

Agenda

13:15 - 13:15 **Public Board of Directors Agenda**

0 min

 A0 Public Board Agenda 31 March 2022.pdf (2 pages)

13:15 - 13:40 **Standing items:**

25 min

1. Apologies for absence and declarations of interest

Verbal *Sir John Burn*

2. Minutes of the Meeting held on 27 January 2022 and Matters Arising

Attached *Sir John Burn*

 A2 Public Board of Directors - 27 January 2022 [DRAFT].pdf (19 pages)

3. Chairman's Report

Attached *Sir John Burn*

 A3 Chairman Board Report March 2022.pdf (5 pages)

4. Chief Executive's Report

Attached *Dame Jackie Daniel*


 A4 220331 DJD board report.pdf (10 pages)

13:40 - 15:30 **Strategic items:**

110 min

5. Digital People Story

Attached *Maurya Cushlow*

 A5 Digital Story - 31 March 2022.pdf (5 pages)

6. Trust Recovery Programme:

Verbal/Presentation *Martin Wilson and Vicky McFarlane-Reid*

- a. General Update
- b. Performance Position; and
- c. 2022/23 Plan headlines

 A6 Public Performance.pdf (7 pages)

***** Refreshment Break*****

7. Director reports:

a. Medical Director; including

Andy Welch


- i) Quarterly Guardian of Safe Working Report
- ii) Consultant Appointments

 A7(a) Board Report March 2022 - Medical Director.pdf (8 pages)

b. Executive Chief Nurse; including

Maurya Cushlow

- i) Ockenden Update Report


 A7(b) Executive Chief Nurse Update.pdf (15 pages)


 A7(b)j Ockenden Update Trust Board Report 31032022.pdf (14 pages)

c. Director of Quality & Effectiveness

Angela O'brien


- i) Quarterly CNST report
- ii) Learning from deaths quarterly report

 A7(c)i CNST Board report.pdf (21 pages)

 A7(c)ii Learning from Deaths March 22 FINAL.pdf (14 pages)

d. Director of Infection Prevention & Control

Lucia Pareja-Cebrian

 A7(d) Healthcare Associated Infections - DIPC Report - 31 March 2022.pdf (10 pages)

e. Human Resources Director:

Dee Fawcett

- i) People Report
- ii) Gender Pay Gap Report 2021/22

 A7(e)i People Report.pdf (11 pages)

 A7(e)ii gender pay March 2022.pdf (14 pages)

8. Health Inequalities Update

Attached *Martin Wilson*

 A8 Health Inequalities Public Board Report.pdf (9 pages)

15:30 - 15:45
15 min

Items to receive and any other business:

9. Update from Committee Chairs

Attached *Committee Chairs*

 A9 Update from Committee Chairs MAR 22.pdf (6 pages)

10. Corporate Governance Update

BRP *Kelly Jupp*

11. Integrated Board Report

BRP *Martin Wilson*

12. Meeting Action Log

BRP Kelly Jupp

13. Any other business

Verbal All

15:45 - 15:45 **Date and Time of Next Meeting** 0 min

Verbal

Tuesday 31 May 2022

Public Trust Board of Directors' Meeting

Thursday 31 March 2022, 13:15pm – 15.45pm

Venue: Freeman Boardroom for Board members only, all others to dial in via MS Teams

Agenda

Item	Lead	Paper	Timing	
Standing items:				
1	Apologies for absence and declarations of interest	Sir John	Verbal	13.15 – 13.16
2	Minutes of the Meeting held on 27 January 2022 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
Strategic items:				
5	Digital People Story	Maurya Cushlow	Attached	13.40 – 13.50
6	Trust Recovery Programme: a. General Update b. Performance Position; and c. 2022/23 Plan headlines	Martin Wilson and Vicky McFarlane-Reid	Verbal / Presentation	13.50 – 14.20
	<i>Refreshments break</i>			14.20 – 14.25
7	Director reports: a. Medical Director; including i) Quarterly Guardian of Safe Working Report; and ii) Consultant Appointments b. Executive Chief Nurse; including i) i) Ockenden Update Report c. Director of Quality & Effectiveness i) Quarterly CNST report ii) Learning from deaths quarterly report d. Director of Infection Prevention & Control e. Human Resources Director: i) People Report; and ii) Gender Pay Gap Report 2021/22	Andy Welch Maurya Cushlow Angela O'Brien Lucia Pareja-Cebrian Dee Fawcett	Attached & Board Reference Pack (BRP)	14.25 – 15.15
8	Health Inequalities Update	Martin Wilson	Attached	15.15 – 15.30

Item		Lead	Paper	Timing
Items to receive and any other business:				15.30 – 15.45
9	Update from Committee Chairs	Committee Chairs	Attached	
10	Corporate Governance Update; including i) Updated Appointments and Remuneration Committee Terms of Reference and Schedule of Business [FOR APPROVAL]	Kelly Jupp	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: Tuesday 31 May 2022

PUBLIC TRUST BOARD OF DIRECTORS MEETING

DRAFT MINUTES OF THE MEETING HELD 27 JANUARY 2022

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

In attendance:

Mrs A O'Brien, Director of Quality and Effectiveness (DQE)
 Mrs C Docking, Assistant Chief Executive (ACE)
 Mr G King, Chief Information Officer (CIO)
 Mr R C Smith, Estates Director (ED)
 Mrs D Fawcett, Director of HR (HRD)
 Mrs K Jupp, Trust Secretary (TS)
 Dr L Pareja-Cebrian, Director of Infection Prevention and Control (DIPC)
 Mr J Thompson, Head of Facilities (for agenda item 22/07 i only)
 Mrs J Thompson, Hotel Services Manager (for agenda item 22/07 i only)
 Dr Sarah Brown, Honorary Associate Medical Director for Mental Health (for agenda item 22/07 iv only)

Observers:

Dr E Valentine, Public Governor
 Professor P Home, Public Governor
 Ms K Pine, Staff Governor
 Dr A Dearges-Chantler, Public Governor
 Mr A Tagliarini, Graduate Management Training Programme
 Mr E Tame, Senior Performance Manager
 Mr J Barton, Senior Performance Manager
 Mr S Volpe, Press
 Mr S Daly, Member of the Public

Secretary: Mrs F Darville *(to 14:52pm)* Deputy Trust Secretary (DTS)

Mrs G Elsander (*from 14:52pm*) Corporate Governance Officer (CGO) and PA to the Chair and Trust Secretary

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

22/06 STANDING ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies were received from Professor D Burn, ANED.

The Chairman welcomed Mrs Pam Smith, the newly appointed CEO of Newcastle City Council to her role as ANED for Newcastle Hospitals.

The Chairman declared an ongoing interest regarding matters pertaining to COVID-19 testing and 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.

ii) Minutes of the Meeting held on 25 November 2022 and Matters Arising

The minutes were agreed to be an accurate record of the meeting. The Chairman referred to page 5, highlighting the additional 1,500 day case procedures per year which would be carried out following the creation of the Elective Treatment Centre (ETC). The ETC would enable 8,500 procedures per year to be carried out in total.

It was resolved: to **approve** the minutes.

iii) Chairman's Report

The Chairman presented the report, noting the following points:

- His role in the switch on of the festive illuminations at both the Freeman Hospital and Daft as a Brush House.
- The content of the Council of Governors induction programme had been refreshed by the Trust Secretary and Chairman, in collaboration with the Lead Governor and Chairs of the Governor Working Groups. In addition, a task and finish group was convened to focus on refreshing and further improving the format and content of the agendas, papers and presentations for council meetings going forward. This was trialled successfully at the December meeting of the council.
- An update from the previous council meeting was provided, which included a presentation from the Director of Newcastle Hospitals Charity (NHC) on the progress to date against the five year charity strategy.
- During November and December, two 'spotlight on service' virtual visits were undertaken to Dental Services and Human Resources. The Chairman noted the work

that continued during the pandemic and highlighted the significant focussed recruitment undertaken for the Nightingale Hospital North East (NHNE), ICHNE, and the vaccination programme.

- A board development session was held in December 2021, which included discussion on the latest developments in system working, a briefing on the well-led framework which formed part of the Care Quality Commission inspection, and strategic estates developments.
- Recent meetings with Sir Liam Donaldson, chair of the North East and North Cumbria (NENC) Integrated Care System (ICS), and Jamie Driscoll, Mayor of the North of Tyne Combined Authority, were described.
- Nationally, the Chairman met with Martin Thomas, Chair of NHS Resolution. The national budget of circa £84bn was noted, with the majority of funding claims regarding birth injuries. The Trust's high performance was noted which resulted in a low annual payment.

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

iv) Chief Executive's Report

The CEO presented the report and noted:

- The recent rapid spread of the COVID-19 omicron, along with its impact on the Trust and the wider community. This had resulted in an increase in inpatient numbers, however such patients were less acutely ill than in previous COVID-19 waves.
- The role undertaken by ICHNE in processing tests was highlighted, as well as enabling the Trust to monitor positivity rates and contributing to the regional public health response. ICHNE capability was being further developed which would provide significant future resilience going forward.
- The Trust continued to coordinate the COVID-19 vaccination programme across the region.
- The challenging impact of the omicron variant on Trust staffing. Absence peaked at around 12% during the Christmas period and had since reduced to around 7%. Daily staff monitoring continued. Tribute was paid to Trust staff for their ongoing resilience and flexibility during this challenging period.
- The Trust remained committed to delivering its recovery plans, and an update was provided on the recently commenced construction of the ETC. This would allow the Trust's teams to carry out around 8,500 low complexity procedures a year in specialties such as musculoskeletal, urology and general surgery. The CEO explained that the facility would be important in the Trust's recovery post pandemic to ensure elective daycase capacity was ring-fenced, as well as the long term future. Gratitude was expressed to the ED and the estates team for the construction progress made to date. The ETC was scheduled to be operational in August 2022.
- Preparations for the change in legislation to allow for the establishment of the Integrated Care Board (ICB) in NENC were ongoing. It was noted that Sam Allen had recently been appointed as CEO Designate for the NENC ICB and had commenced in post this week. Work continued with the Chair Designate, Sir Liam Donaldson, to establish the required governance and to consider the role of Provider Trusts in the ICB going forward.

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- Pam Smith was welcomed to the Board. Meetings continued regularly in relation to Collaborative Newcastle (CN), with teams progressing the delivery plan.
- Recent networking activity as detailed in section two of the report.
- The recent broadcast of the 'Geordie Hospital' series on Channel 4. The CEO highlighted the enterprising, proud, and compassionate staff showcased during the series. It was noted that positive feedback had been received, both from the general public and from NHS England/Improvement (NHSE/I).

Ms Edusei reiterated the thanks to staff, noting the impact of the last two years of the pandemic as well as the challenges arising from the latest variant. She noted that both patient facing and non-patient facing staff continued to go the extra mile.

Ms Baker queried whether there was likely to be a patient engagement element to the public inquiry into the management of the pandemic. The CEO noted that the constitution of the inquiry was currently unclear, however the Trust was working through the potential data it would likely be asked to produce. At this stage, it appeared that this would relate to contractual management, procurement, and licensing. The CEO added that this would not be the only opportunity to undertake post-pandemic learning, and work was currently underway within a number of specialties to consider this, which included patients and carers.

Mr Jowett noted the current focus on health inequalities, highlighting a recent webinar undertaken by NEDs. He noted the importance of the CN partnership and the leadership demonstrated by Newcastle's civic partners in this regard.

The COO thanked the NEDs for their ongoing support and provided further detail about the Duplication to Personalisation project as part of the CN workplan. This included the sharing of information about service users within health and social care which highlighted opportunities to provide more personalised care and reduce health inequalities. The project had received investment and a team had now been established, based at the Lumen. Mrs Smith concurred, noting the importance of the focus on health inequalities and the collaborative and forensic approach required to progress.

It was resolved: to receive the report.

22/07 STRATEGIC ITEMS

i) Staff Story

The ECN introduced John Thompson, Head of Facilities, and Jackie Thompson, Hotel Services Manager for the Royal Victoria Infirmary (RVI). The teams had been instrumental throughout the pandemic and were responsible for much of the unseen work behind the scenes in relation to the additional cleaning requirements.

The Head of Facilities introduced the Hotel Services Manager, noting:

- The Hotel Services Manager was responsible for the management of domestic cleaning services at the RVI, the dental hospital, and ICHNE, managing a budget of

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circa £7.4m and over 420 staff. The service operates 24/7, 365 days a year and the team provided cleaning services which were in line with national standards for healthcare cleanliness.

- During the pandemic, the team cleaned wards, departments, waiting areas, and theatres, as well as corridors and toilet facilities, and extended its service to ICHNE to ensure samples were processed in a clean and safe environment.
- The work of the rapid response teams in providing rapid Infection Prevention and Control (IPC) response to reduce the risk of healthcare associated infections (HCAI). By responding quickly to such requests, patient flow could be maintained. This was crucial during the height of the pandemic, as well as during the Trust's recovery programme.
- During this financial year to date, over 13,000 rapid response cleans have been undertaken. During the 2020/21 financial year, 27,562 such cleans were carried out, a 233% increase on the previous year.
- The Hotel Services Manager was also responsible for the Trust's linen and laundry service. During 2020, over 4m pieces of linen were utilised at the RVI alone.
- The Head of Facilities noted that the Hotel Services Manager would retire from the Trust after almost 48 years of service in March 2022.

The Chairman thanked the Hotel Services Manager for her outstanding service to the Trust, on behalf of the Trust Board and the wider organisation.

[The Head of Facilities and the Hotel Services Manager left the meeting at 13:41hrs]

It was resolved: to receive the report.

ii) Trust response to the COVID-19 pandemic:

- a. General Update;**
- b. Performance Standards & Elective Recovery Programme; and**
- c. Key Areas of Focus for Quarter 4 2021/22**

The EDBDE introduced the presentation. The following key points were noted:

- The planning requirements for the 2022/23 financial year were outlined. A number of these elements, such as workforce investment, pandemic response, and the delivery of elective care to tackle waiting lists, were continuations of the 'H2' (second half of the 2021/22 financial year) requirements. In addition, the new requirements were highlighted, such as closer integrated working with Primary Care. Particular attention was being placed on maximising elective activity and increasing diagnostic capacity.
- The areas of specific focus for Newcastle Hospitals were highlighted. This included:
 - The transformation of community services capacity to deliver increased care at home and improved hospital discharge;
 - The acceleration of the use of digital technologies to transform the delivery of care; and
 - The establishment of ICBs and collaborative system working.

The COO noted that the requirements were intended to aid the NHS in recovering its pre-pandemic position. However the Trust was cognisant that demand for services had

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increased, COVID-19 pressures remained, and challenges continued in relation to capacity, due in part to workforce constraints.

The COO outlined the Trust's recovery plan and the work undertaken to grow the organisation's capacity, such as through the creation of the cataract centre and the ETC. The Trust was also committed to making full use of independent sector capacity and to utilise transformational technologies, such as virtual wards to enable patient care in their own homes. The current and future use of community diagnostic hubs and the need to grow these, by utilising new locations with better transport links, was also noted.

The Trust remained committed to staff recruitment, including through its international recruitment programme, and to its collaboration with partners in primary care, and neighbouring NHS trusts, to improve patient pathways. The COO also noted the potential for further joint-working arrangements across the NHS workforce in the region.

Mr Macleod noted the Trust's continuing enthusiasm for addressing health inequalities and queried whether there were mechanisms in place to ensure that those hardest to reach in deprived communities were able to access healthcare. The EDBDE advised that the matter continued to be a focus for the organisation to ensure that those in the hardest to reach areas had access to the treatment required. It was noted that the majority of the patients on waiting lists did not come from deprived communities which may suggest that such communities were not accessing healthcare.

The COO highlighted the need to utilise the creativity of the Trust's teams to design services that were accessible to all across the city. He also noted the recent appointment of five new senior clinicians to focus on health inequalities, which included ensuring that patient information was accessible and that services were being delivered where they were most required.

Ms Edusei noted the need to involve those from such communities to understand their needs sufficiently. Mrs Smith reiterated this, noting the importance of the inclusion of those with lived experience when engaging with communities and the importance of reaching in to communities.

The EDBDE returned to the slides with the following key points noted regarding stabilising the organisation's core:

- *Workforce Expansion and Well-being:* The HRD described the additional investment required to increase HR capacity to support the accelerated workforce expansion plans. Further areas of focus, being the development of the action plans required utilising the outputs of the staff survey (once available) and the 'What Matters to You' work, and the implementation of mandatory vaccination requirements, were noted. The HRD also noted the need to accelerate the recruitment of the key appointments required for the ETC and ICHNE, as well as the future development of the Apprenticeship Academy, to aid in supporting the organisations recovery.
- *Operational Recovery for Delivery and Performance:* The EDBDE highlighted the areas of priority to be achieved by the end of March 2022. These included the reduction of patients waiting over 104 weeks down to 197, the need to 'hold' the 52 week wait position to the level achieved in September 2021, and to recover both the 28 day

faster diagnosis and 62 day cancer targets. This would be supported via the utilisation of performance data to drive improvement in activity levels.

The COO explained that the national requirements were focussed on recovery of elective activity, however there was also a need to address emergency care demand.

- *Financial Stability:* The FD noted the ongoing organisational focus on patient care and the need to ensure that this could be achieved and maintained within the financial envelope. The organisation continued to be incentivised to support the recovery programme and use resources to support patient safety. Priority areas to the end of the financial year were noted, which included the support of operational recovery e.g. through the progression of the ETC business case; and supporting the future proofing of the Trust's estate.
- *Transformation and Quality Improvement:* The ECN noted the priority areas, including the need to develop a clear narrative for Newcastle Improvement, the development of further capacity and capability, and demonstration of the linkage to the recovery programme through the key projects agreed e.g. outpatient transformation, theatre productivity and day case transformation.
- *Digital Enablement:* The CIO highlighted the continued progress required to deliver the Trust's digital strategy, with the increased use of digital solutions for pre-assessment, the development of the patient engagement platform, and the need for further consideration of how systems could be optimised to deliver additional capacity.
- *Quality and Patient Safety:* The DQE noted the priority areas around patient safety (such as avoidable harm prevention), quality improvement (such as building capability and progression to system wide quality), and enhancing the patient experience, by achieving the outlined patient experience ambitions.

The DQE advised that the challenges arising from the pandemic in terms of staffing levels, the higher acuity of patients and the reduced bed occupancy available may have impacted on the quality of service provided. In response to this, a number of quality improvement projects had commenced and work continued in reviewing the Trust's Quality Strategy against the National Patient Safety Strategy (NPSS). Key areas of work included improving safety systems and widening patient involvement.

It was resolved: to receive the presentation.

iii) **Director reports:**

a. **Medical Director**

The MD/DCEO presented the report, noting that:

- Quality and patient safety continued to be a key priority within the organisation. The recent publication of the NPSS was reiterated, which was discussed in detail at the Quality Committee to consider its impact on the organisation. As such, the Trust had appointed the DQE and Dr Angus Vincent, consultant anaesthetist, as Patient Safety Specialists. This allowed them access to national networks and resources.
- The NPSS would require a change to be made the Trust's serious incident process. This had led to the appointment of quality and patient safety clinical directors to support its implementation.

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- The challenge in maintaining patient quality and safety as a result of the pandemic was highlighted. Outcomes for patients continued to be good and resources were maximised safely. Further tribute was paid to Trust staff for maintaining high standards of quality and safety during the pandemic.
The main area of concern being progressed was to identify those patients whose treatment/intervention may have been delayed as a result of the pandemic (e.g. through presenting later for treatment) and progress the correct course of treatment. The Trust continued to work hard to actively address this.
- Internal peer reviews continued within the Trust, with the final round completed. Directorate feedback sessions were underway in preparation for future external regulatory inspections.
- The current COVID-19 inpatient position was outlined, with circa 80 COVID-19 patients in the Trust. Around half were being actively treated for COVID-19, with the other half being treated for another reason but had tested positive. Staffing absences were beginning to ameliorate following the upsurge related to the omicron variant. Trust staff continued to communicate with colleagues in South Africa regarding this variant to gather information and lessons learned.
- To date, the Trust had maintained the majority of P1 and P2 cases without the need to undertake significant cancellations.
- In December, NHSE had approached the Trust to be a designated COVID medicines delivery unit to offer clinically vulnerable individuals antiviral treatments. The unit had been established and was operating effectively.
- The Trust's gold command structure was outlined, which continued to be utilised to facilitate rapid decision making.
- The report included an update on the mental health strategy, which would be further described under agenda item 22/07 iv, and a comprehensive update on the Trust's research activity. Newcastle Hospitals continued to undertake a significant number of COVID-19 related studies and remained the third largest recruiter.
- The continuing challenged position in relation to cancer performance was outlined. The impact of COVID-19 on both cancer diagnosis and treatment was described. Despite this, the Trust continued to progress, through the appointment of new consultants, further theatre utilisation and the use of innovative technology, such as teledermatology.

The Chairman noted the recent five year renewal of the Cancer Research UK Centre and paid tribute to staff involved for the achievement.

Ms Edusei queried whether any positive outputs had been reported from the targeted lung health check programme. The MD/DCEO noted his role as national clinical lead for the programme and advised that whilst data was initially slow in materialising, there were now new consultant appointments in place as well as availability of mobile CT scanners. Tumours were being discovered earlier (at T1/T2 stage) rather than later which improved outcomes.

Referring to those COVID-19 patients in the Trust being treated for other reasons, Ms Baker queried whether this reflected the national position to which the MD/DCEO advised that the position in the Trust mirrored the national picture. He further noted that this was as a result of the omicron variant being milder in nature.

Professor McCourt reiterated the need for the mental health strategy to expand into paediatrics, noting the impact of the pandemic on children and young people.

Mr Morgan queried whether the higher volume of complex cases being undertaken within Newcastle Hospitals could impact the Trust's own backlog more so than in other organisations. The MD/DCEO explained that this was the nature of the Trust's role as anchor organisation. The COO added that there were some specialised services that only Newcastle Hospitals provided within the region.

It was resolved: to **receive** the report and **note** the Consultant Appointments included within the Board Reference Pack (BRP).

b. Executive Chief Nurse

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

- The report included a focus on the Trust's staff test and trace (T&T) and COVID-19 swabbing service. The T&T team provided a virtual service, and was staffed by transient staff who were either unable to work clinically, were shielding, or working non-clinically from 28 weeks of pregnancy. The team ensured that national guidance was managed appropriately and interpreted fully across the Trust.

Key tasks for the team included contacting staff regarding positive PCR tests, supporting staff with advice relating to isolation requirements and other general queries. The team also worked collaboratively with virology to provide analysis, support audits and research projects, and link with IPC nurses. The team would continue to play a key role in the Trust's pandemic response going forward.

The Trust's process for COVID-19 swabbing for staff, patients, and household contacts was outlined in section 1.2 of the report. This noted the two testing pods, one on each site. Activity between April and December 2021 was outlined, with 336 swabs undertaken at the RVI pod in April and 4,994 in December 2021.

The DIPC highlighted that on average 500 swabs were taken per week before November however in November and December 2021, this increased to circa 1,000 per week.

The DIPC advised that 300 staff were risk assessed to ascertain whether they were able to return to work following sustained contact with a positive COVID-19 case.

The significant increase in swab testing activity was matched by the significant increase in activity for the T&T teams. Household contact testing was halted during peak times in order to focus on staff testing.

Work was underway to consider the potential future demand on the services.

- An update on nursing and midwifery staffing was provided, with the challenges in nurse staffing requirements described as sickness absence increased. The escalation process was outlined and as a result of sustained absence, it was agreed that the Trust move to Level 3 (the highest) in its escalation criteria in January 2022. This was as a result of a number of trigger points being met, which included deployment of non-

ward based nurses and midwives to mitigate the shortfall, an increase in COVID and non-COVID related absence above 10%, and the inability to close beds to mitigate shortfalls in planned staffing.

[The Associate Medical Director for Mental Health joined the meeting at 14:32hrs]

This level of escalation remained in place and would continue until the de-escalation criteria could be met. The ECN praised the response of nursing and midwifery staff at this time who had been redeployed to different teams and departments. The process worked well and good patient flow was maintained.

- The ECN provided an update on the practice education team, who were in place to oversee all aspects of nursing, midwifery, and allied health professional (NMAHP) undergraduate training. The Trust was a large and significant provider of undergraduate training within the region and at peak times, the Trust's wards and departments supported over 750 students.

The Trust continued to seek new and innovative ways to increase training capacity, as it remained integral to the work of the Trust. The ECN noted that the some non-recurrent funding had been made available to expand further training in maternity services.

Mr Chapman requested an update on the latest visiting position within Newcastle Hospitals. The ECN advised that due to the increased prevalence of COVID-19 in the community, visiting on the whole had ceased. She went on to note that there were exceptions applied when patients were receiving palliative care, there were specific caring needs, and for children. Ward staff were empowered to make decisions on visiting based on their clinical judgement. MC agreed to share the Trust visiting principles with KJ for circulation to NEDs [ACTION01].

The ECN went on to note that discussions were taking place across the wider region in order to standardise visiting principles across NHS Trusts in the region. It was anticipated that patient visiting would resume once community prevalence reduced.

Ms Baker queried the challenges described in the report on providing 1:1 staffing/enhanced care in older people's medicine. She queried the need for such care and what the potential implications were for patients if this could not be provided. The ECN explained that some patients required additional support (for example due to delirium) and 1:1 care was required to keep them safe. It was noted that there had been challenges in applying this policy over the last two months due to staff sickness levels. To mitigate, daily staffing calls were undertaken to manage areas of risk on wards and to ensure staff were able to sufficiently care for all patients. On occasion, 1:1 care could not be facilitated and staff were asked to report this so that the risk could be documented and managed.

Ms Baker queried whether there was scope to reduce staffing in other areas and move to those with increased need. The ECN noted that this was undertaken on a dynamic basis for each shift. Clear escalation criteria was in place and allowed for the Trust to draw on resources to ensure that wards were staffed safely.

It was resolved: to receive the report.

- **Ockenden Update Report**

The ECN advised that the report had been discussed in detail at the recent Quality Committee meeting. The following points were noted:

- A plateau had been reached currently in relation to progress against the outstanding actions. Three key outstanding issues of note were outlined on page 9 of the report, relating to the implementation of the perinatal quality surveillance model, multi-disciplinary team training, and the implementation of BadgerNet, the maternity specific electronic patient record.
- An update on the BadgerNet implementation was provided, noting that the system would become operation in June 2022. Until this point, the Trust could not state full compliance with those elements that were reliant on it.
- In relation to training, the ECN noted capacity challenges in delivering such training however this remained under review by Mr Moran, Consultant Obstetrician.
- A small number of other areas of non-compliance were noted, with those relating to guidance on reporting requirements being within the remit of the local maternity system.
- The ECN noted that an update relating to the national Ockenden Report was anticipated in March 2022.

Professor McCourt, as NED lead for maternity, noted the progress underway and highlighted her recent visit to community midwives, accompanied by the DQE. She reiterated the importance of the BadgerNet implementation.

It was resolved: to **receive** the report and **note** the current level of assurance and the identified gaps in assurance as benchmarked against the minimum evidence requirements.

c. **Director of Quality & Effectiveness**

- **Quarterly CNST report**

The DQE presented the report, noting that:

- A number of similar themes as those reported under the Ockenden Report item were noted, given their focus on the same service area. The Trust's compliance with the maternity incentive scheme would be both improved and simplified following the implementation of the BadgerNet system. The DQE noted that the current Trust system required some manual intervention to ensure data was mapped correctly to the national data system, this was labour intensive for those undertaking the submission.
The DQE noted that this was recognised by NHS Resolution, as it was experienced by a number of organisations, and resulted in a pause on that particular standard. Further information regarding this was anticipated in February.
- The wider scheme was paused during December for three months as a result of staffing challenges presented by the omicron variant. This had resulted in uncertainty regarding submission requirements however organisations were asked to continue to apply the principles of the ten safety actions during this time.

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- The challenge to achieve the 90% training compliance target was outlined. This required a full day of face to face multidisciplinary training and due to the above describes challenges, the Trust was not currently on trajectory to achieve this.

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

d. Director of Infection Prevention & Control

The DIPC presented the report:

- A significant change in COVID-19 prevalence was experienced as a result of the omicron COVID-19 variant. An increase in community rates was observed in December, as well as an increase in admissions for the organisation and a rise in staff cases. In addition, there had been an increase in reported outbreaks within the Trust.

[The DTS left the meeting and the CGO joined the meeting at 14:52pm]

- Whilst the omicron COVID-19 variant had proven to be more transmissible, it was felt that the vaccinations were having a positive impact and as a result, the staff booster vaccination campaign had progressed well. The seasonal flu vaccination campaign also continued with good levels of uptake from staff.
- It was noted that there had been an increase in all non COVID-19 Healthcare Acquired Infections (HCAI). Identifying the cause for these infections was multifactorial, however some common themes were evident and mirrored by other secondary care providers in the region e.g. higher patient acuity and challenges in staffing levels. For isolated cases which could be attributed to a particular service/directorate issue, learning has been identified and individual directorate action plans have been produced to incorporate improvement objectives.
- As reported earlier, no MRSA bacteraemia cases have been identified for over 20 months.
- Root Cause Analysis continued to be undertaken for all cases of C.difficile and MSSA.
- A Gram Negative Bacteraemia Steering Group had been established and three Quality Improvement projects have been identified and were progressing well.
- Throughout the pandemic, there had been a high number of national guidance documents released relating to IPC practice with frequent updates and reviews. The DIPC advised that these documents were absorbed and risk assessed at pace with any necessary changes subsequently implemented.

Mr Chapman as Chair of the Quality Committee commented that often learning was acquired from adversity and questioned if the learning gained during the pandemic would change some practices to become business as usual moving forward. The DIPC assured the Board that changes to practices had already been implemented citing outbreak reviews as an example.

It was resolved to receive the report.

e. Human Resources Director – People Report

The HRD presented the report noting the following points:

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- Recruitment activity remained high particularly for ICHNE, with a strong base of bank workers. Good progress has been made in increasing the diversity of the workforce.
- The next cohort of international nurses were commencing in February 2022.
- A further Trust-wide campaign was planned for early February for the ETC.
- In anticipation of the potential increased interest in working for the Trust resulting from the Channel 4 'Geordie Hospital' series, the careers website has been refreshed, updated and links directly to the Trust's vacancies on NHS Jobs.
- More granular details were awaited in relation to the Staff Survey. Once received, this would be compared with peers and further analysis undertaken.
- Focus on organisational development activity continued with the overarching Flourish framework shaping the staff experience and embedding a culture of improvement and innovation. The 'What Matters to You' programme feedback has resulted in the agreement of key priorities for the year ahead, including amplifying the staff voice, working flexibly, working smarter and working well.
- The Equality, Diversity and Inclusion (EDI) dashboard was launched in December and was now part of the HR metrics reported at directorate quarterly performance reviews.
- The Black, Asian and Minority Ethnic (BAME) Staff Leadership Development Programme 'Maximising your Potential' has attracted a positive response in applications with the first cohort commencing in February 2022.
- The latest Gender Pay Gap Report will be presented to the People Committee in February.
- A new 'Strategic Leaders Programme' commissioned by the COO was progressing, with over 100 senior leaders across six cohorts having the opportunity to participate with the content being co-designed with the Institute of Healthcare Improvement (IHI). The Trust Leadership Behaviours were currently being refreshed.
- The Apprenticeship Academy was progressing well and the Trust was working with Gateshead Council to help them to develop an integrated health and care leadership development programme based on the successful programme conducted with Newcastle City Council.
- The first annual quality cycle meeting for the Joint Northern Foundation School & Newcastle University was held on 6 January 2022. Positive feedback was received.
- Work continued at pace with the refurbishment of the education space and facilities at the Freeman Hospital.
- Regarding Vaccination as a Condition of Employment (VCOD), the Trust was 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. The Trust would continue to comply with national policy and the scheduled implementation date of 1 April 2022. The Trust has been in discussion with both the Lead Employer Trust and Newcastle regarding junior doctor and honorary contract holder vaccination status. Where staff data was incomplete, all staff have been written to asking for them to confirm their vaccinations status.
- Pensions advice workshops have continued to be run for staff.

Recognising the volume of activity, Mr Jowett commended the HR Department on the vast amount of work being undertaken, as well as acknowledging the support teams working equally as hard. He noted that VCOD would be discussed at the next People Committee meeting.

Agenda item A2

Referring to the recent announcement of 30 companies within the UK trialling a four-day week, Mr Jowett questioned if this was something being considered by the Trust. The HRD advised this was incorporated within the flexible working strategy but further thought would be needed due to the high competition for staff within the marketplace. Various options would need to be explored including shift patterns, as well as adaptations to enable staff to be more agile. It was noted that IM&T requirements would play an important role in flexible/agile working. Mr Jowett expressed his gratitude on behalf of the Trust Board for the work of the HR Directorate.

Whilst recognising the success of the strategy to recruit locally and for diversity into the ICHNE, Ms Baker also noted the relatively high turnover and queried whether the reasons for leaving had been captured and analysed i.e. unemployment, new jobs or other positions within the Trust. The COO advised that the data would be obtained and shared with the NEDs [**ACTION02**]. He noted that due to the fixed term nature of the positions, the feedback received from leavers was often that they were moving on to further education/training or to permanent positions.

Ms Baker commended the Trust on the recent OFSTED rating in relation to the Apprenticeship Programme, noting the challenges in meeting the standard.

Mr Morgan referred to remuneration levels and questioned if the Trust was financially competitive with other locations, as well as offering comparable promotion opportunities. The HRD advised that the Trust worked within the boundaries of national terms and conditions via NHS Employers Agenda for Change. She added that information from exit interviews indicated that in some cases, staff may leave the Trust for a higher paid position in a less complex organisation elsewhere.

The ECN noted that the Trust was vast, and staff could remain within the Trust for their whole career which created both advantages and disadvantages. She highlighted the importance of creating opportunities for staff to get a broader breadth and depth of experience during their career, potentially in other organisations. Ms Edusei echoed the thoughts of the ECN and encouraged organisational collaboration for staff to gain experience via the secondment route to gather more skills and enrich their experience from working in other sectors e.g. the voluntary sector.

Mr Morgan queried if any benchmarking had been undertaken in relation to staffing ratios in corporate areas e.g. procurement, and if there were any functions that were understaffed. The HRD advised that benchmarking data was available via the Model Hospital Dashboard which provided hospital provider-level benchmarking. She noted that staffing within Estates was a particular challenge due to competition with the private sector.

It was resolved to receive the report and note the contents.

iv) Mental Health Update

The MD/DCEO introduced Dr Sarah Brown who had recently joined the Trust as Honorary Associate Medical Director for Mental Health, the appointment of which underlined the Trust's commitment to providing high standards of care to people with mental health needs.

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Dr Brown delivered a presentation covering the following:

- Key publications were referenced including the Treat as One National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report and the CQC Assessment of Mental Health Services in Acute Trusts (AMSAT) report. Dr Brown confirmed that the report recommendations had been reviewed both in Cumbria, Northumberland, Tyne and Wear Foundation Trust (CNTW) and within Newcastle Hospitals, with a number of actions undertaken.
- The CQC report recommendations, and associated Trust actions taken, included:
 - Oversight at Board level of the provision of the mental health component of care for patients – MD/CEO responsibility and appointment of Dr Brown.
 - A dedicated room for safe assessments – a dedicated room was already in place at the RVI.
 - Service Level Agreements being in place – an agreement had already been established between the two Trusts and is now being reviewed.
 - Improved staff education and governance of the Mental Health Act and Training for staff – a programme was now in place with further training to be delivered.
 - Better support for staff wellbeing – a number of programmes were already in place in relation to this including the Flourish framework, the ICS Wellbeing Hub and the Occupational Health Service.
 - Acute Trusts are required to have a Mental Health Strategy. This would be drafted and fully aligned to the Trust's existing strategy.
- A Quality Forum was in place and a number of projects established with the support of IHI. In addition, a business case was currently being considered by Trust commissioners for expanding the Great North Childrens Hospital (GNCH) psychiatric liaison team.

Dr Brown then outlined the steps taken so far, together with the aims of the Trusts, recognising the challenges faced in achieving the aims, in the form of staffing and funding levels.

The Chairman thanked Dr Brown for her informative presentation.

The Chairman queried how CNTW was integrated into the Great North Care Record (GNCR). Dr Brown advised that records could be viewed via Powerchart however were limited to the last 20 notes. Dr Brown advised that not all patients were comfortable having their records shared in the GNCR and this was being considered by the liaison team.

Mr Chapman asked whether there was a base level of training for staff to identify those patients that required mental health support. Dr Brown advised that further mandatory training was being considered in addition to Mental Health Capacity and Safeguarding training which would focus on how to interact with such patients.

Mr MacLeod highlighted the importance of connectivity of mental health services. Dr Brown noted the need for further investment in the liaison team in order to ensure connectivity of services.

Ms Baker questioned if more could be done collaboratively within the system, working with Child and Adolescent Mental Health Services (CAMHS), adding that there had been an

Agenda item A2

increase in the need for mental health support for children and young people as a consequence of the pandemic. Dr Brown advised there had been some investment for counsellors into schools due to social anxiety. She added that she was also a member of the CP steering group that was working with both police and ambulance services looking at alternative pathways for support and care.

Mrs Smith thanked Dr Brown on a fantastic presentation, noting that having wellbeing and prevention on the agenda would be key to delivering improved mental health needs outcomes via Collaborative Newcastle.

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

22/08 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Update from Committee Chairs

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

Charity Committee

- Ms Baker advised that Katie Hickman, Arts Programme Manager, delivered an informative update on her activity to date. Progress made by the Charity Governance Working Group was noted.
- Ten grants were considered by the Committee. The approved grants totalled circa £4m.

People Committee

- Mr Jowett advised that the Committee was now regularly undertaking 'deep dives' into key areas.

Quality Committee

- Mr Chapman formally thanked members of the senior leadership team for providing assurance in relation to the delivery and resolving of any challenges in providing harm free care.
- Mr Chapman was assured by the continuing progress against the requirements set out in the Ockenden Report.
- Mr Chapman advised that NPSS would inform the Trust's updated Quality Strategy moving forward.

Audit Committee

- Mr MacLeod advised that the Head of Corporate Risk and Assurance provided the Board Assurance Framework and Risk Register Quarterly Report, as well as a progress report on Information Governance.
- Updates were received from the Trust's internal and external auditors. It was noted that internal audit progress was behind plan however a number of actions had been taken in order to rectify this position.
- Further work was required in relation to delegated authority levels pertaining to the Joint Research Office (JRO).

Finance Committee

- Mr Morgan advised the Trust was forecasting a breakeven outturn position for 2021/22.
- The Finance Director provided a detailed update on the latest position regarding the financial regime for 2022/23.
- A 'deep dive' into capital departmental expenditure limits and recovery schemes was presented.
- Good progress had been made in relation to the ETC.
- The committee reviewed and approved several tenders.

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

ii) Corporate Governance Update, including Quarterly NHSE/I Declarations

The TS presented the update, noted the following points:

- An update was provided on the recent Council of Governors meeting held in December 2021 and the work undertaken by the Governor and Membership Engagement Officer.
- The requirement to ratify the updated Quality Committee Schedule of Business was highlighted.
- Work continued to progress in planning for the production of the Annual Report and Accounts 2021/22, with submission dates and content changes outlined.
- The quarterly NHS Improvement declarations are included in the Board Reference Pack were referenced and required Board approval prior to publication.

The Board of Directors ratified the updated Quality Committee Schedule of Business and approved the publication of the NHSI quarterly declarations.

It was resolved: to (i) **receive** the report; (ii) **ratify** the content of the Quality Committee Schedule of Business; and (iii) **approve** the NHSI quarterly declarations for publication.

iii) Integrated Board Report

The COO presented the update, noting that the Integrated Board Report was included in the BRP.

It was resolved: to **receive** the report and note the contents within.

iv) Meeting Action Log

The action log position was received, noting that all actions were either in progress or complete.

v) Any other business

No other business was discussed.

DATE OF NEXT MEETING

The next meeting of the **Public Trust Board of Directors** is on **Thursday 31 March 2022** at **13:00**.

There being no further business, the meeting closed at 15:48hrs.

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TRUST BOARD

Date of meeting	31 March 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"> • Council of Governors meeting held on 17 February 2022; • Trust Board Development Session held on 24 February 2022; • Regional Foundation Trust and Chairs of the North Integrated Care Partnership (ICP) meeting; • Virtual Attendance at: <ul style="list-style-type: none"> ○ NHS Chairs Roundtable focussing on Health & Social Care Leadership Review; ○ NHs Providers Chairs and Chief Executives network meeting; and ○ NHS Confederation Seminar focussing on health inequalities; • Commenced process for recruiting an additional Trust Non-Executive Director (NED); and • Virtual Members' Event held on 22 March 2022. 						
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:

- Council of Governors meeting held on 17 February 2022;
- Trust Board Development Session held on 24 February 2022;
- Regional Foundation Trust and Chairs of the North Integrated Care Partnership (ICP) meeting;
- Virtual Attendance at:
 - NHS Chairs Roundtable focussing on Health & Social Care Leadership Review;
 - NHs Providers Chairs and Chief Executives network meeting; and
 - NHS Confederation Seminar focussing on health inequalities;
- Commenced process for recruiting an additional Trust Non-Executive Director (NED); and
- Virtual Members' Event held on 22 March 2022.

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

CHAIRMAN'S REPORT

I am writing this report on a day that marks two years since the first COVID-19 lockdown was introduced in the United Kingdom. On a beautiful sunny day, let's hope this is truly a start of better things to come both in terms of the health recovery of the nation and the weather!

We held our first Council of Governors meeting of 2022 in February where we welcomed Odeth Richardson, Head of Occupational Therapy, who delivered a comprehensive presentation covering the Trust's Processes and Management of Loan Equipment. The service, which is a jointly funded service by Newcastle Hospitals and Newcastle City Council, processes more than 35,000 items a year; items include devices for hoisting, toileting, pressure relief, walking together with seating, bed and bathing equipment. In supporting our sustainability agenda, the team recycle items where possible and have worked to reduce their impact on the environment through reductions in duplicate visits, reducing reliance on chemicals and cleaning products and reusing parts from non-recyclable items.

In terms of Board activity, in February, I chaired a Board Development Session which included discussions:

- On the latest developments in system work and the impact for Newcastle Hospitals;
- To consider and agree the Trust priorities regarding climate change and how we will prioritise actions/solutions to progress; and
- To receive a briefing on Trust Charity developments.

At a regional level, I continue to engage with both Foundation Trust Chairs and Chairs of the Integrated Care Partnership (ICP). Our most recent ICP meeting focused on Place Based Partnerships and how they can contribute to the improvement of health, wellbeing and inequalities reduction, and in particular where they have the greatest potential to add value over and above the contributions of individual organisations or entire systems.

At national level, I joined a virtual NHS Chairs Roundtable focussing on Health & Social Care Leadership Review. The move to Integrated Care Boards in April 2022 and the need for ever closer working between NHS organisations and local authorities will provide an opportune moment to look at what more needs to be done to foster and replicate the best leadership and management, including in the most challenged areas.

I also joined a virtual Chairs and Chief Executives network meeting hosted by NHS Providers where we were joined by Amanda Pritchard, Chief Executive, and Jenni Douglas-Todd, Director of Equality and Inclusion, NHS England and Improvement (NHSE/I), who participated in a panel session setting out the importance of this work, and the background to its development.

Along with a number of our Non-Executive Directors, I attended a virtual conference arranged by the NHS Confederation who have developed a programme of health inequalities improvement seminars. This particular seminar focused on how we can investigate the specific challenges of our community and to take effective leadership action.

Agenda Item A3

We have now commenced the process for recruiting an additional Trust Non-Executive Director (NED). Following a recent tendering exercise, I am pleased to report that Hunter Healthcare Resourcing Ltd was awarded the contract. Our Nominations Committee met on 3 February 2022 where we were joined by a member of the team from Hunter Healthcare to agree the recruitment process to be undertaken and the skills to be sought in the new NED. Applications are currently being sought, closing on 4 April 2022. This will be followed by a robust assessment process culminating in final interviews on 5 May 2022.

On 22 March, I chaired the first virtual members' event, supported by the Trust Secretary and our new Governor and Membership Engagement Officer, Lauren Brotherton, and accompanied by Judy Carrick and Pam Yanez, Chair of our People, Engagement and Membership Group and the Lead Governor respectively. Judy reported 40 new public members, perhaps stimulated by the excellent Channel 4 TV series 'Geordie Hospital' and I highlighted that we had changed our Constitution during 2021 so that all new staff became Trust members on an opt out rather than opt in basis.

We enjoyed three excellent presentations; Reverend Katie Watson, Head of Chaplaincy, gave us an insight into the amazing work of the chaplaincy under her leadership through the two dark years of the pandemic, Consultant Paediatrician Dr Jen Townshend and Specialist Nurse Sally Hails explained how BREATHE – Beating Regional Asthma Through Health Education - achieved a remarkable reduction in asthma morbidity and mortality earning a national Health Service Journal (HSJ) award in 2019 among other accolades and finally Claire Pinder, EPOD Directorate Manager, and Assistant Directorate Manager Dani Colvin Laws, walked us through the ground-breaking development of the Cataract Centre which has transformed our care for people disabled by this common cause of visual impairment. It was a fitting end to the event as they had come from the 200 year celebration of the Newcastle Eye Infirmary.

RECOMMENDATION

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

Report of Professor Sir John Burn

Chairman

31 March 2022

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TRUST BOARD

Date of meeting	31 March 2022						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • The impact of the Government's 'living with COVID' approach; • Our work to meet the national expectations for the NHS in 2022/23; and • Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements. 						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

CHIEF EXECUTIVE'S REPORT

EXECUTIVE SUMMARY

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

- An update on the Covid impact and approach of the Trust, including the future of the Integrated COVID Hub North East (ICHNE);
- National expectations for 2022/23 including improvements to waiting times, and the work the Trust is carrying out to deliver these;
- Networking and communication activity; 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

'Living with Covid'

Since our last Board meeting, the Government has announced its 'living with COVID' plan. Accordingly, this period has seen the NHS shift from a period of pandemic and winter response to preparation and planning for something like a 'normal' year ahead.

We cannot forget that teams across the Trust are still caring for a significant number of patients with COVID, and that the virus continues to affect our staffing and operational capacity. But the Trust, in line with national guidance, is carefully unwinding some of the facilities put in place to manage the pandemic. The most significant change to date which impacts our Trust comes from the UK Health Security Agency who have informed us that they will be terminating their contract for the ICHNE. This decision reflects the national policy change on public access to COVID testing from 31 March 2022.

ICHNE has achieved so much, including processing 8 million tests, evaluating numerous new diagnostic tests and supporting many thousands of people through providing training, bespoke analysis, contact tracing and assistance to local authority and NHS partners. It also created job opportunities, which we actively recruited to from deprived communities, at a time during the COVID restrictions when many other sectors of the economy were unable to function and provide employment.

I want to pay tribute to the achievements of the 650 staff whose jobs are impacted by this disappointing news. The Trust is now working closely with colleagues and partner organisations to do all that is reasonably practicable to avoid or reduce the number of staff at risk of redundancy and to offer further training opportunities to staff.

The ICHNE innovation laboratory was established as a partnership between the Trust, industry and academia, and has been at the cutting edge of developing new diagnostic approaches. I am delighted that this will continue over the next year as the North East Innovation Lab thanks to support we have secured from the Accelerated Access Collaborative and Academic Health Science Network. The North East Innovation Lab's partnerships with industry will continue to develop and we are optimistic these will lead to its ongoing sustainability.

Planning for 2022/23

The publication of NHS England's planning guidance for the forthcoming year, alongside the government's elective recovery plan has confirmed the environment in which we are operating and the expectations on us for delivery. These include:

- Increasing elective activity to levels above those before the pandemic;
- Eliminating waits of 104 weeks by July 2022, and of 78 weeks by April 2023;
- Returning people waiting more than 62 days to pre-pandemic levels; and
- Delivering responsive urgent and emergency care.

Agenda item A4

There is a welcome emphasis throughout the national approach on working differently as a key enabler of recovery – making the most of digital and alternative approaches rolled out during the pandemic to maximise capacity, for example virtual wards and patient-initiated follow-up outpatient appointments. Our continued work through Newcastle Improvement will be crucial to delivering this transformation across the Trust.

A key focus on the Executive Team's time has been the planning and preparation needed to make sure we can deliver these expectations of improved access and waiting times for our patients in the year ahead. I continue to chair the fortnightly Newcastle Plan Delivery Board which oversees our planning and delivery.

We recognise and are managing risks to delivery, which include the transition from a pandemic NHS financial regime to a new one in which income only varies with elective activity. As we did before the pandemic, we will need to focus again on maximising productivity, and we spent time at a recent Executive Team time out session reviewing some of our headline productivity metrics and opportunities. We will also need to work more efficiently in order to deliver increased activity within a limited budget, and therefore we have also been discussing the extent and design of the 2022/23 cost improvement programme that we will need to implement.

Angela Dragone, our Director of Finance, has played a key role in these preparations, but will retire in July after decades of fine service to the Trust. We will thank Angela properly for her service at a future Board meeting and we are currently recruiting a new Chief Financial Officer to replace her.

Improving our estates and facilities for patients and staff

The Trust continues with its ambitious ten-year estates programme to develop its facilities, though some of these schemes are subject to national and regional funding decisions given the very tight capital budget the NHS faces in the coming years.

Visitors to the Freeman Hospital will see significant progress as construction of the new Day Treatment Centre continues. This centre will open at the end of the summer and will support the expansion of our elective activity.

This month we have begun a consultation process to support our application for planning permission for a new dedicated Children's Heart Centre which will be next to – and part of – the Great North Children's Hospital. This state-of-the-art centre, funding for which was announced by the Prime Minister in 2019, will become the new home of all our children's heart services, including heart transplants, bringing all our paediatric services together on one site for the first time. This will mean that young patients – and their families – do not have to travel between the Freeman Hospital and Royal Victoria Infirmary (RVI) for different care and treatment. More information about the building proposals, and how to share your feedback on them, along with some artist impressions of what the new building might look like is available on the Trust website (<https://www.newcastle-hospitals.nhs.uk/about/ambitions/estate-strategy/childrens-heart-centre/>). I am pleased to report that we continue to make progress in the national approvals process to unlock the promised capital and revenue funding, so we can begin construction in 2023.

Agenda item A4

Another priority for us has been improving facilities for our staff, and we have heard feedback that the catering choices at the RVI have not met the needs of staff, especially those working at weekends and overnight. I'm pleased to share with the Board that a new staff bistro is currently being developed in the Leazes Wing which is expected to open in April. This will provide much-needed additional space for staff to grab a bite to eat and relax and will be open from 7.30am until 2am, seven days a week, providing extended opening hours, including a night service. This bistro is in addition to the facility in Peacock Hall, the opening hours of which have already been extended to include weekends. We will continue to seek further opportunities to improve facilities for staff across all of our sites in the coming months.

Ukraine

Every one of us will have watched the news and seen the devastating impact of Russia's invasion of Ukraine. We will continue to reach out to our staff affected by the events in Eastern Europe and offer practical and wellbeing support at this worrying time.

Our organisation held a medical aid amnesty for Ukraine Medical Aid North East, which is led by a group of North-East doctors spearheading efforts to procure vital medical aid from trusts across the region, asking wards and departments to check their stocks for products that may have recently expired or were about to expire. We were overwhelmed by the response and can confirm that much of what we collected is already in field hospitals on the front line.

Flourish at Newcastle Hospitals

Supporting our staff as they recover from the pandemic will continue to be a priority, and a comprehensive work programme is in place focussing on the areas identified by staff through 'What matters to you'. This is supported by our relationship with our international partners, the Institute for Healthcare Improvement (IHI).

A key part of this work is our leadership approach, and we held a Leadership Congress on 3 March 2022 which brought together senior and emerging leaders to reflect on and develop the leadership behaviours which we would want to embody across the Trust which will positively impact on the culture of our organisation.

Alongside this, we have also held our first Strategic Leaders Programme which aims to prepare our leadership team to work successfully in the developing NHS landscape. Further cohorts will take place over the next three months.

Geordie Hospital

I hope many people have been inspired and uplifted by our six-part series of 'Geordie Hospital', which aired on Channel 4 in January and February. It has shown the public the very best of Newcastle Hospitals - particularly our wonderfully skilled, caring and compassionate staff - and it was a pleasure and privilege to watch the staff and patient stories unfold each episode.

2. NETWORKING ACTIVITIES

Agenda item A4

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

Service visits

My recent service visits have focussed on our EPOD Directorate (ENT, Plastics, Ophthalmology and Dermatology). On 14 March I was able to meet the team at the newly refurbished Eye Emergency Department and heard how the estates improvements have had a significant positive impact on clinical care and patient experience. I also visited the main ophthalmology clinics and spoke to several members of the Multi-Disciplinary Team (MDT) including orthoptists, about the changes they made to during the pandemic, learning they have taken from this to improve future services and the pressures the service currently faces. Finally I met with the team who have been working to deliver the world's first carbon neutral cataract surgery. Cataract procedures are the most common operations undertaken in the NHS, so this is a significant development to deliver on the NHS's green ambitions to tackle the climate emergency.

On 21 March I visited the Plastics team on the Park Suite, Ward 47, Ward 39 day unit and we also discussed the Regional Burns Service. Once more the changes made to practice throughout the pandemic were discussed. I also heard moving accounts from a number of members of staff about their experience of supporting other wards and specialties over the last 2 years which were very much out of their comfort zone. Some of these experiences have left a lasting impression – but everyone I spoke to said how much support they had received from their colleagues.

On both of these visits I met dedicated and skilled staff who are a credit to the organisation and who's first priority is to care for both their colleagues and patients.

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

At the end of January Sam Allen began her role as Chief Executive (Designate) for the North East and North Cumbria (NENC) ICS. She has begun a series of visits across the region and we look forward to welcoming Sam to Newcastle in April.

The Integrated Care Board (ICB) have successfully appointed to most of their Director roles and Non-Executive Director roles, and I was pleased to be asked to participate in some of these recruitment processes. Interviews for the two unfilled posts of Director of Strategy and Chief Nurse will be held in April 2022.

Northern Centre for Cancer Care, North Cumbria

In February, the Prime Minister visited our recently opened centre and met staff during a visit hosted by our Deputy Chair, Professor Kath McCourt. It was also Kath's first look around the centre and she commented how inspired she was by the team's commitment to excellent patient care.

Chief Midwifery Officer Visit – NHS England

In February we hosted a visit by Professor Jacqueline Dunkley-Bent, NHS England Chief Midwifery Officer and Sascha Wells, Deputy Chief Midwifery Officer. It was useful to meet

with Jacqueline and Sascha to discuss the national work they are leading and to share the quality and safety priorities of our excellent maternity services.

Ageing at the heart of Newcastle's future

This month, a cutting-edge £500m development – led by Newcastle University – which supports the understanding, care and innovation of products and services for an ageing population was given the go-ahead on the former General Hospital site. We are delighted to be a partner of this ambitious project, and I continue to have ongoing conversations with University and Council leaders about how to maximise the collective benefits this health, wealth and wellbeing benefits the development will bring.

National events and influencing

There has been a flurry of health and care policy announcements since our last Board meeting, and I have participated in a range of national discussion and influencing events to contribute to shaping and interpreting these.

I was invited by the Health Secretary, Sajid Javid, to participate in a roundtable discussion about his vision for NHS reform, which he subsequently set out in a keynote speech which can be found on the GOV.UK website (<https://www.gov.uk/government/speeches/health-and-social-care-secretary-speech-on-health-reform>). The speech linked together several recent Government policy announcements.

The Department of Health and Social Care (DHSC) published the Integration White Paper, 'Joining up care for people, places and populations' outlining the government's aims to increase the delivery of joined-up health and social care for local communities. I have continued to hold continued conversations with Pam Smith, Chief Executive of Newcastle Council, and other colleagues in the City about how we develop our 'Collaborative Newcastle' approach in light of the changing environment.

The 'Levelling Up' White Paper', published at the start of February, included new 'missions' to improve health and wellbeing in all parts of the country, including through reducing the gap in healthy life expectancy between different local areas. With Shelford Group colleagues, I had the opportunity to speak to Andy Haldane, Permanent Secretary and Head of the Levelling Up Taskforce in the Cabinet Office, about the contribution that large Trusts like ours could make. I was also particularly pleased to see a commitment in the White Paper to increase the proportion of health research funding allocated outside London, Oxford and Cambridge. As I participate in national research meetings, there is clear recognition that is world-class research taking place here as Newcastle, and we will have opportunities in coming months to secure further funding for this.

As the Health & Social Care Bill continues its passage through Parliament, we need to consider how the new ICBs can best operate and what the future role is of NHS England's regional teams. I was pleased to speak at the launch of the NHS Confederation report 'Governing the health and care system in England: creating the conditions for success' alongside its Author, Professor Chris Ham, and Matthew Taylor, Chief Executive of the NHS Confederation. I stressed the importance of high-performing Trusts retaining clear accountability and decision-making authority, so we can make decisions to best serve our patients without needing to multiple approvals from other regional and national bodies.

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.

BBC – In February, BBC Medical Editor Fergus Walsh returned to Newcastle Hospitals for the last in a series of special reports about the Trust over the Winter period. In it he looked at the future for Covid, highlighting the research we've led, the treatments we've developed, and how we have pushed the boundaries and utilised the breadth of our experience through the pandemic.

Baby Friendly Initiative – Our neonatal unit recently became the first in the region – and one of only 15 in the country – to be awarded stage three UNICEF Baby Friendly Initiative accreditation. The final stage of the assessment is based on feedback from parents who have recently, or currently, have a baby on the unit – a testament to the outstanding care our staff provide. Huge congratulations to all the team who have worked so hard to receive this prestigious award.

SRBI awards – Sustainability – The Trust was among a range of organisations to receive funding from SBRI Healthcare for MedTech and Digital innovation projects which support the delivery of a Net Zero NHS. A total of £1million was awarded to 10 projects, in partnership with the Greener NHS programme, and we were delighted to be part of two winning bids. You can find out more at: <https://sbrihealthcare.co.uk/news/sbri-healthcare-awards-1-million-to-pioneering-innovations-to-support-the-delivery-of-a-net-zero-nhs/>.

Research funding – The National Institute for Health Research (NIHR) Newcastle Clinical Research Facility (CRF) has received over £5.47m to continue its research into a range of health conditions. The NIHR Newcastle CRF, a partnership between the Trust and Newcastle University, is one of 28 in the country to receive funding which will support research into new treatments and early phase clinical trials which test treatments for the first time.

Posthumous midwifery award – A much-loved midwife from Newcastle, Jennifer McDermott, was posthumously awarded the Chief Midwifery Officer for England's Gold Medal in February in recognition of her exceptional 55 plus year contribution to her profession.

Ventricular Assist Device (VAD) team – Congratulations to our VAD nursing team who have been shortlisted as 'Best cardiac team of the year' in The Society for Cardiothoracic Surgery in Great Britain and Ireland Awards. The winners will be announced in May.

4. RECOMMENDATION

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

Agenda item A4

Report of Dame Jackie Daniel
Chief Executive
23 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Digital People Stories						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Tracy Scott, Head of Patient Experience						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	This month's digital people story shares the experience of a young person who was admitted to hospital for day surgery, which demonstrates a good example of implementing the patient experience ambitions in personalised care.						
Recommendation	To listen and reflect on Daniels personal experience and acknowledge the most recent results from the National Patient Survey.						
Links to Strategic Objectives	Patients <ul style="list-style-type: none"> Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Involving and engaging with staff, patients and relatives will help ensure we deliver the best possible health outcomes for our patients.						
Reports previously considered by	This patient/staff story is a recurrent bi-monthly report.						

DIGITAL PEOPLE STORY

EXECUTIVE SUMMARY

This month's digital people story shares the experience of a young person who was admitted to hospital for day surgery, which demonstrates a good example of implementing the patient experience ambitions in personalised care.

Our patient ambitions include:

- I want to be treated as person, not a condition;
- I don't want to stay in hospital if I don't have to;
- I want professional staff to care for me at the right time and in the right place;
- Being able to have a point of contact is important to me;
- I don't want to have to wait; and
- Providing clear information which I can understand will keep me safe.

The Board of Directors are asked to listen and reflect on the positive impact personalised care is having on patient experience.

DIGITAL PEOPLE STORY

1. DANIEL'S STORY

Daniel needed to be admitted to the Great North Children's Hospital for day surgery, as he required a tonsillectomy, following his diagnosis of sleep apnoea.

Coming into hospital can be a frightening experience for most young people, but for Daniel the feelings of anxiety and stress were substantially increased partly due to his neurological difficulties.

On the day of his admission, Daniel and his mum had arranged to arrive slightly later than other patients to try to avoid queues and additional waiting times. Although Daniel was understandably nervous, he appeared to be coping well until he was shown into a room that had a Peppa Pig painting on the window. Daniel hates Peppa Pig and associates it with people considering him being a baby. When Daniel becomes stressed he automatically goes into fight or flight mode. Nobody could have known Daniel would react in the way he did, and Daniel really needed to be at home with his mam. It was agreed it was in Daniel's best interest to postpone his surgery and consider other ways in which he could be supported better.

Daniel was adamant that he would not return to the hospital following this visit. Daniel's mam gently discussed with Daniel the impact his tonsils was having on his sleep and health and started to explore with Daniel what might help make the experience better for him. Daniel agreed to attempt the operation again.

Daniel and his mam spoke with the specialist nurse who arranged for Daniel to meet for a pre admission assessment with the aim that Daniel would not have the pressure of knowing he had to have his operation the same day. Daniel attended his appointment, which was a very positive experience for him as he felt staff took the time to get to know him and listened to his views and worries. Daniel was able to share things he thought would help on the day, which included no Peppa pig paintings, having the appointment in the morning rather than the afternoon so less time to worry and think about food and Daniel asked for staff to listen and give him time to process people and his surroundings.

Daniel allowed staff to check his weight and take a covid test which was great progress from his last appointment. Daniel left positive and happy that the nurses were there to help.

On the day of his operation Daniel was given the first appointment, met at the door by the nursery nurse who he was familiar with and taken directly to a room away from other patients and given time to settle. Daniel was settled enough to cope with another covid test as the results from his pre assessment were inconclusive. Throughout the visit, staff gave Daniel time and listened to his views, which was so important to help ensure he was able to have the surgery which he needed.

Daniel managed the operation and was able to go home in the afternoon. Daniel and his mam are so proud and relieved that he had managed to overcome his difficulties with personalised support from staff. As Daniel has many sensory and communication difficulties this was such a success for him.

Agenda item A5

Daniel's mam cannot express enough that the success of this operation was that the staff took the interest and time to listen to Daniels's individual needs. The preassessment meeting in person definitely helped and believes if Daniel ever needed to come into hospital again they would be more positive. Daniel and his mam would like to thank everyone for their professionalism and person centred care and empathetic support.

The Nursery Nurse in Preassessment trial started in January 2022 for a period of six months. The Patient Experience Team will be supporting an evaluation of the clinic though feedback from patients.

In December 2021, the CQC published the National Patient Survey of Children and Young People where items such as food and Wi-Fi were highlighted as some of the most improved results for the Trust. Key points to note are:

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

The five most improved scores for the Trust compared to 2018, were in response to:

- Parent rated overnight facilities as good or very good (84% compared to 71% in 2018)
- Parent felt that Wi-Fi was good enough for child to do what they wanted (69% compared to 58% in 2018)
- Child told who to talk to if they were worried when home (91% compared to 81% in 2018)
- Child liked the hospital food (87% compared to 77% in 2018)
- Child felt that Wi-Fi was good enough for them to do what they wanted (75% compared to 67% in 2018)

2. RECOMMENDATION

The Board of Directors are asked to listen and reflect on the positive impact personalised care is having on patient experience.

Report of Maurya Cushlow

Executive Chief Nurse

31 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 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 described in more detail within this report:

- Quality & Patient Safety – developments regarding the National Patient Safety Strategy and changes in Clinical Directors;
- COVID-19 – latest position;
- Newcastle Improvement activity;
- JAG accreditation;
- Cancer Performance; and
- Research developments.

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

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

• **National Patient Safety Strategy (NPSS)**

This extensive and wide-ranging national strategy has multiple arms requiring our work and input. Of particular significance to Newcastle Hospitals at present, include:

a) Patient Safety Incident Response Framework (PSIRF)

This framework will replace how we respond, investigate and act when avoidable harm occurs to a patient. Presently, we work under the 2015 Serious Incident Framework, which required us by law to report to commissioners all incidences where significant harm befell a patient, and thereafter provide the report of a full investigation within 60 days. This older framework placed all organisations under pressure of process and compliance with the accompanying problem that effort was diverted from proactive and targeted safety work.

The new framework allows organisations to be self-directed and focussed on where they wish to concentrate their investigation work. We will set our own plan identifying a small number of safety themes to concentrate on over a set period of 1-3 years and target investigation resource to where we feel the greatest learning yield lies in regard to these themes.

The framework will be implemented from the summer and we are working within the Clinical Governance and Risk Department (CGARD) to develop our safety plan and open this conversation out to the organisation.

One result of the new PSIRF is that a larger number of more serious incidents will be investigated at directorate level rather than by CGARD. We are in close liaison with directorates in this regard, and are running a number of educational sessions in incident investigation. These sessions are led by Suzi Jackson, Consultant Obstetrician and Clinical Director in Quality and Safety, alongside one of the Healthcare Safety Investigation Branch's (HSIB's) most senior investigators, Dawn Benson, and teach a systems engineering approach to a harm incident.

The new incident response system is thus at an early and important stage and I will report regularly on this extremely important area of our work.

b) Patient Safety Specialists

A key part of the NPSS 2021 is the appointment of safety specialists in each Trust. These will be experts in the field with a greater part of their job devoted to safety and patient advocacy, as well as leading and overseeing delivery of the strategy. At present we have appointed:

- Dr Angus Vincent, Associate Medical Director Quality and Patient Safety; and
- Mrs Angela O'Brien, Director of Quality and Clinical Effectiveness.

One of the key deliverables for those post holders is the implementation of the NPSS and we await publication of the PSIRF which will inform our own Quality Strategy. The Trust Quality Strategy therefore will undergo a complete revision on receipt of the PSIRF. In the interim the current Trust Quality Strategy will undergo minor refresh and will be presented to the Trust Board in May 2022.

- **Medical Examiner (ME) – Community Expansion**

The ME process sits within the NPSS umbrella. Now established as a service to the Royal Victoria Infirmary (RVI) and the Freeman Hospital, it provides an internal yet independent scrutiny of all deaths occurring in the Trust, involving case note review, team and family discussion, and allows agreement on cause of death and early identification of issues or patterns of concern.

Plans are now well advanced to scrutinise deaths that occur in the community catchment area of the Trust in addition. This is a substantial additional workload to be taken on by the existing team of 12 consultants acting as MEs for part of their working week, but will provide a layer of safety and scrutiny which is not currently available.

- **Clinical Directors, Quality and Patient Safety**

We have appointed as replacements for Karen Beacham, Phil Laws and Daniella Lee the following colleagues to these posts:

- Reuben Saharia – Consultant in Emergency Medicine;
- Vincent Tse – Consultant Paediatric Nephrologist; and
- Matt Shaw – Consultant Urologist.

Matt Shaw will lead a re-invigorated deteriorating patient team alongside Melissa Burnside, Nurse Specialist, with both medical and nursing teams recently boosted by new colleagues. We have a world class and innovative detection system in the form of electronic observations, dynamic whiteboards and data display but still do not yet have a response system to match and ensure all patients are seen promptly at the right level of seniority. It is this area that will be targeted in the coming 12 months.

2. COVID-19

- Steady 50-60 COVID-19 positive in-patients with approximately one third admitted for COVID-19. The remainder are asymptomatic incidental patients or outbreaks not requiring active treatment.
- Mortality levels are minimal currently.
- Significant impact on bed availability for other acute patients and elective admissions
- Infection Prevention and Control (IPC) guidelines under continuous review with ambition to return to pre-COVID principles as soon as possible. Excellent collaboration with local Trusts in progressing towards this in the absence of a national initiative.
- Antiviral/ monoclonal antibody treatment continuing to be supplied to vulnerable patients.

3. NEWCASTLE IMPROVEMENT

- Newcastle Improvement, in partnership with the Institute for Healthcare Improvement (IHI), continue to develop quality improvement (QI) in the organisation. QI is our key chosen methodology to effect change in a manner which will be meaningful and will adapt to real world conditions. Weekly learning and sharing events, show casing ongoing and completed QI projects, go from strength to strength attended by large numbers and put on twice a week.
- Our second cohort training programmes for teams and coaches is currently being selected.
- Linking actions prompted by safety concerns to QI describes a process IHI would term Whole System Quality. Fully establishing and embedding such a system is the ultimate goal of Newcastle Hospitals.

4. JOINT ADVISORY GROUP (JAG) ON GASTROINTESTINAL (GI) ENDOSCOPY ACCREDITATION

- The service has met all the required JAG standards which is a remarkable achievement. All credit to the team.
- The Team were congratulated by the inspectors for the high standard of achievement and their hard work during the accreditation process.

5. RESEARCH

- The Trust/Sir Bobby Robson Unit (SBRU) has retained its status as a funded Cancer Research UK centre for the next five years. Not all Centres were renewed whereas our bid was awarded in full.
- The Clinical Research Facility (CRF) has been awarded £5.47million for the next 5 years, a £1.47million uplift from the last award. Congrats to Fai Ng, Honorary Consultant Rheumatologist, and his team.
- Interviews for 'Biomedical Research Centre 4' take place at the beginning of April. If the collaborative bid is successful, this will fund up to £30m of translational infrastructure.
- Directorate engagement with Newcastle Health Innovation Partners (NHIP) – we are leading work to improve the translational infrastructure through aligning governance, whilst meeting regularly with University colleagues, including Professor David Burn, Pro-Vice Chancellor (Medical Services), who we will help facilitate a session on NHIP at March's Trust Management Group (TMG) meeting.
- The second edition of Research Matters has recently been issued. It highlights a recent UK first in recruiting to a paediatric spinal muscular atrophy study; a UK top recruiter for a commercial trial (COMINO) looking at the efficacy of a new drug for the management of retinal vein occlusion; and a focus on ophthalmology with a run of recent successes by Roxane Hillier, Consultant Ophthalmologist, et al.

Agenda item A7(a)

- All late phase cancer and early phase haemato-oncology studies have re-opened – Ward 11 ‘CRF’ functioning well.
- Actively working on the operationalisation of the Clinical Research Strategy, with regular meetings and a dashboard to monitor progress.
- Agreement reached to reinvest some of the research overhead to secure new posts. This frees up other funding streams for more innovative and necessary investment related to the strategy.
- The Local Clinical Research Network (LCRN) financial plan has been submitted for next year, against a disappointing static award - which presents a real terms reduction in investment given the contingency / COVID monies available last year.
- A Medicines and Healthcare products Regulatory Agency (MHRA) inspection (as a delivery site for a Contract Research Organisation) revealed some process improvements to be made which are being addressed.
- An open letter was sent by Professor Lucy Chappell and Dr Louise Wood (CEO and Deputy CEO, National Institute for Health Research (NIHR)) regarding a national framework to reduce the number of studies on the portfolio. The aim is to improve recruitment to a slimmer portfolio and ultimately make the UK more attractive to industry. This portfolio restriction may have a negative impact, with potential ethical implications if studies already recruited to, are terminated.

6. CANCER PERFORMANCE

- There has been a general improvement in cancer wait performance since November 2021.
- Two week wait performance has improved significantly from 60.5% in November, 73.9% in December and 82.8% in January (85%).
- There has been a significant improvement in lower GI 2 week-wait (WW) performance from 40% in November, 57.6% in December and 90% in January. This has been achieved with a number of improvements in the lower GI pathway including use of FIT test and endoscopy and the appointment of an additional lower GI nurse endoscopist (funded by the Northern Cancer Alliance (NCA) for 3 years), and a new 2WW nurse led service for Lower GI CWT referrals.
- Skin cancer service has made notable service improvements with implementation of tele- dermatology and virtual clinics which has seen the number of patients with appointment slot issues decrease from 1,700 to 12. The most significant 2WW improvement is in Lower GI and Skin and the February provisional data confirms the continued improvement.

	December	January	February - Provisional
Lower GI	76%	90%	95%
Skin	60%	83%	91%

- 31 day first treatment has fallen from 90% to 85% (95%).
- 31 day subsequent treatment - surgery reduced from 72.5% in December to 59.1% (94%) mainly due to loss of capacity over the Christmas/New Year period.

Agenda item A7(a)

- Chemotherapy improved from 92.6% to 93.6% (98%).
- Radiotherapy continues to perform well at 96% (94%).
- The 28 FDS (Faster Diagnosis Standard) has improved further to 74.0% (75%), and with the changes and improvements in a number of tumour pathways it is anticipated that the 75% target will be achieved by March.
- There has been a slight improvement in the 62 day performance, from 52% in December to 54% in January (85%). Lower and upper GI, skin and urology make up the vast majority of the post 62 day backlog. It is anticipated that with the improvement in the 2WW and 28 day FDS, this will improve significantly over the next 3 months.
- The corporate cancer team have worked with each tumour group to agree individual trajectories for performance recovery.

Gratitude is expressed to all of the Associate Medical Directors for their contributions to this report and their continued hard work and dedication.

7. BOARD REFERENCE PACK DOCUMENTS

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

- a) Quarterly Guardian of Safe Working Report; and
- b) Consultant Appointments.

8. RECOMMENDATION

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

A R Welch FRCS
Medical Director
24 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 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"> • Therapy Services Community Paediatrics Spotlight; • Safeguarding Quarter 3 (Q3) update; • Learning Disability Q3 update; • Nursing and Midwifery Staffing update; • Patient Experience Q3 update; and • Nursing, Midwifery and Allied Health Professionals (NMAHP) Research Institute update. 						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	<ul style="list-style-type: none"> • Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

EXECUTIVE SUMMARY

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

Section 1: This month's 'Spotlight' section outlines the work of our Community Paediatric Therapy Services. These unique and specialist services work with children in their own homes, nursery and in schools and this section highlights the current services and work undertaken, challenges and innovations.

Sections 2 and 3: Provide a Q3 update of Safeguarding and Learning Disability activity including analysis and review of the activity of the team, the impact of new statutory national guidance, emerging issues, and local practice developments. The sections outline the factors which are having an impact on the continued trend of increased activity and referrals into the team as well as the increasing complexity of case management.

Section 4: Is the regular nurse staffing update, which highlights any areas of risk and details actions and mitigation to assure safer staffing in line with the agreed escalation criteria. The Board of Directors have previously been informed of additional measures implemented in line with the Trust safer staffing escalation framework. These include daily oversight and assessment of the staffing position; reporting into silver and gold command continues.

Section 5: This section gives a summary of Q3 patient experience data, which includes:

- Complaint activity;
- Feedback from national patient experience surveys; and
- The Equality, Diversity and Inclusion update.

Section 6: This section provides a brief update on the launch of the Nursing, Midwifery and Allied Health Professionals Research Institute.

RECOMMENDATIONS

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

EXECUTIVE CHIEF NURSE REPORT

1. COMMUNITY PAEDIATRIC THERAPY SERVICES



Therapy Services provide a range of community-based specialist teams for children and young people. These unique and specialist services work with children in their own homes, nursery and in schools to support them with a breadth of challenging physical health, communication, sensory, motor, acquired neurological and developmental needs.

1.1 Children's Speech & Language Therapy (S<)

The children's speech and language therapy service (SALT) provides expert guidance and support around children's speech, language and communication. Their role is to help children communicate to the best of their ability and to minimise any negative impact of speech, language or communication difficulties for the child and their family, on their education and social lives.

The service provides child-centred, integrated support and work closely with the child, parents/carers, and other specialists to develop a care plan which links seamlessly to the child's everyday activities, enabling them to continue their normal lives as much as possible.

The service receives approximately 1,200 referrals and delivers 12,000 child, family and education contacts a year.

As a consequence of COVID-19 the service are receiving a higher number of referrals, which is thought to be caused by children not accessing nursery and school universal support systems resulting in significant language and speech delay.

1.2 Children's Occupational Therapy

The role of the Occupational Therapy (OT) service is to work with children and their families to maximise an individual's functional and developmental abilities. The service supports children and their families within the Newcastle area between the ages of 0-18 and includes all aspects of a child's development needs including their sensory, motor, physical and cognitive development. Occupational Therapists (OT's) enable children and young people with physical, learning and mental health needs to participate in, and successfully manage the activities that they want or need to do at home, at school and in leisure time and have the knowledge and skills to address both mental and physical health.

Referral rates are growing significantly for this service and the Trust has recently reached agreement with the Clinical Commissioning Group (CCG) for some modest investment to reduce waiting times.

COVID-19 has seen an increase in children experiencing functional and learning issues such as delayed motor skills, poor handwriting, difficulty with attention and concentration, limited self-care skills. The OT's are key in supporting these children with their skills and expertise.

1.3 Community Children's Physiotherapy Service

The Community Children's Physiotherapy Team provides physiotherapy assessment and management to children and young people (aged 0-18) presenting with long-term disability, developmental delay and/or loss of function living across Newcastle-upon-Tyne.

The service works with children, young people and their families, to optimise development and function and promote independence and inclusion within education and the wider community. We provide a range of specialist services and pathways, including; Cerebral Palsy Integrated Pathway (CPIP), Orthotic and Lycra provision, Postural service, Serial-casting, and support the Regional Neuro-disability Service at the Great North Children's Hospital (GNCH).

Staff deliver clinical intervention based on individual need and National Institute for Health and Care Excellence (NICE) guidance (where applicable). This may include exercise based programmes, hydrotherapy and other specialist and individual group-based sessions. Staff are involved in the assessment and provision of specialist paediatric equipment, provide support and training to parents, carers and educational staff and contribute to Education and Health Care Plan (EHCP) reports and Special Educational Needs and Disability (SEND) meetings. The service works in partnership with the local authority and other community therapy teams, to provide a collaborative and holistic approach to patients and families.

1.4 Paediatric Therapies & Autism

There are just under 45,000 children and young people in mainstream school in Newcastle, and of these almost a third have some degree of special needs and/or support. 7,180 or 16.0% of all pupils are subject to SEND and EHCPs compared with 14.9% nationally i.e. autism is a spectrum condition which affects approximately 1 in 100 people. Nationally and locally there has been increasing awareness of Autistic Spectrum Disorder over the last 10 years. The GNCH provide a pre-school Multi-Disciplinary Team (MDT) assessment service for Newcastle children. Referrals to this service, and the requirement for specialist S<, OT sensory and psychology input to assessment and associated intervention need has increased significantly, over time.

Developing Autism assessment services and appropriate therapy support and interventions remains a high-profile challenge for Newcastle and is the subject of ongoing discussions between the commissioners and the Trust.

1.5 Initiatives & innovation

- As part of our role supporting children with Autism and sensory processing differences, the team have developed an innovative and engaging training and

support package for schools to provide education, strategies, and support. This was developed as part of the **Sensational Thinking Project** and this innovative approach is being recognised as essential in providing a child centred approach to supporting a child's education, social and emotional development. The training raises awareness and understanding of sensory differences and how changes can be made in daily activities to improve the experiences of children – they have produced a fantastic video which helps parents, carers, teachers and health and care staff understand about sensory differences <https://vimeo.com/571169306>.

- Hemiplegia affects 1 in 1,300 children resulting in motor and sensory deficits on one side of the body, with hand function significantly affected. Without effective therapy, children often grow up neglecting to use one arm and hand. Constraint Induced Movement Therapy (CIMT) is a highly evidence-based complex intervention to improve hand function, teaching children to use the impaired hand in two-handed activities, increasing their chance of achieving independence as adults and significantly improving their psychological well-being. In practice however, therapists find CIMT extremely difficult to provide due to its complexity and a lack of specialist training. The Newcastle Paediatric OT team have designed a CIMT programme: The **One-Handed Therapy Intervention (OTI) Programme** which comprises an extensive library of graded activity cards with step-by-step instructions used in conjunction with fun toys, enabling a therapist to create a bespoke programme for children and families. They are now developing a training package for therapists, enabling them to use all the components of the OTI Programme independently and effectively with their patients.
- **Home Exercise Support Pathway** is a service improvement project to increase compliance amongst children and young people in completing home exercise programmes and achieving their physical goals. After a successful pilot this is now being rolled out across the whole service to include Early Years.

The community therapy teams continue to innovate and work closely with other partners and will be participating in a whole system therapy review of the “Universal” services and support to the children and young people in Newcastle to help re-shape how we can work better together. Our teams continue to work collaboratively into the Children and Families Newcastle Community Hubs and alongside other health, the council, the community and voluntary sector colleagues as part of Children & Families Newcastle.

2. SAFEGUARDING – Q3 2021/2022

This summary provides a Q3 update of safeguarding activity throughout the Trust and includes references to developments in practice as well as an overview of national practice developments and the Trusts compliance with these recommendations.

2.1 Activity

Safeguarding activity for Q3 evidences the following key high-level points:

- 2,043 Cause for Concerns' (CFC)/referrals across the Trust safeguarding teams. This is an increase from Q2 by 61.

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- In adult safeguarding, overall activity has increased for a further year with a 28% increase in casework compared to the same period last year.
- In children's safeguarding, the Trust has continued to see an increase in overall activity to more than double that of 2019/20. This is a slight decrease from the same period last year and is likely related to the pandemic lockdowns at this point last year. The highest categories of referrals continue to be neglect and self-harm/overdose, closely followed by physical harm and domestic abuse.
- Unlike other aspects of safeguarding activity, maternity safeguarding data demonstrates overall activity has remained relatively stable. The predominant categories of cases continue to be previous / current involvement of children's social care, domestic abuse and mental health related issues.

As previously reported, the team continue with a daily 'duty' system, which ensures a staff member is identified to review concerns, rapid access patient alerts, provide telephone advice, support multiagency discussions, and participate in adult safeguarding meetings called by Local Authorities. Whilst the current workforce pressures have been challenging, this key focus has been maintained by the team.

The practice and workforce review undertaken by Dr Lynn Craig from North Tyneside CCG has now been submitted. The detail of this will be shared with internal stakeholders for comment prior to agreeing actions.

2.2 Mental Capacity Act (MCA) and Liberty Protection Standards (LPS)

193 Deprivation of Liberty Safeguards (DoLS) applications were received within this quarter. Overall, there has been 603 applications since April 2021, which is an increase of 6% compared to the same period last year.

As previously highlighted to the Trust Board, national work is underway to transition from DoLS to Liberty Protection Safeguards (LPS). The revised Code of Practice for the MCA is expected to be published for consultation imminently. The transition to LPS has been delayed and will no longer occur in April 2022 and no date has been given as to when this transition will occur. The Trust continues to work with the CCG and Local Implementation Network as far as possible to plan transition and readiness for LPS.

The Trust continues to operate a single point of contact for DoLS reviewed and assured through the MCA lead or Adult Safeguarding Nurse Specialist in their absence.

The expertise of the MCA Lead has proved vital in progressing cases to possible Court of Protection proceedings, where individuals may lack capacity in relation to health decisions with potentially life-threatening consequences.

2.3 Adult MASH (Multi Agency Safeguarding Hub)

Over the last quarter there has been increasing involvement from the Safeguarding Team into the Adult MASH. This has included daily police and social care triage as well as weekly MASH discussion meetings. This work has been highlighted as positive practice and

referenced in current Domestic Homicide Reviews, as practice that can strengthen the response to safeguarding. Multi-agency working is standard practice across children and adults and without this work, there are risks to individuals and families where all factors are not analysed and explored in full.

3. LEARNING DISABILITY Q3 2021/2022

The Trust continues to focus on improving the care for people with Learning Disabilities. The Learning Disabilities Liaison Team, supported by the wider members of the Learning Disabilities Steering Group oversee this work. As previously reported, a key aspect of work is facilitation, which includes planning and support to access care, which can range from attending an outpatient appointment to day case attendance to support admission to hospital as described in this month's digital story to the Board of Directors.

NHS England (NHSE) Improvement Standards state - each person is a unique individual and Trusts need to ensure adherence to these standards to recognise and address the inequality of health outcomes. There are four standards, which have been developed with involvement from people, and families, which clearly outlines expectations to be delivered.

The four standards are:

- Respecting and protecting rights;
- Inclusion and engagement;
- Workforce; and
- Learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism or both).

The standards are intended to help organisations measure quality of service and ensure consistency across the NHS in how we approach and treat people with learning disabilities, autism, or both. The Learning Disability Liaison Service scaffold and support staff and on occasions work directly with individuals to meet these measures.

Recently the team have introduced a trial of weekly outreach to wards where an individual with a learning disability has been admitted. Temporary staff who have experience of supporting children and adults with a learning disability are currently "ward walking" in line with NHSE Improvement Standards and Diamond Standards (North East and Cumbria Diamond Acute Care Pathways). The purpose of "ward walking" is to increase visibility of the team and follows on from direct individual, family and staff feedback.

4. NURSING AND MIDWIFERY STAFFING UPDATE

4.1 Staffing Escalation

The Trust continues to implement the Nursing and Midwifery Safe Staffing guidelines to ensure a process for safe staffing escalation. In December 2021 and January 2022 there was unprecedented nursing and midwifery sickness absence due to COVID-19, reaching 14.23%

in January 2022 (5.5% higher than in previous waves). This led to significant challenges in maintaining safe staffing across all clinical areas, and as previously reported, it was agreed to move to level three, our highest level of escalation.

On the 31 January 2022, it was agreed to de-escalate to staffing escalation level two. This was due to a sustained reduction in sickness absence to below 10% and other key thresholds being met. The following additional actions remain in place:

- Daily staffing review by the corporate nursing 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.

This level of escalation will remain in place until the de-escalation criteria has been met.

Staffing and bed capacity remains challenging. Focused workforce support continues for clinical areas where the staffing levels are impacting on the ability to maintain commissioned bed capacity. Robust professional leadership from the Deputy Chief Nurse and Associate Directors of Nursing remains in place. Health-roster and patient acuity is reviewed at touch points throughout the week to agree and maximise day to day bed capacity whilst ensuring patient and staff safety. These staffing challenges are known to impact staff well-being and the resources and support available are promoted at an individual, ward and Trust level.

4.2 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.

It is important to note the greater number of wards reviewed in January 2022 in the context of the higher level of staffing escalation at that time, which resulted in an increased monitoring of clinical outcomes/nurse sensitive indicators.

In the last quarter, two wards have required high-level support or medium level support for two consecutive months and action plans have been instigated to support those wards. Below is an overview of the number wards reviewed and level of escalation for the last quarter:

Month	Number of Wards Reviewed	Directorate	Low Level Support	Medium Level Support	High Level Support	Monitor	No support required
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
January	17	x 1 Children’s Services x 2 Surgery x 1 Northern Centre for Cancer Care (NCCC) x 1 Women’s Services x 4 Internal Medicine x 2 Urology x 1 Musculoskeletal x 5 Covid/Ward with changed function	5	2	0	9	1
February	10	x 1 Children’s Services x1 Surgery x 2 Internal Medicine x 2 Urology x 4 Covid/Ward with changed function	0	2	0	8	0

- Two wards have required medium level support for two consecutive months in January and February. This was due to continued staffing shortfalls impacting on bed capacity, though no clinical outcome concerns were noted. Additional staff have been deployed to support the two wards and close monitoring continues.
- Staffing in older people’s medicine remains challenging due to staff 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 staffing and outcomes group monthly and weekly via meetings with the Ward teams.
- Staffing incidents are reported on Datix with the majority being no harm/minor. This data has offered additional triangulation when linking outcomes with staffing. The following number were submitted:
 - December 16
 - January 11
 - February 8
- Whilst this group provides oversight and high-level monitoring and assurance, there is robust leadership and management framework led by the matron team.

4.3 Trust Level Fill Rates

The Trust level Registered Nurse (RN) and Health Care Assistant (HCA) 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 %
Dec 2021	86.89%	82.38%	88.14%	101.88%	87.96%
Jan 2022	88.43%	83.35%	88.71%	107.39%	89.53%
Feb 2022	90.71%	87.35%	87.73%	106.35%	90.78%

- At the time of writing, the RN sickness rate is 7.49% and has an impact on the percentage fill rate against plan. This is notably greater than the same period last year when the RN sickness rate was 6.4%.
- The HCA fill rate on days and nights remains similar compared to this period in 2021. 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. Staff Bank recruitment continues with the HCA Bank pool initiative being progressed.

4.4 Recruitment and International Recruitment

4.4.1 Registered Nursing Recruitment

The current RN vacancy rate is 5.9%, which remains a favourable position and is down from 6.15% in January. A virtual recruitment open day is arranged for April to attract new registrants from September, with further face to face open days planned. Of the September registrants there is an ambition to recruit approximately 160-180 to further improve the vacancy position. The centralised and bespoke recruitment for Band 5 registered nurses continues with the next interviews taking place in March 2022. Oversight and analysis of the staffing data is maintained to identify further requirements in the short to medium term and longer-term workforce strategy.

4.4.2 Healthcare Support Worker (HCSW) Recruitment

The Trust has an aim to achieve an operational zero vacancy rate for band 2 HCSW by the end March 2022. A centralised recruitment campaign supplemented by bespoke recruitment campaigns and has led to a current HCSW pipeline of 118 whole time equivalent (wte) staff. There remains an additional 83wte left to recruit to with active recruitment on-going. The 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 HCSWs across the organisation. This includes the provision of a career conversation for all HCSWs, the provision of high-quality induction and training and emphasis on career progression.

4.4.3 International Recruitment

By February 2022 the Trust had deployed 79 international nurses as part of the 2021 funded programme. Further funding has been received for 2022 to recruit 295 international nurses and 5 international midwives. Recruitment has commenced with the deployment of nurses and midwives from June 2022 onwards. Education space has been located and accommodation for the international nurses and midwives is arranged until July 2023.

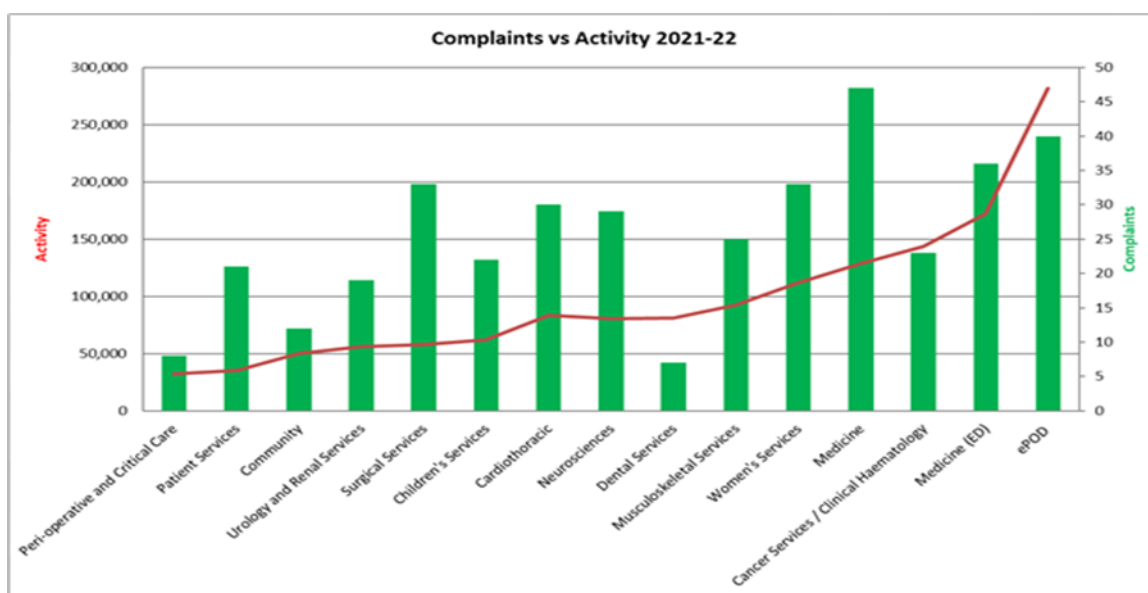
The Trust continues to have a robust pastoral support offer for our international nurses and midwives with contribution to national initiatives including the “#StayandThrive” campaign. Several staff are completing the International Recruitment Professional Nurse Advocate qualification to further support our international recruits. The Trust has also successfully bid for funding to enhance the pastoral care offer to develop career clinics. NHS

England/Improvement (NHSE/I) have recently announced an award scheme recognising good quality pastoral support and the Trust intends to apply for this award.

The Trust has also worked in partnership with Northumbria University to deliver a national Nursing and Midwifery Council (NMC) Test of Competence centre. This is one of only five centres nationally commissioned to undertake Observed Structured Clinical Examinations (OSCE) of international recruits. The centre is opening at the end of March and our international recruits will attend this testing facility moving forwards.

5. PATIENT EXPERIENCE AND ENGAGEMENT SUMMARY – Q3 2021/2022

5.1 Complaints activity



The Trust has opened 157 formal complaints in Q3, which is an increase of 22% from the previous quarter. The Trust is currently receiving on average 46 formal complaints per month, which is an 18% increase from the previous year where the average was 39 complaints per month.

Of the 157 complaints that opened in this quarter, 55% had a primary concern with regards to clinical treatment. This further breaks down in to sub-subjects, where the medical care is the most common issue (n28), delay/failure to progress of care (n22) and clinical investigation (n11). Clinical services are working hard to validate patient waiting lists and carrying out harm reviews where required.

From the 140 resolved complaints in Q3, 16 complaints were upheld. Internal Medicine have 31% of the upheld complaints for this period. Communication and staff attitude subjects are responsible for 25% of complaints upheld across clinical areas.

Complaint data, themes, trends, and actions plans continue to be monitored in the monthly complaints panel.

5.2 NHS Choices Feedback

The Trust received 23 items of feedback with most feedback in relation to Community Directorate (n5) and Medicine Directorate (n4). The Trust received the maximum score rating of five stars from 70% (n16) of comments received.

Community (5 Star) – “We visited the walk in tonight (travelled 12miles from home as couldn’t be seen anywhere else and my daughter was in pain with her ear) and I can’t praise and thank the lovely nurse who seen my daughter. So caring and friendly and explained to myself and my daughter in detail about her diagnosis. This nurse needs to be recognised for her outstanding manner and professionalism. Thank you again for all your help.”

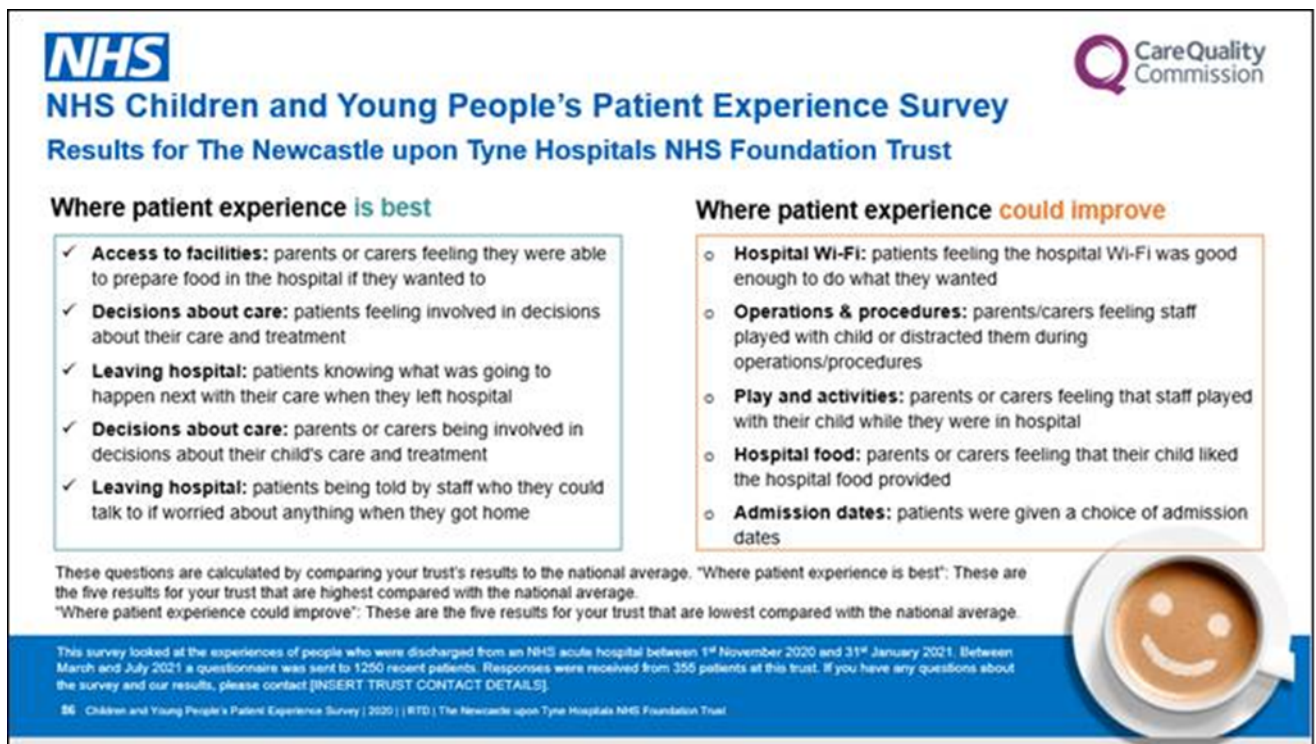
5.3 National Patient Survey Programme 2020-2021

The Care Quality Commission (CQC) have published the national benchmark results for children and young people and Cancer Quality of life survey. The highlights in each survey are as follows:

5.3.1 Children and Young People 2020

355 patients responded to this survey giving a response rate of 28.56%.

The following infographic shows the key themes in regard to areas of good practice and areas for improvement:



The Children Services Directorate are currently developing an action plan in response to the survey results to help ensure any opportunity for improvement is identified and acted upon.

5.4 Cancer Quality of Life Survey

NHSE/I and NHS Digital have published the first results from the Cancer Quality of Life Survey. The first release included data from almost 35,000 cancer patients, 18 months post-diagnosis. This initial release includes data from those diagnosed with breast, prostate and colorectal cancer. The published data is not specific to hospital trusts and is at regional level, by geography of each Cancer Alliance.

In general, 18 months on from a cancer diagnosis, patients rate their quality of life quite highly but slightly below that of the general population. Cancer Services Directorate are reviewing the survey results and are in the process of identifying any actions required in response to the regional results. This will be shared and monitored at the patient engagement and monitoring group.

5.5 NHS Friends and Family Test (FFT)

The published FFT data shows that there were 1,909 responses from the Trust in November 2021 (reported in January 2022).

The FFT data is encouraging in that:

- 100% of people who responded to maternity services FFT would recommend the service;
- 98% who responded to FFT in community health services would recommend this service;
- 99% of people who responded to the outpatients FFT would recommend the service to family and friends; and
- The results for Accident & Emergency (A&E), walk in centres and minor injuries were slightly lower at 84% however it is encouraging to note this was higher than the national average of 77%.

New Infographics have been designed to share the findings of the FFT which will be displayed across the Trust.

5.6 Equality, Diversity, and Inclusion (EDI)

The patient experience team continue to focus on understanding and putting measures in place to meet the needs of people with protected characteristics.

Specific actions which have aimed to improve the experience of people with protected characteristics include:

- Promoting the use of virtual and telephone interpreters;
- Raising the awareness of carers and young carers and referring them to services and resources;
- An end-to-end process review of the provision of our interpreting services;

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- Staff survey on their experience of using interpreting services;
- Liaising with the Health and Race and Equality Forum to share information in accessible formats;
- Plans to implement new BSL VRI equipment and promote the use of this trust wide; and
- Working in collaboration with Deaflink, Northumbria Healthcare NHS Foundation Trust (FT) and Cumbria, Northumberland, Tyne and Wear NHS FT to implement and pilot health navigator project for deaf patients.

6. NMAHP RESEARCH INSTITUTE

Due to the generous support of the Newcastle Hospitals Charity, NMAHP's in the Trust will benefit from the imminent introduction of an exclusive Institute, dedicated to the progression of research talent amongst our teams and will offer a new, innovative avenue to drive forward professional research.

Having access to targeted support, relevant expertise and dedicated funding, means our NMAHPs can benefit from a truly unique springboard, helping them develop and launch their research ambition. This work is aligned to the Chief Nursing Officers for England, Ruth May's recent "Making Research Matter" plan and puts the Trust in the forefront of this national agenda.

Work is progressing to launch the Institute and establish the governance frameworks to ensure maximum impact. The Trust Board will be updated on progress and outcomes in future reports.

7. RECOMMENDATIONS

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

Report of Maurya Cushlow
Executive Chief Nurse

31 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Ockenden Update Report						
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 report 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 report provides a high-level update of the current position for the Midwifery workforce aligned to transformation and Continuity of Carer.</p> <p>Associated risks have been identified which align to the assessment of risk, personalised care planning and the delivery of multi-disciplinary obstetric training within the Maternity Services.</p>						
Recommendation	<p>The Trust Board is asked to</p> <ol style="list-style-type: none"> i) Receive and discuss the report; ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the minimum evidence requirements (NHS England/Improvement (NHSE/I)); iii) Recognise that work continues to ensure full compliance; and iv) Note the associated risks involved. 						
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 January 27, 2022.						

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 report. Key issues of note are those aligned to risk assessment, personalised care planning, and multi-disciplinary training.

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 report provides an update to the Trust Board on the current position with regard to implementation of BadgerNet.

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 report. It is anticipated that the second report of Donna Ockenden will be published in March 2022.

RECOMMENDATIONS

The Board of Directors is asked 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; and
- iv) Note the associated risks involved.

OCKENDEN REPORT UPDATE

1. INTRODUCTION

The purpose of this report is to provide the Board of Directors with background information and an overview of The Ockenden Report; Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust 10 December 2020. The report also provides 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 March 2022.

From previous reports 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 report.

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.

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 a high-level update of the Midwifery workforce in line with maternity transformation is provided within this report.

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

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

Table 1			
Immediate Essential Action	Brief Descriptor		Compliance
Section 1	IEA 1-7		
IEA 1: Enhanced Safety	Q1	Local Maternity System (LMNS) regional oversight to support clinical change - internal and external reporting mechanisms for key maternity metrics in place.	Compliant
	Q2	External clinical specialist opinions for mandated cases.	Compliant
	Q3	Maternity Serious Incident (SI) reports sent jointly to Trust Board (not sub board) & LMNS quarterly.	Compliant
	Q4	National Perinatal Mortality Review Tool (PMRT) in use to required standard.	Compliant
	Q5	Submitting required data to the Maternity Services Dataset.	Compliant
	Q6	Qualifying cases reported to HSIB & NHS Resolution's Early Notification scheme	Compliant
	Q7	A plan to fully implement the Perinatal Clinical Quality Surveillance Model (Trust/LMNS/ICS responsibility).	Partial Compliance
	Q8	Monthly sharing of maternity SI reports with Trust Board, LMNS & HSIB.	Compliant
IEA 2: Listening to Women and Families	Q9	Independent Senior Advocate Role to report to Trust and LMNS.	n/a
	Q10	Advocate must be available to families attending clinical follow up meetings.	n/a
	Q11	Identify a non-executive director for oversight of maternity services – specific link to maternity voices and safety champions.	Compliant
	Q12	National Perinatal Mortality Review Tool (PMRT) in use to required Ockenden standard (compliant with CNST).	Compliant
	Q13	Robust mechanism working with and gathering feedback from service users through Maternity Voices Partnership (MVP) to design services.	Compliant
	Q14	Bimonthly meetings with Trust safety champions (obstetrician and midwife) & Board level champions.	Compliant
	Q15	Robust mechanism working with and gathering feedback from service users through MVP to design services.	Compliant
	Q16	Identification of an Executive Director & non-executive director for oversight of maternity & neonatal services.	Compliant
IEA 3: Staff Training & Working Together	Q17	Evidence of multidisciplinary team (MDT) training and working validated by LMNS 3 times a year. All professional groups represented at all MDT and core training.	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
IEA 4: Managing Complex Pregnancy	Q24	Maternal Medicine Centre (MMC) Pathway referral criteria agreed with trusts referring to NUTH for specialist input.	Compliant
	Q25	Women with complex pregnancies (whether MMC or not) must have a named consultant lead.	Partial Compliance
	Q26	Early specialist involvement and management plans must be agreed where a complex pregnancy is identified.	Compliant
	Q27	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (SBLCBv.2)	Compliant
	Q28	Continuation of Q25: mechanisms to regularly audit compliance.	Compliant
	Q29	Trust supporting the development of maternal medicine specialist centre.	Compliant
IEA 5: Risk Assessment Throughout Pregnancy	Q30	All women must be formally risk assessed at every antenatal contact.	Partial Compliance
	Q31	Risk assessment must include ongoing review of the intended place of birth.	Compliant
	Q32	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (V.2).	Compliant
	Q33	Regular audit mechanisms are in place to assess Personalised Care & Support Plan compliance.	Partial Compliance
IEA 6: Monitoring Fetal Wellbeing	Q34	Dedicated Lead Midwife and Lead Obstetrician to champion best practice in fetal wellbeing.	Compliant
	Q35	Leads must be sufficiently senior with demonstrable expertise to lead on clinical practice, training, incident review and compliance of Saving Babies' Lives care bundle (V.2)	Compliant
	Q36	Demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (V.2).	Compliant
	Q37	90% attendance for each staff group attending MDT maternity emergencies training session (with LMNS oversight and validation).	Partial Compliance
	Q38	Implement the Saving Babies Lives care bundle: identify a lead midwife and a lead obstetrician (as Q34)	Compliant
IEA 7: Informed Consent	Q39	Ensure women have access to accurate information, enabling informed choice for place and mode of birth.	Compliant
	Q40	Accurate evidence-based information for maternity care is easily accessible, provided to all women and MVP quality reviewed.	Compliant

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

Total Number of Questions	49	100%
Non-applicable (Q9 and 10)	2	n/a
Compliant	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, the Trust Quality Committee and to the Trust Board.

The outstanding key issues of note which arise from review and analysis of the gaps, as follows:

IEA 3; The Trust continues to progress scheduled multi-disciplinary team training; as previously reported, there have been challenges in maintaining 90% attendance of all specialties which is a requirement of Ockenden and CNST.

All training was postponed in late December 2021 and throughout the month of January 2022, as a direct consequence of the impact of the Pandemic on staffing levels within the Service. Current compliance as of 28th February 2022 ranges between 27–52% across each of the relevant groups of staff. In mitigation, the training schedule has been revised and training sessions have increased to two per week to enable acceleration of the trajectory against the target set.

Regular review is undertaken, and an update of compliance is reported locally within the Directorate to the bi-monthly CNST group, and thereafter through the Trust governance assurance framework. A revised date, previously June 2022, for achievement of this standard is awaited from NHS Resolution.

IEA 4, 5, 7; As the Board of Directors are aware from previous reports, the Trust is currently in the process of implementing a maternity specific electronic patient record (BadgerNet) which will provide greater levels of quality assurance and support compliance with the requirements to each of these partially compliant IEAs.

4. DIGITAL HEALTH RECORDS

4.1 Implementation of BadgerNet

The implementation of BadgerNet will largely mitigate the current risks associated with paper-based records, and further enhance the level of quality assurance regarding the provision of the assessment of risk and contribute towards the enhancement of personalised care planning.

The Clinical Director for Women's Services as the Senior Responsible Officer (SRO) is Chair of the newly created Project Board; further work is underway in appointing members to the Project Implementation Team to maintain trajectory against the scheduled implementation date of October 2022. There is nothing further to report by exception at this time and further updates will be provided in future reports.

5. MATERNITY WORKFORCE PLANNING AND INVESTMENT

5.1 Midwifery Workforce

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, has included 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 were presented in a private report to the Trust Board in January 2022. The Trust is currently in the process of undertaking formal workforce consultation as part of transformational change. To ensure oversight of the implementation plan, a Project Board has been newly created. Updates on the progress on this work will be provided to the Board of Directors in future reports.

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

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			
Immediate and Essential action (IEA)	Updated action which is required to meet recommendation	Lead/s	Completion Date
IEA 1 Enhanced Safety	Awaiting additional confirmation from the newly formed LMNS regarding use of the Perinatal Quality Surveillance Model and associated governance framework.	LMNS Leads Associate Director of Midwifery Head of Obstetrics Clinical & Quality Effectiveness Midwife	To be confirmed regionally.
IEA 3 Staff training and working together	Required to ensure 90% of all specialties take part in multi-disciplinary training. This has been challenging for the reasons reported in the Trust Board and Quality Committee reports; a mechanism is in place for regular monitoring and reporting. A task and finish group has been established to ensure a more focussed strategy going forward.	Consultant Obstetrician (Training Lead) Practice Support Team Clinical Director Directorate Manager	3 months pause introduced from 23 December 2021. Target date as per Year 4 CNST was 30 th June 2022, however, it is anticipated that this will be delayed.
IEA 4, 5 & 7 Named Consultant and Risk assessment throughout pregnancy	Continue to embed named consultant and continuous risk assessment through training, audit, and plan-do-study-act (PDSA). A task and finish group are established. Further enhance the current paper-based system as an interim whilst awaiting implementation of EPR with full audit schedule. Continue the work to progress the project plan and implementation of BadgerNet as the agreed electronic paper record.	Head of Obstetrics Midwifery Matrons Clinical Quality and Effectiveness Midwife Clinical Director Directorate Manager	An audit undertaken in January 2022 demonstrated that the paper-based risk assessment in the hospital setting was underutilised. An amended Risk Assessment is currently being piloted with further work in place to support utilisation and increased compliance. A repeat Audit will be undertaken in April 2022. EPR 8 months to implementation.

Actions to support Maternity Workforce planning				
		Action required to meet recommendation	Lead/s	Completion Date
Section 2 Midwifery workforce	A plan in place to meet the Birthrate Plus standard	The Midwifery workforce plan is contained within the wider work being undertaken aligned to transformation, Better Births and Continuity of Carer. Work is progressing against the proposal presented to the Trust Board in January 2022.	Associate Director of Midwifery Directorate Manager	Completed

7. STRATEGIC IMPLICATIONS

As previously reported to the Board of Directors, the Trust continues to work with the newly reconfigured LMNS and other NHS providers within the region to establish and consider the wider implications of meeting the Ockenden requirements. Work will be ongoing in line with the publication of the second Ockenden report.

8. RISKS

The risks identified in the November 2021 Trust Board report 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. As previously reported, interim monitoring measures continue in mitigation of risk.

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, there will be challenges in meeting with 90% compliance. The Trust 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.

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 2021/22.

A number of outstanding recommendations relate specifically to risk assessment, 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.

As reported to the Board of Directors in January 2022, the reporting requirements for year 4 of The Maternity Incentive Scheme have been paused for 3 months due to ongoing NHS pressures. Throughout this period the Trust will continue to progress against all elements of The Scheme.

The second report of Donna Ockenden is expected to be published in March 2022.

10. RECOMMENDATIONS

The Board of Directors is asked to:

- i) Receive and discuss the report;

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- 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; and
- iv) Note the associated risks involved.

Report of Maurya Cushlow
Executive Chief Nurse
31 March 2022

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TRUST BOARD

Date of meeting	31 March 2022						
Title	Maternity Incentive Scheme Year 4 (CNST)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Rhona Collis, Quality and Clinical Effectiveness Midwife/ Jane Anderson, Associate Director of Midwifery						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 4 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions.</p> <p>The content of this report addresses all Year 4 Maternity Safety Actions in order to report progress and ongoing compliance with the recommended standards and timescales for these respective safety actions.</p>						
Recommendation	The Board of Directors are asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to comply with the standards outlined could impact negatively on maternity safety, result in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is the fourth report for Year 4 of this Maternity Incentive Scheme. It was presented to the Quality Committee on the 22 March 2022. A previous summary report was presented to Board on the 27 January 2022.						

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

EXECUTIVE SUMMARY

The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 4 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions.

The Year 4 CNST safety actions were effective from the 8 August 2021. Amendments were made to the safety actions in October and 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 the Healthcare Safety Investigation Branch (HSIB). Every reasonable effort should be made to make the Maternity Services Data Set submissions to NHS Digital.

The content of this report addresses all Year 4 Maternity Safety Actions in order to report progress and ongoing compliance with the recommended standards and timescales for these respective safety actions. The original submission date was scheduled for 30 June 2022. We await further clarification that this date remains.

The Board of Directors are 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 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, Year 2 and Year 3, with £961,689, £781,550 and £746,887 respectively in recognition of this achievement.

The incentive scheme will run for a further year and new standards were published on 29th August 2021 outlining Year 4 requirements. The new Standards were amended in October 2021 and this report focuses on the second version published.

Requirements for Year 4 were suspended for 3 months from 23 December 2021. It is likely that previous deadlines outlined in the scheme will be amended following this, however updates in relation to new requirements for Year 4 are currently awaited.

The Board will receive a further report for consideration in May 2022 as required by the scheme.

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

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

2.1 Standard A

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

The Trust maintains a database to record all eligible perinatal deaths and there is a robust system in place to ensure MBRRACE-UK are notified within the above time scales.

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

The Trust is compliant with this standard. All deaths of babies within the Trust, which require review, are reviewed within two months of each death using the PMRT and this process pre-dates the deadline date outlined in Standard A (08/08/2021). This process is well established and includes deaths after home births where care was provided by the Trust. There are no concerns regarding ongoing compliance with this standard and all cases either have a review in progress, or a completed review within the stipulated timeframe.

2.2 Standard B

At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 8 August 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death and the report published within six months of each death.

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

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

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control, however, the Trust is cognisant of this issue and continues to regularly monitor and review. Updates will be provided to the Trust Board in future reports.

2.3 Standard C

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

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

The Trust continues to be compliant with this standard. It is a routine part of the discussion with families after the death of a baby that they are informed that a review will take place and their perspectives, and any questions or concerns are sought as part of the bereavement pathway. This is recorded clearly within the PMRT database and the Trust has achieved 100% compliance thus far. For each baby who has died, a bereavement lead is nominated who takes responsibility for maintaining contact with the parents.

2.4 Standard D

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

The content of this report includes a summary of the deaths reported and reviewed for Quarter 2 (01/07/2021 – 30/09/2021) and Quarter 3 (01/10/2021 – 31/12/2021). The Q2 report was also presented to the Maternity Board Level Safety Champions Group in February 2022. In previous Board reports the most recent quarter has been presented. However, as reviews are completed over a 4 to 6 month period, minimal detail is provided in the most recent report.

In Quarter 2 there were 19 perinatal deaths and the PMRT summary report acknowledges that 15 reports have been completed with 4 in progress.

In Quarter 3 there were 18 perinatal deaths reported in this time period. 7 have had a review completed, the remaining 11 eligible cases have started the review process.

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The action plans for neonatal deaths are reported to the Trust Child Death Administration Team who monitor the timelines and associated actions. Action plans are also, where they are more broadly relevant, shared with the Northern Neonatal Network for wider learning.

The Trust has produced a quarterly PMRT report for Board since 25/04/2019. This report outlines data from PMRT for Quarter 2 and Quarter 3 2021/22 reviews and is included within the Private Board Reference Pack.

The Trust is confident of being fully compliant with this safety action.

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

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

3.1 Standard 1

Trust Boards to confirm that they have either:

already procured a Maternity Information System complying with the forthcoming commercial framework (to be published by NHSX) and are complying with Information Standard Notices DCB1513 and DCB3066

OR

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

The Trust is compliant with the actions outlined for this safety action to date. The Trust's Executive Team approved the procurement of the fully funded Electronic Patient Record (EPR) for Maternity Services at the Executive Directors meeting on 19th May 2021. The implementation of BadgerNet, a maternity specific electronic patient record (EPR), is planned to be in use by Autumn 2022. In addition, the Maternity Digital Health Leads have attended various engagement sessions held by NHS Digital, as required by the scheme.

3.2 Standard 2

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

The Trust does not yet meet this criterion and frequently achieves 8 out of 11 CQIM's. The 3 that consistently fail to achieve sufficient data submission are being reviewed with the Trust Information Analysts and the relevant issues are being addressed. The Trust is confident that the data is entered into the local maternity information system but the issue lies with

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the process of extraction of data to the Maternity Services Dashboard. In the interim the Trust has received further information to clarify that January will not be the required month of data submission and await further confirmation of the timescales from NHS Resolution.

3.3 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 reaching 14+1 weeks gestation in the month.

The Trust does not currently submit this data via MSDS; however, height, weight and BMI data is captured and is recorded in the Trust's maternity information system. Work is in progress to enable the Trust to record this data via MSDS, in order to be fully compliant with this standard.

3.4 Standard 4

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

The Trust is fully compliant with collection of this data set, however confirmation of the specific month NHS Resolution will use to verify this data is awaiting as part of amended Year 4 requirements for further clarity.

3.5 Standard 5

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

Continuity of carer (CoC)

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

The Trust is compliant with data submission for the percentage of women placed on a Continuity of Carer pathway however, the data regarding percentage of women receiving Continuity of Carer does not pass the required standard. The quality of the data submission is being reviewed with the Trust Information Analysts and it is anticipated that the data will be available prior to the final agreed data submission date. Updates with regard to this requirement will be made in future reports.

Personalised Care and Support Planning

- 3. The proportion (%) of women who have an antenatal care plan by 16+1 weeks gestation age (119 days) that also have a personalised care and support plan.*

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

The Trust received notification on the 16 December 2021 that the requirements for Personalised Care and Support Planning have been removed from this version of the standards.

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

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

4.1 Standard A

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

The Trust is compliant with this standard as outlined in previous Board reports for Year 2 and Year 3 of the scheme and this pre-dates the deadline of 10 January 2022 for Year 4.

Pathways of care are outlined in the Care of the Vulnerable Neonatal Guideline and are based on the principles of the British Association of Perinatal Medicine (BAPM). This pathway is business as usual and was jointly approved by maternity and neonatal teams, with a focus on minimising separation of mothers and babies and includes the Newborn Early Warning Trigger and Track (NEWTT) assessment from birth on Delivery Suite, Transitional and Postnatal care.

4.2 Standard B

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

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

A process is in place to share subsequent audit findings with the Neonatal Safety Champion on a monthly basis. Mechanisms are in the process of being agreed regionally for sharing audit findings quarterly with the Local Maternity and Neonatal System (LMNS),

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commissioner and Integrated Care System (ICS) quality surveillance meeting, to enable compliance with this requirement of the scheme for Year 4. In the interim the data collected is shared with the Network lead and Specialist Commissioner via e-mail.

4.3 Standard C

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

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

Data is available on transitional care activity (regardless of place - which could be transitional care, postnatal ward, virtual outreach pathway etc.) and this data recording process pre-dates the deadline of 10 January 2022 outlined in Year 4 of the incentive scheme.

The Trust has a secondary recording process available for babies born between 34+0 - 36+6 weeks gestation at birth, who did not have surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered. This is already in place and pre-dates the deadline of 10 January 2022 outlined in the scheme.

4.4 Standard D

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

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

4.5 Standard E

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

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

The review of term admissions to the neonatal unit have continued on a quarterly basis. The findings of these reviews were shared with the Maternity Board Level Safety Champions Group on the 13 October 2021 and 10 February 2022. A further report will be available for the proposed April 2022 meeting.

Mechanisms are in the process of being agreed regionally to enable findings to be shared on a quarterly basis from the Trust's reviews of term admissions to the neonatal unit with LMNS and ICS. The Trust awaits clarification of this process.

4.6 Standard F

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

An action plan to address local findings was agreed with the Maternity Board Level Safety Champions Group and signed off by the Board at the November 2021 Board meeting.

4.7 Standard G

Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level champion and LMNS and ICS quality surveillance meeting each quarter.

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

The Trust is confident of being fully compliant with this safety action.

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

5.1 Standard A

Obstetric Medical Workforce

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

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A paper was presented to the Maternity Board Level Safety Champions Group in December 2021 regarding a Medical Workforce Strategy. The group will receive this document bi-annually as agreed by MIS. The Medical Workforce Strategy document is available to Board members on request.

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

Monthly audits of consultant attendance commenced in January 2022 as required. The results of the January and February audits will be shared at the April 2022 Maternity Board Level Safety Champions Group.

5.2 Standard B

Anaesthetic medical workforce

A duty anaesthetist is immediately available for the obstetric unit 24hours a day and should have clear lines of communication to the supervising consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients.

The Trust is confident in compliance with this standard as in previous years. Any gaps in the Trainee rota are covered by the Consultant. An audit of the rota was completed in February 2022 and the results of this will be presented on the 13 April 2022 at the Maternity Board Level Safety Champions meeting. Additional rotas can be provided as further evidence if required.

5.3 Standard C

Neonatal medical workforce

The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing.

If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies.

If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies.

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The Neonatal unit did not meet the BAPM standards for year 3 of the scheme. These deficiencies were addressed which led to a successful business case to increase the number of tier 2 neonatal trainee doctors. Despite a rigorous recruitment drive, the Trust has been unable to fill these posts. In the interim tier 1 neonatal trainee doctors have been recruited with a plan that they will progress to tier 2 level within the next few years.

5.4 Standard D

Neonatal nursing workforce

The neonatal unit meets the service specification for neonatal nursing standards. If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies.

If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies and share this with the Royal College of Nursing, LMS and Neonatal Operational Delivery Network (ODN) Lead.

A Staffing Report was presented to the Trust Board in November 2021 which included a position statement regarding the Neonatal Nursing Workforce. A staffing review using the Dinning Tool was undertaken in October 2020 which showed the establishment to be appropriate; a further review is recommended at a point at which the cot capacity increases later on in the year. This further staffing review is planned for April 2022. If the review shows any deficiencies an action plan will be developed and presented in a subsequent Staffing Paper to the Board before the end of June 2022 (proposed MIS submission date).

The Trust is confident of being fully compliant with this safety action.

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

6.1 Standard A

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

Birthrate Plus (an external workforce review) was completed in October 2020. The review identified a shortfall in the Midwifery establishment which aligned to the Trust's bid for Ockenden funding in 2021, and which has been reported and regularly updated through the Trust Board Ockenden paper. Midwifery staffing is also presented regularly on a six monthly basis to the Trust Board in the Nursing and Midwifery Staffing paper.

6.2 Standard B

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The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.

and

6.3 Standard C

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

The Trust is compliant with Standards B and C as in previous years. Between the period of 1 November 2021 and 28 February 2022, there have been no occasions recorded where a midwife has been unable to provide continuous one-to-one care and support to a woman in established labour; and no occasions where the delivery suite coordinator has not remained supernumerary and has resulted in the coordinator being the named midwife for a woman.

It is recognised that this period posed significant challenge from the COVID-19 omicron variant wave of the pandemic from a staffing perspective. The Maternity Service was able to maintain one-to-one care in labour and the supernumerary status of the coordinator as staffing was actively managed by the senior team on a daily basis, in order to manage risk across the service. Qualified staff, included specialist midwives were re-deployed to different clinical areas, there were some inpatient ward closures and relocation of triage services to ensure that safe staffing was maintained. The service did see some unavoidable delays in elective admissions for induction of labour due to the need to maintain one-to-one care in labour during this period, however, this has stabilised as the omicron wave and staff absence has improved.

There is a clear Maternity Services Escalation policy which should be implemented if acuity is as such that the coordinator cannot be supernumerary and/ or 1:1 care cannot be provided to women in active labour.

6.4 Standard 4

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

Regular reporting on a six monthly basis is made to the Trust Board in relation to Midwifery staffing. A Nursing and Midwifery Staffing Report was submitted to the Trust Board in November 2021 and a further paper will be presented to the Board in May 2022. The contents of this paper are cross referenced as appropriate within the Ockenden paper to both the Quality Committee and the Trust Board.

The Trust continues to be fully compliant with this safety action.

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

7.1 Element 1

This element requires the following monitoring evidencing an average of 80% compliance over a six-month period:

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

B. *Percentage of women where CO measurement at 36 weeks is recorded.*

The Trust is compliant with point A. Data for January showed 94% compliance.

CO monitoring of women at 36 weeks remains an ongoing challenge from Year 3 due to the lack of electronic maternity records for capturing this data. Data is required to be entered manually in order to achieve compliance, however, the Trust remains on target to achieve the 80% average over a six month period. Between September 2021 - December 2021 the compliance rate was 82%.

7.2 Element 2

This element requires the following monitoring evidencing at least 80%.

A. *Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded using a risk assessment pathway at booking and at the 20 week scan*

The Trust is compliant with this element. Data for January 2022 showed 100% compliance.

7.3 Element 3

This element requires the following monitoring evidencing at least 80%.

A. *Percentage of women booked for antenatal care who had received reduced fetal movements leaflet/information by 28+0 weeks of pregnancy.*

B. *Percentage of women who attend with Reduced Fetal Movements who have a computerised CTG.*

The Trust is compliant with both these elements. Data for January showed 82% compliance with element A. All CTG machines are computerised and an audit undertaken in March 2022 showed 100% compliance with element B.

7.4 Element 4

There should be Trust board sign off that staff training on using their local CTG machines, as well as fetal monitoring in labour are conducted annually. The fetal monitoring sessions should be consistent with the Ockenden Report recommendations, and include: intermittent auscultation, electronic fetal monitoring with system level issues e.g. human factors, escalation and situational awareness.

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The Trust board should specifically confirm that within their organisation:

- *90% of eligible staff (see Safety Action 8) have attended local multi-professional fetal monitoring training annually as above.*
- *A dedicated Lead Midwife (0.4 WTE) and Lead Obstetrician (0.1 WTE) per consultant led unit have been appointed by the end of 2021 at the latest.*

Compliance with training is presented in more detail in Safety Action 8. The Trust has a dedicated lead Midwife and lead Consultant, both appointed in 2021. The lead Midwife post will increase in hours from 0.4 to 0.6 wte from April 2022, which will allow more dedicated time to focus on fetal monitoring training, further enhancing quality and safety in relation to fetal monitoring. In addition to the mandatory Clinical Skills training day, fetal monitoring training is now delivered weekly for an hour on a drop-in session basis, which further strengthens the training programme offered to staff.

7.5 Element 5

This element requires the following monitoring evidencing at least 80%.

- A. *Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth.*
- B. *Percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids.*
- C. *Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth.*
- D. *Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance).*

The Trust is compliant with A, C and D.

The Trust is not currently able to achieve standard B (above). However, the Trust can declare compliance with requirements of the scheme with an action plan being in place to address how the Trust will achieve at least 80% compliance for this standard. An action plan has been developed to address non-compliance and this has been agreed as part of a regional group reviewing pre-term births. Diagnostic testing has been introduced to give a more accurate assessment of the likelihood of a woman going into pre-term labour, supporting the earlier administration of steroids. The Trust will continue to monitor compliance with this standard and re-audit in 4 months is planned.

Pre-term birth data was presented to the Maternity Board Level Safety Champions Group in February 2022.

8. SAFETY ACTION 7: CAN YOU DEMONSTRATE THAT YOU HAVE A MECHANISM FOR GATHERING SERVICE USER FEEDBACK, AND THAT YOU WORK WITH SERVICE USERS THROUGH YOUR MATERNITY VOICES PARTNERSHIP (MVP) TO COPRODUCE LOCAL MATERNITY SERVICES?

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8.1 Evidence should include:

Terms of Reference for your MVP. They reflect the core principles for Terms of Reference for a MVP as outlined in annex B of Implementing Better Births: A resource pack for Local Maternity Systems.

Minutes of MVP meetings demonstrating how feedback is obtained and evidence of service developments resulting from coproduction between service users and staff.

Written confirmation from the service user chair that they are being remunerated as agreed and that this remuneration reflects the time commitment and requirements of the role given the agreed work programme. Remuneration should take place in line with agreed Trust processes.

The MVP's work programme, minutes of the MVP meeting which agreed it and minutes of the LMS board that ratified it.

Written confirmation from the service user chair that they and other service user members of the MVP committee are able to claim out of pocket expenses, including childcare costs in a timely way.

Evidence that the MVP is prioritising hearing the voices of women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation, given the findings in the MBRRACE-UK reports about maternal death and morbidity and perinatal mortality.

The Trust has a very strong, firmly embedded Maternity Voices Partnership (MVP). There has been recent recruitment to the position of Chair, and two new co-chairpersons have been appointed. The MVP is in the process of developing the work plan for 2022/23, ensuring key work streams are undertaken in a collaborative way and in partnership with service users.

The Trust is confident of remaining fully compliant with this safety action.

9. SAFETY ACTION 8: CAN YOU EVIDENCE THAT A LOCAL TRAINING PLAN IS IN PLACE TO ENSURE ALL SIX CORE MODULES OF THE CORE COMPETENCY FRAMEWORK WILL BE INCLUDED IN YOUR UNIT TRAINING PROGRAMME OVER THE NEXT 3 YEARS, STARTING FROM THE LAUNCH OF MIS YEAR 4?

IN ADDITION, CAN YOU EVIDENCE THAT AT LEAST 90% OF EACH RELEVANT MATERNITY 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 MIS YEAR 4?

9.1 Standard A

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A local training plan is in place to ensure that all six core modules of the Core Competency Framework, will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4 in August 2021.

The Training Needs Analysis has been amended to include the six core modules of the Core Competency Framework and a plan is in place for implementation over the next 3 years.

9.2 Standard B

90% of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day, to include maternity emergencies starting from the launch of MIS year four on 8 August 2021?

9.3 Standard C

90% of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day, to include antenatal and intrapartum fetal monitoring and surveillance, starting from the launch of MIS year four on 8 August 2021.

9.4 Standard D

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) course starting from the launch of MIS year four on 8 August 2021.

Achieving 90% compliance this year remains a challenge due to staff absence as a result of the COVID-19 pandemic. The Trust was on target against trajectory until January 2022, at which point, due to significant shortage of staff in relation to the Omicron variant, it was necessary to postpone all training to ensure continuous safety within the Service. In mitigation, additional training sessions have subsequently been scheduled in addition to the planned sessions, to enable increased attendance throughout the next 4 months.

A task and finish group has been established to monitor and review ongoing compliance in relation to staff training. Compliance across standards B, C and D currently range between 33 – 52%.

Due to the current pause in Year 4 of the scheme, the Trust awaits confirmation of the exact time period required to evidence Year 4 compliance. In the event that the submission date remains at 30 June 2022 - a recent review of proposed trajectory would require an additional 9 multi-disciplinary training sessions to increase compliance to the required 90%.

The Trust is aware through Ockenden reporting that this remains a significant risk and of the actions being taken in mitigation of the risk identified.

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

10.1 Standard A

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

The pathway has been revised in light of the additional requirements and will be presented at the next Maternity Board Level Safety Champions Group in April 2022.

10.2 Standard B

Board level safety champions present a locally agreed dashboard to the Board on a quarterly basis including; the number of incidents reported as serious harm, themes identified and actions being taken to address any issues; staff feedback from frontline champions and walk-about; minimum staffing in maternity services and training compliance are taking place at Board level no later than 31 October 2021. NB, The training update should include any modifications made as a result of the pandemic / current challenges and a rough timeline of how training will be rescheduled later this year if required. This additional level of training detail will be expected by 31 December 2021.

A monthly Trust maternity data dashboard is submitted as part of the Integrated Board Report (IBR) data submission and this pre-dates the deadline date of 31 October 2021 outlined in the scheme. Themes identified and actions taken are outlined and presented quarterly. However, this data is currently not fully aligned to the Perinatal Quality Surveillance Model as agreement is awaited from the LMNS in relation to confirmation of the locally agreed dashboard for all regional trusts and this is outside the Trust's control.

The Trust's Claims Scorecard, alongside incident and complaint data was presented to the Maternity Board Level Safety Champions Group in February 2022, as outlined for the scheme.

Monthly walkabouts continue to be undertaken by a member of the Board, with the Non-Executive Director (Maternity). Minutes of the walkabout are shared with the Executive / Non-Executive Director, the Directorate Manager, and Associate Director of Midwifery. Feedback from these walkabouts is shared with staff via the Improving Safety Together newsletter produced three times a year.

10.3 Standard C

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Board level safety champions have reviewed their continuity of carer action plan in the light of Covid-19. A revised action plan describes how the maternity service will work towards Continuity of Carer being the default model of care offered to all women by March 2023, prioritising those most likely to experience poor outcomes.

A proposal aligned to the Maternity Transformation Programme and the implementation of Continuity of Carer has been developed by the Women's Services Directorate and this was presented to the Trust Board in January 2022. Receiving Trust Board approval, the Trust is currently in the process of staff consultation through a formal organisational change process.

Plans have been developed to determine the proportion of Newcastle women that can be offered a Continuity of Carer pathway. A Birthrate plus (BR+) compliant staffing resource has been used and this has been modelled to achieve 63% of Newcastle women on a Continuity of Carer pathway. The Newcastle model retains a higher proportion of 'core staff' than BR+ indicates within acute service, in mitigation of the large number of out of area women and to preserve safety.

The proposal prioritises those women most likely to experience poorer outcomes and the timeline is in line with the requirements of this standard. Further work will be undertaken to clarify the additional investment which will be required to enable the Trust to offer Continuity of Carer as a default to 100% of Newcastle women.

10.4 Standard D

Board level and maternity safety champions are actively supporting capacity and capability building for staff to be involved in the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP)

The Trust participate and engage with the relevant MatNeo Patient Safety Network events and have had representation at 3 events (16th September, 13th December and the 24th March), as outlined in the scheme.

Evidence that insights from culture surveys undertaken have been used to inform local quality improvement plans by 30 April 2022

The Score survey (organisational culture) was undertaken in April 2019. The results were shared with staff and feedback sessions delivered by two external health professionals in January 2020. Themes identified were similar to those identified during the Trust Staff Survey undertaken at the same time and these were incorporated into the Directorate Quality Improvement plans for 2020/21.

The Trust is confident of being fully compliant with this safety action.

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11. SAFETY ACTION 10. HAVE YOU REPORTED 100% OF QUALIFYING CASES TO HEALTHCARE SAFETY INVESTIGATION BRANCH (HSIB) AND TO NHS RESOLUTION'S EARLY NOTIFICATION (EN) SCHEME FOR 2021/22?

A) Reporting of all qualifying cases to HSIB for 2021/22.

B) For qualifying cases which have occurred during the period 1 April 2021 to 31 March 2022 the Trust Board are assured that:

- 1. the family have received information on the role of HSIB and the EN scheme;*
- 2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.*

The Trust is fully compliant with this safety action. Families involved in cases which qualify for a HSIB/ EN investigation meet with one of the Risk and Governance Midwives in the first 24-48hrs few days after birth. The process is fully explained to the parents and literature is provided to support the conversation. Thereafter, following discharge, a confirmation letter is sent to the family; this includes a written apology on behalf of the Trust in line with Duty of Candour Regulations.

11. 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
31 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Learning From Deaths (October 2021 – December 2021)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager-Quality; Vic Smith, Patient Safety Manager						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>This paper aims to provide assurance to the Trust Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018).</p> <p>This paper also summarises the processes that are in place to provide assurance to the Trust Board that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.</p>						
Recommendation	The Board is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality: <ul style="list-style-type: none"> Put patients and carers first and plan services around them; and Maintaining our 'Outstanding' CQC rating. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provision of assurance that patient outcomes are reviewed and lessons learned to include deaths of people with learning disabilities.						
Reports previously considered by	This is a recurrent report and was previously presented to Quality Committee on 22 March 2022.						

LEARNING FROM DEATHS

EXECUTIVE SUMMARY

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

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

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

LEARNING FROM DEATHS

1. BACKGROUND

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

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

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

The guidance released in July 2018 by the Department of Health and Social Care published the government’s response to consultation on the “Introduction of Medical Examiners and Reforms to Death Certification in England and Wales”. This guidance outlines the intention that the medical examiner system will be enshrined in statute and Medical Examiners will be based in all acute Trusts by 2021 with a view to scrutinise community deaths by 2022.

2. MORTALITY REVIEW DATABASE – DATA SUMMARY

Current Morbidity and Mortality (M&M) meetings provide a robust forum for multidisciplinary discussion of each death. The mortality review database was launched in June 2017 and has improved the ease at which lessons identified within M&M meetings can be shared between Directorates. The database captures all mortality reviews and centralises the findings in one place for all level 2 mortality reviews.

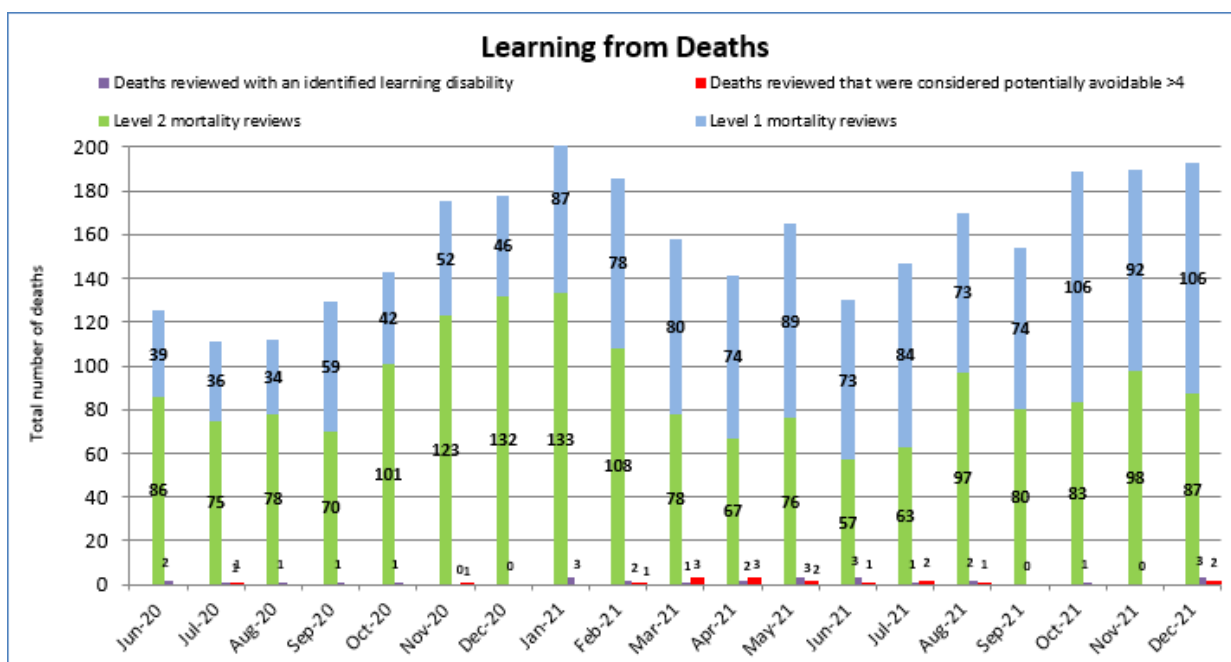
- Level 1: The reviewer reviews the cause of death and discusses with the certifying doctor and medical examiner.
- Level 2: In addition, the reviewer also considers documents and health records associated with the death and records findings into the Trust-wide mortality review database, in-line with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

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

2.1 Inpatient Deaths

In the past 12 months (January 2021 – December 2021) 2,044 patients died within Newcastle Hospitals with a total of 894 patients having received a level 2 mortality review. It is likely that these mortality review figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months. These figures will continue to be monitored and modified accordingly. The graph below shows total number of deaths each month from June 2020 as well as Trust mortality reviews, the graph clearly shows the peaks through the pandemic.

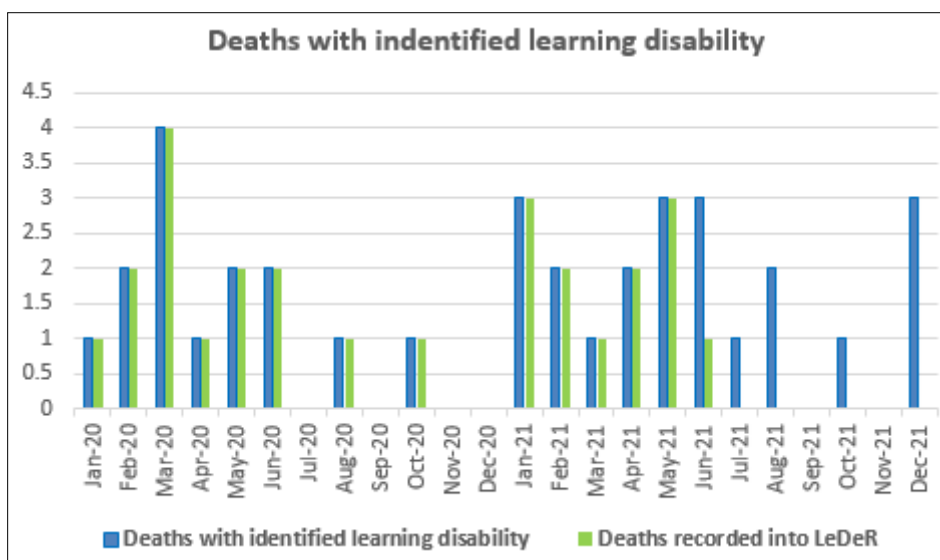


2.2 Patients identified with a Learning Disability

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

Between January 2021 and December 2021, 21 patients who died within Newcastle Hospitals were identified as having a learning disability. Within the Trust, whenever a patient with a learning disability dies, the death is reviewed by the clinical team and is supported by the Learning Disability Team. There is a further in-depth case review at the Learning Disability Mortality Review Panel and the case review is also entered onto the Trust Mortality Review Database, as well as into the LeDeR National Database. An update is provided from the Learning Disability Specialist Nurse at each quarterly Mortality Surveillance Group meeting and lessons are shared using various methods, which includes presenting at the Clinical Risk Group and via Patient Safety Bulletins.

The graph below shows the data for the past 24 months (January 2020 – December 2021) and includes those patients who have been recorded into the national LeDeR database. However, Due to the complexity of some cases and staffing constraints within the learning disability team, there has been a delay in cases being reviewed and updated into LeDeR. This is currently being considered at Executive level in the Trust alongside a conditional mandatory requirement to include patients with a diagnosis of autism in the LeDeR process.



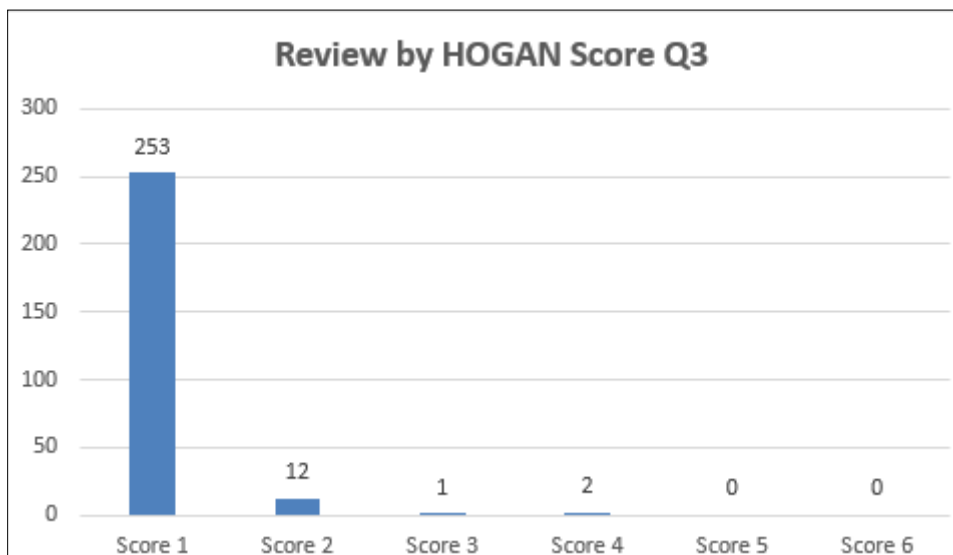
2.3 Outcome of Case Reviews – Hogan Score

Throughout Q3 (October 2021 – December 2021), 268 patients have received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database. This number will continue to rise as more M&M meetings go ahead over the forthcoming months.

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

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

A score of ≥ 4 suggests 'strong evidence of preventability' and an investigation is initiated to determine if a serious incident (SI) is to be reported, as well as being presented on an individual basis at quarterly mortality surveillance group. The outcomes of the cases reviewed in Q3 are summarised below:



Two patients' case reviews were graded a HOGAN 4 during Q3:

- One patient died following a fall at a neighbouring Trust and was transferred to the Royal Victoria Infirmary (RVI) due to a traumatic head injury, secondary to the fall. The case was discussed by NuTH Serious Incident (SI) triage panel and agreed liaison should take place with the neighbouring Trust to undertake their own local SI investigation.
- One patient was graded a HOGAN 4 due to potentially contracting Covid-19 during a hospital visit. The patient was discussed at NuTH Serious Incident (SI) triage panel and an investigation commenced, led by the infection control team. It was agreed it was highly unlikely that the patient contracted Covid-19 in hospital, due to the timing and nature of the hospital stay and onset of symptoms, it was agreed this case was not to be investigated as an SI.

3. KEY LEARNING POINTS

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

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

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

Learning points identified from case reviews undertaken in Q3

Directorate	Speciality	Summary	Learning Point
Medicine	Respiratory	A patient was admitted for an invasive diagnostic procedure due to suspicion of advanced malignancy on CT. Patient informed they were high risk for planned procedure, however consented to continue. Post procedure the patient deteriorated and subsequently sadly past away.	<ol style="list-style-type: none"> All risks were communicated and patient and family were keen to go ahead, however risk of death should be clearly written within the consent form as well as being verbally communicated. Good communication documented around shared team decision due to the concern regarding fitness for the procedure.
Medicine	Respiratory	This patient on end of life care wished to go home for a short period of time, before returning to hospital as his preferred place to die.	Excellent communication with the patient across multidisciplinary team to allow patient choice. Exemplary documentation of discussion around dying documented; shared with Directorate for wide learning.
Medicine	Respiratory	A patient was admitted to a medical ward due to being acutely unwell. Unfortunately, the patient acquired covid-19 whilst an inpatient and was transferred to a respiratory ward for ongoing treatment. The patient subsequently deteriorated and sadly passed away.	Immunosuppression for rheumatoid arthritis was not initially withdrawn when the patient developed Covid-19 as expected protocol, however this was identified by the receiving respiratory team. Learning from this case was discussed at local Mortality & Morbidity (M&M) and shared with Gastroenterology colleagues.
Medicine	Respiratory	A patient was admitted into hospital with shortness of breath and multiple comorbidities. During the patient's long admission, they were managed by multiple consultants, which including multiple transfers between clinical specialities before commencing palliative care.	Multiple ward teams and Consultants were involved in the patient's care. Minimising the number of ward transfers would be beneficial to patient care.
Medicine	Older Peoples Medicine	Following a fall on the ward, a patient suffered a serious head injury. Following review by a Consultant Neurologist conservative management was agreed due to the patient's comorbidities and high risk of surgery Two days following the fall, it was noted that the patient was not moving his leg. An x-ray demonstrated a fractured neck of femur, which had been initially unrecognised.	The patient's case is being investigated as a serious incident investigation as per Trust process. Discussion at local M&M identified the importance following a fall, for all patients to be assessed thoroughly to ensure no significant injuries are missed.
Cardiothoracic	Transplant (Adult)	A patient who was recently discharged after cardiac surgery was admitted with signs of heart failure. The patient deteriorated, despite further surgical input and was placed on end of life care.	A teaching program for junior medical staff is being developed and will be delivered by October 2022; to include recognition of signs of transplanted heart failure and presentation of unusual or atypical rhythms.

4. CRUDE MORTALITY

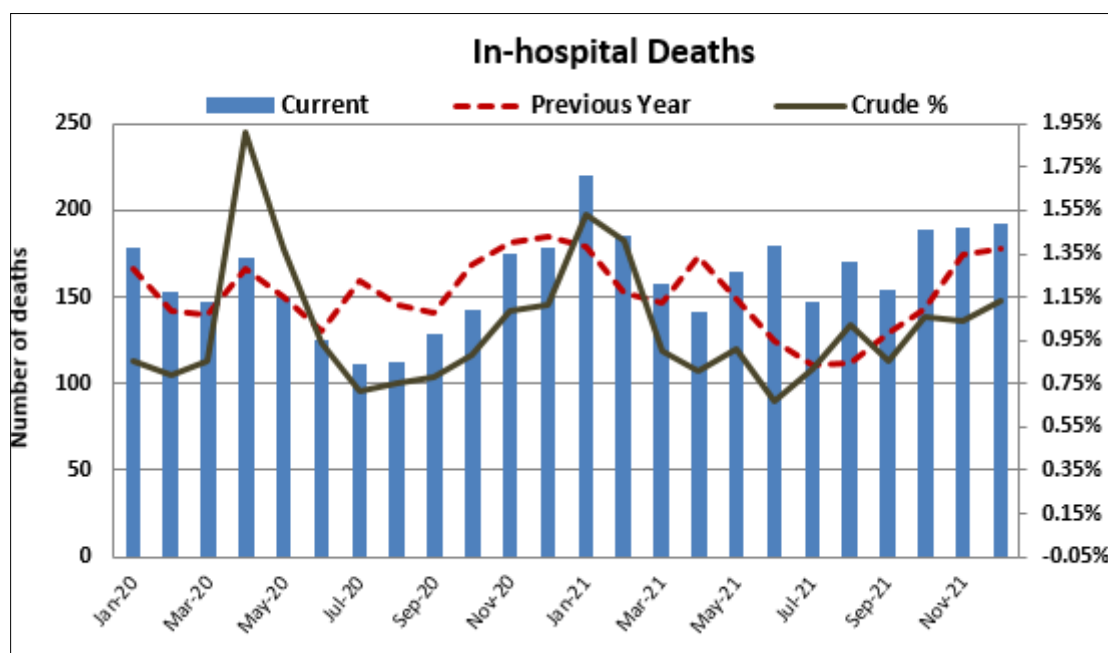
Crude mortality rate is the percentage of in-hospital mortality from all hospital admissions.

The crude mortality rate for Newcastle Hospitals is normally very low (averaging less than 1%), however differences in crude mortality rates between hospitals are not only caused by

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differences in hospital performances but also by differences in the case-mix of patients that are admitted. A hospital that admits on average higher number of older patients and performs a larger proportion of higher risk procedures is likely to have a higher in-hospital crude mortality rate than a hospital with an average younger population.

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



5. SHMI AND HSMR MORTALITY RATES

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

SHMI and HSMR data is scrutinised on publication to determine any areas that may raise concern. All groups within the data are individually monitored and all findings are presented to the Trust Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the relevant Directorate to ensure an in-depth analysis is undertaken and findings recorded into the mortality review database. All learning from this

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analysis is shared with Directorates and presented to the Mortality Surveillance Group. The latest SHMI publication for July 2020 to June 2021 shows the Trust to be at 94, which is below the national average and within “expected levels”.

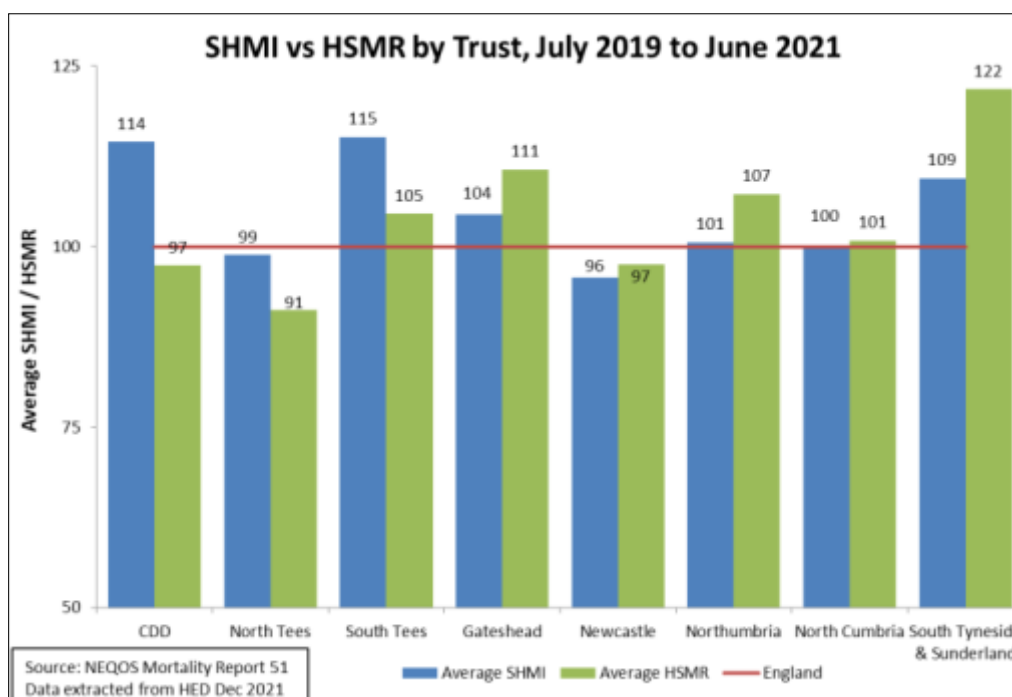
All mortality data including Standardised Hospital-level Mortality Indicator (SHMI), Hospital Standardised Mortality Ratio (HSMR) and Variable Life Adjustment Displays (VLADS) are closely monitored.

6. NEQOS

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

Overall, the graph below shows the Trust to be consistently below the national average for both SHMI and HSMR. The Trust SHMI average over a two period is 96 and the HSMR 97; both are below the national average. The Trust HSMR has lowered within recent months, with a main factor being due to new processes that were introduced into the Trust around palliative care coding, therefore as HSMR includes palliative care coding and is adjusted accordingly, the higher the palliative care coding the lower the HSMR.

SHMI vs HSMR for the last 2 years

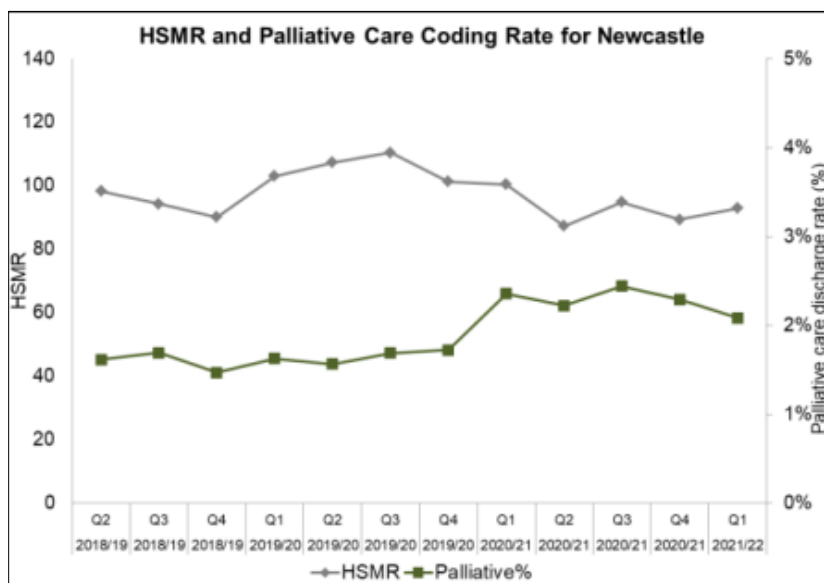


7. PALLIATIVE CARE CODING

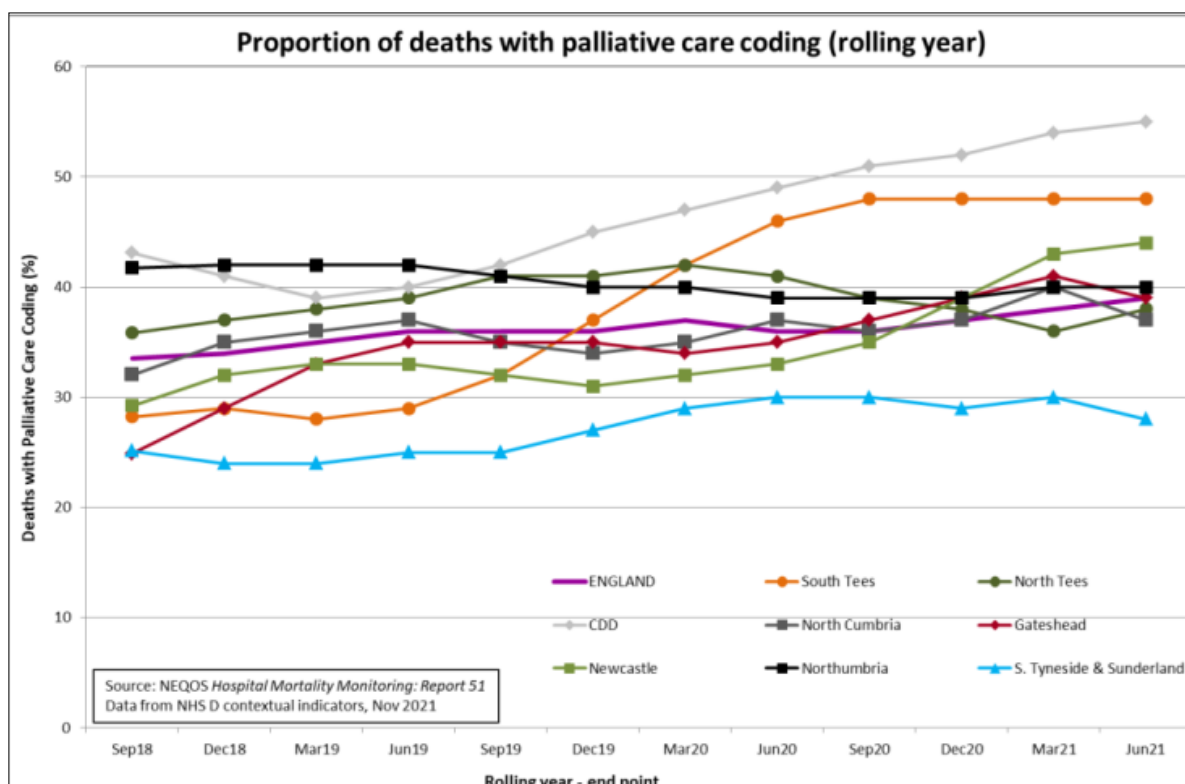
The graph below shows that palliative care coding rate on discharge (including in-patient deaths) is historically reported below 2% within Newcastle upon Tyne Hospitals, which is

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one of the lowest in the region. However, the palliative care team and coding department have worked collaboratively to better capture patients who are receiving end of life care and the graph reflects this with palliative care coding starting to rise and maintain above 2%.



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



8. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

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All unexpected patient deaths, or deaths with possible modifiable factors, are routinely escalated for review as potential serious incident's (SI) via the Trust incident reporting system (Datix). Deaths of this nature are subject to a detailed review, facilitated by a Clinical Director and often involve members of the clinical team directly involved in the patients care. For deaths identified and reported externally as an SI, a comprehensive investigation is undertaken, which includes an analysis of the care provided to identify any learning and determines whether any modifiable factors contributed to the patient's death. Key learning points are identified and action plans generated. A summary of investigation outcomes linked to SIs in Q3 are shown below:

- During October 2021 - December 2021 (Q3) there were 64 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 64, there were four patient deaths, which identified potential modifiable factors.

The incidents and learning from SI investigations, that have been completed since the previous report submitted on 16th November 2021, are as follows:

2020/23320 - Complication during surgery
<p>This patient's death was investigated due to a surgical device used to assist in the surgery having failed to operate as expected, resulting in an unexpected complication.</p> <p>The investigation into this case has identified the following learning:</p> <ul style="list-style-type: none"> - An extensive review of alternative manufacturers' devices at multi-speciality level provided the opportunity to gain assurance on surgical device selection across all relevant specialties across the organisation. - Clear understanding of manufacturers' device operator instructions is essential for understanding the risks associated with the use of medical devices in complex surgical cases.
2021/8454 - Complication during interventional procedure
<p>A patient sustained a complication during a surgical intervention and sadly passed away during the procedure.</p> <p>Following an in-depth review of this case, no definitive root cause for the device related complication could be identified. The investigation highlighted that it is essential for operators using this device to be aware of the potential risks associated with its use in complex surgical patients.</p>
2021/22778 - Patient Fall
<p>This patient's death was investigated following an unwitnessed fall, resulting in a head injury.</p> <p>An in-depth investigation found consistent areas of good practice in regards to nurse intentional rounding and falls assessments, with no omissions in care identified.</p>

2021/18600 - Patient Fall

A patient had an unwitnessed fall, resulting in a head injury and fractured hip. An in-depth review of the case has identified:

- Local improvement has focused on consistently completing falls assessments in-line with Trust policy and the importance of strong leadership in driving positive changes in clinical practice.

2021/15289 – Patient self-harm

A patient receiving active treatment left the hospital premises and self-harmed, which sadly resulted in the patient's death. The investigation into this case has identified the following learning:

- Consistent completion of mental health screening questions in the Trusts' EPR both on and during hospital admission, is essential in providing structured opportunities for staff to assess and communicate patient mental wellbeing.
- Enhanced EPR functionality that enables the details of more than one next of kin to be accessible to staff, will enable more timely communication with families.

2021/12714 - Medication Incident

A patient commenced on a new medication due to exacerbation of a chronic condition, suffered effects of a rare drug interaction with a longstanding existing medication. Investigation of this case has identified the following learning:

- Increased pharmacist resource and the development of a medication acuity tool would ensure patients on high-risk medications are identified and prioritised for review as part of medicines reconciliation on discharge.
- Reviewing patients' current medications on hospital admission is important, to support clinical decision making when prescribing new medications for acute treatment.
- Dissemination of safety information communicated across multi-disciplinary clinical staff and clinical forums, to ensure learning from this case is shared widely across the organisation.

2021/13649 - Medication Incident

A patient on regular anticoagulant medication, who required re-introduction of anti-coagulation following surgery, sadly suffered a bleed post-operatively. An investigation of the case has identified the following learning:

- An enhanced training and education package developed; delivered regularly for medical, nursing and pharmacy staff will ensure effective management of anticoagulation and provide clear advice on options for additional support.
- The Trust warfarin guidance needs to be clear and easy to follow for clinical staff when re-introducing anticoagulation in complex post-operative patients.
- The development of a medication acuity tool (as above), linked to high INR alerts in the EPR, would identify patients categorised as high risk in order to prioritise for pharmacist review.

2021/21236 - Medication Incident

A patient on steroids presented to the Emergency Department (ED) during a period of acute illness, however following clinical assessment the patient did not receive the optimal dose of steroid replacement. An in-depth investigation into this case has identified the following learning:

- The steroid prescribing alert within the EPR needs to be clear and concise to allow for easy interpretation for multiple clinical indications.
- An electronic 'flag' in the ED e-prescribing system would provide a digital solution that effectively communicates to nursing staff when medications are due for long stay patients.
- Enhanced 'best practice' or mandatory training for all appropriate staff groups would improve understanding of steroid safety in acutely unwell steroid dependent patients.

9. MEDICAL EXAMINER

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

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

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

A new online coroner referral system has been introduced into the Trust in August 2021, which has proved to be a success.

10. RECOMMENDATIONS

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

Report of Angela O'Brien
Director of Quality & Effectiveness
 22 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 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 February 2022. Trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard February 2022), 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 onset COVID-19 infection admission rates increased in January 2022 due to the rise in prevalence of the Omicron variant and are reflected in the hospital admission numbers.
- This resulted in an increase in outbreaks and hospital onset COVID-19 cases, particularly in January 2022, 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 February 2022 (located within the Public Board Reference Pack).
- There has been a high demand for staff polymerase chain reaction (PCR) screens in January 2022 with an increased incidence of positive staff.
- 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 JANUARY/FEBRUARY 2022

1.1 Coronavirus (COVID-19)

In January 2022 the Trust reported its highest number of community onset and hospital onset COVID-19 rates associated to the increased transmissibility of the Omicron variant, which remained the most prevalent strain of COVID-19. In February, the Government announced the removal of all legal requirements for COVID-19 related isolation issuing the "Living with COVID-19" response; however there have been no changes to the national IPC guidance for healthcare settings.

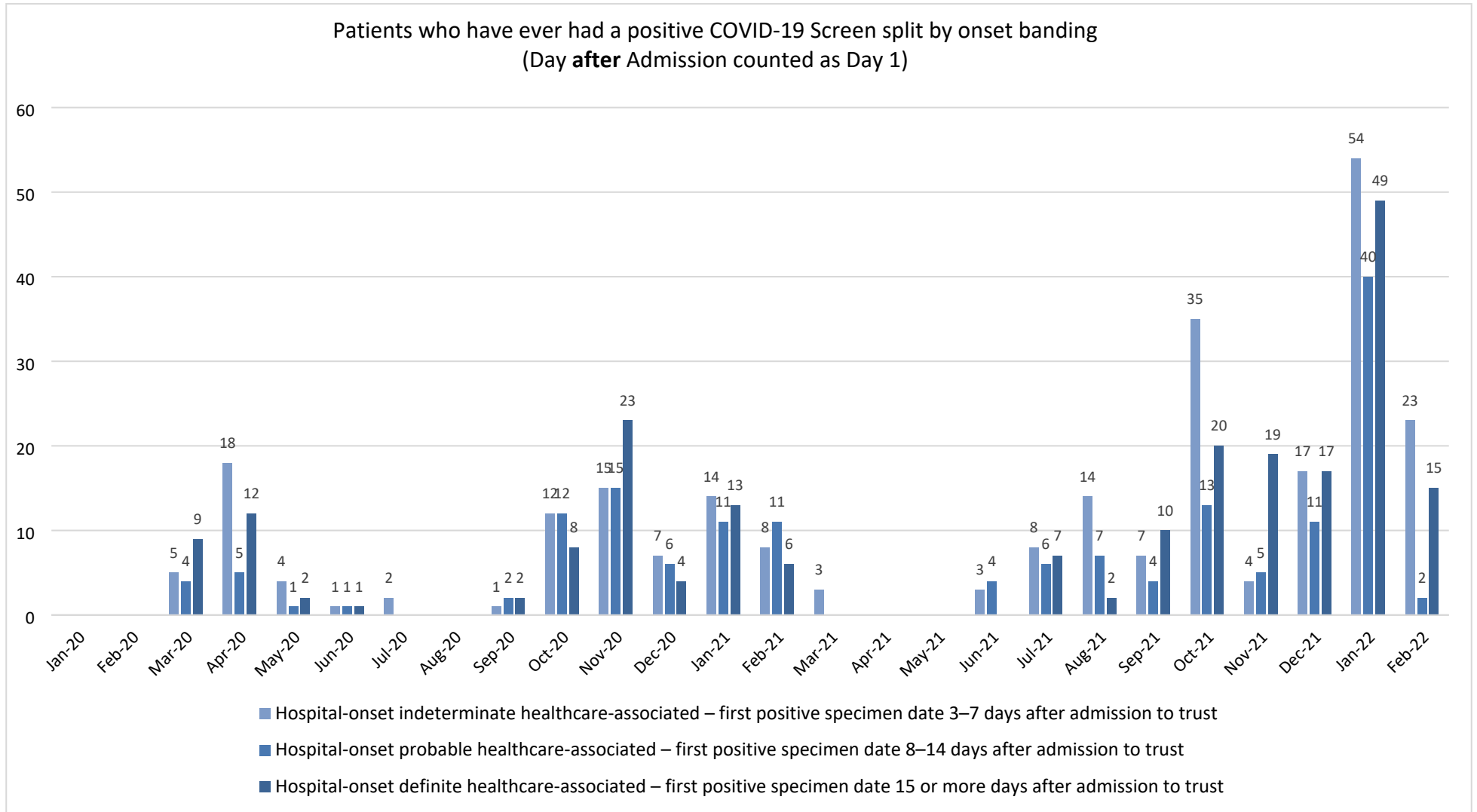
A new version of the Board Assurance Framework (BAF) was published on 24 December 2021 and work is ongoing to review and update it, in line with the current governance arrangements.

1.1.1 **Managing HCAI COVID-19 cases**

COVID-19 infections are classified as follows:

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

The graph overleaf demonstrates the COVID-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.



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The increase in prevalence in the community has been mirrored in the number of cases admitted to the Trust. In January 2022; 354 patients were admitted with COVID-19 and as illustrated above, there was an increase in HO.iHA patients detected within day 3-7 of hospital admission for other non-COVID-19 reasons. The percentage of patients requiring critical care input was lower than in previous waves.

The combination of high number of patients admitted with COVID-19 and the greater transmissibility contributed to the highest number of HO.dHA cases declared by the Trust and an increased number of reported outbreaks. A COVID-19 outbreak is reported when there are 2 or more connected HO.dHA or HO.pHA case or connected staff member. There have been 13 COVID-19 outbreaks declared in January 2022 with a significant reduction in February 2022 with only 2 outbreaks declared. Although national guidance continues to declare an outbreak open for 28 days from the last positive case, the North East and North Cumbria Integrated Care System (ICS) has agreed to reduce this time down to 14 days in line with the guidance for care homes, prisons and the ambulance services.

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 February 2022 with a response rate of 68%. The lowest compliance for an individual element of the audit is 79% for clinical areas and 84% for non-clinical areas but most elements in both areas are reported as $\geq 90\%$.

1.1.2 Test & Trace (T&T)

Lateral Flow Test (LFT), voluntary asymptomatic testing of staff continues to be encouraged across the Trust in line with national guidelines. The total number of LFT tests up to 28 February 2022 is 143,023 tests with 1,436 positive cases, and a positivity rate of 1.0%. 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.

January 2022 saw the number of positive staff continue to rise with 1,264 cases, however this dropped significantly in February 2022 with 372 positive staff. The Test and Trace Team providing this end to end service have remained responsive to the rapid and increasing needs of the organisation.

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 28 February 2022, 90% of staff had received their COVID-19 booster vaccination.

The Trust vaccination program has now ended with new staff entering the organisation signposted to regional hubs such as Centre for Life whilst some additional bespoke clinics arranged by the Executive Chief Nurse team are in place and ongoing until end of March 2022.

Current staff uptake for COVID vaccinations are:

1 st dose	98%
2 nd dose	95%
Booster	90%

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. These clinics are coming to an end and as of 28 February 2022, 11,251 staff had received their 'flu vaccinations. This is a 69% uptake which although is short of our target of 80% is reflective of the regional uptake. It is noted that the number of eligible staff has increased and the total number vaccinated is a significant achievement.

1.2 C. difficile Infections (CDI)

From April 2021 to the end of February 2022, a total of 157 cases were attributed to the Trust (124 case are Hospital Onset Healthcare Associated (HOHA); 33 cases are Community Onset Healthcare Associated (COHA)), which places the Trust over the national threshold by 68 cases. The cause remains multifactorial, including high acuity of patients, the previous suspension of additional COVID-19 workload multidisciplinary post infection review (PIR) meetings and suspension of antimicrobial audits. A review of the PIR meetings are underway to establish an effective way to engage with the clinical teams to identify best practice and support any identified learning. Antimicrobial audits are planned to be reinstated from April 2022 with the introduction of an electronic audit system to enable directors to monitor prescribing practices.

1.3 MRSA / MSSA Bacteraemias

There have been no MRSA bacteraemia cases since April 2020 thus the Trust has been "MRSA bacteraemia free" for 22 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 February 2022, a total of 97 cases were attributed to the Trust (72 HOHA cases; 25 COHA cases), which places the Trust over trajectory by 14 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 February 2022, there have been 187 *E. coli* bacteraemias, 138 *Klebsiella* bacteraemias and 39 *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. Progress on these has been influenced by workforce issues in key clinical areas, however Catheter Associated Urinary Tract Infections

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(CAUTI) prevention and prevention of Hepato-biliary related sepsis continue to progress and are now on the implementation phase.

1.5 Outbreaks and Periods of Increased Incidence (PIIs)

There have been 7 Clostridium Difficile infection (CDI) period of increased incidence (PII) during January / February 2022 within Cancer Services and Clinical Haematology; Internal Medicine; ePOD; Urology and Renal Services; Peri-operative and Critical Care. A CDI PII is defined as two cases within a 28-day period. The cases are being further investigated to establish if there are any learning from related themes.

In January and February 2022, there have been 2 outbreaks of diarrhoea and vomiting outbreaks within the Trust, one of which had been confirmed as norovirus.

1.6 Sepsis

An additional sepsis nurse (Band 6) has been appointed and started the secondment post 28 February 2022 and a new Clinical Director, Matthew Shaw, has been appointed for Deterioration and Sepsis.

The gaps in non-compliance with the Deteriorating Patient Process and Sepsis Screening continue to be closely monitored and concerns regarding non-compliance remain. Data is shared with individual directorates to ensure focused learning and improvements are progressed. Trust compliance data will be fully available to each individual directorate in April 2022 and will inform focussed improvement work.

Trust wide bespoke education sessions for directorates continues to be promoted. 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.

In Summary, the themes emerging from the data on the management of the deteriorating patients with sepsis, have been discussed at the Infection Protection and Control Committee (IPCC) and the Harm Free Care Group (HFCG) and escalated to the Patient Safety Group along with a Gap Analysis. The restructure of the team with the appointment of a new Clinical Director provides an opportunity to review and refresh the strategy, action plans and the deteriorating patient dashboard and documentation.

1.7 Antimicrobials

The Antimicrobial Stewardship Group (AMSG) is working to achieve improved antimicrobial stewardship (AMS). This will be achieved through education and production of directorate specific reports from the Point Prevalence Audit, directorate specific pharmacy produced interventional audits and directorate specific usage report. Education is being delivered by the AMS Quality Team -most recently targeting adult admissions (RVI Emergency Assessment Unit) where a significant volume of antibiotics are prescribed and where all junior medical doctors rotate through.

The launch of the monthly peer review 'Take 5' audit using the Synbiotix platform has been pushed back due to delays in the development process. The anticipated launch date is April

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2022. The Take 5 audit tool will be useful for the AMSG but especially useful 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.

1.8 Targets

- a) **NHS Standard Contract.** The overall Trust antibiotic use is 13% less than in 2018, and we are therefore over the NHS Standard Contract target by 12%. The NHS Standard Contract April 2022 has been published which focuses on reducing the use of antibiotics in the 'Watch' and 'Reserve Group' (broader spectrum antibiotics), by increasing the use of those in the Access group (antibiotics with narrower spectrum with less likelihood to be associated with antibiotic resistance).

Specifically, we will need to reduce the prescribing of antibiotics from the "Watch and Reserve" groups in hospitals by 10% from a baseline of 2017. The Contract requirement is set against the 2018 baseline, and to achieve the National Action Plan (NAP) 10% target now requires a cumulative reduction of 4% from the 2018 baseline by March 2023 and 6.5% by March 2024.

- b) **CQUIN targets** have been announced and within the antimicrobial remit there are two targets; to timely diagnose and treat Community Acquired Pneumonia (CAP) in the Emergency Department (ED) for all 18 years old and over. The second is to diagnose and treat UTI/CAUTI in all 16 and older patients.

Due to the short-term nature of the fixed term contracts appointment of pharmacists into the three one-year fixed posts was unsuccessful. We are currently considering the impact of this which we anticipate will put extra pressure on the AMS teams to meet national targets and to progress day-to-day antimicrobial stewardship.

AMS remains on the risk register.

1.9 Water Safety

Following an investigation of the water quality issues in Wards 23, 24 and 27 at the Freeman Hospital remedial works have been now completed to improve the water circulation in these areas with the affected bays now back in use. Point of use filters will however remain in place awaiting the positive outcome of further sampling.

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.

Agenda item A7(d)

2. RECOMMENDATIONS

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

**Report of Maurya Cushlow
Executive Chief Nurse**

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

31 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The purpose of the report is to provide an update on developments across our People agenda. Reporting is aligned to our local People Plan themes and actions.						
Recommendation	Note the contents of this report.						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	Routine update to the Board.						

PEOPLE REPORT

EXECUTIVE SUMMARY

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

Key points:

- Staffing pressures have remained the key concern; sickness absence levels are beginning to reduce but are not yet at pre-COVID levels.
- The impact of 'living with COVID' government strategy on the Integrated COVID Hub North East (ICHNE) workforce has resulted in a significant number of staff at risk of redundancy.
- The 2021 Staff Survey results are expected to be published imminently.
- The high demand for organisational and leadership development interventions continues; the new Strategic Leaders programme launched this month.
- The Apprenticeship offer continues to expand, and supports the strategic aim of 'growing our own' pipeline of staff as well as enabling widening participation through our work with the Princes Trust.
- Work is progressing on refurbishment of the Trust's education and training facilities to ensure they become 'fit for the future'. Progress has also been made with the purchase and implementation of a Virtual Learning Environment to facilitate the increased e-learning and teaching activity.
- Recruitment activity remains high.

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

PEOPLE REPORT

1. COVID RECOVERY

<p>Integrated COVID Hub North East (ICHNE) – ‘Lighthouse’:</p>	<p>ICHNE was established in the Autumn of 2020 making us the only region in the country to bring together testing, tracing, innovative science and unique data analysis to lead in the fight against COVID-19. Everyone involved in the hub has done an incredible job to protect lives during the global pandemic. This has included processing 8 million PCR tests, evaluating numerous new diagnostic tests and supporting many thousands of people through providing training, bespoke analysis, contact tracing, and assistance to local authority and NHS partners.</p> <p>It is because of this great work, and the increased demand we saw for our services due to the Omicron variant, that employment contracts were extended from 31 March 2022 to 30 September 2022.</p> <p>However, after the Government announced on 21 February 2022 its ‘Living with COVID’ plans, it was apparent this would have a major impact on demand for the services provided by ICHNE. As a result, the United Kingdom Health Security Agency (UKHSA) informed the Trust that the requirement for mass COVID testing will essentially come to an end on 31 March 2022, and ICHNE will not receive a new contract for services beyond that date.</p> <p>As a consequence, there are around 650 colleagues now at risk of redundancy. A formal 45 day consultation process has begun and we are doing all that is reasonably practicable to avoid or reduce this number, including engaging with NHS and other employers across the system and region to support in identifying alternative job opportunities.</p>
<p>Vaccination Hub:</p>	<p>It has been proposed that the Trust will withdraw from its position as Lead Employer and Provider for this programme. We await further guidance on this.</p>
<p>Wellbeing:</p>	<p>Sickness absence continues to be closely monitored, and in particular, COVID related absence. Encouragingly, whilst it is falling after the very sharp rise in January 2022, it still remains above the levels both a year ago, and pre-COVID. The impact on service delivery is acknowledged. Anxiety/Stress in general now accounts for around one third of all non-COVID sickness absence.</p> <p>Given the announcement about ‘Living with COVID’, concerns have been raised nationally about the exceptional sick pay arrangements which were implemented in the early part of the pandemic. Within the Trust it has been proposed that all sick pay will revert to the standard NHS occupational sick pay arrangements in April 2022.</p> <p>As part of the wider wellbeing offer, and cognisant of the challenge some staff are facing, it has been agreed to maintain the subsidy on public transport travel passes until September 2022. In addition, the ‘Helping Hands’ service, delivered by Citizens Advice Bureau and providing direct, free and easy access to impartial and confidential advice, information and guidance across a whole range of social welfare matters including energy costs, have delivered a number of webinars for staff this month.</p>

2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

<p>Belonging, feeling valued and recognised</p>	<p>2021 NHS Staff Survey: There has been a prolonged timescale for full publication of the Staff Survey results this year. The embargo is due to be lifted on 30th March 2022, and only after the full data is available will the Trust be able to benchmark with other Trusts. Early indications are that whilst we continue to perform above the sector average in a range of areas, there has been a decline similar to the national average which has also declined.</p> <p>To continue aligning the Staff Survey with our local “What Matters to You” (WMTY) programme, the following are key new developments for this year’s staff survey plan:</p> <ul style="list-style-type: none"> • Production of Staff Experience Business Intelligence (BI) Dashboards to include 5-year trends analysis of staff survey results (where questions are comparable). • Delivering supportive training in facilitations skills and using people data to help develop local staff experience plans. • Developing longer term 3 – 5-year local staff experience improvement plans. • Creating an interactive staff experience leaders portal for key information linked to staff survey. • The Quarterly Performance Reviews (QPR) will include staff experience improvement plans as a standard agenda item, and ownership on local staff experience will be through the QPR discussions. • WMTY events will take place from June onwards to open discussions on current work streams and sharing work to date in support of enhancing the staff experience. <p>The NHS People Pulse Survey in January 2022 had very limited (around 200 people) participation.</p>
<p>Flourish/What Matters to You</p>	<p>As part of the Trust’s commitment to facilitating two-way dynamic conversations with staff, a staff engagement system is in the process of being procured. The Hive system will support engagement functions including surveys, high fives (recognition) and messaging to provide insight into the Trusts “What Matters To You” programme.</p> <p>A sub-working group to the WMTY programme will be developed with key partners to support both the implementation and ongoing developments of Hive.</p>

Inclusive and diverse workforce	<p>It has been confirmed the Trust’s Stonewall Workplace Index ranking is 115. Further, the Trust was awarded a Gold Award as part of this year’s assessment. In gaining this award, the Trust met a three-point threshold including an overall point threshold, a trans-specific point’s threshold, and a bi-specific point’s threshold.</p> <p>The BAME Staff Leadership Development Programme ‘Maximising your Potential’ commenced in February 2022 with 30 delegates. The programme is oversubscribed and a second cohort has been funded commencing April 2022. A wraparound offer is being explored to cement learning and maintain development.</p> <p>Cohort 2 of the Disability Talent Development Programme has concluded, next steps, the development of an in-house offer.</p> <p>Following being shortlisted in the Recruitment Industry Diversity Initiative (RIDI) Awards, the Trust has joined RIDI Pioneers programme which aims to help make a positive impact and support RIDI's work to improve employment for disabled people.</p> <p>The latest Gender Pay Gap Report was presented to the People Committee and is shared for Board endorsement and publication this month.</p>
Local Clinical Excellence Awards (LCEA)	<p>NHS Employers, Department of Health and Social Care (DHSC), NHS England/Improvement (NHSE/I) have agreed with the British Medical Association (BMA) and Health Care Supply Association (HCSA) that employers are to distribute equally the funds for the 2021/2022 round among all eligible consultants.</p> <p>Following two years of negotiations with the doctors’ Trade Unions regarding the design of a new reward system for Consultant doctors in England, and which concluded with both trade unions taking the proposal to their committees, the proposal was rejected. This was on the grounds of issues pertaining to national funding investment levels, local variability in available funds across trusts and other flexibilities in application which NHS Employers could not commit to making contractual.</p> <p>The impact is that the Trust will be required to run an LCEA round for 2022/2023 and will have some flexibility about how to do so. This will provide a further opportunity to build on the positive changes introduced in the previous round last year.</p>

3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING

Leadership & Organisation Development; What Matters To You (WMTY)	<p><u>Organisational Development</u> including:</p> <ul style="list-style-type: none"> ● Senior Paediatric Physiotherapy; a series of six 1 hour leadership and collaboration sessions (ongoing). ● Integrated Laboratory Medicine: for managers - a series of 6 sessions including Appreciative Inquiry and Creative Thinking underpinned by coaching commences at the end of this month. ● Community Services; restorative sessions for a small team at planning stage. ● GP Services, Urgent Treatment Centres (UTCs) and Community. Work to review, propose and pilot two changes: one clinical pathway and one geographical area.
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WMTY:

- Wave 2 teams identified as Catering, IT, Community, Paediatric Intensive Care Unit (PICU) and Human Resources (HR) Heads.
- Catering WMTY conversations have almost concluded and some strong themes are emerging. A project team will be established across sites to progress actions.
- The training offer for Catering includes a pilot 'mixed cohort' of clinical and non-clinical participants of the Leading an Empowered Organisation (LEO) programme to build and strengthen relationships
- Community staff have received group facilitation training; WMTY conversations will be underway in April.
- IT will begin preparatory work at the end of March.
- Work is underway to define the scope, purpose and format of tactical and operational groups. Part of the scope will be to support the Wave 2 teams.

Collaborative Newcastle Systems Programme:

- An 'Inequalities Event' will be held in May 2022 for all current and previous participants. It will feature presentations from internal and external speakers and the aim is to establish a shared understanding of what inequalities means to Collaborative Newcastle.
- Launch of Cohorts 5&6 will be in early June 2022.
- Cohort Four will present assignments to Chief Executives on 5th April.
- Cohort Two - 12 month reconnection scheduled for end of April.

Strategic Leaders Programme:

- Collaborative work with the Institute for Healthcare Improvement (IHI) to co-design the programme content is complete.
- Six cohorts have been identified with participants formally invited.
- Inaugural programme commences 22nd March.
- There will be ongoing evaluation to make any adaptations.

Content includes:

- Reflection on high-level changes across the NHS.
- Leadership behaviours to address changes.
- Psychology of change & adaptive challenges.
- Open honest questions & listening for understanding.
- Systems thinking for new financial models & a strategic workforce.
- Psychological Safety, Trust & participative management.
- Compassionate leadership & kindness.
- Distributed leadership.
- Inequity analysis.
- Peer coaching + the Model for Improvement.

Leadership Behaviours:

- The Newcastle Leadership Way has been developed based on extensive staff engagement-'What Matters to you' and focus on the three themes which emerged from this engagement:
 - Greater autonomy and control - particularly to have more flexibility and more control over workload, to work smarter, not harder.

	<ul style="list-style-type: none"> ➤ More participative management - to feel more involved, included, listened to and engaged in decisions that affect you. ➤ Better physical and psychological safety - to feel physically and emotionally safe and supported, with mental health being a priority. • The draft behaviours were launched at the Leadership Congress held on 3rd March 2022. • The draft behaviours have also been presented to the Chief Executive Officer, Executive Team, Trust Board and Cohort 1 of Leading for Improvement. • Feedback from this engagement is being used to adapt the behaviours. • The behaviours with assessment tool will be trialled at Strategic Leaders Programme. • The formal launch of the behaviours will take place once all feedback has been reviewed.
<p>Apprenticeship activity</p>	<ul style="list-style-type: none"> • Recruited from existing Nursing Associates/Assistant Practitioner workforce, 20 Registered Nurse apprentices, will commence their degree apprenticeship with Northumbria University starting in April 2022. • This has created 20 vacancies for Nursing Associate apprentices, which will be recruited to later this year. • 18 Healthcare Support Worker (HCSW) apprentices have been appointed and are going through the recruitment process. Supernumerary placements have been identified for all 18, with start dates to be March 2022. • A further recruitment strand, 'Grow Our Own' has been launched to attract existing staff in non-clinical posts such as Admin & Clerical, Estates and Facilities who may have an interest in becoming HCSW. This strand is also available to staff from ICHNE affected by the recent announcement regarding the changes to service. • Prince's Trust: In line with the Trust's commitment to the widening participation agenda, it was agreed that a number of HCSW Apprenticeship posts would be ring fenced for young people recruited and referred through the Prince's Trust. This organisation work with young people in the most disadvantaged parts of the City and wider region and working in partnership, the Trust has recruited 7 apprentices who will be supported jointly by both organisations. • Integrated HCSW with Newcastle City Council: This pilot programme has now passed the half way mark with all Apprentices successfully transitioned into their new placements i.e. a move across from Acute to Social Care and vice-versa. A full evaluation of the programme is planned to inform future developments and any further cohorts. • 2(WTE) Functional Skills Tutors for Maths and English have been successfully recruited with agreed start dates in April. These posts will support Apprentices and any other staff to improve their literacy and numeracy skills and will offer qualifications at Level 2 (GCSE equivalent). • The reintroduction of face to face work experience activity is still pending approval from the Infection Prevention and Control (IPC) team. Demand is growing and further virtual events are planned to ensure school pupils from the region are not disadvantaged. Discussions are underway with the charity 'Speakers for Schools' to implement potential, complementary virtual activities.

Virtual Learning Environment (VLE)	<ul style="list-style-type: none"> • The need for a VLE had been identified due to the increased levels of e-learning and virtual teaching activity developed as a response to COVID-19, and the need to support new education programmes, both internally and externally, along with supporting the work of the Newcastle Clinical Skills Academy. • The current Learning Management System (LMS) for employees is very basic and lacks the functionality to provide seamless education for all. • An options proposal was developed identifying three potential external solutions and their systems functionality mapped against our requirements. Following a number of stakeholder consultations the preferred option was identified as Totara. This option was presented to the Executive Team, and funding for the system and associated infrastructure was approved in February 2022. Work is ongoing to implement the system.
Medical Education	<ul style="list-style-type: none"> • Two new Clinical Educators have been appointed with a specific remit for Medical Education. Hopefully both will be in post by April. • The annual Medical Education event is scheduled virtually for Thursday 28th of April 2022. The keynote speaker is Dr Paul Redmond, with the topic 'Mind the Generation Gap'. • The Annual Dean Quality Meeting is currently in the planning stage with an expected date of June 2022. • A new Tripartite Agreement (TPA), has been agreed to enable University of Sunderland Medical Students to undertake clinical placements with the Trust • Recruitment of 2022/23 cohort of Teaching Fellows will begin this month. • Year 5 MOSLER exams were successfully delivered this month; Year 4 exams are scheduled in April.
Education Space and Facilities	<ul style="list-style-type: none"> • Building work at Freeman Hospital Education Centre is well underway – 31 week projected timescale. • Work commenced at Eldon Court at the start of March 2022 – 26 week projected timescale. • Enabling works have been completed including the re-provision of office accommodation for teams other than Education who are impacted by the work. • Detailed design of the new Library space is underway with the Library Team fully involved in discussions and decision making. • IT/AV requirements for each room type (Classroom, Lecture Theatre etc.) are currently being finalised. • Education space at the Royal Victoria Infirmary (RVI) in the longer term remains a risk as no additional resource is available. Some reconfiguration of existing space will be necessary to maximise use and efficiency of the Clinical Resource Building (CRB) facility. • Plans continue to decant staff and activity from the Laing O'Rourke building in an appropriate and timely manner. • There remains some concern over yet to be identified additional space including for Student Common Room. Work continues to explore possible facilities.

4. WORKING DIFFERENTLY

Clinical Directorate Proposed Reorganisation	The engagement and consultation process regarding if and how our clinical management structure can be improved, and in particular, potentially simplified to ensure we deliver the safest and highest quality of care for patients, has begun this month. This will be a major organisational development and change activity which we hope will enhance our opportunities for collaboration. The process is being undertaken in partnership with staff side.
Recruitment - general	<p>There has been a significant increase in the recruitment activity in early 2022, with over 760 candidates going through the recruitment process, and a further 280 with a confirmed start date during February.</p> <p>A Trust wide recruitment campaign for the new Day Treatment Centre is due to commence in early April. There is a requirement for approximately 200 whole-time equivalent (WTE) staff, with the priority Registered Nurses and Medical staff recruitment.</p> <p>In partnership with the Nursing Team, the international nursing recruitment programme for 2022 is underway and will be a key feature of the Day Treatment Centre recruitment activity.</p>
Recruitment - medical	The Trust is currently out to advert for 32 Teaching Fellows.
Technology enhancements	<p>Progress with implementation of e-rostering for medical staff, Rotamap, is currently live in 19 areas and in the process of implementation in 15 areas.</p> <p>Launch of the first 2 Business Intelligence (BI) dashboards to provide real time data regarding appraisal and statutory and mandatory training will include medical appraisal for revalidation. This data is now available through the Trust's reporting hub on the intranet and refreshes up to 24 hours prior to ensure up to date, timely information.</p>

5. OTHER MATTERS

5.1 Vaccination as a Condition of Employment (VCOD)

The legislation was revoked on 15 March 2022. We have been advised that this will become a condition of NHS employment in the future, and will be reviewed as part of the NHS Pre Employment Check Standards. We await clarity on what this will mean in practice.

5.2 Pay, terms and conditions of employment

Nationally, the NHS pay review bodies are collecting evidence to inform any 2022/23 pay review and the report is not expected until early summer. Both nationally and locally the NHS is very cognisant of the impact of increasing cost of living, exacerbated by the spike in fuel prices as a result of the awful situation in Ukraine.

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The challenges regarding fuel prices have been escalated nationally, and NHS Employers are developing options for consideration which will be subject to discussion with the DHSC and the Treasury regarding any potential funding. We await an update on whether there will be a national position on this.

Of note the government announced an increase to the national living wage (NLW) to £9.50 per hour, from 1 April 2022. As an interim measure to ensure compliance with the NLW, it has been agreed nationally to uplift the entry point of Band 2 to £9.65 per hour as an advance to the 2022/23 pay award.

6. RECOMMENDATIONS

The Board is asked to note the contents of this report

Report of Dee Fawcett
Director of HR
22 March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Gender Pay Gap Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Karen Pearce, Head of EDI (People)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>Gender pay reporting is about showing the difference in average pay and bonus payments between male and female staff. This report shows the Trust's position in the pay period up to 31 March 2021.</p> <p>The mean gender pay gap has decreased and the median gender pay gap has increased. The mean and the median gender bonus pay gaps have decreased.</p> <p>Proportionally, significantly more male staff are in receipt of a bonus compared to females; the difference in the mean and median bonus payments is strongly influenced by the pay and gender make-up of the medical and dental staff group.</p> <p>An action plan to address the pay and bonus gap is in place.</p>						
Recommendation	<p>The Board is asked to note the content of this report and endorse publication on the Trust and government website.</p> <p>The Board is asked to agree/sign the declaration.</p>						
Links to Strategic Objectives	PEOPLE: Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Outlined in the report.						
Reports previously considered by	It is a requirement of the Equality Act 2010 (Gender Pay Gap Regulations 2017) for the Trust to produce and publish this report annually.						

GENDER PAY REPORT 2021

EXECUTIVE SUMMARY

Gender pay reporting is about showing the difference in average pay and bonus payments between male and female staff. This report shows the Trust's position in the pay period up to 31 March 2021.

The mean gender pay gap has decreased by 4.26% and the median gender pay gap has increased by 1.07%.

The mean bonus gap has decreased by 4.94% and the median bonus pay gap has decreased by 0.07%.

Mean values are more sensitive than median values to outliers (i.e. abnormally high or low values).

Where staff are in receipt of a bonus payment on the relevant date they are also factored into the calculation of hourly rates of pay. Clinical Excellence Award (CEA) payments impact the gender pay gap and the gender bonus gap.

Clinical Excellence Awards

- At the relevant date there were 9 fewer bonus payment associated with CEAs.
- CEAs or distinction awards cease to be payable when staff retire and return to work and are not reinstated after retirement.
- National awards are awarded for 5 years before they are subject to reassessment and a demonstration of ongoing activity is required to maintain the awards.

Gender Pay Gap

- 24.07% (1,925) of all staff in the upper middle and upper pay quartiles are male. This is a negative increase from 23.5% last year.
- The number of CEAs paid to males and females decreased in the period – the reduction was greater for males (1 female / 8 male).
- The total value of bonuses received for males reduced by greater extent than females.
- The above points apply equally below.

Gender Bonus Gap

- Proportionally more male staff are in receipt of a CEA bonus compared to females.
- Percentage of staff in receipt of senior staff excellence award is 43% male, 57% female.
- A higher proportion of males on senior staff contracts and in Pharmacy Production (when compared to overall males in the workforce) are in receipt of bonus than females.
- The difference in the mean and median bonus payments remains strongly influenced by the pay and gender make-up of the medical and dental staff group.

An action plan to address the pay and bonus gap is in place. The Trusts Gender Pay Gap data must be published by 30 March 2022.

GENDER PAY GAP REPORT

1. INTRODUCTION

The Trust has been required to report and publish specific details about its gender pay since 2017 on www.gov.uk/genderpaygap.

The report must show:

- Mean and median gender pay gaps;
- Mean and median gender bonus gaps;
- Proportion of males and females who received bonus; and
- Proportion of males and females in each pay quartile.

The gender pay gap measures the difference between the pay rates of all male and female staff across the Trust irrespective of their role and seniority. It should not be confused with equal pay where males and females performing similar roles or work of equal value must be paid equally. Under the Equality Act 2010 it is unlawful to pay people unequally because they are male or female.

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

2. OUR COMMITMENT TO EQUALITY, DIVERSITY AND INCLUSION

Our aim is to be the recognised employer and educator of choice in the North East and to enable all staff to liberate their potential. Our organisation supports people from different backgrounds, with different perspectives and different ways of working to succeed and help us provide the best possible service to our patients.

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

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

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

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Newcastle Hospitals is an equal pay employer.

3. DECLARATION

I confirm this report is accurate to the best of my knowledge and belief. It reflects a snapshot of our organisation on 31 March 2021. We have a number of actions in place which are intended to address our gender pay gap. We will publish our data by 30 March 2022.

Signed:

Name: Dame Jackie Daniel

Designation: Chief Executive

Date: March 2022

4. OUR GENDER PAY GAP DATA

4.1 Gender profile

Profile	Male 2022	Female 2022	Male 2021	Female 2021	Male 2020	Female 2020
All staff	22.59%	77.41%	22%	78%	22%	78%
All staff except M&D	17.96%	73.72%	17%	74%	17%	74%
M&D only	4.63%	3.69%	5.2%	3.9%	5.2%	3.9%

The Trust has a predominantly female workforce.

4.2 Gender pay

Profile	Male 2022	Female 2022	Pay Gap 2022	Male 2021	Female 2021	Pay Gap 2021	Male 2020	Female 2020	Pay Gap 2020
Mean hourly pay rate (all staff)	£22.01	£17.46	20.65%	£21.49	£16.13	24.91%	£20.92	£15.64	25.2%
Median hourly pay rate (all staff)	£16.49	£15.66	5.07%	£15.56	£14.93	4.0%	£15.14	£14.34	5.3%

Male staff are paid more than females though the mean hourly pay rate gap has reduced by 4.26% from £5.36 to £4.55 compared to last year.

The median hourly pay rate gap has increased by 1.07% from £0.63 to £0.83 compared to last year.

The Trust's overall mean gender pay gap is strongly influenced by the pay and gender make-up of the medical and dental staff group. This group is predominantly male and their higher pay relative to other staff increases the level of male average pay compared to females.

4.3 Gender bonus pay

The Trust has four payments classed as bonus for the purposes of gender pay reporting:

- Clinical excellence awards (CEAs) for medical and dental staff;
- Excellence awards for senior staff employed on a Trust senior staff contract;
- Discretionary performance-related pay bonus for executive directors/very senior managers (VSM); and
- Performance bonus for staff in the pharmacy production unit (PPU).

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Profile	Male 2022	Female 2022	Bonus pay gap 2022	Male 2021	Female 2021	Bonus pay gap 2021	Male 2020	Female 2020	Bonus pay gap 2020
Mean bonus pay per annum	£14,103	£5,082	63.96%	£15,075	£4,721	68.9%	£16,220	£5,930	64.4%
Median bonus pay per annum	£9,048	£2,186	75.83%	£8,225	£1,985	75.9%	£9,048	£2,951	67.4%
Proportion of staff in receipt of bonus	6.19%	1.11%		6.85%	1.13%		6.4%	1.0%	

The mean and median gender bonus pay gap has decreased compared to last year. Proportionally, significantly more male staff are in receipt of bonus compared to females. This year's allocation of clinical excellence awards is not included within the calculations because they fell outside the reporting period.

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

Bonus Type 2021	Female	Male	Female	Male
Cash Bonus	54%	46%	73	61
Clinical Ex Award PAY NHS	29%	71%	70	175
Discretionary Points PAY NHS	75%	25%	3	1
Clinical Ex Award PAY NHS (including discretionary points)	29%	71%	73	176
Performance Pay Payment	100%	0%	1	0
Cash Bonus NP PAY NHS 2021	Female	Male	Female	Male
Pharmacy Production Unit	53%	48%	42	38
Excellence Award	57%	43%	28	21
Discretionary Performance Bonus (Executive/VSM)	60%	40%	3	2

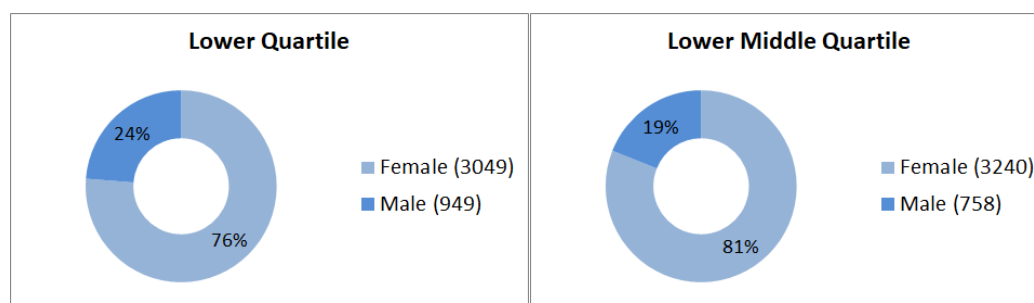
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Bonus Type 2020	Female	Male	Female	Male
Cash Bonus	57%	43%	67	50
Clinical Ex Award PAY NHS	28%	72%	71	184
Discretionary Points PAY NHS	100%	0%	3	0
Clinical Ex Award PAY NHS (including discretionary points)	29%	71%	74	184
Perf Pay Payment NHS	100%	0%	1	0
Cash Bonus NP PAY NHS 2020	Female	Male	Female	Male
Pharmacy Production Unit	58%	42%	66	48
Excellence Award	0	0	0	0
Discretionary Performance Bonus (Exec/VSM)	33%	67%	1	2

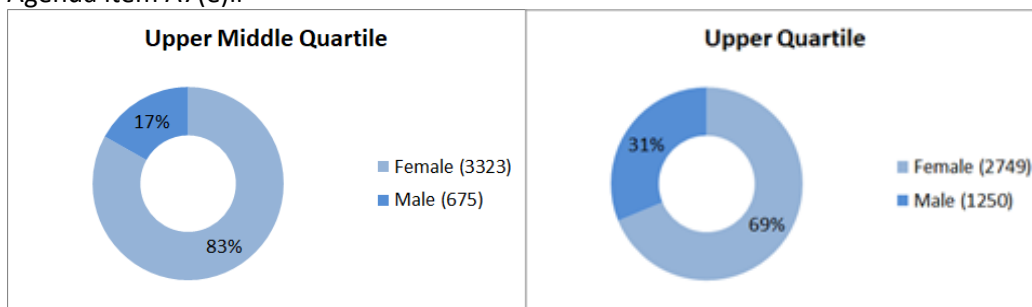
- The total financial values of bonus received for males is £3.18m (£3.36m) (£3.54m) and for females is £0.74m (£0.75m) (£0.67m).
- Percentage of males in receipt of bonus is 81.03% (81.79%) (84%).
- Percentage of females is 18.96% (18.21%) (16%).
- 94.50% of all bonus payments relate to Clinical Excellence Awards (CEAs).
- 71% (71%) of CEA payments are attributed to men.
- 29% (29%) of CEA payments are attributed to women.
- Of the National CEAs, females are represented in the bronze category (only) to the value of £0.11m (£0.06m) compared to a male value of £1.32m (£1.38m).

4.4 Pay distribution by quartiles

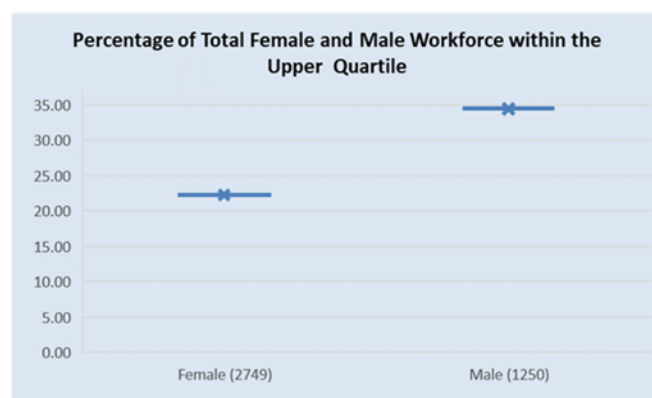
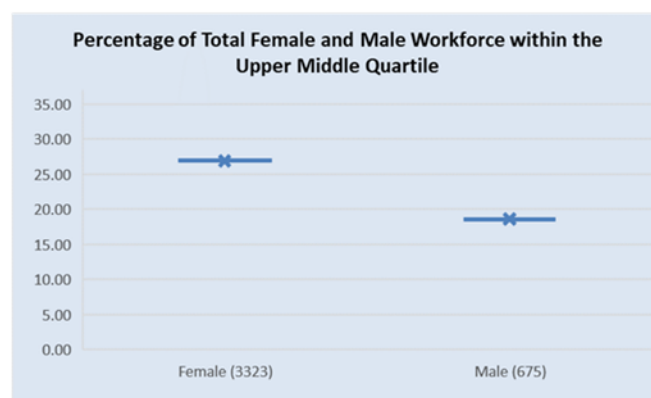
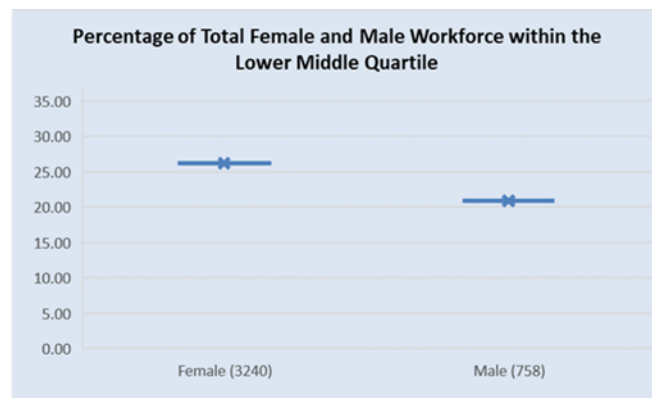
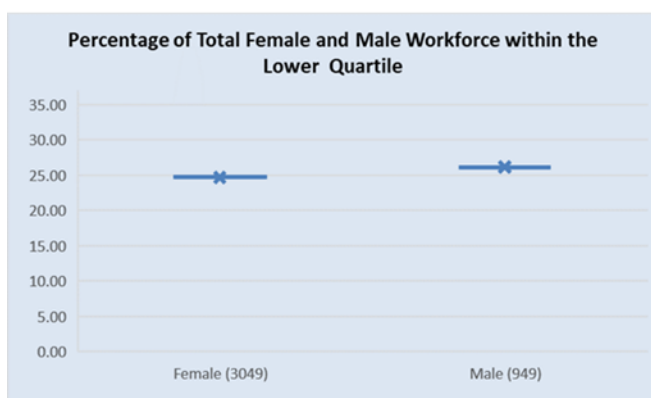
The data below is achieved by dividing the workforce into four equal parts (quartiles). All staff are ranked from the lowest hourly rate of pay to the highest. The rank order is then divided into four sections with an equal number of staff in each. With a female workforce of 76.19% ideally females should make up 76% per cent of each quartile. Females are under-represented in the upper quartile and over-represented in the lower middle and upper middle quartiles. This is compounded by the fact that our medical workforce predominantly resides in the upper quartile and there are a higher percentage of males represented in the medical and dental workforce.



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The highest variance remains in the upper middle quartile where 17% of staff are male and 83% are female; the lowest remains the upper quartile where 31% of staff are male and 69% are female.



78.6% (6,289) of all staff in the lower and lower middle quartiles are female. This is a positive decrease from 80.5% last year.

75.9% (6,072) of all staff in the upper middle and upper pay quartiles are female. This is a negative decrease from 76.5% last year.

21.43% (1,707) of all staff in the lower and lower middle quartiles are male. This is a positive increase from 19.5% last year.

24.07% (1,925) of all staff in the upper middle and upper pay quartiles are male. This is a negative increase from 23.5% last year.

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A key reason for the Trust's gender pay gap in favour of males is that proportionally more males hold senior positions. 34.42% of the male workforce reside within the upper quartile compared to 22.24% of the female workforce.

4.5 Gender profile by staff group



The majority of females are nursing, and midwifery (4,533) followed by additional clinical services (2,796) then admin and clerical (1,924). The majority of males are in additional clinical services (813) followed by medical and dental (726) then admin and clerical (571) and estates and ancillary (561). (Management staff are generally included in the admin and clerical staff group).

4.6 Gender profile by pay band/scale

PayScale	Female (Within pay scale)	Male (Within pay scale)
Band 1	63%	37%
Band 2	76%	24%
Band 3	78%	22%
Band 4	83%	17%
Band 5	88%	12%
Band 6	86%	14%
Band 7	83%	17%
Band 8a	75%	25%
Band 8b	60%	40%
Band 8c	59%	41%
Band 8d	71%	29%
Band 9	100%	0%
Consultant	36%	64%
Junior Doctor	49%	51%
Senior Staff Contract	59%	41%
Specialty Doctor/AS	54%	46%

5. ACTIVITIES THAT SUPPORT CLOSING THE GENDER PAY GAP

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

5.1 Clinical excellence awards

- Appointments and Remuneration Committee taking positive action to ensure the opportunities for recognition and reward are open to all. This involved actively encouraging female and BME consultant staff to put themselves forward to be members of the Employer-Based Awards Committee (EBAC) as these groups had long been under-represented.
- Refreshed EBAC to better represent the diversity of the consultant body.
- Published list of higher award holders to assist potential applicants with application process.
- Sessions conducted by 10 higher award holders to offer advice and guidance - published list available to be approached by potential LCEA applicants for advice and guidance.
- Verification of applications within the directorate required prior to submission.

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- A clear instruction that applicants who are less than full time consideration was to be given to their reduced hours and decisions proportionate to this.
- All personal data was removed prior to scoring.
- All scores and rankings provided to the EBAC remained anonymised.
- Applications from female consultants – increase of 8.61%.
- Applications from BME consultants – increase of 2.41%.
- Applications from male consultants – increase of 0.07%.

5.2 People Dashboard

- Key to achieving the Trust’s ambition of a representative and inclusive workforce at all levels is to have clear sight of accurate and meaningful data to help monitor progress and inform decisions about priorities.
- The equality dashboard is a bespoke resource designed entirely in-house to provide top-level analysis of key performance indicators for equality, diversity and inclusion.
- The aim that greater availability and use of data at directorate-level will promote local ownership of the Trust’s Equality, Diversity and Inclusion (EDI) agenda and ambition and help embed a culture of inclusion.
- Gender is one of five protected characteristics incorporated and areas covered include, representative workforce and leadership, the likelihood of being appointed, career progression and flexible working.

5.3 Flexible Working

- Refreshed policy; introduced right to request flexible working from day one of employment; removed limit on number of requests; includes agile working.
- Participating in ‘NHS flex for the future’ programme to develop a deeper level of flexible working knowledge and expertise and increase understanding of and practical ideas for gaining the support of key stakeholders.
- Key principles established to be used at local operational level to enable staff and managers to implement flexible and agile working options.
- Plans in place to identify support for line managers to listen to and enable constructive response to requests, including where appropriate, explaining why a request may be declined.
- Plans in place to identify how to measure what ‘excellence’ looks like (to ensure we’re able to identify what’s changed/improved over time) and refresh general HR advice to support line managers.
- Strategic aim to be most flexible employer in NHS peer group by 2022.

5.4 Recruiting, retaining, and developing a diverse workforce

- Review adverts and job descriptions for ‘diversity barriers’.
- Promotion of male employment in female orientated roles i.e. nursing.
- Actions to improve mixed gender selection panels and positive action on panels for posts at band 6 and above to ensure they are ethnically diverse.
- Placement provider for NHS graduate management programme trainees.
- Enabled homeworking for staff who can work from home.

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- Promotion of family friendly policies/special leave and carers provisions.
- Promotion of shared parental leave to men.
- Implementation of health and carer passports to ease transfer of role across the organisation and the health and care system.
- Building our Trust-wide coaching offer and exploring mentoring options.
- Delivered specific campaigns to recruit for diversity, such as Integrated Covid Hub North East (ICHNE).
- Continuing to partner with key external stakeholders to increase diversity (careers service, kickstart, NUFC foundations) and continuation of the employability programme.

5.4 Progression and career paths

- Delivery of systems-wide leadership development programmes ensuring diversity of participants.
- Undertake an annual talent round to track progression into and within the Trust. This includes a review of diversity.
- Deliver internal talent development programmes across a range of grades and for staff from diverse ethnic backgrounds and staff with a disability.
- Offer a range of apprenticeship programmes from entry to degree level of learning and development.
- Actively review the diversity of leadership development programmes (applications and participants).
- Continue to work with our staff networks on the design and implementation of specific initiatives.
- Delivered a reverse mentoring programme for senior managers, including executive level.

5.5 Performance Management

- Implemented an appraisal policy which includes assessment of performance, behaviours and Equality and Inclusion production of a personal development plan and career conversations.
- Embedded a single system and process of performance appraisal, review and moderation for senior staff employed on a Trust senior staff contract.

6. NEXT STEPS

We have made progression in a number of areas but recognise there is still more to do. We will endeavour to develop a range of activities over the next 12 months to advance gender pay, these include:

- Providing Directorate level information on; the gender diversity of our workforce, leadership representation, career progressions (disparity ratios) and flexible working requests/data.
- Exploring how we can better support and promote our vacancies in senior positions to women and organisations that support women.
- Explore the likelihood of being appointed to pay bands featured in the quartiles to understand the barriers in more detail.

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- Exploring how we can better support female talent. For example, encourage the next generation of female leaders by establishing an internal task and finish group/staff network to explore how we can better support women into middle and senior management roles
- Effective communication plan to share flexible working key principles to enable staff and managers engage, consider, and implement flexible and agile working options.
- Identity support for line managers to listen to and enable constructive response to requests.
- Continue the roll out leadership development programmes throughout the Trust to staff in band 6 and below.
- Working with other NHS and partners to learn from best practice and explore opportunities to develop joint activities.
- Review our policy and process to ensure there is no gender bias in the starting salaries and remuneration packages of new employees, including very senior staff, and regularly monitor.
- We are cognisant of the recommendations of the report ‘Mind the gap: the independent review into gender pay gaps in medicine’ published in December 2020 and the government’s announcement that it will establish an implementation panel to help address the structural barriers outlined.

7. CONCLUSION

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

Karen Pearce
Head of EDI – People

Dee Fawcett
Director of HR

March 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Health Inequalities Update						
Report of	Martin Wilson, Chief Operating Officer						
Prepared by	Dr. Balsam Ahmad, Consultant in Public Health						
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	The purpose of this report is to provide the Board with an update on work carried out in the Trust and as part of Collaborative Newcastle to address Health Inequalities. It also highlights tools that enable embedding health inequalities into the Trust's everyday business such as the Board Assurance Toolkit.						
Recommendations	Receive this progress report on the Trust's work and plans for addressing health inequalities, both internally and with wider system partners are appropriate.						
Links to Strategic Objectives	<p>Patients - Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes.</p> <p>Performance - Being outstanding, now and in the future.</p>						
Impact (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	Embedding evidence based approaches to address health inequalities in everyday trust business has implications on improving healthcare quality, patient safety, improving efficiency and outcomes of care.						
Reports previously considered by	This the second report that has been produced for the Board. The Chief Operating Officer will provide regular reports of this format on different topics going forward. The operational issues covered in this report are actively discussed in Executive Team and other managerial meetings.						

HEALTH INEQUALITIES: AN UPDATE

EXECUTIVE SUMMARY

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

The report provides an update to the Board on progress on actions in the Trust and across Collaborative Newcastle to address health inequalities as well as the latest policy drivers and toolkit to tackle health inequalities in the NHS and make recommendations.

The report presents the key national and regional policy drivers for the NHS to address health inequalities and describes two toolkits that have been developed to support acute Trusts in scoping and implementing actions to address health inequalities. The two toolkits described here include:

- The NHS Providers Health Inequalities Board Assurance Toolkit; and
- The NHS Health Inequalities Toolkit for Acute Foundation Trusts.

The report outlines **actions and work streams** in progress both in the Trust and across Collaborative Newcastle to address health inequalities. These are included under the headings of

- Strengthening Governance, leadership and accountability;
- Building capability in health inequalities and population health management;
- Ensuring datasets are complete and timely to undertake health inequality analysis;
- Accelerate prevention programmes that reduce health inequalities; and
- Impacting health inequalities through Collaborative Newcastle.

Recommendation:

The Board is asked to receive this progress report on the Trust's work and plans for addressing health inequalities, both internally and with wider system partners.

HEALTH INEQUALITIES UPDATE

1. BACKGROUND

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. The COVID-19 pandemic has exacerbated existing health inequalities.

The North East and North Cumbria (NENC) Integrated Care System (ICS) 5 year strategic includes the following key ambitions:

- a) To raise average healthy life expectancy for men and women to 60.0 years by 2029;
- b) To half the gap in average healthy life expectancy for both men and women between the NENC ICS and the England average by 2029; and
- c) To reduce smoking prevalence to 5% or below by 2030.

There are marked differences in life expectancy between deprived and non-deprived areas but also among people living in more deprived areas. Newcastle is one of the 20% most deprived Local Authorities in England. Smoking is the principle driver of health inequalities and premature death.

NHS provider trusts are uniquely placed to improve population health and reduce inequalities through many aspects of their work with patients, staff and local communities and in their role as anchor organisations and system leaders.

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

2. HEALTH INEQUALITIES PRIORITIES

The Board has previously received a copy of the Health Inequalities Group (HIG) workplan. This work plan continues to be refined, including drawing on the learning from two assurance toolkits that have been found to be helpful:

- NHS Providers has developed a national health inequalities board assurance toolkit allows NHS Trusts to track their progress in addressing health inequalities. Please refer to Appendix 1 to see details of the Toolkit.
- Public Health England developed a separate toolkit as part of a North East and North Cumbria multiagency response to tackling health inequalities. It supports NHS Foundation Trusts to implement recent guidance relating to NHS action around health inequalities. This toolkit was recently presented to the Trust Health Inequality Group.

3. STRENGTHENING THE TRUST'S APPROACH TO TACKLE HEALTH INEQUALITIES

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Since the last update to the Board of Directors last autumn progress has been made across a number of areas including further strengthening of health inequalities capacity and capability:

- The Trust has introduced a nationally innovative model of medical leadership for health inequalities, with the appointment of two co-clinical directors and three clinical leads (Drs Sophie West, Maria Clement, Helen Leonard, Dipayan Mitra and James Prentis). Their initial focus is on understanding health inequalities in patients' access, outcomes and experience and providing advice, education, and networking to enable the wider clinician body to embed a culture of tackling health inequalities in all aspects of work.
- Dr Balsam Ahmad, a consultant in public health (CPH), has become part of the Chief Operating Officer directorate and is responsible for coordinating the HIG work plan and providing population health management advice across the Trust.
- A health inequality and levelling up event is being held on 24th May for all current and previous participants of the award winning Collaborative Newcastle Joint System leadership programme. This will focus on poverty proofing care pathways and lessons learnt from the health and education sectors.
- A Trust-wide clinical showcasing day is being planned for autumn 2022 to raise awareness of work underway within the Trust to address health inequalities.
- The Trust has been successful in its application to Health Education England to appoint and host a Population Health Management Fellow for one year starting in September 2022. The Trust received more applications for this than any other NHS organisation in the region with feedback indicating this is due to the strength of health inequalities work underway in the trust.

4. EMBEDDING PREVENTOPM PROGRAMMES THAT REDUCE HEALTH INEQUALITIES

Significant progress has been made in enhancing our existing range of prevention activities such as breast screening and targeted lung health checks with the following new developments:

- **Smoke Free NHS and the Trust Tobacco Dependency Treatment Service:** The Trust is establishing an onsite Tobacco Dependency Treatment Service for inpatients and maternity patients, supported by funding from NHS England and the ICS. The funding covers pharmacotherapy and staffing support to patients. The service will be provided in partnership with the local 'Healthworks' charity and delivered in conjunction with the Local Authority Commissioned stop smoking service. Five clinical Smoke Free Leads have been identified from across medical specialities and nursing to provide strategic support to the service. The Trust has agreed to take part in the Applied Research Collaborative /NIHR evaluation research project of the implementation and impact of NHS-funded tobacco dependence services.
- **Alcohol Care Team and recovery navigators in Emergency Department:** Similarly the Trust has secured funding to implement an Alcohol Care Team (ACT) as part of the wider substance misuse team. The ACT is a rapidly expanding team supporting patients with Alcohol related liver disease working with them proactively to avoid lengthy admissions and providing support to the family/carers. Based in the emergency department they will provide early intervention of managing withdrawal and referring to community services and give harm minimisation advice to reduce the

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length of stay or avoid an admission. An ICS funded research project will assess the impact of Recovery Navigators, based in hospitals, at supporting the needs of people who experience problems with alcohol and regularly seek emergency help.

- **COVID-19 Vaccination:** The Trust continues to lead the COVID Vaccine programme for the North East and North Cumbria with a significant focus on supporting local place based NHS and local authority teams to continue the implementation of plans to reduce inequality in uptake by ethnicity and deprivation. The NENC COVID Vaccination Equality Board is ensuring that interventions are data driven (e.g. in determining locations of community sites) and spreading best practice.

5. IMPACTING HEALTH INEQUALITIES THROUGH COLLABORATIVE NEWCASTLE

In addition to the direct impact we can have within the Trust to reduce health inequalities, we recognise that the greatest impact we can have is in working as a wider Newcastle place based system in addressing the wider determinants of health inequalities through Collaborative Newcastle. During the last six months progress on these elements includes:

- **Duplication to Personalisation Programme:** This innovative programme has been established to collate and analyse health and care data for every person in Newcastle to help identify people whose care could be improved, and to re-design and improve services to reduce health inequalities. The full staff team have been successfully recruited and are in post working on developing the data platform and piloting multi-agency case conferences to explore each of the key hypothesis. This is a unique programme that has a potential to be a trailblazer at a national level in using population health management approaches and system data integration to improve access, outcomes and experiences and reduce health inequalities.
- **Children and Families Newcastle:** Launched in August 2021 this is an integrated provision of early intervention and prevention services across the city. It offers a new approach to delivering services that make a real difference to reducing health inequalities. It aims to: identify issues before crisis, ensure a smooth journey through services where children and families 'only need to tell their story once', recognise and build on community assets and reduce health inequalities. Phase 1 of this work has included the creation of community hubs and spokes in the 4 localities across the city, (North, East, Inner West and Outer West) to ensure delivery of inclusive, locally accessible services for families. The 0-19 - Healthy Child Programme provided by the Trust 0-19 service has been instrumental in the delivery of the approach in Children and Families Newcastle. The service has adapted, including the development of the single point of access (SPOA) which now forms part of the 0-19 offer to families across the city.
- **Newcastle Hospitals and primary care pre-operative optimisation of patients with uncontrolled diabetes:** This innovative project is linking hospital waiting lists and primary care GP records to identify patients with uncontrolled diabetes on the elective surgery waiting lists and offer patients a personalised intervention plan. Delivered in partnership with three Primary Care Networks in Newcastle, patients are offered support from a Healthworks health improvement practitioner with the aim to increase exercise and improve diet potentially leading to improvements in their diabetic

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control. The impact of this intervention will be assessed on how it will improve efficiency, reduce postponements to operation, on the day cancellations and improve health outcomes. Preliminary results are expected shortly and additional funding has already been secured through the ICS Waiting Well Programme to roll it out across all Primary Care Networks (PCNs) in Newcastle/Gateshead.

Our work is demonstrating the huge potential of linking datasets and having the public health and analytical expertise to implement projects informed by a population health management approach. Opportunities to resource and develop this further are being explored including through Newcastle Health Innovation Partners.

6. RECOMMENDATIONS

The Board is asked to receive this progress report on the Trust's work and plans for addressing health inequalities.

Report of Martin Wilson

Chief Operating Officer and Executive Lead on Health Inequalities

16 March 2022

Appendix 1: NHS Providers Health Inequalities Board Assurance Tool- Describing expected standards for each health inequality priority area & KLOE

	KLOE 1: Leadership capability focused on achieving health equity	KLOE 2. Clear vision & credible strategy to deliver action on inequalities with robust delivery plans	KLOE 3. Equality & diversity are actively promoted in the workplace so that service access & delivery is high quality, sustainable & sensitive to the needs of all – & that staff health & wellbeing is supported	KLOE 4. Clear responsibilities, roles & systems of accountability, to support good governance & management to tackle inequality	KLOE 5. Clear effective processes for managing risks, issues & performance, with focus on achieving equity
Priority 1: Restore NHS services inclusively	Bring questioning & challenge to ensure health equity is at the heart of plans to restore services & reduce waiting lists.	Clear strategy & plans in place on achieving inclusivity, with regard to socio-economic disadvantage, protected characteristics, disability, ethnicity, LGBTQ+, socially excluded, clinically vulnerable to COVID-19, frail elderly. Check against the Core20PLUS5 measures.	Planning & delivery of services carried out with the leadership & input of diverse staff, knowledgeable about their service & those using it.	Ensure clarity on roles, responsibilities & systems to achieve excellent access, outcomes & experience for all, as services are equitably restored & waiting lists addressed across all specialties.	<p>Performance reports & risk logs in place measuring inclusivity of restored services/equitable management of waiting lists.</p> <p>Gap analysis of expected uptake against actual undertaken.</p> <p>Use feedback from patients, staff & communities on fairness. Take notice of complaints.</p>
Priority 2: Develop digitally-enabled pathways inclusively	Ensure focus on equitable access for all in digital plans, & fair access for all via digital routes, face to face & telephone.	Specific actions in place to remove barriers to digital access. Ensure equal access via digital, face to face & by telephone for all.	Digitally inclusive, face-to-face & telephone services delivered by staff sensitive to & knowledgeable about the needs of all people using the service.	Ensure clarity on roles, responsibilities & systems so that digital pathways are inclusive. Equal access for all via digital routes, face-to-face & telephone.	<p>Performance reports & risk logs in place measuring inclusivity/uptake of digital, face-to-face & telephone services.</p> <p>Gap analysis of expected uptake against actual undertaken.</p>
Priority 3: Ensure datasets are complete & timely	<p>Ensure relevant & complete datasets are collected & utilised in decision making to tackle inequality.</p> <p>Collaborative working to complete patient datasets across the system.</p> <p>Include patient-level data on social factors, so prioritisation is based on the whole person balance of clinical & social factors.</p>	Delivery plan monitoring to include datasets broken down to characteristic/marker level & remedial actions reported/assurance provided.	<p>WRES & WDES datasets complete, timely & available for scrutiny to underpin strategies & delivery plans.</p> <p>Equality Delivery System (EDS) is in place.</p> <p>Actively question & draw insight from the data.</p>	Ensure managers at appropriate levels have timely & complete datasets to monitor services, support timely decision-making & have freedom to act, to ensure equity.	<p>Datasets used as part of performance reporting to be broken down sufficiently for meaningful interpretation & intervention.</p> <p>Ensure the monitoring of Core20PLUS5 dataset is completed & used as a key measure set.</p>
Priority 4: Proactively engage people at greatest risk in prevention	Collaborative leadership with partners & primary care, place-based approach, empowering communities, & building on assets & strength.	To include: * Improving flu/Covid-19 vaccine uptake. * Long-term care management, obesity, smoking, alcohol, CVD,	Service planning & delivery carried out in collaboration with external partners & empowered communities.	Ensure clarity on roles & responsibilities, in partnership with primary care/VCS/communities for place-based delivery.	Performance reports & risk logs available, measuring progress on preventative programmes, working with communities, external partners, and primary care.

	KLOE 1: Leadership capability focused on achieving health equity	KLOE 2. Clear vision & credible strategy to deliver action on inequalities with robust delivery plans	KLOE 3. Equality & diversity are actively promoted in the workplace so that service access & delivery is high quality, sustainable & sensitive to the needs of all – & that staff health & wellbeing is supported	KLOE 4. Clear responsibilities, roles & systems of accountability, to support good governance & management to tackle inequality	KLOE 5. Clear effective processes for managing risks, issues & performance, with focus on achieving equity
		hypertension, diabetes, respiratory disease. * Annual health checks for serious mental illness & learning disability. * Maternity continuity of care & focus on the 5 priorities chosen in the Core20PLUS5.	Focus on risk management & safety of staff. Ensure equity in staff access to health & wellbeing support. Monitor inequalities in uptake of support services.		Gap analysis of expected against actual undertaken.
Priority 5: Strengthen leadership & accountability	Tackling inequality is not a separate programme. It is embedded in leadership, decision-making, strategies & delivery plans.	Board-level challenge & support to achieve equity for strategies, plans & performance reports, assure excellent access, outcomes & experience for all.	Organisational culture is centred on the needs of all those accessing & using the services.	Different leadership & management styles are required to collaborate inside & outside the organisation, with clarity on responsibilities & accountabilities.	Performance reports, risk logs & datasets to be monitored & acted upon at the appropriate organisational level, including at board/subcommittee.

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TRUST BOARD

Date of meeting	31 March 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 27 January 2022:</p> <ul style="list-style-type: none"> • People Committee – 15 February 2022; • Charity Committee – 4 March 2022; • Quality Committee – 22 March 2022; and • Finance Committee – 30 March 2022 						
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 January 2022.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 15 February 2022. During the meeting, the main areas of discussion to note were:

- A comprehensive update relating to the people implications of COVID-19 was received. This included the Integrated COVID Hub North East (ICHNE), vaccination hub, and vaccination as a condition of deployment (VCOD).
- The Associate Director of Sustainability and Environment provided the Shine Annual Report, and provided updates on the people elements of the Trust's sustainability programme.
- The Deputy Chief Nurse outlined the nursing and midwifery safe staffing for winter 2020/21.
- The Head of Workforce Engagement and Information provided an update on the preliminary results of the 2021 NHS Staff Survey and the draft engagement plan.
- An update on the Trust's 'Flourish at Newcastle Hospitals' initiative and the Institute for Healthcare Improvement (IHI) 'What Matters To You' programme was provided to the Committee.
- A recruitment deep dive was provided, including an update on recruitment for the Day Treatment Centre (DTC).
- The Committee received the Guardian of Safe Working quarterly report, the Board Assurance Framework (BAF) quarterly report and a Legal Update.
- The Head of Equality, Diversity and Inclusion – People presented the Gender Pay Report, which is included for Board approval under agenda item A7(e)ii.
- The Director of HR provided a leadership development update.

The next formal meeting of the Committee will take place on 19 April 2022.

2. CHARITY COMMITTEE

A formal meeting of the Charity Committee took place on 4 March 2022. During the meeting, the main areas of discussion to note were:

- The Charity Director provided a comprehensive update on progress against the charity strategy. This included an update on recruitment, financial processes and plans for 2022/23.
- The Chair provided an update on the progress of the Charity Governance Working Group. This included a charity BAF report.
- The skills audit for committee members was received and discussed.
- An update on Charity grant-making was provided, including an overview of the approach being taken and plans for the future.
- A number of grants were considered for approval. Successful grants totalled circa £1.3m and included:
 - Support for the development of the Trust's mental health strategy;
 - A 'Long COVID' service delivered by Healthworks Newcastle;

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- A Great North Children's Hospital project co-ordinator employed by Newcastle United Foundation;
- A Robotic Urology fellowship programme;
- An arts and wellbeing centre in Leazes Park;
- A green gym co-ordinator employed by the Centre for Sustainable Healthcare;
- Support for the work of Newcastle Carers in Newcastle Hospitals;
- A child bereavement service delivered by Newcastle City Council;
- A Sustainability Fellowships pilot project in the Children's Services and Cancer Services directorates;
- Support for Children's Cancer North and the Wolfson Childhood Cancer Research Centre;
- Psychological support for staff in critical care teams; and
- Social cinema screenings at the Medicinema in the RVI.
- The summary of grants approved up to £25,000 made since the last meeting of the committee was received.
- A number of finance reports were received, including the summary of investments.

The next formal meeting of the Committee will take place on 6 May 2022.

3. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 22 March 2022. During the meeting, the main areas of discussion to note were:

- The Ockenden Report update was provided by the Executive Chief Nurse.
- The Head of Projects provided an update on the implementation of the BadgerNet electronic patient record system in maternity services.
- The maternity CNST quarterly report was received.
- The integrated quality and performance report was received and discussed.
- The chairs of the Clinical Outcomes and Effectiveness Group, the Compliance and Assurance Group, and the Patient Experience and Engagement Group provided their report on activity and progress.
- The Head of Corporate Risk and Assurance attended the meeting to present the quarterly BAR report.
- Committee members received a deep dive presentation on the management of serious incidents in the Trust.
- The bi-annual clinical research report was received.
- Quarter three reports for safeguarding, learning from deaths, and learning disability were received.

The next formal meeting of the Committee will take place on 17 May 2022.

4. FINANCE COMMITTEE

A formal meeting of the Finance Committee took place on 30 March 2022. During the meeting, the main areas of discussion to note were:

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- The Month 11 finance report was received and discussed.
- The financial plan for 2022/23 was presented and areas of risk outlined. The capital programme for 2022/23 was also presented.
- An update on the Day Treatment Centre was provided.
- The Executive Director of Business, Development, and Enterprise presented the planning contracting and finance position for 2022/23.
- The Procurement and Supply Chain Director presented an update.
- The quarterly BAF report was received and discussed.
- Tenders and business cases were reviewed.
- An update on capital projects was provided.

The next meeting of the Committee would take place on 26 April 2022, this followed agreement that Committee meeting take place monthly for a short period.

5. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
24 March 2022

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