Standing Orders, and Changes to the delegation of powers for authorised signatories for the Joint Research Office.
- The committee received a number of reports, including:
  - A Supplies Update;
  - The review of the schedule of approval for Single Tender Action and Breaches and Waivers exception report;
  - The review of debtors and creditors balances;
  - The review of the schedule of losses and compensation;
  - The annual report and accounts timetable for 2021/22;
  - A corporate records update; and
  - A report detailing the changes in Accounting Standards for 2022/23 in relation to lease accounting.

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

## 5. **FINANCE COMMITTEE**

A formal meeting of the Finance Committee took place on 26 January 2022. During the meeting, the main areas of discussion to note were:

- Committee members considered the Month 9 Finance Report and the forecast outturn position.
- The Finance Director delivered a 'deep dive' into capital departmental expenditure limits and recovery schemes.
- An update on the financial plan and activity projections for 2022/23 was provided.
- An update on the Elective Treatment Centre project was provided.
- The committee received an update on activity and the recovery programme, as well as the capital programme.
- The committee received a number of tenders and business cases for approval.
- The committee received an update on charitable funds investment.

The next formal meeting of the Committee will take place on 30 March 2022.

## 6. **RECOMMENDATIONS**

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

Agenda item A9

**Report of Fay Darville**  
**Deputy Trust Secretary**  
20 January 2022

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