






















Public Board of Directors

26 November 2020, 12:30 to 15:05
Board Room, Freeman Hospital/MS Teams

Agenda

1.	Public Board of Directors Agenda		
	 A0 BoD Public Agenda 26 NOV 20.pdf	(3 pages)	
2.	Business Items		10 minutes
2.1.	Standing Items:		Chairman
2.1.1.	Apologies for Absence & Declarations of Interest		Verbal
2.1.2.	Minutes of the Meeting held on 24 September 2020 and Matters Arising		Attached
	 A1(ii) Public Board Minutes 24 Sept 2020 DRAFT.pdf	(17 pages)	
2.1.3.	Meeting Action Log		Verbal
2.2.	Chairman's Report		Chairman
	 A2 Chairman Report NOV 20.pdf	(4 pages)	
3.	Patients		65 minutes
3.1.	Patient Story		Attached & Verbal
	Patient to dial in		ECN
	 A3 Patient Story NOV 20.pdf	(4 pages)	
3.2.	Chief Executive's Report, including overview of:		Attached
			CEO
	 A4 CEO Board Report NOV 20.pdf	(11 pages)	
3.2.1.	Collaborative Newcastle		
3.2.2.	COVID-19 Response		
3.2.3.	Operational activity, reset, restart and recovery programme		
3.2.4.	Regional collaboration and networking activities		
3.3.	Director Reports		Attached & BRP
3.3.1.	Medical Director/Deputy CEO		MD/DCEO
	 A5(i) Medical Director Report NOV 20.pdf	(8 pages)	

3.3.2.	Executive Chief Nurse, including (a) Regular Update Report & (b) Nursing & Midwifery Staffing Bi-Annual Update	ECN
	 A5(ii)a Executive Chief Nurse Report NOV 20.pdf (13 pages)	
	 A5(ii)b Nursing and Midwifery Staffing Bi-Annual Report NOV 20.pdf (14 pages)	
3.3.3.	Director of Infection Prevention & Control	DIPC
	 A5(iii)Healthcare Associated Infections NOV 20.pdf (11 pages)	
3.3.4.	Director of Quality & Effectiveness, including (a) Quality Account Bi-Annual Review, (b) Learning from Deaths & (c) Maternity CNST Report	DQE
	 A5(iv)a Quality Account 6 Month Report NOV 20.pdf (16 pages)	
	 A5(iv)b Learning from Deaths NOV 20.pdf (11 pages)	
	 A5(iv)c Maternity CNST Incentive Scheme NOV 20.pdf (11 pages)	
4.	Partnerships	10 minutes
4.1.	Collaborative Newcastle	Attached COO & ACE
	 A6 Collaborative Newcastle Cover Sheet NOV 20.pdf (1 pages)	
	 A6 Collaborative Newcastle paper NOV 20.pdf (5 pages)	
	 A6 Collaborative Newcastle Collab Agreement FINAL.pdf (43 pages)	
5.	People	5 minutes
5.1.	People Update	Attached HRD
	 A7 People Board Update FINAL NOV 20.pdf (8 pages)	
	 A7 App 1 NENC ICS Collective Promise NOV 20.pdf (2 pages)	
6.	Performance	10 minutes
6.1.	Integrated Board Report - Quality Performance, People & Finance	Attached DQE, COO, HRD & FD
	 A8 Integrated Board Report Cover Sheet NOV 20.pdf (1 pages)	
	 A8 IBR NOV 20 FD.pdf (28 pages)	
7.	Pioneers	35 minutes
7.1.	Chief Information Officer - Annual Report	Attached CIO
	 A9 CIO Annual Report NOV 20.pdf (9 pages)	
7.2.	Trust Strategy Update	Attached DfE&BD
	 A10 Trust Strategy Update NOV 20.pdf (7 pages)	

7.3. NIHR Local Clinical Research Network Update

Caroline Wroe, Clinical Director of LCRN, to dial in

Presentation

DfE&BD

10 minutes

8. Governance

8.1. Update from Committee Chairs

Attached

Committee Chairs



A12 Update from Committee Chairs NOV 20.pdf

(5 pages)

8.2. Corporate Governance Update, including:

Attached

TS



A13 Corporate Governance Update NOV 20.pdf

(10 pages)

8.2.1. Chair Fit and Proper Persons Statement

8.3. Date of Next Meetings:

Private Board Development Session: Thursday 17 December 2020 via MS Teams

Formal Meeting: Thursday 28 January 2021 via MS Teams

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 26 November 2020 via MS Teams
Start time 12.30pm

Agenda					
Item		Lead	Paper	Time	Page
Business Items					
A1	Standing Items: i) Apologies for Absence and Declarations of Interest; ii) Minutes of the Meeting held on 24 September 2020 and Matters Arising; and iii) Meeting Action Log.	Chairman	Verbal Attached Verbal	12.30pm – 12.35pm	4
A2	Chairman's Report	Chairman	Attached	12.35pm – 12.40pm	21
Patients					
A3	Patient Story <i>[Patient to dial in]</i>	ECN	Attached & Verbal	12.40pm – 12.55pm	25
A4	Chief Executive's Report, including overview of: • Collaborative Newcastle; • COVID-19 Response; • Operational activity, reset, restart and recovery programme; and • Regional collaboration and networking activities.	CEO	Attached	12.55pm – 1.15pm	29
A5	Director Reports: i) Medical Director/Deputy CEO ii) Executive Chief Nurse, including a. Regular Update Report; and b. Nursing & Midwifery Staffing Bi-Annual Update Report. iii) Director of Infection Prevention and Control iv) Director of Quality & Effectiveness, including: a. Quality Account Bi-Annual Review; b. Learning from Deaths & Maternity; and c. Maternity CNST Report.	MD/DCE ECN DIPC DQE	Attached & BRP	1.15pm – 1.45pm	40 48 61 75 86 102 113

<i>Break 1.45pm - 1.55pm</i>					
Item		Lead	Paper	Time	Page
Partnerships					
A6	Collaborative Newcastle	COO & ACE	Attached	1.55pm – 2.05pm	124
People					
A7	People Update	HRD	Attached	2.05pm – 2.10pm	173
Performance					
A8	Integrated Board Report - Quality, Performance, People & Finance	DQE, COO, HRD & FD	Attached	2.10pm – 2.20pm	183
Pioneers					
A9	Chief Information Officer – Annual Report	CIO	Attached	2.20pm – 2.30pm	212
A10	Trust Strategy Update	DfE&BD	Attached	2.30pm – 2.35pm	221
A11	NIHR Local Clinical Research Network Update <i>[Caroline Wroe, Clinical Director of LCRN, to dial in]</i>	DfE&BD	Presentation	2.35pm – 2.55pm	
Governance					
A12	Update from Committee Chairs	Chairs	Attached	2.55pm – 3.00pm	228
A13	Corporate Governance Update, including: a. Chair Fit and Proper Persons Statement	TS	Attached	3.00pm – 3.05pm	233
Date of Next Meetings:					
- Private Board Development session: Thursday 17 December 2020 via MS Teams					
- Formal Meeting: Thursday 28 January 2021 via MS Teams					

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

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DRAFT MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 24 September 2020

Part A: Public

Present:	Professor Sir J Burn Dame J Daniel <i>[via Starleaf]</i> Mr M Wilson <i>[via Starleaf]</i> <i>[from 12:04pm]</i> Mrs A Dragone <i>[via Starleaf]</i> Dr V McFarlane Reid <i>[via Starleaf]</i> Ms M Cushlow <i>[via Starleaf]</i> Mr D Stout <i>[via Starleaf]</i> Professor K McCourt <i>[via Starleaf]</i> Mr K Godfrey <i>[via Starleaf]</i> Mr S Morgan <i>[via Starleaf]</i> Ms J Baker <i>[via Starleaf]</i> Professor D Burn <i>[via Starleaf]</i> Mr J Jowett <i>[via Starleaf]</i> <i>[from 11:54am]</i> Mr G Chapman <i>[via Starleaf]</i> Mr B Macleod <i>[via Starleaf]</i>	Chairman Chief Executive Officer Chief Operating Officer Finance Director Executive Director for Enterprise & Business Development Executive Chief Nurse Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
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In Attendance:

Mrs C Docking, Assistant Chief Executive *[via Starleaf]*
 Mrs A O'Brien, Director of Quality and Effectiveness *[via Starleaf]*
 Dr M Wright, Deputy Medical Director *[via Starleaf]*
 Mr G King, Chief Information Officer *[via Starleaf]*
 Mr R Smith, Estates Director *[via Starleaf]*
 Mrs D Fawcett, Director of Human Resources *[via Starleaf]*
 Mrs M Grey, Deputy Chief Operating Officer *[via Starleaf]*
 Dr L Pareja-Cebrian, Director of Infection Prevention Control *[via Starleaf]*
 Mrs K Jupp, Trust Secretary
 Mrs F Darville, Deputy Trust Secretary *[Minutes]*
 Ms B Humphries, Specialist Health Visitor *[via Starleaf]* *[for agenda item 20/55 i only]*
 Mr J Dixon, Head of Sustainability *[via Starleaf]* *[for agenda item 20/57 i only]*
 Ms A Burroughs, Associate Director Commercial Enterprise Unit *[via Starleaf]* *[for agenda item 20/57 ii only]*

Observers [all via Starleaf]:

Mr M Smart, Member of the Public
 Mr G Aycliffe, Member of the Public
 Mr S Connolly, Staff Governor
 Dr V Hammond, Public Governor
 Dr L Murthy, Public Governor
 Mrs M Elliott, Public Governor

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

20/54 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

The Chairman welcomed members, attendees and observers to the meeting.

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

There were no additional declarations of interest made.

It was resolved: to **note** the apologies for absence and that no additional declarations of interest were **made**.

ii) Minutes of the Meeting held on 30 July 2020 and Matters Arising

The minutes of the meeting were agreed as a correct record and there were no matters arising.

It was resolved: to **agree** the minutes as an accurate record of the meeting, and **note** that there were no additional matters arising.

iii) Meeting Action Log

The action log was received. The remaining outstanding action was now complete.

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

iv) Chairman's Report

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

- The Chairman highlighted his involvement in a number of key regional and national meetings. He advised that such meetings provided a forum to highlight progress made within Newcastle Hospitals, noting in particular the opportunity to share the Surash-Pearce report, the first comprehensive review of its kind into the pay gaps and career progression experiences of Black, Asian and Minority Ethnic (BAME) staff at the Trust.
- The Chairman explained that due to his role as Vice Chair of QuantuMDx, he had recused himself from any Trust Board and Council of Governors discussions regarding matters pertaining to testing to ensure complete segregation of roles.
- As a result of the COVID-19 pandemic, the programme of Leadership Walkabouts undertaken by the Chairman and Non-Executive Directors had transitioned to virtual 'Spotlights on Services' visits. The first virtual visit was to the Trust's Pharmacy Production Unit and a programme was being established for the year ahead.

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

v) Chief Executive's Report

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The Chief Executive presented the report, with the following salient points noted:

- The Trust's current response to the COVID-19 pandemic was outlined, with the position remaining subject to constant review. Newcastle Hospitals continued to respond to the demands of the pandemic, as well as working hard to re-establish and maintain the provision of the full range of services in a safe and sustainable way.
- The NHS People Plan for 2020/21 was published on 30 July 2020 and was underpinned by 'our NHS people promise'. Our local plan would be driven by the cornerstone 'Flourish at Newcastle Hospitals' programme to ensure that as well as the NHS people promise, we liberate the potential of staff across our organisation. The Flourish Programme continued to support staff during the pandemic, ensuring that staff were at the forefront of everything we do.
- The 'Phase 3' letter from NHS England and NHS Improvement (NHSE/I) was received, which set out the next steps in the national response to the pandemic and in particular, the expectations for organisations in resetting and recovering. Within the Trust, work against the areas outlined within the letter have been the focus of our restart, reset and recovery programme. Positive progress had been made to date and gratitude was expressed to staff for their efforts.
- Building work and recruitment for the North East Integrated COVID Hub (NEICH) had commenced and it was anticipated that the hub would become operational in December.
- Work continued to finalise and agree the formal collaboration agreement that would underpin Collaborative Newcastle.
- Following the Trust declaration of a climate emergency, Newcastle Hospitals was leading engagement with leaders across the system to support the delivery of the NHS-wide net zero ambition. The Trust's Climate Change Strategy was due to be published in October 2020.
- The report detailed recent networking activities and the awards and achievements of Trust staff.

It was resolved: to receive the report.

20/55 PATIENTS

i) Staff Story

The Executive Chief Nurse introduced Becky Humphries, Specialist Health Visitor, who provided the presentation. The following key points were noted:

- As a result of the pandemic, the Specialist Health Visitor advised that the Health Visiting teams had been reconfigured into three distinct teams to ensure continuity of service, being:
 - Safeguarding and Vulnerable Families and Strategy Team;
 - Client Contact Team; and
 - Single Point of Access Team.
- At the start of the pandemic, staff were provided with smart phones and it was agreed that all staff in the 0-19 service wear a role appropriate uniform. Families fed back that they appreciated seeing the staff in uniform as it differentiated them from other

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professionals and provided reassurance in relation to personal protective equipment and infection control.

- Meetings were held virtually where possible and telephone support provided, with face-to-face visits with families continuing where required.
- Initially staff had some concerns and fears around service continuation during the pandemic, particularly in relation to face-to-face visits as well as the volume and complexity of cases. In addition, staff were faced with the challenges of lone working and the potential to feel isolated. To address staff concerns, contact was regularly maintained with colleagues using smart technology e.g. virtual development reviews and group supervision sessions.
- The Specialist Health Visitor concluded that the different ways of working had resulted in a more integrated service being provided, including improved and more resilient relations with partner agencies, such as children's social care. It was felt that the teams had embraced the changes, including the use of technology, to allow for the children and their families to remain at the forefront of their minds.

The Chairman queried whether families were comfortable with the changes to the use of technology and whether staff would continue wearing their uniforms beyond the pandemic, to which the Specialist Health Visitor advised that technology training was being provided to families and staff would continue to wear their uniforms.

The Executive Chief Nurse commended the work undertaken by the teams, noting the work undertaken was not always as visible due to the community-based nature of the roles. However, it was evident that the teams were very well connected and provided a vital lifeline to the vulnerable families and the communities they served.

Ms Baker queried whether an increase in referrals had been observed because of the pandemic to which the Specialist Health Visitor advised that referrals had increased significantly by 250%, particularly domestic violence referrals. Ms Baker commended the team for providing a vital preventative service.

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

[The Specialist Health Visitor left the meeting at 11:22am]

ii) Medical Director's Report, including:

- a. Guardian of Safe Working Quarterly Report**
- b. Consultant and Honorary Consultant Appointments**

The Deputy Medical Director presented the report, with the following key points to note:

- Cancer Services waiting times were currently 85-90% of pre-COVID-19 levels. Whilst this was multifactorial, a number of developments in both service delivery and diagnostics had had a positive impact on improving waiting times.
- A 'teledermatology' service would be introduced in early October to facilitate virtual diagnoses of skin lesions.
- Increased capacity within both endoscopy and radiology was highlighted, in part due to a new CT scanner becoming operational and changes to working practices within the Trust.

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- Challenges regarding the provision and delivery of chemotherapy were highlighted due to social distancing restrictions, however plastic screens had been installed and the Manor Walks Chemotherapy Service had been reopened. A plan has been submitted to run the Chemotherapy Day Case Service at the Northern Centre for Cancer Care seven days per week. It noted that the Clinical Directors continued to monitor the situation closely.
- Regarding COVID-19, rates had increased steadily in the region since the end of August. Escalation plans were in place and Gold Command meetings were reinstated in early September to review the position regularly. Gratitude was expressed to all staff, particularly frontline and support staff e.g. laboratory staff in responding to the pandemic.
- Research, under the leadership of Professor John Isaacs, Assistant Medical Director – Research and Development, had recommenced following a pause of the majority of studies during the first wave of the pandemic. Newcastle Hospitals was leading in a number of COVID-19 related research trials, including those for vaccines.
- The temporary relocation of the Haematology department was noted, pending a permanent move of the service in the New Year, dependent upon the emerging situation regarding COVID-19.

The Deputy Medical Director drew the Board's attention to the three supplementary reports included within the Board Reference Pack (BRP) for information:

- Guardian of Safe Working Quarterly Report;
- Consultant Appointments; and
- Honorary Consultant Appointments.

Regarding the Guardian of Safe Working Quarterly Report, the Deputy Medical Director commended the junior doctor workforce who had responded extremely well during the pandemic.

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

iii) Executive Chief Nurse Report

The Executive Chief Nurse presented the report and highlighted the following salient points:

- The plans to launch the Trust's flu vaccination campaign on 5 October were outlined. Despite being a well-established programme, learnings from the COVID-19 serology-testing programme would be applied, for example in relation to social distancing restrictions. The Trust aspired to improve on its 80% vaccination rate achieved last year.
- Reference was made to the completed health worker influenza vaccination self-assessment checklist included in the BRP.
- Recent correspondence from the Department of Health and Social Care (DHSC) and Public Health England (PHE) provided increased expectations on providers in relation to patient flu vaccination. The approach previously was to vaccinate patients opportunistically where appropriate, focussing on high risk groups however a more comprehensive programme was planned for the current year. Both the Director of Infection Prevention and Control and the Chief Nursing Information Officer were currently reviewing how this would work in practice for inpatients and outpatients.

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- Reference was made to the changes implemented to the Clinical Assessment Toolkit (CAT) process during the pandemic to provide ward level assurance that standards were maintained. A condensed Assurance Audit Check survey was created in response to the pandemic and now included the requirement to provide information on Personal Protective Equipment (PPE) and fit testing to ensure each clinical area was compliant.
- The quarter 1 safeguarding activity position was outlined and it was noted that an increase across all areas had been observed because of the pandemic, which was of concern. The challenge in administering safeguarding training across the Trust was highlighted with the position under regular review by the Safeguarding Committee.
- An update regarding patient experience was provided, which included detail regarding the successful funding bids made under the NHS Charities Together COVID-19 Grants Scheme. The funding enabled the purchase of adapted iPads for use by patients who required interpreting support and the provision of reception staff training on 'English Unlocked'.
- An update on the Trust's current visiting policy was highlighted which remained under continual review by the Gold Command team. Virtual visiting continued to be encouraged as the primary means of contact; however, a number of wards and departments were able to offer some visiting.
- The report outlined the important work undertaken by the Palliative and End of Life Care staff to respond to the pandemic.

The Chairman queried whether sufficient supply of flu vaccines had been coordinated to which the Executive Chief Nurse confirmed that sufficient orders were made to meet the anticipated demand and there were no issues with current supplies.

Professor McCourt commended the Executive Chief Nurse on the Trust's Nursing and Midwifery recruitment and retention, noting that the Trust's international recruitment approach was recently highlighted as exemplar by Health Education England. The Executive Chief Nurse credited the support provided by both the Human Resources and Finance teams in achieving this.

It was resolved: to receive the report.

iv) Healthcare Associated Infections, Director of Infection Prevention and Control Report, including:

a. Infection Prevention and Control Board Assurance Framework Update

The Director of Infection Prevention and Control presented the report, with the following salient points noted:

- Since the report had been drafted, a number of important COVID-19 related factors had changed, including amendments to guidelines published by both NHSE and PHE, as well as the opening of schools and universities.
- As a result of the pandemic, the majority of the resources within Infection Prevention and Control (IPC) had been dedicated to supporting clinical areas in managing COVID-19.
- The IPC Board Assurance Framework (included within the BRP) continued to be reviewed weekly. A virtual meeting was held with the Care Quality Commission (CQC)

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in early August to provide assurance on the IPC BAF and a summary of findings was subsequently received. Feedback was extremely positive regarding the Trust's IPC processes and procedures in place.

- Regionally, instances of COVID-19 had reduced in July and August but in recent weeks had started rising. However, it was evident that to date, the increase had not converted into significant numbers of hospital admissions.
- Every case of Healthcare Associated COVID-19 was reviewed to ascertain lessons learned. To date a small number of staff had been diagnosed with COVID-19 however, none had affected patients.
- The Trust was yet to receive notification of a trajectory requirement for C.difficile infections. The current position was 40 cases to the end of August 2020, which was one fewer case than at the same point last year.
- No further MRSA bacteraemia cases had been observed since April 2020. MSSA reviews continued on an individual basis; however, a significant reduction had been observed. This was suspected to be linked to an increased focus on hand washing as part of COVID-19 prevention measures.
- Gram Negative Bacteraemias continued to be an area of focus for the Trust. Prior to the pandemic, projects to focus on reductions in rates of Klebsiella and Pseudomonas had commenced but were subsequently paused. Work was underway to reinstate these.
- An update of surgical site infections (SSI) was highlighted. The Trust continued to participate in PHE surveillance for hip, knee and spinal surgery. Rates were extremely low, with one new SSI identified for knee replacements in quarter 1 and no new SSIs for hip replacements.
- The introduction of the sepsis deterioration ALERT system was postponed due to the pandemic, which had affected the Trust priority in raising awareness. A 'go-live' date had now been rescheduled.

Professor Burn took the opportunity to extend the gratitude of Newcastle University to the Director of Infection Prevention and Control and the Deputy Medical Director for providing practical assistance in management of the pandemic through good reporting between the hospitals and university sites, and help in progressing testing for both staff and students.

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

v) Quality Account Update

The Director of Quality and Effectiveness presented the update, noting the timeline for publication of the Quality Account (included in the BRP) had been moved from June to December as a result of the pandemic. As such, the content had been re-reviewed and updated prior to sending out for consultation.

The Director of Quality and Effectiveness highlighted a number of the achievements contained within the Quality Account, including the second 'outstanding' CQC rating and the positive outcomes from a number of national patient surveys, including maternity services and inpatients.

The Board of Directors **approved** the content of the Quality Account.

It was resolved: to **receive** the Quality Account and **approve** the content for external consultation and publication.

vi) Maternity CNST Incentive Scheme Year 3 Report

The Director of Quality and Effectiveness presented the report, requiring approval of the self-assessment by the Board of Directors. It was noted that there were no updates to report on the individual standards and changes to the standards were awaited in October.

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

20/56 PEOPLE

i) People Plan Update

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

- As outlined earlier, the NHS People Plan was launched on 30 July 2020 by NHSI and NHSE. The Plan sets out a number of actions and areas of focus for organisations and systems during 2020/21. The Trust's local people plan was currently being refined in light of the publication and would be underpinned by a detailed action plan.
- The four key areas contained within the plan were detailed, being:
 - Looking after our people – Health and Wellbeing;
 - Belonging to the NHS – Tackling discrimination, culture;
 - New ways of delivering care – Innovation, delivering the best care; and
 - Growing for the future – Recruitment, training, retention and returners.
- The Trust's People Strategy was described as 'to be the recognised employer and educator of choice in the North East' and 'to enable all staff to liberate their potential' by creating an environment which was healthy, safe, fair and respectful. In addition, the Trust aimed to be recognised as one of the most flexible NHS employers with a compassionate and inclusive culture.
- The Flourish programme remained at the heart of shaping the Trust as the 'best place to work'. This included provided staff with the tools necessary to contribute to the climate emergency work on a personal, organisational and community level.
- As one of the country's top teaching hospitals, this position was to be further cemented in a number of ways, including the enablement of lifelong learning, education and training and the Trust's professional and leadership development offer, ensuring equality of opportunity. This also included the role of research in the organisation.
- The focus on staff retention was noted as a key factor in building organisational resilience, along with harnessing the use of technology to enhance transformation and developing an Improvement Academy. This had been accelerated as a result of the pandemic.
- The Trust aspired to raise the profile of its volunteer workforce; with the Director of HR highlighting that during the pandemic, there was a need to recruit new volunteers as a number of the existing volunteers were shielded.

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[The Chief Operating Officer and Associate Director of Commercial Enterprise joined the meeting].

- The importance of partnership working was highlighted, given the Trust's position as an 'anchor' organisation within the city. The Trust aspired to recruit from a wide range of sectors across the city to the Integrated COVID Hub, focussing on deprived areas and communities with higher numbers of protected characteristics.
- The NHS People Promise 'rainbow' was highlighted, with the Director of HR noting that the national Staff Survey for 2021 would be aligned to the People Promise.

Mr Chapman queried whether the plan highlighted a need for increased digital skills training, to which the Director of HR advised that the change had been accelerated due to the pandemic and allowed for the rapid adoption of new technologies to ensure that services could be maintained. Virtual induction was highlighted as a specific example. The Director of HR added that the pandemic provided the opportunity for agility, flexibility and increased opportunities for working from home.

Further, the Director of HR requested that the Board of Directors approve the publication of the following documents included within the BRP prior to the deadline of 30 September, noting that they had been scrutinised at the People Committee meeting held in August:

- Equality Delivery System (EDS2) grading – this is a self-assessment of the Trust's grading against Goal 3 (a representative and supported workforce) and Goal 4 (inclusive leadership at all levels);
- Public Sector Equality Duty – workforce data;
- Workforce Disability Equality Standard (WDES) – data and action plan; and
- Workforce Race Equality Standard (WRES) – data and action plan.

The Board of Directors **approved** publication of the documents.

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

20/57 **PIONEERS****i) Climate Emergency Declaration Update**

The Director for Enterprise and Business Development introduced Mr James Dixon, Head of Sustainability, to provide an update on the progress to date following the Trust's climate emergency declaration in June 2019. The Trust was the first health organisation in the world to do so. The following salient points were noted:

- The Head of Sustainability highlighted the importance of the climate emergency declaration to become carbon neutral by 2040 in line with its civic partners. The Trust recognised the urgent action required given the impact of climate change on population health.
- The breadth of actions undertaken under the Trust's sustainability programme – SHINE, including the ban on diesel vehicles for fleet and lease vehicles and the adoption of Ecosia as the Trust's default internet search engine, was noted. Newcastle Hospitals remained a pioneer in this space.

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- Current performance in reducing carbon intensity was highlighted, however it was acknowledged that more rapid reductions were required to reduce emissions overall. This could be achieved through the Trust investing in energy decarbonisation projects, as well as further influencing its supply chain.
- The Trust's strong partnerships, both regionally and nationally, were highlighted including the Chief Executive's role on the NHS Net Zero Expert Panel.
- The Head of Sustainability noted future plans, including the launch of the Trust's Climate Emergency Strategy in October, the development of the SHINE rewards package, the staff toolkit and the bid to the Government's decarbonisation fund.

The Chief Executive thanked the Head of Sustainability for the progress to date, noting the staff passion for environmental issues and its inclusion in the Flourish programme.

Mr Jowett queried the inclusion of scope 1&2 in the objectives for 2040 carbon neutrality and asked whether a more aggressive timeline would be more beneficial. The Head of Sustainability indicated that scope 3 presented increased difficulty, as indirect emissions were more difficult to control. However, the strategy being prepared for Executive Team consideration was proposing to bring forward the timeline for reducing emissions that the Trust has the most control over (scope 1+) to net zero carbon by 2030, keeping 2040 as the target for all other emissions.

The Estates Director highlighted the step change in reducing carbon emissions expected in 2027 when the Trust take ownership of the onsite Energy Centres.

Mr Chapman queried whether there had been any direct sustainability impact on the Trust because of the COVID-19 pandemic. The Head of Sustainability advised that due to the introduction of virtual appointments, circa 1.2m patient transport miles were saved in April and May 2020. This was set against an increase in volumes of infectious waste and single-use PPE due to COVID-19.

Mr MacLeod queried the cost for initiatives to meet the Trust's decarbonisation ambitions and asked how they had been prioritised. The Head of Sustainability advised that 'low regret' actions, such as energy efficiency measures (lighting upgrades etc.) and procurement of electric vehicles for all travel, had been identified. Work continued with Estates and other areas of the Trust to review these and incorporate into the Trust's investment plans.

It was resolved: to receive the update.

[The Head of Sustainability left the meeting].

ii) Commercial Strategy Update

The Director for Enterprise and Business Development introduced Ms Andrea Burroughs, Associate Director of Commercial Enterprise, to provide the update on the Trust's Commercial Strategy. The following salient points were noted:

- The Commercial Enterprise Team were introduced with the Associate Director of Commercial Enterprise highlighting the breadth of experience within the newly assembled team.

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- The team's main purpose was to assist in the identification, development and generation of non-NHS revenue from opportunities that were aligned to the Trust's five-year vision by applying commercial criteria to existing opportunities.
- The primary focus was on reviewing historic areas of commercial income and agreements, such as the Pharmacy Production Unit and Private Patient income.
- The team aimed to identify circa £5m of opportunities over the next five years and the Associate Director of Commercial Enterprise described the team's role in scaling, growing and maintaining these to maximise revenue.
- Rules of engagement had been identified which were aligned to the Trust's strategic framework. In addition, an opportunity tracker had been developed as well as key criteria for evaluating opportunities.
- A Commercial Advisory Group was being established.

Professor Burn queried whether there was any intention to partner with a commercial partner and asked about potential interactions with the Academic Health Science Network. The Associate Director of Commercial Enterprise confirmed that the Trust was keen to engage with a number of partners.

Ms Baker highlighted the Trust's pledge to commit 1% of profits from commercial projects to the voluntary and community sectors.

[The Associate Director of Commercial Enterprise left the meeting].

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

20/58 **PERFORMANCE****i) Integrated Board Report – Quality, Performance, People & Finance***Quality*

The Director of Quality and Effectiveness presenting the quality element of the report with the following key points to note:

- The Trust had no cases of MRSA bacteraemia in August 2020, with the total number of cases for the year to date being 1.
- The percentage of incidents that resulted in severe harm or death reported in August 2020 was 0.1%. When compared nationally, the Trust reported fewer of such incidents than other similar providers, due in part to the improvements made in reducing sustainable harm.
- Regarding Never Events, it was noted that the Trust was a positive outlier within the Shelford Group for the low number of incidents reported.

Performance

The Chief Operating Officer presented the performance element of the report with the following key points to note:

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- As reported earlier, the Trust had observed an increase in the number of COVID-19 positive patients in the period.
- The Trust achieved the 95% Accident and Emergency standard in August 2020, with a performance of 96.4%. A&E attendances continued to increase following the significant drop observed during the COVID-19 pandemic however still remained below pre-COVID levels.
- An increase in outpatient activity had been observed, because of increased attendances and the use of technology to deliver virtual clinics. Despite this, challenges currently remained within elective activity, with the Trust delivering circa 60% of previous activity levels. Discussions were ongoing with commissioners to support the Trust in regaining its elective position to 90% as stipulated from DHSC.
- The size of the Trust's current waiting list was noted, with the ophthalmology waiting list highlighted in particular. The Chief Operating Officer advised that the Trust was reviewing ways to expand capacity in this and other areas.
- Challenges within diagnostics were highlighted, noting the impact of social distancing and cleaning regimes because of COVID-19.
- In relation to cancer performance, the Trust was currently only achieving 1 of the 8 standards, being 31-day subsequent radiotherapy. Improvements within Breast Symptomatic and upper GI performance were described.

People

The Director of HR presented the people element of the report with the following key points to note:

- The number of COVID-19 related absences taken by Trust staff between mid-March and the end of August was noted, with a small increase noted in recent weeks. This included those staff self-isolating and those shielding. The impact of the return to school as well as other caring responsibilities was highlighted.
- The Trust had undertaken 100% of risk assessments for the organisation's BAME staff, as well as 100% of the Trust's staff who were deemed 'high risk'. Compliance with risk assessments would continue to be an area of focus going forward, particularly to include Junior Doctors on rotation.
- The Trust positively and proactively encouraged staff to take half of their annual leave entitlement before the end of October, noting staff fatigue and the potential for a second wave.
- The Trust was actively reviewing rest and catering facilities on site, particularly at the RVI.

Finance

The Finance Director presented the finance element of the report with the following key points to note:

- All healthcare contracting and performance targets had been suspended between 1 April and 30 September, with the Trust operating under an emergency COVID-19 financial regime.
- In the period to 31 August 2020, the Trust had incurrent expenditure of £493.9m, and accrued income of £493.9m to match.

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- In the same period, the Trust had spent £16.6m on capital developments, which was £2.7m behind Plan. The majority of this expenditure was on infrastructure.
- It was anticipated that the emergency regime would conclude at the end of September, to be replaced by a new fixed funding envelope on 1 November to utilise for both patient care and the ongoing management of the COVID-19 pandemic. Further announcements regarding the financial regime for the next financial year commencing in April 2021 were awaited.

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

ii) Trust Strategy Update

The Director for Enterprise and Business Development provided the update on the progress against the Trust's strategy to date and the impact of COVID-19 on the achievement of the Trust's ambitions. The following key points were noted:

- The Trust's current strategy was launched in October 2019 to cover the five years to 2024. The Trust's vision, values and ambitions were refreshed to ensure that they were in keeping with the revised strategy.
- The key strategic achievements made by the Trust during 2019/20 were outlined, which included the implementation of the Appointment Booking Centre, the introduction of Paperlite and the further development of key partnerships.
- Each year, the Trust's Executive Team agree the annual 'breakthrough' objectives, with those for 2020/21 approved in June 2020.
- In May 2020, triggered by the unprecedented pandemic situation, a review of the Trust's strategy and ambitions was undertaken with the primary purpose of reviewing whether the strategy and broader strategic aims were still relevant as the Trust managed COVID-19. The high-level conclusions from the exercise determined that the strategy remained fit for purpose. It was acknowledged however that some areas had accelerated (such as the Trust's reputation for enhanced clinical care and use of technology) and others decelerated (such as commercial activities).
- Areas of change and new developments were highlighted, such as Newcastle Hospitals and partners being awarded Academic Health Science Centre status, the change in the financial regime because of COVID-19 and the increase in flexible working.

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

iii) Update from Committee Chairs

Quality Committee

Professor McCourt provided the update, with the following key points noted:

- A report reviewing the efficacy of the Committee's management structure was received and discussed. Further work was required to ensure that duplication was avoided and the structure was not overly administratively burdensome. It was agreed that following the December meeting, Committee meetings would take place quarterly, rather than bimonthly. Further discussion regarding scheduling of those quarterly meetings would take place between the Nursing teams, Corporate Governance and the Clinical Governance and Risk Department.

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- The Medical Director/Deputy Chief Executive provided an update on the Trust's management of COVID-19.
- Updates from the Management Group Chairs were received.
- A number of reports were received, including:
 - o Safeguarding Q1;
 - o Patient Experience Q1;
 - o Infection Prevention and Control Q1;
 - o the Clinical Audit and Guidelines Group Annual Report;
 - o the External Agency Visits, Inspections and Accreditation Report; and
 - o the Clinical Research Quality Report.
- The Committee considered the Integrated Quality and Performance Report and received an update on the 3R's programme.
- The Committee approved the Quality Account for 2019/20.

Finance Committee

Mr Morgan provided the update, with the following key points noted:

- The Deputy Finance Director provided an update on the Trust's financial position for month 5.
- The Finance Director provided an update on the current emergency finance regime and the new finance regime anticipated from October 2020. Committee members discussed the anticipated changes and the expected requirements in terms of activity, as well as the associated risks/challenges.
- An overview of the Trust transition to a new financial ledger (Oracle Cloud) was provided.
- A summary of the Trust's planning submission and trajectories against the NHS E/I Phase 3 incentives letter was presented by the Director for Enterprise and Business Development.
- Committee members received a summary of the Trust's position on activity versus previous normal levels in light of the COVID pandemic.
- The Estates Director provided an overview of Trust's in year capital programme highlighting the current position and associated risks, including the impact of COVID on the programme.
- A presentation was provided on the establishment of the Trust's Commercial Enterprise Unit Team and the development of the Trust's Commercial Strategy.
- An update on the Procurement & Supply Chain Departments work during the pandemic was provided by the Trust's Procurement & Supply Chain Director, along with an outline of the priorities moving forward.
- The Chief Operating Officer advised of the latest position regarding the development of the Integrated Covid Hub North East.
- The quarterly Finance Committee Board Assurance Framework Report was received and discussed.
- The Committee approved two contract awards in accordance with the Trust's Scheme of Delegation and Standing Financial Instructions.

People Committee

Mr Jowett provided the update, with the following key points noted:

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- The Director of HR provided an update on COVID-19 from a staff perspective.
- An update on Education and Workforce Development was provided, including the ways in which COVID-19 had shaped current provision.
- An update on staff experience/‘Flourish’ was received which included headline outcomes from the staff COVID-19 wellbeing ‘pulse’ survey.
- The meeting focussed on a number of items relating to Equality and Diversity, including the Workplace Race Equality Standard and Workplace Disability Equality Standard data and action plans, along with the Equality and Diversity Annual Report.
- Andy Pike, Freedom to Speak Up Guardian, attended to provide an update on the service, noting the network of F2SUG Champions in development whereby 50 applications had been received for the volunteer roles.
- The People Dashboard for July was received and discussed.
- A number of reports and updates were received, including:
 - o People Plan;
 - o BAF Assurance Report; and
 - o Employee Relations Report.

Charitable Funds Committee

Mr Godfrey provided the update, with the following key points noted:

- The Committee received and discussed a number of reports including:
 - o The Statement of Financial Accounts and the Balance Sheet, detailing the position to 30 June;
 - o A summary of the Grants agreed (both under and over £5k) since the last meeting of the Committee;
 - o The Target Spend report and the Income Report, both to 30 June; and
 - o The Summary Investment Reports from the Charity’s Investment Managers.
- A number of Grant Applications were considered and approved, including those for Daft as a Brush patient transport and for a patient safety and experience project.
- Verbal updates regarding NHS Charities Together and Charity Development and Planning were received.
- The draft Charity Annual Report and Accounts were received.
- The Committee discussed the Chair Succession Plan and it was noted that Ms Baker would take over chairing responsibilities for the Committee.

The Chairman thanked Mr Godfrey for his tenure as Charitable Funds Committee Chair and more broadly for his contributions as Non-Executive Director over the last three years.

It was resolved: to **receive** the Committee updates.

iv) Corporate Governance Update, including:
a. Quarterly NHSI Declarations

The Trust Secretary presented the update for information, noting in particular that the Annual Members Meeting would take place virtually on Tuesday 29 September 2020 at 2pm.

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Reference was made to the quarterly NHS Improvement (NHSI) declarations included in the Board Reference Pack for approval. The declarations were considered and **approved** by the Board of Directors.

It was resolved: to **receive** the update and to note the **approval** of the quarterly NHSI declarations by the Board of Directors.

20/59 ITEMS TO RECEIVE

i) Date and Time of Next Meeting:

The next meeting of the Board of Directors was scheduled for Thursday 26 November 2020 via StarLeaf Spotlight. *[Subsequently amended to be held via MS Teams].*

ii) To resolve to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

The meeting closed at 13:22pm.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Amanda Waterfall, PA to Sir John Burn						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board meeting.						
Recommendation	The Trust Board are asked to note the contents of the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input 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

This period began with our first virtual Annual Members Meeting which ran smoothly and was well received. The presentations were remarkable and reflected the high quality we have all come to expect from our Newcastle Hospitals team. In subsequent weeks, the team have wrestled with the rising tide of infection, the need to sustain routine work and the added challenge of developing both the Integrated Covid Hub North East and working with others to explore how the Covid-19 vaccination campaign will be rolled-out. Meanwhile, I have been occupied with the governance changes in the NHS landscape. It is hoped that the New Year will bring legislation to give formal authority to the Integrated Care System (ICS) covering the whole North East and North Cumbria region and the four component Integrated Care Partnerships (ICPs) where our Trust forms part of the North ICP.

I have interacted with the chairs of the other Foundation Trusts in the ICS as part of our regular group meeting and been actively working with colleagues in the broader ICS as we prepare to appoint a chair of the ICS. I have agreed to chair the appointment committee which will include representation from Trusts, Clinical Commissioning Groups, Primary Care Networks and Local Authorities. The recruitment process should conclude in December.

In addition to working closely with the fellow chairs in our ICP, I took part along with Dame Jackie in a facilitated meeting of Chairs and Chief Executives to help develop our ICP. I continue to work closely with Dame Jackie to ensure the efforts to integrate care at a city level and with our colleagues across the wider healthcare community are coherent and effective.

We were able to attract a cross party group of our region's Members of Parliament to a virtual meeting to discuss our urgent need for capital investment in the Royal Victoria Infirmary (RVI) site to ensure our Critical Care facilities and related regional services remain fit for purpose. We are heavily focussed on gaining support to attract those essential funds in the near future.

I represented the Trust at a meeting of the national Genomic Leaders Forum and took an active part in a meeting organised by the NHS Confederation to explore approaches to reducing health inequalities, a major challenge in the North. Our Council of Governors had a productive meeting in October while our Board Development session later in the month addressed important challenges including the plans to develop a new strategy for the Trust charity.

We launched our 'Spotlight on Services' with a virtual visit to our cataract surgery team attended by three of our Non-Executive Directors and presented by Matron Angela Harbottle, Senior Sisters Carol Hughes and Chris Fenwick and Consultant Ophthalmologist Mr Mustafa Kadhim. The new "pop-up" facility being established on the Campus for Ageing and Vitality site will allow larger numbers of patients awaiting cataract surgery to be treated. We learned that the extra constraints due to the pandemic had reduced the number of procedures which could be performed in the existing facility by more than half.

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The new “pop-up” unit has attracted great support from ophthalmology staff and offers a glimpse of a future where we can adapt our structure and pathways to “build back better”.

I was delighted to hear that our flu vaccination programme was ahead of schedule and was pleased to have my own injection early when the programme launched in October. Hopefully, the distancing being enforced to control Covid-19 will also have a major impact on reducing Flu levels as was seen in Australia earlier in the year but there is no room for complacency. We must all play our part in recognising the importance, and supporting the use of, approved vaccinations in controlling pandemics.

Finally, I had the honour to be one of three guests on a BBC World Service radio programme about Henrietta Lacks who died of cancer in 1951. The billions of cells created from her unusually virulent tumour helped make possible all sorts of medical breakthroughs. These 'HeLa' cells gave us the first polio vaccine and gave rise to over 60,000 academic papers and a few Nobel prizes over the last 7 decades. I spoke alongside her grandson and the author Rebecca Skloot whose best-selling book documented these successes and the failure to get any consent from the family or even inform them until more than 20 years after she died. It's available in a podcast here:

Henrietta Lacks: The woman whose cells changed medical history

<https://www.bbc.co.uk/programmes/w3cszjwb>

RECOMMENDATION

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

Report of Professor Sir John Burn**Chairman****18 November 2020**

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TRUST BOARD

Date of meeting	26 November 2020						
Title	Patient Story						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Mrs 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 story shares the experience of a patient receiving innovative immunotherapy treatment during COVID 19.						
Recommendation	The Board of Directors is asked to read, discuss and acknowledge the patient experience shared in this paper.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> We deliver the best possible health outcomes for our patients. <p>Pioneers</p> <ul style="list-style-type: none"> We lead the way in delivering world class, cutting edge diagnostics, treatment and care, research, education and innovation. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Ensuring Patient Safety and having robust reporting is of utmost importance, providing assurance that we are responsive to some of our most vulnerable patients.						
Reports previously considered by	This patient/staff story is a recurrent report.						

PATIENT STORY

1. CANCER CLINICAL TRIALS DURING COVID 19

The ambition of the Sir Bobby Robson Unit is not to only to provide the best possible care today, but to ensure that patients of tomorrow have access to increasingly improved diagnosis and treatment.

Newcastle upon Tyne is internationally renowned for its contribution and innovation in successful cancer research during the last 40 years. Clinical trials play a key role in the development of new cancer treatments and we are proud that experts in Newcastle have developed two major new cancer drugs in recent years and are leading the way in stem cell harvesting.

The Sir Bobby Robson Unit based within the Freeman Hospital is a dedicated clinical research facility set up by the Sir Bobby Robson Foundation and supported by the generosity of people from all walks of life in the North East. All money raised by the Foundation goes towards funding clinical research, supporting patients to be the first to benefit from ground breaking new treatments and therapies developed by the Northern Institute of Cancer Research, Cancer Research UK and the international pharmaceutical industry.

Below is a Patient's personal story:

Mary (not the patient's name) worked as a BBC Studio Manager in News and Current Affairs for many years, living in London, but always thought of the North East as home. Mary was shocked to receive the news that they had exceeded the standard of care in the area where they lived and no other treatment was currently available for the kind of cancer that they had.

Mary would not believe this was possible and began searching the internet for further information and came across information about a Consultant Medical Oncologist practising within the Sir Bobby Robson Unit. Mary carried out further research and was overwhelmed by the international reputation for clinical trials and research within the Unit. With little hesitation, Mary contacted her local provider and requested that her care be referred to the unit for consideration.

Although the UK, at this time, had been put into national lockdown due to the COVID-19 pandemic, the Sir Bobby Robson Unit made a variety of changes to the delivery of care during the pandemic. Patients have been assessed on an individual basis and care needs managed according. During this period, the unit did not stop delivering any of its early phase trials. Early phase trials offer cancer patients, who in many cases have exceeded standard of care treatment options, an opportunity to an experimental treatment. Many of the patients that receive treatment at the Sir Bobby Robson unit, described it as a place that offers hope where there was none.

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Mary was reviewed by the early phase clinic and it was agreed that she would be eligible for a novel immunotherapy treatment. Within weeks, she was admitted and began to receive 28 day cycles of care and was attending the unit four to five times a month for treatment, care and scans.

Mary also made the life changing decision to move lock stock and barrel to a local care home in Newcastle.

Mary continues to receive care and is in her second cycle of treatment and would like to share her outstanding experience of continuous care during such a difficult time in her life. Mary acknowledges the added pressure COVID 19 brings to clinical and nursing staff who compassionately deliver her care.

Mary has used her lifelong experiences and drawn upon the many wonderful locations she has visited which have inspired her to write a book of poetry. Mary feels strongly that poetry should be about finding shared ideas and making connections and should be readily and easily understood. Mary has shared her book with the clinical team as an opportunity to connect and say thank you.

Report of Ms Maurya Cushlow
Executive Chief Nurse
16th November 2020

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TRUST BOARD

Date of meeting	26 November 2020						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer						
Prepared by	Caroline Docking, Assistant Chief Executive Alison Greener, Executive PA to the CEO Andrew Edmunds, Principal Adviser						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> An update covering the Trust's response to the coronavirus outbreak since the last Public Board meeting. 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

CHIEF EXECUTIVE'S REPORT

1. **CHIEF EXECUTIVE OFFICER (CEO) OVERVIEW**

The last Chief Executive's report to the Public Board was written as seven Local Authorities in the North East were denoted by the Government as areas receiving 'enhanced support', with tighter restrictions to combat the spread of Covid. This was in response to a localised surge in cases in the North East, with our rates being amongst the very highest in the country.

Now, nearly two months later, restrictions to stop the spread of Covid have changed dramatically, initially with the introduction by Government of the tiered system – where the North East was placed in Tier 2 – and subsequently from Thursday 5 November, tighter national restrictions for at least four weeks.

This rapidly evolving national and regional picture has been mirrored within the organisation. As this report sets out, whilst Newcastle Hospitals continues to be at the very front of the response to the pandemic and taking on new roles and responsibilities such as the regional Covid Vaccine Hub, we are also furthering our strategic agenda in a number of vital areas including Collaborative Newcastle and responding to the People Plan. Alongside this, we are seeing increased pressures on our services from the onset of winter. This is increasingly challenging to respond to on top of the changes the pandemic has necessitated to our day-to-day operations and to keep our staff and patients safe. Finally, we are continuing to provide our full range of services, ensuring that patients receive the routine, urgent and emergency care they require, when they need it.

The entire Executive Team and I are clear that the dedication and care of our outstanding people is what has made each of the developments highlighted in this report possible. Across Newcastle Hospitals, we all recognise that this is a period where the NHS and care services have come under arguably the greatest pressure that they have ever experienced. Whilst the personal impact has been great for many of our staff, they have responded to and performed in this environment with the utmost professionalism and unwavering focus on caring for our patients. We thank them for their continued efforts and support.

Collaborative Newcastle

After up to 18 months in the planning, at this Board meeting the Executive Team are formally recommending that the Board signs off the Collaboration Agreement that underpins Collaborative Newcastle. This is one of the most significant developments not just for Newcastle Hospitals as an organisation, but in how health and care services operate and better cater for the people of Newcastle. It formalises our relationship with Newcastle City Council, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, and NHS Newcastle Gateshead Clinical Commissioning Group (CCG) to work together to provide health and care services, and commit to collaborate in how they are commissioned.

This drives our shared vision "to improve the health, wealth and wellbeing of Newcastle citizens, and reduce the widening inequalities that too many citizens experience, by

Agenda item A4

preventing avoidable problems from arising and tackling the big things that hold some people back". The agreement establishes an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately improve health and care outcomes for Newcastle's residents.

This is covered in more detail in item A6 and I would like to record my thanks to Martin Wilson and colleagues from across the four organisations signing up to this agreement for their hard work to get to this point and set out our strategic agenda and priority areas – this is a step-change approach to caring for our local population.

Operational activity

Our performance against the activity ambitions set out in the 'Phase 3' letter sent by Sir Simon Stevens and Amanda Pritchard at the end of July remains strong. Pressures from increased numbers of Covid-19 patients are having an impact on our non-Covid activity, but thanks to the efforts of our clinical and operational teams, we are still performing very well across these requirements. Specifically, our figures for October show that we are providing a level of activity compared to our pre-Covid average of just under 80% for inpatient spells and just under 90% for outpatient attendances. Levels of referrals for care in Newcastle Hospitals have also strengthened, with routine outpatient referrals at around 75% of their previous average, and corresponding numbers of around 135% and over 90% for urgent and two-week-wait referrals respectively. There are, however, areas where there are particular challenges, in particular for some inpatient cases. For example, staff who usually work in operating theatres are being readied for potential deployment to intensive care settings, and deep cleaning requirements reduce our ability to perform our pre-Covid levels of activity for high volume day cases in specialties, such as ophthalmology and dermatology.

There has been an increase in the numbers of patients who are waiting long lengths of time – including around 22,000 patients waiting more than 18 weeks for treatment. This is a challenge across the NHS, and our clinical and operational teams have been through each patient waiting to ensure that wherever possible, those with increasingly urgent or worsening requirements are met and appointments or procedures scheduled. We are doing everything within our capacity to tackle this growing problem. One specific initiative that the organisation has funded, in agreement with commissioners, is establishing a bespoke-designed ophthalmology 'hub'. In partnership with Vanguard, this will provide three-theatres to perform procedures such as the removal of cataracts, and will dramatically increase our activity levels so that we will be able provide over 100% of our pre-Covid levels for these procedures, and hopefully to around 120-130%. The hub will go live in January 2021, and will support patients across the region, where currently only around 20% of the patients treated in the RVI reside within Newcastle. Further detail on our operational position will be covered in the Integrated Board Report at item A8.

Since the previous Public Board meeting, I have joined a number of our regular Quarterly Performance Reviews with our directorate leaders. These sessions have an important formal role around corporate governance and accountability, but also focus on specific issues facing the teams, and understanding what possible solutions can be reached to respond to these. Alongside this, they are an opportunity to reflect on the year-to-date and thank them and their teams for everything they are doing to support and care for our patients.

Covid-19 response

Operational position and coordination

Alongside the high rates of cases of Covid-19 in Newcastle and the wider North East and North Cumbria region, we have seen a steady increase in the number of Covid-19 patients we are caring for. We are also seeing increased numbers of patients in our critical care units, although the proportion of patients on critical care is slightly lower than earlier in the year. Our 'gold' and 'silver' command meetings continue and we constantly monitor and respond to operational pressures and challenges as they arise.

To coincide with the tighter national restrictions announced by the Prime Minister that came into force on 5 November, NHS England and NHS Improvement confirmed that the ongoing incident would be re-classified at Level 4, denoting a national incident. This has shifted the focus of operational command away from regional centres and into the national command cell. We continue to work and respond closely with our colleagues in our Integrated Care System (ICS), and NHS regional team. As well as meetings between Chief Operating Officers from provider organisations across the region, I have chaired at least twice-weekly meetings of provider CEOs to ensure that any necessary decisions and areas of support to organisations are discussed. Both these meetings are supported by modelling from Newcastle University of future demand and Covid-19 pressures. These meetings also focus on an agreed escalation between organisations for standing up and caring for patients at the Nightingale Hospital North East (NHNE), which has remained on stand-by since its construction in April.

Alongside this close NHS engagement, I have joined colleagues from Newcastle City Council amongst others at the City Futures Board meetings on 20 October and 17 November. The focus of these meetings has predominantly been on the City's response to the pandemic through a wide range of areas such as business, health, universities and transport. Newcastle Hospitals and Collaborative Newcastle play an integral role in these discussions. This level and focus of engagement has also taken place with CEOs from the "LA7", the seven local authorities that cover Newcastle, Gateshead, Northumberland, North Tyneside, South Tyneside, Sunderland and Durham.

Integrated Covid Hub North East (ICHNE)

My report to the Public Board meeting on 24 September highlighted the significant development that Newcastle Hospitals had been chosen to establish the country's first Integrated Covid Hub. Since then, work has taken place at pace to develop the facilities, staffing and processes required to set up the hub and put our region at the forefront of managing the virus.

As well as a main laboratory processing up to 80,000 tests a day once fully operational, the Hub will house a lab dedicated to new and innovative means of treating and testing for Covid-19, and a coordination and response centre to drive better integration and collaboration in our response across the public sector at a local level. The Hub also provides a substantial employment boost to the region, with over 1,000 new jobs created.

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Although this is a big, complex project, progress over the last two months has been positive. The coordination and response centre now has teams on site, the Innovation Lab will open by the end of November, and the building for the main laboratory is on track to allow the first tests to be processed early in 2021. We are also on track to recruit to the 600 new jobs created to staff the lab from the first day.

Staff testing

On 9 November, Professor Steve Powis, National Medical Director of NHS England and NHS Improvement, confirmed that the asymptomatic testing of all patient-facing NHS staff would begin to take place, with an initial deployment to 34 trusts covering around 250,000 staff. For an organisation the size of Newcastle Hospitals, this will be a considerable undertaking. However, the safety of our staff and patients is our principal focus and a team led by our Executive Chief Nurse is working through how this will work in the best possible way.

Covid Vaccine Hub – North East and North Cumbria

In October, Newcastle Hospitals was appointed as the lead provider for the development and provision of a Covid-19 Vaccine Hub for the North East and North Cumbria. The vaccine programme is the next major step in the national and regional response to the virus, and the principal objective of the Vaccine Hub is to develop systems and processes to support the mass vaccination of the total area population.

With the first vaccines reporting the results of their clinical trials in mid-November, we have taken the necessary early steps for operational planning to allow us to mobilise quickly once the vaccine(s) are available. A multi-professional and multi-agency programme team has been brought together to plan how a vaccination programme will work for the region, and is doing so working closely with partners from across the ICS, in particular colleagues in primary care.

Flu Campaign

At the start of October, we began our staff flu vaccination service. 2020 is a particularly important year for our staff to have the vaccination to both protect themselves, the patients they are caring for, as well as their friends and family. We have seen a fantastic response, with over 11,200 staff vaccinated in 6 weeks. I would like to pass on a huge thanks to our teams of peer vaccinators who have been running the clinics to ensure we have high levels of vaccination. Can I please encourage all staff who have not had a vaccination yet to organise this as soon as possible.

Staff Survey

Also at the start of October, the NHS Staff Survey launched. This is a vitally important means for all our staff to feedback views on what is working well, and what can be improved upon. The results and comments raised within it influence decision making at all levels of the organisation, not least in the Board, as we strive to make Newcastle Hospitals the best place to work. We have seen a really strong early response rate, and I would encourage all staff who have not responded to the survey to take the time to do so.

Climate Change

There have been a number of significant developments in our response to the climate emergency. On 22 October we published our *'Climate Emergency Strategy'*¹, which sets out our goals to be Net Zero by 2030, amongst others, and how we plan to achieve this. A range of actions are set out across the Sustainable Health in Newcastle (Shine) priority areas of energy, water, waste, buildings & land, journeys, procurement, care, and people. This is an ambitious, but necessary set of actions that we must take if we are to stop and reverse the climate emergency which is creating a health emergency.

At the national level, on 1 October NHS England and NHS Improvement published *'Delivering a 'Net Zero' National Health Service'*, the report setting out the trajectories to Net Zero and the interventions required to achieve that ambition. The NHS Net Zero expert panel, of which I was a member, was involved in shaping and steering this publication. As part of this national work, I am chairing a group with climate change leaders from across the NHS provider system. The group has met on 28 September, will meet again on 24 November, and is providing advice and input to NHS England and NHS Improvement on the next stage and delivery of their interventions. In particular, we will support them with examples and best practice from NHS organisations who are more advanced in their action to tackle the climate emergency.

North East and North Cumbria Provider Collaborative

In recognition of the shared opportunities, issues and agendas that we have, CEOs from all the North East and North Cumbria providers have come together to form a Provider Collaborative. Our overriding aim is to improve our collective leadership and collaboration in responding to the strategic issues that impact on the NHS and care systems for the North East and North Cumbria, optimising the delivery and quality of the services we provide, and improving the health and wellbeing of the populations we serve. The Collaborative has met twice, primarily to agree a high level scope and areas of focus, and will meet regularly to discuss and agree what action is required. In doing so, the Collaborative will work with colleagues across our ICS, in particular engaging with CCGs and primary care, and through the formal governance structures and work streams within the ICS. The Collaborative will be jointly chaired by Lyn Simpson, CEO of North Cumbria Integrated Care NHS FT, and myself in this establishment phase.

Regional People Board

On 3 November, I chaired the inaugural North East and Yorkshire Regional People Board. Mirroring similar structures around the country, and feeding into the National People Board Chaired by Chief People Officer, Prerana Issar, its responsibility is to set the direction for the future health and care workforce in the North East and Yorkshire. As part of this, we will provide strategic leadership to ensure the implementation of the People Plan and the workforce plans of the four ICSs across the region. In doing so, it will look at the opportunities to support, strengthen and develop the 258,000 people working in the NHS (including primary care), and the 221,000 people employed providing social care in the

¹ https://www.newcastle-hospitals.org.uk/downloads/About%20us%20pages/Climate_Emergency_Strategy.pdf

North East and Yorkshire region. It is a great honour to be chairing this Board, and I look forward to the opportunities and possibilities we will be driving.

2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing, I continue to meet with different groups of staff to speak openly with them about their experiences, how they are feeling, and their thoughts and concerns for the months ahead. Since my update to the 24 September Public Board meeting I have met with staff from our Patient Services Directorate (including staff from security, domestics and catering, amongst others), cancer and haematology services from the Northern Centre for Cancer Care, and Covid Screening teams. I also visited staff and contractors establishing the Integrated Covid Hub, and saw first-hand the great progress they are making in constructing the main lab.

These meetings are a vital opportunity to hear first-hand from colleagues working across our organisation, understand from their perspective about the exceptional work they are doing. In each, the teams are proud of how they are pulling together as teams to respond to the challenges from the pandemic and continue to provide outstanding patient care. I greatly appreciate the discussions, openness, and input from the colleagues who have joined these sessions.

As large conference-style sessions have not been possible with social distancing, we have used virtual tools to support staff through our Flourish at Newcastle Hospitals and Leadership Congress sessions. On 1 October and 5 November, we hosted events focussing on *'Taking care of yourself and your future'*, led by motivational speaker Steve Head. I came away from this event with a number of ideas that I will put into practice, and it was an excellent reminder for all on the huge range of resources that are available. On 18 November our Leadership Congress event focussed on the *'Chimp Model'*, a mind management model to support people to get the best out of themselves and others. With support from colleagues from *'Chimp Management'*, led by Dr Anna Waters, the session focussed on outlining the model and how it can be applied, with a particular focus on managing ourselves and others during times of uncertainty. This was an excellent session, and a very timely topic to focus on to support our leadership teams.

Outside of the organisation, and through our membership of NHS Providers, I have been involved in regular advisory discussions with the NHS Chief Executive, Sir Simon Stevens, NHS Chief Operating Officer, Amanda Pritchard, and NHS Chief Financial Officer, Julian Kelly. Alongside CEO colleagues from across the provider sector, these discussions take place to ensure that feedback and viewpoints from providers across the country is fed into and supports developments at a national level.

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

- With the Secretary of State for Health and Social Care – to discuss the ongoing operational response to Covid, preparations for winter pressures, as well as supporting and piloting new and emerging priorities such as testing of asymptomatic staff, and mass testing.

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- With all Shelford Group CEOs, an extended session to talk through our shared issues and opportunities. As well as our respective operational responses to caring for patients during the pandemic – both Covid and non-Covid – we discussed our work as providers with a key role in supporting the distribution and administering of a Covid Vaccine, increasing our testing of staff, patients and the public, and our opportunities for driving the life sciences agenda.

As ever, it was very useful to engage with colleagues and identify where our collective strengths as large NHS anchor organisations with high levels of research and innovation expertise can support and inform national policy.

On 15 October I joined a roundtable hosted by Sir Chris Ham and Hannah Farrar, Board Adviser and Chief Executive of Carnall Farrar respectively, on *'Designing for Place'*. This was part of a wider series around how health and care organisations and leaders can *'Build Back Better'*. This was a fantastic opportunity for me to discuss the outstanding example of system working that is Collaborative Newcastle, and how during the pandemic this agenda has strengthened its focus and delivery objectives.

There have also been a number of media opportunities which myself and colleagues from across the Trust have responded to. Towards the end of October, we hosted a small team from the BBC, including the Medical Editor, Fergus Walsh, to film and report on our Covid response. This included filming in our Intensive Care Units, and Covid wards. With the support from our Patient Services Department, I was interviewed by the Parliamentary and Health Services Ombudsman, Rob Behrens, for a podcast discussing the Complaints Standards Framework and my experiences of the importance of a clear and robust complaints process. I also took part in the BBC Radio 4 programme *'The Bottom Line'* to discuss the leadership challenges and experiences we are facing in Newcastle as part of our Covid response. This focussed particularly on the delivery challenges inherent in large projects such as the Nightingale Hospital North East and Integrated Covid Hub. Finally, I contributed to a short documentary called *'First, Do No Harm'* to discuss how the climate emergency is a health emergency and the action we are taking in Newcastle Hospitals. This was set up by *'Healthcare Without Harm'*, linked closely with the publication of the NHS *'Delivering a 'Net Zero' NHS'* report on 1 October and recognised our position as a national leader in climate sustainability.

3. AWARDS AND ACHIEVEMENTS

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 Trust-wide, regional and national level.

- Catering manager Geoff Moyle was recognised in the Queen's Birthday Honours and awarded 'Medallists of the Order of the British Empire' for services to catering in the NHS during COVID-19. He and his team, including volunteers, were some of the unsung heroes who kept us all fed and watered during lockdown including handing out more than 40,000 packed lunches to staff day and night.

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- Ben Hood, Research UK senior nurse at the Sir Bobby Robson Cancer Trials Research Centre won this year's Royal College of Nursing Award for Nursing Excellence in Cancer Research.
- Allison Sharpe, colorectal nurse specialist, was awarded a Gary Logue award by Bowel Cancer UK, for the difference she makes to the lives of her patients and colleagues.
- Nancy Redfern and Roo McCrossan were part of the team from the Association of Anaesthetists, Royal College of Anaesthetists and Faculty of Intensive Care Medicine who won the Workforce and Wellbeing award at the BMJ Awards for their work to fight fatigue.
- Mr Chris Harding, consultant urologist, has been awarded the 'Harold Hopkins Golden Telescope Award'. This is awarded annually and is given to urologists who have made a significant and lasting contribution within their first 10 years of consultant practice. This is the first time this award has been made to a Newcastle urologist.
- Dr Gemma Roberts, nuclear medicine lead clinical scientist, has been awarded the Newcastle University Medical Sciences Doctoral Thesis Prize, which recognises outstanding quality of research carried out during doctoral research studies.
- Healthcall Solutions Limited, a partnership with seven NHS Foundation Trusts in the North East and North Cumbria including Newcastle Hospitals, was awarded Partnership of the Year in the recent Health Tech Awards. The award recognises the hard work towards delivering digital solutions to transform health and care across the region and beyond.
- Our Occupational health service won this year's Society of Occupational Medicine 'Outstanding Occupational Health Team' Award.
- We are delighted to be named as a finalist for two of this year's HSJ Awards, and wish our teams well for the virtual event in March. The awards are:
 - The Environmental Sustainability award – 'Declaring a Climate Emergency'.
 - The NHS Workplace Race Equality Award – 'Refocus to Achieve' initiative.

We have judged our second quarterly 'People at our Heart Awards'. In recognition of the extraordinary work which has been delivered during the pandemic, the judging panel agreed to select four rather than two Individual Staff Winners, and three Team Winners rather than one team. They also selected six Highly Commended Nominations. All deserve our recognition, thanks and congratulations for the outstanding care they have shown.

Individual Winners:

- Barbara Hall, Sister/ Charge Nurse, Ward 2, RVI;
- Jenny Hunt, Specialist Occupational Therapist, RVI;
- Tracy Leck, Nurse Specialist, Plastic Surgery, RVI; and
- Brian Quinn, Maintenance Craftsperson Engineering Department, Estates.

Winning Teams:

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- Dr Hilary Tedd and team, The North East Assisted Ventilation Service (NEAVS);
- Ward 23 Paediatric Cardiology, Freeman Hospital; and
- North East Children's Transport & Retrieval (NECTAR).

Highly Commended Nominations:

- Helen Ayott, Clinical Psychologist, Psychology – Health Psychology;
- Allison Sykes, Senior Nurse - Practice Development, Infection Prevention and Control – Corporate;
- Lisa Brown, Critical Care Assistant, Sarah Daggett, Staff Nurse and Laura Hall, Staff Nurse, Ward 12/ PICU – RVI;
- All Staff, Research Nursing team - Sir Bobby Robson Cancer Trials Research Centre, NCCC, Freeman Hospital;
- All Staff, Assessment Suite, RVI; and
- Eleanor Forbes and Laura Smith, Midwives, Delivery Suite, Leazes Wing, RVI.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
19 November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
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 the Board. Previous similar reports have been submitted.						

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

- Progress with Newcastle Improvement – a project with the Institute for Health Improvement (IHI) to embed Quality Improvement (QI) methodology from the ground up, aiming to deliver QI training to hundreds of front line staff and support genuine small, medium and large scale QI projects led by those involved and ingrained in a service. Medical and Nursing leads in process of appointment.
- Large scale thematic investigations underway:
 - Lost to follow up; and
 - Failure to act on results.
- Design of new Serious Incident (SI) investigation process, devolved to directorate Q/S (Quality and Safety) leads allowing those who best know their specialty to lead investigations. Bespoke SI training will be delivered by Healthcare Safety Investigation Branch (HSIB) to this group and overseen by Dr Gus Vincent, Associate Medical Director (AMD), in collaboration with Clinical Directors (CDs) in Q/S and other Clinical Governance and Risk Department (CGARD) teams.
- Launch of Medical Examiner Service January 2021 – independent consultant led scrutiny of all deaths within the organisation, liaison with parent teams, mortality and morbidity meetings, CGARD. Independent conversation with bereaved families soon after a death exploring any issues will be an integral part of this. The service will be supported by two recently appointed Band 5 Medical Examiner Officers and a team of twelve NUTH consultants from a broad range of specialty backgrounds.
- Expanding the clinical interface with informatics – a group of directorate informatics leads has been established to ensure e-Record and our other IT systems serve clinicians and nurses first. The initial exercise is one of prioritisation of developments aiming at both new ways of using the power of our system to enhance care – e.g. big data analysis – and to quick fix niggles.
- Enhanced trustwide use of e-Record in in-patient deteriorating patient. Whole organisation deteriorating patient list maintained actively on e-Record allowing proactive review by outreach and other teams rather than waiting for a ward call.
- Review of surgical services across NUTH underway – aiming to deliver specialist colorectal, biliary and upper GI emergency pathways, integrating cross town services.
- Establishment of Robotic Assisted Surgery Governance Group – chaired by Dr Gus Vincent, AMD, this new group oversees all aspects of the governance of robotic

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surgery, including training, credentialing and outcome review. NUTH is easily the UK leader by both case numbers and specialty use in delivery of robotic surgery – patients benefit from reduced length of stay and reduced complication rates and the technique allows potentially curative surgery to a larger population (previously unfit for longer open or laparoscopic techniques).

- Ongoing peer review of directorates and departments by CGARD, modified to take account of COVID limitations.
- BMJ National Award Winners (Wellbeing) – Drs Redfern and McCrossan (Consultant Anaesthetists) – Fatigue at Work Working paper.

2. CANCER

Overall Cancer Waiting Times (CWT) referrals are above those in October 2019. In the past there has been an annual 5% increase so numbers are as expected in normal circumstances. To note:

- Breast and Skin - significant higher number of referrals than in previous months. The increase in breast referrals has been seen across the Integrated Care System (ICS) apart from Cumbria. Marginal increase in Did Not Attend (DNA) rates.
- Lung, Head and Neck, Prostate - CWT referrals are still 10 to 15% below pre COVID levels.
- Northern Cancer Alliance (NCA) is launching a one month 'lung cancer awareness' aimed at middle aged and elderly men in the socially deprived areas across the NCA including West and East Newcastle.
- Marginal increase in DNA rates in Breast and Skin.
- Faster Diagnosis Standard (28 days) currently 73.5% (75%). This is the first month that the target has not been achieved which is due to the Appointment Slot Issues in dermatology which are being addressed to include the tele-dermatology service.
- 14 day target (48%) is anticipated to be achieved once the impact of the skin cancer services change have been implemented.
- 31 day subsequent treatment targets are 99.6% for radiotherapy, 92.5% surgery and 97.7% drugs. 62 day target running at 78%.
- Given the significant pressures the 31 day subsequent performance across all three services is excellent and there is confidence that cancer care in NUTH is currently not being affected significantly by COVID 19.

3. COVID-19/INFECTION PREVENTION AND CONTROL (IPC)

- Rates have steadily increased in the region since the end of August. Whereas initially, most cases were predominantly young and included large numbers in the student population, older age groups are now prominent resulting in increased inpatient pressures across the Region. Approximately 10% of admissions are requiring ICU support.
- Gold Command meets three times weekly and continues to provide Executive leadership and oversight of the situation, including the maximisation of recovery during 2nd wave.
- Currently the bed occupancy relating to COVID 19 is circa 140 patients which compares to the peak of the 1st wave. Non-COVID pressures are also evident resulting in the requirement for intensive flow management and flexibility overseen by Silver and Gold Command.
- There have been significant workforce implications relating to local outbreaks and 'track and trace'. It is likely that this situation will be exacerbated by testing of asymptomatic staff.
- Workforce – accepting the new challenge remarkably well given what has gone before. All available support is being provided with various initiatives to sustain mental and physical wellbeing. Concerns remain as to likely impact of the flu season.
- The organisational success at managing the first wave is being replicated encompassing learning from previous experience as necessary. F-Rapid and flexible response to the situation on the ground is effective and enabling the Trust to maintain as much 'business as usual' as possible.
- Sufficient Personal Protective Equipment (PPE) stocks are available - staff safety remains a priority.
- Laboratory and clinical teams continue to play a key role in ensuring that testing capacity is available for patients, symptomatic staff and household contacts.
- Outbreaks in hospital have had a significant operational impact, albeit less than in the rest of the region. All outbreaks are reviewed by the Director of Infection Prevention and Control (DIPC) and the IPC and Occupational Health Service (OHS) teams. The definition of outbreak is set nationally. It is important not to lose sight of the fact that most of our outbreaks have not affected patients and that they continue to be safe thanks to everyone's adherence to PPE and the changes that we have made in the wards to ensure social distancing in bays. Although this has meant that our bed capacity has been reduced, it is vital that we continue to operate under the highest

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safety standards of patient care. A senior medical team lead a weekly review of all surgical cases and waiting lists, to ensure patients are adequately prioritised.

- Newcastle patients benefit from a COVID clinic led by a multidisciplinary team, who look after the most complex of these cases commonly known as “long COVID”.
- Respiratory Unit/Intensive Care Unit (ICU) completed for care of COVID/ non COVID respiratory patients. This is a 16 bedded unit designed for flexible ICU/ respiratory support and will enhance quality of care available for all respiratory conditions including flu and pneumonia.

4. RESEARCH

- The Trust sits fourth nationally for the number of studies it has open and third for commercial studies, compared to a respective fifth and tenth position in 2019.
- Restart rate (of studies paused during the first wave of COVID) is the best in region and well above the national average.
- The Musculoskeletal Unit has just had confirmation of award of European Centre of Excellence status, of which there are 34 such Centres. The award (which encompasses NUTH and Newcastle University) is competitive and based on research outputs over the previous five years.
- In Q1 and Q2 this year, in spite of the pandemic and the national pause of research, the research team has delivered 97% of accruals delivered during the same period in 2019.
- The official launch of the five new NIHR National Patient Recruitment Centres (NPRCs) took place on 12 November with our own PRC Director, Professor Yiannakou, joining an expert panel to discuss new approaches to research, including virtual, hybrid and decentralised trials.
- Oxford Vaccine Study - 698 participants and a ‘top three’ recruitment position nationally.
- Screening for a new vaccine study (Janssen) will commence on Ward 11 week beginning 30 November, with vaccination commencing the following week.
- With 260 participants recruited into the SIREN study (against a target of 250) and imminent asymptomatic testing of Trust staff, we’ve taken a decision to pause recruitment into SIREN. Excluding the Oxford study and the SIREN study, we have recruited over 1,030 participants across 15 other Urgent Public Health (UPH) studies.

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- Several new ambulatory COVID studies are starting – running from the NIHR Patient Recruitment Centre at the Campus for Ageing and Vitality (CAV) – along with a new paediatric COVID study.
- National and local communications are underway with current and prospective vaccine study participants to advise that the need for COVID vaccine studies remains vital despite the encouraging early report from the Pfizer COVID study.
- 21,000 regional participants have signed up to the Vaccine Research Registry and, following a communication collaboration with local GPs, the local Research+Me registry now has over 1,000 willing participants signed up for research into COVID and other chronic conditions.
- We are currently exploring the feasibility of establishing a COVID human challenge facility (Vaccine Task Force initiative).

5. PARTNERSHIPS

- Continuing to build relationships with ICS partners including collaboration relating to COVID 19 pandemic.
- Establishing NUTH as an anchor organisation.
- Collaborative work with James Cook University Hospital (JCUH) in areas of mutual interest including Mechanical Thrombectomy, Cancer, Paediatrics and Cardiothoracic.

6. TRANSPLANTATION

- NUTH response to the 1st COVID-19 wave was widely praised by NHS England/NHS Blood and Transplant (NHSBT) with initiatives on patient risk/information being used nationally. Similarly NUTH 2nd wave plan written back in July was used as a national template for all other UK transplant centres.
- NUTH were the first Cardiothoracic Transplant Unit to get back to a fully operational service in the UK during the first wave.
- There has been a lack of capacity to undertake more than one transplant simultaneously on 23 occasions and a lack of ICU availability has led to another 21 missed opportunities (excluding COVID effects on ICU beds). This difficulty is not unique to NUTH.
- Obtained charitable grants to invest in new organ perfusion technologies.
- Following Max's Law, there is a projected 50% potential increase in transplant activity.

- Transplant activity in comparison to other programs (NHSBT figures from 5th February 2020 to 27th October 2020 and are as follows:

	HEART	LUNG
NEWCASTLE	22	16 (plus 2 before end of October 2020)
Papworth	25	14
Harefield	15	24
Birmingham	22	06
Manchester	13	09
Glasgow	14	-

7. BOARD REFERENCE PACK DOCUMENTS

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

- Consultant Appointments;
- NHS Emergency Preparedness, Resilience and Response Annual Assurance Report;
- Quarterly Guardian of Safe Working report (now included as a standing agenda item at the Trust People Committee meetings).

8. RECOMMENDATION

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

A R Welch FRCS
Medical Director
 17 November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

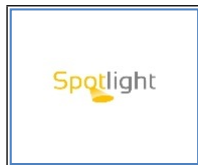
TRUST BOARD

Date of meeting	26 November 2020						
Title	Executive Chief Nurse Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Maurya Cushlow, Executive Chief Nurse Elizabeth Harris, Deputy Chief Nurse						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This paper has been prepared to inform the Board of Directors of key issues, challenges and information with regard to the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> • Nursing and Midwifery Research update; • Safeguarding Committee Summary – Quarter 2 2020 – 2021; • Learning Disability Summary – Quarter 2 2020 – 2021; and • Patient Experience Summary – September 2020. 						
Recommendation	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> Note and discuss the content of this report; and Note the actions taken. 						
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 Executive Chief Nurse update is a regular detailed comprehensive report bringing together a range of issues to the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

1. INTRODUCTION/BACKGROUND

This paper aims to provide members of the Board of Directors with a summary of key issues, achievements and challenges within the Executive Chief Nurse (ECN) portfolio.



NURSING AND MIDWIFERY RESEARCH UPDATE

The five year Nursing, Midwifery, and Allied Health Professional (NMAHP) Research Strategy (2015) was designed to advance NMAHP research capacity and capability across the Trust. This section summarises the key successes of the Trust in implementing the Strategy to date during 2020.

Appointment of a Clinical Chair - Nursing

As the Chief Nurse, my absolute aspiration is to develop Newcastle Hospitals both nationally and internationally as a focus for Nursing, Midwifery and AHP leadership, clinical practice and research. A Chair in Nursing is fundamental to these aspirations and is clearly aligned with both the Trust Strategy, the developing Academic Health Science Centre and the broader strategic direction nationally to develop research capacity and capability within the NMAHP workforce. I am delighted to have secured part funding from the Research Capability Funding Committee to develop the first Clinical Chair in Nursing in partnership with Northumbria University (UNN).

This is a flagship role and I hope will be the first of a number of such appointments in the coming years, aimed at supporting and developing the post-doctoral research community and strengthening evidence based clinical practice both within the organisation and beyond. This first post will be a key appointment leading a joint agenda between the Trust and UNN, including the development and implementation of a collaborative research agenda which will enhance and improve the University and Trust's national and international reputation for nursing education, research and practice.

This post will be instrumental in setting the tone of our aspirations through leadership, role modelling and supporting the direction of our vision, whilst strengthening the nursing voice in particular. The post is very much in line with national aspirations around amplifying the nursing contribution to clinical practice and academia, in light of the well documented challenges specific to the nursing profession in this arena. Plans are well advanced for recruitment to commence in the New Year

NMAHP Activity Dashboard

Work is almost complete to achieve an accurate, visual dashboard to track and analyse research activity in NMAHPs across the Trust. A dedicated database is currently under construction after consultation with IT. This will be completed in the coming weeks, enabling accurate data capture and reporting by the end of quarter 4.

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Academic Health Science Centre (AHSC) Representation

The recent award of AHSC Status provides a unique platform from which further influence, innovation and impact can be built. The NMAHP research capacity building agenda is represented at the *Research, Innovation and Strategy Group*, and the *Education and Training group*, with cross cutting pieces of work being developed to address challenges experienced in the NMAHP agenda arising from approaches to fellowship hosting and career plans and progression for NMAHPs as their programmes come to a close.

NMAHP Survey

The Council of Deans for Health (CoDH) Clinical Academic Roles Implementation Network (CARIN) administers an annual survey through partner organisations. The survey is part of the strategy to increase the number of NMAHP clinical academics employed in NHS settings. The survey for this year was cancelled in light of COVID; however data collection is going ahead in the Trust between November and December, with additional questions related to the barriers and facilitators experienced in developing clinical academic careers.

COVID Pause and restart work

At the outset of the COVID-19 pandemic, there was an urgent need to provide our research active NMAHPs with a clear trust position statement and appropriate support in relation to their fellowships and research activity. Where appropriate, NMAHPs continued with their research endeavours, whilst those who volunteered or were required to return to or increase frontline clinical activity were swiftly supported to pause their research. This was facilitated through an agreed process to enable the accurate collection of pause and restart dates to safeguard fellowship funding and training plans. Following the first wave, this process enabled us to calculate the approximate research hours lost and maintained. Between April 1 and July 31, approximately 4,800 hours of NMAHP Research were lost due to COVID related pauses, however almost 6,500 hours were enabled to continue, demonstrating our ability to support more research to continue than it was required to pause.

Recent activity

Despite the difficulties, we have continued to advocate for and support applications to a range of research related opportunities aimed at NMAHPs. A total of 25 applications have been supported to date, the table below details the programme and or funder.

Programme	Number of Applications
NIHR (National Institute for Health Research) Integrated Clinical Academic (ICA) Pre-doctoral Clinical Academic Fellowship (PCAF)	1
Health Education England (HEE)/NIHR ICA North Internship	4
NIHR Clinical Doctoral Research Fellowship (CDRF)	2
Health Foundation COVID-19	1
North East & North Cumbria (NENC) Applied Research Collaborative (ARC) Open Call	2
NIHR COVID Calls	1

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Programme	Number of Applications
NENC Research Design Service (RDS) Grant Writing Course	2
NIHR Research for Patient Benefit (RFPB)	1
Newcastle Hospitals Charity	5
Newcastle Hospitals Research Capability Funding (RCF)	5
External Doctor of Philosophy (PhD)	1

This continued activity has been supported by our Early Research and Doctoral Research support groups, as well as continued 1-1 research support slots, all moving to a virtual platform and continuing to see good attendance and interest.

4Ps NMAHP Researcher Development Programme

The 4Ps NMAHP Researcher Development programme was formulated through a consensus exercise working with a range of NMAHPs across the trust, including colleagues from the Education and Workforce development department and library services. The Four P's Programme was developed to support the needs of a broad range of NMAHPs regardless of their position on the "research interested" to "Aspiring Clinical Academic" continuum and in recognition of gaps in provision of support previously.

The 4Ps is a welcoming jargon-free modular programme with a step on step off approach depending on individual context and circumstances. NMAHPs can join at any stage (after attending a pre-requisite taster session) and continue round the whole cycle or stop where they wish, depending on their individual developmental needs.

The programme is delivered by a range of Newcastle Hospitals staff from NMAHP professions, Library services, Newcastle Joint Research Office and the Education and Workforce Development team. There is also external input from the Research Design Service, local Universities, funders and NIHR.

The programme commenced with its first taster session in December of 2019, attended by 18 NMAHPs across a range of professions. The programme is under evaluation for the first year and plans to accredit and offer to organisations externally are developing over this first year, as we believe there isn't another programme like this available elsewhere.

The programme was placed on hold in light of COVID however a module is due to be held in November with facilitators swiftly adapting the content for a virtual platform. Further modules continue to be planned and developed, with good numbers interested in attending.

Thus far we have seen 27 NMAHPs attended across two "taster" sessions with 6 going on to attend the first module "Place".

MakeSpace4Research Evaluation

The #MakeSpace4Research campaign continues to spread and has been adopted by ten other organisations in the last year. Currently an evaluation is underway to assess the early

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impact of the campaign at these sites, with further work being undertaken to analyse the impact on social media with a view to increasing reach.

2. SAFEGUARDING COMMITTEE SUMMARY - QUARTER 2 (Q2) 2020 – 2021

This summary provides a Quarter 2 update including analysis and review of the activity of the safeguarding team, considering new statutory national guidance, emerging issues, and local practice developments.

Overall safeguarding Activity (including Deprivation of Liberty Safeguards (DoLS)) has increased from previous years mirroring the experience of other multi-agency partners.

The challenges to provide a timely and safe service have continued throughout Q2 with social distancing changing the way of multi-agency working and training. The use of technology to support remote working both for staff within the safeguarding team together with colleagues from partner agencies have mitigated these risks. Data demonstrates a slight increase in activity, as families and individuals emerge from lockdown. Domestic abuse and criminal exploitation, (financial/material and emotional) referrals continue to increase and self-neglect category remains the most prevalent cause for concern. This often can involve young adults who are homeless, substance abusers who are therefore more at risk to exploitation and coercion from others.

Adult Safeguarding have seen a slight increase of approximately 9% over the same period as 2019/2020. Self-neglect is the highest category for referral into the service, the impact of which can be quite significant for the individual. This can range from omission to take prescribed medication, environmental hazards or dietary or nutritional concerns. A review of the data has demonstrated that these concerns can be acute and exacerbated as a consequence of social isolation.

Children's Safeguarding Activity has continued to increase over the second quarter of the year. This could be partially due to a change in recording of activity (now including telephone consultations) and partially attributed to the work that the team have undertaken to increase communication with colleagues across the Trust. This change of recording allows a greater understanding of the workload across the Children's Safeguarding Team. The team have seen a slight increase in self harm and young people taking overdoses, together with concerns raised by schools following the return in September. Referrals into MASH (Multiagency Safeguarding Hub) have increased significantly from 87 in August to 141 in September.

Maternity Safeguarding Activity for Q2 2020 has been relatively stable with a few exceptions although there was a notable decrease in activity in September. It was unclear as to whether this was a true reflection of activity or whether there was a recording issue. As a result the administrative processes have been reinforced with the team to ensure that there is a robust system in place to capture accurate information. Data from October indicates that activity has returned to normal levels. In response to an increase in referrals relating to domestic abuse and mental health concerns, there have been a number of new initiatives introduced within maternity to support women – these include; more frequent enquiries about domestic abuse at initial appointment, at 16 weeks and 34 weeks, enquiries around

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mental health at all appointments, and documenting the name and relationship of those accompanying women to appointments. Work is ongoing to embed and further enhance these developments within the pathway.

Safeguarding training continues to be a priority and is overseen by the Safeguarding Training group which has been re-established to provide overview and scrutiny of training compliance. Excellent progress has been made and the introduction of the Trust specific Safeguarding Adults Level 3 alongside the StarLeaf training sessions delivered have greatly increased compliance overall.

Compliance with Level 3 Children's Safeguarding training remains a challenge despite the targeting of non-compliant staff via Directorates Managers and offering training via StarLeaf and socially distanced face to face training. The quality of the national on-line package that is available has not evaluated well therefore the priority is now to develop a bespoke Trust version which staff can access. The first Safeguarding Communication Forum 'The Impact of COVID-19 on Safeguarding' was held via StarLeaf and whilst the audience was relatively small, the feedback has been very positive and the plan is to repeat this in the coming months. The team have planned a series of three brief virtual sessions, week commencing 23 November to coincide with the International Day for the Elimination of Violence against Women and Girls on 25 November 2020.

Deprivation of Liberty Safeguards with the establishment of Liberty of Protection Safeguards (LPS) has been deferred from October 2020 with the aim for full implementation of LPS by April 2022. The Minister for Care has advised that some provisions, covering new roles and training, will come into force ahead of that date.

The Government will undertake a public consultation on the draft regulations and Code of Practice for LPS for 12 weeks, allowing sufficient time for those that are affected, including those with learning disabilities, to engage properly. The Government aim to allow health and social care sectors a 6 month period to implement. Nationally the LPS Steering Group is to re-start and in the North East this will be coordinated via a well-established health and social care implementation group. The implementation of LPS requires a system wide change and this delay presents an opportunity for the Clinical Commissioning Group (CCG) and key partners to work collaboratively to implement the new arrangements.

The Domestic Abuse Bill has now proceeded to the House of Lords in July 2020, as the Bill continues its move towards Royal Assent. Domestic abuse is a serious, violent and widespread crime which primarily impacts on women and children. Figures released in March 2019 showed that 1.6 million women had experienced domestic abuse in the previous year. The social and environmental restraints that have been implemented during the pandemic are also likely to have played into the hands of people who abuse through coercion, surveillance and control. There has been a concerning picture around domestic abuse not only with victims attending emergency department but also from staff who are victims. Domestic abuse remains a high priority for all of the safeguarding teams and work has commenced on improving access to the Integrated Domestic Violence and Abuse (IDVA) service to refuges and a review of how public information can be shared throughout the Trust that can sign post victims to help and support.

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Newcastle Safeguarding Adults Board and the Newcastle Safeguarding Children Partnership have recently published their annual reports covering 2019/2020. Both reports are contained in the Board Reference Pack. The reports provide a review of the work that has been undertaken by partner agencies throughout that period highlighting areas of good practice, shared learning from case reviews and identifying priorities and challenges for the forthcoming year.

3. LEARNING DISABILITY (LD) SUMMARY - QUARTER 2 2020 - 2021

The Learning Disability Liaison Team provides dedicated expertise to continue to develop practice to improve care for people with Learning Disabilities. This includes providing advice and support to Trust staff to enhance the patient experience for individual patients and their families. The nurses have an active caseload of patients with whom they are directly involved in providing advice, negotiating reasonable adjustments, and liaising with other professional and care agencies.

The workload of the Learning Disability Liaison Nurses and Nurse Specialists team continues to increase and is summarised into a Learning Disability Dashboard. There are significant challenges for the team in order to meet all patient needs alongside the audit of practice to provide assurance, and to progress practice development work.

In addition the Learning Disability Steering Group continues to support the development of professional practice, participating in strategic work and enhancement of the Trust infrastructure to support those with a Learning Disability. The focus on the Learning Disability agenda has continued to emphasise the need to ensure the right care and support at that right time through a number of National initiatives and Local Case Reviews, including the work of the Learning Disabilities Mortality Review (LeDeR) programme.

Activity is monitored closely and this demonstrates an ongoing increase within adult referrals and some evidence of spikes of activity in children. Transitional work is also evident, although it is difficult to benchmark this information against any expected level of activity. The work includes identifying individuals who have been accessing Trust services with a Learning Disability. These referrals can range from ensuring that there is the correct flag on medical records to the facilitation of complex access to services.

Activity increased from 353 facilitation/encounters recorded in Q2 compared to 265 in Q1. This increase could be as a reflection of increased activity across the organisation as the impact of COVID-19 decreased.

From August 1 2016 all organisations that provide NHS care are legally required to follow the Accessible Information Standard. The Standard set out a specific consistent approach to identifying, recording and flagging the information and communication support need of individuals, carers and parents with a disability impairment and sensory loss. Ensuring that flags are in place for people with a confirmed learning disability is a prompt for all staff and also link to the Learning Disability nurse specialists to support care, reasonable adjustments and support.

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Access to Acute care is the fundamental work of the Learning Disability Liaison Service and the team has met to review critical clinical priorities. There has been discussion to examine the value in continuing to outreach to wards and when required home visits/community settings. Cases have also focused on the regional and tertiary work of the Trust, where care extends across the wider region.

The LeDeR Programme is a programme commissioned by NHS England (NHSE) to review the deaths of people with learning disabilities.

There have been 4 deaths of patients with Learning Disabilities in the Trust in Q2 and the team have been asked to prioritise reviews where COVID-19 may have been suspected as cause of death.

The LeDeR panel has met once in this quarter and reviewed 8 deaths. Areas of good practise identified have been evidence of use of Mental Capacity Act and application of DoLs, family and chaplaincy involvement. Key points of learning from these reviews were around further work required to consistently evidence application of the Mental Capacity Act and to encourage greater use of Hospital Passport with mental health services.

The North East and Cumbria Learning Disability Network has been working with teams in acute hospitals in the North East and Cumbria to revise reasonably adjusted care pathways (emergency and elective admission pathways) for people with learning disability. These replace the previous learning disability pathways which were developed in 2011. To support the implementation of the pathways an e-learning programme has been developed for the workforce to access. The Learning Disability Diamond Standard Pathways that have been developed to fulfil both the LeDeR and NHS Improvement Learning Disability Standards. Currently acute trusts are requested to adopt the pathways and associated e-learning and make available for staff across the organisation. The Learning Disability Steering Group are currently formulating a plan to implement the diamond standards.

The Trust completed a self-assessment framework in January 2020 against the Improvement standards but have not received feedback at the time of this report.

A practice development initiative has commenced in conjunction with NE and Cumbria LD Network and Great North Childrens Hospital (GNCH) anaesthetics to incorporate theatre attendance within passport for children and young people. The team is also looking to develop a pathway for adult patients requiring MRI / CT under sedation / general anaesthetic.

Priorities for the team include gathering feedback from patients and service users and carers to identify gaps and to undertake a review of passports and update for both adults and children

4. PATIENT EXPERIENCE SUMMARY – SEPTEMBER 2020

4.1 Visiting Overview

On 8 April 2020, NHSE produced guidance to advise NHS organisations to restrict visiting to in-patient wards during the COVID-19 pandemic. The Trust responded accordingly and

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restricted most visiting with some exceptions. Further guidance (dated 5 June 2020) advised that the national suspension on visiting previously imposed was now lifted and visiting shall instead be subject to local discretion by Trusts and other NHS bodies through the month of June.

The patient experience team contacted over 30 wards across the Trust to gain their feedback and to give them an opportunity to voice any concerns or worries in relation to reinstating visiting. Overall feedback was very positive in that staff wanted to support visitors and could see the benefit to patients in reintroducing visiting back on to the ward. However anxieties were expressed with regard to managing visitor expectations, public spaces, car parking, provision of Personal Protective Equipment (PPE), ward environments and increased footfall across the organisation.

A working task and finish group was created to:

- To consider and develop an approach to lifting the current restrictions of visiting;
- To gain the views of ward staff and identify any worries and concerns that they may have;
- Identify current good practice and share innovative ideas;
- Consider what additional support we can offer through this period to both patients and staff; and
- Consider environmental and PPE factors.

The Trust was able to safely reintroduce managed visiting in inpatients wards across the Trust on 12 August 2020. A basic set of principles were introduced and following the announcement of a second national lockdown beginning on 5 November the Trust reviewed and refreshed the visiting arrangements to ensure that we comply with the law and remain in line with NHS guidance. Minor changes were made to the principles and managed visiting continues which is in line with the NHSE / NHS Improvement (NHSI) guidance (001559) dated 13 October 2020. Updated principles and visiting vignettes were widely shared with Trust staff.

In addition the Trust continues to encourage and support patients to keep in touch with their loved ones via the ward iPad. The Trust has facilitated over 1,500 visits since virtual visiting was introduced.

4.2 Memory Boxes

The Chaplaincy team continue to work tirelessly in supporting staff and patients during such demanding times. During the month of October, the chaplaincy supported 158 end of life visits, 54 viewings and 216 follow up visits. Chaplaincy have also been lovingly preparing memory boxes for grieving relatives. A memory box is somewhere to put special things that help relatives feel connected to their loved one. Memories are not always about the “big” things in life. A crumpled sweet wrapper, a watch, a favourite aftershave, a photograph – are all examples of things that families have put in their boxes. They are all treasured possessions which trigger personal memories. Memory boxes are offered to families who are always very touched by the sentiment.

4.3 Equality and Diversity Annual Report and Equality Delivery System 2 (EDS2) grades

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The Trust is required to demonstrate how we meet the requirements of the Equality Act 2010 and the General and Public Sector Equality Duties associated with the act in relation to Patient Services. The Trust uses the Equality Delivery System2 NHS toolkit to demonstrate how it meets these requirements. The overall grades for 2019/20 in patient services have been achieved.

Each year in partnership with voluntary and 3rd sector organisations and Trust staff, a robust process is used to grade the Trust against 4 key outcomes within EDS2. The outcomes are measured for people with protected characteristics: age, disability, race and ethnicity, religion and belief (including non- belief) sex, sexual orientation, gender identity, marriage and civil partnership, maternity and pregnancy.

The outcomes relating to Patient Services are:

1. Better health outcomes for all.
2. Improved patient access and experience.

The process of determining the grading includes:

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

Goal 1– Better Health Outcomes for All

Outcome Measure	Overall Grade- Achieving				
	2019/20	2018/19	2017/18	2016/17	2015/16
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving	Achieving	Achieving	Achieving
1.2 Individual people’s health needs are assessed and met in appropriate and effective ways	Achieving	Achieving	Achieving	Achieving	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving	Achieving	Achieving	Achieving	Achieving
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving	Achieving	Achieving	Achieving	Achieving
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving	Achieving	Achieving	Achieving	Achieving

Goal 2 - Improved patient access and experience

Outcome Measure	Overall Grade Achieving				
	2019/20	2018/19	2017/18	2016/17	2015/16
2.1 People, carers and communities	Achieving	Achieving	Achieving	Achieving	Achieving

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can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds					
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	Achieving	Achieving	Achieving	Achieving
2.3 People report positive experiences of the NHS	Achieving	Achieving	Achieving	Achieving	Achieving
2.4 People's complaints about services are handled respectfully and efficiently	Achieving	Achieving	Achieving	Developing	Developing

Priorities for further work have been agreed with third sector partners. For 2020/2021 it has been agreed that equality work will focus on incorporating Equality, Diversity and Human Rights (EDHR) into changes and developments relating to COVID-19. A full copy of the annual EDHR report and EDS2 grading has been published on the Trust's internet.

4.4 Complaints Management

The Trust has received a total of 214 complaints from April – September 20 which is 36% less than the same period in the previous year. The Trust currently has 116 open complaints (as of 22/10/20). There are 8 complaints waiting for an early intervention or local resolution meeting. The patient experience team have hosted 3 virtual complaint meetings which have evaluated very well by patients and staff.

Directorates experiencing more complaints despite a reduced level of patient activity include Musculoskeletal, Children's and Surgery. The main theme across those directorates is with regards to waiting list times and discharge planning. This is being closely monitored with the directorates.

Directorates	2019-20				19-20 Ratio (Full Year)	18-19 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)		
Cardiothoracic	12	38,794.00	0.031%	1:3233	1:1873	1:2770
Children's Services	20	36,905.00	0.054%	1:1845	1:1753	1:2778
Out of Hospital/Community	5	10,689.00	0.047%	1:2138	1:6027	1:3505
Dental Services	9	30,064.00	0.030%	1:3340	1:6857	1:9392
Internal Medicine/ED/COE	21	94,294.00	0.022%	1:4490	1:2552	1:2996
Internal Medicine/ED/COE (ED)	15	54,160.00	0.028%	1:3611	1:3817	1:4091
ePOD	12	107,870.00	0.011%	1:8989	1:6745	1:8799
Musculoskeletal Services	19	39,971.00	0.048%	1:2104	1:2080	1:2849
Cancer Services / Clinical Haematology	8	64,276.00	0.012%	1:8035	1:7908	1:7235
Neurosciences	15	49,589.00	0.030%	1:3306	1:2373	1:2543
Patient Services	5	22,199.00	0.023%	1:4440	1:3819	1:3415
Peri-operative and Critical Care	3	19,964.00	0.015%	1:6655	1:2640	1:3080
Surgical Services	32	30,249.00	0.106%	1:945	1:1310	1:1607
Urology and Renal Services	7	30,367.00	0.023%	1:4338	1:2406	1:2668
Women's Services	19	63,023.00	0.030%	1:3317	1:3114	1:3307
Trust (with activity)	202	692,414.00	0.029%	1:3442	1:3241	1:3834

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There have been 13 complaints that have raised concerns with regards to COVID-19, with 50% of them in relation to surgical services. Themes have included:

- Waiting times for appointments;
- Delays between appointment and further investigations;
- Postponement of surgery; and
- Communication and lack of information.

The team are closely monitoring feedback and working with directorates to resolve complaints in a timely manner.

4.5 Family and Friends Test (FFT)

The new NHS Friends and Family Test initially due to be relaunched in April 2020 was put on hold due to COVID-19, however it has been advised by NHS England that NHS Trusts are required to start collecting and reporting data from 23 November 2020. The patient experience team are in the process of arranging the delivery of FFT cards for wards and in-patient departments.

5. RECOMMENDATIONS

The Board of Directors is asked to:

- i) note and discuss the content of this report, and ii) note the actions taken.

Report of Maurya Cushlow

Executive Chief Nurse

26 November 2020

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TRUST BOARD

Date of meeting	26 November 2020						
Title	Nursing and Midwifery Staffing – Six Month Update						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Elizabeth Harris, Deputy Chief Nurse Ian Joy, Associate Director of Nursing						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>This report combines the Nursing and Midwifery Staffing six month review with the quarterly safe staffing assurance report. It adheres to the recommendations set out by NHS Improvement Developing Workforce Safeguards guidance (October 2018) and adheres to the recommendations set out by the National Quality Board (NQB 2016): How to ensure the right people, with the right skills, are in the right place at the right time. It updates the Board in relation to the following:</p> <ul style="list-style-type: none"> • Actions agreed in the 2019/20 Nursing and Midwifery Staffing Review (Section 2). • Setting evidenced based staffing establishments (section 3). • Vacancy and turnover data for Nursing and Midwifery (section 5.1). • Monthly planned and actual staffing fill rates (section 5.3). • Care Hours Per Patient day (CHPPD) figures (section 5.4). • Financial spend and escalation (section 6). 						
Recommendation	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Receive and discuss the six month review from April 2020 - October 2020. • Review and note the progress with the 2019/20 Nurse Staffing Review (NSR) actions. • Note this report is prepared in line with national guidance. • Acknowledge and comment on actions outlined within the document. • Receive and review the three monthly staffing and outcomes review from August, September and October 2020 (Section 5.5). 						
Links to Strategic Objectives	<ul style="list-style-type: none"> • To put patients at the heart of everything we do. Providing care of the highest standard focussing on quality and safety. • Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential performance – being outstanding now and in the future. • Being outstanding, now and in the future. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

NURSING AND MIDWIFERY STAFFING REVIEW REPORT SIX MONTHLY REVIEW

1. INTRODUCTION/BACKGROUND

This report combines the nursing and midwifery staffing six month review report with the quarterly safe staffing assurance report. The purpose is to evidence that the Trust is compliant with national guidance in relation to safer staffing. The National Quality Board (NQB) (2016) and Developing Workforce Safeguards (2018) document clearly articulates the requirement to undertake an in depth nursing and midwifery staffing review annually, with a review and update on actions highlighted to the Board at six months.

It is important to note that Covid-19 continues to impact on some of the detailed actions and outcomes contained within this report. The report will include reference to the ongoing work and oversight in relation to safe staffing during the pandemic and any changes to normal process which have been required.

2. 2019/20 NURSING AND MIDWIFERY STAFFING REVIEW UPDATE

2.1 Progress since 2019/20 review relating to Wards requiring investment and update on agreed actions

A comprehensive and thorough staffing review was completed for 2019/2020 in line with national guidance and presented to the Trust Board in May 2020. From this comprehensive review, the following conclusions were drawn, and an update on progress is provided:

- **Ward 34 and 35 Freeman Hospital (FH)** were highlighted as requiring additional baseline staffing resource to increase the registered nurse numbers on nights.

Update – Acuity and dependency metrics have been refreshed and the outcomes will be discussed in the upcoming staffing review meetings. It is likely investment will be required; in the meantime this is being managed locally and safely.

- **Ward 8 FH** was identified as requiring additional investment due to the change in the regional vascular pathway which had an impact on patient acuity.

Update – Existing resource from the regional pathway change has been identified and a request to utilise this funding to increase the nursing resource is being progressed by the directorate.

The following actions were reviewed and endorsed by the Board in May:

- **Review the outputs of the community demand and capacity exercise to agree the long term staffing and skill mix requirements for community**

Previous Board reports have acknowledged the challenge in establishment setting in community teams as there is no nationally endorsed tool. The Shelford Group have commissioned work to develop a tool for community services but this is some way from

being ready for use. In the interim, Trust work is ongoing to support safe staffing decisions in the community. A demand and capacity exercise has been completed and whilst this did not accurately capture patient acuity and dependency it will support professional judgement. In addition community district nursing are in the process of conducting a staffing review using a locally developed tool. All of the data will be discussed in the upcoming staffing review with the professional leads.

- **Undertake a review of Neonates with the support of the Dinning Tool once the cot expansion has been completed and there is adequate data at full capacity.**
NQB (2018) guidance for Safe and Sustainable Care in Neonatal Units recommends that a workforce review is undertaken at least annually or more frequently if changes are planned. Therefore as per the guidance, Neonates have undertaken a six monthly staffing review due to cot expansion which demonstrates their staffing position is similar to that of the May 2020 report with no areas of significant concern. Whilst the total establishment is broadly fit for purpose, the review recommends a greater number of Band 6 staff. This is being reviewed and a risk/benefit analysis undertaken. It is hoped that this can be rectified within the existing budget.

The review has also highlighted a reduction in the percentage of staff with a qualification In Service (QIS). This is due to the cancellation of specialist courses due to the Covid-19 pandemic. In response Northumbria and Teesside University are to administer extra courses in the coming months. This is not seen as a significant operational risk at this point.

The Dinning Tool is planned to be repeated in February/March 2021 when all the cots are open and an update will provided to Board through the next 6 month assurance report.

- **Undertake a review of Emergency Department (ED) if the acuity is released for use.**
The release of the ED acuity tool continues to be delayed due to the Covid-19 pandemic.
- **Closely monitor the altered staffing requirements due to Covid-19 and gain further insight into the implications on compliance with national safe staffing guidance.**
This will be covered in section 8 of this report.
- **Ensure any ward or department with a change to their primary function due to Covid-19 have staffing levels reviewed using evidenced based tools. These areas will require an acuity and dependency profile review in 3-6 months to ensure they are fit for purpose.**
This will be covered in section 3 of this report.
- **An external Maternity Birthrate Plus workforce review is required and is planned for the coming year**
This will be covered in section 3 of this report.

3. SETTING OF EVIDENCED BASED ESTABLISHMENTS - (REVIEW OF DATA APRIL 20 - OCTOBER 20)

3.1 Adult and Paediatrics

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

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

Prior to the Covid-19 pandemic, SNCT data was captured via Clinical Assurance Toolkit (CAT), this was temporarily suspended during the pandemic and is currently under content review. This offered the opportunity to alter the data capture process. Following agreement from the Senior Nursing Team the SNCT changed to a 20 day data capture bi-annually as opposed to 5 days per month which was the existing process. 20 days of data capture was successfully completed in September. This included areas whose patient demographic had changed due to Covid-19 to provide assurance these areas are appropriately resourced.

Key points to note from the SNCT data review:

- All inpatient Senior Sisters/Charge Nurses and the Matrons meet with the Senior Nurse (Nursing and Midwifery Staffing) to undertake an in-depth review of their data along with other staffing metrics and outcomes as part of the yearly review process. These are arranged for the coming months and will inform the end of year review.
- It is not possible until the data is reviewed, to highlight any changes in patient acuity trends. It is noted that many wards have highlighted an increase in patient acuity since the end of the first Covid-19 wave.
- Appropriate measures have been put into place to mitigate any changes in data due to reduced bed capacity.
- The next SNCT data capture will take place in March 2021.

3.1 Maternity Review

An external review of the Maternity workforce has been completed using the NICE endorsed Birthrate Plus® methodology; the final report is awaited following a process of validation. It is likely that the review will recommend some changes to the current skill mix and total establishment of the Maternity Service which may necessitate further investment. The Birthrate® analysis will provide a clear baseline on which to further scope and create models of care aligned to the requirements within the Maternity Transformation Programme (NHS

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England (NHSE)), Better Births, and provide additional detail with regard to any additional resources required through this change.

A report to Board will be provided outlining the action plan to address the findings from the full analysis where changes in staffing levels have been identified and any progress in addressing those actions. Any requirements for additional investment will follow the Trust's standard business case route.

The Maternity Incentive Scheme (NHS Resolution), Year Three (2020) Safety Action 5, requires providers to have robust systems in place for midwifery workforce review, specifically with regard to standard setting for both one to one care in labour and the supernumerary status of the Labour Ward Co-ordinator. In addition, the revised scheme discusses the impact on staffing levels aligned to Covid-19, requiring assurance that the organisation has adequate plans in place in preparation for severe shortages.

In demonstrating compliance against the Maternity Incentive Scheme and to ensure the robust management of maternity staffing on a day to day basis, the Birth Rate Plus® Acuity Application is in place. The data for the last six months has been analysed and the following is noted:

- Planned and actual staffing has been recorded daily and reported in-line with national guidance. This has been maintained throughout the Covid-19 pandemic;
- The average day shift registered midwifery fill rate across the Maternity Unit was 99% with a night shift average of 96%. Where any shortfalls against plan were noted a review of acuity was undertaken, together with professional judgement, to ensure the most appropriate utilisation of the available workforce and preserve safety;
- Over the last six months there have been no occasions where the labour ward co-ordinator has not been supernumerary;
- Over the last six months there have been two red flags noted where 1:1 care during labour was not able to be fully achieved. These red flags were escalated and mitigating actions put into place to manage any associated risk;
- Work has commenced to scope and progress the specialist midwifery, management, and governance teams and posts are currently in recruitment utilising funds from successful bids; and
- Weekly review and analysis is made in relation to the effects of Covid-19 on the workforce and this aligns to continuous service specific revisions in care pathways.

Key Maternity Workforce Priorities for 2020/21

- Analyse and finalise the outcomes of the Birthrate Plus® maternity review, highlight any risks and agree actions to resolve or mitigate, reporting to Board;
- Review of demand templates in all areas to ensure safe provision across both the acute and community service, meeting with nationally recommended midwife to birth ratios;
- Embed a mechanism of validity via inter-rater reliability of the Birthrate Plus® Acuity Application;
- Continue work to further develop specialist midwifery, management and governance Teams;

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- Ensure that financial resource is optimised to avoid wastage, and support safe services and comply with key deliverables; and
- Continue to develop reconfigured models to care and maximising workforce resource to meet with the requirements of the Maternity Transformation Programme.

4. IN-PATIENT SKILL MIX

- As part of the 2019/20 nurse staffing review, all areas have a skill mix agreed in conjunction with matrons and ward sister/charge nurses. This will be reviewed yearly based on any changes in acuity and dependency metrics.
- A process is in place to ensure any request to change the skill mix in year, is undertaken in collaboration with the Executive Chief Nurse (ECN) Team and is in line with staffing guidelines.
- The Electronic Rostering & Attendance (ERA) team, Senior Nurse, Nursing and Midwifery Staffing and the Senior Analyst, Information services are currently progressing work to accurately capture nursing associates in the national safe staffing return. The team are running reports via the Allocate rostering system to assess the validity and accuracy of the data prior to agreeing a change in process.

5. NURSE STAFFING METRICS**5.1 Vacancy and Turnover Data**

The updated vacancy and turnover data has been reviewed.

- As part of the normal review process the ECN Team benchmark turnover data with the national average via the Model Hospital Dashboard. Unfortunately at the time of writing the national data set has not been updated and this has not therefore been possible.
- Current total nursing workforce turnover appears high at over 10%. However, this is due to a large number of nursing and midwifery students joining the workforce in response to Covid-19 who have now left to restart their placements in a supernumerary capacity. This does not represent core staff turnover.
- It is noted that the Band 5 Registered Nurse (RN) turnover rate is 3.5% which is an extremely positive position in this workforce group.
- Significant work continues via the Nursing and Midwifery Recruitment and Retention Group to improve the overall vacancy and turnover position. The group has supported the development of initiatives such as career clinics which have been implemented and positively evaluated.
- Monthly generic recruitment for Band 5 RN continues with bespoke recruitment agreed as required. After the last recruitment in October, there were approximately 40 whole time equivalent (wte) active substantive vacancies left to recruit to. This remains very low compared to the same time last year and is a significant achievement.
- The final four international Filipino nurses arrived in October and will be sitting their objective structured clinical examination (OSCE) exams prior to Christmas. With the

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national focus on increasing the nursing workforce and maximising international recruitment, the Trust is reviewing its own workforce data and exploring if future international recruitment will be required.

- Band 2 Healthcare Assistant (HCA) generic recruitment continues and additional interview days have been arranged to maximise recruitment prior to winter. After the last interviews approximately 45wte active substantive vacancies remain to be filled.
- Due to the Covid -19 pandemic recruitment open days have been cancelled, however there is continued utilisation of social media platforms to maximise external recruitment to reduce the overall vacancy factor.

5.2 Red Flags and Datix (April 20 - October 20)

Red flag and Datix incident data is reviewed monthly via the nurse staffing and outcomes groups to observe trends and highlight areas of concern. This data is available at a ward, directorate and Trust level. Frequency and themes are used to inform responsive and planned nurse staffing reviews and inform future establishment requirement.

Key points from the last 6 months:

- It is noted that there has been an overall reduction in the total number of red flag and Datix submissions. This is likely due to the reduction in bed base due to Covid-19 but continues to be closely monitored and reporting continues to be encouraged.
- Red flags continue to be auto generated due to a shortfall in registered nursing time. This allows scrutiny and oversight of all staffing shortfalls against plan.
- There is an additional mechanism via the SafeCare system for ward staff to raise a red flag where this shortfall causes concern. It is worth noting of the red flags raised in the past 6 months on the SafeCare system, 85% were due to the increased acuity and dependency of the patient and 15% related to an actual shortfall in staff numbers causing concern. These red flags where possible were managed responsively.
- In the review period, there has been an average of four staffing related Datix per month across the Trust with no-recurrent trends or sustained increase in reporting from any specific clinical areas.

5.3 Planned and Actual Staffing (April 20 - October 20)

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

Key points to note:

- There has been a reduction in the fill rates from April (98%) to October (94%). This is due to nursing students being included in fill rate whilst paid employees during the first Covid-19 wave between April and September. These staff have qualified and the 2nd year learners have returned to university to resume their studies hence the small reduction in numbers
- RN fill rates have increased on days to an average fill rate of 97% and on night shift to an average fill rate of 96%. This is due to a combination of efficient utilisation of

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SafeCare, efficient deployment during the Covid –19 pandemic and a reduction in plan on some wards due to reduced bed capacity.

- HCA fill rates have remained static from the figure given in the annual report in May.

5.4 Care Hours per Patient Day (CHPPD) (April 20 - October 20)

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



Key points to note:

- At present there is no mechanism to benchmark actual figures against required. Therefore, a higher number may represent inefficient utilisation of the workforce rather than a more positive position. There is no risk associated with these figures, the framework which supports safe staffing is robust and effective.
- The ECN team regularly benchmarks against the national average CHPPD figures per ward/speciality to provide assurance that the Trust is aligned. Due to Covid-19, wards across the country changed their primary function and some Trusts did not submit figures during the first pandemic wave. This has altered the accuracy of benchmarking for the last 6 months.
- Acknowledging the above, we broadly remain aligned with no areas of concern noted. Specialist areas continue to demonstrate the greatest variance against the national average which is a re-occurring theme and well understood locally and nationally.
- It has also been noted that those areas who have increased day case activity in light of Covid-19 have more inaccurate figures as the midnight bed census does not reflect total patient throughput over the 24 hours. This is understood locally and taken into account during the review process.

5.5 August to October 2020 Nurse Staffing and Clinical Outcomes Review

Any ward demonstrating a RN day fill rate of less than 85% or any ward with a concern regarding safe staffing or clinical outcome metrics is reviewed by the Nurse Staffing and Clinical Outcomes Group on a monthly basis. Any ward requiring medium level support after review for two consecutive months will be highlighted to Trust Board with a review of actions to mitigate and manage risk.

- Between August and October, no wards required medium level of support for two consecutive months and therefore no action plans are highlighted.
- In August 2020, three wards reported a day RN fill rate of less than 85%, eight in September 2020 and six in October 2020. This is a decrease compared to the same

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period last year. The highest occurrence continues to be in Medicine and Older Peoples Medicine and whilst in-line with the vacancy positions, this has improved in the last six months.

- The reduction in bed capacity in wards has been taken into account to ensure accurate fill rates and triggers for review.
- The group continues to review any ward where there has been a change in its primary function in response to the pandemic. This is to provide additional oversight, assurance and support to the ward teams. At present no re-occurring concerns have been noted and additional support is being provided by the corporate team where required.

6. FINANCIAL UPDATE

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

Key points to note

- Quarter 2 (Q2) analysis demonstrates that the total N&M budget is £2.35m underspent. This demonstrates a 98.2% budget utilisation in the year to date (YTD). Q2 last year demonstrated a £360.5k underspend position and a 99.6% budget utilisation. The change in comparative underspend is mainly due to the reduced reliance on bank and agency staff in the first six months. This is predominantly due to Covid-19 and the reduction in normal activity leading to reduced requirements at a ward and department level. The improved vacancy position overall has also impacted on this figure.
- As suggested above, there has been a reduction in the utilisation of bank and agency staff compared to the same period last year. This was expected due to the reduced bed capacity and change in utilisation of the workforce in the first wave of Covid-19. This has slowly increased over the last two months due to increased requirement for enhanced care but is still lower than the same period last year. Usage continues to be closely monitored.
- The total spend on bank and agency staffing for the first six months of the financial year is circa £3.2m compared to £4.86m this time last year.

7. COVID-19/ WINTER PRESSURE

Although this report is designed to provide an update on the staffing review process, the extraordinary events and response to the global pandemic have been included for information and assurance similar to the report in May 2020. It is recognised that Covid-19 continues to have a significant impact at ward level. Outlined below is the sequence of actions, rationale and methodology from the last six months.

Recovery/Reset

- Staff were redeployed back to their base areas during the summer months as wards resumed routine activity. To allow for social distancing wards with 6 bedded bays

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were reduced to 4 bedded bays. Each area has been reviewed to agree revised required staffing numbers, supported by acuity and dependency data and professional judgment.

- Where there has been any additional staff from wards reducing their bed capacity, staff have been asked to support other areas of increased need. This includes additional support for the emergency pathway, Covid-19 swabbing service and wards utilised for Covid-19 positive patients. Any member of staff redeployed is on a rotational basis in a collaborative agreement. Where the increased need cannot be fully met within the available resource bank/additional hours have been used to meet demand.
- Wards which have altered their primary function were included in the SNCT data capture in September and will be reviewed again in December to ensure the continued delivery of safe staffing levels.

Winter/Second Wave

In response to the Covid-19 pandemic there have been a number of calls on the nursing workforce to provide a rapid and response service and this is likely to continue. The senior nursing team are working hard, in collaboration with colleagues in the operational and Infection Prevention and Control (IPC) teams, to deliver this safely for the benefit of patients and staff. The requirements and actions to deliver these is outlined below.

- To mitigate the bed loss from social distancing, two additional wards will be opened once refurbishments are completed. This will provide an 8 bedded high level respiratory unit at the RVI with additional dedicated critical care capacity to cohort Covid-19 patients. There will also be a 19 bedded ward opened at the FH. The additional workforce required is currently being developed and identified with directorate teams.
- Continued support is also required for the emergency pathway and Point of Delivery (POD) swabbing service.
- Careful mapping work has been undertaken, using acuity and dependency data and demand templates to understand the workforce requirements for the next six months to achieve the above. The need is significant in terms of both registered and un-registered workforce and significantly exceeds the staff available from changes to 4 beds in bays.
- This is further compounded by the impact of workforce loss due to test and trace, sickness and movement due to staff risk assessments. Which presents a daily logistical challenge for matrons and the nursing teams at ward level to manage.
- Non-recurrent funding has been identified to support the additional requirements and this has been allocated into budgets appropriately.
- Bespoke and generic recruitment continues to meet the workforce requirements and recruitment drives via the Staff Bank are ongoing.
- The ECN team continues to work closely with operational teams to prioritise areas of need and effectively utilise the available workforce to maximum effect.
- All safe staffing assurances processes, alongside robust professional leadership remain in place to ensure patient and staff safety.

8. CONCLUSIONS AND ACTIONS

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

- The responsive movement of staff and rapid agreeing of safe staffing levels to respond to Covid-19 has been robust, overseen by the ECN team and based on existing evidenced based tools and assurance processes.
- Nursing establishments remain broadly fit for purpose post initial Covid-19 surge and new templates have been agreed for further Covid-19 care.
- The N&M spend is within budget and there has been a noticeable reduction in temporary staffing usage from the same period last year.
- In line with national guidance, the annual nurse staffing review is currently underway and will be reported to board in full in May 2021.

The following actions are proposed:

- Complete the Nurse Staffing Review meetings for all inpatient wards and meet with directorate and financial management teams in early 2021 to agree budgets for the 2021/22 financial year.
- Undertake an in-depth nurse staffing review in the Emergency Department when the tool is available.
- Complete and review the acuity and dependency data within Community services to support staffing and skill mix requirements and to work with the Shelford Group in the development of Community evidence based tool.
- Review the outcomes of the Birthrate plus maternity review, highlight any risks and agree actions to resolve or mitigate.

9. RISK AND MITIGATION

This report highlights that a robust nursing and midwifery six month review process has been undertaken in line with national mandate and guidance. However there is a significant workforce risk to the Trust in light of Covid-19. This is in part mitigated by robust professional leadership, scrutiny and oversight but extensive workforce redesign will likely need to be undertaken responsively in the coming months. This poses a potential risk to safe staffing and staff well-being.

It is evident from the nurse staffing metrics that there is a continued risk to the Trust due to the local and national shortage of Registered Nurses, which is being closely monitored. Although the Trust is in an extremely positive and assured position, it is unlikely that there will be significant intake of RN until this time next year due to the changes in undergraduate training. It is therefore necessary to continue to explore mechanisms to maximise external recruitment, alongside retention strategies to reduce the total vacancy rate. Further International Recruitment is also likely to be required. Whilst this risk cannot be fully mitigated, robust professional leadership and assurance framework is in place to actively support directorates in assuring safety and good progress across all work streams is noted.

10. SUMMARY

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

11. RECOMMENDATION

The Board of Directors is asked to:

- Receive and discuss the six month review from April 2020 - October 2020.
- Review and note the progress with the 2019/20 Nurse Staffing Review (NSR) actions.
- Note this report is prepared in line with national guidance.
- Acknowledge and comment on actions outlined within the document.
- Receive and review the three monthly staffing and outcomes review from August, September and October 2020 (Section 5.5).

Maurya Cushlow
Executive Chief Nurse

Elizabeth Harris
Deputy Chief Nurse

Ian Joy
Associate Director of Nursing

26 November 2020

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TRUST BOARD

Date of meeting	26 November 2020						
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, Assistant Medical Director, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mrs Elizabeth Harris, Deputy Chief Nurse Mrs Angela Cobb, Matron Infection Prevention & Control (IPC)						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of October 2020. The IPC Board Assurance Framework for COVID-19 can be found in Appendix 1 of the Private Board Reference pack; trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 2 (HCAI Report and Scorecard October 2020), 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).						

DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT

1. INTRODUCTION / BACKGROUND

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs). The coronavirus pandemic has required that IPC resources are dedicated to support all clinical areas in the management of COVID-19. NHS England (NHSE) has published an IPC Board Assurance Framework relating to COVID-19 which is based upon the criteria set within the Health and Social Care Act. This document is discussed biweekly at the newly created COVID-19 Assurance Group (see section 2.1.2) where the criteria is reviewed and updated as necessary. The latest updated version is as Appendix 1 within the Private Board Reference Pack. An overview of HCAI rates is covered in the Integrated Board Report and trend data (including the number of COVID-19 outbreaks in the Trust) can be found in Appendix 2 entitled HCAI Report and Scorecard October 2020 (located within the Public Board Reference Pack).

2. KEY POINTS FOR SEPTEMBER/OCTOBER 2020

2.1 Coronavirus (COVID-19)

The rates of infections within the community reached a peak during the first half of October, and following initial decrease, the rates began to rise again from early November. The highest rates of cases initially seen in October were mostly concentrated among the student population. The number of admissions to hospital has slowly increased during the month of October, but the increments were initially slow when compared to the first wave of the pandemic. This reflected the age of the population where the incidence was highest. During November, admission rates have progressively increased reflecting the epidemiology in the community.

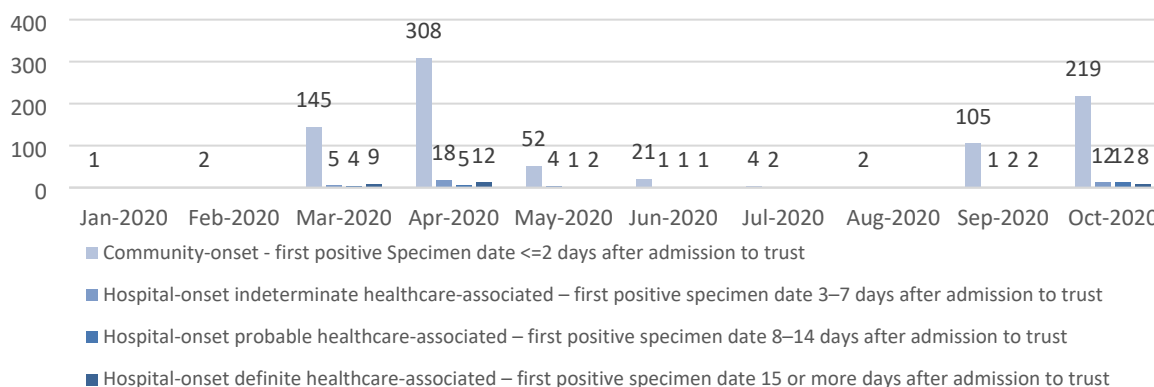
2.1.1 Managing HCAI COVID-19 cases

COVID-19 cases are classified based on the detection date. This takes into account the incubation period which is 5-7 days for most but can be as long as 14 days. Therefore, definite healthcare acquired infections are those detected >15days from the date of admission as below:

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

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Patients who have ever had a positive COVID-19 Screen split by onset banding (Day of admission counted as Day 0)



At Newcastle Hospitals, all patients are screened, either on the elective pathway (screened 72hr prior to admission) or on the emergency pathway (on the date of admission). Regardless of pathway, there is an additional day screen on day 5. Some patients on high risk areas are screened weekly (for example, haemodialysis patients). These are duly audited in accordance to our COVID-19 Board Assurance Framework.

A list is generated at least twice daily by Information Services and the data reviewed by the Infection Prevention and Control Team. All positive cases are reviewed by the Infection Control Team, and when necessary, all contacts are followed, including those patients that have been subsequently discharged from hospital. All cases are reviewed according to HCAI COVID definitions and the data is reconciled prior to submitting the SITREP report, which is signed off by the DIPC.

In addition to this, there are daily meetings between Patient flow services and IPC to enable appropriate placement and minimum movement of patients prior to confirmation of COVID-19 status, in line with our policy and national best practice guidance. There are fortnightly assurance meetings to review all policies, processes and risks relating to COVID-19, working within the COVID-19 Board Assurance Framework (BAF). These have been highlighted as “exemplar” during regional and national discussions.

September was the first month that the Trust declared a COVID-19 outbreak, a breakdown of outbreaks is included in Appendix 2 - HCAI Report and Scorecard October 2020 (located within the Public Board Reference Pack). A COVID-19 outbreak is defined by NHSE as 2 cases in the same area over a period of 14 days, and is required to be kept under review for 28 days. All healthcare acquired cases are reported on DATIX. Causality is complex and multifactorial and therefore it is often challenging to link cases between them. To date, there have been a total of 16 outbreaks declared to NHSE/ Public Health England (PHE), with a mixed number occurring within the clinical and non-clinical area. The most common themes regarding staff cases relate to breaching the 2 metre rule for social distancing without wearing a surgical mask in office areas or during breaks. Meetings between Occupational Health Services (OHS) and IPC are held three times per week to review all staff cases and themes are communicated through Silver and Gold Commands, communication briefings and all operational groups across the Trust. To support social distancing in patient areas, bed capacity remains reduced to 4 beds in a bay. At times of increased activity, any increases in bed capacity are managed following careful risk assessment.

2.1.2 COVID-19 Assurance Group

This group has been created to oversee the development and implementation of the COVID-19 BAF plus any actions from work-streams emerging as a result of COVID-19 pandemic; it reports to the Infection Prevention and Control Committee. The Group is chaired by the Deputy Director of Quality and Safety and key senior staff including the DIPC, Trust Management, Pharmacy, Supplies, Estates, OHS and Facilities. Members share responsibility/take collective ownership to provide assurance on the COVID-19 BAF and associated standards. The group will identify hazards, assess risks, and monitor control measures whilst overseeing the implementation of emerging protocols and guidelines

2.1.3 Test & Trace (T&T)

All staff cases are notified and followed up jointly by OHS and IPC. Staff contacts are identified and advised to self-isolate at home for 14 days, as per Government advice. These are triangulated against data on patient cases, investigating any links between those two groups. The T&T team is expanding and from November will be working under the leadership of IPC.

2.2 C. difficile Infections (CDI)

The Trust has not received notification of a trajectory requirement; current position is 58 cases to 31 October 2020 which is an 11% reduction from the same position last year. From the start of the first wave of COVID-19, Multidisciplinary Team (MDT) review of cases have been suspended although individual reviews to ensure adherence to best practice with no lapses in care continue to be undertaken.

2.3 MRSA / MSSA Bacteraemias

There have been no further MRSA bacteraemia cases since April 2020.

MSSA reviews continue on an individual basis by the IPCT and Microbiologists to ensure best practice in management and identification of sources. To date the number of MSSA cases is 25% less than the previous year with 38 cases, currently exceeding the trajectory which aims towards a 10% yearly reduction.

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

To date the number of *E. coli* cases is 8% more than the previous year with 107 cases in comparison to 99. This is due to the change to the definition of HCAI cases which has added a total of 30 cases to the end of October 2020.

The number of *Klebsiella* cases is 3% less than the previous year with 62 cases in comparison to 64 despite the change to the definition of HCAI cases which has added a total of 21 cases to the end of October 2020.

The number of *Pseudomonas aeruginosa* cases is 53% more than the previous year with 29 cases in comparison to 19. This is in part due to the change to the definition of HCAI cases

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which has added a total of 8 cases to the end of October 2020. The largest rate is within the Cancer Services Directorate and the risk factors are due to chemotherapy treatment and line related infections. Further work is underway to exclude other factors and to reduce rates of infection.

Despite the improvements and reductions in *E. coli* bacteraemias from the previous year, there is still quite a lot of work to do to understand and prevent other Gram negative infections in different directorates. Although different patients have different risk factors, the epidemiology of these infections is similar to what we already know about *E. coli*.

COVID-19 had an impact on some of the planned improvement work. Within the Antimicrobial framework there are focused objectives aiming to prevent the most common causes of Gram negative bacteraemias which are urinary tract, gastrointestinal and line related. There is a specific project between the Cancer team at Freeman Hospital and Microbiologists, reviewing all Gram negative infections with a particular focus on strategies to prevent line associated infections, which is currently the main source in that directorate. The project will be looking at retrospective and prospective data.

Approximately three-quarters of *E. coli* BSIs occur before people are admitted to hospital. Reduction therefore requires a whole health economy approach. Local system leaders will need to agree the best approach to achieve these reductions in their area.

We have seen an increase in the number of *E. coli* bloodstream infections despite decreases in MRSA bloodstream infections and CDI infections: a total of 38,132 cases of *E. coli* bacteraemia were reported by NHS trusts in England between 1 April 2015 and 31 March 2016. The importance of and challenges in reducing *E. coli* BSI are clearly outlined in the enhanced sentinel surveillance programme which showed that the most common source of infection is the urogenital tract at 51.2%. The same NHSE data indicates the next common source is Hepatobiliary (HPB) system at 17.5%.

A lot of work has already been done to address urinary tract sources of infections including hydration and catheter management pathways both at Newcastle Hospitals and the Clinical Commissioning Groups (CCGs).

The aim of this Review is to identify the proportion of HCAI *E. coli* bacteraemias attributable to Newcastle Hospitals with a hepatobiliary source, and review if there were interventions available to reduce the risk of infection in this population.

The Review will include -

- Proportion of Post 48 hr *E. coli* Bacteraemias with a hepatobiliary source from all *E. coli* bacteraemias;
- Resistance profiles of all isolates;
- Proportion of Isolates that are Extended Spectrum Beta-Lactamases (ESBLs) or Multi-Drug Resistant (MDR) *E. coli*;
- Proportion of isolates that are Carbapenemase Producing Enterobacteriaceae (CPE);
- Percentage of patients who needed prophylactic antibiotics if procedure related bacteraemia, in those that needed such prophylaxis;
- Percentage of patients who received the appropriate prophylaxis;

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- Percentage of patients where the bacteraemia was preventable if the right antibiotic was used at the right time; and
- Percentage of bacteraemias where there was no lapses of care identified.

Based on the review and retrospective analysis of cases from hepatobiliary sources, the data will then be reviewed with the HPB Team including clinicians and matrons, review the gaps and work towards an action plan to address the issues, within the Quality Improvement framework.

2.5 Outbreaks and Periods of Increased Incidence (PIIs)

Other than the COVID outbreaks stated above 1 other outbreak was declared in September for diarrhoea and vomiting. This affected 5 patients and no staff; no organism was identified and the ward re-opened and resulted in a total of 4 lost bed days.

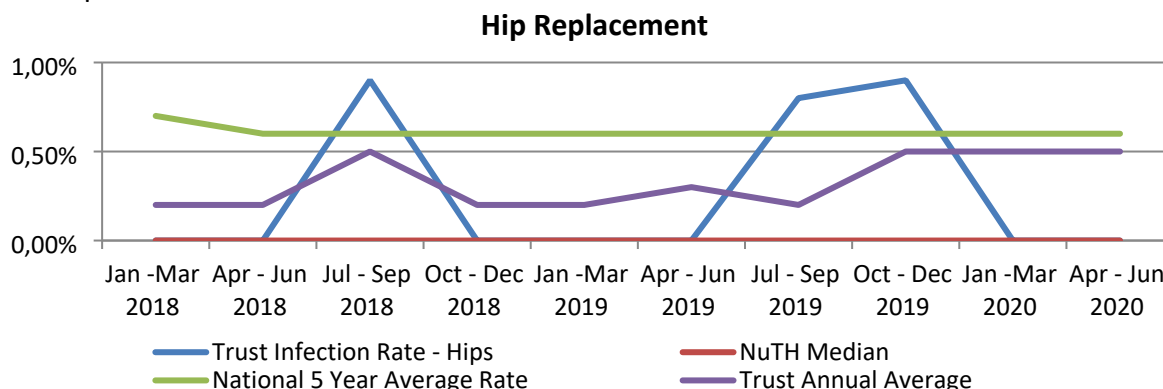
There were 3 instances of a PII of *Clostridium difficile* during September and October. Samples were sent for ribotyping as part of the investigation and results are pending at the time of writing this report. MSSA monitoring has identified 1 PII in October and daily evidence of administration of Octenisan and documented evidence for IV devices remains an ongoing focus.

2.6. Surgical Site Infections (SSIs)

The Trust participates in PHE surveillance of SSI for hip, knee and spinal surgery, PHE continues to report SSI rates based on a calendar year. The Trust received the reports for Quarter 2 (April - June 2020) which demonstrated that no SSIs were reported for this period.

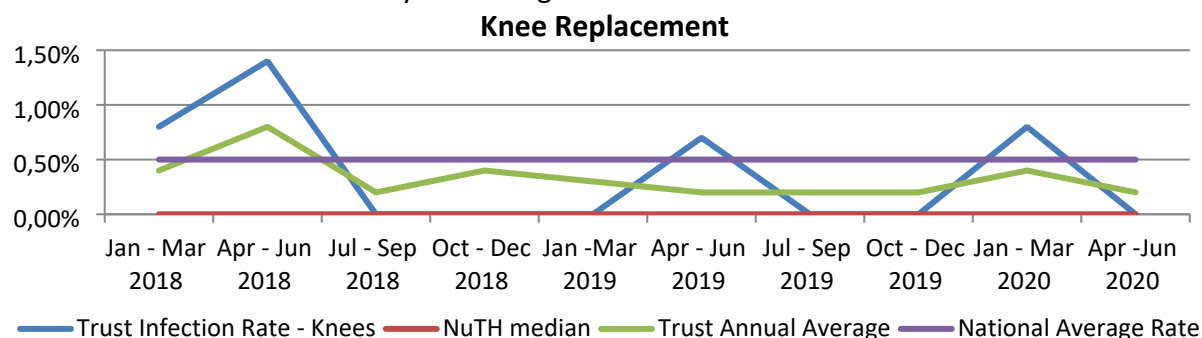
2.6.1 Hip Replacement

This is the second consecutive Quarter there were no SSI were identified for hip replacement surgery, resulting in a quarterly rate of 0.0%. The Trust annual SSI rate remains at 0.5% and is comparable to the National 5 year Average of 0.6%, despite higher than average SSI rates in the previous 2 quarters. The number of operations undertaken during this quarter is significantly lower with only total of 33 operations across the Trust in comparison to the 105 procedures undertaken in Quarter 1. This is a 69% reduction due to the impact of COVID-19.



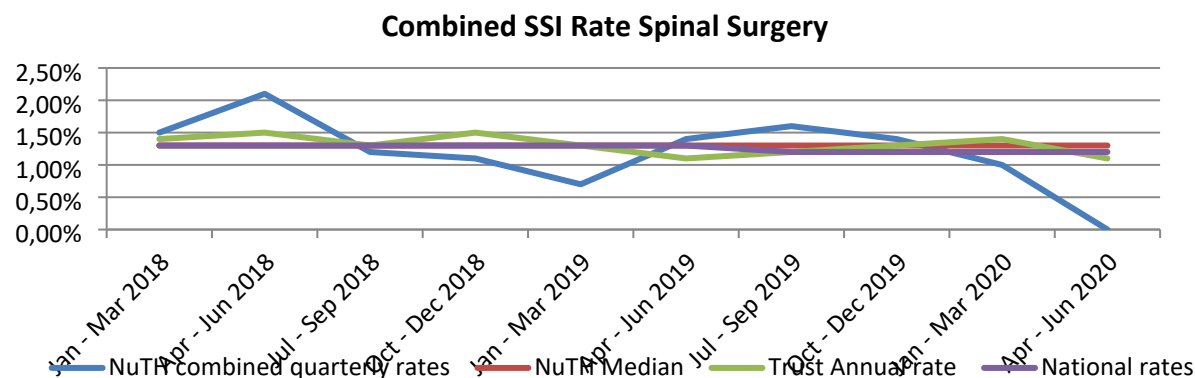
2.6.2 Knee Replacement

Again the impact of COVID-19 upon services is evident in the reduction of knee replacements undertaken in April – June 2020 with only 13 knee replacements performed in comparison to the 131 operations undertaken in Quarter 1,. No SSI was detected during this period therefore the quarterly rate was 0% which has reduced the annual rate to 0.2% which is below the National 5 year average of 0.5%.



2.6.3 Spinal Surgery

For the first time in the previous 4 Quarters, no spinal SSIs were detected, which has resulted in a quarterly rate of 0% and a further reduction in the annual rate to 1.1% which is comparable to the national 5 year average of 1.2%. In order to continue service delivery during this challenging time, a small volume of spinal surgery was performed at the Freeman Hospital (FH) site, although there was still a 33% reduction in the total number of operations with 211 being undertaken in comparison to 313 the previous Quarter. Despite this result, the Trust has received a high outlier letter from PHE due to the inclusion of data on infections from 2016 in the current rolling average.



Surveillance of SSI continues to be limited to spinal and joint surgery as there are not enough resources in the IPCT to extend to wider SSI surveillance.

2.7 Sepsis

The priorities for Deterioration & Sepsis:

- Early identification and timely escalation of deteriorating patients according to National mandate NEWS2 ≥5 (Newcastle Hospital Process MEDIUM/HIGH RISKS);
- Adherence to sepsis screening & treatment: Sepsis 6;

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- Timely Recognition and management of Suspicion of Sepsis;
- GO LIVE electronic deterioration ALERT 1 September; and
- Developing Deterioration/Sepsis Dashboard (ALERT).

An electronic alerting process within eRecord was piloted within a medical and surgical ward throughout March 2020 and was rolled out throughout the whole Trust in September 2020. Dramatic improvements in documented and response from the nursing staff in escalating concern in the SBAR forms (5% to 88% evidence of documented escalation).

However, the alerting was paused on 30 September 2020 following feedback from the frontline clinical teams with a plan to make improvements and make this process simpler, more efficient to use and critically more effective. There has also been education and communication requirements identified to engage staff prior to relaunch to produce a system wide high level of sustainable compliance and deliver a transformational leap in patient safety at Newcastle Hospitals. This is an opportunity for the Trust to deliver a standard of care that can be seen as a flagship example to the rest of the NHS. A provisional date for relaunch is mid/end November 2020.

2.8 Antimicrobials

Antimicrobial Stewardship (AMS) is key to maintaining effective antimicrobial options for the present and the future and the Antimicrobial Steering Group (AMSG) continue to meet and progress AMS during this period of extraordinary demand on the infection specialists and clinicians alike due to COVID-19.

The monthly peer review 'Take 5' audits were put on hold during the first wave of COVID; these audits were re-instigated in August, however participation has been poor. Plans are in place to reinvigorate the involvement of Directorates and a relaunch date in 2021.

November is the Trust Antibiotic Awareness month which coincides with the European Awareness Day and World Health Organisations Antibiotic Awareness Week. This will be advertised across the Trust and on the Intranet. Formal Trust Junior Doctors teaching is planned for November in addition to a Point Prevalence audit which was last undertaken in 2017. This will help us identify areas of good practice and areas where extra support is needed during this period where we are seeing a high proportion of patients receiving antimicrobials

Although the Standard Contract is also suspended, the Trust is achieving a 3.08% antibiotic reduction so exceeding the target (2% reduction) by 1.08%. The actual antibiotic consumption for the Trust over the past 4 months has reduced; the bed occupancy may be the basis for this but will be kept under review.

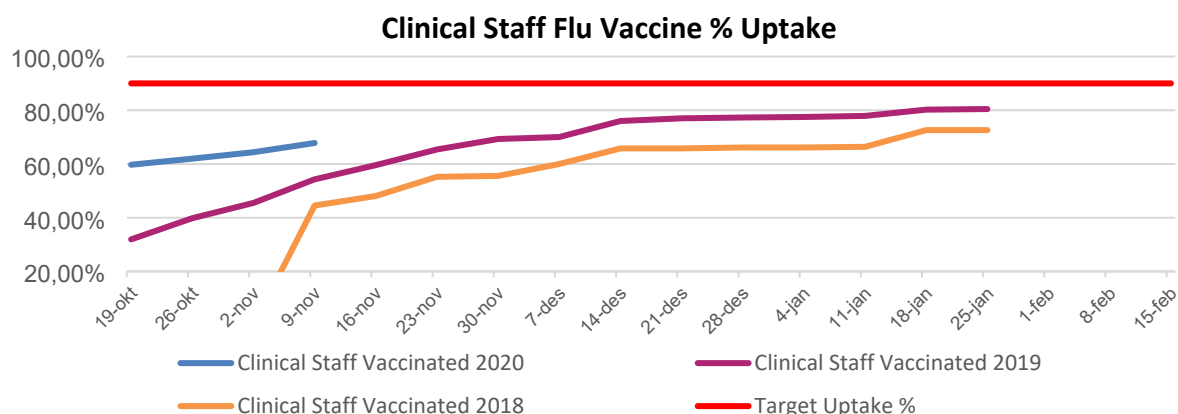
2.9 Influenza Vaccination Campaign 2020/21

The focus as always is to achieve maximum uptake of vaccination by staff to protect patients and staff and launched on 5 October 2020. The weekly 'stand up meeting' will be used to share progress and best practice and to challenge compliance and rates. Regular updates will be provided to the Executive Team and Trust Board, as well as of course, to the

managers and clinical teams. This year the vaccine delivery schedule has been reviewed to align the delivery model to vaccine availability and capacity. Previously the Trust achieved the CQUIN target of 80% of staff vaccinated. For 2020 the CQUIN is not in place however the target was set at 90%.

Due to the COVID-19 pandemic, a number of adjustments have been put in place. Staff need to book an appointment to ensure social distancing and queue management. Peer vaccinators have also been implemented instead of mobile 'flu teams to avoid moving from ward to ward. Electronic vaccination form which records the vaccination and updates the statistics in real time as well as requesting consent to share with GP practices have been introduced to ensure full paper free process as well as improvements regarding accuracy and safety of data transfer

As at 12 November 2020, 70% of clinical staff have been vaccinated; the total number of staff vaccinated is 68% (11,000) which is a fantastic response and places the Trust ahead regionally for the number of staff up taking the opportunity to be vaccinated.



The Department of Health and Social Care (DHSC) has requested acute providers to access the central stock of flu vaccines to facilitate vaccination of high risk groups. There is a working group focused on planning the operational delivery of these vaccines, prioritising inpatient vaccinations.

2.10 Water Safety

A review of the Strategic Water Safety Group (SWSG) and Operational Water Safety Group (OWSG) membership and reporting structure has been undertaken. The revised structure will be implemented at the next group meetings.

The independent Authorising Engineer (Water) has commended the SWSG following a recent management audit. A concern over management of water systems at the Campus for Ageing and Vitality (CAV) has been escalated within Estates and additional resources are to be targeted at planned and remedial maintenance activities.

Bespoke training has been arranged for all members of the SWSG in November 2020. This training is to focus on water safety awareness and the roles and responsibilities of group members.

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2.11 Ventilation

The installation of a new Air Handling Unit at Ward 48 at the Royal Victoria Infirmary (RVI) is complete and the Ward has been re-opened for COVID-19 patients.

Ventilation regimes have been reviewed following the installation of a COVID-19 donning/doffing cubicle on RVI Ward 38 (Intensive Treatment Unit (ITU)) and the installation of a segregation wall on RVI Ward 18 ITU.

Ventilation in the Dental Hospital has been added to the Risk Register. Risk assessments are underway, exploring solutions and mitigations under the auspices of the Estates team. A specialist ventilation consultant is to be engaged to review the options available to safely increase air exchange rates.

It was agreed at the Trust Ventilation Safety Group that the Ultra Clean Ventilation system to Theatre 8 at FH would be added as a risk due to the current level of performance and reliability over the past 12 months. A risk statement is currently being produced for submission.

Bespoke training was arranged for members of the Ventilation Safety Group on 26 October 2020. This training is to focus on ventilation safety and the roles and responsibilities of group members.

3. RECOMMENDATIONS

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

**Report of Maurya Cushlow
Executive Chief Nurse**

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

20 November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	20 November 2020						
Title	Quality Account Bi-Annual Report						
Report of	Angela O'Brien - Director of Quality & Effectiveness						
Prepared by	AnneMarie Troy-Smith – Quality Development Manager						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The Quality Committee previously approved the 2020/21 Quality Account Priorities and has now reviewed progress to date (20 November 2020 meeting) in order to provide assurance to the Board that progress is being made and, where necessary, appropriate measures are in place to address any deviation from the anticipated mid-year position.</p> <p>This paper outlines a six month review of progress and includes results where available. Since we published our last Quality Account in June 2019, we have, of course, experienced significant disruption due to the COVID-19 pandemic. In May this year, NHS Improvement (NHSI) made revisions to the Quality Account deadlines for 2019/20. This included a revised timeline for publication of 15th December 2020 and providers were not expected to obtain assurance from their external auditor on the Quality Account / Quality Report for 2019/20.</p> <p>Intelligence to date tells us that the Quality Account / Report timeframes for next year will revert to normal therefore the Quality Report will need to be presented to parliament in May 2021 having undergone external auditor assurance and the Quality Account will need to be published by June 30 2021.</p>						
Recommendation	The Board of Directors are asked to note progress against the 2020/21 quality priorities and note the recommendations for Quality Account priorities in 2021/2022.						
Links to Strategic Objectives	<p>Putting patients first and providing care of the highest standard focusing on safety and quality. Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle and beyond.</p> <p>Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do</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	There is a risk of not achieving targets set in Quality Account which would impact on quality of care and reputation.						
Reports previously considered by	Report considered by the Quality Committee on 20 November 2020.						

QUALITY ACCOUNT BI-ANNUAL REPORT

1. INTRODUCTION / BACKGROUND

Every year, the Trust is required to publish a Quality Account which is an annual report written for the public about the quality of the healthcare services it provides. It contains both a retrospective and prospective account of the Trust’s quality priorities, explaining outcomes and, crucially, looking forward to define the quality priorities for the next year. The Trust Board approved the Quality Account priorities for 2020/21 and is now asked to review the progress to date.

2. PROGRESS TO DATE

Patient Safety

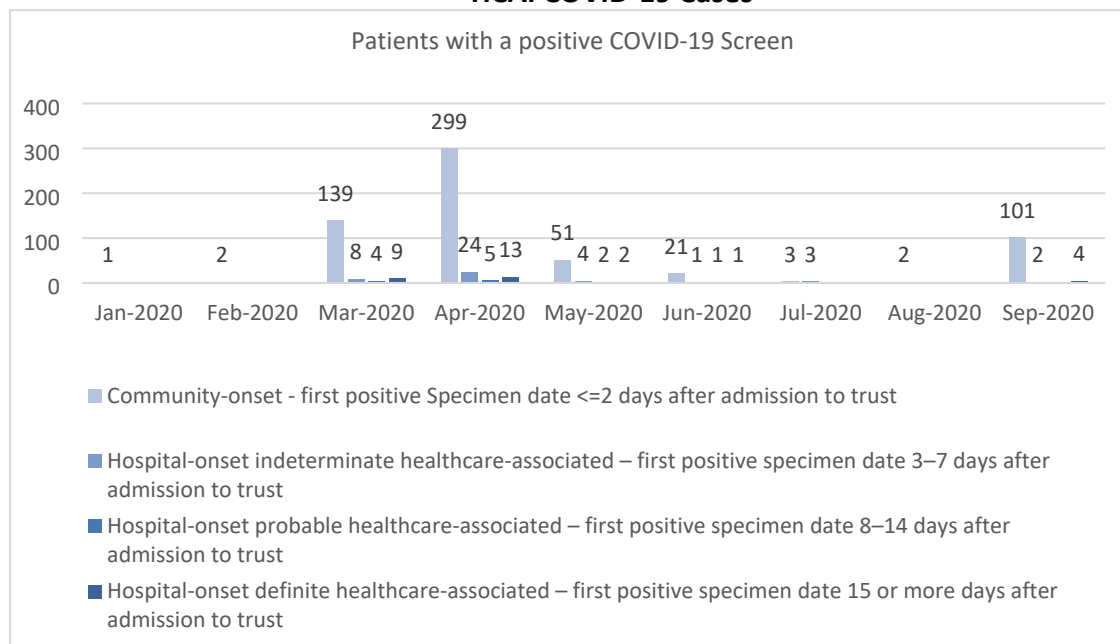
Priority 1 - COVID-19, Reducing Infection; focus on MSSA/*E. coli*

What are we aiming to achieve?

- Prevent transmission and Healthcare Associated Infections (HCAI) COVID in patients and staff.
- 10% year on year reduction of MSSA bacteraemias.
- National ambition set in 2018 to reduce *E. coli* and other gram negative bacteraemias by 25% by 2021/22 with the full 50% reduction by 2025.
- Sustain a reduction in *C. difficile* infections in line with national trajectory; to date we are still awaiting formal objectives from NHS England / Improvement (NHSE/I).

Six month update: During the period April 2020 to September 2020:

HCAI COVID-19 Cases



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On 19 May 2020, national guidance was issued to define HCAI infections in the context of COVID-19. These are:

- Community-onset - first positive Specimen date ≤ 2 days after admission to Trust.
- Hospital-onset indeterminate healthcare-associated – first positive specimen date 3–7 days after admission to Trust.
- Hospital-onset probable healthcare-associated – first positive specimen date 8–14 days after admission to Trust.
- Hospital-onset definite healthcare-associated – first positive specimen date 15 or more days after admission to Trust.

In accordance with NHSE and Public Health England (PHE) guidelines, all non-elective patients are tested for COVID-19 on admission and at day 7. Elective patients are screened prior to procedure. The majority of screening is undertaken by Pre-assessment and at the Pod, with small numbers undertaken by individual directorates. The demand on this service increases with changes in activity and its operation is crucial to maintain clinical pathways and reduce risk of nosocomial infections.

Newcastle was a pioneer in early introduction of testing for COVID-19 in symptomatic staff and household contacts. In addition to this ad-hoc serology clinics were created and circa 80% of our staff have had serology tests to date, with a seroprevalence of around 6.4%, which is low. This brings confidence and assurance on our existing Infection Prevention Control (IPC) processes and procedures.

The Pod service for COVID-19 testing was created at the onset of the pandemic and it was staffed by services who saw their activity reduced or paused during the peak of the pandemic. In addition to staff and household testing, the service also supports screening of care home staff and some GP practices. As activity in all areas increases and staff are returning to their base areas, a review is underway on how to best sustain this new and essential service.

Staff are encouraged to complete COVID-19 risk assessments which consider known risks associated with worse outcomes following COVID-19 infection, including risks identified in Black, Asian and Minority Ethnic (BAME) groups. The risk assessments help to inform whether additional workplace adjustments are required for any member of staff to minimise workplace risk of COVID-19 exposure. The risk assessment may indicate a need to consider redeployment.

All staff are required to wear surgical masks in hospital and wherever possible maintain 2m distancing. Risk assessments on COVID-19 secure and COVID-19 non-secure areas help identify areas where infection prevention measures are particularly important. Work is underway to increase visibility and signage reinforcing prevention measures of social distancing and mask wearing. In addition to this, a staff handbook has been written as an easy, at a glance compilation of all staff guidance so far. Patient information leaflets are also available which provide additional support during hospital attendances.

Investigations of cases defined as definite HCAI COVID-19 has revealed that some cases were acquired following discharge to care homes and others were linked to family contacts.

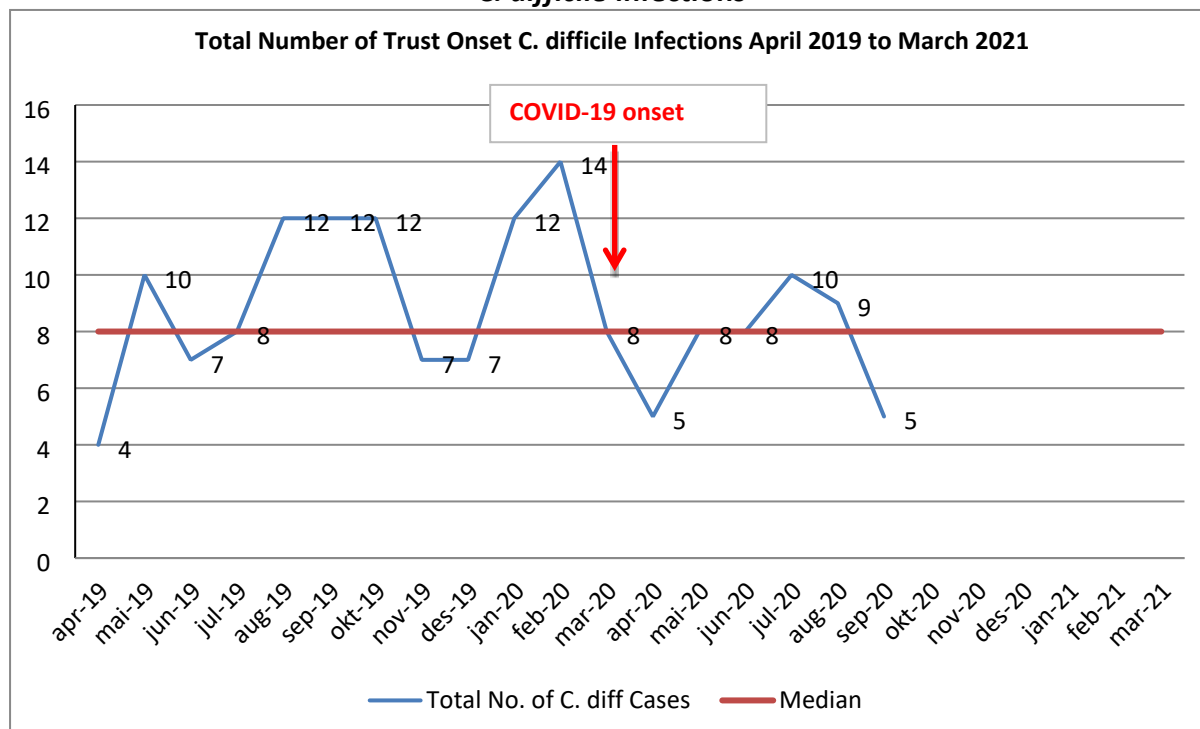
Root Cause Analysis (RCA) and audits of practice are undertaken by the Infection Prevention

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and Control Nurses (IPCNs) for all COVID-19 cases from 3 days of admission and will be reported as Serious Incidents (SI's) as appropriate and according to SI findings.

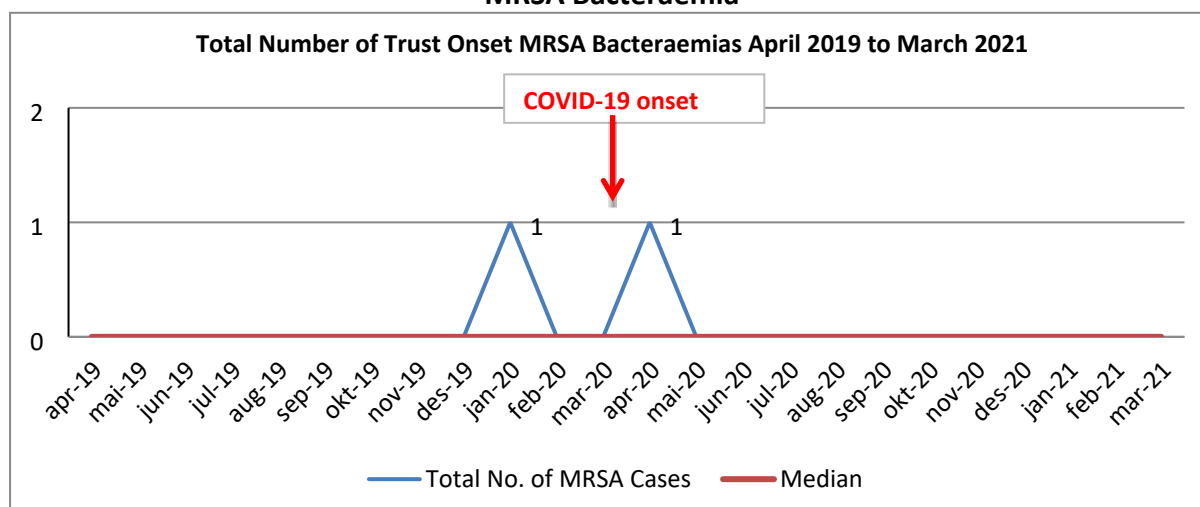
An outbreak will be declared when 2 or more cases are identified in one ward or area of the hospital, and when no further cases are identified within 28 days of the first case, the outbreak can then close. A weekly update to NHSE will be required when outbreaks are declared, which is a variation from existing PHE guidelines on outbreak management.

C. difficile infections



There have been 45 cases of hospital acquired *C. difficile* (24.75 per 100,000 bed days). As there is currently no formal objective we are currently measuring against last year's annual trajectory of ≤ 113 cases. It is anticipated that there will no longer be financial penalties associated to *C. difficile* infection (CDI) therefore it is likely that the formal appeals process will end. This compares with 53 at the end of September 2019.

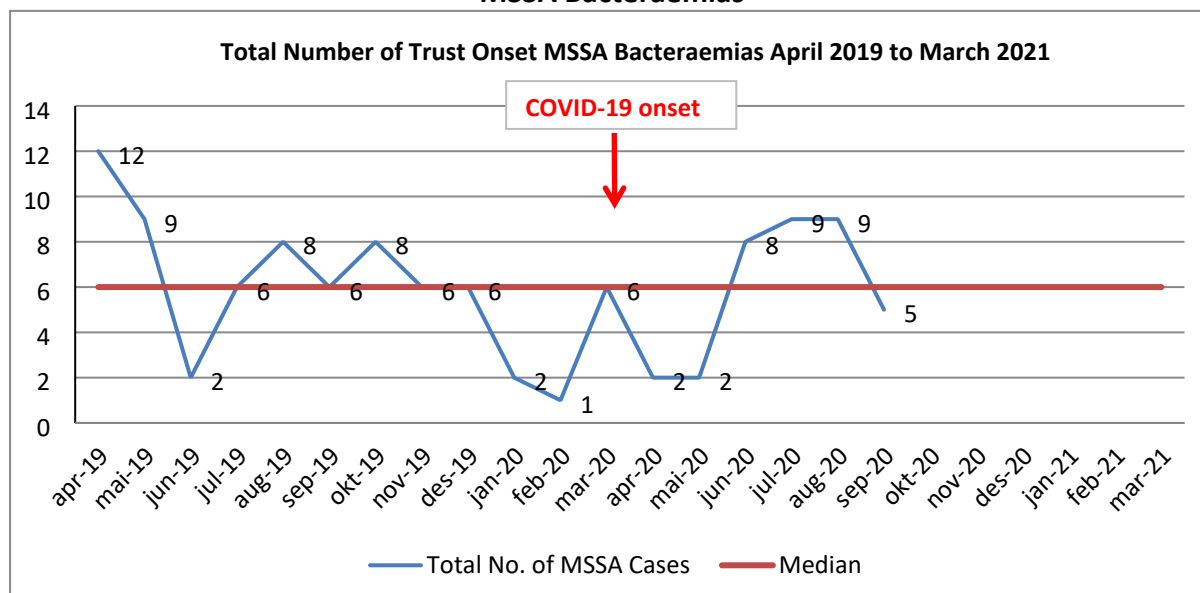
MRSA Bacteraemia



There has been 1 MRSA bacteraemia case assigned to the Trust. This compares with none at the end of September 2019.

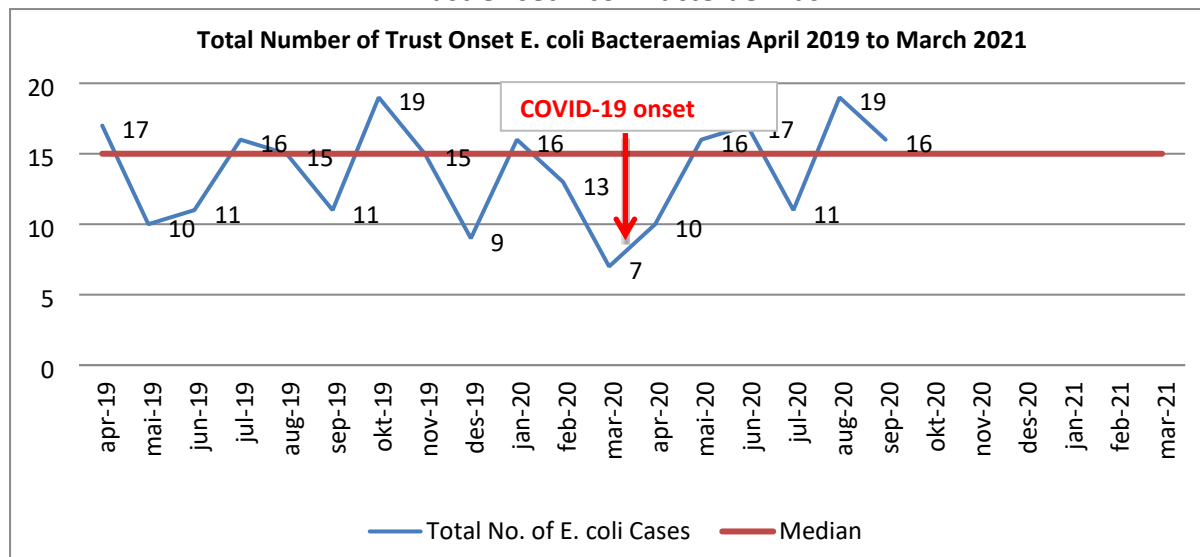
Specific interventions targeting MSSA and MRSA bacteraemia have been implemented and are being monitored. Daily antiseptic washes are used on inpatients for the duration of their admission. Aseptic Non-Touch Technique (ANTT) is being focused on to improve practice around insertion and care of invasive devices and thereby reduce the number of line-related MSSA bacteraemia.

MSSA Bacteraemias



The 2020/21 NHS Contract now includes Community Onset Healthcare Associated (COHA) cases (patient group includes those who have been discharged within the previous 4 weeks) to all Blood Stream Infections (BSI) from 1 April 2020. Due to this change in guidance, we have set an internal objective for a 10% reduction based on last year’s HCAI rate which includes the new COHA definitions. We have sought local agreement regarding which patient groups are being included in the definition of COHA cases which has been confirmed as an overnight stay and to enable comparative data the same definition will be used whilst awaiting national clarification. There have been 35 cases of MSSA bacteraemia, compared with 43 at the end of September 2019.

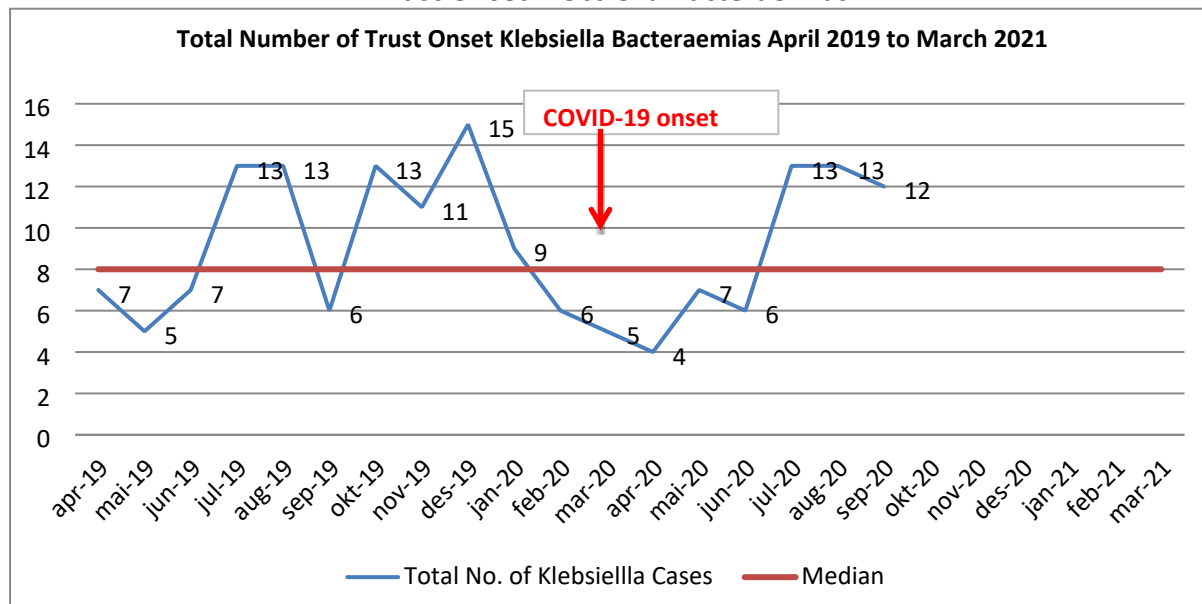
Trust Onset *E.coli* Bacteraemias



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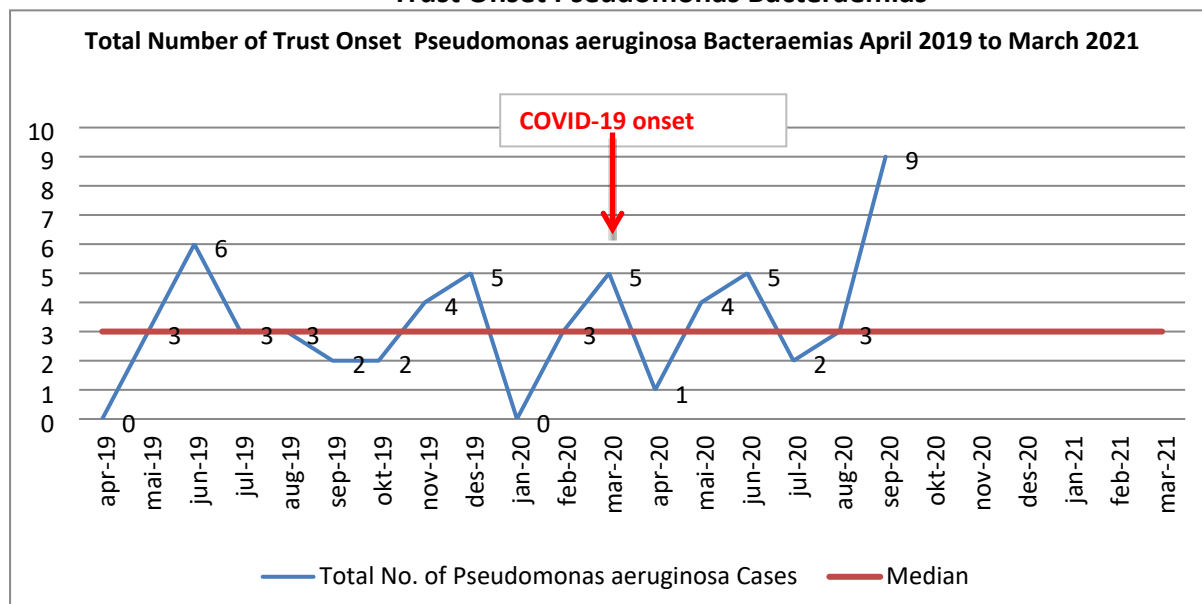
Due to the changes outlined in the MSSA section above for the definitions of HCAI, we have set an internal objective for a 10% reduction based on last year's HCAI rate which includes new COHA definitions. There have been 89 cases of *E. coli* bacteraemia, compared with 80 at the end of September 2019.

Trust Onset Klebsiella Bacteraemias



There have been 55 cases of Klebsiella bacteraemia, compared with 51 at the end of September 2019.

Trust Onset Pseudomonas Bacteraemias



There have been 24 cases of Pseudomonas bacteraemia, compared with 17 at the end of September 2019.

These figures are reported to the Trust Board and PHE on a bi-monthly basis. The Healthcare HCAI work stream is overseen by the Director of Infection Prevention and Control (DIPC) on behalf of the Infection Prevention and Control Committee (IPCC).

Mandatory reporting continues however formal Multidisciplinary Team (MDT) led RCAs have been temporarily suspended during COVID-19, however IPC led individual reviews for all cases are still being undertaken to ensure patient safety and provide assurance of compliance of practice in line with policies. The RCA tool is currently being reviewed by IPC Team (IPCT) in collaboration with Gateshead Health NHS Foundation Trust IPCT prior to recommencing Multi-disciplinary Team (MDT) RCAs. This is to ensure the investigation process is efficient and comparable for the Newcastle/Gateshead Clinical Commissioning Group (CCG).

Antimicrobial Stewardship

The Trust is committed to reducing overall antibiotic usage and reduce the use of broad spectrum antibiotics (carbapenems) in line with best practice for our patients. To allow additional time to be devoted to clinical care during the COVID-19 pandemic, NHSE/I announced on the 1 July 2020 that all CQUINs have been suspended until March 2021. An allowance for Commissioning for Quality and Innovation (CQUIN) will continue to be included in the block payments made to Trusts. The standard contracts are also no longer in place; the current guidance is that 'Trusts must do all that they reasonably can to continue to comply with the national service requirements stated in the contract, but commissioners must recognise that these may not always be achieved in full during the COVID-19 outbreak'. To comply with the elements of quality improvement set out by CQUIN the Antimicrobial Steering Group (AMSG) are making plans to work within the CQUIN framework, interpreting and forming a plan to deliver CQUINs in the future.

Sepsis

The steering group is working to understand modifiable factors in the management of sepsis. The Trust Sepsis Nurse continues to develop the role in education and awareness of sepsis. Directorate reports on deterioration, including sepsis, are not available as the introduction of the deterioration ALERT system was postponed due to COVID-19 pandemic. The use of an electronic ALERT system, linked to eObservations will be critical to data extraction pertaining to Trust targets, patient safety in terms of recognition and treatment of deteriorating/septic patients and will enable higher quality clinical assessment information to be obtained. They will also help provide assurance on compliance with sepsis management, timely prescribing of antibiotics and escalation of deteriorating patients. The Deterioration ALERT 'GO LIVE' to all adult areas using eObs scheduled for 1 September 2020, was paused on 30 September 2020 following feedback from the frontline clinical teams. There are opportunities to make improvements to align work flow and make this process simpler, more efficient to use and critically more effective at preventing harm to patients. There has also been education and communication needs identified to engage the staff and relaunch to produce a system wide high level of sustainable compliance and deliver a transformational leap in patient safety at Newcastle Hospitals. This is an opportunity for the Trust to deliver a standard of care that can be seen as a flagship example to the rest of the NHS.

Relaunch of the Alert is dependent on completion and testing of variances and updated forms, education resources and a communication plan delivered. A provisional date for

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relaunch is mid/end November 2020 and once live, data monitoring of compliance so areas can be targeted for focused educational support.

We propose that this continues as a priority in 2021/2022 with the inclusion of COVID-19, Community Onset Healthcare Associated cases, Sepsis & Antimicrobial Stewardship.

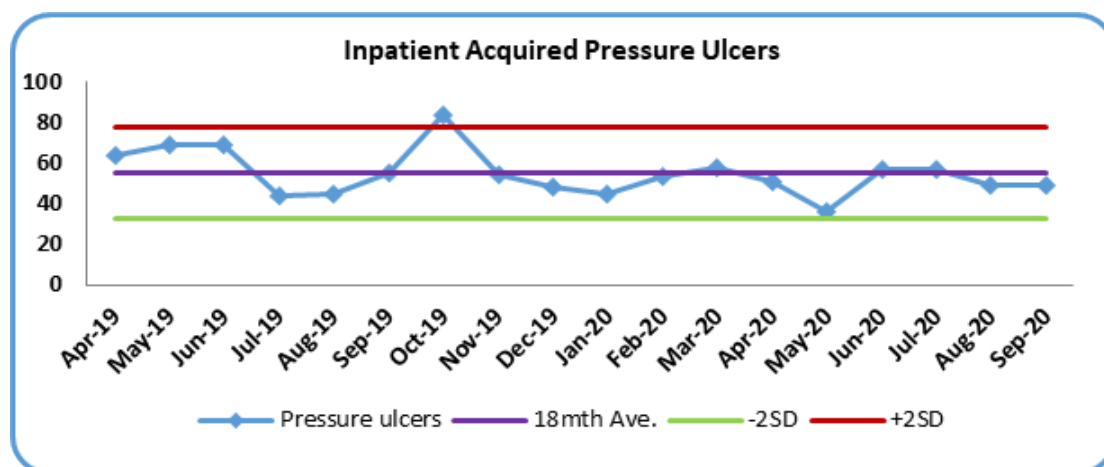
Priority 2 – Pressure Ulcer Reduction

What are we aiming to achieve?

- Significantly reduce hospital acquired pressure damage (specifically pressure ulcers graded category II, III and IV).
- Lead quality improvement work on adult in-patient wards who are reporting the highest incidence and rate of pressure damage.
- Based on incidence and rate of reported pressure ulcers, provide Tissue Viability support for frontline staff.
- Ensure frontline staff are skilled and educated with a developed knowledge base of pressure damage prevention and quality improvement methodology for their patient group.

Six month update:

The Acute Trust figures show a sustained reduction in the number of pressure ulcers reported between April and September 2020. There has also been a reduction in serious harm from pressure damage in both July and September. Within the Tissue Viability Team, time has now been allocated 2-3 afternoons per week to perform training within the clinical areas, allowing preventative measures to be explored and implemented. In areas of high incidence, or serious harm, increased support has been provided. This support includes teaching sessions of preventative measures, leadership development and support, auditing resources, and support in the development in the use of the electronic patient record, following which a reduction in incidents is evident. In June, dashboards were formulated per directorate and ward allowing a visual demonstration of incidents, the aim of which is to allow transparency, promotion of ownership and understanding of data at ward level with the aim of monitoring for improvement.



We propose that this continues as a priority in 2021/2022 with a focus to Community Acquired and/ management of Pressure Ulcers (PU) in the Community.

Priority 3 – Management of Abnormal Results

What are we aiming to achieve? A long term solution for effective and efficient communication of all test results to the responsible clinician, with appropriate escalation of results which are not acknowledged, in order to maximise patient safety.

Six month update:

All services produce paper reports from tests carried across in the Trust. In addition, results and reports are shown in the *Results Review* table or in specific sections for individual patients in our electronic patient record. Routine haematology and biochemistry reports for in-patients have not been produced on paper for the last 5 years, as these are viewed in *Results Review*.

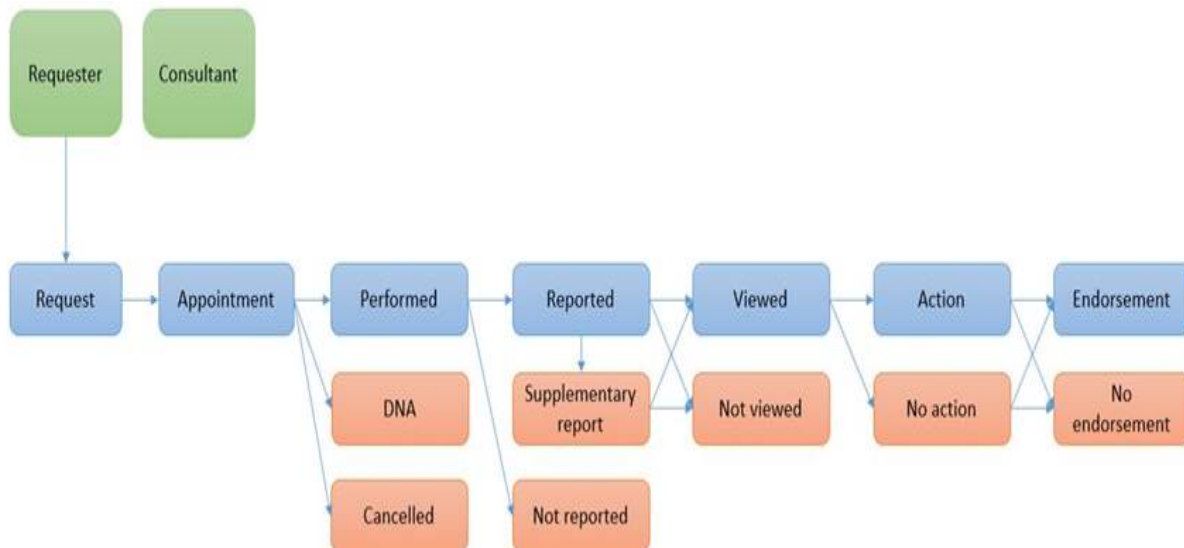
At *paperlite* go-live on 27 October 2019, additional alerting of results was enabled in the *Message Centre*, with labelling of critical (red flag) results. Clinicians are shown results from tests they have personally ordered and for patients that they are the consultant of record. In addition, ward “pools” were built to enable ward-based clinical teams to review all new results in a single table. This system makes the endorsement or redirection of results efficient, with easy access to individual patients’ records as required.

Use of *Message Centre*, and other systems for endorsing results, have not been universally adopted. On a rare occasion results have been misdirected and investigations have shown that tests are sometimes requested against the wrong episode of care (encounter), that teams do not always update the consultant responsible when this changes during an admission, and that there are clinics where the consultant of record does not reflect the team seeing the patients.

To resolve these issues we propose:

- 1) Ensure tests are requested against the appropriate consultant:
 - a. An additional mandatory field on order entry forms to indicate the clinician who should receive the report.
 - b. Clinical teams to update the consultant of record.
 - c. Rebuilding clinics to ensure the correct consultants are recorded as responsible.
- 2) A new “closed-loop” investigations review system which highlights:
 - a. test type, requesting clinician, responsible consultant and their secretary, date/time/location or the request, test scheduling, test performance, report publication, endorsement and actions taken.
- 3) A new system to alert the requesting team when:
 - a. A test is not performed because the
 - i. The investigation is cancelled; or
 - ii. A patient does not attend.
 - b. A test is not reported after a prescribed period of time.
 - c. A supplementary report is generated.
- 4) A new system to escalate alerts which are:
 - a. Not viewed or endorsed.
 - b. No action is taken.

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The design authority for these changes, the thresholds and escalations, will include the patient safety team, representatives of laboratory medicine and radiology, and other clinicians responsible for high volumes of investigations. Until this is tested and implemented, paper results will be produced as currently, ensuring at each stage that we are improving patient safety.

We propose that this continues as a priority in 2021/2022. We believe that this should be a continuing priority to ensure that we implement a robust system to ensure clinicians are alerted to the results of investigations and that there are appropriate, agreed fail-safe mechanisms to ensure these are actioned. The objective being to reduce the risk of patients coming to harm from the results of their investigations not being actioned.

Clinical Effectiveness

Priority 4 – Closing the Loop

What are we aiming to achieve?

To explore the internal incident reporting system as a potential IT solution to enable staff to record, prioritise, monitor and complete all required actions identified by the internal and external assessments within the agreed timescales.

Six month update:

The functionality of the current internal reporting system (DatixWeb) has been scoped and this has positively shown that the system can be used for this purpose. The Datix System Manager has developed the system to incorporate a reporting function that enables monitoring reports and dashboards to be produced at both directorate and corporate level. This will ensure that key themes and trends are able to be identified in order to guide prioritisation.

The system is currently being piloted by the Surgical Services Directorate. This has continued despite additional pressures of the COVID-19 pandemic. The Datix System Manager has delivered training to the key individuals within the directorate. The trial will continue until

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December 2020 and feedback will be sought from the directorate team to guide further work.

The work to roll this out Trustwide is currently stalled as the Trust is investing in an upgrade of the DatixWeb system to DCIQ Datix Cloud IQ so roll out to the rest of the organisation will be via this new platform. Once the new platform is established a multidisciplinary task and finish group will be developed to ensure the effective rollout across the Trust.

We propose that this priority is discontinued as a priority in 2021/2022 as it will become business as usual with the new Datix system.

Priority 5 – Enhancing capability in Quality Improvement (QI)

What are we aiming to achieve?

- Establish a single-point of access to all staff for improvement.
- Develop Newcastle Improvement – a new Quality Improvement Faculty.
- Co-ordinate improvement work across the Trust with existing improvement teams such as the Service Improvement Team and the Transformation Team.
- Recruit The Institute for Healthcare Improvement (IHI) as our global improvement partner.
- Upskill core faculty to support improvement work across the Trust.
- Deliver an effective training strategy to build capability amongst all staff. Starting by training four multi-disciplinary teams on improvement and linking this to local and Trust improvement priorities. This approach will be evaluated and further developed to scale up throughout the Trust.

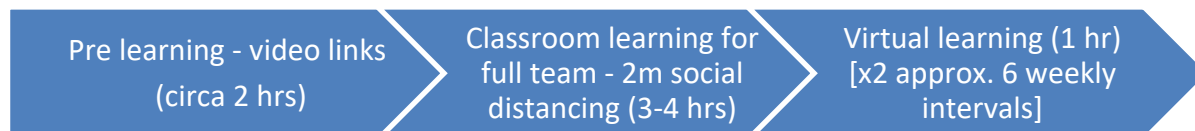
Six month update:

The Trust has established a partnership with the IHI. This has been in the form of ongoing dialogue and collaborative meetings with senior leaders at IHI and Trust Executive Team members to share the Trust's Improvement ambitions and assess how to best deliver an improvement partnership. The IHI delivered an 'Improvement Seminar' to the Trust Board in July 2020. The collaborative partnership will focus on three parts; Strategic Planning (to help develop a set of improvement strategies and tactics designed to achieve the Trust's quality goals); Strategic Guidance (to help address challenges and opportunities, build bridges between quality planning, quality assurance and control, and quality improvement); and Building Improvement Capability in Service of Results (to co-design a capability development plan based on a 'dosing approach' of the concepts, methods and tools of the science of improvement).

We have been bringing together a Newcastle Improvement Team from the existing Service Improvement Team, the Transformation and Financial Improvement Team and the Quality Improvement Team to create a central corporate function to support improvement and transformational change. This aims to enable a single, coordinated and coherent approach to improvement and transformational change. It will provide staff with skills to develop and apply improvement methodology, problem solve in an adaptive way, and empower them to deliver change. It will also support Trust leaders to gain an understanding of improvement methodologies and develop skills so that they are confident in taking collective ownership, create a local environment which enables and supports improvement, and champion the need for change.

We have designed and delivered improvement training to start to build capability for staff. Four multi-disciplinary teams have been trained on improvement to support Trust improvement priorities. The four teams are audiology, endoscopy, breast screening and laboratories. The training approach has been designed to ensure the COVID guidelines are compliant. The approach follows three stages for learning and is targeted to clusters of 8-10 staff with different roles within a team.

Improvement Training Approach



The content focusses on the scientific approach for improvement - [Model for Improvement, leadership for improvement, purpose/aim setting, measuring improvement, variation, change ideas, Plan Do Study Act (PDSA)]. It is supported by coaching staff to overcome challenges with change and improvement. This approach is being evaluated to assess:

- What knowledge has been gained through training?
- Has confidence increased through QI training?
- What learning has taken place, and why?
- What is the acceptability of the modality of the training?
- What have been the clinical effects of the initiative undertaken (patient, staff, financial)?

We propose that this continues as a priority in 2021/2022 but suggest changing to reflect changes in Trust/Faculty i.e. Newcastle Improvement.

Patient Experience

Priority 6 – Treat as one

What are we aiming to achieve? We aim to continue to use the key recommendations made in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report as a basis to guide a coordinated approach to current practices and processes within NUTH and Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust (CNTW). Where those aspects of care fall short of NCEPOD recommendations, we will work towards optimising and adapting care to meet those standards where possible.

Six month update:

Work is nearing completion to optimise and adapt care to meet the key NCEPOD recommendations in Treat As One.

- NUTH/NTW quarterly meetings to coordinate actions have been challenging due to Covid restrictions but efforts are being made to move these into an online format. The expectation is that the quarterly frequency will be re-established.
- An initial audit of documentation in NUTH notes of psychiatric liaison entries, particularly in A+E, was undertaken. The outcome of that was used to guide efforts to develop a standard pro-forma for notes entries in NUTH medical records in keeping

Agenda item A5(iv)a

with Treat As One principles. This is now in regular use. A project is currently underway to develop an e-record “macro” to enable immediate download of the developed pro-forma. It is hoped this will be completed by end of January 2021.

- Compatibility between RiO and paperlite is improving. Access for NTW staff to NUTH records and to RiO for NUTH staff has been made available. There is now an option for “cut and paste” entry from Psychiatric liaison notes to NUTH notes to avoid duplication of work and improve consistency of access to mental health diagnoses and action plans in NUTH notes. This is not fully developed yet and is limited to some extent by NUTH computer-hardware access for NTW staff.
- An educational e-learning package is now available from Health Education England (HEE) on NUTH Electronic Staff Record (ESR), others via the electronic learning for healthcare (e-LfH) site. This is standardised nationally and will be the basis for NUTH use. It is planned that a basic (approx. 20 minute) Mental Health (MH) e-learning module will be added to mandatory training for all NUTH staff. Suggested training requirements for individual directorates may be made available. It could take significant time for staff to complete, up to half day for those with high need for MH awareness training. The Mental Health First Aider programme in NUTH needs continued support and a further drive to train new First Aiders. The Trust has appointed its first MH First Aider trainer. There are plans to appoint a further two but this is currently hampered by COVID-19 restrictions. The First Aider role is essentially for staff members support rather than patient care. Once the trainers are fully established it may be possible to assess the realistic opportunities for the First Aiders to additionally take on the MH Champion role in raising MH issues awareness.
- Task and finish group re-established monthly meetings to advance Treat as One compliance.

We now believe that the Trust is largely compliant with the NCEPOD recommendations and as such Treat As One no longer needs to be a specific priority. However it is clear that mental health issues remain a key area for development of Trust policy and process on a much broader basis than the Treat As One priorities. We would recommend establishment of a Trust initiative to take on this wide ranging and challenging area of care.

We propose that this priority is discontinued as a priority in 2021/2022 as it will become business as usual within the Trust. It is proposed that there is a focus on an aspect of mental health as a priority for 2021/2022.

Priority 7 – Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disabilities

What are we aiming to achieve?

We aim to improve the experience for patients and their families who need to access hospital services and to improve health outcomes.

Six month update:

Changes to the team

A number of changes have been made to strengthen the team which includes Band 6 and Band 7 appointments. The Head of Safeguarding is providing line management for the team whilst an Associate Director of Nursing (AND) remains the Learning Disability Lead.

Diamond Standards - Background

The North East and Cumbria Learning Disability Network has been working with Learning Disability Liaison Nurses in acute hospitals in the North East and Cumbria to revise reasonably adjusted care pathways (emergency and elective admission pathways) for people with learning disability. These replace the previous learning disability pathways developed in 2011. To support the implementation of the pathways, an e-learning programme has been developed for the workforce to access.

The Learning Disability Diamond Standard Pathways have been developed to fulfil both the Learning Disabilities Mortality Review (LeDeR) and NHS Improvement Learning Disability Standards requirements.

Current Position

Acute Trusts are requested to adopt the pathways and associated e-learning and make available for staff across the organisation. Trusts have authority to adjust pathways and e-learning to better suits the needs of individual organisations.

Implementation Plan

- Pathways and e-learning under review to determine if any adaptations required.
- IT support to input the software.
- Consideration for roll out and expectation for training via Learning Disability Champions.
- Update of Learning Disability section on intranet.
- Launch date to be agreed.

Improvement Standards – Self-Assessment

Trust submitted and awaits feedback from the self-assessment submission in January 2020.

Patient Experience

Some excellent examples of reasonable adjustments for patients and their families to demonstrate positive patient experience.

MRI / CT Pathways (adult and Child)

Work commenced in conjunction with NE and Cumbria Learning Disability (LD) Network and GNCH anaesthetics to incorporate theatre attendance within passport for Children and Young People (CYP).

Pathways to be developed for adult patients requiring MRI / CT under sedation / GA Regionally discussions led by NE and Cumbria LD Network to consider digital passports.

Priorities Moving Forward

Three Work streams (task and finish) being developed to address some specific issues;

- Learning Difficulty working in different ways to support this group of patients.
- Terminology commonality.
- Passport review and update for adults and children.

We propose that this continues as a priority in 2021/2022 with a change of focus. Initial discussions with the team leading on this work indicate staff education in relation to both learning disabilities and learning difficulties will be further enhanced.

3. SUMMARY

To date the Trust has made significant progress with its quality priorities.

4. RECOMMENDATION(S)

The Board of Directors are asked to note progress of the 2020/21 quality priorities and note the recommendations for Quality Account priorities in 2021/2022.

Mrs. Angela O'Brien
Director of Quality and Effectiveness
6 November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
Title	Learning From Deaths (July 2020 – September 2020)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager – Quality; Jo Ledger, Head of Patient Safety						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>This paper aims to provide assurance to the Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and carers (July 2018).</p> <p>This paper also summarises the processes that are in place to provide assurance to the Board that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.</p>						
Recommendation	The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanism for sharing learning across the Trust.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality <ul style="list-style-type: none"> Put patients and carers first and plan services around them. Maintaining our 'Outstanding' CQC rating. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provision of assurance that patient outcomes are reviewed and lessons learned to include deaths of people with learning disabilities.						
Reports previously considered by	This is a recurrent Board report, previously considered by the Quality Committee on 20 November 2020.						

LEARNING FROM DEATHS

1. INTRODUCTION

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

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

2. BACKGROUND

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

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

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

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

3. MORTALITY REVIEW DATABASE – DATA SUMMARY

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

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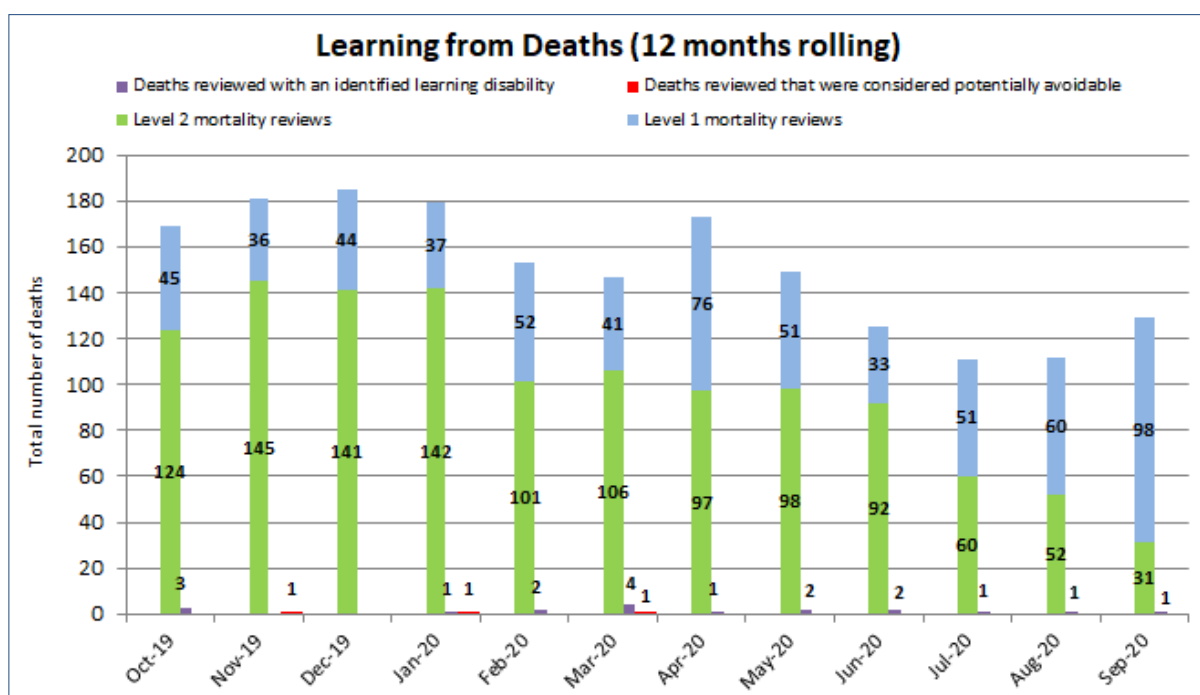
be shared between Directorates. The database captures all mortality reviews and centralises the findings in one place for all level 2 reviews.

Level 1: The reviewer reviews the cause of death and discusses with the certifying doctor.
Level 2: In addition, the reviewer also considers documents and health records associated with the death and records findings into Trustwide mortality review database.

Since January 2019, this has included learning from Paediatric Mortality reviews as the Children’s Services Directorate has commenced use of the database to record all child death reviews. In addition, the Learning Disability Team (LDT) also uses the database to record their investigations; this is above and beyond recording into the National Learning Disabilities Mortality Review (LeDeR) National Database.

3.1 Inpatient Deaths

In the past 12 months 1,813 patients died within Newcastle Hospitals and a total of 1,178 patients have received a level 2 mortality review. These figures could continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.



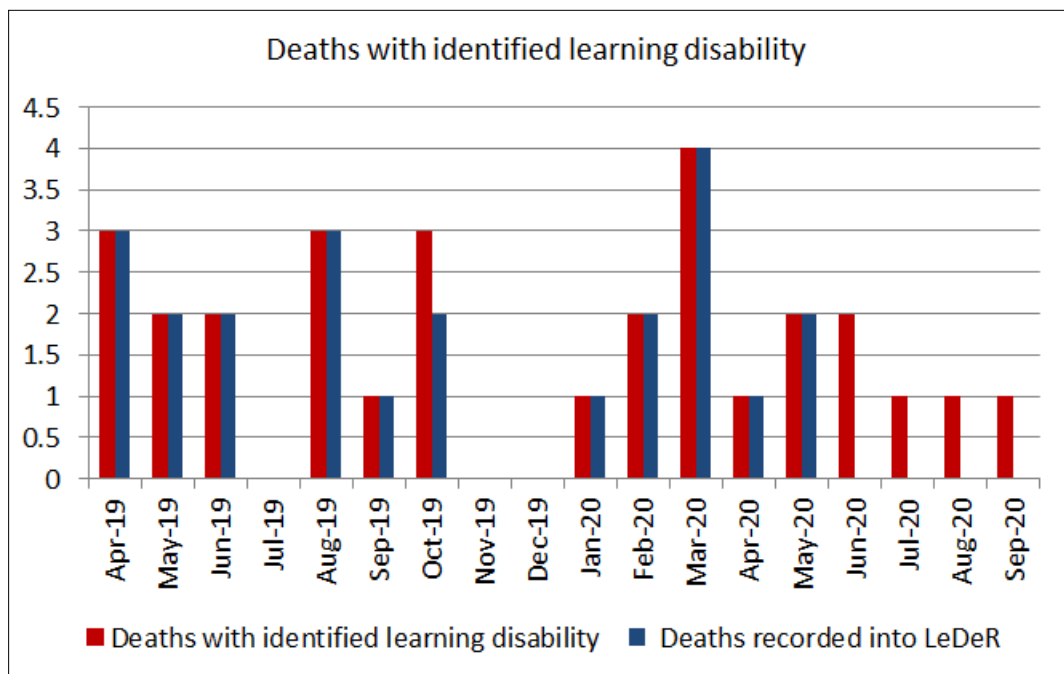
3.2 Patients identified with a Learning Disability

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

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Since April 2019 30 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 supported by the learning disability team; there is further in-depth review at the Learning Disability Mortality Review Panel and the death is also entered onto the Trust Mortality Review Database as well as the LeDeR National Database. An update is provided from the Learning Disability Specialist Nurse to each Mortality Surveillance Group and lessons shared via various methods including Clinical Risk Group and Patient Safety Briefings.

The graph below shows the data since April 2019 including those patients who have been recorded into the national LeDeR database. Historically there was a delay recording into the LeDeR database due to the lack of trained assessors within the Trust and this issue is known to be reported nationally. However, the Trust has recently appointed a NuTH clinician on a temporary basis to support LeDeR submissions, this has dramatically helped to reduce the delay.



3.3 Outcome of Case Reviews – Hogan Score

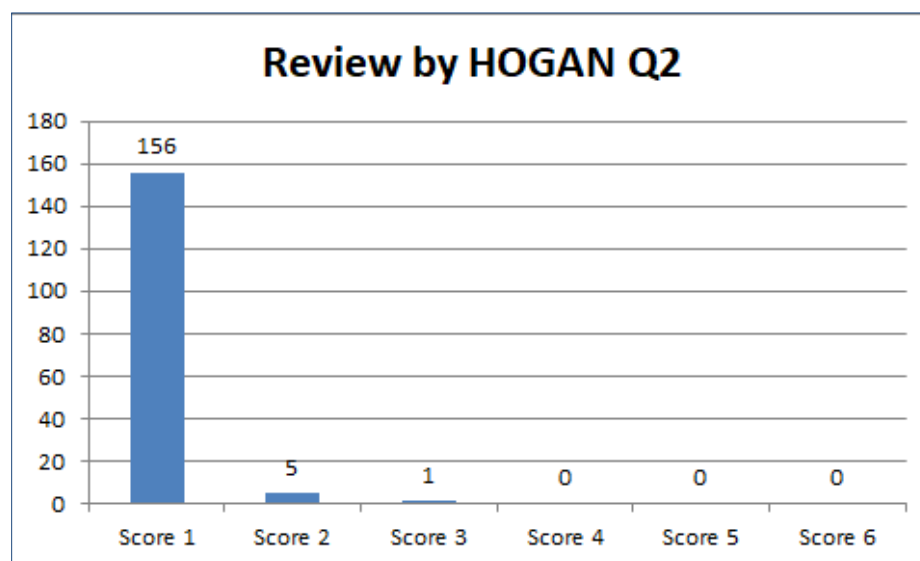
Throughout Q2, 162 patients have received a full casenote review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trustwide mortality review database. This will continue to rise as more M&M meetings go ahead over the forthcoming months.

Case notes were reviewed estimating the life expectancy on admission and 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.

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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 is to be reported. The outcomes of cases reviewed in Q2 are summarised below:



All HOGAN data is presented to the Mortality Surveillance Group and any patients that has been graded ≥ 4 is presented on an individual basis.

4. KEY LEARNING POINTS

The National Quality Board (NQB) recommendations state that providers should have systems for deriving learning from reviews and investigations and act on this learning. 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 an 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, and patient safety incident reports and outcomes measures. This information resource can then inform the Trust's wider strategic plans and safety priorities.

The learning points identified in Q2 following M&M reviews are detailed below, together with how this information has been shared and what action has been taken. Clinicians from one Directorate are also able to share learning from mortality reviews direct with other Directorate throughout the Trust.

Learning points identified in Q2

Directorate	Speciality	Date of Review	Learning Point	Action Taken
Internal Medicine	Stroke	05/08/2020	Case was not discussed with coroner's office (at duty consultant's advice), as the surgery did not contribute to patients death.	Stroke team has agreed that all patients who undergo any surgical interventions prior to their death need to be discussed with the coroner's office.
Internal Medicine	Older People's Medicine	27/08/2020	Ensure correspondence regarding suspected cause of death is forwarded to GP.	Agenda item at next Directorate Governance Meeting.
Internal Medicine	Older People's Medicine	03/09/2020	Improve nursing and medical handover to clearly communicate patients where further deterioration would lead to end of life care being instituted.	Ward team to include notification to out of hour's teams at handover for any patients clinically deteriorating where no further invasive investigations are indicated.
Peri-op & Critical Care (CC)	FH Critical care	06/09/2020	The processes for escalation to be agreed and implemented for when difficulties are encountered contacting the coroner out of hours.	Consultant has emailed peri-op & CC Colleagues asking that if anyone has any difficulties in the future to record the details and send to him, to be followed up with HMC as appropriate.
Surgical Services	HPB Transplant	23/09/2020	The use of inferior Vena Cava (IVC) filters in patients with Deep Vein Thrombosis (DVT) and coagulopathy was discussed and reviewed in M&M meeting.	The recent guidelines were emailed to the team.
Surgical Services	HPB Transplant	23/09/2020	Management of complex trauma cases, which include a liver injury, differs across the region.	Discussion at Regional Trauma Network meeting
Children & Young People	Oncology	28/09/2020	<p>Patient transferred to Leeds to access Paediatric Liver Service for further investigation and management of Gastrointestinal (GI) haemorrhage. Transferring back to Newcastle for ongoing care.</p> <p>Literature on busulfan lung not widely available or published online.</p>	<p>Explore sources of funding to establish a specialist paediatric liver service at Newcastle.</p> <p>To aim to publish more data from experience at Newcastle.</p>

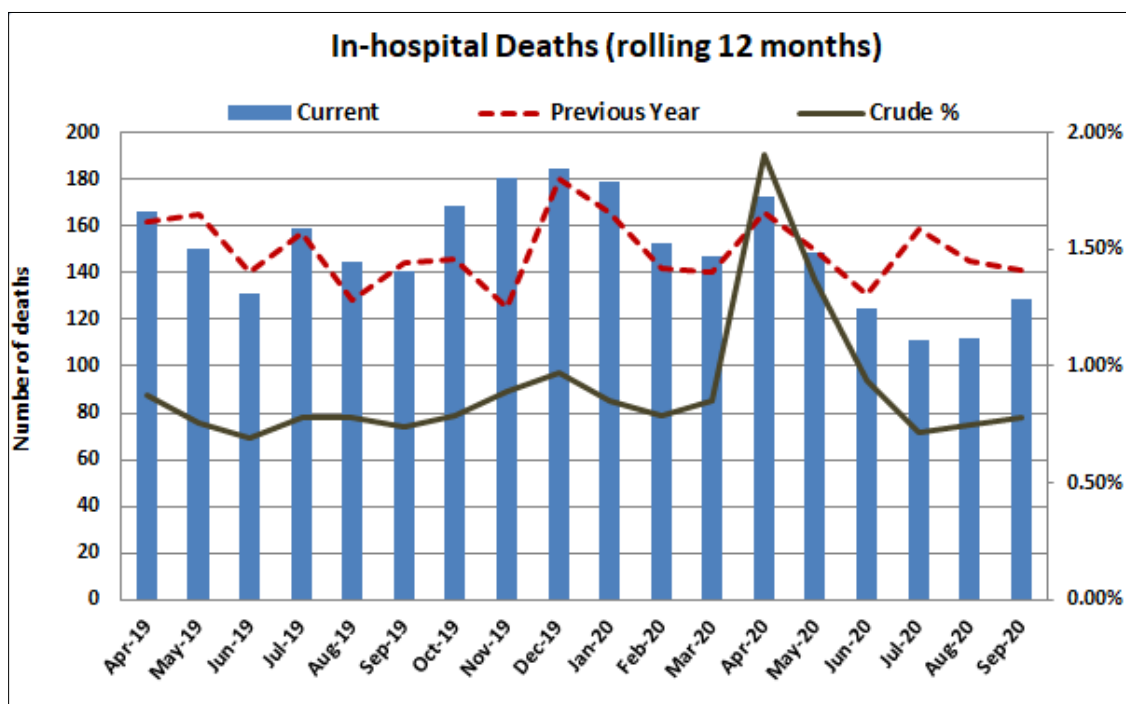
5. CRUDE MORTALITY

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Crude mortality rate is the percentage between all hospital admissions and in-hospital mortality.

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

The graph below shows the crude mortality since April 2019. The crude mortality is showing a distinct rise in April and May 2020. Due to the COVID-19 pandemic, the majority of elective surgeries were postponed during this time period, this dramatically reduced the amount of discharges. Although the deaths for this time period did not rise dramatically in comparison to the same time period the previous year, the reduced discharges increase the crude mortality percentage. Crude mortality has reduced to less than 1% in June 2020 due to hospital activity starting to increase.



6. SHMI AND HSMR MORTALITY RATES

SHMI and HSMR Mortality rates are published quarterly by NHS Digital, however due to the time delay between data being uploaded by each individual Trusts and Community, 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 Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the Directorate to ensure an in-depth analysis is undertaken and

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findings recorded into the mortality review database. All learning from this analysis is shared with Directorates and presented to the Mortality Surveillance Group. The latest SHMI publication for April 2019 – March 20 shows the Trust to be at 97 which is below the National average and within “expected levels”.

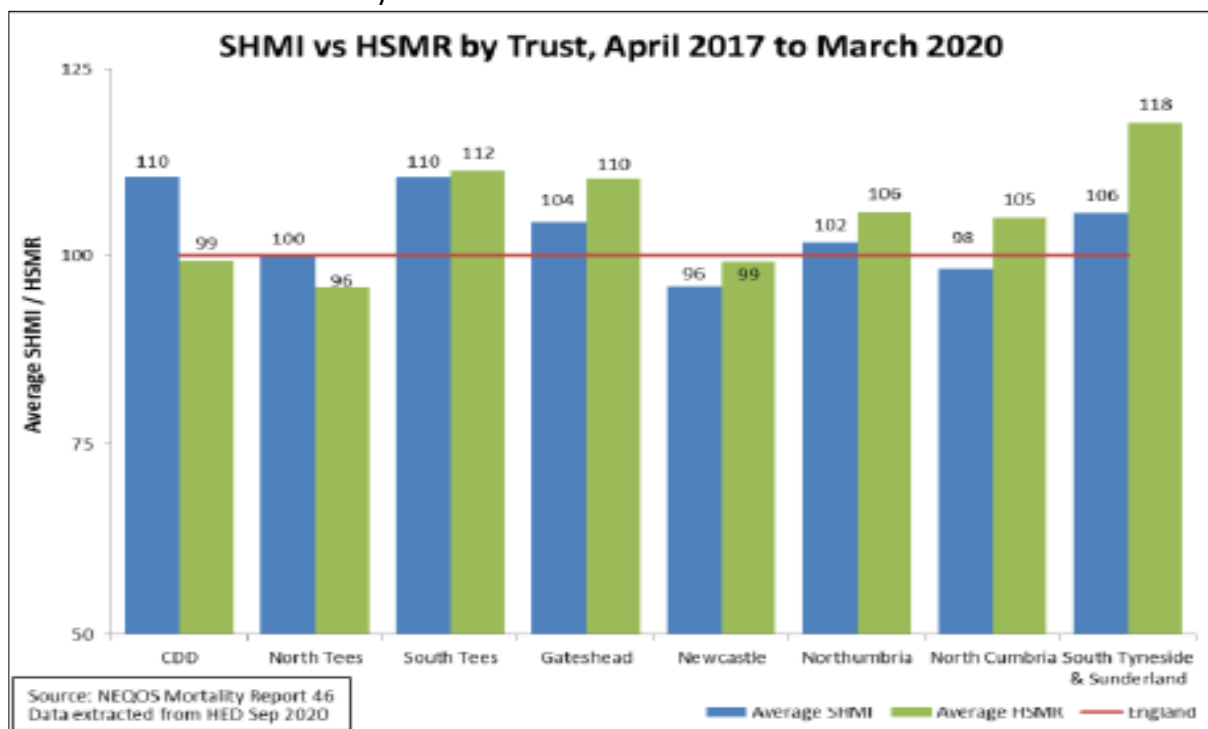
All mortality data including (Standardised Hospital-level Mortality Indicator) SHMI, (Hospital Standardised Mortality Ratio) HSMR and (Variable Life Adjustment Displays) VLADS will continue to be closely monitored.

7. NEQOS

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

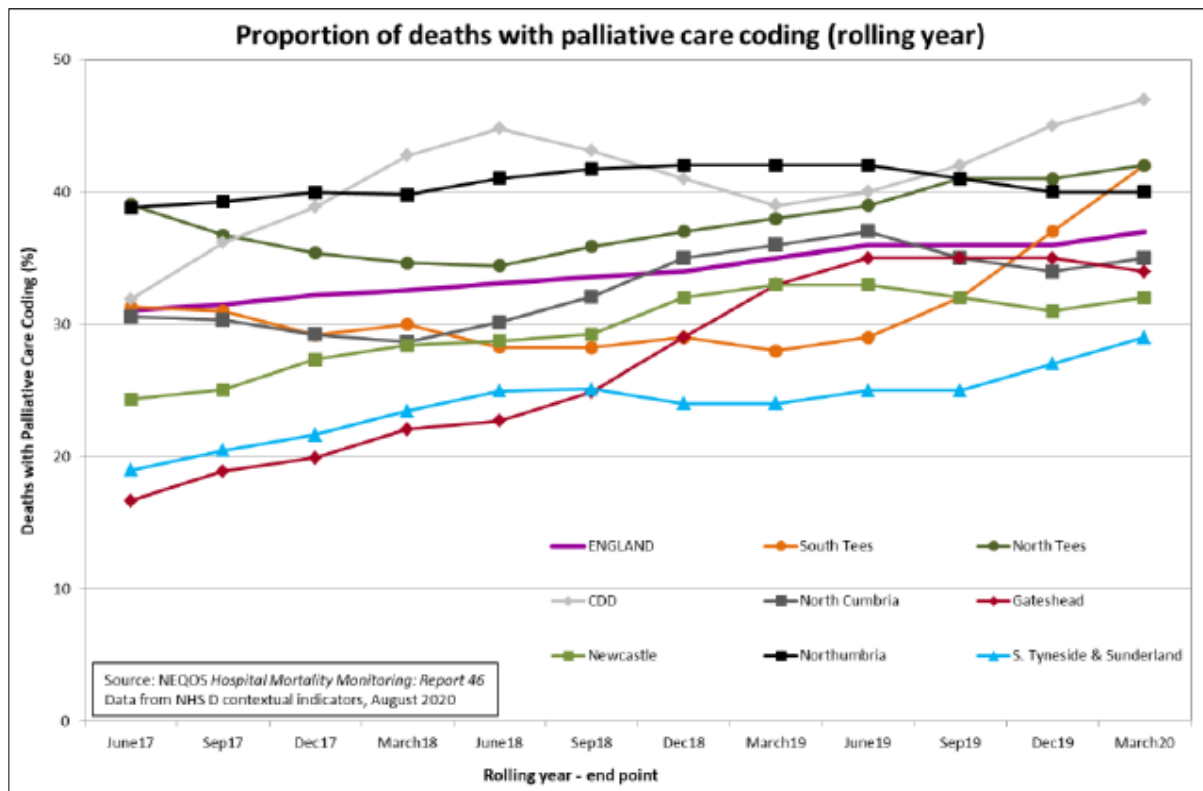
The graph below shows Newcastle Hospitals to be consistently below the national average for both SHMI and HSMR; however HSMR has started to increase slightly over the past months. This could be due to a couple of reasons; firstly HSMR includes palliative care coding and is adjusted accordingly, therefore the lower the palliative care coding the higher the HSMR. Secondly, HSMR is analysed using the mean centred analysis which compares the observed and expected deaths for each month to the average. During October – December 2019 there is a small peak in deaths, which although were in “as expected” levels the peak for these months was close to the average initiating a small raise in HSMR over the 12 month period. Both SHMI and HSMR will continue to be monitored on a quarterly basis for any flags of concern.

SHMI vs HSMR for the last 3 years:



8. PALLIATIVE CARE CODING

Palliative care coding rate is consistently reported below 2% within Newcastle upon Tyne Hospitals which is one of the lowest in the region. The palliative care team and coding department have worked hard to capture patients who are receiving end of life care, and this will continue to be closely monitored.



9. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

All unexpected patient deaths, or deaths with possible modifiable factors, are routinely escalated as potential serious incident (SI) via the Trust incident reporting system (Datix). Deaths of this nature are subject to a detailed review facilitated by a Clinical Director and usually involve members of the clinical team directly involved in the patients care. For deaths identified and reported externally as an SI a full investigation is undertaken which includes an analysis of the care provided and determines whether any modifiable factors contributed to the death. Key learning points are identified and action plans generated. A summary of investigation outcomes linked to SIs in Q2 are shown below:

- During July - September 2020 there were 24 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 24, there were three patient deaths which identified potential modifiable factors and were subject to a SI investigation. One investigation is now complete and two investigations are ongoing.

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The incidents and learning from SI investigations that have been completed since the previous report submitted on 24 July 2020 are as follows:

2019/14163 – Unexpected complication

The central venous line practice manual and specialist training programme content has been reviewed and updated to ensure all measures are taken in order to mitigate the risk of central venous line insertion complications.

2019/18201 – Missed Diagnosis

Enhanced education has been put in place and learning from this incident widely shared with multi-professional clinical staff to improve future diagnostic accuracy; with particular reference to patients presenting with pre-existing underlying cardiac conditions.

2020/6343 – Missed diagnosis

A revised Covid-19 protocol has been introduced in the Emergency Department to ensure that patients are robustly triaged for medical review.

2020/6493 – Medication Error

A prompt to record patients' weight and confirm electronically at the point of entry into e-prescribing is now in place in the *electronic patient record*.

The patient pathway now includes confirmation of accurate weight following patient transfer from the Emergency Department or Admissions Unit to paediatric wards.

9. MEDICAL EXAMINER

The Medical Examiner system for reviewing all deaths was introduced in 2019 by NHS England and was designed to strengthen safeguards for the public, improve the quality of certification and 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 "go live" date is scheduled to go ahead in Q4 2021 after an initial pilot of the new database. The database is currently in development stage, however on completion it will centralise all aspects of the patients care derived from the medical examiners scrutiny which will also include conversations between medical director and next of kin.

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
12th November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
Title	Maternity CNST Incentive Scheme Year 3 Report						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Jo Ledger, Head of Patient Safety and Jane Anderson, Associate Director of Midwifery						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
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Summary	<p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 3 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 maternity safety actions.</p> <p>Reporting requirements in regards to the Maternity incentive scheme previously paused since 26th March 2020 due to the Covid-19 response, have now been re-launched on 1st October 2020.</p> <p>The content of this report specifically addresses maternity safety actions 1, 2, 3, 4, 5, 6, 7, 8 & 9.</p>						
Recommendation	The Board of Directors is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	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 a follow on report for Year 3 of this Maternity CNST incentive scheme. Previous reports were presented to Board on 30 th July 2020 and 24th September 2020.						

MATERNITY CNST INCENTIVE SCHEME YEAR 3 REPORT: MATERNITY SAFETY ACTION COMPLIANCE

1. BACKGROUND TO CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) MATERNITY INCENTIVE SCHEME – YEAR 3

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

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

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

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

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

The Trust Board declared full compliance with all 10 maternity safety actions for both Year 1 and Year 2 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 with £961,689 and £781,550 respectively in recognition of this achievement.

The incentive scheme will run for a further year and new standards were published on 20th December 2019 outlining Year 3 requirements.

On 26th March 2020, NHS Resolution paused the reporting requirements for the majority of maternity incentive scheme 10 safety actions, as part of the national Covid-19 response, until 31st August 2020.

Further information regarding the reporting requirements was received on 12th August 2020 advising, review and submission dates initially planned for this year, are currently being revised and updated.

The scheme was relaunched on 1st October 2020 with revised timelines and a revised Board declaration form for submission. Additional elements have been added into some of the safety actions to incorporate learning from emergent Covid-19 themes.

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

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

2.1 Standard a

- i) All perinatal deaths eligible to be notified to MBRRACE-UK from Thursday 1st October 2020 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death.*

The Trust is confident of meeting this standard; MBRRACE-UK have been notified of all perinatal eligible deaths within seven working days since 1st October 2020. Eligible deaths occurring out with maternity and neonatal services are notified to MBRRACE by the Child Death Administrator within the required time period.

The Trust is confident of completing surveillance information where required, within four months of a perinatal death. In cases where post-mortem or other investigations are not yet available, this is indicated in the appropriate section of the PMRT and the surveillance form closed; cases are re-opened and additional information updated as this becomes available and surveillance forms subsequently re-closed as per incentive scheme requirements.

- ii) A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to Wednesday 30 September 2020 will have been started by Thursday 31 December 2020. This includes deaths after home births where care was provided by your Trust staff and the baby died.*

The Trust has produced a quarterly PMRT report for Board since 25/04/2019 and is compliant with this standard. Data from Quarter 2 (01/07/20 – 30/09/20) PMRT is included in this paper and all baby deaths have had a review started using the PMRT. There were 11 baby deaths in the Trust (7 stillbirths & late fetal losses; 4 neonatal and post-neonatal deaths). The PMRT reports are included in the Private Board Reference Pack.

- iii) A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Thursday 1 October 2020 will have been started within four months of each death. This includes deaths after home births where care was provided by your Trust staff and the baby died.*

The Trust is confident in being able to meet this standard and a review using the PMRT has been commenced for 95% of all baby deaths, since 1st October 2020 as required in this standard.

2.2 Standard b

- i) *At least 75% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Friday 31 July 2020 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 by Thursday 31 December 2020.*

The Trust is confident that it is compliant with this standard and at least 75% of all inborn baby deaths have been reviewed using the PMRT by a multidisciplinary review team. The Trust has produced a quarterly PMRT report for Board since 25/04/2019. Data from Quarter 2 (01/07/20 – 30/09/20) PMRT is included in this paper and at least 75% of all inborn baby deaths are reviewed using the PMRT by a multidisciplinary review team.

- ii) *At least 40% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Saturday 1 August 2020 to Thursday 31 December 2020 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.*

The Trust is confident of being compliant with this standard as local case review processes have continued throughout 2020 and have been ongoing and since 1 August 2020 as outlined the scheme. The Trust's compliance with this requirement for Quarter 3 (01/08/2020 - 31/10/2020) will be submitted to Board in the January 2021 paper.

2.3 Standard c

For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any 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. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion.

For livebirths, the neonatal team make parents aware of the local review process and seek parents perspectives about their care and that of their baby at the time of bereavement and subsequently through bereavement follow up with a named consultant. Parents are appropriately supported through the review pathway and parents are invited to a follow-up meeting to discuss the findings of the review of their care.

A process is also in place whereby feedback forms are sent to parents who have had a stillborn baby, seeking their perspectives and any concerns in relation to their care and that of their baby (pregnancy loss) and returned to Risk Management Administration Lead.

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Baby deaths outside of maternity and neonatal services are reviewed and monitored in line with the pre-existing Child Death Review process and feedback to parents occurs in a similar format to the neonatal teams approach.

2.4 Standard d

Quarterly reports will have been submitted to the Trust Board from Thursday 1 October 2020 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety champion.

All death review action plans have bi-monthly oversight at the Maternity Safety Champions Group. Action plans by exception requiring Board level Maternity Safety Champions oversight, rather than departmental oversight, will be shared to assure the Board of appropriate mechanisms and subsequent actions for all babies falling within the PMRT criteria.

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.

The Trust is compliant with this standard to date and monthly submission of MSDS data has continued. The first data submission for the 1st October 2020 re-launch of the scheme was August 2020 data, and this was submitted by the Trust before the 30th October 2020 deadline, as outlined in the scheme's requirements.

All 13 criteria in this safety action are mandatory. The Trust expects to be compliant with items 1, 2, 4 -13 for submission of December 2020 data by the 28 February 2021 deadline, as outlined in requirements for the scheme. There is work underway to ensure that those criteria currently partial or not met achieve compliance by the deadline outlined in the scheme.

3.1 Criteria 3

Trust Boards to confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 and 10/2018, which was expected for April 2019 data, by Sunday 28 February 2021, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS.

The Trust is currently not compliant with meeting MSDSv2 Information Standards Notice outlined in this standard. The directorate has recently commissioned an external options appraisal to further progress the implementation of a digital solution in order to work towards having a plan in place in order to conform with this criteria within the deadline of 28 February 2021.

4. SAFETY ACTION 3: CAN THE TRUST DEMONSTRATE THAT IT HAS TRANSITIONAL CARE SERVICES TO SUPPORT THE RECOMMENDATIONS MADE IN THE AVOIDING TERM ADMISSIONS INTO NEONATAL UNITS PROGRAMME?

Safety Action 3 comprises Standards A – F; updates on Standards B, E, F and G are provided below. Information on compliance with Standards A, C, and D has been presented to Board in previous papers.

4.1 Standard B

The pathway of care into transitional care has been fully implemented and is audited monthly. Audit findings are shared with the neonatal safety champion.

The Trust is compliant with this standard and monthly audit of compliance with the agreed pathway into transitional care was re-commenced after the Covid-19 pandemic period in July 2020 and before the 31 August 2020 timeline as outlined in the incentive scheme.

The ‘pathway of care into transitional care’ monthly audits are shared with the neonatal safety champion at the Neonatal Departmental monthly meetings as a standing agenda item and were presented at the Directorate Audit meeting in August 2020. Evidence in relation to the monthly audits is available if required.

4.2 Standard E

A review of term admissions to the neonatal unit and to TC during the Covid-19 period (Sunday 1 March 2020 – Monday 31 August 2020) is undertaken to identify the impact of:

- *closures or reduced capacity of TC*
- *changes to parental access.*
- *staff redeployment.*
- *changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding.*

A review of term admissions during 1st March 2020 – 31st August 2020 (during the Covid-19 period) to the neonatal unit and transitional care (TC) activity is being undertaken. This is to review the impact of the factors outlined in the requirements above and is planned to be completed before the 30th November 2020 deadline as outlined in the scheme. Information in relation to this review will be included in the January 2021 paper submission.

4.3 Standard F

An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19 period as in Standard E) above has been agreed with the maternity and neonatal safety champions and Board level champion.

There is on-going review of the ATAIN action plan. During the Covid-19 response, an action plan was produced for the period April – June as outlined in the previous paper. This is now

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produced monthly and the July action plan was shared with the neonatal safety champion and Board level champion at the safety champions meeting in August 2020; there were no significant recurring themes noted. A process is now in place to ensure the action plan is overseen by Board Maternity Safety Champions at the Safety Champions Meeting (bi-monthly) or via email review (alternate months) to ensure monthly oversight. Internal governance processes within the Directorate have been established to monitor any outstanding actions.

4.4 Standard G

Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions.

The Trust is compliant with these standards and progress with the ATAIN action plan is shared monthly as outlined in the previous paper. The August 2020 action plan was shared with Board Maternity Safety Champions via email review on 30th September 2020; there were no significant recurring themes noted.

The September 2020 action plan was overseen by Board Maternity Safety Champions at the Safety Champions Meeting held on 14th October 2020; there were no common themes identified.

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

Processes are in place to ensure continuous workforce planning is in place for obstetric, maternity and neonatal clinical workforce provision. A business case has been submitted to request additional Tier 2 medical staff for the neonatal service.

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

Safety Action 5 comprises Standards A – D; information on compliance with all these standards to demonstrate an effective system of workforce planning is summarised below.

An annual Nursing and Midwifery Staffing review report is prepared and submitted to the Trust Board, alongside a quarterly safe staffing assurance report. The last annual report was submitted in May 2020. A Nursing and Midwifery Staffing six monthly update report is prepared and submitted to the Trust Board, alongside a quarterly safe staffing assurance report. A Nursing and Midwifery Staffing six monthly update report has been submitted to the 26 November Board meeting (agenda item A5(ii)b).

The Trust has a robust system in place for Midwifery workforce review, using the Birth Rate Plus® Acuity Application. This specifically provides day to day monitoring of one to one care in labour and the supernumerary status of the Labour Ward Co-ordinator. In addition, the impact on staffing levels aligned to COVID-19 has been analysed to ensure adequate plans are in place in preparation for severe shortages. The data for the last six months has been

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analysed and is outlined in the aforementioned Nursing and Midwifery Staffing six monthly update report.

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

Safety Action 6 comprises Elements 1 – 5; a summary update of compliance with Saving Babies Lives Care Bundle version 2 is outlined below.

Across all five elements outlined in Safety Action 6, there are 48 criteria to meet. The Trust is fully compliant with 40 of these criteria and work is in progress to ensure compliance with the remaining 8 criteria by the 20th May 2021 deadline. Evidence in relation to compliance across all elements is available if required.

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?

The MVP holds a Service User meeting quarterly which is compliant with the standard of ‘no less than four times per year’ outlined in this standard. Maternity Services has a professional Midwife to support the MVP and the Associate Director of Midwifery meets monthly with the Chair of the MVP.

There is a variety of evidence available to support the Trust’s partnership with the MVP; including meeting minutes, surveys, conferences and seminars. Evidence includes the work that the MVP is prioritising to engage with women from BAME backgrounds. Plans are also in place to meet with the CCG to discuss the MVP work plan for 2021/22.

9. SAFETY ACTION 8: CAN YOU EVIDENCE THAT AT LEAST 90% OF EACH MATERNITY UNIT STAFF GROUP HAVE ATTENDED AN ‘IN-HOUSE’ MULTI-PROFESSIONAL MATERNITY EMERGENCIES TRAINING SESSION WITHIN THE LAST TRAINING YEAR?

9.1 Standard a

Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training day since the launch of MIS year three in December 2019?

Updated guidance indicates that training from 1st October 2020 can be covered with half day training which can be delivered remotely, recognising the difficulties in delivering face-to face, and multi-professional training during the ongoing Covid-19 response.

9.2 Standard b

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Can you evidence that multi-professional - system testing occurs with anaesthetic/maternity/neonatal teams in the clinical area, and that risks/issues identified are addressed.

Additional training for local Covid-19 emergency care and maternity critical care has been delivered. Multidisciplinary training around Covid-19 management in the delivery setting during the first wave was delivered and included all relevant professional staff groups. This generated change in practice to manage patient care requirements due to Covid-19.

9.3 Standard c

Can you evidence that 90% of the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course since the launch of MIS year three in December 2019.

Updated guidance indicates that training from 1st October 2020 can be covered with half day training which can be delivered remotely, recognising the difficulties in delivering face-to face, and multi-professional training during the ongoing Covid-19 response. Neonatal services have a training package in place to meet the requirement stipulated in this standard and Obstetrics and Maternity Services include this element in clinical skills training sessions. The Trust is confident that this standard will be achieved by the 20th May 2021 deadline outlined in the scheme.

10. SAFETY ACTION 9: CAN THE TRUST DEMONSTRATE THAT THE SAFETY CHAMPIONS (OBSTETRICIAN AND MIDWIFE) ARE MEETING WITH BOARD LEVEL CHAMPIONS TO ESCALATE LOCALLY IDENTIFIED ISSUES?

10.1 Standard B

Board level safety champions are undertaking monthly feedback sessions for maternity and neonatal staff to raise concerns relating to safety issues and can demonstrate that progress with actioning named concerns are visible to staff.

The Trust is compliant with this standard. Progress with actions in relation to staff safety concerns raised at monthly feedback sessions are visible to staff, progress can be demonstrated and compliance with this standard pre-dates the deadline of 31st March 2020 outlined in the scheme.

A monthly feedback session took place on 22nd October 2020 and is compliant with the time-scales outlined in the relaunch of the scheme from 1st October 2020. Despite the challenges raised due to Covid-19, feedback from staff was overall very positive. Staff reported feeling well supported and having receiving high quality training. Progress with actioning named concerns is planned to be shared with staff before the deadline of 30th November 2020.

10.2 Standard C

Board level safety champions have reviewed their continuity of carer action plan in the light of Covid-19. Taking into account the increased risk facing women from Black, Asian and minority ethnic backgrounds and the most deprived areas, a revised action plan describes how the maternity service will resume or continue working towards a minimum of 35% of women being placed onto a continuity of carer pathway, prioritising women from the most vulnerable groups they serve.

Progress continues with work towards achieving compliance for 35% of women being placed onto a Continuity of Carer (CoC) pathway by March 2021 as outlined in the previous paper. The November 2020 CoC action plan prioritises women from BAME and the most vulnerable groups. Action plans are shared with the Board level Safety Champions on a monthly basis.

11. RECOMMENDATIONS

To (i) note the content of this report, (ii) comment accordingly and (iii) approve.

Report of Angela O'Brien
Director of Quality & Effectiveness
18 November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS

Date of meeting	26 November 2020						
Title	Collaborative Newcastle Governance Agreement						
Report of	Martin Wilson and Caroline Docking						
Prepared by	Ewen Weir, Project Director, Collaborative Newcastle						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>This report asks for the Boards agreement to become a formal signatory of the Collaboration Agreement. If agreed this will see four key anchor organisations in this City come together under a new governance framework, to accelerate progress towards a fully integrated health and social care system and ultimately improve health and social care outcomes for Newcastle's residents. The Agreement provides us with an opportunity to combine our efforts in a more formal way, with transparent and robust governance in place to harness the city's potential and tackle the inequalities that impact all of our services. We can achieve more together for Newcastle residents than we could hope to achieve individually and all the parties have a shared commitment to be ambitious in that endeavour.</p> <p>This legal agreement will be one of the first of its kind in the country, providing Partners with 'teeth' and leverage to effect significant change around the integrated commissioning and delivery of health and care services in the City. A legal framework will provide a structure which promotes effective decision-making and will provide Collaborative Newcastle an independent 'identity' that staff across all 4 organisations can associate themselves with, irrespective of who they work for and a brand that Newcastle residents can identify with and see working for their benefit.</p>						
Recommendation	Following previous discussion at Board meetings and Board workshops, it is recommended that the Newcastle upon Tyne Hospitals NHS FT becomes a signatory to the Agreement.						
Links to Strategic Objectives	Partnerships – Integrating services across Newcastle City.						
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.						
Reports previously considered by	Regularly discussed at Board of Directors meetings.						



Collaborative Newcastle - Collaboration Agreement

Why is the proposal being put forward?

In May 2018, the Chief Executive Officers from Newcastle City Council, Newcastle Hospitals, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and Newcastle Gateshead Clinical Commissioning Group (CCG) agreed to come together as a Newcastle Joint Executive Group (JEG) to agree the future plans for the City of Newcastle. The JEG is agreed on the primacy of place and the need to focus collectively on the challenges and opportunities within Newcastle, with the ultimate aim of creating an integrated, all-age, place based health and care system for the City.

The Parties are already working together informally as “Collaborative Newcastle” and have developed the following overarching vision:

“To improve the health, wealth and wellbeing of Newcastle citizens, and reduce the widening inequalities that too many citizens experience, by preventing avoidable problems from arising and tackling the big things that hold some people back”

The Collaboration Agreement

The Collaboration Agreement is intended to provide a formal underpinning for this approach, providing an overarching framework based on a legally binding “Alliance” model for the development of place-based collaborative arrangements for health and care provision in Newcastle.

The arrangements set out within the Agreement are intended to further strengthen relationships between the Parties, all of whom are commissioners and/or providers of health and care services in Newcastle, for the benefit of the population of the City.

The Agreement is based on an alliance approach and is designed to work alongside existing NHS Standard Contracts and arrangements for the delivery of those Council services deemed to be within scope. The Agreement is not intended to conflict with or take precedence over the terms of the partners Service Contracts and Section 75 Agreements unless expressly agreed by the Parties.

The intention is that partners will work together under the governance framework set out in the agreement to develop place-based arrangements, which ultimately will include requirements in relation to outcomes, risk/gain share, financial and contract management and regulatory requirements. The agreement includes a financial framework for service budgets being increasingly categorised as In-view, Aligned or, where agreed, Pooled.

The partners have developed Collaborative Newcastle arrangements in order to establish an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately improve health and care outcomes for Newcastle's residents.

To this end, Collaborative Newcastle partners have identified initial Priority Areas during the initial term as follows:

1. Co-governance and leadership
2. Co-production – using the 'Being Well' framework to improve health and wellbeing and reduce inequalities around
 - a. Integrated children's service
 - b. Care homes
 - c. Complex care for adults
 - d. Positive mental health
3. Co-location
4. Command centre – particularly leveraging digital and data to design and deliver personalised services
5. Covid – Outbreak control and Recovery

The Parties will develop and implement work plans for each of the initial Priority Areas in order to monitor progress against key milestones.

Why is a legally binding agreement proposed?

The Parties have agreed to work together to develop Collaborative Newcastle arrangements in order to establish an improved financial, governance and contractual framework for delivering integrated health support and care to develop and ultimately deliver improved health and care outcomes for the population.

By entering into this formal agreement each organisation commits to the mutual promises and obligations set out in the Collaborative Newcastle arrangements. This is the first time that the ‘anchor’ institutions have made such a commitment to the development and ultimate implementation of a population health management approach for Newcastle.

A formal Alliance Agreement may also afford future opportunities to secure national or regional funding for the City.

What is the timetable for implementation?

The Agreement will be entered into on the date at which the Agreement is signed by all Parties – the “Commencement Date”.

It is proposed that partners will review progress made and the terms of this Agreement at six monthly intervals from the Commencement Date and may agree to either vary the Agreement to reflect developments or enter into a new agreement in respect of subsequent phases of the arrangements.

The table below outlines prospective Board/Cabinet dates for sign off. A VCS webinar will be held on 2nd December 2020. This will provide an opportunity to discuss the Callaboration Agreement and approach with the wider sector. Final sign off is anticipated to take place at the City Futures Board on 15th December.

	November	December
Cumbria, Northumberland, Tyne and Wear NHS FT	04/11/2020	05/12/2020 (Board)
Newcastle City Council	16/11/2020 (Cabinet)	
Newcastle Gateshead CCG	24/11/2020 (Board)	
Newcastle Hospitals	26/11/2020 (Board)	
City Futures Board	17/11/2020	15/12/2020
VCS Webinar		02/12/2020

Ewen Weir
Project Director Collaborative Newcastle



Carolyn Docking
Assistant Chief Executive, Newcastle Hospitals

Martin Wilson
Chief Operating Officer, Newcastle Hospitals

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COLLABORATION AGREEMENT

**Collaborative
Newcastle**



DATE

2020

COLLABORATIVE NEWCASTLE

- 1. NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP**
- 2. NEWCASTLE CITY COUNCIL**
- 3. THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**
- 4. CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**
- 5. NEWCASTLE GENERAL PRACTICE SERVICES LIMITED**

COLLABORATION AGREEMENT

COLLABORATION AGREEMENT

Overarching Note – Collaboration Agreement for Collaborative Newcastle

This Agreement provides an overarching framework for the development of place-based collaborative arrangements for health and care provision in Newcastle. The Parties are already working together informally as “**Collaborative Newcastle**” and this Agreement is intended to provide a formal underpinning for this approach. The arrangements set out are intended to further strengthen relationships between the Parties, all of whom are commissioners or providers of health and care services in Newcastle, for the benefit of the Newcastle population.

This Agreement sets out the Parties’ approach to the first phase of development, during which the Parties will collaborate to further develop the place-based model. Initially, this Agreement will cover the agreed first phase Priority Areas and such other priority areas / services as may be agreed by the Parties from time to time.

This Agreement is based on an alliance approach, and provides an overarching arrangement. It is designed to work alongside existing NHS Standard Contracts (commonly the Services Contracts but also, where relevant, Section 75 Agreements) and arrangements for the delivery of non-NHS care, support and community services via the Council to the extent such services are within the scope of the Agreement. The Agreement is legally binding.

The intention is that the Parties will work together under the governance framework set out in this Agreement to develop the place-based arrangements, which ultimately may include requirements in relation to outcomes, risk/gain share, financial and contract management and regulatory requirements. The governance structure for the arrangements as at the Commencement Date is illustrated in Figure 1 below.

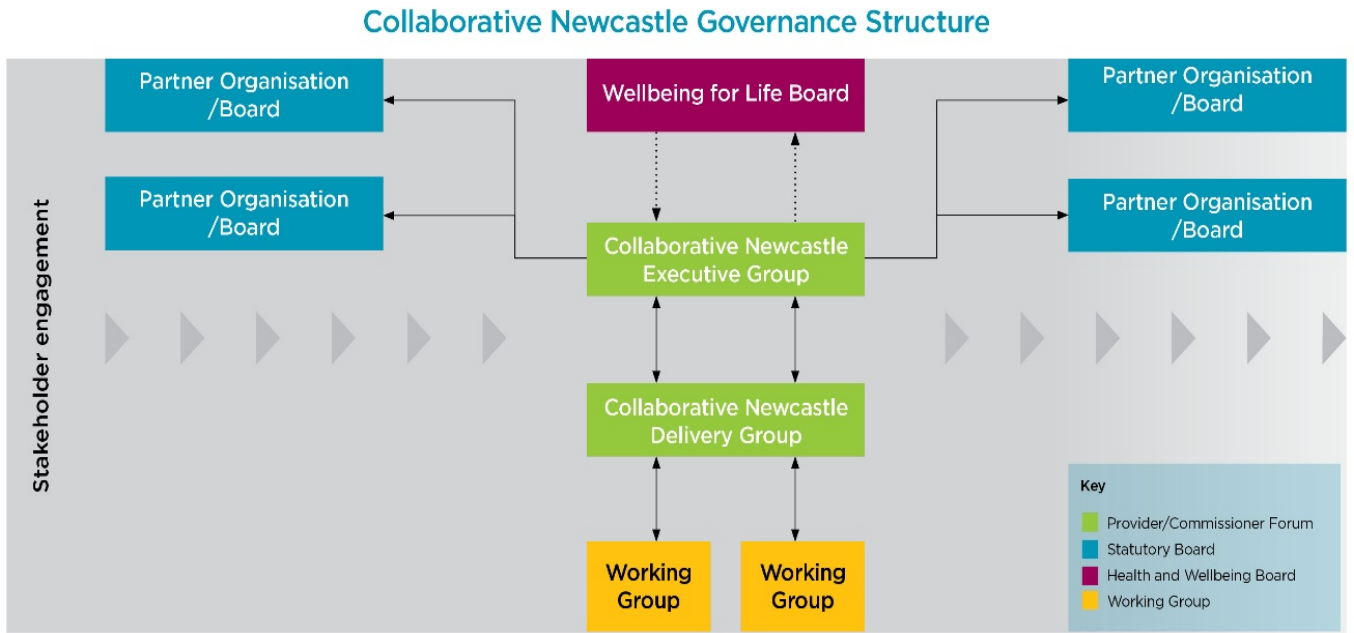
The Parties will review progress made and the terms of this Agreement at six monthly intervals from the Commencement Date and may agree to either vary the Agreement to reflect developments or enter into a new agreement in respect of subsequent phases of the arrangements.

The Parties have identified two categories of membership of Collaborative Newcastle – “full member” and “associate member”, as described in Schedule 5. At the outset, primary care, acting through Newcastle General Practice Services Limited, will be an associate member. The remaining Parties to this Agreement will be full members.

In due course, the Parties may invite others to become associate members, e.g. representatives of care homes, universities, the housing sector and the voluntary sector.

COLLABORATION AGREEMENT

Figure 1



COLLABORATION AGREEMENT

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COLLABORATION AGREEMENT

DATE:

2020

This Collaboration Agreement (the **Agreement**) is made between:

1. **NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP** of Riverside House, Goldcrest Way, Newcastle upon Tyne NE15 8NY (the **“CCG”**);
2. **NEWCASTLE CITY COUNCIL** of Civic Centre, Newcastle upon Tyne NE1 8QH (the **“Council”**);
3. **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST** of Freeman Hospital, Freeman Road, High Heaton, Newcastle upon Tyne NE7 7DN (**“NUTHFT”**);
4. **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST** of St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne NE3 3XT (**“CNTWFT”**); and
5. **NEWCASTLE GENERAL PRACTICE SERVICES LIMITED** of The Grainger Suite, Dobson House, Gosforth, Newcastle upon Tyne NE3 3PF (Company number 08854894) (**“Primary Care”**)

together referred to in this Agreement as the **“Parties”**.

The CCG and the Council (in its role as commissioner of social care and public health services) are together referred to in this Agreement as the **“Commissioners”**.

NUTHFT, CNTWFT, the Council (in its role as provider of social care services, whether directly or through contracting arrangements with third party providers) and Primary Care are together referred to in this Agreement as the **“Providers”**.

RECITALS

- a) The NHS Long Term Plan set out a clear goal that the NHS will increasingly be more joined-up and coordinated in its care, breaking down traditional barriers between care institutions, teams and funding streams so as to support the increasing number of people with long-term health conditions, rather than viewing each encounter with the health service as a single, unconnected ‘episode’ of care.
- b) This Agreement sets out the vision, objectives and shared principles of the Parties in supporting the development of place-based health and care provision, including the provision of NHS-funded healthcare services (including primary care and social care services for adults, children and young persons) for the people of Newcastle. In entering into and performing their obligations under this Agreement, the Parties are working towards

COLLABORATION AGREEMENT

the development and ultimate implementation of a population health management approach for Newcastle.

- c) The Commissioners are the statutory bodies responsible for planning, organising and buying social care, NHS-funded healthcare, support and community services for people who live in Newcastle.
- d) The Providers (including the Council in its provider role) are together providers of social care, NHS funded healthcare services including primary care services, community and support services to the population of Newcastle.
- e) The Parties acknowledge that the Council has a dual role within the Newcastle health and care system as both a commissioner of social care and public health services but also as a provider of social care services either through direct delivery or through contracts with third party providers. In its role as commissioner of social care services the Council shall work in conjunction with the CCG and in its role as a provider of social care services the Council shall work in conjunction with the Providers. The Council recognises the need to and will ensure that any potential conflicts of interest arising from its dual role are appropriately identified and managed.
- f) This Agreement is an overarching agreement setting out how the Parties will work together in a collaborative and integrated way in respect of the Priority Areas from the Commencement Date in accordance with the Principles. The Parties have committed to collaborate in respect of certain agreed initial Priority Areas through which they will work together in accordance with the Principles to achieve the Objectives. The initial Priority Areas are: Co-governance and leadership; Co-production; Co-location; Command Centre; and Covid – Outbreak control and recovery, as described in Schedule 2.
- g) The intention is that the Parties will evolve the arrangements for Collaborative Newcastle as set out in this Agreement in phases. Further Priority Areas will be added by agreement of the Parties as required to further the collaborative work of the Parties for the benefit of the Newcastle population.
- h) This Agreement is intended to work alongside other agreements and arrangements already in place and/or that are to be put in place in due course between the Parties and other system partners.
- i) The terms of this Agreement are set out in the following sections:
 - i. SECTION A: sets out the vision, objectives and principles of Collaborative Newcastle.
 - ii. SECTION B: sets out the operation of and roles in Collaborative Newcastle.
 - iii. SECTION C: sets out the governance arrangements of Collaborative Newcastle.
 - iv. SECTION D: sets out details of financial planning.

COLLABORATION AGREEMENT

- v. SECTION E: sets out the remaining contractual terms.

IT IS AGREED AS FOLLOWS:**1. DEFINITIONS AND INTERPRETATION**

- 1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
- 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
- 1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;
- 1.2.3 a reference to a “Provider” or a “Commissioner” or any Party includes its personal representatives, successors or permitted assigns;
- 1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted; and
- 1.2.5 any phrase introduced by the terms “including”, “include”, “in particular” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms.

2. STATUS AND PURPOSE OF THIS AGREEMENT

- 2.1 The Parties have agreed to work together to develop the Collaborative Newcastle arrangements in order to establish an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately deliver improved health and care outcomes for the Population.
- 2.2 This Agreement sets out the key terms that the Parties have agreed.
- 2.3 In consideration of the mutual promises exchanged by the Parties and set out in this Agreement, the Parties agree to be bound by the terms and conditions of this Agreement. The Parties each enter into this Agreement intending to honour all of their respective obligations.
- 2.4 Each of the Providers has one or more individual Services Contracts (or where appropriate combined Services Contracts) and Section 75 Agreements with the CCG or

COLLABORATION AGREEMENT

the Council. This Agreement will work alongside these Services Contracts and the Section 75 Agreements as appropriate.

- 2.5 Each of the Commissioners and the Providers agree to work together on the activities which they undertake pursuant to this Agreement in a collaborative and integrated way on a Best for Newcastle basis and the Services Contracts and Section 75 Agreements set out how the Providers provide Services to the Population. This Agreement is not intended to conflict with or take precedence over the terms of the Services Contracts and Section 75 Agreements unless expressly agreed by the Parties in writing.

3. ACTIONS TO BE TAKEN PRIOR TO THE COMMENCEMENT DATE

Each Party acknowledges and confirms that as at the date of this Agreement, it has obtained all necessary authorisations to enter into this Agreement.

4. DURATION

- 4.1 This Agreement shall take effect on the Commencement Date and will continue for the Initial Term, unless it is terminated earlier in accordance with the terms of this Agreement.
- 4.2 At the expiry of the Initial Term this Agreement shall expire automatically without notice unless, no later than 3 months before the end of the Initial Term, the Parties agree in writing that the term of the Agreement shall be extended for a further term to be agreed between the Parties (the “**Extended Term**”).

SECTION A: VISION, OBJECTIVES AND PRINCIPLES

5. VISION

- 5.1 The overarching vision for Collaborative Newcastle is as follows:

“To improve the health, wealth and wellbeing of Newcastle citizens, and reduce the widening inequalities that too many citizens experience, by preventing avoidable problems from arising and tackling the big things that hold some people back”

6. THE OBJECTIVES FOR COLLABORATIVE NEWCASTLE

- 6.1 The Parties’ ambition is for local people to have long and healthy lives with a great sense of wellbeing supported by provision of world class health and care services for people when they need them, particularly for those who are vulnerable by virtue of ill health or disability to the loss of opportunity, independence, connection to others and control over their own lives, ensuring that everyone enjoys good health throughout the life course.

To achieve this, the Parties will create new models of integrated treatment, care and support for people of all ages that are:

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- (i) Prevention orientated – prioritising early intervention over costlier, reactive interventions;
- (ii) Person centred – ensuring that all citizens experience the support they receive as a seamless package addressing their specific needs and aspirations and helping them to live independent and fulfilling lives;
- (iii) Evidence-based – applying the best available science; and
- (iv) Delivered by a workforce that enjoys good employment and is enabled to do good work.

6.2 Further, the Parties agree to work together and to perform their duties under this Agreement consistent with UN Sustainability Goals 3 : Good health and wellbeing; 10: Reduced inequalities; and 17 : Partnerships, and in pursuit of all other UN Sustainability Goals.

7. THE PRINCIPLES FOR COLLABORATIVE NEWCASTLE

7.1 The Principles underpin the delivery of the Parties' obligations under this Agreement and set out key factors for a successful relationship between the Parties.

7.2 The Parties acknowledge and confirm that the successful development and delivery of the Objectives will depend on the Providers' ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the delivery of the Priority Areas (together with the Council as a Provider) under this Agreement in conjunction with the CCG and Council (as a Commissioner).

7.3 The Principles are that the Parties will work together in good faith and, unless the provisions in this Agreement state otherwise, the Parties will:

7.3.1 genuinely collaborate with honesty, trust and understanding in working towards the success of Collaborative Newcastle;

7.3.2 work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts;

7.3.3 agree improvements which are specific, challenging, add value and eliminate waste; and

7.3.4 always demonstrate that the best interests of people resident in Newcastle are at the heart of the activities which they undertake under this Agreement and the Services Contracts and Section 75 Agreements and not organisational interests, and engage effectively with the Population,

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(together these are the “**Principles**”).

- 7.4 The Parties acknowledge that NUTHFT and CNTWFT also provide services in areas outside of Newcastle which they may need to take into account when seeking to act in accordance with the Principles.
- 7.5 The Parties acknowledge that the CCG commissions services for Gateshead, in addition to Newcastle, and the CCG may need to take this into account when seeking to act in accordance with the Principles.

8. PROBLEM RESOLUTION AND ESCALATION

- 8.1 The Providers and the Commissioners agree to adopt a systematic approach to problem resolution which recognises the Objectives and the Principles set out in Clauses 6 and 7 above and which:
 - 8.1.1 seeks solutions without apportioning blame;
 - 8.1.2 is based on mutually beneficial outcomes;
 - 8.1.3 treats Providers and the Commissioners as equal parties in the dispute resolution process; and
 - 8.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.
- 8.2 If a problem, issue, concern or complaint comes to the attention of a Party in relation to the Objectives, Principles or any matter in this Agreement and is appropriate for resolution between the Commissioners and the Providers such Party shall notify the other Parties and the Parties each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion within 20 Operational Days of such matter being notified.
- 8.3 Any Dispute arising between the Parties which is not resolved under Clause 8.2 above will be resolved in accordance with Schedule 6 (*Dispute Resolution Procedure*).
- 8.4 If any Party receives any formal enquiry, complaint, claim or threat of action from a third party relating to this Agreement (including, but not limited to, claims made by a supplier or requests for information made under the FOIA) the receiving Party will liaise with the other Parties as to the contents of any response before a response is issued, save where doing so may prejudice the position of the Party in receipt of the formal enquiry, complaint, claim or threat of action.

SECTION B: OPERATION OF AND ROLES IN COLLABORATIVE NEWCASTLE

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9. RESERVED MATTERS

- 9.1 The Parties acknowledge that each of the Commissioners is required to comply with certain statutory duties as statutory commissioners and will be required to act in accordance with their statutory duties in relation to certain matters. Consequently, the Commissioners each reserve the matters set out in Clause 9.2 for their respective determination as they see fit in accordance with Clause 9.3.
- 9.2 Each of the Commissioners shall be free to determine the following Reserved Matters:
- 9.2.1 making any decision or taking any action necessary to ensure compliance with their respective statutory duties, including the powers and responsibilities conferred on each of the Commissioners respectively by Law and/or its constitution;
- 9.2.2 any matter upon which they may be required to engage with the public (including by way of public consultation) or in relation to which they may be required to respond to or liaise with a Local Healthwatch organisation; and/or
- 9.2.3 any matter in relation to which the CCG may be required to consult the Council.
- 9.3 The Parties agree that:
- 9.3.1 the Reserved Matters are limited to the express terms of Clause 9.2 above; and
- 9.3.2 neither the Executive Group nor the Delivery Group may make a final recommendation on any of the matters set out in Clause 9.2 above, which are reserved for determination by the relevant Commissioner(s).
- 9.4 Where determining a Reserved Matter which may have an impact on any of the Priority Areas and/or this Agreement, subject to any need for urgency because to act otherwise would result in the relevant Commissioner breaching their statutory obligations or failing to act in accordance with any relevant guidance, the relevant Commissioner will first consult with the Executive Group in respect of their proposed determination of a Reserved Matter in line with the Objectives and the Principles.
- 9.5 Neither Commissioner shall be required to consult with the Executive Group prior to determining a Reserved Matter in accordance with Clause 9.4 where such consultation may require the relevant Commissioner to:
- 9.5.1 breach obligations of confidentiality to a third party; and/or
- 9.5.2 disclose a third party's personal data.

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10. TRANSPARENCY

- 10.1 Subject to complying with the Law, the Parties will provide to each other all information that is reasonably required in order to deliver the Priority Areas in line with the Objectives.
- 10.2 The Parties have responsibilities to comply with Law (including Competition Law). The Parties will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, the Executive Group and Delivery Group will each ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:
- 10.2.1 it is essential;
 - 10.2.2 it is not exchanged more widely than necessary;
 - 10.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and
 - 10.2.4 it may not be used other than to achieve the Objectives in accordance with the Principles.
- 10.3 Subject to compliance with Clause 10.2 above, the Parties will ensure that they provide the Delivery Group with financial cost resourcing, activity or other information as may be reasonably required so that the Delivery Group can assure the Executive Group that the system financial planning framework is being developed in accordance with Schedule 3.
- 10.4 The Commissioners will make sure that the Delivery Group establishes appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Objectives and for no other purpose whatsoever so that the Parties do not breach Competition Law.
- 10.5 It is accepted by the Parties that the involvement of the Providers in the governance arrangements for Collaborative Newcastle is likely to give rise to situations where information will be generated and made available to the Providers which could give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate Provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the CCG and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in Collaborative Newcastle, other than as a result of a breach of this Agreement, does not preclude the CCG and/or the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.

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10.6 Notwithstanding Clause 10.5 above, the Commissioners may take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under Law (for example, the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013) which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

11. OBLIGATIONS AND ROLES OF THE PARTIES

Categories of membership

11.1 The Parties have identified certain categories of membership of Collaborative Newcastle and consequently the Parties to this Agreement are divided into the following categories:

11.1.1 Full Member;

11.1.2 Associate Member; and

11.1.3 any other categories agreed between the Parties as are described in Schedule 5 (Rights and Obligations of Full Members and Associate Members) to this Agreement.

11.2 As at the date of this Agreement, the Parties have agreed the following categorisation across the Parties:

Party	Full Member	Associate Member
NHS Newcastle Gateshead Clinical Commissioning Group	X	
Newcastle City Council	X	
The Newcastle Upon Tyne Teaching Hospitals NHS Foundation Trust	X	
Cumbria, Northumberland, Tyne And Wear NHS Foundation Trust	X	
Newcastle General Practice Services Limited		X

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- 11.3 The roles and responsibilities of the Full Members and Associate Members are as described in Schedule 5 (Rights and Obligations of Full Members and Associate Members) to this Agreement. Schedule 5 also sets out the Parties' obligations to consider the inclusion of other organisations as part of Collaborative Newcastle, which should be read in conjunction with the roles and responsibilities that apply to all categories of Parties as described in this Agreement.
- 11.4 The Parties have agreed the categorisation referred to in Clause 11.2 as at the Commencement Date on the basis of the Parties' expectations of delivery of the Objectives. The Parties recognise that it is possible that the categorisation may need to change over time and that some of the Parties may wish/need to move from one category of membership to another. Should those circumstances arise, the Party wishing/needing to move categories shall give as much notice as possible to the other Parties together with full reasons as to why a change of membership category is desired/required. The Parties commit to considering such requests and will act transparently and in good faith in such circumstances recognising the significant implications for Collaborative Newcastle that may flow from such a decision.
- 11.5 Any additions to or removal from the list of Parties set out in Clause 11.2 above will be subject to the approval of the Full Members (excluding any Full Member being removed) acting unanimously and in accordance with the Objectives and the procedure set out in Clause 18 (Variations) in the case of the inclusion of additional members and Clause 15 (Exclusion and Termination) in the case of the withdrawal of a Party.

Commissioners' obligations and roles

- 11.6 Each Commissioner will:
- 11.6.1 help to establish an environment that encourages collaboration between the Providers where permissible;
 - 11.6.2 provide clear system leadership to the Providers, clearly articulating health, care and support outcomes for the Providers, performance standards, scope of services and technical requirements;
 - 11.6.3 support the Providers in developing links to other relevant services;
 - 11.6.4 comply with their statutory duties;
 - 11.6.5 seek to commission the services within the Priority Areas in an integrated, effective and streamlined way to meet the Objectives; and
 - 11.6.6 work collaboratively with the Providers to develop Collaborative Newcastle approach for the Priority Areas in accordance with this Agreement.

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Providers' obligations and roles

11.7 Each Provider will:

11.7.1 act collaboratively and in good faith with each other in accordance with the Law and Good Practice to achieve the Objectives, having at all times regard to the best interests of the Population;

11.7.2 co-operate fully and liaise appropriately with each other Provider in order to ensure a co-ordinated approach to promoting the quality of patient care across the Priority Areas and so as to achieve continuity in the provision of services within the Priority Areas that avoids inconvenience to, or risk to the health and safety of, Service Users, employees of the Providers or members of the public; and

11.7.3 through high performance and collaboration, unlock and generate enhanced innovation and better outcomes and value for the Population in line with the Objectives.

11.8 Each Provider acknowledges and confirms that:

11.8.1 it remains responsible for performing its obligations and functions for delivery of services to the CCG and/or the Council in accordance with its Services Contracts;

11.8.2 it will be separately and solely liable to the CCG or the Council (as applicable) under its own Services Contracts;

11.8.3 it remains responsible for its own compliance with all relevant regulatory requirements and remains accountable to its Board/Cabinet and all applicable regulatory bodies; and

11.8.4 it will work collaboratively with the Commissioners and the other Providers to develop the Collaborative Newcastle approach for the Priority Areas in accordance with this Agreement.

SECTION C: GOVERNANCE ARRANGEMENTS

12. COLLABORATIVE NEWCASTLE GOVERNANCE

12.1 The Parties must communicate with each other and all relevant staff in a clear, direct and timely manner. In addition to the Parties' own Boards / Cabinet / Governing Body, which shall remain accountable for the exercise of each of the Parties' respective functions, the governance structure for Collaborative Newcastle arrangements will comprise:

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12.1.1 the Collaborative Newcastle Executive Group (**Executive Group**); and

12.1.2 the Collaborative Newcastle Delivery Group (**Delivery Group**).

12.2 The diagram in Schedule 4 (*Governance*) sets out the governance structure and the links between the various groups in more detail.

The Wellbeing for Life Board

12.3 The Wellbeing for Life Board is the Health and Wellbeing Board for Newcastle, and committee of Newcastle Council, charged with promoting greater health and social care integration in Newcastle. The Wellbeing for Life Board will receive reports from the Executive Group as to the development of the Collaborative Newcastle arrangements under this Agreement and progress against the areas for development in Schedule 2 (*Priority Areas*).

Collaborative Newcastle Executive Group

12.4 The Executive Group is accountable to each of the Parties and is the group responsible for:

12.4.1 overseeing Collaborative Newcastle arrangements under this Agreement;

12.4.2 approving workplans for and monitoring delivery of the Objectives, development of the Priority Areas and development and implementation of the Financial Planning Framework;

12.4.3 holding the Delivery Group to account; and

12.4.4 liaising where appropriate with relevant local and national partners and stakeholders.

12.5 The Executive Group will act in accordance with its terms of reference and will:

12.5.1 promote and encourage commitment to the Principles and Objectives amongst all the Parties;

12.5.2 ensure alignment of all organisations to facilitate sustainable and better care which is able to meet the needs of the Population;

12.5.3 agree joint policy as required, including values to be adopted and annual and short term performance outcomes/targets;

12.5.4 oversee the implementation of this Agreement;

12.5.5 in undertaking its role, consider recommendations from the Delivery Group in respect of the development and operation of Collaborative Newcastle, the

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delivery of the Objectives and the development of the Priority Areas and implementation of the Financial Planning Framework; and

12.5.6 carry out the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.5.

Collaborative Newcastle Delivery Group

12.6 The Delivery Group is the group responsible for managing the operation of Collaborative Newcastle to achieve the Objectives and developing proposals for the delivery and transformation of services in the Priority Areas. The Delivery Group will report to the Executive Group, acting in accordance with its Terms of Reference set out in Schedule 4 (*Governance*) Part 2 and will:

12.6.1 be responsible for delivery of workplans for development of the Priority Areas and implementation of the Financial Planning Framework;

12.6.2 make recommendations to the Executive Group in relation to changes to the Priority Areas in respect of Service User pathways / services;

12.6.3 develop and implement strategies for closer collaborative working between the Providers, in order to achieve the Objectives;

12.6.4 seek and reflect the views of key stakeholders in drawing up recommendations to the Executive Group;

12.6.5 make recommendations to the Executive Group as to the addition of new parties to the arrangements under this Agreement, including new providers of services in the Priority Areas; and

12.6.6 carry out the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.6.

13. CONFLICTS OF INTEREST

13.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality the Parties agree to share all information relevant to the development and delivery of the Priority Areas in an honest, open and timely manner.

13.2 The Parties will:

13.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or the operation of the Executive Group and/or the Delivery Group immediately upon becoming aware of the conflict of interest whether that conflict concerns the

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Party or any person employed or retained by them for or in connection with the performance of this Agreement;

13.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Parties) before they participate in any decision in respect of that matter; and

13.2.3 use best endeavours to ensure that their representatives on the Executive Group and Delivery Group also comply with the requirements of this Clause 13 when acting in connection with this Agreement.

SECTION D: FINANCIAL PLANNING

14. PAYMENTS

14.1 The Parties will continue to be paid in accordance with the mechanism set out in their respective Services Contracts and Section 75 Agreements.

14.2 The Parties have not agreed as at the Commencement Date to share risk or reward. However the Parties will work together during the Initial Term to consider the development of risk/reward sharing mechanisms in accordance with the framework and principles described in Schedule 3 (*Financial Planning Framework*) with the aim of achieving the Objectives.

14.3 Any future introduction of such a mechanism would require additional provisions to be agreed between the Parties and incorporated into this Agreement in accordance with Clause 18.

SECTION E: GENERAL PROVISIONS

15. EXCLUSION AND TERMINATION

15.1 A Provider may be excluded from this Agreement on notice from the Commissioners (acting in consensus) in the event of:

15.1.1 the termination of their Services Contract and/or Sections 75 Agreement; or

15.1.2 an event of Insolvency affecting them.

15.2 A Party may withdraw from this Agreement by giving not less than 12 months' written notice to each of the other Parties.

15.3 A Party may be excluded from this Agreement on written notice from all of the remaining Parties (acting in consensus) in the event of a material or a persistent breach of the terms of this Agreement by the relevant Party which has not been rectified within

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30 days of notification issued by the remaining Parties (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Party.

15.4 The Executive Group may resolve to terminate this Agreement in whole where:

15.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or

15.4.2 where the Parties agree this Agreement should be replaced by one or more formal legally binding agreements between them.

15.5 Where a Provider is excluded from this Agreement, or withdraws from it, the excluded or withdrawing (as relevant) Party shall procure that all data and other material belonging to any other Party shall be delivered back to the relevant Party or deleted or destroyed (as instructed by the relevant Party) as soon as reasonably practicable.

16. INTRODUCING NEW PROVIDERS

Additional parties may become parties to this Agreement on such terms as the Parties shall jointly agree in writing, acting at all times on a Best for Newcastle basis. Any new Party will be required to agree in writing to the terms of this Agreement before admission.

17. LIABILITY

The Parties' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and Sections 75 Agreements and not this Agreement.

18. VARIATIONS

Any amendment to this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Parties.

19. CONFIDENTIALITY AND FOIA

19.1 Each Party shall keep confidential all Confidential Information that it receives from the other Parties except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Party to this Agreement.

19.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Party or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Party may have in respect of such Confidential Information.

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- 19.3 The Parties agree to procure, as far as is reasonably practicable, that the terms of this Clause 19 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.
- 19.4 Nothing in this Clause 19 (*Confidentiality and FOIA*) will affect any of the Parties' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.
- 19.5 The Parties acknowledge that they are each subject to the requirements of the FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that each Party is able to comply with their statutory obligations.
- 19.6 Each Party will hold harmless each other and will indemnify and keep indemnified each of the other Parties, in full and on demand, against all Claims (and related costs, charges and reasonable legal expenses) which the other Parties to this Agreement may incur or suffer, arising from any claim at law (including in negligence of any degree or other tort, or collateral contract or otherwise at law) by any of the other Parties for any direct, indirect, incidental or consequential or other loss or damage of whatsoever kind, arising from any breach by such a Party to this Agreement of the obligations under this Clause 19 (*Confidentiality and FOIA*) or otherwise.

20. INTELLECTUAL PROPERTY

- 20.1 In order to develop and deliver the arrangements under this Agreement in accordance with the Principles each Party grants each of the other Parties a fully paid up, non-exclusive licence to use its existing Intellectual Property insofar as is reasonably required for the sole purpose of the fulfilment of that Party's obligations under this Agreement.
- 20.2 If any Party creates any new Intellectual Property through the development and delivery of the arrangements under this Agreement, the Party which creates the new Intellectual Property will grant to each of the other Parties a fully paid up, non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Party's obligations and the development and delivery of the arrangements under this Agreement.

21. GENERAL

- 21.1 Any notice or other communication given to a Party under or in connection with this Agreement shall be in writing, addressed to that Party at its principal place of business or such other address as that Party may have specified to the other Party in writing in

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accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.

- 21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1 above; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.
- 21.3 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Parties, constitute any Party the agent of another Party, nor authorise any Party to make or enter into any commitments for or on behalf of any other Party except as expressly provided in this Agreement.
- 21.4 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Party has executed at least one counterpart.
- 21.5 This Agreement, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Parties irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.
- 21.6 A person who is not a Party to this Agreement shall not have any rights under or in connection with it.

This Agreement has been entered into on the date stated at the beginning of it.

COLLABORATION AGREEMENT

Signed by **MARK ADAMS**

for and on behalf of **NHS NEWCASTLE GATESHEAD
CLINICAL COMMISSIONING GROUP**

.....
Mark Adams
Accountable Officer

Signed by **PAT RICHIE**

for and on behalf of **NEWCASTLE CITY COUNCIL**

.....
Pat Richie
Chief Executive

Signed by **DAME JACKIE DANIEL**

for and on behalf of **THE NEWCASTLE UPON TYNE
HOSPITALS NHS FOUNDATION TRUST**

.....
Dame Jackie Daniel
Chief Executive

Signed by **JOHN LAWLOR**

for and on behalf of **CUMBRIA, NORTHUMBERLAND,
TYNE AND WEAR NHS FOUNDATION TRUST**

.....
John Lawlor
Chief Executive

Signed by **CHRISTIAN TOWNEND**

for and on behalf of **NEWCASTLE GENERAL PRACTICE
SERVICES LIMITED**

.....
Christian Townend
Chief Executive

SCHEDULE 1

Definitions and Interpretation

1. The following words and phrases have the following meanings:

Agreement	this agreement incorporating the Schedules.
Best for Newcastle	best for the achievement of the Objectives for the Newcastle population on the basis of the Principles.
Claims	any claims, actions, demands, fines or proceedings.
Commencement Date	the date entered on page one (1) of this Agreement.
Commercially Sensitive Information	Confidential Information which is of a commercially sensitive nature relating to a Party, its intellectual property rights or its business or which a Party has indicated would cause that Party significant commercial disadvantage or material financial loss.
Competition Law	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector by Monitor in accordance with the Health and Social Care Act 2012.
Competition Sensitive Information	Confidential Information which is owned, produced and marked as Competition Sensitive Information by one of the Providers and which that Provider properly considers is of such a nature that it cannot be exchanged with the other Providers without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Party, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
Confidential Information	the provisions of this Agreement and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing

	before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information.
Delivery Group	the Collaborative Newcastle Delivery Group, the terms of reference of which are set out in Part 2 of Schedule 4 (<i>Governance</i>).
Dispute	any dispute arising between two or more of the Parties in connection with this Agreement or their respective rights and obligations under it.
Dispute Resolution Procedure	the procedure set out in Schedule 6 for the resolution of disputes which are not capable of resolution under Clause 8 (<i>Problem Resolution and Escalation</i>).
Executive Group	the Collaborative Newcastle Executive Group, the terms of reference of which are set out in Part 1 of Schedule 4 (<i>Governance</i>).
Extended Term	has the meaning set out in Clause 4.2.
Financial Planning Framework	the financial planning framework as described in Schedule 3.
FOIA	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act.
Good Practice	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Services Contracts), as appropriate.
Initial Term	the period from and including the Commencement Date until the second anniversary of the Commencement Date.
Insolvency	(as may be applicable to each Party) a Provider taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business, or any analogous process for a public body.
Intellectual	patents, rights to inventions, copyright and related rights, trade

Property	marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.
Law	<ul style="list-style-type: none"> a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; b) any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; c) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales; d) Guidance (as defined in the NHS Standard Contract); e) National Standards (as defined in the NHS Standard Contract); and f) any applicable code.
NHS Standard Contract	the NHS Standard Contract for NHS healthcare services as published by NHS England from time to time.
Objectives	the objectives for Collaborative Newcastle set out in Clause 6.1.
Operational Day	a day other than a Saturday, Sunday or bank holiday in England.
Population	the population of Newcastle covered by each of the Commissioners.
Principles	the principles for Collaborative Newcastle set out in Clause 7.3.
Priority Area	one of the priority areas set out in Schedule 2 (<i>Priority Areas</i>) as may be amended or added to by agreement of the Parties from time to time.
Reserved Matter	has the meaning set out in Clause 9.2.
Section 75 Agreement	an agreement entered into by any of the Parties under section 75 of the National Health Service Act 2006.
Service Users	people within the Population served by the Commissioners who are in receipt of the Services.
Services	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Services Contract.

Services Contract	a contract entered into by the CCG and/or the Council and a Provider for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires.
UN Sustainability Goals	the United Nations Sustainability Goals, set out here: https://www.un.org/sustainabledevelopment/sustainable-development-goals/
Wellbeing for Life Board	the Health and Wellbeing Board for Newcastle.

SCHEDULE 2

Priority Areas

The Parties have identified the initial Priority Areas during the Initial Term (as may be agreed and amended from time to time by the agreement of the Parties in accordance with Clause 18 (*Variations*)) as the following:

1. Co-governance and leadership
2. Co-production - using the Being well framework to improve health and wellbeing and reduce inequalities around
 - Integrated children's service
 - Care homes
 - Complex care for adults
 - Positive mental health
3. Co-location
4. Command centre – particularly leveraging digital and data to design and deliver personalised services
5. Covid – Outbreak control and recovery

Immediately following the Commencement Date the Parties will develop and implement workplans for each of the initial Priority Areas.

SCHEDULE 3

Financial Planning Framework

Part 1: Principles

The Parties will develop a system financial planning framework based on the following principles:












- 1 We will define what the Newcastle £ is and spend it best for the benefit of local people; deciding together what is best done at a place and locality level.
- 2 We will plan and deliver together rather than looking for solutions that just cost shift between organisations.
- 3 We will focus on delivering real medium and long term benefits over short term gains.
- 4 We will trust our staff to spend the Newcastle £ wisely, by empowering them to spend it like it is their own, regardless of which organisation they work for.
- 5 We will get better benefit from the money we spend by reducing waste from reducing the unwarranted duplication in teams visiting individuals with the highest needs, and look to repurpose savings into spending more on preventative measures that 'shift the curve'.
- 6 We will spend more of the Newcastle £ with local organisations to get the most possible local social value.
- 7 We will get the maximum possible benefit from the Newcastle £ by making good use of technology/digital.
- 8 We will use our capital assets in ways that maximise what we can achieve with the revenue funding available to us.

The financial planning framework will split finances relevant to the Objectives and Priority Areas into the following categories:

- a) Finances which can be pooled between the Parties
- b) Finances which can be aligned
- c) Finances which are "in view" of the Parties, including those of third party providers whose services are linked to the Priority Areas

Part 2: Implementation

In order to implement the Financial Planning Framework the Parties will work towards the following financial arrangements from the Commencement Date:

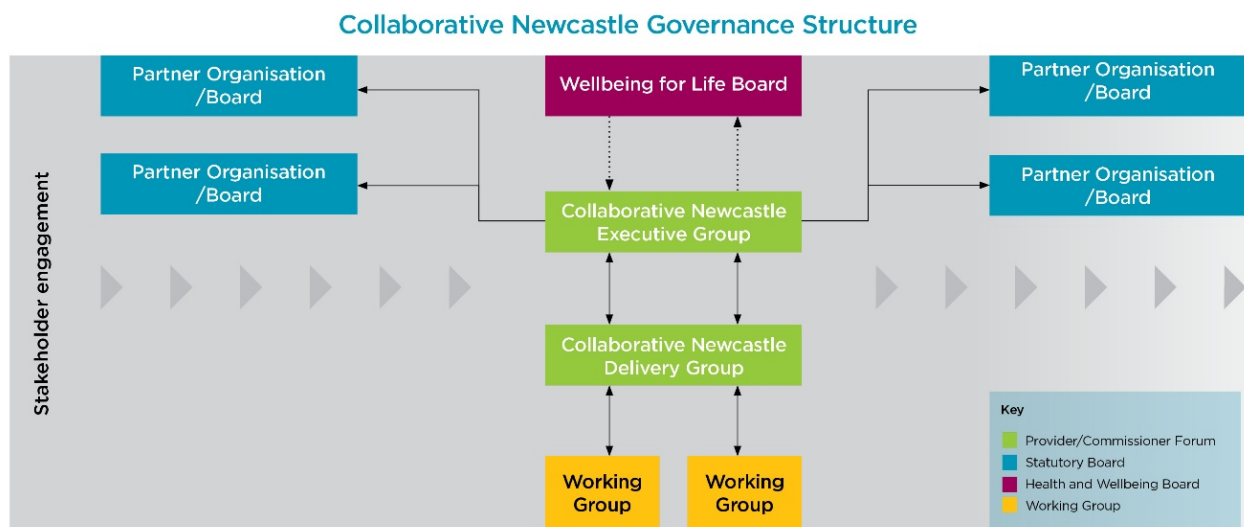
Collaborative Newcastle				NHS CARE			
Framework for							
Service line	Contract type (eg block / tariff etc)	Commissioner	Provider	Pooled	Aligned	In view	Opaque
Adult Community Nursing Services	Block	CCG	NUTH				
Joint Equipment Loan Service	Block	NCC CCG	NUTH				
Urgent Care	Alliance agreement	CCG	NUTH, NGPS and others				
0 – 19 Service	Block	NCC	NUTH				

SCHEDULE 4

Governance

This Schedule 4 sets out the governance arrangements for Collaborative Newcastle under this Agreement.

The diagram below summarises the governance structure which the Parties have agreed to establish and operate from the Commencement Date, to provide oversight of the development and implementation of the Collaborative Newcastle approach and the arrangements under this Agreement.



This Schedule also contains the terms of reference for the Collaborative Newcastle Executive Group (Part 1) and the Collaborative Newcastle Delivery Group (Part 2).

Part 1: Collaborative Newcastle Executive Group - Terms of Reference

1.	Purpose	<p>The purpose of the Executive Group is to provide strategic oversight of the Collaborative Newcastle arrangements to achieve the Objectives and improve the health and wellbeing of the Newcastle population. This supports the vision for Newcastle as set out in the Collaboration Agreement (Agreement).</p>
2.	Status and authority	<p>The Executive Group is established by the Full Members, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between all of the parties to the Agreement (Parties) to achieve the Objectives in line with the Principles.</p> <p>The Executive Group is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation ‘overrule’ the other on any matter. As a result, the Executive Group will operate as a place for discussion of issues with the aim of reaching consensus between the Full Members.</p> <p>The Executive Group will function through engagement and discussion between the Full Members so that each of the Full Members makes a decision in respect of, and expresses its views about, each matter considered by the Executive Group. The decisions of the Executive Group will, therefore, be the decisions of the individual Full Members, the mechanism for which shall be authority delegated by each Full Member to its representative on the Executive Group.</p> <p>To that end:</p> <ul style="list-style-type: none"> • the Executive Group will provide information to the Wellbeing for Life Board as appropriate; and • each of the Full Member organisations will ensure that their representative: <ul style="list-style-type: none"> ○ is appointed to attend and represent their organisation on the Executive Group with such authority as is agreed to be necessary in order for the Executive Group to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation’s respective scheme of delegation (or similar);

		<ul style="list-style-type: none"> ○ has equivalent delegated authority to the representatives of all other Full Member organisations comprising the Executive Group; and ○ understands the status of the Executive Group and the limits of their responsibilities and authority.
3.	Accountability	In line with the principles that the Executive Group is not a separate legal entity but a place for discussion, the individual members of the Executive Group are accountable to their respective organisations.
4.	Responsibilities	<p>The Executive Group members are responsible for leading the Full Members' collaborative approach and working in accordance with the Principles in line with the terms of the Agreement.</p> <p>The Executive Group members will make decisions together at Executive Group meetings in respect of the Priority Areas identified in the Agreement and Financial Planning Framework, including in relation to recommendations from the Delivery Group.</p> <p>The Executive Group is not a decision making body, although it will be instrumental in developing proposals and recommendations by consensus which shall be presented to the statutory boards of the Full Member organisations.</p>
5.	Membership and attendance	<p>The Executive Group will include one representative nominated by each of the Full Members.</p> <p>It is important that members or their deputies commit to attending Executive Group meetings. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute to the discussion and make decisions on behalf of the organisation they are representing.</p> <p>Associate Members will be entitled to attend meetings of the Executive Group and contribute to discussion, but will not participate in decision-making.</p> <p>The Executive Group members may invite others to attend meetings of the Executive Group as observers. Such observers will not participate in decisions.</p>
6.	Quorum	One representative of each of the Full Members, or their deputies, must be present for the Executive Group to be quorate.
7.	Chairing	The chair or co-chairs of meetings of the Executive Group will be

	arrangements	appointed by the Full Members.
8.	Decision making	The Executive Group members will aim to achieve consensus wherever possible.
9.	Conduct of business	<p>Meetings of the Executive Group will be held monthly or at such other frequency as may be agreed between the Parties.</p> <p>Meetings may be held by telephone or video conference. Members of the Executive Group may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.</p> <p>Any Full Member may call an extraordinary meeting of the Executive Group at their discretion subject to providing at least five working days' notice to the other Full Members.</p> <p>Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting. Agendas and papers will be published on the member organisations' websites as agreed.</p> <p>In the event Executive Group members wish to add an item to the agenda they must notify the chair accordingly.</p> <p>The Executive Group will have administrative support as agreed to:</p> <ul style="list-style-type: none"> - take minutes of the meetings and keep a record of matters arising and issues to be carried forward; and - maintain a register of interests of Executive Group members. <p>The minutes of Executive Group meetings will be sent to the Parties' respective Boards / Cabinet / Governing Bodies within 14 days of each meeting.</p> <p>Meetings will be open to the public as agreed by the Full Members.</p>
10.	Conduct of members and conflicts of interest	<p>All members of the Executive Group are required to uphold the Nolan Principles and it is expected that members will act in the spirit of co-production and collaboration in line with the key principles and ethos of Collaborative Newcastle.</p> <p>The members of the Executive Group must refrain from actions that are likely to create any actual or perceived conflicts of interests. Executive Group members must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties.</p>

11.	Review	These terms of reference and effectiveness of the Executive Group will be reviewed by the Full Members on an annual basis or more frequently if required.
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Part 2: Collaborative Newcastle Delivery Group – Terms of Reference

1.	Purpose	<p>The purpose of the Delivery Group is to manage the operation of Collaborative Newcastle to achieve the Objectives and develop proposals for the delivery and transformation of services in the Priority Areas to improve the health and wellbeing of the Newcastle population as identified in the Collaboration Agreement (Agreement). This supports the vision for Newcastle as set out in the Agreement.</p> <p>The Delivery Group will report to individual Boards / Cabinet / Governing Body and to the Executive Group and will seek and reflect the views of key stakeholders in drawing up recommendations to the Executive Group.</p>
2.	Status and authority	<p>The Delivery Group is established by the Full Members, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between all of the parties to the Collaboration Agreement (Parties) to achieve the Objectives in line with the Principles.</p> <p>The Delivery Group is not a separate legal entity, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one organisation ‘overrule’ the other on any matter. As a result, the Delivery Group will operate as a place for discussion of issues with the aim of reaching consensus between the Full Members.</p> <p>The Delivery Group will function through engagement and discussion between the Full Members so that each of the Full Members makes a decision in respect of, and expresses its views about, each matter considered by the Delivery Group. The decisions of the Delivery Group will, therefore, be the decisions of the individual Full Members, the mechanism for which shall be authority delegated by each Full Member to its representative on the Executive Group.</p> <p>To that end:</p> <ul style="list-style-type: none"> • a report from the Delivery Group will be a standing item on every meeting agenda for the Executive Group; and • each of the Full Member organisations will ensure that their representative: <ul style="list-style-type: none"> ○ is appointed to attend and represent their organisation on the Delivery Group with such

		<p>authority as is agreed to be necessary in order for the Delivery Group to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar);</p> <ul style="list-style-type: none"> ○ has equivalent delegated authority to the representatives of all other Full Member organisations comprising the Delivery Group; and ○ understands the status of the Delivery Group and the limits of their responsibilities and authority.
3.	Accountability	In line with the principles that the Delivery Group is not a separate legal entity but a place for discussion, the individual members of the Delivery Group are accountable to their respective organisations.
4.	Responsibilities	<p>The Delivery Group members are responsible for ensuring the delivery of the Full Members' collaborative approach in line with the terms of the Agreement.</p> <p>The Delivery Group members will make decisions together at Delivery Group meetings in respect of the Priority Areas identified in the Agreement. The Delivery Group will also be responsible for:</p> <ul style="list-style-type: none"> • delivery of workplans for development of the Priority Areas and implementation of the Financial Planning Framework; • making recommendations to the Executive Group in relation to changes to the Priority Areas in respect of Service User pathways / services; • developing and implementing strategies for closer collaborative working between the Providers, in order to achieve the Objectives; and • making recommendations to the Executive Group as to the addition of new parties to the arrangements under this Agreement, including new providers of services in the Priority Areas.
5.	Membership and attendance	<p>The Delivery Group will include one representative nominated by each of the Full Members.</p> <p>It is important that members or their deputies commit to attending Delivery Group meetings. Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute to the discussion and make decisions on behalf</p>

		<p>of the organisation they are representing.</p> <p>Associate Members will be entitled to attend meetings of the Delivery Group and contribute to the discussion, but will not participate in decision-making.</p> <p>The Delivery Group members may invite others to attend meetings of the Delivery Group as observers. Such observers will not participate in decisions.</p>
6.	Quorum	The Delivery Group will be quorate if one representative of each of the Full Members of the Delivery Group are present.
7.	Chairing arrangements	Meetings of the Delivery Group will be chaired as agreed by the Full Members.
8.	Decision making	The Delivery Group members will aim to achieve consensus wherever possible.
9.	Conduct of business	<p>Meetings of the Delivery Group will be held monthly or such other frequency as may be agreed between the Parties.</p> <p>Meetings may be held by telephone or video conference. Members of the Delivery Group may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference.</p> <p>Any Full Member may call an extraordinary meeting of the Delivery Group at their discretion subject to providing at least five working days' notice to Delivery Group members.</p> <p>Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting. Agendas and papers will be published on the member organisations' websites as agreed.</p> <p>In the event Delivery Group members wish to add an item to the agenda they must notify the chair accordingly.</p> <p>The Delivery Group will have administrative support as required to:</p> <ul style="list-style-type: none"> - take minutes of the meetings and keep a record of matters arising and issues to be carried forward; and - maintain a register of interests of Delivery Group members. <p>The minutes of Delivery Group meetings will be sent to the Executive Group within 14 days of each meeting.</p> <p>Meetings will be open to the public as agreed.</p>

10.	Conduct of members and conflicts of interest	<p>All members of the Delivery Group are required to uphold the Nolan Principles and it is expected that members will act in the spirit of co-production and collaboration in line with the key principles and ethos of Collaborative Newcastle.</p> <p>The members of the Delivery Group must refrain from actions that are likely to create any actual or perceived conflicts of interests. Delivery Group members must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties.</p>
11.	Review	<p>These terms of reference and effectiveness of the Delivery Group will be reviewed by the Executive Group on an annual basis or more frequently if required.</p>

SCHEDULE 5

Rights and Obligations of Full Members and Associate Members

- 1.2 The Parties agree that a Full Member shall (without limitation to the roles and responsibilities of the Parties):
 - 1.2.1 play an active role in the plans for system transformation and place-based systems of health and care in Newcastle;
 - 1.2.2 be entitled to attend and participate in decisions at meetings of the Executive Group (and the Parties acknowledge that all such Parties and their representatives shall act within the decision making processes of their respective organisations and relevant delegated authority);
 - 1.2.3 be entitled to attend and participate in decisions at meetings of the Delivery Group;
 - 1.2.4 share risks and rewards relating to such Priority Areas and the Financial Planning Framework as agreed; and
 - 1.2.5 commit to the Principles at all times.
- 1.3 The Parties agree that an Associate Member shall (without limitation to the roles and responsibilities of the Parties):
 - 1.3.1 be invited to attend and contribute to all meetings of the Executive Group but not participate in decisions at such meetings;
 - 1.3.2 be invited to attend and contribute to all meetings of the Delivery Group and all other meetings in the supporting governance structure but not participate in decisions; and
 - 1.3.3 not be a part of financial and risk sharing arrangements as referred to in Clause 14.2.
- 1.4 The Parties may consider the inclusion of an additional category of membership of Collaborative Newcastle, an "Affiliate Member", which the Parties will consider with those third parties that share the Principles.
- 1.5 The categorisation described in this Schedule and consequently which membership category individual Parties (and possibly in time others) choose reflects the Parties' expectations about the alignment of financial and risk sharing arrangements needed to achieve the Objectives in the Initial Term.
- 1.6 The Parties acknowledge that primary care will play an integral role in delivery of the Objectives. The Parties agree to fully engage with general practice through Newcastle General Practice Services Limited to determine how general practice would best be able to interface with Collaborative Newcastle and contribute to the achievement of the

Objectives in accordance with a process to be agreed between the Parties as appropriate.

- 1.7 The Parties acknowledge that there are other service provider organisations that Collaborative Newcastle will work with and who will have an important role to play in the design and delivery of services aimed at better achieving the Objectives. For example, current contracts with third parties such as ambulance service; out of hours providers; other NHS Trusts and Clinical Commissioning Groups; Independent care and voluntary organisations; District and Borough Councils; housing providers; and the Police and Fire Services. The Parties anticipate that in keeping with the existing principles of partnership working, the Parties may invite these providers to attend relevant meetings of the supporting governance structure and/or any other groups tasked with service redesign, including relevant meetings of the Executive Group when proposals are discussed.

SCHEDULE 6

Dispute Resolution Procedure

1. Avoiding and Solving Disputes

- 1.1 The Parties commit to working cooperatively to identify and resolve issues to the Parties' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Parties will look to collaborate and resolve differences under Clause 8 (*Problem Resolution and Escalation*) of this Agreement prior to commencing this procedure.
- 1.2 The Parties believe that by focusing on their agreed Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with Collaborative Newcastle arrangements set out in this Agreement.
- 1.3 The Parties shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of Collaborative Newcastle (each a '**Dispute**') when it arises.
- 1.4 In the first instance the relevant Parties' representatives shall meet with the aim of resolving the Dispute to the mutual satisfaction of the relevant Parties. If the Dispute cannot be resolved by the relevant Parties' representatives within 10 Operational Days of the Dispute being referred to them, the Dispute shall be referred to senior officers of the relevant Parties, such senior officers not to have had direct day-to-day involvement in the matter and having the authority to settle the Dispute. The senior officers shall deal proactively with any Dispute on a Best for Newcastle basis in accordance with this Agreement so as to seek to reach a unanimous decision.
- 1.5 The Parties agree that the senior officers may, on a Best for Newcastle basis, determine whatever action they believe is necessary to try and resolve the Dispute including the following:
 - 1.5.1 If the senior officers cannot resolve the Dispute, they may agree by consensus to select an independent facilitator to assist with resolving the Dispute; and
 - 1.5.2 The independent facilitator shall:
 - (i) be provided with any information he or she requests about the Dispute;
 - (ii) assist the senior officers to work towards a consensus decision in respect of the Dispute;
 - (iii) regulate his or her own procedure;

- (iv) determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and
- (v) have its costs and disbursements met by the Parties in Dispute equally.

1.5.3 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 6 and only after such further consideration again fails to resolve the Dispute, the Parties may agree to:

- (i) terminate this Agreement in accordance with Clause 15.1.1; or
- (ii) agree that the Dispute need not be resolved.



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
Title	People Update						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>In response to the COVID-19 pandemic and a range of Government and Department of Health & Social Care (DHSC) announcements, we endeavour to proactively respond to ensure our staff are able to access advice and information on a timely basis.</p> <p>The purpose of the report is to provide an update on developments across our People agenda and reporting is aligned to our local People Plan themes.</p> <p>The Board is asked to endorse support for the Integrated Care System (ICS) 'Collective Promise' to staff, patients and residents of Black Asian and Minority Ethnic (BAME) heritage.</p>						
Recommendation	The Board is asked to note the content of this report, support direction of travel and endorse support for the ICS 'Collective Promise' to staff, patients and residents of Black Asian and Minority Ethnic (BAME) heritage.						
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	Regular report.						

PEOPLE PLAN UPDATE

1. INTRODUCTION

Following the launch of the national NHS People Plan in July 2020, within the Trust we have developed our local employer People Plan and supporting action plan which has been subject to a process of engagement and iteration, and endorsed.

The action plan contains metrics against which to measure progress against achievement. Nationally some performance metrics have also been proposed awaiting confirmation.

The local health system (North East and North Cumbria) is developing a local people plan and we are contributing in particular to the development of a plan for the Integrated Care Partnership (ICP) North.

2. COVID/RECOVERY/WINTER: WORKFORCE ACTIVITY

Absence/Self Isolation	Data contained in People section of the Integrated Board Report. Covid-related absence (confirmed/self-isolating/track and trace etc) continues to rise. Working collaboratively with Occupational Health (OH) to capture data and support staff confirmed positive and following up on internal test and trace.
Deployment of staff	Maintaining oversight of staff awaiting deployment – a number of whom have been able to support a range of activity working from home. These include those who are shielding and staff, who as a result of adjustments following a risk assessment, are unable to continue in their substantive roles.
Clinically Extremely Vulnerable (CEV) People	Working collaboratively with OH colleagues supporting staff who are CEV to remain safe and work from home where possible; underpinned by discussion with their manager and completion or refresh of an individual risk assessment.
Volunteers	<ul style="list-style-type: none"> • 108 volunteers recruited since April 2020 into COVID-response roles. Currently 35 volunteers active in ‘Social Distancing Volunteer’ roles; 8 Pharmacy Delivery Drivers and 4 ‘Call and Chat’ volunteers. • Funding bid submitted to NHS England / NHS Improvement (NHSE/I) for a ‘Covid/Winter Pressures’ Volunteering Programme supporting a proposal for a Patient Wellbeing Telephone service.
Staff engagement	The Covid Workforce Group has continued to meet virtually throughout the pandemic, and the range of support resources have remained in place and are monitored to ensure they remain accessible and appropriate. Staff Network groups have also maintained virtual engagement to support colleagues.
Nightingale Hospital	<ul style="list-style-type: none"> • Review of HR activation plan completed. • Desktop preparations completed in readiness to mobilise Nightingale if required.
Integrated Covid Hub North East	<ul style="list-style-type: none"> • Positive action in recruitment to create diverse workforce and good quality employment opportunities:

(ICHNE)	<ul style="list-style-type: none"> • To support widening access to enable more diverse recruitment, a multi-organisation ‘Recruitment Partners Task Force’ was established for the Covid Hub to target community/under-represented groups. This included ‘virtual presentations’ to over 800 potential new recruits. • A range of flexible working options available. • Weekend recruitment in covid-secure assessment centres: <ul style="list-style-type: none"> ○ Over 3,400 applications received to fill demand of around 940 wte. ○ Over 1,800 applicants shortlisted. ○ Almost 300 successful candidates offered jobs to date. • Very encouragingly, over 25% of successful candidates for Lab Support Worker so far, have disclosed they are people of BAME heritage and 7% have disclosed a disability. • Heavily involved in activity to operationalise all areas of the hub, particularly the main laboratory.
COVID-19 Mass Vaccination Hub & Programme	<ul style="list-style-type: none"> • Supporting activity to scope and mobilise hub for potential operation; Occupational Health will continue to support delivery for staff.

3. SHAPING THE BEST PLACE TO WORK



Well Workforce	<ul style="list-style-type: none"> • Taking care of our staff remains the most important priority and providing support for their health and wellbeing. • A holistic ‘Health and Wellbeing’ Strategy has been developed in partnership with colleagues and supporting action plan. It incorporates a coherent model aligned to the NHS Workforce Health and Wellbeing Framework, emphasising the actions which will have the greatest impact on enhancing wellbeing – Leadership, Support, Intervention and Prevention. • Recognising the challenges of the economic environment and the impact on many of our staff, the Flourish theme this month was ‘Let’s Talk Money’ to raise awareness of and access to resources to support staff to develop better control of their personal finances, financial management and advice about benefits and debt management. This also included the launch of a financial app called ‘Earnd’, which provides early access to earned pay. The implementation will be 2-phase, initially available to all directly employed staff with bank workers and ‘third party’ employees being able to access in the New Year. • Two virtual Flourish events were conducted in November delivered by Steve Head. ‘Taking care of yourself and your future’ included practical tips and strategies to help with mental wellbeing and resilience during challenging times.
Belonging, feeling valued and recognised	<ul style="list-style-type: none"> • The 2020 NHS Staff Survey launched on 1 October 2020 closing at the end of November. Promotion to support participation has been shaped around ‘We all have a voice’ which aligns to the NHS People Promise. Our

	<p>target response rate is 50% and at the time of reporting, we're ahead of our final 2019 position of 44%.</p> <ul style="list-style-type: none"> • In view of the inspirational work by many of our staff, the 'People at Our Heart' awards panel agreed to make additional individual and team awards to recognise the contribution of colleagues during the pandemic. • The Local Clinical Excellence Awards (LCEA) round will open on 1 December 2020 with the process concluded by the end of April 2021. • To support fostering a 'speak up' culture, a relaunch of 'Work in Confidence' anonymous dialogue platform is planned for the New Year in line with release of 2020 staff survey results.
<p>Inclusive and diverse workforce</p>	<ul style="list-style-type: none"> • Across the North East and North Cumbria (NENC) ICS, a 'Collective Promise' to all staff, patients and residents from BAME heritage has been agreed, with the aspiration of becoming a Public Sector Promise for the North East and North Cumbria. It was developed in response to the COVID-19 pandemic which has exposed the inequalities in society, community and workplaces. Staff from BAME staff networks have contributed to its development and it will shape the strategic response to these challenges, including reinforcing that staff should feel supported at work, have equal access to development opportunities and that there will be zero tolerance of racism. The goal is that each Chief Executive signs the promise on behalf of their organisation. It is attached at Appendix 1; if endorsed by the Board, a signed copy will be placed on the Trust webpages following the Board meeting. • The Trust has been shortlisted for the first HSJ Race Equality Award 2020 relating to our work on the WRES 'Refocus to achieve'. The next stage of the selection process is planned for January 2021. • Positive action to support the development of leadership potential has been facilitated through an 'open seat' on the Joint Research, Innovation and Enterprise Strategy Group. This has been facilitated through expressions of interest, and will provide an opportunity for learning, and contribution to the debate on how innovation will improve the health, wealth and wellbeing of the population. • 'Stepping Up': Pivotal in offer of regional programme, and currently supporting 4 staff to participate. • Reverse Mentoring: Launched in June 2020, 52 participants, initial feedback is very positive. • Working in partnership with Newcastle City Council about how to stay safe, a number of our clinical professionals have participated in the production of videos in multiple languages to inform people about Eid and COVID which are widely available on social media. • To mark UK Disability History Month, our staff network has arranged the a number of events including the second Disability staff conference in December 2020. • Project Choice extended an internship extension because of COVID-19 and the students will graduate in December 2020, with 80% anticipated to transition into employment. A new cohort of 8 students commenced training in September 2020.

	<ul style="list-style-type: none"> • ‘UK Digital Resources for Carers’ access now available to support staff with caring responsibilities. • Planning is well advanced for ‘virtual recruitment event’ in May 2021 in partnership with other NHS organisations and local councils, focussed on people who are BAME/and or have a disability.
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4. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING



Leadership Development	<p>Leadership & Organisation Development</p> <ul style="list-style-type: none"> • Graduate Management Training Scheme (GMTS) March 2021: 3 bids have been submitted and we await the outcome expected early December. • A number of the leadership developments have transferred to virtual delivery including: <ul style="list-style-type: none"> ○ Aspire Learners. ○ Institute of Leadership & Management (ILM) programmes to ensure all existing learners are prioritized for completion. • Leadership Congress: Took place on 18th November with ‘Chimp Management’. A programme of these events is being planned for the coming calendar year. • Work on-going to further develop and enhance the Trust Talent Management Strategy, and supporting the development of a regional talent pool.
Apprenticeships	<ul style="list-style-type: none"> • An innovative integrated Health Care Support Worker apprenticeship has developed in partnership with Newcastle City Council. The Trust is working with the City Council to finalise detail of a joint recruitment campaign, planned for January 2021, with an anticipated start date in March 2021. • Currently delivering 32 apprenticeship programmes with 19 training providers; further degree apprenticeships, including Occupational Therapy and District Nursing are at the validation stage with partner Higher Education Institutes; other programmes including Radiography and Public Health are in the early stages of development. Due to the impact of COVID-19, it is anticipated these will launch during 2021.
CPD/Academy	<ul style="list-style-type: none"> • The Continuing Professional Development (CPD) funding for Nursing, Midwifery and Allied Health Professional (NMAHP) staff is supporting the development of the Clinical Skills Academy which will act as a ‘one stop shop’ for the training and development offer for NMAHP staff.
Medical Education	<p>Postgraduate</p> <ul style="list-style-type: none"> • A full review of the Medical Education Tutor Team is underway with a re-alignment of roles and responsibilities and new team members in some roles. • A review of quality improvement process is underway with the appointment of a new Quality Lead within the tutor team.

	<ul style="list-style-type: none"> • Clarification of postgraduate medical education activity and funding income is required and impact of reduction to be determined. • Analysis underway of the recently released General Medical Council (GMC) Survey to identify improvements and assess the effect of COVID on the experience of trainers/ Trainees. <p>Undergraduate</p> <ul style="list-style-type: none"> • New curriculum developed with Newcastle University is running in tandem with the final year of the previous curriculum. • This year’s student feedback shows a substantial improvement on previous years particularly within Stage 5 Preparation for Practice and Hospital Based Practice courses. • The new Medical School curriculum means that NUTH has responsibility for delivery across 75% of year group within Regional Medical School. • A review of funding and tutor payments been undertaken to support role changes. • Additional ‘catch up’ training is underway to enable students to complete training suspended due to COVID. • New curriculum delivery will continue to be monitored and evaluated with particular emphasis on implementation of the new Year 5 course to be implemented in 2021/22 academic year. <p>Clarification of postgraduate and undergraduate medical education activity and funding income required and impact of reduction is still to be determined.</p>
<p>Simulation, Resus and Technology Enhanced Learning (TEL)</p>	<ul style="list-style-type: none"> • Trust-wide training for the de-fib replacement programme is underway. • TEL workload has increased rapidly due to the volume of learning and development moving online. Funding for additional technicians has been secured. • Further scenarios using the ‘Escape Room’ learning methodology which have been used to good effect in the Joint System Leadership programme are being developed. • Adaptations have been successfully developed and implemented to support clinical work around COVID.
<p>National Education and Training (NETS) Survey</p>	<ul style="list-style-type: none"> • This survey will run throughout November 2020 and is the only national survey open to all healthcare trainees and students across all clinical learning environments at both undergraduate and postgraduate level who are undertaking a clinical placement as part of their training programme. It gathers opinions from students about their time in clinical placements, asking them to provide feedback on what worked well and what they think could be improved. <p>As a national multi-professional survey, it offers Placement Providers an invaluable insight into the clinical learning environment at organisational and departmental level.</p>
<p>Training space and Facilities</p>	<ul style="list-style-type: none"> • Reduced availability of teaching space and facilities is having a significant, adverse impact on the level of provision and opportunity for engagement in learning and development across all staff groups, further compounded

	<p>by the effects of COVID and social distancing measures reducing capacity. The Education team continues to work collaboratively with Estates to find solutions including potential use of external facilities.</p> <ul style="list-style-type: none"> • Re-provision of the Clinical Learning Centre (CLC) is a significant concern and placed on risk register. • Alternative delivery methods of teaching and training continue to be used including live streaming of lectures, WebEx and presentations, on line/virtual learning materials, and blended models which incorporate a mixture of methods and techniques. There is a significant challenge in ensuring these developments meet all learners’ needs given the recognised differences in individual learning styles. It is acknowledged that e-learning is not appropriate for all. • Changes to location and working hours, the use of twilight teaching sessions have all been implemented to meet demand, with the potential to move to 7 day working currently being explored.
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5. PEOPLE WORKING DIFFERENTLY

Harnessing use of technology to support flexible working	<ul style="list-style-type: none"> • Supporting more staff to work from home through increased use of technology and location based e-rostering. Staff able to record their working hours via online app.
Robotic Process Automation	<ul style="list-style-type: none"> • Over 6,000 hours of time released back to value adding activity through automation of transactional processes. • Use of e-forms and Robotic Process Automation (RPA) applied to data capture for flu vaccination programme. • Scoping out automation of clinical administrative processes within Cancer Services and Cardio being designed and tested to release more clinical time back to patient care.

6. PARTNER AND ‘ANCHOR’ INSTITUTION

Collaborative Newcastle and System Working	<ul style="list-style-type: none"> • Leadership Development: <ul style="list-style-type: none"> ○ On-going design and developments of Joint System Leadership Programme to capture progress of Collaborative Newcastle and Gateshead System respectively which has transferred to a virtual delivery. This is a fantastic showcase of partnership working across the region. Recruitment to cohorts 3 and 4 in progress, for a planned delivery 2021. ○ Gateshead System Leadership programme commenced October 2020 delivered virtually. • A ‘Workforce Subgroup’ of the Growth and Prosperity Group will be established as part of the joint approach, to focus on how to facilitate good quality, inclusive employment opportunities and career pathways across the system.
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RECOMMENDATIONS

The Board is asked to note the content of this report and endorse support for publication of the ICS 'Collective Promise'.

Report of Dee Fawcett
Director of HR
18 November 2020

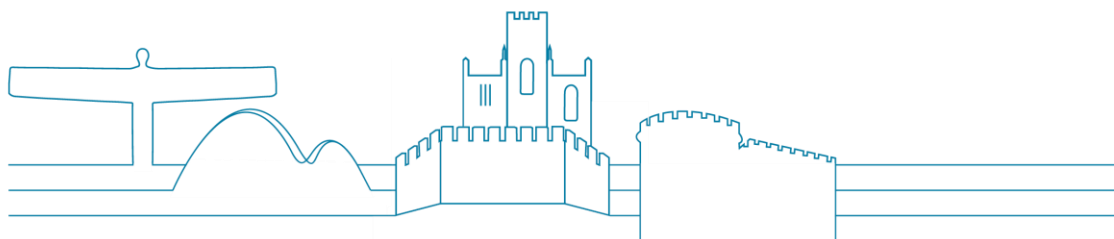


Our collective promise to our Black, Asian and minority ethnic colleagues and communities

Healthcare leaders across the North East and Yorkshire are committed to better supporting people from Black, Asian and minority ethnic (BAME) communities. This includes ensuring fairness for all and embedding a culture where, no matter your race and/or background, your personal experience, either as a staff member or as someone who accesses health and care services, is one that is not influenced by racism or any bias, be it unconscious or not.

Our collective promise includes:

- Devising an agreed framework to increase diversity across all levels of workforce, boards and governing bodies (including leadership), underpinned by transparent and fair recruitment processes
- Introducing yearly learning and development activities for all staff on the subject of unconscious bias and/or cultural intelligence
- Develop systems to ensure through commissioning and encouragement that all leadership boards have a programme of reporting, training and development which focuses on workforce race equality standards, such as WRES metrics or other locally determined measures.
- Develop feedback mechanisms are firmly in place for all protected groups and can demonstrate specific feedback from BAME colleagues and communities creating psychological safety
- Develop a system to support zero tolerance for bullying and abuse as a result of racism
- Identify a programme which recognises the talent and leadership potential of our BAME colleagues
- Ensuring our work place environments support people from all backgrounds



- Ensuring all organisations have established staff networks to support listening into real, tangible action, where not already in place
- Develop a framework that shows a commitment to continue to understand and develop strong allyship to our BAME communities and colleagues
- Ensure promotional or communications activity actively reflects the communities we service and our workforce
- Engaging BAME service users and carers in patient and carer involvement activities

Signed:

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Date:

Date:

Date:



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Joey Barton – Performance Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board of Directors on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Contains key HR metrics. Provides an overview of the current financial position.						
Reports previously considered by	Regular report.						

Integrated Board Report

Quality, Performance, People and Finance

November 2020



Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of Quality, Performance, People and Finance in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider. Updates from the Trust's Restart, Reset and Recovery (3Rs) cell will also flow through this paper.

Restart, Reset and Recovery (3Rs)

- In light of the COVID-19 pandemic and the new environment in which NuTH now operates, the **3Rs Cell** focusses on the Trust's ability to:
 - **Restart** and deliver services which were paused at the height of activity reduction;
 - **Reset** services which need small transformation changes to deliver services in an altered model; and
 - **Recovery** to the 'new normal' in which the Trust will operate and work through its waiting list backlog.

New Operating Environment

- Patient care **activity across the Trust significantly reduced as the COVID-19 pandemic first hit**. This was due to:
 - a rapid intentional **pausing of non-urgent face-to-face elective outpatient and inpatient activity for 3 months** to release capacity to care for COVID patients and to reduce the risk of transmitting COVID to non-COVID patients in hospital.
 - (Partly unexpected) significant **reduction in emergency patients** calling 999 and/or attending A&E as an emergency.
 - changes in primary care activity and delivery meant very **few patients were referred from GPs** to hospitals for elective care.
- As the number of patients with COVID decreased following the peak in April, the NHS looked to increase its elective activity again. However, due to the need to protect the safety of patients and staff, it is necessary to follow rigorous infection prevention and control arrangements. This is particularly pertinent in the context of an increasing prevalence of COVID within hospitals and the community in recent weeks. Actions include **social distancing of beds, patients and staff** and adding air settle time between cases. These actions have **reduced the number of patients who can be cared for each day**.

Report Highlights

1. The Trust **had no cases of MRSA bacteraemia attributed in October**, therefore the total number of cases attributed to the Trust YTD is 1 (April).
2. The number of **harmful incidents per 1,000 bed days continues to be around or under the lower expected limit** which reflects a combination of both the increased accuracy in grading of harm and an overall reduction in incidents resulting in harm.
3. The Trust did not achieve **the 95% A&E 4hr standard in October, with performance of 88.7%**. A&E attendances remain below pre-COVID levels.
4. The **Trust PTL size was 70,629 for October, with 2,045 patients waiting over 52 weeks**.
5. The Trust **achieved 3 of the 8 Cancer Waiting Time standards in September** which is the same as the previous month where 3 of the 8 standards were also met.

Contents: November 2020

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Clinical Audit
- 3Rs – Data, Processes and Performance Work Stream
- Monthly Performance Dashboard
- A&E Access and Performance
- Bed Occupancy and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

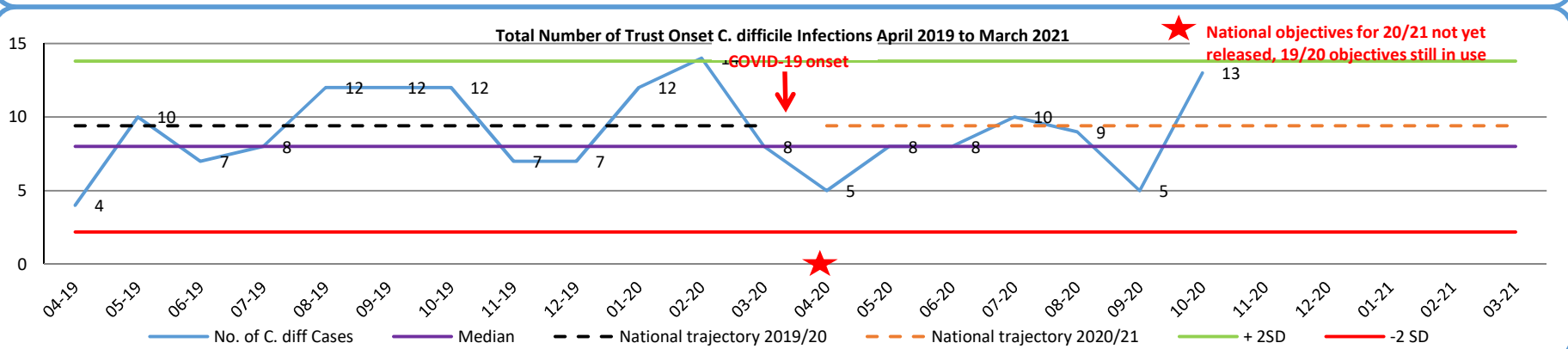
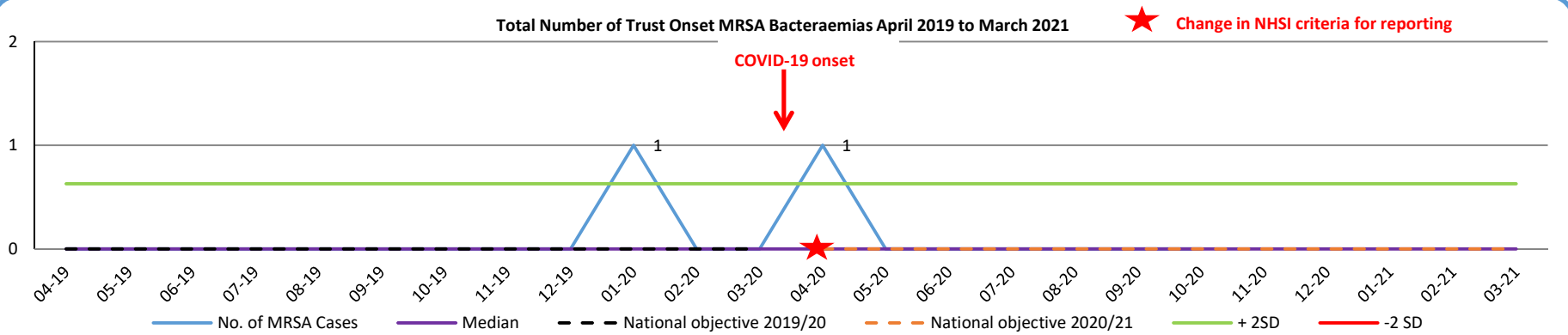
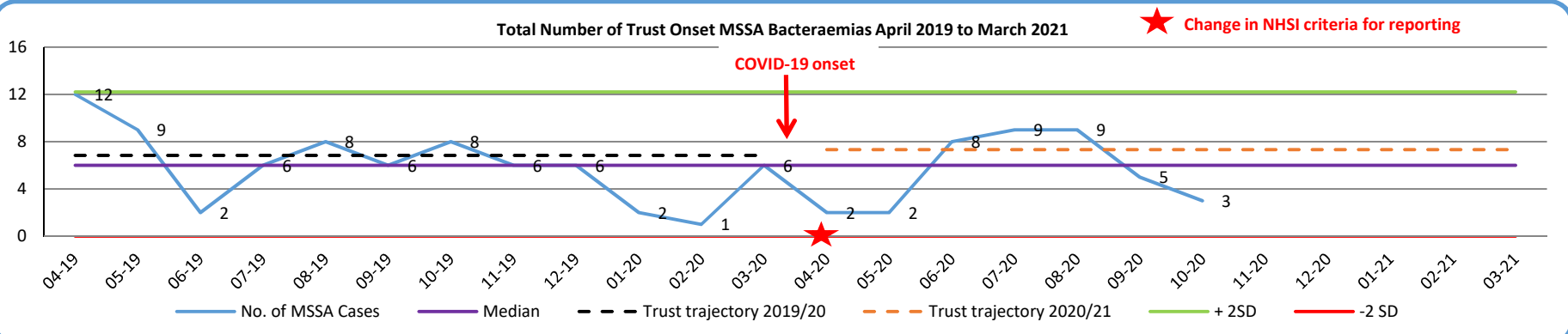
People

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

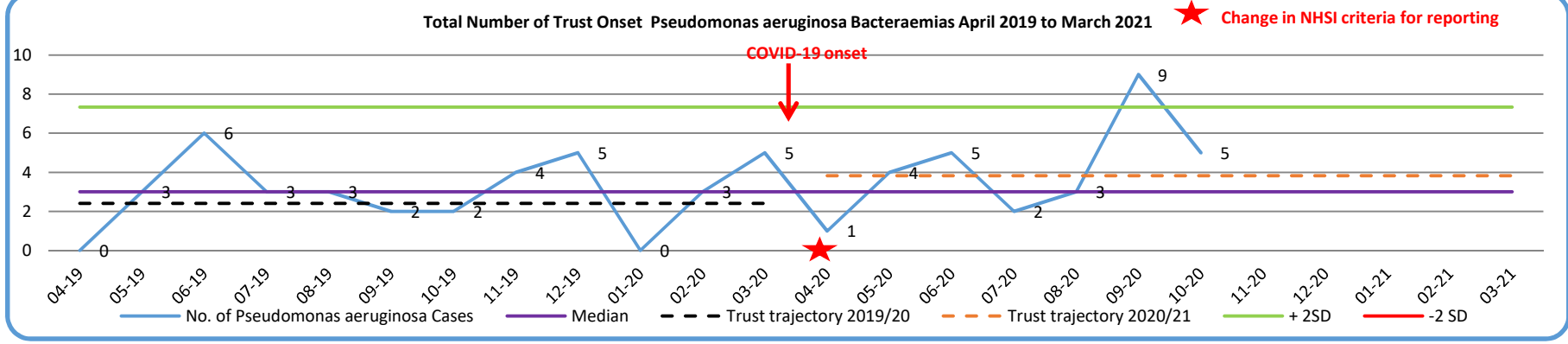
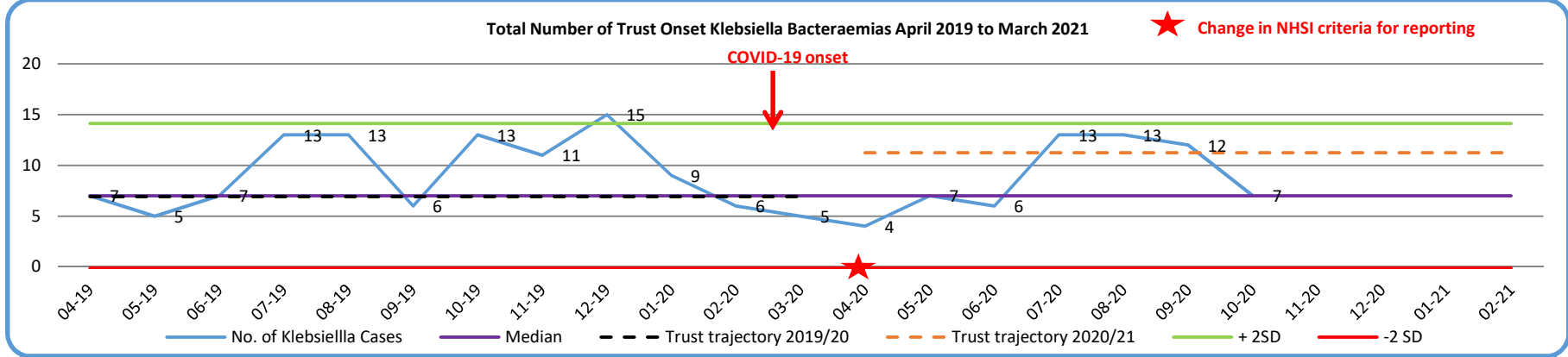
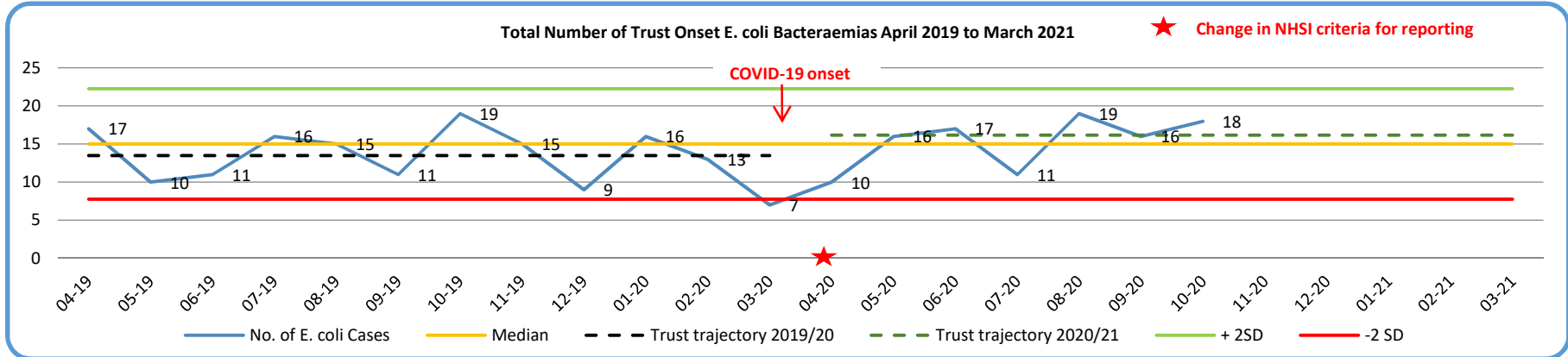
Finance

- Overall Financial Position

Quality and Performance: Healthcare Associated Infections

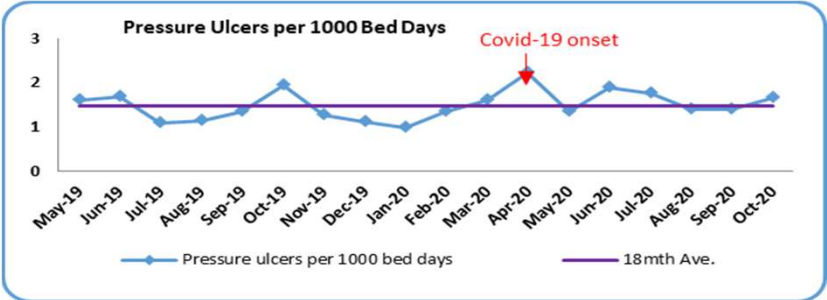
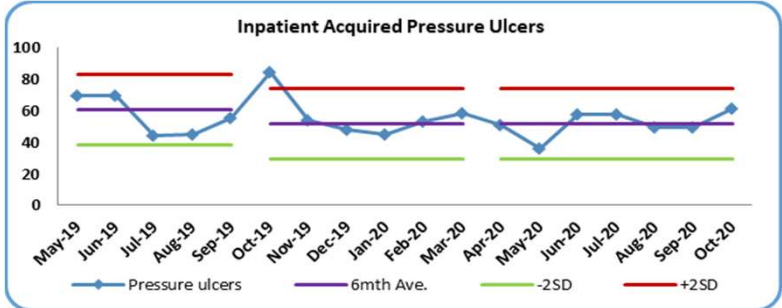


Quality and Performance: Healthcare Associated Infections

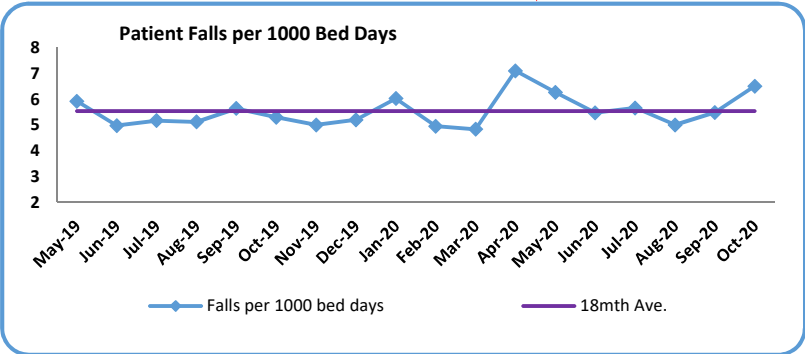
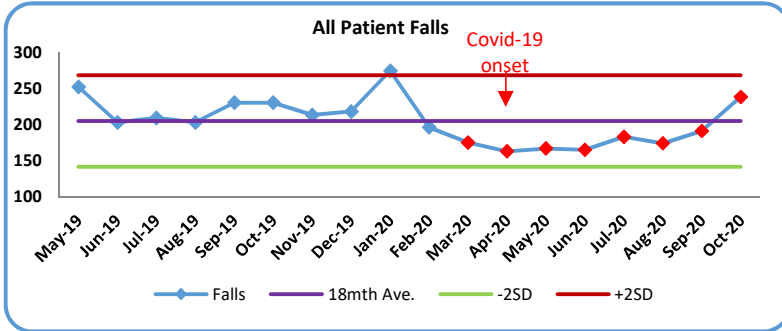


Quality and Performance: Harm Free Care

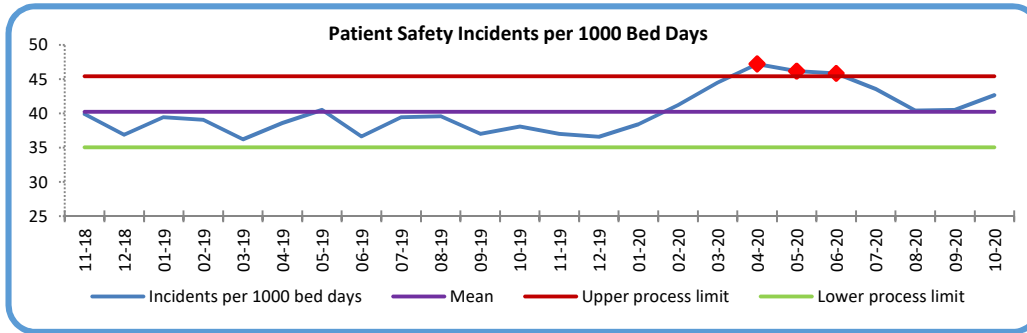
There has been a gradual reduction in the average number of pressure ulcers (PU) since May 2019. Whilst not demonstrated on the charts below, there has also been a reduction in serious harm from pressure damage. In October 2020 an increase in the number of PU was reported but this remains within the normal levels of variation and is consistent with previous years where we have also seen an increase in October. This can be explained by a possible increase in the acuity of patients. Work continues in the Tissue Viability team to prevent pressure damage including the promotion of ownership and understanding of data at ward level with the aim of monitoring the improvement. This has been built upon further with education structured into the Tissue Viability team working day with job plans focusing on specifically chosen wards. November 19 was the Global Stop the pressure ulcer day. The Tissue Viability and podiatry Team have planned events to promote in clinical areas.



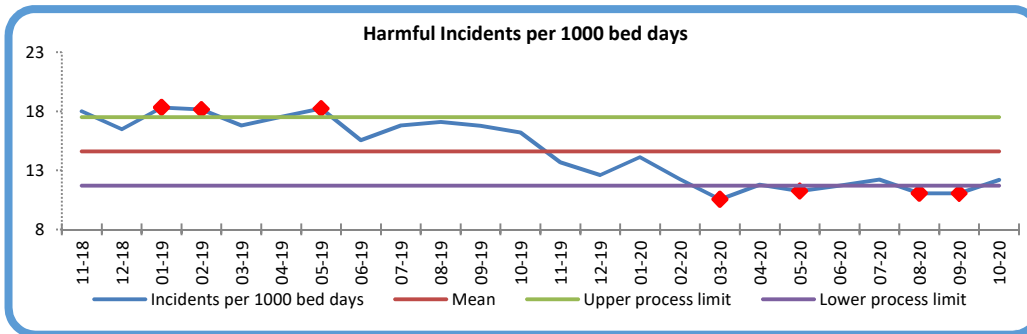
There was a significant reduction in inpatient falls between February and September 2020. However this has not been sustained into October where there has been a slight increase, which again remains within the normal levels of variation and is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there has been a significant rise in Covid-19 patients and there is evidence that due to sudden deconditioning of these patients this puts them at a heightened risk of falls. Work has commenced to disseminate this to Clinical teams. In addition the Trust continues to have a reduced bed base to facilitate adequate social distancing and therefore 1000 bed days are arguably skewed. There has been success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury compared to the same period last year (a total of 26 incidents 2019/20 Vs. 37 incidents 2018/19 April – September inclusive).



Quality and Performance: Incident Reporting

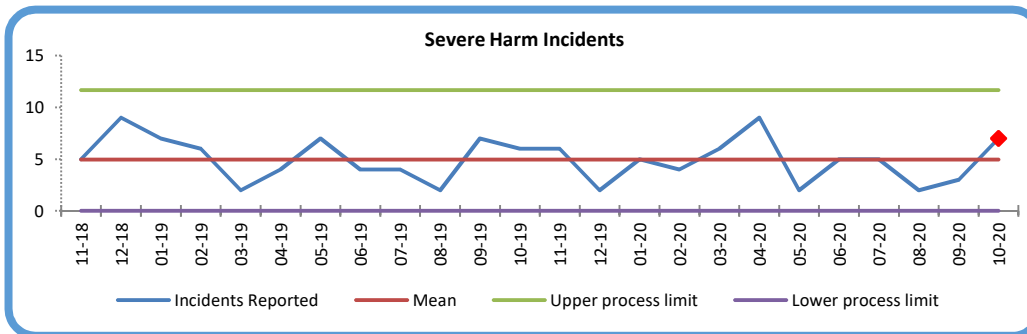


All patient incidents: The number of patient incidents per 1000 bed days reported during August 2020 - October 2020 is trending back towards the mean as per pre COVID-19 pandemic levels, as would be expected during the Trust's Reset and Recovery phase.



Harmful incidents: There is an improvement shift demonstrated, starting with a downward trend in the number of *harmful patient safety incidents per 1000 bed days from May 2019 to October 2020. This reflects a combination of increased accuracy in grading of harm from patient safety incidents and an overall reduction in incidents resulting in harm.

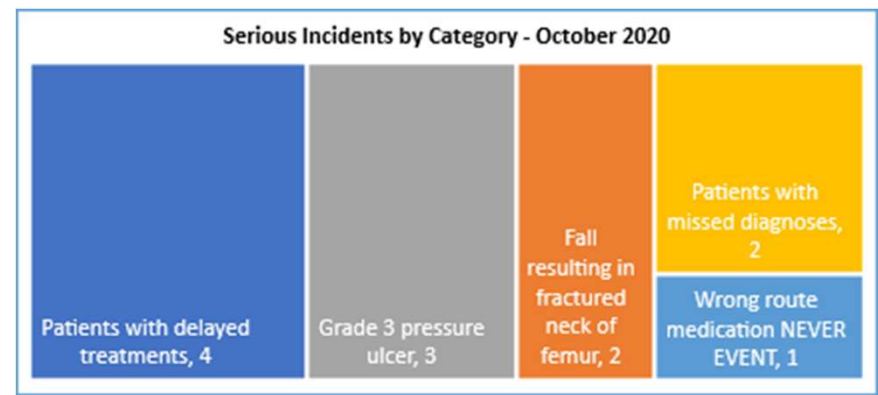
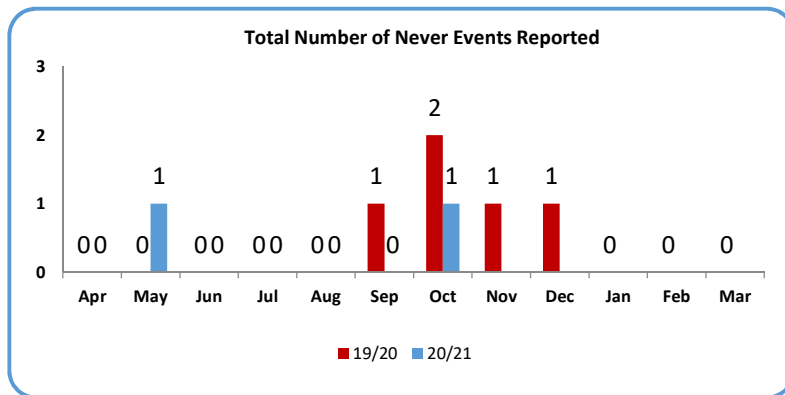
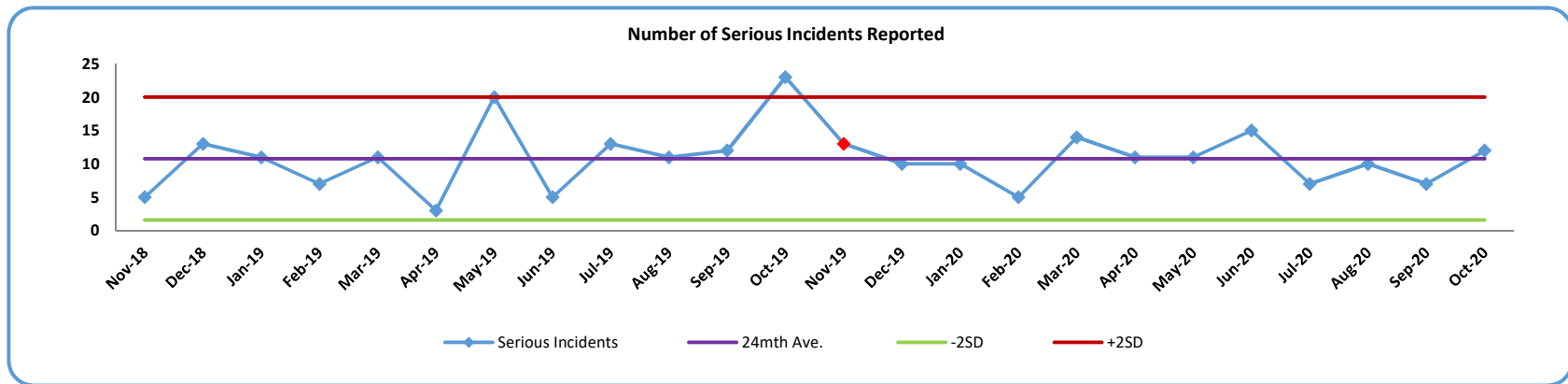
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*



Severe harm incidents: There were 7 patient safety incidents which resulted in severe harm in October 2020. This data is subject to change in future reports as severity grading may be modified following investigation.

Quality and Performance: Serious Incidents & Never Events

The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The Duty of Candour process has been initiated in all serious incidents reported in October 2020.



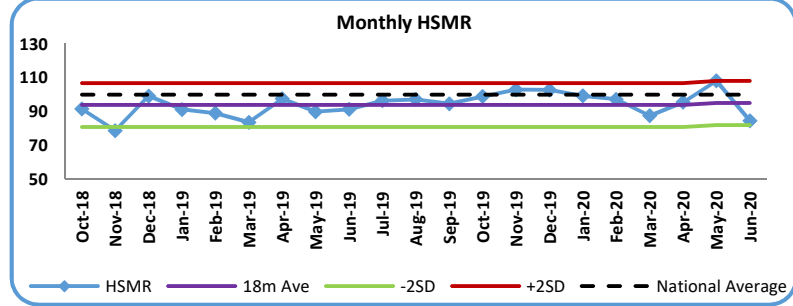
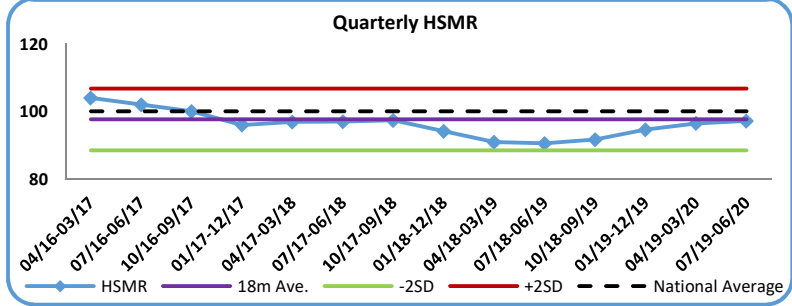
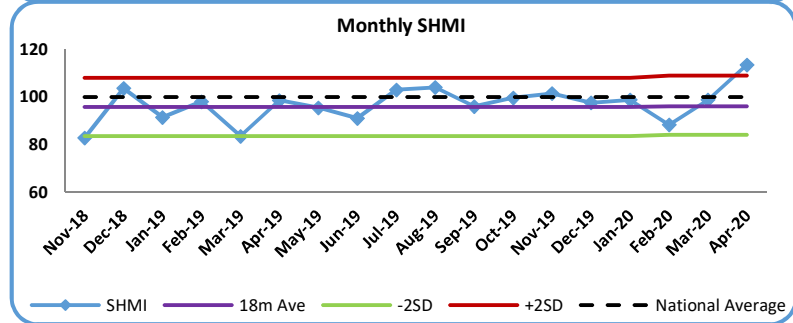
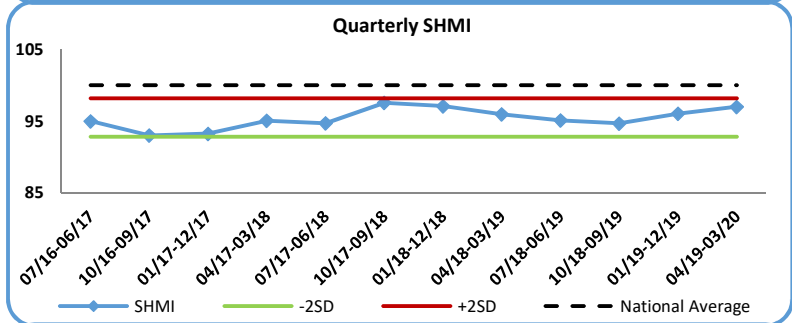
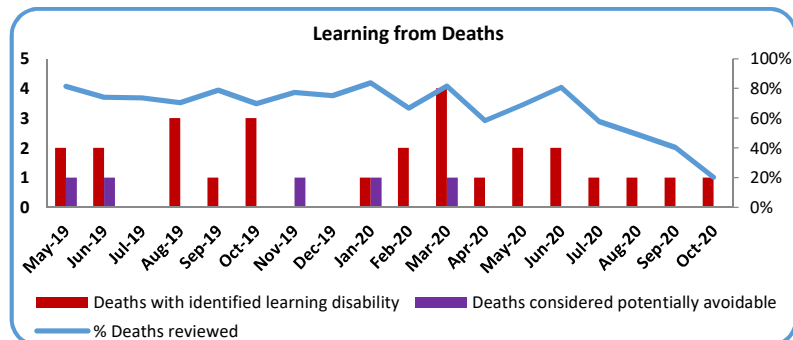
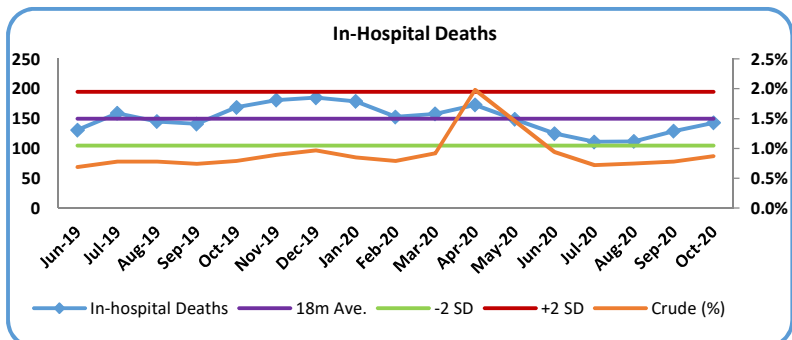
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 143 deaths reported in October 2020, which is lower than the amount of deaths reported 12 months previously (n=169). Crude data shows 0.87% which is higher than the reported crude data 12 months previously (n= 0.79%). Although crude data has continuously shown to be under 1%, there was a rise during April-May 2020 due to discharge numbers throughout the Trust being dramatically low during this period.

Learning from Deaths: In October 2020, 143 deaths were recorded within the Trust and to date, out of the 143 deaths, 29 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

SHMI: The most recent published SHMI data from NHS Digital shows the Trust has scored 97 for months April 2019 – March 2020, this continues to be lower than the national average and is within the "as expected" category. A rise in April 20 is reflected by the elevated crude data.

HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to June 2020 and is below the national average. Monthly data is available until July 2020. This number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Friends and Family Test

The collection and reporting of data was postponed in March by NHS England.

The launch of the new FFT guidance which was due to start on the 1st of April has also been postponed and a provisional date of December 2020 has been advised for this to begin.

Trust Complaints 2020-21

The Trust received a total of 270 (255 with patient activity) formal complaints up to the end of October 20, with 55 complaints opened, an increase by 19 on last months opened complaints.

The Trust is receiving an average of 39 new formal complaints per month, which is 16 complaints per month lower than the 53 per month average for the last full financial year.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of September are within Surgical Services with 0.10% (10 per 10,000 contacts) and the lowest are within ePOD and Cancer Services at 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 66% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 16% of all subjects raised within complaints.

Directorates	2019-20				19-20 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	15	47,459.00	0.032%	1:3164	1:1873
Children's Services	21	44,056.00	0.048%	1:2098	1:1753
Out of Hospital/Community	5	12,893.00	0.039%	1:2579	1:6027
Dental Services	11	37,843.00	0.029%	1:3440	1:6857
Internal Medicine/ED/COE	27	113,199.00	0.024%	1:4193	1:2552
Internal Medicine/ED/COE (ED)	18	64,929.00	0.028%	1:3607	1:3817
ePOD	17	133,473.00	0.013%	1:7851	1:6745
Musculoskeletal Services	26	49,232.00	0.053%	1:1894	1:2080
Cancer Services / Clinical Haematology	12	85,014.00	0.014%	1:7085	1:7908
Neurosciences	20	58,657.00	0.034%	1:2933	1:2373
Patient Services	6	25,879.00	0.023%	1:4313	1:3819
Peri-operative and Critical Care	4	24,201.00	0.017%	1:6050	1:2640
Surgical Services	35	36,781.00	0.095%	1:1051	1:1310
Urology and Renal Services	9	36,610.00	0.025%	1:4068	1:2406
Women's Services	29	75,445.00	0.038%	1:2602	1:3114
Trust (with activity)	255	845,671.00	0.030%	1:3316	1:3241

Quality and Performance: Health and Safety

Overview

There are currently 1,032 health and safety incidents recorded on the Datix system from the 1st November 2019 to 31st October 2020; this represents an overall rate per 1,000 staff of 64. The Directorate with the highest number of incidents is Patient Services reporting 150 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Peri-operative & Critical Care Services (95.7), Internal Medicine (95.3), Women's Service (80.7) and Patient Services (65.1).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 776 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st November 2019 to 31st October 2020. This represents an overall rate per 1,000 staff of 48.1 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (175.1), Neuroscience (139.5), Community (85.5), Musculoskeletal Services (85) and Surgical Services (68.7).

Sharps Incidents

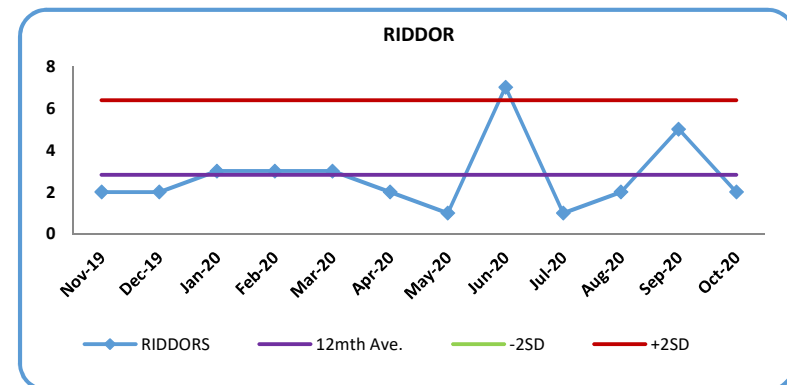
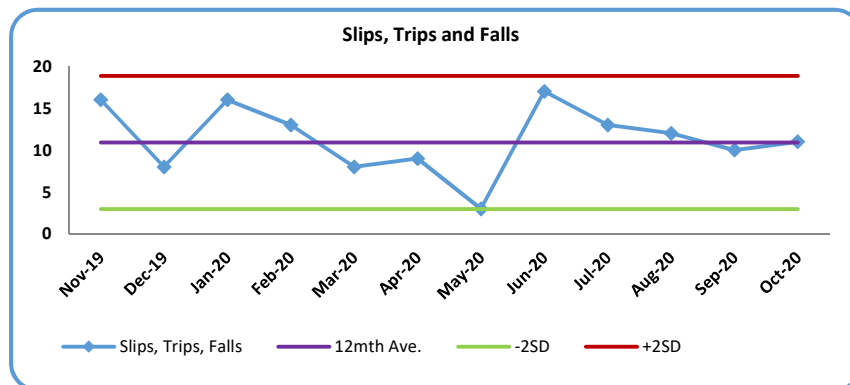
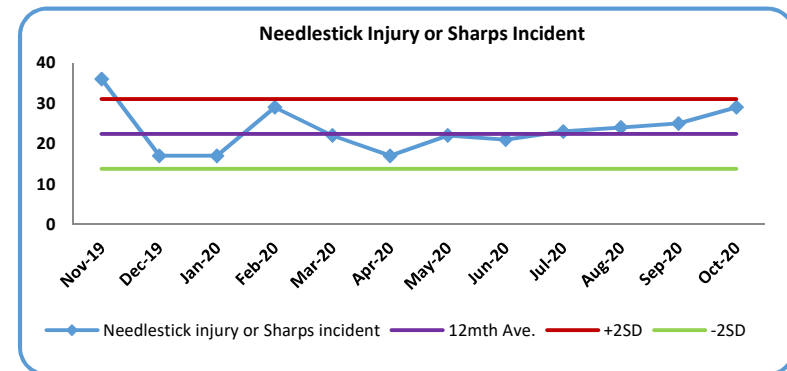
The average number of all sharps injuries per month is 23 between 1st November 2019 to 31st October 2020 based on Datix reporting, with 18.1% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 17.3 per month.

Slips, Trips and Falls

Slips on wet surface, fall on level ground and tripped over an object collectively account for 63% of falls between 1st November 2019 to 31st October 2020. Fall as a result of fall from height; fall up or down stairway and falls from a chair account for 13.9% of the incidents recorded.

RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st November 2019 to 31st October 2020 are Slips and falls (11) and moving and handling (8) Exposure to Hazards (3). These account for 68.7% of reportable accidents over the period.

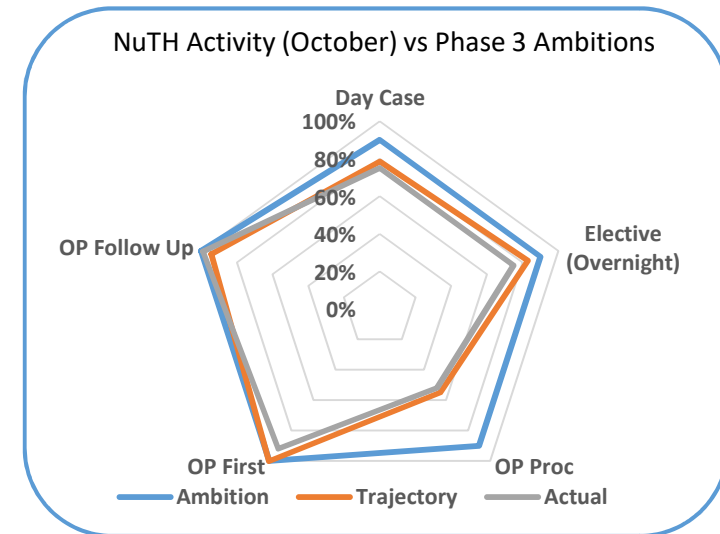
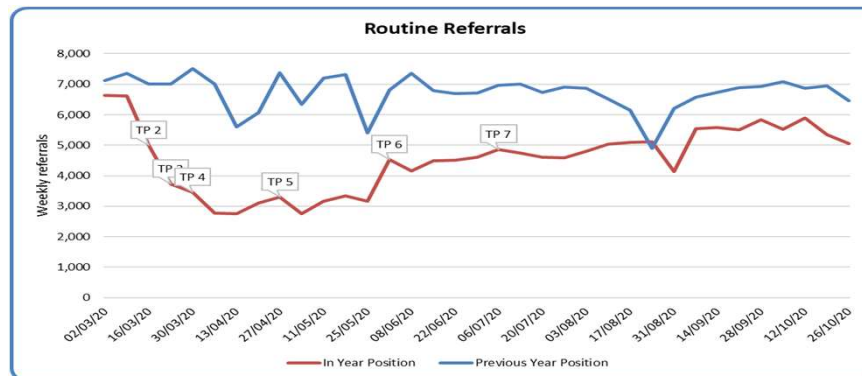


Quality and Performance: Clinical Audit

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Lung Cancer Audit	January – December 2018 (published August 2020)	<ul style="list-style-type: none"> 80.5% of Trust patients were assessed by a specialist nurse compared to the national average of 73.4%. 62.9% of all Trust patients (unadjusted) received anti-cancer treatment (surgery, radiotherapy systemic treatment) compared to national average of 58.2%. 90.2% of Trust patients (unadjusted) with a Performance Status (PS) 0-1 had anti-cancer treatment compared to national average of 84.9%. 71.7% of Trust patients (adjusted) with non-small cell lung cancer Stage 3B/4 PS 0-1 had systemic anti-cancer treatment compared to national average of 66.1% and standard of 65%. 75.4% of Trust patients (adjusted) with small cell lung cancer had chemotherapy compared to national average of 68.7% and standard of 70%. 97% of Trust patients had disease stage recorded compared to national average of 95.6%. 87.1% of Trust patients had their performance status recorded. 	<ul style="list-style-type: none"> 64.6% of Trust patients (unadjusted) had a pathological confirmation of cancer compared to the national average of 69.5%. 75.7% of Trust patients (adjusted) in Stage I-II, PS 0-1 had their cancer pathologically confirmed compared to national average of 85.6% and national standard of 90%. 13.6% of Trust patients (adjusted) had surgery for non-small cell lung cancer compared to national average of 18.3% and standard of 17%. 38.3% of Trust patients survived to 1 year compared to national average of 38.7%. 	Discussed at October 2020 Clinical Audit and Guidelines Group

Quality and Performance: 3Rs – Data, Processes and Performance Work Stream

- **As part of the Trust response to COVID-19 through the Restart, Reset and Recovery Cell (3Rs) the Trust continues to take actions to ensure it has robust processes in place for managing referrals and patients relating to Outpatients and RTT.**
 - Led by the sub-groups, a number of new frameworks and standard operating procedures were produced to provide guidance for directorates and to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.
 - Particular focus was given through the 3R workstreams to establish how directorates would deal with individual referrals, with consultants continuing to make appropriate clinical decisions in order to achieve safe and effective outcomes. Measures include:
 - Face-to-face appointments only where necessary with large scale uptake of telephone and virtual appointments.
 - An increase in advice and guidance services in conjunction with GPs.
 - Patient being discharged back to their GP where appropriate.
- **Although cells were originally set up to ensure that services were stepped down and stepped back up safely during the first COVID wave they have evolved into their Reset and Recovery phases which are more transformation focused.**
 - Cells continue to meet and operate with this altered focus but remain agile and responsive to the challenges of COVID and other external factors to safely and efficiently meet the challenges of service delivery.
 - Key monitoring data is reviewed by each of these sub-groups in relation to their specialist area – e.g. theatres, cancer, outpatients, as well as overall monitoring of routine performance and access indicators.
- **Key measures are tracked through the 3Rs programme and investigated further where necessary. Key measures which are regularly taken through the groups include DNA rates, referral rates (by priority type), activity levels and waiting list positions.**
 - Additional Recovery Schemes (ARS) have been approved through work within the 3Rs and planning programmes and will continue to be monitored through these groups once ready for delivery. Examples include:
 - Cataract surgical centre
 - Mobile MRI imaging unit
 - Chemotherapy Day Unit moving to 7 day working
 - Additional sessions within Endoscopy
 - Additional sessions within Dermatology



Quality and Performance: Monthly Performance Dashboard

Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month Previous Year		
				w/e 04/10/20	w/e 11/10/20	w/e 18/10/20	w/e 25/10/20	w/e 01/11/20	Aug-20	Sep-20	Oct-20
Front Door	Type 1 Attendances (Main ED)	2,377	1,962	84.0%	84.3%	84.2%	88.5%	82.6%	90.5%	80.5%	81.5%
	Ambulance Arrivals	635	541	93.7%	92.3%	91.1%	84.9%	85.2%	Data unavailable due to historical recording issues.		
	Eye Casualty Attendances	416	231	58.6%	56.9%	55.0%	60.1%	55.5%	55.3%	55.8%	56.4%
	Walk in Centre Attendances	1,419	467	36.8%	36.2%	35.0%	35.7%	32.9%	38.0%	36.6%	34.5%
	A&E 4hr performance (Type 1)	89.5%	79.0%	-3.6%	-8.0%	-5.0%	-0.5%	-10.5%	+3.4%	+3.0%	-4.3%
	A&E 4hr performance (All Types)	94.3%	85.2%	-3.9%	-6.9%	-5.2%	-2.2%	-9.1%	+1.1%	+0.1%	-4.9%
Admission & Flow	Emergency Admissions (All)	743	645	101.1%	93.4%	93.1%	89.4%	86.8%	99.0%	97.2%	84.1%
	Bed Occupancy	80.8%	76.6%	71.8%	71.4%	72.4%	73.2%	76.6%	68.1%	71.4%	73.1%
RTT/Planned Care	Outpatient Referrals (All)	8,115	6,159	86.4%	84.3%	88.3%	82.1%	75.9%	76.1%	80.5%	79.5%
	Elective Spells	2,721	1,970	75.4%	82.1%	80.0%	80.0%	72.4%	73.3%	76.4%	76.2%
	Outpatient Attendances	20,457	17,491	98.2%	100.2%	102.6%	97.2%	85.5%	89.3%	89.8%	87.7%
	DNA Rates	7.2%	8.5%	9.0%	8.9%	9.2%	9.0%	8.5%	8.1%	8.7%	8.9%
	Incomplete Performance	87.3%	66.5%	65.6%	65.8%	65.9%	66.2%	66.5%	58.3%	66.4%	68.8%
	RTT >52 Week Waiters	18	2,014	1,547	1,625	1,767	1,872	2,014	1,041	1,426	2,045
Cancer	2WW Appointments	482	443	86.5%	95.4%	100.3%	87.7%	91.8%	76.3%	74.5%	85.2%
	All Cancer 2WW	No weekly performance recorded.							57.0%	57.2%	Reported one month in arrears.
	Cancer 2WW Breast Symptomatic								93.8%	86.9%	
	Cancer 62 Days - Urgent								82.7%	79.8%	
	Cancer 62 Days - Screening								33.3%	87.5%	
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,408	86.5%	86.6%	87.4%	85.9%	79.7%	86.7%	86.2%	
	Diagnostic Performance	No weekly performance recorded.							70.1%	75.7%	76.6%

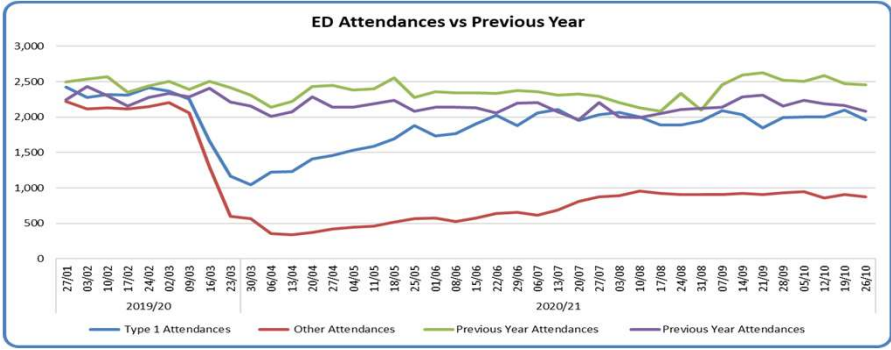
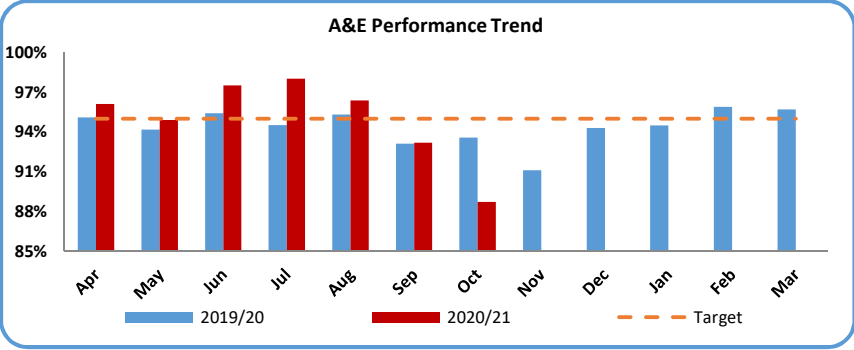
Data provided as 'Actual' figure rather than % comparison

Several of the following graphs have Time Points (TPs) indicated to highlight key dates throughout the COVID-19 pandemic.

They indicate the following events: TP 1 = First UK COVID-19 Case, TP 2 = Internal Cancellation of Non-Critical Activity, TP 3 = UK Lockdown, TP 4 = Switch Off of Routine Referrals, TP 5 = NHSE Launch of Phase 2, TP 6 = Switch on of Routine Referrals, TP 7 = Further Relaxation of UK Lockdown.

Quality and Performance: A&E Access and Performance

- In October the monthly A&E 4hr standard (95%) was not met as performance dropped to 88.7%**, the lowest overall performance for many years.
 - This was a drop of 4.5% from September's level, and 4.9% below October 2019's performance.
 - NuTH's performance remained above the national average which fell by 2.9% to 84.4% in October. Performance across Cumbria and the North East was 88.6%, in line with the Trust's level.
 - It should be noted that Type 1 attendances now account for a much higher proportion of the overall attendances with 69% of overall attendances being Type 1 in October 2020, compared to just 53% in October 2019.
- Factors which contributed to performance dropping in October include:**
 - The number of breaches due to 'No Beds Available' was more than double September's total and 14 times higher than in July 2020.
 - Higher levels of COVID-19 admissions and a sharp rise in bed closures due to COVID outbreaks, which both present patient flow difficulties.
 - Bed occupancy rose significantly during the second half of the month, with a growing number of beds occupied by Long Length of Stay patients (>7 days or >21 days).
 - October saw the highest number of ambulance handover delays >30 minutes in the past 4 months.
- Performance has dropped again in November and is currently 86.2%** against the 95% standard as at 17/11.
 - This continued fall in performance has followed a further significant rise in bed occupancy, partly due to the closure of some beds for staffing reasons for the first time in many months. Additionally, there continues to be high levels of COVID-19 admissions across the region, and consequently the Trust has received ambulance divers from other local Trusts, which places extra pressure upon the Emergency Department.
- Attendances across all types have remained fairly static during the past 3 months.** Despite volumes stabilising, they remain well below pre-COVID levels and in October were 37% lower than the number of attendances seen in October 2019.
 - Type 1 attendances have risen most quickly and therefore account for a much higher proportion of overall attendances than they did prior to COVID, with this trend replicated nationally. As a result the drop in overall attendances has largely been seen among lower acuity patients.
 - Having stayed fairly static over the past 4 months, Eye Casualty attendances remain low at around 57% of the pre-COVID average.
 - The Trust's Walk-in Centres have seen very low attendance levels in recent months, as Westgate and Molineux Walk-in Centres have been closed since early April (due to COVID-19).

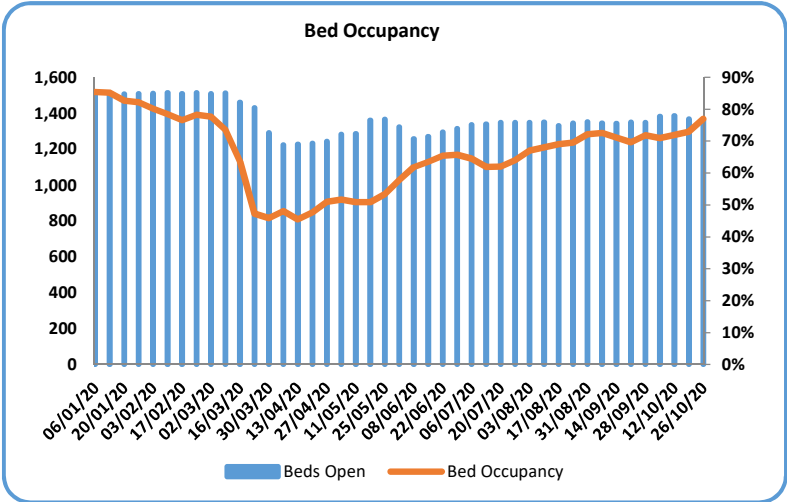


Quality and Performance: Bed Occupancy and Long Length of Stay Patients

- **Due to the suspension of reporting to NHSE/I this report will no longer contain information relating to Delayed Transfers of Care (DTOCs) for the remainder of 2020/21.**
 - Processes remain in place to ensure this reporting can be restarted in April 2021 in line with the proposed national timescales.
 - In order to assist with patient flow and to optimise patient outcomes, NuTH's Patient Services team will continue to monitor DTOC patients who require repatriation or packages of care.

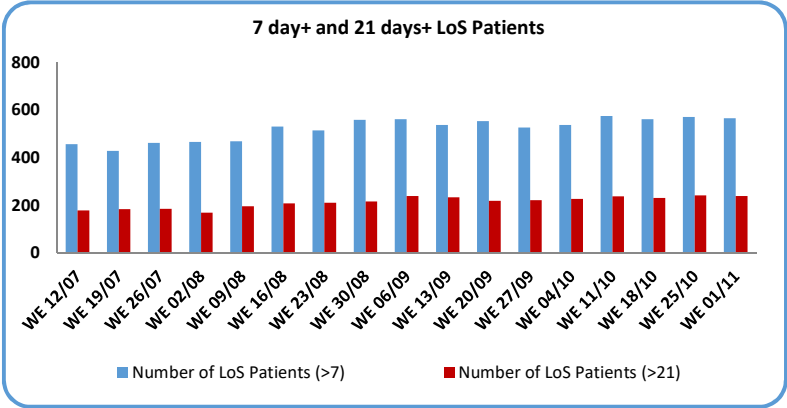
- **Bed occupancy increased significantly from 70% in the last week of September to 77% by the end of October.**

- Reasons for this increase in October include:
 - More elective inpatient admissions in the past 2 months as part of the response to the NHSE Phase 3 activity targets.
 - Growing numbers of Long Length of Stay (LoS) patients (>7 days and >21 days).
 - High numbers of COVID admissions.
 - A large rise in the number of beds closed within the Trust, following a significant increase in closures due to COVID outbreaks and staffing levels.
- Bed occupancy could have risen even further if not for a fall in the overall emergency admissions compared to September.
- Higher bed occupancy contributed to a significant increase in the number of medical boarders, which creates patient flow difficulties. Between April and August 2020 there had been record low levels of medical boarders. Solutions are being explored to increase medical bed capacity across sites.



- **Reporting against the Long Length of Stay (LoS) metrics has resumed as the necessary data quality concerns have been addressed.**

- The average number of patients with a LoS >7 and >21 days was higher in October than in preceding months, although the level did stabilise in the second half of the month.
- By the end of October, there were 566 patients with a LoS >7 days, an increase of 21% compared to the position 3 months ago.
- The number of patients with a LoS >21 days has increased even more significantly and stands at 238, 40% higher than at the end of July.



Quality and Performance: Diagnostic Waits

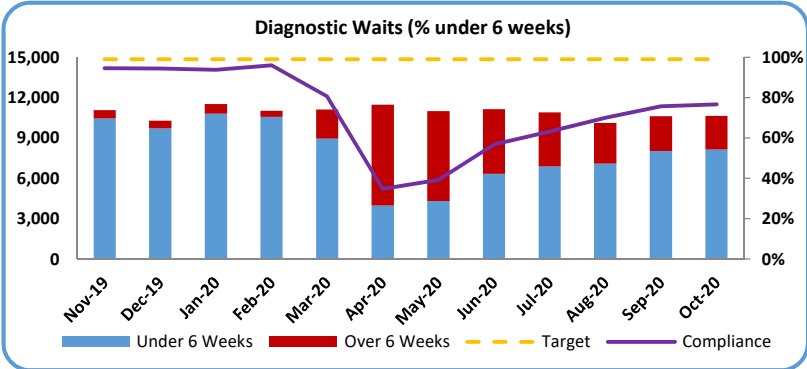
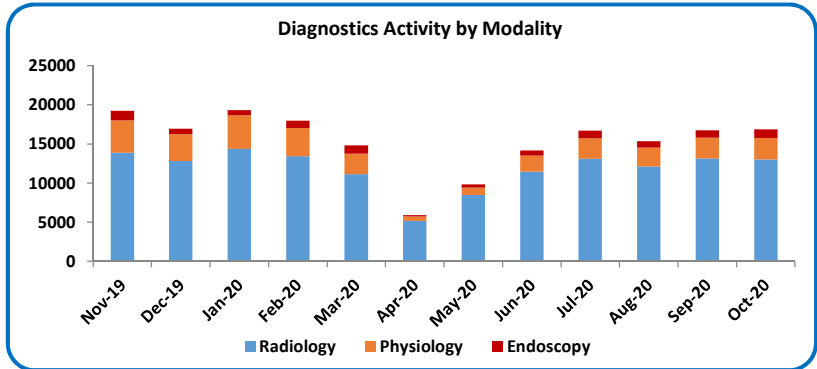
- In October Diagnostics performance was 76.6% against the 99% standard. This continues the upward trend seen since April, but reflects a reduction in the rate of month on month improvement, with a 0.9% increase on September performance. Activity marginally increased on the previous month to the highest level since February, whilst the overall waiting list remained virtually static.**

 - During October, performance improved across Radiology (87%) and Endoscopy (45%) but saw a very slight decline in Physiological assessments (47%) as the existing backlog of long waiters continues to be worked through.
 - In September (latest available national NHSE data) NuTH’s diagnostics performance (76%) was above the national (67%) and regional (66%) positions, largely due to the quicker recovery of Radiology activity.
- In October 16,864 tests were carried out, a 0.7% increase on September and equivalent to 89% of the average monthly activity carried out between April 2019 and February 2020.**

 - Endoscopy saw significant growth in October with a 19.6% increase in activity delivered compared to September. This was the highest amount of monthly tests delivered since November 2019. This is largely due to the provision of extra clinics which will continue over the coming months.
 - Efforts continue to increase activity across all settings as hospital occupancy continue to rise, with social distancing and the additional settle times required continuing to pose significant challenges.
- In October the total waiting list (WL) size (10,631 patients) increased by just 20 patients, reflecting continuing stability in the number of overall waiters despite the reduced diagnostic capacity available since the onset of the pandemic in March 2020.**

 - In September, the overall national waiting list was 24.4% higher than in September 2019 (latest available national NHSE data), whilst the comparative increase in NuTH’s waiting list was only 4.9%. Physiological Measurement saw a slight increase in WL size in October, whilst Endoscopy saw a small decrease, though both changes were minimal. Radiology numbers remained constant.
 - The biggest increases in WL size during October were seen within Non-obstetric ultrasound (+214) and MRI (+119). In Audiology both the proportion of those waiting >13 weeks and the total WL size remained stable, whilst the number of tests conducted increased by 29% from September following the appointment of two additional audiologists.
 - Overall, the number of patients on the diagnostics WL who have waited over 13 weeks (10.6%) decreased again in October. Echocardiography (54%), Urodynamics (48%) and Flexi Sigmoidoscopy (48%) have the highest proportions of patients who have waited over 13 weeks.

Overall Patients Treated Within Month	Current Month	Previous Month	Difference (Actual)	Difference (%)
Imaging	13,035	13,146	-111	-0.8%
Physiological Measurement	2,707	2,663	44	1.7%
Endoscopy	1,122	938	184	19.6%
Trust Total	16,864	16,747	117	0.7%



Quality and Performance: 18 Weeks Referral to Treatment

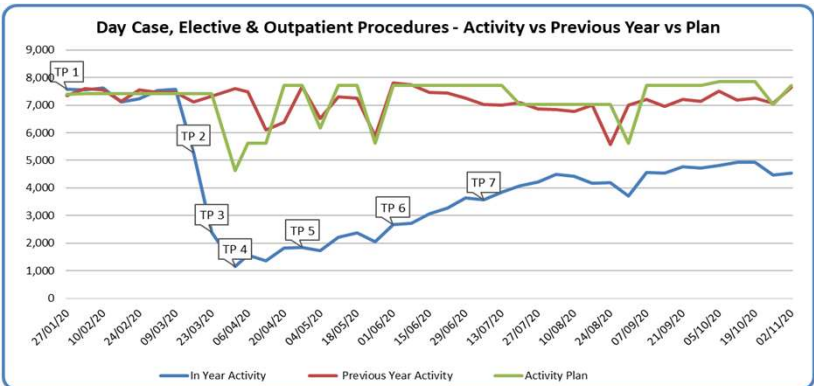
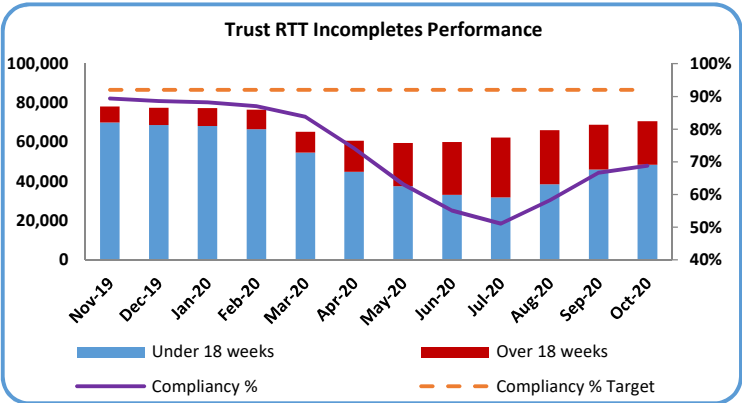
- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position has taken a major hit with 18 week performance only starting to recover from August onwards. Performance improved again in October with achievement of 68.8% against the 92% standard. However, the number of patients waiting 52 weeks or more for first treatment continues to rise, standing at 2,045 patients.
 - 5 specialties met the 92% standard in October, the same number as in September.
 - 22,066 patients have now waited above 18 weeks, with 8,186 of those having waited over 40 weeks.
 - NuTH have the 6th largest PTL in the country (September reporting).
 - Nationally RTT compliance rose from 54% in August to 61% in September.
 - Harm reviews continue to be carried out for all patients over 52 weeks.

- This drop in RTT performance is replicated nationally and is a key focus of the Trust's 3Rs recovery work streams – with dedicated sub groups focusing on elective surgical restart, outpatient transformation and RTT / outpatient process issues.

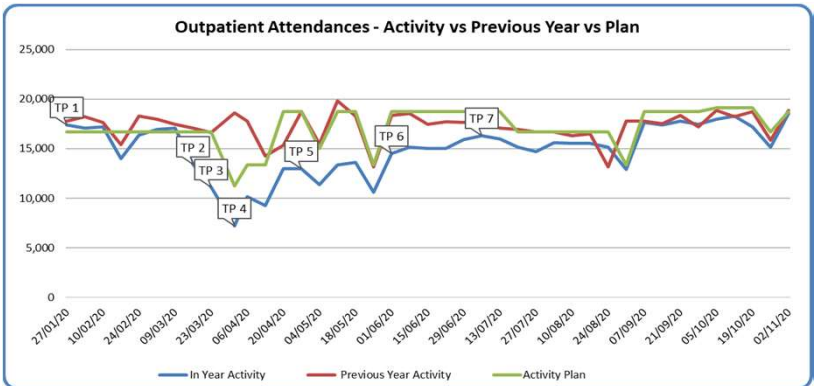
- Having dropped significantly following the immediate onset of the COVID-19 pandemic the Trust waiting list size has now grown for 5 successive months. The total PTL size is 70,629 which is an increase of 1,729 patients (2.5%) from September's level.

- The volume of referrals received in October '20 was 80% of the volume seen in October 2019.
- 19% of the total PTL and 36% of patients waiting > 40 weeks reside within Ophthalmology.

- Although the most recent activity position is shown in the graph below, there will be an additional coding catch up for the most recent two weeks which will move activity from OP Attendances to OP Procedures. **The most recent position without any expected movements shows delivery of 63% against the same point in the previous year (Day Case, Elective & Outpatient Procedures) and 96% (Outpatient Attendances).**

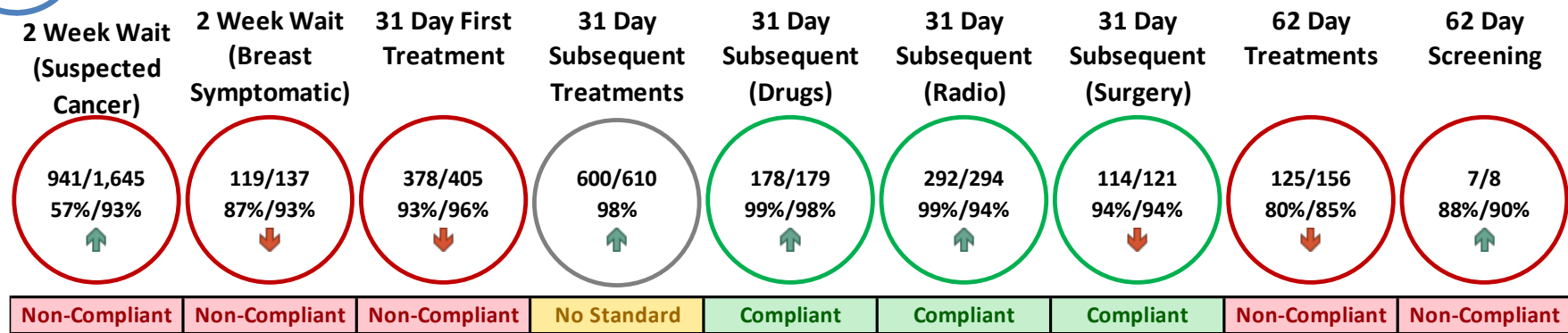


NHSE Phase 3 ambitions are to achieve 80% of DC, EL and OP Proc activity in September and 90% from October onwards.



NHSE Phase 3 ambitions are to achieve 100% of Outpatient Attendances activity from September onwards.

Quality and Performance: Cancer Performance (1/2)



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

- **The Trust achieved 3 of the 8 Cancer Waiting Time standards in September; 3 of the 8 standards were met in August.**
 - **The 31 Day Subsequent Treatments – Drugs standard was met** in September with performance of 99%.
 - **The 31 Day Subsequent Treatments – Radiotherapy standard was met** in September with performance of 99%.
 - **The 31 Day Subsequent Treatments – Surgery standard was met** in September with performance of 94%.
- **The 2ww position stabilised** at 57%, the same position as August. The low performance is predominantly due to an issue within Skin cancer (12%), which will carry on in October and November. Lower GI performance also dipped to 12% from 16% following previously sustained improvements over previous months.
 - **The Skins service has been unable to maintain pre-COVID capacity primarily due to social distancing measures.**
 - Additional responses have been put into place including weekend clinics, reduced RTT clinics and utilising Plastic Surgery capacity for some Dermatology patients.
 - Agreement has been reached with local commissioners to introduce tele-dermatology consultations for 2ww cancer clinics. This service is due to commence shortly and is forecast to have a positive impact on the position.
 - **The Lower GI service is currently suffering from reduced consultant capacity due to vacancies and sickness.**
 - Alternative recruitment strategies and endoscopy rotas are being explored and implemented to address the situation.
 - Following the introduction of FIT testing on receipt of referral this is resulting in some additional waits at the start of the pathway. Despite this the introduction is a very positive step which has resulted in less endoscopies with the FIT result ruling out potential cancer.
- **The 2 Week Wait Breast Symptomatic standard was not met** in September with compliance of 87%, having met the standard in August for the first time since October 2018.
 - As reported last month additional referrals had come into the system during September which have had a negative impact onto performance. The additional referrals were received from the South of the region but this issue has since remedied itself. Increased referrals have now been received via local GPs during October which will have an impact on compliance; October is Breast Cancer Awareness Month.
- **The Northern Cancer Alliance met 4 of the 8 standards in September; 2 of the 8 standards were met in August.**
 - 2 providers within the Northern Cancer Alliance achieved the 2ww target in September.
 - 1 provider within the Northern Cancer Alliance met the 62 day target in September.

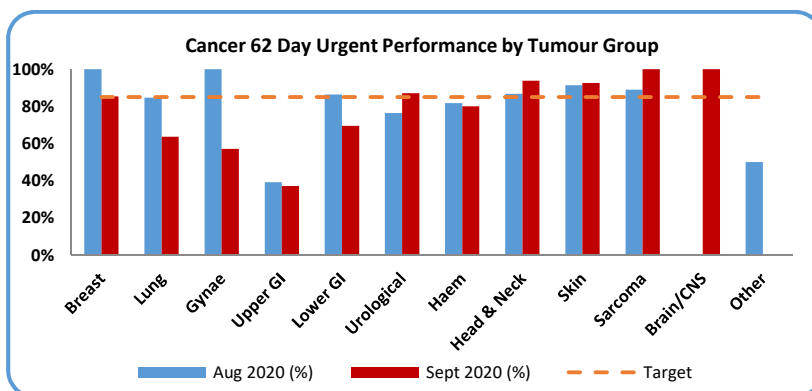
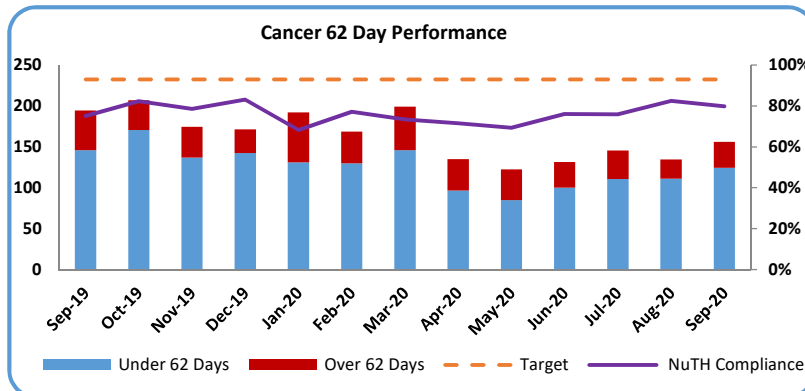
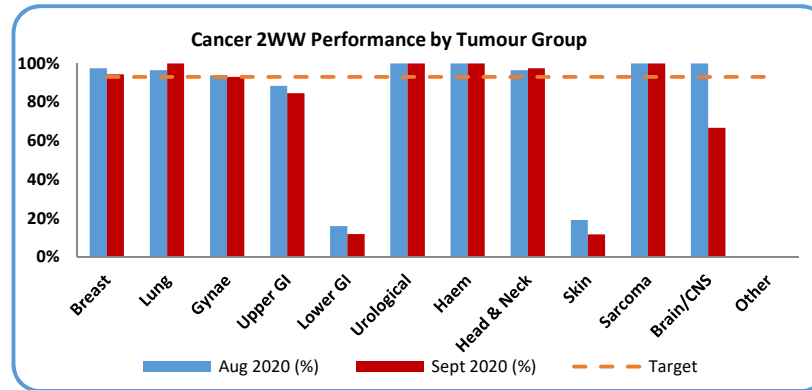
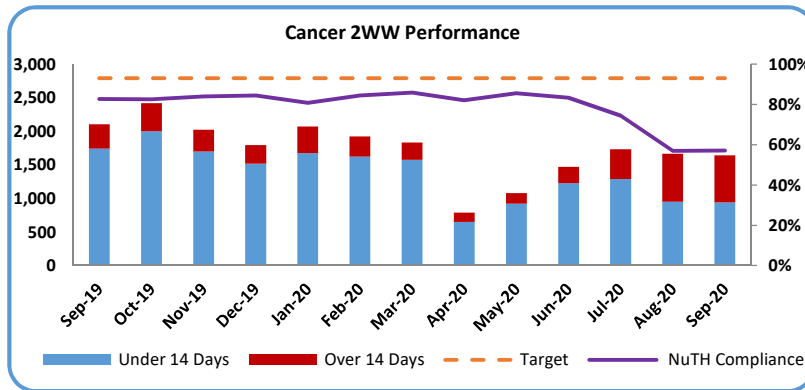
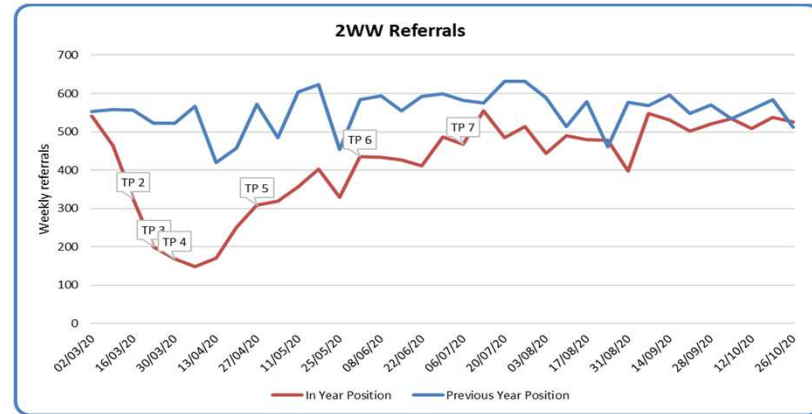
Please see additional charts and referral information contained on the next page

Quality and Performance: Cancer Performance (2/2)

Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels. However, in October referrals were at around 94% of October 2019 levels.

There is often a lag in the latest weekly position for referrals.

Anecdotally referral levels across the region have been reflective of the NuTH position including the increase in Breast referrals mentioned on the previous page.



Quality and Performance: Other Performance Requirements

- The Trust reported 30 ‘last minute’ cancelled operations in October 2020.**
 - This is the lowest level for 4 months, despite elective inpatient activity within the Trust continuing to increase. The total is less than half the pre-COVID monthly average of 62.
 - The most frequent cancellation reason in October was ‘Theatre List Over Ran’. Positively, there was a significant reduction in the number of cancellations for either ‘Emergency Surgery Took Precedence’ or ‘No ITU Bed Available’. This resulted in a particular fall in cancellations within the Neurosciences directorate.
 - For the first time since May, NuTH reported breaches (2) against the standard to treat within 28 days following last minute cancellations. The breaches were within the Cardiothoracic and Dental directorates.
 - Despite a reduction in ‘last minute’ cancellations, there was an increase in October in the level of planned operations cancelled in advance. This was primarily due to ITU bed capacity being limited as a consequence of COVID admissions.
- In line with previous months, the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in October.**
 - Performance against the referral metric was 100% and this is the 15th month in a row when this target has been met.
 - Further amendments have been made to the dementia and delirium screening tool, which are hoped will improve compliance against the other 2 metrics. The dementia care team are providing training for the teams on Assessment Suite in using the updated screening tool.
- The proportion of people who have depression and/or anxiety receiving psychological therapies has been very low in the past 6 months. October’s performance was 1.01% (against the 1.58% target), a further slight drop compared to September’s level.**
 - UK lockdown in March led to a sharp decline in the number of referrals, and they are yet to return to pre-COVID levels. The service have undertaken an audit of referrals, showing the drop has been proportionally similar across different genders and ethnicities. Additionally the audit showed that the acuity of referrals to the service has been largely unchanged by COVID.
- In October, performance against the IAPT ‘moving to recovery’ standard (50% target) dropped to 33.9%, the lowest rate for many years. This drop was partly due to waiting list validation resulting in the discharge of a number of patients who had not contacted the service.**
- IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 95.9% and 99.5%.**
 - The overall waiting list size has fallen in recent months due to lower referral levels and waiting list validation by the service. There was been a particular fall in the number of patients waiting for CBT.
 - The team have acted rapidly to adjust service delivery, in order to enable the service to remain fully open throughout the COVID pandemic. Responsiveness should improve further from January 2021, following the successful recruitment of some new therapists. This should ensure the waiting time targets continue to be met, even once referrals start to increase as expected from the current low levels.
 - With Collaborative Newcastle’s support, the service is embarking on some transformational work and early meetings have been constructive.

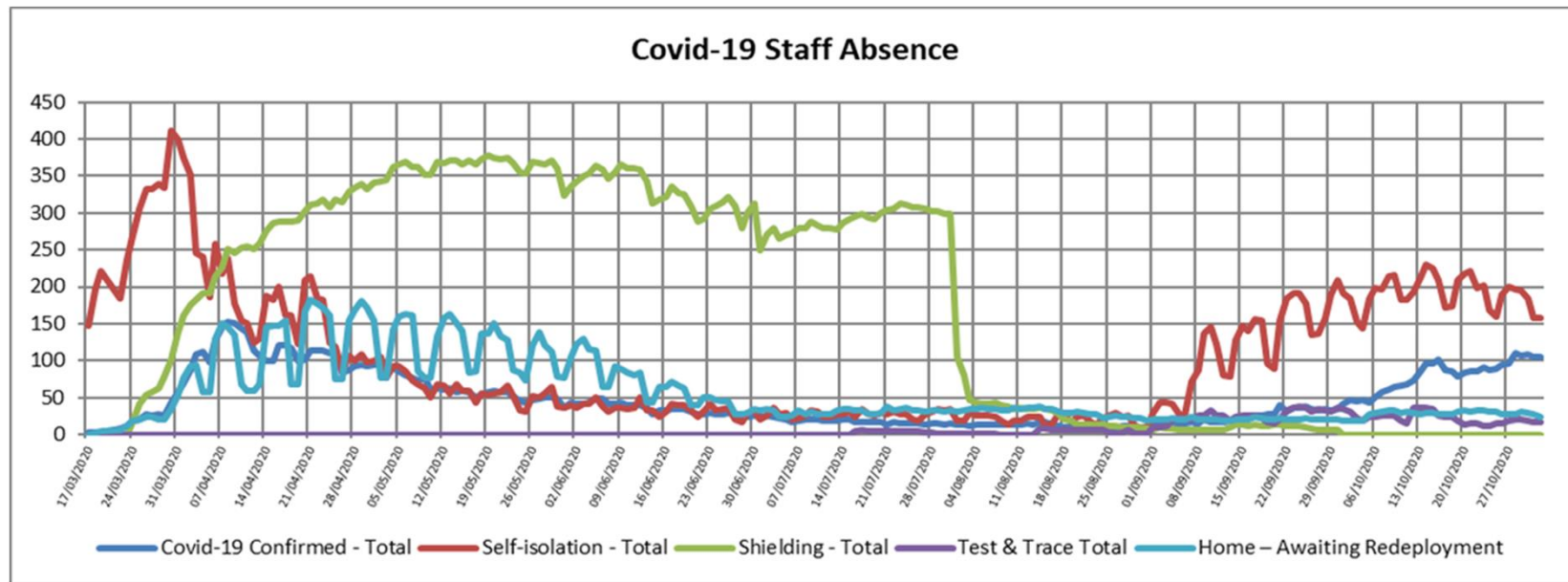
Reportable Cancelled Operations	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Last minute cancelled operations	54	60	52	48	51	70	7	15	16	45	40	34	30
Number of 28 day breaches	4	1	4	5	3	4	3	6	0	0	0	0	2
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
% asked the dementia case finding question within 72 hours of admission.	39%	36%	36%	35%	42%	39%	42%	37%	36%	28%	39%	38%	36%
% reported as having had a dementia diagnostic assessment including investigations.	57%	59%	61%	55%	69%	72%	67%	65%	67%	62%	71%	64%	38%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	96%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 18 March and 31 October. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Number of Self Isolation cases dropped towards the end of October to 158 this was a combination of a reduction in cases and it being the end of the week where there is usually a drop in volumes. November's volume was 284 as at the 13/11
- At Home Awaiting Redeployment reduced down to 27 as of the end of October. However as of the 13/11 this was up to 64 instances. The increase is likely due to the Clinical/ Extremely Vulnerable letters that have been issued to staff.



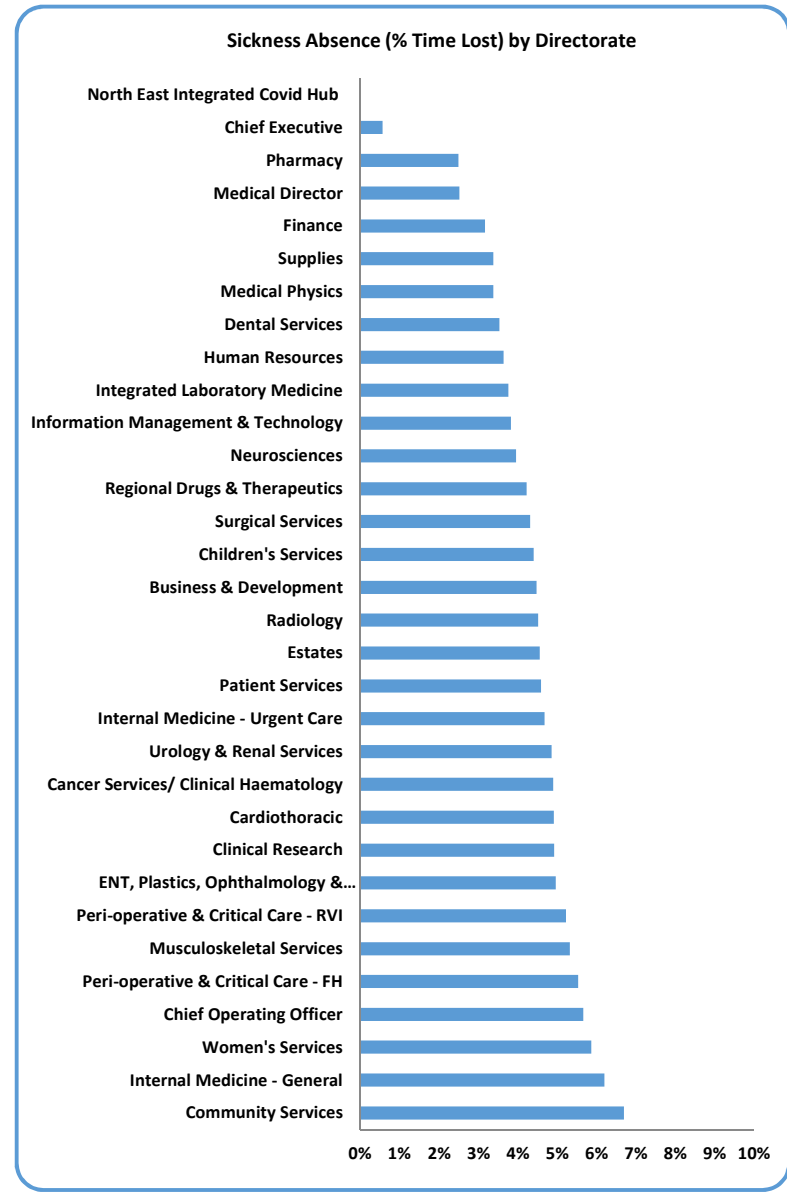
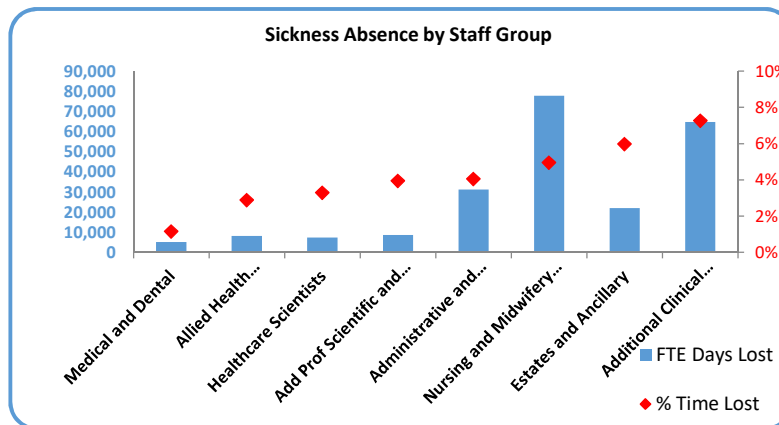
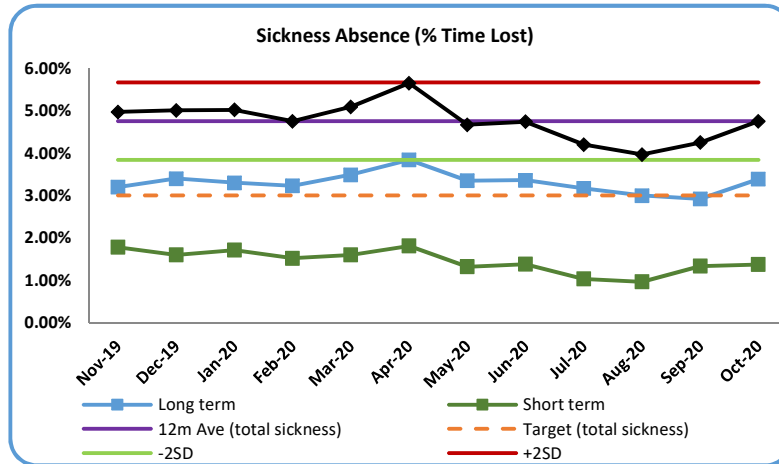
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.
- As of 17th November 2020 98.38% of LET Doctors on placement have had a Risk assessment with mitigating outcomes agreed where necessary.

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

- Year to year comparison for sickness absence :

	Oct-19	Oct-20	
Long-term	3.03%	3.39%	↑
Short-term	1.38%	1.37%	↓
Total	4.41%	4.75%	↑

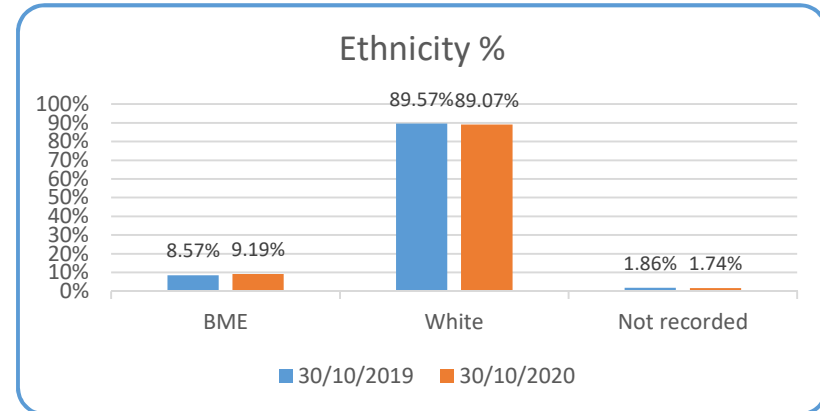
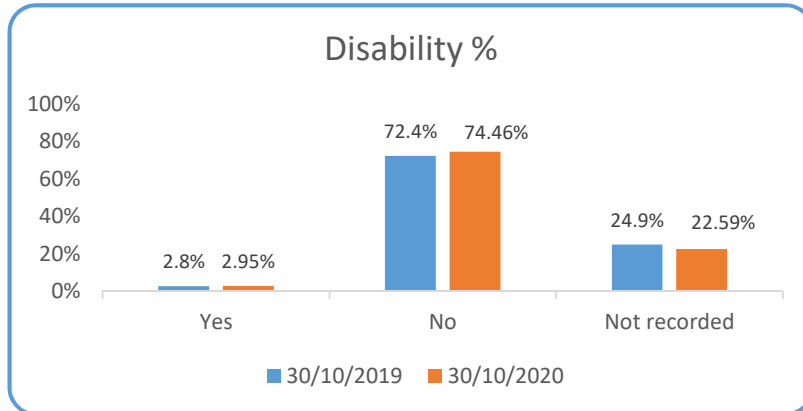
- Cost of absence £19.8m compared to £16.3m in October 2019.
- Overall sickness absence is 4.75% , which is up from the end of March 2020 position of 4.48% .



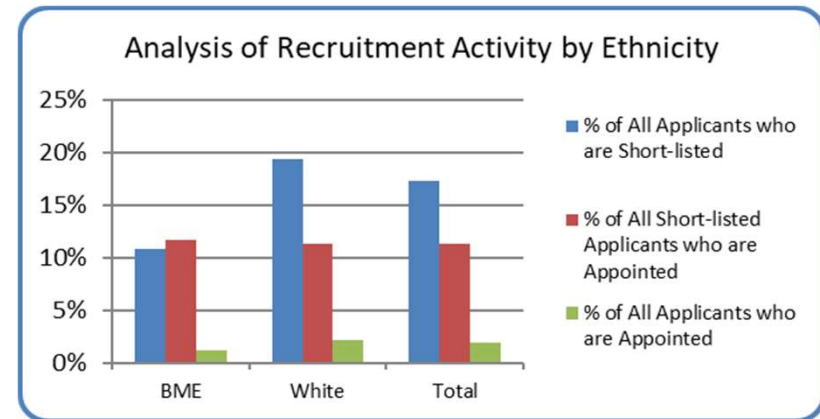
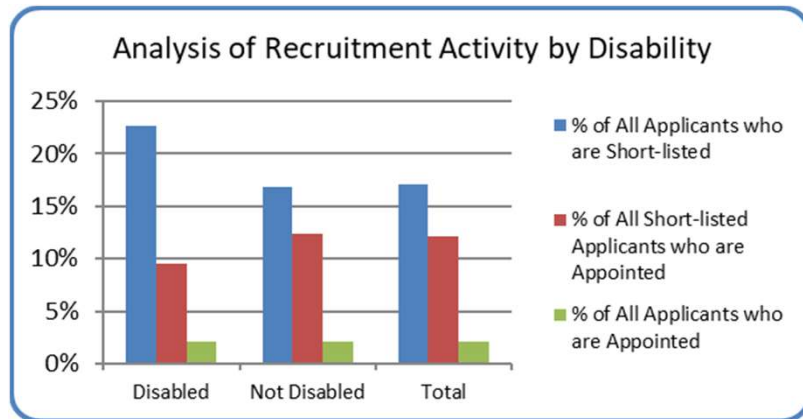
*COO Directorate includes Outpatients / ABC Service

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

- The graphs below identify, by headcount, the percentage of staff in post in October 2019 and 2020 by disability and ethnicity. The percentage of staff employed with a disability has increased from 2.77% to 2.95% and the percentage of BAME staff has increased from 8.57% to 9.19%.

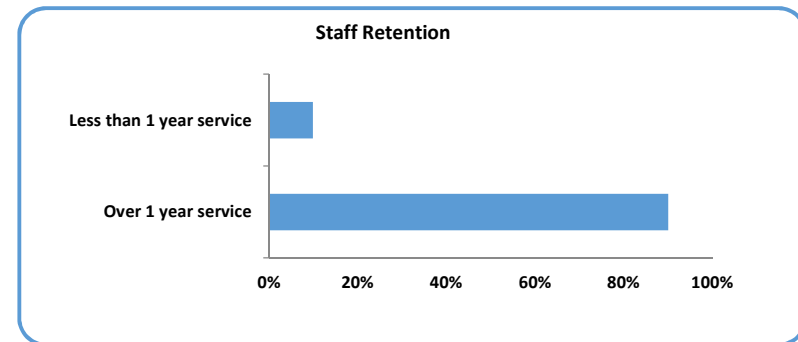
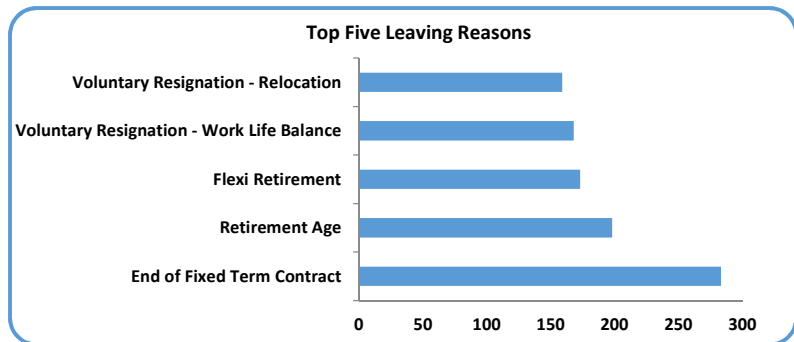
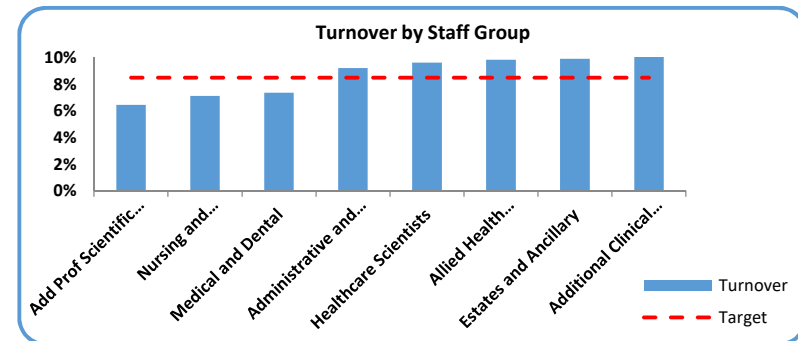
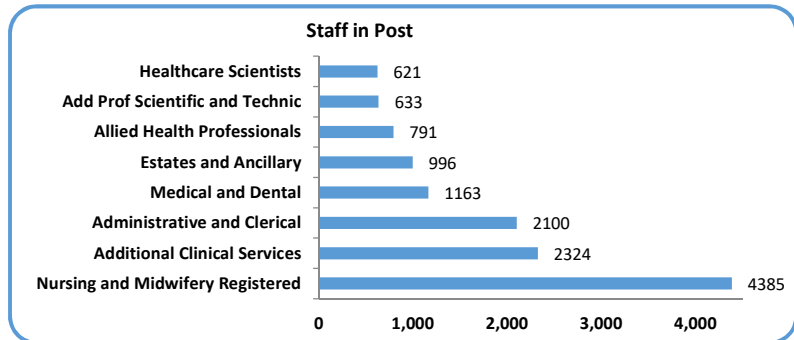
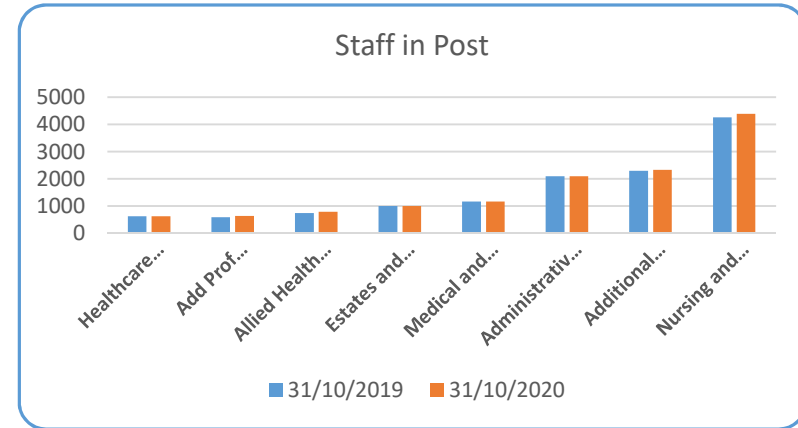


- The graphs below identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending October 2020.



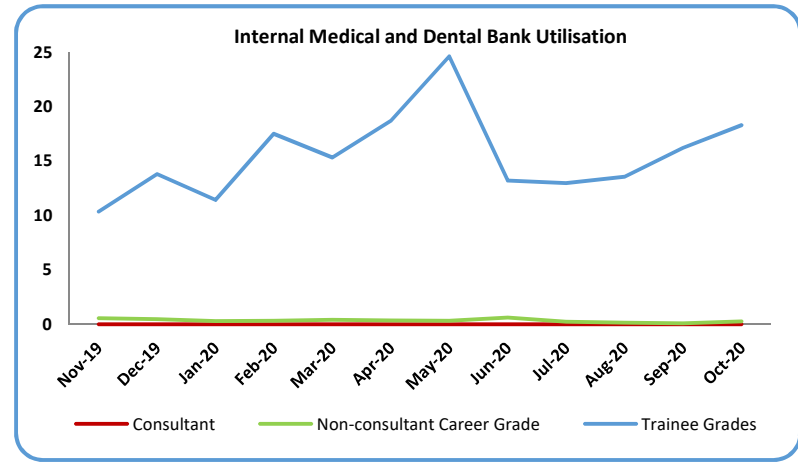
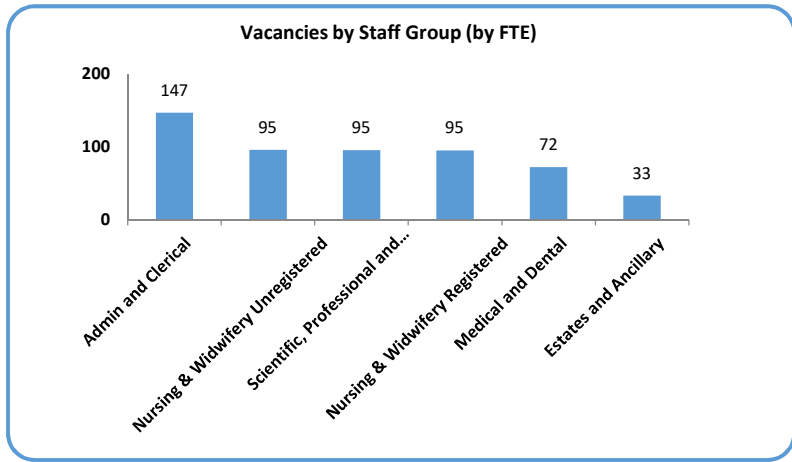
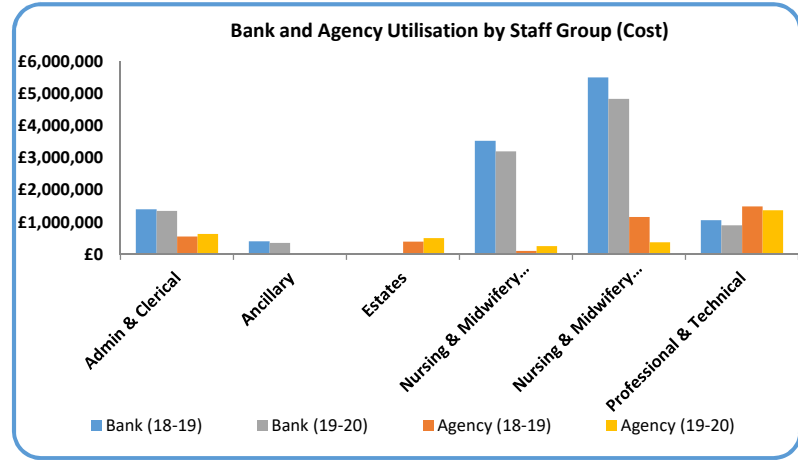
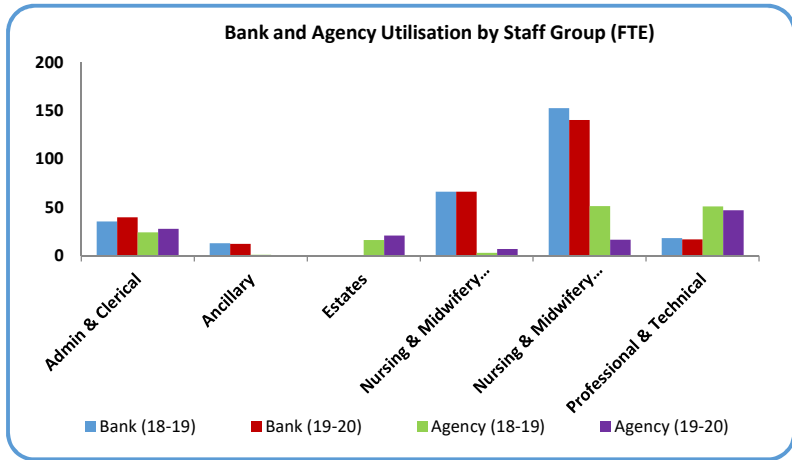
People: Flourish – ‘Shaping the Best Place to Work’

- Staff in post at October 2020 is 13,014 wte compared to 12,781 in October 2019; Headcount is 15,039.
- Staff turnover has increased from 8.91% in October 2019 to 9.58% in October 2020, against a target of 8.5%.
- The total number of leavers in the period November 2019 to October 2020 was 1,553.
- Staff retention for staff over 1 year service stands at 90.08%, which is a slight increase from 88.86% in October 2019.



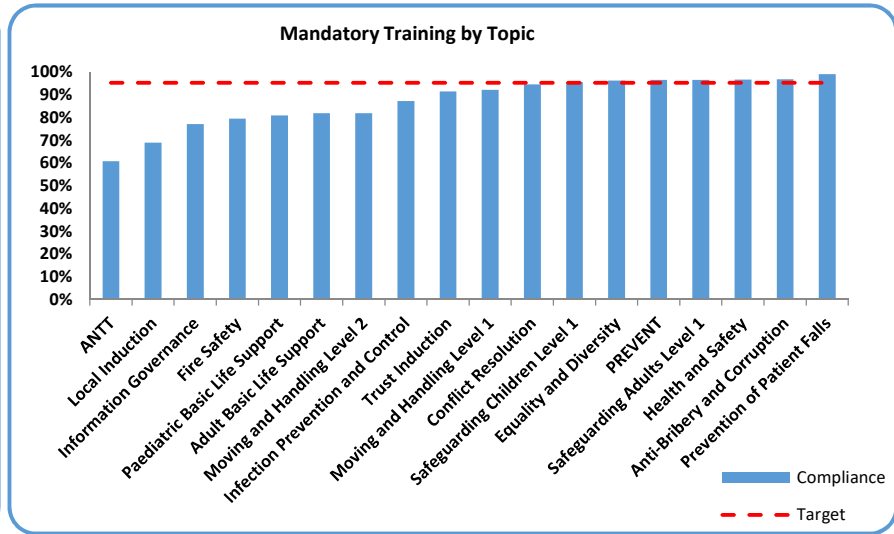
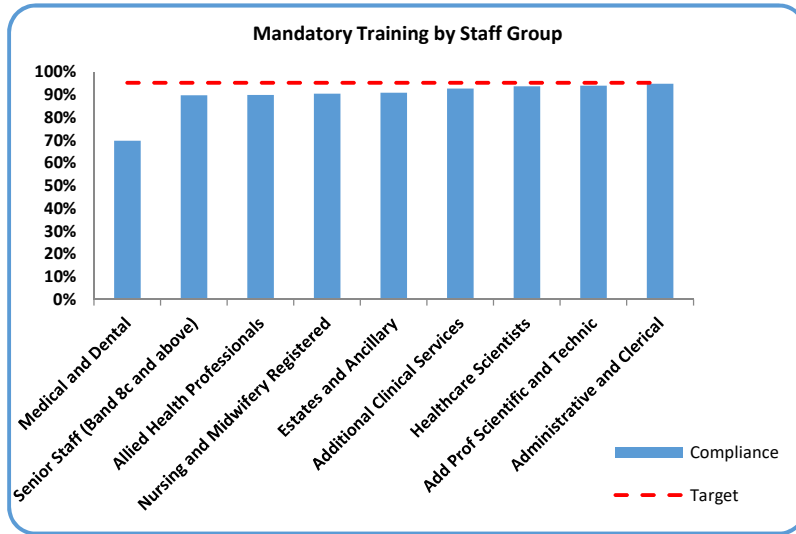
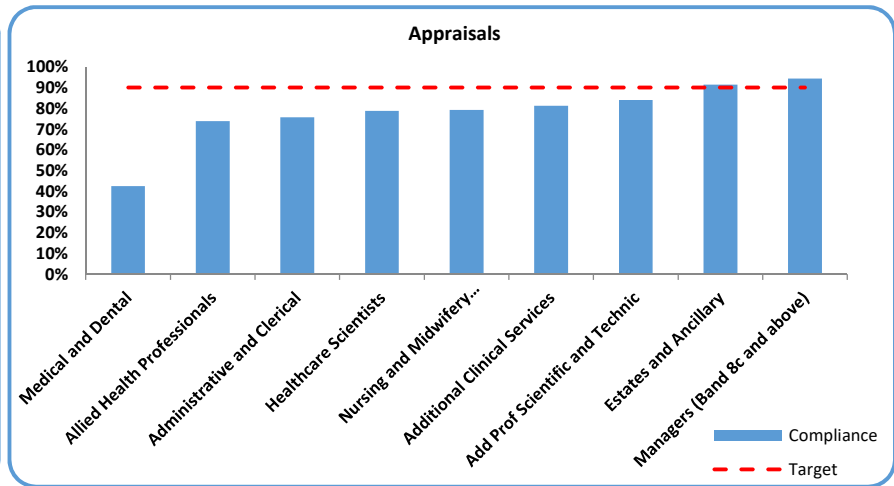
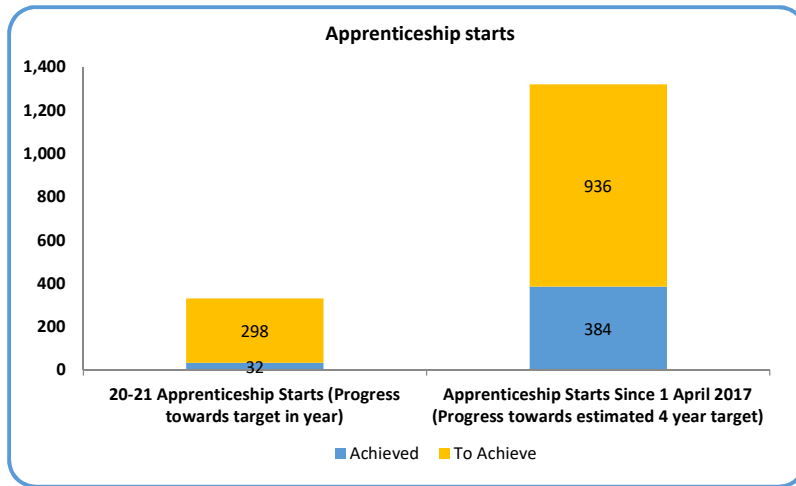
People: Flourish – ‘Shaping the Best Place to Work’

- Comparing the periods November 2018 – October 2019 to November 2019 – October 2020, overall bank utilisation has decreased from 286 wte to 275 wte and agency utilisation has decreased from 146 wte to 119 wte.



People: Delivering Excellence in Education & Training

- Appraisal compliance stands at 77.44% , against an end of year target of 95%. The October 2019 position was 76.90%. Interventions are in hand to improve this.
- Mandatory training compliance stands at 89.83% at end of October 2020, against a Q2 target of 85% and end of year target of 95%. The October 2019 position was 87.03%



Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 31st October 2020.

The income to 31st October includes all retrospective top up received months April to September (1 – 6) and assumed income in month 7 to match programmes outside the block envelope for schemes such as Nightingale, ICHNE, and COVID. It should be noted that all financial risk ratings, Provider Sustainability Funding (PSF), and use of resources metrics are not in operation.

In the period to 31st October 2020 the Trust had incurred expenditure of £706.6 million, and accrued income of £702.1 million, leading to a deficit of £4.5million, which is in line with the Revised Plan.

To 31st October the Trust had spent £23.7 million capital, £2.5 million behind Plan.

Overall Financial Position			
	Month 7 Budget £'000	Month 7 Actual £'000	Month 7 Variance £'000
Income	698,361	702,093	3,732
Expenditure	702,891	706,623	3,732
I & E position (excl impairment)	4,530	4,530	0
Capital Programme	26,099	23,583	(2,516)



TRUST BOARD

Date of meeting	26 November 2020						
Title	Annual Chief Information Officer (CIO) Report						
Report of	Graham King, Chief Information Officer						
Prepared by	Graham King, Chief Information Officer						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The annual CIO report summarises the progress of the digital strategy particularly highlighting the key digital solutions implemented to support patients and colleagues throughout the COVID-19 pandemic.						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	Maximise the benefits from the use of technology with a view to more informed, and safer decisions about patient care, improving the patient experience and enhancing patient engagement.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	This is a high level report from the Chief Information Officer covering a range of topics and activity.						
Reports previously considered by	New report						

ANNUAL CHIEF INFORMATION OFFICER REPORT

1. DIGITAL STRATEGY

This paper provides a summary of the progress made in delivering the Trust's digital strategy, together with the actions taken to support the organisation as the impact of COVID-19 was realised. The previous strategy covered the period from 2016-20 and was geared to moving the Trust to a digital (paperlite) clinical model by the end of this financial year.

As the current strategy is nearing completion, an uplifted Digital Strategy is being generated for the five year period 2020 to 2025. This revision recognises and includes the patient experience as being a fundamental outcome of the strategy as well as supporting trust and regional services.

2. GLOBAL DIGITAL EXEMPLAR

Paperlite was implemented across the Trust in October 2019. The development and Trust wide adoption of the eRecord system through the Paperlite programme, funded by the Global Digital Exemplar award, has been central to improvements in the safety and efficiency of clinical care. The ability to access and contribute to clinical records remotely has been a valuable contribution to the Trust's capability to manage the impact of COVID-19. The Trust has been able to conduct virtual consultations, review patient letters and clinical records, and create digital documentation using artificial intelligence for voice recognition. Where possible Clinic Letters and Discharge Summaries are issued instantaneously to GPs or via a remote printing service for issue to patients. Clinicians can arrange tests, view results and dispense prescriptions with medications delivered directly to patients' homes.

3. GREAT NORTH CARE RECORD (GNCR)

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

- Health Information Exchange (HIE) – this provides a near real-time view of a patient's longitudinal health record for the purposes of direct care.
- Patient Engagement Platform (PEP) – this provides the region with a consistent approach to digital interaction with our patients. This is being built in collaboration with the NHS App and NHS Identity teams to ensure full integration with the national capability.

Health Information Exchange

The Health Information Exchange (HIE) is a secure cloud-based interoperable platform for near real time patient data sharing in support of direct care. The HIE was activated across the region on 9 March 2020 sharing 3.1 million patient records from over 400 GP Practices in the North East and North Cumbria to all local NHS Trusts, GPs and Out of Hours providers.

Agenda item A9

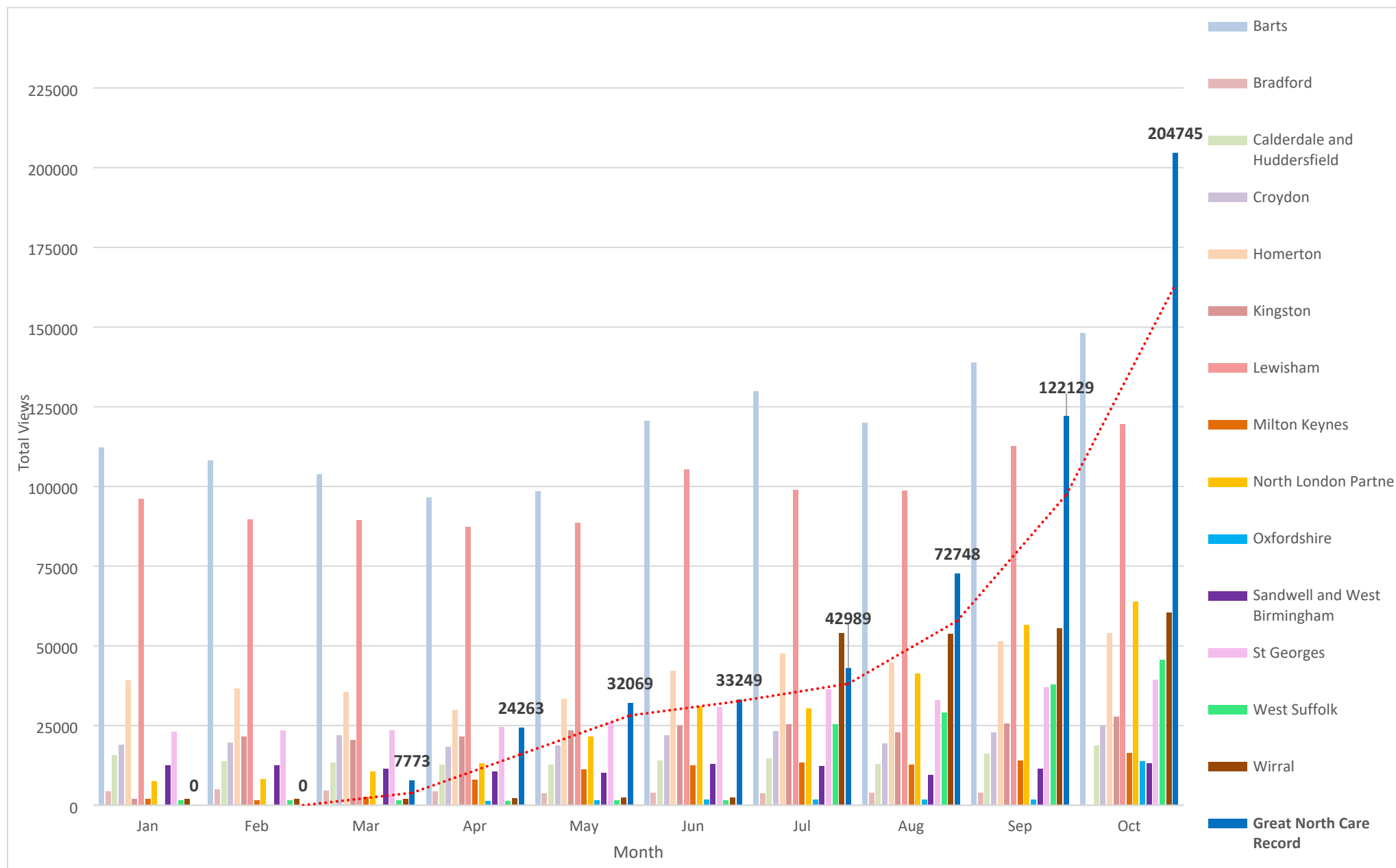
The HIE is providing a richer patient record to more practitioners and is now the region's primary tool for patient record sharing. Plans are in place for all provider Trusts and Community services to be sharing data by March 2021. The diagram on the next page shows the growth in usage compared to other shared record initiatives across England, utilising the same technology.

Patient Engagement Platform

The Patient Engagement Platform will transform the experience for people in the North East and North Cumbria when they engage and interact with health and social care systems. Phase one will allow patients to view and organise their hospital appointments, and to receive, view and print their hospital correspondence electronically. Phase one is underway and due to complete early next year.

The team are working in partnership with NHS Digital and the digital team responsible for the NHS App. The platform will use the NHS Login service to provide users with a single "digital front door" being accessible 24 hours per day through any smart device.

HIE Usage January – October 2020



4. **SUPPORTING PATIENTS**

Video Consultations

Video consultations now available for 227 services, reducing the need for patients to visit the site

Keep in touch service

Ability for patients relatives to send messages into wards



Digital Visiting

Enabled patients to communicate with family and friends through attend anywhere.

Patient Communications

Enhanced patient wi-fi facilities ward based devices for patients

5. **CYBER ESSENTIALS**

Cyber Essentials is a government-backed, industry supported scheme to help organisations protect themselves against common cyber-attacks. The National Cyber Security Centre and the National Data Guardian Review recommended all NHS organisations must achieve Cyber Essentials Plus certification by June 2021. This standard also formed part of NHS England's 2017/18 Data Security and Protection Requirements. The DSP Toolkit was submitted in September 2020 and the release of new Toolkit is awaited. A number of software solutions and resources are required to deliver both a targeted and phased approach to address the wider requirements of Cyber Essentials Plus.

6. **DNA REMINDER SERVICE**

The “Did not Attend” (DNA) rate for the Trust has continued to improve since the implementation of both text and automated telephone reminders. The rate has reduced from above 9% to 5.63% which compares favourably against the peer median of 6.71%. This identifies a significant and sustained improvement following the roll out of the DNA reminder service.

7. **NETWORK UPGRADE**

The wired and wireless network is a key component in the delivery of IT supported services to the Trust. It connects computers, printers, medical devices, hand held devices, display screens etc. to each other, the infrastructure in the data centres and the internet. An upgrade of both components is in progress and due to complete by February 2021.

8. **VIDEO CONFERENCING AND INSTANT MESSAGING**

The COVID-19 pandemic has seen a significant rise in the usage of video conferencing and messaging due to an increase in agile working. Microsoft Teams has been integrated into

the Trust with the rollout of the Teams App completed. Video conferencing rooms will be equipped throughout November 2020.

9. RESEARCH



Research Bids directly supported

Health Data Research (HDR) UK

The HDR UK Better Care Programme bid for £3.4 million was submitted by a consortium of Universities and NHS Organisations throughout the North of England. This project is significant in providing strategic alignment between care home and hospital data. As the population gets older, frailty and more widely, multi-morbidity, exert huge system pressures.

National Institute for Health Research (NIHR) – Artificial Intelligence

NIHR – AI characterises the dynamic inter-relationships between polypharmacy and multiple long-term conditions. The project bid for £120,000 (phase 1) to develop artificial intelligence (AI) to map patient journeys into multi-morbidity clusters across the UK.

North of England Cardiovascular Network

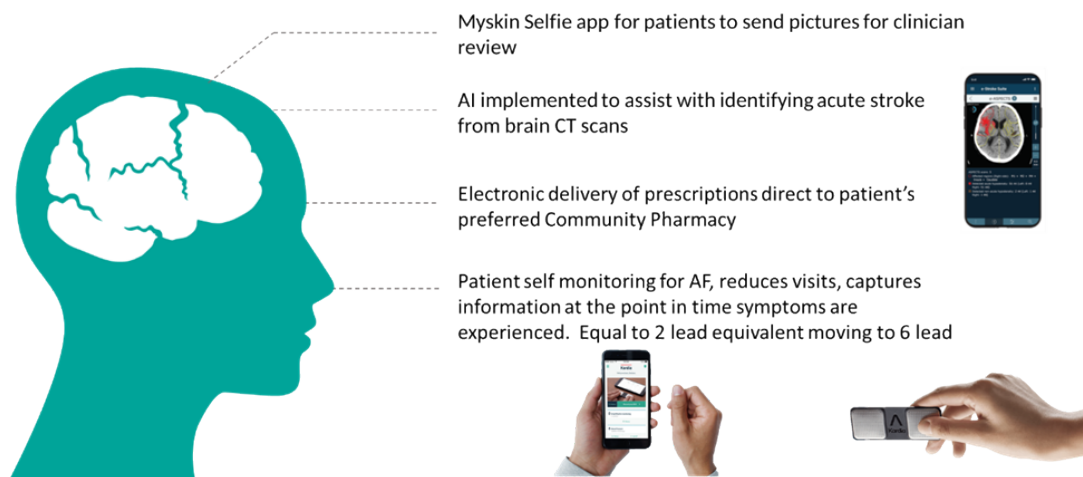
The North of England Cardiovascular Network Referral (NECVN) and Collaboration System have submitted a £400k bid to NHS England, via the Academic Health Science Network (AHSN) to develop a remote collaboration system across the region, initially for cardiology referral and advice. The NECVN is a well-established collaboration of NHS acute Trusts across the North East and North Cumbria.

Biomedical Research Centre

Tackling multi-morbidity at scale: Understanding disease clusters, determinants & biological pathways grant application. The funding is £100,000 for the consolidator grant + £3-5M for the research collaborative award.

10. INNOVATION

The Directorate has a key objective to support the identification and implementation of innovative technology aligning to the NHS Long term Plan. This section provides a summary of the emerging technology being developed and or implemented within Trust services during the last 12 months.



11. COMMAND CENTRE

The vision of the Newcastle System Command Centre is to provide a suite of near-real time dashboards integrating data from The Newcastle upon Tyne Hospitals NHS Foundation Trust and key partners, such as Newcastle City Council, Newcastle Gateshead Clinical Commissioning Group and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

The dashboards are designed to facilitate effective multi-agency working by making pressures within the system more visible; this in turn should assist in improving whole system patient flow, reducing days away from home and discharge delays, and preventing potentially avoidable admissions.

Phase 1 of the Command Centre project was activated in March 2020 and included the development of on-line dashboards covering A&E pressures and hospital flow, in-patient acuity, automated bed occupancy for the 1,400 hospital beds and 1,400 care home beds in the city, live hospital staffing levels, and COVID pressures.

12. REGIONAL COVID-19 CHALLENGES

Nightingale North East Hospital

The Nightingale Hospital was delivered as an extension of the Newcastle Hospitals' clinical record and systems and is fully digital. It has a paperless environment other than a critical care chart and the mortuary form, which is a legal requirement. Focus was given to medical and nursing EPR documentation to reduce training. Handheld devices were in place to digitally record observations with decision support and remote patient status tracking in place to free up time to care and increase safety. Nightingale also delivered instant access to medical records across the region through the HIE. Patient support for communication was enabled through Wi-Fi and a full telephony solution.

Integrated COVID Hub North East (ICHNE)

Newcastle Hospitals is establishing an Integrated COVID Hub – North East that will implement a new Lighthouse laboratory at Baltic Park in Gateshead and will process up to 80,000 COVID tests per day and results will be reported to the NHS Test and Trace.

North East Test and Trace will be established at the Lumen Building, Newcastle which will support integrated management, analytics, tracing and will help identify patterns of spread and outbreaks.

The digital team is providing support for the lab services and standing up the analytics and data function in support of the Coordination and Response Centre.

Vaccination Programme

The Trust is the regional provider in support of COVID 19 and the digital team is working regionally with the Primary Care Networks and the centre to define and implement the enabling technology and digital services.

13. RECOMMENDATIONS

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

**Report of Graham King
Chief Information Officer
16 November 2020**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
Title	Director of Enterprise & Business Development – Update on Trust Strategy November 2020						
Report of	Victoria McFarlane-Reid, Director for Enterprise & Business Development						
Prepared by	Lisa Jordan, Assistant Director of Business Planning & Strategy (acting)						
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 this paper is to provide an update on progress against the Trust strategy to date, highlight significant achievements, and identify barriers which the Trust needs to unblock or where it may need to consider a change of course.						
Recommendation	To receive the report for information.						
Links to Strategic Objectives	Links to all areas of the Trust's strategic framework.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined in report.						
Reports previously considered by	The Strategy update is usually reported within the Director for Enterprise & Business Development's Main Board.						

UPDATE ON TRUST STRATEGY NOVEMBER 2020

1. INTRODUCTION

In October 2019 the revised Trust Strategy (2019-2024) was launched, including the Trust vision, value and ambitions. The purpose of this report is to provide the Board with a regular update and overview of progress against the strategy, highlight significant achievements, and identify barriers which the Trust needs to unblock or where it may need to consider a change of course.

2. STRATEGY MONITORING

The Trust Board requires assurance that the Trust is on track to achieve its strategy, and if not it should provide support and direction to ensure delivery of the Trust Strategy.

The Trust Strategy is embedded in the day to day work of the Trust and as such there are multiple reports to Trust Board and Board Committees which provide updates on progress against specific objectives. This report is not intended to duplicate this work, rather it should supplement it by bringing together all of the various work streams which contribute towards achievement of these Trust wide objectives. Appendix 1 (in the Board Reference Pack (BRP)) provides an overview of progress towards achievement of the Trust ambitions, this will provide an 'at a glance' view of where there are issues.

There are several supporting sub-strategies across the Trust which provide more detail as to how we will achieve the Trust level objectives. A summary of these can be found in Appendix 2 in the BRP. This list is under review by Executive leads to update any strategies they are responsible for.

3. PROGRESS UPDATE

This report will provide a summary of any key actions / achievements within the previous couple of months which demonstrate progress towards the strategic objectives. The Strategy covers a 5 year period and while some of the objectives may have already been achieved e.g. development of an Appointment Booking Centre, there are many objectives which will take longer to achieve, and some which will be ongoing beyond the period of the strategy document. This report is not intended to provide an overview of all activities at all times. It should provide 'real-time' updates to give the Board a current view of where the Trust is in meeting its objectives to allow time for corrective action where required.

Appendix 3 in the BRP provides a summary of progress against the Strategic objectives, further detail is provided below. All future reports will also include a summary of progress against individual Directorate strategies.

4.1 Patients

Patients are our top priority and we put them at the centre of everything that we do. We have made great strides towards achieving many of the objectives within the Trust Strategy, some examples of these are provided below.

Developing our quality faculty to build improvement capability in our organisation

The Newcastle Improvement team was established on 1 October 2020. It brings together 3 existing teams from within the Trust, the Service Improvement Team (SIT), the Transformation and Financial Improvement Team (TFIT) and the Quality Improvement team. A facilitated Newcastle Improvement workshop is being held in the near future with the aim of informing and creating the strategic vision for Newcastle Improvement, including identifying critical success factors and key performance indicators.

Maximising the use of digital solutions

The impact of Covid-19 has encouraged the Trust to maximise the use of digital health care solutions to minimise the impact on patient care due to being unable to attend the hospital as usual. The use of Attend Anywhere has been widely adopted across all services, allowing consultants, nurses and AHPs to review patients' health in their own home. The use of digital diagnosis has also taken off in many areas, reducing the number of times a patient needs to visit the hospital, or reducing the time they need to spend here. There is work ongoing to evaluate these initiatives and ensure that the benefits are captured for use in the long term.

Continuing to develop and deliver the highest number of specialised services

Specialised services are an important part of the portfolio of services we provide to our patients and the Trust already has approx. ~50% of the Specialised Commissioning budget for the region (incl. highly specialised services). In the last few months the Trust has been awarded contracts for some newly developed specialised services, which will be provided at a regional level. These include vaginal mesh removal surgery, abnormally invasive placenta and termination of pregnancy for co-morbidities. We are working with NHS England and other regional providers to establish these services in the new financial year.

4.2 Pioneers

The Trust continues to ensure that we are at the forefront of health innovation and research, and despite the challenges we have faced during 2020 there continues to be great progress towards achieving our objectives in this area.

Develop & promote our innovation and commercial strategies including the generation of wealth for our local population

Since the appointment of Vicky McFarlane-Reid, Director for Enterprise and Business Development, in September 2019 the Trust has appointed into a new Commercial

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Enterprise Unit, who commenced in June 2020. The team has made a fantastic start in the organisation and is working closely with Directorates to develop commercial opportunities which are in line with the overall Trust Strategy. Andrea Burroughs, Associate Director of Commercial Enterprise, is drafting a **commercial strategy** which will be focused on our strengths; our ambition and our vision; ensuring close alignment with our Five Year Strategy and the 5Ps.

The commercial team has successfully secured funding from the NE Local Enterprise Partnership to develop two business plans relating to diagnostics and pharmacy and are currently working on further bids.

Achieving our target of being carbon neutral by 2040

In 2019 the Trust declared a Climate Emergency, the first healthcare organisation in the World to do so, and in October 2020 the Trust Climate Strategy was published, detailing our plans for the next 5 years to help achieve our goal of becoming carbon neutral by 2040.

4.3 Partnerships

We are an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes.

Working with our local partners on wider economic strategies

The Covid-19 pandemic has been extremely challenging for the NHS, but it has also provided opportunities for innovation and partnership working. The Integrated Covid Hub North East is being led by the Trust working closely with local partners such as Newcastle City Council and is a fantastic opportunity to show case the strengths of the Trust and its partners in terms of innovation and research. It will also provide numerous job opportunities within the region.

This development also links to some of the objectives with the 'pioneers' component of the Trust strategy.

Delivering our integration strategy, integrating and streamlining services to patients

Collaborative Newcastle continues to bring together our 'place' partners to work towards integration of services and has played a large role in managing the Covid response in care homes in the City.

Operational leads from across Collaborative Newcastle have worked very closely together to support the care homes, including daily calls with each care home, and an expansion of in-reach services from the supporting care home and primary care teams. Also computer tablets have recently been rolled out to all care homes across Newcastle to enable video conference meetings and training sessions to be held with all care home managers. These Collaborative Newcastle sessions are co-led by health and social care leaders.

4.4 Performance

The Trust is recognised nationally for its outstanding performance, however the financial environment we operate in is becoming increasingly constrained and Covid-19 has impacted on routine NHS activity leaving the Trust with long waiting lists to recover.

Having strong operational performance, meeting targets and standards where appropriate

The National Performance targets are all currently suspended with a focus on returning to pre-covid levels of activity. The Phase 3 letter from NHS England outlined the expectations for Trusts to return to 100% of outpatient activity compared to the previous year, and 90% of elective, day case and outpatient procedures. The table below shows the Trust’s performance against these trajectories for September 2020.

	Point of Delivery	Ambition	September 2020	Gap
Phase 3	Day Case	90%	78.7%	-11.3%
Phase 3	Elective (Overnight)	90%	82.2%	-7.8%
Phase 3	Outpatient Procedures	90%	49.2%	-40.8%
Phase 3	New OP consultations	100%	91.3%	-8.7%
Phase 3	Follow Up OP consultations	100%	101.4%	+1.4%

There are particular issues with recovering outpatient procedure activity which are being addressed by specific schemes supported by the Trust and the Integrated Care System (ICS). The Trust has negotiated a financial envelope which will allow activity recovery to continue and expand in some areas in order to maximise the number of patients we can treat getting back to pre-covid levels.

The second wave of Covid-19 is making it difficult to maintain the return to normal levels of activity and the challenge for the Trust is now treating Covid patients alongside non-covid patients.

This is an area which will require ongoing support from Trust Board to ensure we are on track to recover performance to the best of our ability, whilst maintaining the highest levels of patient safety.

Having a clear finance and investment strategy which includes securing our finances for the future which requires significant capital investment

The recovery of activity and reducing patient waiting lists is a key focus of the Trust at the moment but work continues to develop large capital schemes which will serve long term

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benefits to the patients we treat such as the move of Congenital Heart Disease services to the Royal Victoria Infirmary (RVI) site and the New Specialist Hospital development.

4.5 People

Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.

Delivering our people strategy

The NHS published 'We are the NHS: People Plan for 2020/21 – actions for us all' on 30th July 2020 and asked all systems to develop a local People Plan to address the required actions. The Trust is reviewing its People Plan, with involvement from union and staff representatives, including staff networks, along with an action plan to underpin this.

Supporting leadership development across the city-wide system to develop strength in integrated working

Following the successful completion of the first Joint System Leadership Programme, facilitated by the Newcastle Collaborative, the Trust has confirmed another two joint system leadership development programmes for 48 senior clinicians, managers and social care professionals from the Trust, Council, primary care, Clinical Commissioning Groups, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and the voluntary sector will be commencing in the New Year.

The programme is aimed at individuals in senior/middle leadership positions (e.g. established consultants or band 8 equivalents) where leadership development and/or partnership working has been identified as a theme as part of their appraisal and personal development planning. It is intended to facilitate partnership working across the system and lead to improved service delivery for patients, citizens and staff.

5. RECOMMENDATIONS

The Trust Board is asked to receive this report and Executive leads are asked to review and update the list of supporting strategies.

Report of: Victoria McFarlane-Reid
Director for Enterprise & Business Development

Lisa Jordan
Acting Assistant Director of Business Planning & Strategy
November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
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 24 September 2020:</p> <ul style="list-style-type: none"> • People Committee – 20 October 2020; • Audit Committee – 27 October 2020; • Quality Committee – 20 November 2020; and • Finance Committee - 25 November 2020. 						
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Standing verbal agenda item.						

UPDATE FROM COMMITTEE CHAIRS

1. INTRODUCTION

This report provides an update to the Board on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Board of Directors in September 2020.

2. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 20 October 2020. During the meeting, the main areas of discussion to note were:

- An update on COVID-19 was received, which detailed the particular impacts on Trust staff. The ongoing recruitment exercise for the Integrated Covid Hub North East (ICHNE) was highlighted.
- Dr Henrietta Dawson, Guardian of Safe Working (GoSW), attended the meeting to provide the quarter 2 GoSW report. A detailed discussion on the ongoing impact of the pandemic on Junior Doctors took place.
- The Director of HR provided an update on the NHS People Plan and the development of a local action plan.
- An update on the Trust's 'Flourish' programme was provided, which included revisions to Flourish branding, a staff wellbeing report and an update on the 2020 NHS Staff Survey.
- An in-depth report into Education and Workforce Development was provided, which included updates on Apprenticeships and Medical Education, as well as Leadership Development and the Clinical Skills Academy.
- The Head of Workforce Engagement and Information gave a verbal update on flexible working across the Trust, highlighting in particular the impact of the pandemic.
- The People Dashboard for September 2020 and the Board Assurance Framework (BAF) People Committee Assurance Report were received and scrutinised.

The next meeting of the Committee is scheduled to take place on 15 December 2020.

3. AUDIT COMMITTEE

A formal meeting of the Audit Committee took place on 27 October 2020. During the meeting, the main areas of discussion to note were:

- Updates (by exception) from Committee Chairs on the management of risk and assurance pertinent to their areas of focus were provided.
- The Corporate Risk and Assurance Manager presented the Quarterly BAF Audit Committee Report, along with the associated Risk Register.
- Both Internal Audit and External Audit delivered a progress update, with the Audit Completion Report presented for the Trust Charity.

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- The Fraud Specialist Manager provided a comprehensive Counter Fraud Activity Report.
- The Committee approved an amendment to the Trust's Scheme of Delegation in relation to the ICHNE and Nightingale Hospital North East (NHNE).
- The Committee received and discussed a number of reports including:
 - The Breaches and Waivers Exception Report;
 - The Review of Debtors and Creditors Balances; and
 - The Review of the Schedule of Losses and Compensation.
- The Committee received the Charity Accounts for the 2019/20 financial year.

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

4. QUALITY COMMITTEE

A formal meeting of the Committee took place on 20 November 2020. During the meeting, the main areas of discussion to note were:

- The Committee received a COVID-19 update, as well as an update on the Trust's Flu Vaccination Programme.
- The Chairs of the following management groups presented updates to the Committee, providing assurance on their specific areas of focus:
 - Patient Safety Group;
 - Patient Experience & Engagement Group;
 - Clinical Outcomes & Effectiveness Group;
 - Compliance and Assurance Group; and
 - Research & Innovation.

The Committee also received copies of the management group minutes.

- A number of quarterly reports were received, including Safeguarding, Learning Disability and Infection Prevention & Control.
- The Quality Account Bi-Annual Report (agenda item A5(iv)a) and the Learning from Deaths Report (agenda item A5(iv)b) were received and scrutinised prior to inclusion in the Board of Directors meeting papers. In addition, the Quality and Performance sections of the Integrated Board Report (Agenda Item A8) were also considered.
- An update on the Restart, Reset and Recovery Programme, focussing on elements impacting quality of patient care, was considered.
- The BAF Quality Committee Assurance Report was discussed.
- An update on the continuation of Leadership Walkabouts, through the creation of 'Spotlights on Services', was provided and an update on the Trust's Care Quality Commission Action Plan was received.

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

5. FINANCE COMMITTEE

A formal meeting of the Committee took place on 25 November 2020. During the meeting, the main areas of discussion to note were:

- The Month 7 Finance Report was received and discussed.

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- Verbal updates on the latest position in relation to non-NHS income, the NHNE/Lighthouse Lab/Vaccine Hub and the 2021/22 future financial regime were provided.
- The Finance Director delivered a presentation on the Trust's Capital Programme and Cash position.
- An update on the Restart, Reset and Recovery programme, from a financial perspective, and an update on the Trust's Commercial Enterprise Unit were provided.
- The Corporate Risk and Assurance Manager presented an update to the BAF Finance Committee Quarterly Report.
- Minutes from the following groups were received:
 - Capital Management Group;
 - Strategy, Planning & Capital Investment Group; and
 - Supplies & Services Procurement Group.

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

6. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
20 November 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	26 November 2020						
Title	Corporate Governance Update						
Report of	Dame Jackie Daniel, Chief Executive						
Prepared by	Kelly Jupp, Trust Secretary Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The report includes an update on the following areas:</p> <ul style="list-style-type: none"> • Council of Governors; • Annual Members Meeting; • Membership Update; • Board and Committee Schedule 2021; • Trust Charitable Funds Committee; • Information Governance ; • Corporate Records; • Fit and Proper Persons; • Modern Slavery Statement Action Plan; and • Spotlight on Services Facilitation. 						
Recommendation	The Board of Directors are asked to (i) receive the update, (ii) note the contents and (iii) approve the renaming of the Charitable Funds Committee to the Newcastle Hospitals Charity Committee.						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic and reputational level.						
Reports previously considered by	Standing agenda item.						

CORPORATE GOVERNANCE UPDATE

1. INTRODUCTION

This report provides an update on a number of corporate governance areas.

2. COUNCIL OF GOVERNORS UPDATE

The Council of Governors continue to meet virtually. Since the last meeting of the Board, the Governors have held one formal meeting on 15 October which included an update on:

- Planning from Ms Lisa Jordan, Acting Assistant Director of Business Strategy and Planning;
- The Trust's management of COVID-19, particularly in relation to patient experience; and
- Ethnic Pay Gap reporting in the form of a presentation from Mr Surash Surash, Consultant Neurosurgeon, and Ms Karen Pearce, Head of Equality, Diversity and Inclusion on the recent publication.

The next formal meeting of the Council of Governors is scheduled for Thursday 10 December 2020, with a private Governor workshop scheduled for 18 February 2021.

The Corporate Governance Team is currently scheduling and mapping all meetings of the Council of Governors and the associated working groups (being Nominations Committee, Business & Development, Quality of Patient Experience and People, Engagement and Membership) for 2021. This will include the scheduling of Non-Executive Committee Chair attendance at the aligned Governor Working Group, Annual Governor observation of Board Committees and twice annual meetings of the Non-Executive Director Committee chairs with their Governor Working Group chair counterparts. This is to ensure regular engagement and updates can be provided across the full year.

The Deputy Trust Secretary has reviewed and updated the engagement plan with the Council of Governors over the coming winter months which will include both regular email updates, as well as fortnightly informal virtual meetings. This was following recognition that the Governors missed out on informal interactions with their fellow Council members and with the Corporate Governance Team before and after meetings and allowed for a regular flow of information.

An exercise is currently underway to review membership of, and attendance at, the three working groups aligned to the Council of Governors. This is to ensure equal and adequate coverage across the three 'non-statutory' working groups (being Business & Development, Quality of Patient Experience and People, Engagement and Membership) across the public constituencies, as well as amongst Staff and Appointed Governors.

3. ANNUAL MEMBERS MEETING 2020

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As highlighted in the previous report, the Trust hosted its first virtual Annual Members Meeting on Tuesday 29 September 2020. The meeting, which included a review of the year and the adoption of the Annual Report and Accounts for 2019/20, is now available to view on YouTube at: <https://www.youtube.com/watch?v=SZJk8LesFbg>.

4. MEMBERSHIP UPDATE

Since the last meeting of the Board, correspondence drafted by the Chairman was circulated to the Trust's 8,300 strong membership. This included a welcome to new members, as well as a reminder to existing members, around the ways in which they can keep in contact with the Trust during the pandemic through social media and by observing the public session of the Board of Directors and Council of Governors virtually.

Work continues to develop an ongoing plan to continue to engage with members during the pandemic and beyond.

An exercise to cleanse the database is underway which will ensure that the correct details for staff are held within the database. This followed the move to NHSMail earlier in 2020 and the recognition that many staff members may still be utilising their previous NUTH email address for correspondence.

5. BOARD AND COMMITTEE SCHEDULE 2021

The Corporate Governance Team are currently in the final stages of agreeing all Board of Directors and Committee meeting dates for 2021. A complete list of dates can be found in Appendix 1. Following Government guidelines around social distancing, all Trust meetings will take place virtually until further notice.

6. TRUST CHARITABLE FUNDS COMMITTEE

The Board of Directors is asked to approve the change to the name of the Trust Charitable Funds Committee to Newcastle Hospitals Charity Committee.

The Terms of Reference for the committee are currently under review and will be presented to the Board for adoption in due course.

7. INFORMATION GOVERNANCE UPDATE

7.1 Data Security and Protection Toolkit (DSPT)

The Trust was required to submit the DSPT earlier than anticipated on 31 March 2020 as a condition of the Trust's application for access to Hospital Episode Data through NHS Digital.

At the time of the submission, the toolkit status was 'Standards Not Fully Met (Plan Agreed)' due assertion 4.4.3 (relating to highly privileged accounts) being incomplete. The Trust has

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since been able to resubmit a 'Standards Met' DSPT on 24 September 2020. The status of the Trust submission can now be viewed publicly.

The next DSPT is not expected to go live until late November 2020 and will require submission by 30 June 2021. Discussions are still being held at national level relating to mandatory compliance with, or equivalent level matching, of Cyber Essential Plus (CE+) by June 2021 and if the DSPT should enforce the compliance or its equivalent by the deadline. Once decided and the DSPT made live, the Trust can begin working on all new assertions which are expected to be mainly focused on the Trust's delivery of CE+ certification.

7.2 Regulator approach to future non-compliant DSPT submissions

A meeting took place in July 2020 with NHS England and NHS Improvement for all members of the Cyber Associates Network, regarding the process for those organisations indicating non-compliance with standards within the DSPT. It is anticipated that any Trusts who are unable to effect a plan to address any areas of non-compliance will, in the first instance, be offered assistance from NHS Digital and subsequently NHS Trusts may face fines under the Network and Information Systems Regulations, in addition to losing access to the NHS Digital managed Hospital Episodes Data.

7.3 DSPT audit requirements

Independent assessors are now required to give two opinions, one on the quality of the control environment and one on the submission itself. There will be two outputs of each independent assessment:

1. An assessment of the overall risk associated with the organisation's data security and data protection control environment i.e. the level of risk associated with controls failing and data security and protection objectives not being achieved; and
2. An assessment as to the veracity of the organisation's self-assessment/DSP Toolkit submission and the Independent Assessor's level of confidence that the submission aligns to their assessment of the risk and controls.

The Audit of the Trust DSPT will take place during Quarter 1 of 2021. NHS Digital have asked that 13 items be audited which will incorporate a total of 41 separate assertions.

7.4 NHS Digital DSP Toolkit Pilot

NHS Digital is currently in the process of procuring audit services to deliver a Data Security and Protection (DSP) Toolkit assessments pilot scheme nationally which will involve between 20-30 NHS organisations. The provision of this audit service is due to commence on 23 November 20. If the Trust is selected for the pilot, the DSPT assessment will be undertaken by an alternative assurance provider to our current internal auditor.

8. CORPORATE RECORDS UPDATE

Board members will recall that the Trust collaborated with the Tyne and Wear Archives (TWA) on a project to transfer pertinent records to the TWA as the local place of deposit under the Public Records Act 1958.

During November, representatives from the TWA have delivered training to Trust staff on the importance of preservation, as well as safe destruction, of all corporate records in accordance with the relevant timelines. Work will continue on an ongoing basis to identify all records that will be suitable for future transfer.

9. FIT AND PROPER PERSONS UPDATE

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors' test came into effect in November 2014. Regulation 5 recognises that individuals who have authority in organisations that deliver care are responsible for overall quality and safety of that care. This regulation ensures that registered providers have individuals who are fit and proper to carry out the important role of director ensuring that the provider is also able to meet the existing requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Work has been undertaken in order to provide assurance to the Board of Directors that the Trust annual Fit and Proper Persons process and checks have been carried out, to enable confirmation of compliance with Regulation 5.

The Trust Fit and Proper Persons Test process was carried out in November 2020. In accordance with the Trust policy, the following roles have been subject to the Trust fit and proper person's tests:

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

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

Fit and Proper Person Test	Outcome
Insolvency check	No issues found
Disqualified director check	No issues found

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Professional body checks	No issues found
Annual FPPR Declaration forms completed	No issues found
Trust Board Register of Interests	No Issues found

The annual Chairman declaration is included in Appendix 2 to this report.

10. INTEGRATED COVID HUB NORTH EAST (ICHNE) GOVERNANCE ARRANGEMENTS

Since the previous Board of Directors meeting, work has continued on establishing and further refining the governance arrangements regarding the ICHNE, particularly in terms of reporting arrangements, declarations of interest and financial governance. The Trust Board will now receive the minutes of the ICHNE Strategic Oversight Group (SOG) meetings at the Private session, along with an update from the Chair of the Group.

11. MODERN SLAVERY ACT STATEMENT ACTION PLAN

Following discussion at the Audit Committee meeting held on 28 July 2020, the Trust Secretary and the Procurement and Supply Chain Director, in liaison with Mr Jonathan Jowett, Trust Senior Independent Director, have begun to develop an action plan to ensure continued support for preventing slavery and human trafficking in the Trust supply chain.

12. SPOTLIGHT ON SERVICES FACILITATION

A number of Spotlight on Services informal virtual sessions have been arranged to replace NED Leadership Walkabouts during the COVID-19 pandemic. These sessions provide an overview of the service and allow the Chairman and NEDs to engage directly with services on a more informal basis. Two sessions have already taken place, being:

- 3 August – Pharmacy Production Unit
- 30 October – Cataracts

In addition a further two sessions have been scheduled for the coming months, with more to be arranged:

- 24 November – Sleep Services
- 9 December – Cancer Services/ Cumbria Cancer Centre

13. RECOMMENDATIONS

The Board of Directors are asked to (i) receive the update, (ii) note the contents and (iii) approve the renaming of the Charitable Funds Committee to the Newcastle Hospitals Charity Committee.

Kelly Jupp
Trust Secretary

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Fay Darville

Deputy Trust Secretary

16 November 2020

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APPENDIX 1 – 2021 MEETING DATES

Board of Directors

Formal Board Meeting	Board Workshop
Thursday 28 January 2021	Thursday 25 February 2021
Thursday 25 March 2021	Thursday 29 April 2021
Thursday 27 May 2021*	Thursday 24 June 2021
Thursday 29 July 2021	Thursday 28 October 2021
Thursday 30 September 2021	Thursday 16 December 2020
Thursday 25 November 2021	

*This meeting will consider approval of the Annual Report and Accounts for the financial year 2019/20.

Council of Governors

Thursday 18 February 2021#
Thursday 22 April 2021
Thursday 17 June 2021
Thursday 19 August 2021#
Thursday 21 October 2021
Thursday 9 December 2021

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

Board Committees

Committee	Frequency per Terms of Reference	2021 Meeting Dates
Audit Committee	5 x per year (min)	26 January, 27 April, TBC May, 27 July, 26 October
Quality Committee	4 x per year (min)	23 February, 18 May, 24 August, 16 November
Finance Committee	6 x per year (min)	27 January, 24 March, 26 May, 28 July, 29 September, 24 November
Charitable Funds Committee	4 x per year (min)	29, January, 26 February, 26 March, 28 May, 27 August, 3 December\$
People Committee	6 x per year (min)	16 February, 20 April, 15 June, 17 August, 19 October, 14 December
Appointments & Remuneration Committee	Min. 1 per year	25 February, 29 April, 24 June, 28 October, 16 December

\$ Additional extraordinary meetings have been scheduled to discuss and agree the new Charity Strategy.

APPENDIX 2 – FIT AND PROPER PERSONS TEST

CHAIRMAN’S ANNUAL DECLARATION

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

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

My declaration has been informed by:

- completion of the annual Fit & Proper Persons Test self-declarations;
- my knowledge of the Trust recruitment process for new appointments at Director level, specifically the application and interview process; reference checks and other pre-employment checks; and the use psychometric testing for specific roles;
- a review of the Trust Board Register of interests;
- a review of the GMC and NMC register to ascertain whether such registration was valid whereby the role required it for a Director;
- a review of DBS checks; and
- a review of the individual insolvency register and directors disqualification register for the individuals agreed as meeting the definition of a ‘Director’ undertaken by the Corporate Risk and Assurance Manager in November 2020.

The Board of Directors are asked to note the contents of this report and receive assurance that The Newcastle upon Tyne Hospitals NHS Foundation Trust are fully compliant with regulation 5 and the associated requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Professor Sir John Burn

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