The Newcastle upon Tyne Hospitals NHS Foundation Trust

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 28 January 2021 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 26 November 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	24
	Patients				
A3	Digital People Stories	ECN	Attached	12.40pm – 12.55pm	28
A4	Chief Executive's Report, including overview of: • COVID-19 Response; • Operational activity, including Winter update and restart, reset and recovery programme; and • Regional collaboration and networking activities.	CEO	Attached	12.55pm – 1.15pm	32
A5	Director Reports: i) Medical Director/Deputy CEO ii) Executive Chief Nurse, including: a. Response to the Ockenden Review of Maternity Services and Birthrate Plus Standard Plan iii) Director of Quality & Effectiveness Maternity CNST Report iv) Director of Infection Prevention and Control	 MD/DCE ECN DQE DIPC	Attached & BRP	1.15pm – 1.45pm	 43 49 62 72 83
Break 1.45pm - 1.55pm					

Item		Lead	Paper	Time	Page
People					
A6	People Report	HRD	Attached & BRP	1.55pm – 2.05pm	94
Performance					
A7	Integrated Board Report - Quality, Performance, People & Finance	DQE, COO, HRD & FD	Attached	2.05pm – 2.20pm	105
Pioneers					
A8	Trust Charity Strategy	ACE	Attached	2.20pm – 2.35pm	136
Governance					
A9	Update from Committee Chairs	Chairs	Attached	2.35pm – 2.40pm	143
A10	Corporate Governance Update, including: a. Quarterly NHSI Declarations.	TS	Attached & BRP	2.40pm – 2.45pm	148
Date of Next Meetings: - Private Board Development session: Thursday 25 February 2021 via MS Teams - Formal Meeting: Thursday 25 March 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 26 NOVEMBER 2020 VIA MS TEAMS

Part A: Public

Present:	Professor Sir J Burn	Chairman
	Dame J Daniel	Chief Executive Officer
	Mr M Wilson	Chief Operating Officer
	Mrs A Dragone	Finance Director
	Dr V McFarlane Reid	Executive Director for Enterprise & Business Development
	Mr A Welch	Medical Director/Deputy Chief Executive
	Ms M Cushlow	Executive Chief Nurse
	Mr D Stout	Non-Executive Director
	Professor K McCourt	Non-Executive Director
	Mr S Morgan	Non-Executive Director
	Ms J Baker	Non-Executive Director
	Mr J Jowett	Non-Executive Director
	Mr G Chapman	Non-Executive Director
	Mr B Macleod	Non-Executive Director
	Mrs P Ritchie	Associate Non-Executive Director
	Professor D Burn	Associate Non-Executive Director

In Attendance:
Mrs C Docking, Assistant Chief Executive
Mrs A O'Brien, Director of Quality and Effectiveness
Mr G King, Chief Information Officer
Mrs D Fawcett, Director of Human Resources
Dr L Pareja-Cebrian, Director of Infection Prevention Control (for agenda item 20/80 iii c only)
Mr I Joy, Associate Director of Nursing (for agenda item 20/80 ii b only)
Mr B Hood, CRUK Research Nurse Specialist (for agenda item 20/80 i only)
Sister H Chambers, Senior Research Nurse (for agenda item 20/80 i only)
Professor Caroline Wroe, Clinical Director for the National Institute for Health Research Local Clinical Research Network for the North East and North Cumbria (for agenda item 20/84 iii only)
Mrs K Jupp, Trust Secretary
Mrs F Darville, Deputy Trust Secretary *[Minutes]*

Observers:
Mrs J Carrick, Public Governor
Mrs J McCalman, Public Governor
Mrs C Errington, Public Governor
Mr S Connolly, Staff Governor
Dr V Hammond, Public Governor
Jayne Harwood, Trainee Consultant Clinical Scientist
Representatives from Globus Medical

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

20/79 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies for absence were received from Mr R C Smith, Estates Director.

The Chairman declared an ongoing interest regarding matters pertaining to COVID-19 testing and the creation of the Integrated COVID Hub North East (ICHNE) due to his role as Vice Chairman of QuantuMDx. It was agreed that whilst the Chairman would observe any Board discussion in public session regarding ICHNE, that he will not take any part in such discussions.

No additional declarations of interest were recorded.

It was resolved: to **note** the apologies and note the Chairman's declared interest.

ii) Minutes of the Meeting held on 24 September 2020 and Matters Arising

The minutes of the meeting held on 24 September 2020 were agreed as an accurate record.

No additional matters arising from the meetings were noted.

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

iii) Meeting Action Log

The Chairman confirmed that there were no outstanding actions at this time.

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

iv) Chairman's Report

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

- The Chairman had agreed to chair the appointment panel for the recruitment of a Chair for the North East and North Cumbria Integrated Care System (ICS). The panel would include representation from key stakeholders, with the recruitment process due to conclude in December 2020.
- A recent cross party meeting of the regions MPs was held to discuss the urgent need for capital investment in the Royal Victoria Infirmary (RVI) to ensure future sustainability of critical care facilities.
- The launch of the Trust's programme of 'Spotlight on Services' was noted, with the most recent being a virtual visit to the Trust's cataract surgery team.
- The Chairman also highlighted his participation in a recent BBC World Service radio programme about Henrietta Lacks whose cells were used to create the first polio vaccine following her death in 1951.

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

20/80 PATIENTS

i) Patient Story

The Executive Chief Nurse introduced the patient story. Mr Ben Hood, Cancer Research UK Research Nurse Specialist, and Sister Helen Chambers, Senior Research Nurse, attended to provide an overview of the continuation of cancer research at the Sir Bobby Robson Cancer Trials Research Centre during the pandemic.

Mr Hood advised that the patient scheduled to present their story had been unable to attend due to a deterioration in their health. Board members expressed their best wishes to the patient.

The following key points were noted:

- The patient had moved to the North East from London after exceeding all of their available treatment options in their local area and obtained a referral to the Sir Bobby Robson Unit.
- The patient had undertaken significant research into clinical trials and had received positive recommendations on the research and staff at the Sir Bobby Robson Unit.
- A summary of the changes made in the administration of chemotherapy in the day unit because of COVID-19 was provided.
- Positive feedback had been received from the patient who described that they continued to feel safe during their treatment at the Unit, communication was very effective and unnecessary visits removed appropriately from the patient pathway.
- The Unit continued to recruit and treat patients on clinical trials throughout the first wave of the pandemic.
- A change in the physical environment of the Unit was enacted to ensure appropriate social distancing, along with use of required Personal Protective Equipment (PPE). Staff also reassured patients concerned about visiting the Trust during the pandemic by explaining the changes made via telephone, and ensuring appointment times were staggered to make sure that patients were not all arriving at the same time for their treatment.
- Some patients had featured in local media articles to share their positive experiences in visiting the Unit, which had aided public confidence.

The Chairman thanked Mr Hood and Sister Chambers for providing the story on the patient's behalf. Further, the Medical Director/Deputy Chief Executive expressed his gratitude to the team working within the Unit and the wider Northern Centre for Cancer Care for continuing to provide excellent, high quality and safe care for patients.

The Executive Chief Nurse commended Mr Hood as a recent recipient of a Royal College of Nursing Award for Nursing Excellence in Cancer Research.

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

ii) Chief Executive's Report, including overview of:

a. Collaborative Newcastle
b. COVID-19 Response
c. Operational Activity, Reset, Restart and Recovery Programme
d. Regional Collaboration and Networking Activities

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

- An update on the Trust's involvement in the Collaborative Newcastle (CN) initiative was noted as a significant development over the last 18 months. CN's focus on improving the health, wealth and wellbeing of the city's residents in collaboration with the Trust's civic partners was described. The work of CN had resulted in a stronger citywide response to the COVID-19 pandemic.
  The Board would be asked to agree to the Trust becoming a formal signatory of the collaboration agreement under agenda item 20/81 i.
- The Trust continued to respond to the demands presented by the pandemic, noting the challenges in maintaining elective services with increasing numbers of COVID-19 patients. Despite this, 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 remained strong.
- There was an increase in the numbers of patients who were waiting longer for treatment and patients requiring urgent treatment were being prioritised based on clinical need. A number of actions were planned to reduce waiting times including establishing a bespoke ophthalmology hub.
- Staff communication routes were outlined, including the ways in which the CEO sought feedback from staff during the pandemic such as the regular 'check-in' sessions and attendance at Quarterly Performance Reviews with directorate leaders.
- Twice weekly meetings of provider CEOs were held in the region, to monitor both critical care capacity and bed occupancy.
- The Chief Executive joined colleagues from Newcastle City Council and other organisations at the City Futures Board meetings, which took place in October and November. The primary focus of such meetings was to coordinate the city's response to the pandemic on a wide range of areas such as business, health, education and transport.
- A number of significant developments in the Trust's response to the climate emergency were highlighted, including the publication of the Trust's Climate Emergency strategy in October 2020. The strategy sets out the organisation's goals to achieve Net Zero by 2030.
- In early November, the Chief Executive chaired the inaugural North East and Yorkshire Regional People Board, which would provide ongoing strategic leadership in the implementation of the People Plan across the region.
- The Chief Executive highlighted a number of virtual networking engagements, as well as a number of awards and achievements for Trust staff. This included the inclusion of Mr Geoff Moyle, Catering Manager, on the Queen's Birthday Honours lists as a Medallist of the British Empire.

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

iii) <u>Director Reports</u>

a. <u>Medical Director/Deputy CEO</u>

The Medical Director/Deputy Chief Executive presented the report with the following key items noted:

- An update on quality and patient safety was provided, in particular the work undertaken to expand the clinical interface with informatics and thematic investigations established. A group had been convened to ensure that the Trust's electronic patient record, along with the wider IT systems in place, sufficiently supported staff in delivering safe and effective care.
- The Medical Director/Deputy Chief Executive advised that he and the Executive Chief Nurse continued to undertake informal visits to wards and departments particularly impacted by the pandemic. Staff remained resilient despite the pressures experienced.
- COVID-19 rates had steadily increased in the region from the end of August, albeit more recently rates had stabilised. The Trust's Gold Command continued to meet three times per week to provide executive oversight and leadership of the Trust's response. Current bed occupancy was comparable with rates seen during the peak of the first wave of the pandemic. The Medical Director/Deputy Chief Executive noted caution regarding the proposed relaxation of restrictions likely to be in place during the Christmas period.
- The completion of a respiratory unit/intensive care unit (ICU) at the RVI was highlighted. The 16-bed facility had been specifically designed to allow for flexibility in supporting both COVID and non-COVID patients.
- An update on research was provided, noting that the Trust's restart rate (for studies paused during the first wave of COVID) was the best in the region and well above the national average.
- The Trust continued to participate in the Oxford Vaccine Study, with 698 participants, making the organisation one of the top three national recruiters.
- Regarding transplantation, the Trust's response to the first wave of the pandemic was widely praised by both NHS England (NHSE) and the NHS Blood and Transplant service for continuing to provide the service.

The Medical Director/Deputy Chief Executive advised that three documents were included in the Board Reference Pack (BRP) for information, being:

- Consultant Appointments;
- NHS Emergency Preparedness, Resilience and Response Annual Assurance Report; and
- Quarterly Guardian of Safe Working (GoSW) Report.

It was noted that the GoSW Report was now a standing item on the agenda of the People Committee and would continue to be received by the Board of Directors for information.

Referring to the creation of a 'long COVID' clinic within the Trust, the Chairman queried what percentage of patients admitted for COVID-19 were likely to be treated in this clinic. The Medical Director/Deputy Chief Executive advised that the team, led by Dr Graham Burns, Consultant Respiratory Physician, would follow up all patients that required admission on to the ICU and/or required ventilation or intubation. It was noted that the long-term impact of long COVID was still unknown.

Professor Burn highlighted the work undertaken by Dr Martin Duddy, Consultant Neurologist, in collaboration with NHSE, in updating advice and guidance to patients.

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

b. Executive Chief Nurse, including;

Regular Update Report

The Executive Chief Nurse presented the report, highlighting that a number of the Trust's nursing staff received medals at the Chief Nursing Officer Awards yesterday, including Suzanne Medows who retired yesterday after 44 years of service and would commence next week as a COVID-19 vaccinator. The following key points were noted:

- A comprehensive update regarding nursing and midwifery research was provided, with a focus on the development of Newcastle Hospitals as national and international centre for research.
- The Trust secured part funding from the Research Capability Funding Committee to develop the first Clinical Chair in Nursing, in partnership with Northumbria University.
- Research continued throughout the pandemic, where appropriate. A number of research nurses were redeployed.
- The #MakeSpace4Research initiative continued to gain pace and was adopted by ten organisations in the last year, with more anticipated in the next year.
- A summary of the quarter two Safeguarding Committee was provided. It was noted that an increase in activity in both adult and paediatric safeguarding had been observed following lockdown, with a further increase anticipated particularly in domestic violence, exploitation and neglect. This remained a high priority for the Trust and its civic partners.
- In Maternity Services, the Executive Chief Nurse advised that the Trust had introduced new initiatives to support women in raising concerns regarding domestic violence at appointments.
- Safeguarding training continued to be a priority, with the introduction of the Trust specific Safeguarding Adults Level 3 training. The delivery of virtual training had improved compliance overall.
- A summary of the quarter two Learning Disability position was provided. It was noted that the team continued to prioritise improving the experience of patients with a learning disability by providing advice, negotiating reasonable adjustments and liaising with partner professional and care agencies.
- A summary of Patient Experience was provided, noting in particular the Trust's current position in relation to visiting. It was highlighting that the Trust's visiting policies were reviewed weekly at Gold Command following input from the Medical Director/Deputy Chief Executive and the Director for Infection Prevention and Control. Newcastle Hospitals remained committed to allowing visiting where safe to do so; however the Trust continued to be responsive to staff concerns and worked with wards to ensure that visiting could be carried out safely.

In reference to the Academic Health Science Centre, Professor D Burn noted that there was NMAHP representation on all Committees.

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

Nursing & Midwifery Staffing Bi-Annual Update Report

The Executive Chief Nurse introduced Mr Ian Joy, Associate Director of Nursing and the Trust's lead for nursing and midwifery staffing. Mr Joy was commended for receiving a Silver Medal at the Awards yesterday for his role regarding workforce.

The following key points were noted:

- An update on the progress made following the 2019/20 review was detailed, noting:
  - Wards 34 and 35 at the Freeman were highlighted as requiring additional baseline staffing resource to increase registered nurses on night shift. Acuity and dependency metrics were updated; however, investment was likely to be required. In the interim, this was being managed safely at a local level.
  - Ward 8 at the Freeman was identified as requiring additional investment due to the change in the regional vascular pathway, which had impacted patient acuity. In response, existing resource from the regional pathway change had been identified and a request to utilise this to increase nursing resource was in progress.
- The Executive Chief Nurse advised that an external review of the Maternity workforce was completed utilising the Birthrate Plus methodology. The final report was currently awaited following validation. Use of the Birthrate Plus Acuity Application enabled robust management of daily staffing to demonstrate compliance against the Maternity Incentive Scheme.
- The key maternity workforce priorities for 2020/21 were outlined.
- As part of the 2019/20 nurse staffing review, all areas had a skill mix agreed in conjunction with senior nursing staff. This would continue to be reviewed annually.
- An update on vacancies and turnover in nurse staffing was noted. The current total nursing workforce turnover appeared high at over 10%, however this had been artificially inflated due to a large number of nursing and midwifery students joining the workforce in response to COVID-19 and did not represent core staff turnover.
- The Band 5 Registered Nurse turnover rate was 3.5%, an extremely positive position for this workforce group. The Executive Chief Nurse noted that nursing recruitment continued to be excellent and paid tribute to the Director of HR and the Associate Director of Nursing for their work in this regard.
- Planned and actual staffing rates from April to October 2020 were highlighted, with no areas of concern identified.
- Spend against nursing budgets continued to be reviewed monthly to identify any areas of overspend and emerging trends, and to review use of bank and agency staff. Current spend was under budget, due in part to reduced capacity across the Trust.
- The impact of both COVID-19 and winter pressures were outlined in section 6 of the report, noting that staff were safely 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 were reduced to 4-bedded bays.
- 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 included

additional support for the emergency pathway, COVID-19 swabbing service and wards utilised for COVID-19 positive patients.

Professor McCourt advised that the Quality Committee remained updated on nursing and medical staffing levels, with good attendance noted at Committee meetings from Nursing teams and Associate Medical Directors.

Ms Baker referenced section 5.4 of the report regarding care hours per patient day and queried how this was measured and benchmarked. The Associate Director of Nursing explained the national model dashboard utilised, noting that the Trust position was slightly higher than the national average at nine care hours per patient day. It was noted that this was due in part to the higher percentage of critical care beds in the Trust, with the figure further inflated by the pandemic.

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

c. Director of Infection Prevention and Control

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

- The pandemic continued to require Infection Prevention and Control (IPC) resources to be dedicated to supporting all clinical areas in its management. The NHS England (NHSE) IPC Board Assurance Framework was regularly updated, with fortnightly reviews of the document continuing.
- Two different categories of COVID cases had been identified during wave 2, which mirrored the difference in epidemiology. Initially there were a number of COVID outbreaks amongst the city's student population, which resulted in a significantly lower level of hospital admissions. However, following further spread of COVID cases in the community, it became evident that as age increased, then a higher proportion of admissions resulted.
- The management of Healthcare Associated Infections (HCAI) COVID-19 cases within the Trust was described, including the classification based on the date of detection. All patients continued to be screened upon admission and reviews of all positive staff cases were undertaken. There were fewer HCAI COVID outbreaks within the Trust when compared to regional peers.
- There were no further MRSA bacteraemia cases observed within the Trust since April and a 25% reduction of MSSA cases had been observed since last year.
- To date, the prevalence of E.coli cases was 8% higher than in the previous year with 107 cases in comparison to 99. This was due in part to changes in the definition of such cases.
- The Trust continued to participate in Public Health England (PHE) surveillance of Surgical Site Infections (SSIs) for hip, knee and spinal surgery. Hip and knee SSIs were both below the national average and there were no SSI for spinal cases.
- The monitoring of sepsis was impacted during the first wave of the pandemic due to the need for the IPC team to focus on the Trust response to COVID-19.
- An electronic Sepsis alerting process within eRecord was piloted within a medical and surgical ward throughout March 2020 and subsequently rolled out Trust-wide in September 2020. The alerting process 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.

- November was the Trust's Antibiotic Awareness month. A Point Prevalence Audit would be undertaken.
- The Flu Vaccination Programme had been successful to date, having vaccinated over 12,000 Trust staff. The Trust was also planning to vaccinate high-risk patients where possible, in line with the Department for Health and Social Care's (DHSC) guidance.

The Chairman queried whether any guidance had been issued regarding the time required between receiving the flu vaccination and the COVID-19 vaccination to which the Director for Infection Prevention and Control advised that a seven-day gap should be allowed.

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

d. Director of Quality and Effectiveness including;

Quality Account Bi-Annual Review

The Director of Quality and Effectiveness presented the report, noting that the Quality Committee had reviewed performance against the 2020/21 Quality Account priorities at its recent meeting. It was noted that significant progress had been achieved despite the pressures of the pandemic.

Significant disruption because of COVID-19 affected the work associated with the Quality Account and in May 2020, NHSI made significant revisions to the Quality Account deadlines for 2019/20. This included a revised timeline for publication of 15 December 2020 and providers were not required to obtain assurance from their external auditor. It was anticipated that timeframes for publication of the Quality Account for 2020/21 would revert to those seen previously, therefore the Quality Account would be presented to Parliament in May 2021, having undergone external audit review, and would require publication by 30 June 2021.

The Director of Quality and Effectiveness provided an overview of the progress made against the priorities as outlined in the report. A number of IT developments had been made to aid the management of abnormal results and significant progress made regarding the creation of Newcastle Improvement, the Trust's Quality Improvement faculty, in conjunction with The Institute of Healthcare Improvement. It was noted that the creation of the faculty would accelerate capability and capacity for quality improvement work, which would have a positive impact on staff and patient care.

In accordance with due process, the Quality Account had been presented to key stakeholders including Healthwatch, the CGG and the Overview and Scrutiny Committee, with letters of commendation received.

It was resolved: to **receive** the report, **note** the progress to date and **endorse** the Quality Account priorities recommended for the financial year 2021/22.

Learning from Deaths

The Director of Quality and Effectiveness presented the report to provide assurance to the Board that processes for learning from patient deaths across the organisation were in line with best practice guidance. The following salient points were highlighted:

- All deaths within the Trust were reviewed, including those with potentially modifiable factors, with more than 60% being subject to a more in-depth (level 2) review.
- In the last 12 months, 1,813 patients died within Newcastle Hospitals, with 1,178 (circa 65%) patient deaths being subject to a level 2 mortality review. During quarter 2, none of the deaths reported were deemed to have been preventable.
- The crude mortality rate for Newcastle Hospitals was currently very low, less than 1%, and as such was the lowest in the region. In addition, the Trust was below the national average for both the Summary Hospital-level Mortality Indicator and the Hospital Standardised Mortality Ratio.
- Section 9 of the report detailed the outcomes of investigations linked to serious incidents. Between July and September 2020, there were a total of 24 serious incidents reported to Commissioners and of those, there were three patient deaths, which identified potentially modifiable factors and were subject to further investigation. One investigation was now complete, with the remaining two ongoing.
- The introduction of the Medical Examiner role was scheduled for January 2021.

It was resolved: to **receive** the report and **note** the actions taken.

Maternity CNST Report

The Director of Quality and Effectiveness presented the update for information, noting that the scheme had been paused during the first wave of the pandemic and subsequently restarted in October 2020. An extension to the deadlines for compliance were noted as a result of the pandemic.

The Director of Quality and Effectiveness advised that the Trust remained largely compliant with the nine Maternity Safety Actions outlined within the report, with plans in place to ensure full compliance by the middle of 2021.

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

20/81 PARTNERSHIPS

i) Collaborative Newcastle

The Assistant Chief Executive presented the collaboration agreement to be endorsed.

The agreement formalised the partnership working undertaken to date as part of Collaborative Newcastle, which had allowed the four key anchor organisations in Newcastle to 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

To date, Collaborative Newcastle had a number of successes, including halving the daily number of nursing home admissions and developing plans for family support partners. The collaboration worked very closely during the pandemic, particularly in co-designing the ICHNE. The facility, funded by the DHSC, would be key in creating jobs and bringing investment to the city and wider region.

This legal agreement would be the first of its kind in the country, to promote effective decision making, with transparent and robust governance across the partner institutions, and ensuring that public services continued to work well together for the betterment of the city's residents.

One of Collaborative Newcastle's particular areas of focus was to tackle the inequalities that affect services.

This agreement had been presented to all constituent boards of the partner organisations with a view to final confirmation being sought at the City Futures Board meeting in December. Once agreed, the Board would continue to be regularly apprised on its progress.

Mr Jowett commended the work undertaken and expressed his support for signing the agreement.

Mr Morgan queried whether the Trust would be exposed to any risk by signing up to the agreement to which the Assistant Chief Executive advised that extensive due diligence had been undertaken and the matter had been discussed in detail with Mr Jowett. Mr Jowett highlighted that he had previously queried why it was necessary to enter into a legally binding agreement, however recognised that there was a need to provide a mechanism for accountability and to ensure all parties were fully committed to delivering the required outcomes.

The Chief Executive added that a delivery programme would be developed and submitted to a future Board meeting for consideration. She further highlighted that the signing of the agreement would enable funding flows to be redirected to address system priorities.

Ms Baker echoed her support, noting that she would be meeting the Chief Operating Officer separately to discuss the role of the voluntary sector in providing a link to the city's communities.

The Board of Directors agreed that the Trust become a signatory to the Collaborative Newcastle Agreement.

It was resolved: to (i) **receive** the report and (ii) note the Board's **agreement** for the Trust to become a signatory to the Agreement.

20/82 PEOPLE

i) People Update

An update on the Trust's Flu Vaccination Programme was provided. The Executive Chief Nurse advised that as of Monday 23 November, the Trust had vaccinated 74% of its staff, equating to circa 12,400 staff. Tribute was paid to all staff involved in the roll out of the programme, with the Executive Chief Nurse noting the changes to the programme's application due to COVID-19. It was further noted that the Trust aspired to exceed the 80% target from last year and would be launching a flu app for staff during December 2020.

The Executive Chief Nurse advised that staff would be encouraged to take up the offer of the flu vaccination in advance of the roll out of the COVID vaccinations due to the requirement for sufficient time between the two vaccinations.

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

- In response to the launch of the national People Plan, the Trust developed a local People Plan, along with a supporting action plan, which included metrics to measure performance. Performance would be monitored by the Trust's People Committee.

[The Assistant Chief Executive left the meeting at 14:12pm]

- An update on workforce activity in relation to COVID was provided, including the ways in which the Trust currently tracked absence, the deployment of staff, staff engagement (through the meetings of the COVID Workforce Group) and an update on recruitment to the ICHNE. The Director of HR highlighted that over 25% of successful candidates for the Lab Support Worker role at the ICHNE had disclosed that they were of Black, Asian and Minority Ethnic (BAME) heritage and 7% had disclosed a disability.
- An update on the Flourish programme was provided, with the Director of HR noting that the Trust remained committed to taking care of its staff and providing support for their health and wellbeing. The Staff Health and Wellbeing strategy had been refreshed and aligned to the NHS Workforce Health and Wellbeing Framework.
- The Trust continued to be cognisant of the broad range of challenges faced by staff as a result of the pandemic and as such, developed and provided access to a number of financial support tools for staff. The 'Earnd' financial app was rolled out which allowed staff early access to their 'earned' pay.
- The 2020 NHS Staff Survey was launched on 1 October and would run to 30 November. To date, 48% of staff had responded which equated to over 7,000 staff.
- The Trust was shortlisted for the first Health Service Journal (HSJ) Race Equality Award in recognition for the work undertaken as part of the Workforce Race Equality Standard (WRES) 'Refocus to Achieve'.
- A number of events, including the second Disability conference, were scheduled to mark UK Disability History Month.
- The Trust, in collaboration with Newcastle City Council, developed an integrated Healthcare Support Worker apprenticeship, due to commence in March 2021.
- The reduced availability of training space and facilities because of the pandemic was highlighted as an area of challenge.

Referring to Appendix 1 of the report, the Director of HR requested Board endorsement in signing the Integrated Care System 'Collective Promise' to staff, patients and residents of BAME heritage. Board members agreed the request.

It was resolved: to (i) **receive** the report and (ii) **endorse** the signing of the ICS 'Collective Promise'.

20/83 PERFORMANCE

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

Quality

The Director of Quality and Effectiveness presented the Quality section of the report with the following key points to note:

- The report format had been amended to improve the presentation of the run charts and to reduce duplication of narrative with other reports.
- The number of harmful incidents per 1,000 bed days continued to be around or under the lower expected limit, which reflected a combination of both the increased accuracy in the grading of harm and an overall reduction in incidents resulting in harm.
- A gradual but sustained reduction in the average number of pressure ulcers had been observed since May 2019; however, an increase was reported in October 2020. Despite the increase, it remained within the normal levels of variation and was consistent with previous years where similar increases were observed.
- Regarding inpatient falls, a significant reduction was observed between February and September 2020, partly attributed to the reduced bed occupancy at the start of the pandemic. An increase was observed in October 2020, which again remained within the normal levels of variation and was consistent with an increase in acuity of patients.
- The rate of patient incidents per 1,000 bed days reported between August and October 2020 was shifting back towards pre COVID-19 pandemic levels.
- One Never Event was reported during October 2020, which related to a patient receiving a drug intravenously rather than orally as intended. The incident did not result in harm for the patient and a full investigation was underway.
- The Trust was in receipt of circa 39 new formal complaints per month, which was 16 fewer complaints per month than for the last full financial year.

The Executive Chief Nurse advised that the volume of complaints was starting to increase back to pre-COVID levels with further detail to be included in the next report.

Performance

The Chief Operating Officer presented the Performance section of the report with the following key points to note:

- In October, the 95% 4 hour Accident and Emergency (A&E) standard was not met as performance dropped to 88.7%. This was a 4.5% decrease from September 2020 and was 4.9% lower than October 2019. This was attributed in part to the impact of the COVID second wave, however non-COVID related activity continued to increase and challenges had arisen regarding bed availability (due to adherence to social distancing requirements and staff being contacted through the track and trace programme).

- Despite not meeting the 95% target, it was noted that the Trust remained above the national average, which fell by 2.9% to 84.4% in October 2020.
- An update on the Trust's Restart, Reset and Recovery programme was provided within the report following the suspension of non-urgent elective treatment in the first wave of the pandemic. It was noted that up to 80% of inpatient and 90% of outpatient activity had safely resumed. The increase in the Trust's waiting list, both in terms of volume and the number of patients waiting longer for treatment, was noted.
- A number of key measures to aid the Trust's recovery were highlighted, including the establishment of a new cataract surgical centre, a mobile MRI imaging unit and the chemotherapy day unit moving to 7 day working. These measures would in some cases increase activity to levels exceeding those pre-COVID.
- An increase in referrals had been observed as primary care activity had resumed referrals, particularly urgent and cancer referrals. The Trust's Referral to Treatment performance began to recover in August and in October, performance further improved to 68.8% against the 92% target. This was around 9% higher than the national average.
- Around three-quarters of diagnostic appointments were taking place in less than six weeks, with performance improving. In October, performance was 76.6% of the 99% standard.
- The Trust was currently meeting three of the eight cancer standards. Two areas of particular challenge were highlighted as being skin services and lower GI. Services were being impacted by the need to reduce capacity because of social distancing measures (skin services) and reduced consultant capacity (lower GI). Both areas remained under review.

People

The Director of HR presented the People section of the report, with the following salient points noted:

- Staff absence, included that related to COVID-19, continued to be monitored daily. A reduction in COVID-19 related absence, particularly in relation to self-isolation, had been observed to the end of October. There were 27 staff categorised as 'At Home, Awaiting Deployment' at the end of October 2020.
- An increase in the percentage of staff employed with a disability increased from 2.77% to 2.95% and the percentage of BAME staff increased from 8.57% to 9.19%. This demonstrated the Trust's commitment to improving diversity.

Professor McCourt advised of newspaper reports, which detailed clinicians fatigue during the pandemic and detailed their desire to leave their role in the NHS and queried whether this had been observed within the Trust. The Director of HR advised that the Trust continued to monitor turnover and to ensure that particular workforce vulnerabilities were sufficiently planned for. Nothing of significant concern had arisen, however the Director of HR acknowledged that staff were fatigued by the management of the pandemic and the restrictions brought about by the local lockdowns.

Professor McCourt further highlighted in particular those highly skilled staff such as those on the ICU who had a specific skill set. The Executive Chief Nurse advised that the Trust

proactively over recruited into critical care areas to ensure that activity and performance could be maintained and were not negatively impacted by staff turnover.

Finance

The Finance Director presented the Finance element of the report, noting:

- The income position to the end of October was received, which included all retrospective 'top up' income received between April and September, as well as the assumed income in month 7 to match programmes outside the block-funding envelope. This would include initiatives such as the Nightingale Hospital North East (NHNE) and ICHNE.
- All financial risk ratings, Provider Sustainability Funding and Use of Resources metrics remain suspended.
- To the end of October, the Trust incurred expenditure of £706.6m, and accrued income of £702.1m. This led to a deficit position of £4.5m, which was in line with the revised plan.
- To the end of October, the Trust had spent £23.7m in capital, which was £2.5m behind plan. This did not include costs relating to NHNE and ICHNE.

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

20/84 PIONEERS

i) Chief Information Officer – Annual Report

The Chief Information Officer presented the report, with the following salient points to note:

- Paperlite was implemented across the Trust during October 2019, funded through the Global Digital Exemplar initiative. This was a key development in improving safety and efficiency of clinical care. In the original project plan, March 2020 was scheduled for paperlite optimisation, however this was delayed due to the pandemic as IT resources were redirected to fulfil requests to establish initiatives such as virtual visiting and remote working arrangements.
- The Trust was leading on two of the three components of the Great North Care Record being the Health Information Exchange (HIE), which provided a near real time view of a patient's record for direct care, and the Patient Engagement Platform (PEP), which provided a regional approach to patient interaction. The HIE was the largest of its kind in the UK, covering 3.1m patients, and went live in March 2020. Plans were in place for all regional provider Trusts and Community Services to be sharing records by March 2021. Additional funding had been secured to allow expansion into social care.
- An update on Cyber Essentials Plus was provided, the 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 recommend all NHS organisations achieve Cyber Essentials Plus certification by June 2021. The Trust was on track to achieve this.
- The Data Security and Protection Toolkit was submitted in September 2020 with all standards met and new release of the Toolkit was currently awaited.

- A wired and wireless network upgrade was in progress and due to be completed by February 2021.
- The pandemic had escalated the use of video conferencing and messaging due to an increase in agile and remote working. Microsoft Teams was fully integrated across the organisation, with all video conferencing rooms to be fully equipped by the end of November.
- An update on IT involvement in the creation of the Collaborative Newcastle Command Centre, including the process for integrating data from the constituent organisations, was highlighted. This included further work to support staff in maximising the use of such data.

The Chief Information Officer also advised that the Trust had been awarded funding recently from the National Institute for Health Research Artificial Intelligence for poly pharmacy. The Trust would be responsible for creating a northern centre.

Professor D Burn commended the work undertaken thus far and expressed his gratitude to the IT team on the assistance provided in the Academic Health Science Centre bid.

Mr MacLeod queried the Trust's business continuity plans in the event of a cyber-attack to which the Chief Information Officer summarised the back up and monitoring arrangements in place. The risk of cyber-attacks was acknowledged, particularly in relation to ransomware and how the organisation quarantined devices. The Chief Information Officer added that he was part of a network of his counterparts who routinely provided informal notifications of any areas of concern.

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

ii) <u>Trust Strategy Update</u>

The Executive Director for Enterprise and Business Development presented the report, which included an update on progress against the Trust strategy, launched in October 2019. It was noted that the Trust Strategy was fully embedded in the day-to-day work of the Trust and as such, there were multiple reports to Trust Board and Board Committees, which demonstrated progress against specific objectives.

The inclusion of three supporting documents in the Board Reference Pack (BRP) were noted, being:

- Appendix 1: an 'at a glance' view of achievement against the Trust's strategic objects for 2024, which demonstrated that the Trust was on track to deliver in all areas.
- Appendix 2: provided a comprehensive view of the supporting strategies in place across the organisation with a detailed breakdown of the work underway to assist in the achievement of the Trust's strategic ambitions.
- Appendix 3: provided a detailed overview of the achievement against the 5 Ps of the Trust's strategy (being Patients, People, Partnerships, Pioneers and Performance) over the 2020/21 financial year.

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

iii) NIHR Local Clinical Research Network Update

Professor Caroline Wroe, Clinical Director for the National Institute for Health Research (NIHR) Local Clinical Research Network (LCRN) for the North East and North Cumbria (NENC), provided a presentation, noting that:

- Recruitment performance had improved during this financial year following a 35% decrease in 2019/20. The NENC LCRN moved from the lowest position to sixth in the country. The increase in performance was largely driven by activity within both mental health and 'District General Hospital' Trusts responding to urgent COVID-19 studies, as well as the non-NHS portfolio research.
- The research areas which reported an increase in activity were infection, mental health, health services research and trauma and emergency care. Declines in activity were observed within cancer, gastroenterology, cardiovascular and paediatrics. These areas of decline had been highlighted by research charities as areas of concern.
- At the start of the pandemic, one third of the research workforce were redeployed to the front line and pre-COVID research activity was suspended. An Urgent Public Health Studies approval process was introduced to set national priorities for research.
- The impact of the NIHR LCRN on the pandemic was outlined, noting that England was the only country in the world with a national research delivery network. The establishment of Urgent Public Health Studies was now four times faster than before the pandemic and recruitment on to such studies was both rapid and consistent.
- The example of the Recovery trial was highlighted, which was established on 17 March and recruited its first participant on 19 March. By 16 June, the team could confirm the benefits of Dexamethasone in treating COVID-19. This was subsequently published in The New England Journal of Medicine on 17 July.
- An update on the COVID-19 related Urgent Public Health trials was provided, which noted that the NENC LCRN had recruited 12,555 participants, with the RVI in the top five for number of studies open and the top ten for recruitment.
- Regarding vaccine trials, nine trials were currently open across the NENC, with over 1,500 participants recruited across four sites. Newcastle Hospitals was in the top five for number of vaccine studies and top ten for recruitment.
- Regarding the resumption of non-COVID-19 research, positive progress was reported across the region with 41% of trials open, however only 19% were actively recruiting.
- A number of highlights were noted, including the reliance and flexibility of the research workforce in response to the pandemic, the recognition of the value of research and the integration and engagement between the LCRN and its partner organisations. It was noted that the Great North Children's Hospital had been the first to recruit to a commercial cancer study.
- The current and ongoing risks to research were also noted, in particular staff fatigue and the competing priorities of urgent public health and other specialties. The need to maintain newly acquired research assets, such as newly engaged staff and vaccine wards, were highlighted.

The Medical Director/Deputy Chief Executive advised that the Trust had been utilising both Dexamethasone and Remdesivir in the management of COVID-19 patients since the start of the pandemic. This contributed to the Trust's low mortality rates.

The Chairman extended the gratitude of the Trust Board to Professor Wroe for the update.

[Professor Wroe left the meeting at 15:09pm]

20/85 GOVERNANCE

i) Update from Committee Chairs

The report was received, which detailed the main points to note from the committee meetings that had taken place since the last meeting of the Board of Directors being the:

- People Committee on 20 October;
- Audit Committee on 27 October;
- Quality Committee on 20 November; and
- Finance Committee on 25 November.

In addition to the report, the following key points were noted:

- Mr Jowett, Chair of the People Committee, highlighted the helpful session delivered by Dr Henrietta Dawson, Guardian of Safe Working, which described the work undertaken by the Trust's Junior Doctors during the pandemic, as well as the impact of COVID-19 on ways of working.
- Professor McCourt, Chair of the Quality Committee, detailed the robust discussion at the meeting facilitated by the Chairs of the Management Groups. The work being undertaken in Research and Development was noted in particular, as preparation was underway for a forthcoming inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA). Committee members expressed their gratitude to the Trust's domestic staff for their work undertaken during the pandemic.
- Mr Morgan, Chair of the Finance Committee, advised of the Committee's discussion in relation to the current and future financial regimes.

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

ii) Corporate Governance Update, including:

a. Chair Fit and Proper Persons Statement

The Trust Secretary presented the report and highlighted the salient points. Contained within the report were updates pertaining to the Council of Governors, Members and the meeting schedule for 2021.

The Board of Directors **approved** the change in name of the Charitable Funds Committee to the Charity Committee, as recommended in section 6 of the report.

The Trust Secretary also noted that the Annual Fit and Proper Persons processes had been undertaken as detailed in section 9 of the report. The Chairman's annual declaration confirming that the exercise had been completed satisfactorily was included in Appendix 2.

It was resolved: to (i) **receive** the report, (ii) **note** the approval of the name change from Charitable Funds Committee to the Charity Committee and (iii) **endorse** the Chair Fit and Proper Persons Statement.

iii) Date and Time of Next Meeting:

The next formal meeting of the Board of Directors was scheduled to take place on Thursday 28 January 2021 at 12:30pm via MS Teams.

The meeting closed at 15:14pm.

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Agenda Item A2

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board Meeting.						
Recommendation	The 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
	☒	☐	☐	☐	☐	☒	☐
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

A key task in December was to chair the appointments committee for the North East & North Cumbria (NENC) Integrated Care System (ICS) Chair. We were delighted to advise that Professor Sir Liam Donaldson was appointed to the post. Liam's father was Director of Public Health on Teesside when Liam was born and, no doubt, inspired his son's career as an international expert in the field. Liam was, among other roles, NHS Regional Manager in the North East, UK Chief Medical Officer and latterly Chancellor of Newcastle University. His passion for reducing health inequality is undimmed and I am convinced he will be highly effective in developing the ICS in our region.

In addition to working closely with the fellow chairs in our Integrated Care Partnership, I have attended a Chair and Chief Executive meeting alongside Dame Jackie, a Regional Foundation Trust Chairs Meeting and also took part in a NHS Providers Chair and Chief Executive Virtual Network Meeting.

I attended another of our 'Spotlight on Services' with a virtual visit to our cancer services team attended by six of our Non-Executive Directors (NEDs) and presented by Matron David McClinton and Directorate Manager Phil Powell. Their team is 450 strong and has its primary base at the Freeman Hospital but also supports walk in treatment centres in Cramlington, Benton and Chapel House. We were updated on the development of the Cancer Centre in Carlisle serving the people of North Cumbria. Once on line, the combined service will become second only to the Royal Marsden / Institute of Cancer Research, in terms of scale, across the UK. This expansion and the growing burden of cancer in the population brings many challenges including chemotherapy capacity, recruitment of oncologists and physical space. Newcastle is now third largest of the seven centres delivering CAR-T therapy, an expensive but highly effective method of "training" the person's own T cells to destroy cancers. One essential requirement is that recipients stay close to the hospital for a long period in case of sudden collapse requiring intensive therapy support. This is only one example of the need for enhanced accommodation on or near the hospital sites.

Patient accommodation is one of the issues being addressed by the recently created Research & Innovation Infrastructure Projects Group (RIIPG) which I co-chair with Angela Dragone, Finance Director, tasked with maintaining focus and helping to carry forward large scale developments to help sustain our world-leading position in discovery and service development. The complexity of these projects can lead to them being held back by urgent pressures, a problem shown in stark relief by the current pandemic.

On 10 December we held our virtual Council of Governors Meeting which was well attended by Governors. Teri Bayliss our Charity Director attended and gave a presentation on the Charity Strategy. Given the pressure on funding at national level, our efforts to raise funds to support our work has never been more important. James Dixon, Head of Sustainability & Compliance, attended to give an update on our Climate Change programme, another area where "the important" must not be overshadowed by "the urgent".

I was delighted to see the launch of the COVID-19 vaccination programme and impressed by the speed with which our staff have rolled this out to the most vulnerable, using the Centre for Life, and to our own staff in the hospital. I am proud to say our granddaughters and their dad captured the world's attention singing HaveTheNewJab to Leonard Cohen's classic Hallelujah sound track. At the time of writing they have ¾ million views on YouTube. https://m.youtube.com/watch?v=ZnbOKH9Oe9s

We must all play our part in recognising the importance, and supporting the use of, approved vaccinations in controlling pandemics.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
20 January 2021

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Agenda item A3

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
Title	Digital People Stories						
Report of	Ms Maurya Cushlow, Executive Chief Nurse						
Prepared by	Mrs Tracy Scott, Head of Patient Experience						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☒	☐	☐				
Summary	Patient/staff stories have been included in the Trust Board agenda since 2017. To date, this has been in the form of the person attending the Board Meeting to tell their story or via a written case study. A member of the Patient Experience Team has recently undertaken training in the recording, editing and use of Digital People Stories. These short (2-3 minute) digital clips are designed to be used as part of meetings and training events. By recording and storing the People Story, the Trust can develop a range of appropriate stories to cover all aspects of patient care and the patient journey. The stories can be used numerous times (with appropriate consent) and can be made available on the Trust intranet or internet as agreed. Volunteer - Norah from League of Friends would like to share her recently produced People Story.						
Recommendation	To approve the development of a bank of digital people stories to be used as part of Trust Board meetings, training events and conferences.						
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.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☒	☒	☐
Impact detail	Involving and engaging with patients and relatives will help ensure we deliver the best possible health outcomes for our patients.						
Reports previously considered by	This patient/staff story is a recurrent report. This report outlines a new way to record and use People Stories.						

DIGITIAL PEOPLE STORIES

1. BACKGROUND

At the February 2017 Trust Board meeting it was agreed to include a regular patient story to illustrate the impact of the Trusts' care and treatment on individuals. Since that time, the Board has received stories from patients and staff regarding a range of subjects related to their experience in the Trust.

Attendance at the Board meeting means that the story is told once only and the individual has to attend the meeting in person, which is normally well received. However this can sometimes be a stressful or difficult experience.

A member of the Patient Experience Team has recently undertaken a training course on the use and making of Digital People Stories. This training was delivered by Swansea Bay University Health Board and accredited by the University of South Wales. Swansea Bay Health Board have a well-established process for the use of digital stories and were shortlisted for their work in the 2020 Patient Experience Network National (PENNA) Awards.

This paper proposes that the Patient Experience Team will lead the collation and use of Digital People Stories within the Trust. This will involve the development a bank of digital stories on a range of subjects to be used in meetings, training sessions and conferences etc. (with the appropriate consent of the storyteller).

2. DIGITAL PEOPLE STORIES

Digital stories are a method in which a voice recording is put together with images to create a short video. The digital story format has three basic principles:

- It is told in first person;
- It is always short – ideally around 2-3 minutes; and
- The storyteller is the director of their story.

Recording a story provides the opportunity to understand the experience of care – what was good, what was bad and what could be done to improve the experience. As such, the digital story can be used to give a patient or staff perspective about the issues discussed. It should be noted that each story only represents that individual's experience and should not be used to generalise about a service or treatment. It can however, give a powerful insight on how it feels to be a patient or staff member in that particular instance.

An example of a digital people story can be viewed on request. Please note that this example was produced during the training course as part of the assessment process and the editing techniques used will be improved with further use.

2.1 Identifying people to tell their story

A patient, carer or member of staff may express a wish to share their story so that others hear about it and learn from it. Alternatively a staff member may feel that a patient or carer that they are in contact with has a story to tell, for example a person making a complaint may get some resolution knowing that their story is being listened to and used to make improvements.

On identification of a person who has a story to tell, the Patient Experience Team will contact them to explain the purpose and process of making a digital story. The person will be given verbal and written information and be asked to sign a consent form detailing that they agree for their story to be used and permission to use any images.

The process of making the digital story will take around three hours per story although the storyteller should only be asked to record their story once or twice. The remainder of the time will be used to edit the audio track, image collation and video making. Careful consideration needs to be given to the environment in which the story is recorded so that the audio is clear and of good quality.

The storyteller will give approval of the draft digital story before it is finalised for use. All digital stories will be stored securely on the Patient Experience Team network. Stories will be catalogued by care setting and subject so that they can be identified for use when needed.

3. RECOMMENDATION

The Patient Experience Team request for Trust Board to approve the use of the digital story for the next four Trust Board meetings, following which an evaluation will be undertaken to measure impact.

The Trust Board are asked to listen and reflect on League of Friends volunteer - Norah's recent experience during the challenges of COVID-19.

Report of Ms Maurya Cushlow
Executive Chief Nurse
28 January 2021

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Agenda item A4

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	This report sets out the key points and activities from the Chief Executive. They include: • 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
	☒	☐	☒	☒	☐	☐	☐
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

Moving into 2021 we continue to experience significant pressures from the third wave of the Covid-19 pandemic. Whilst we saw a sustained reduction in the numbers of Covid-19 patients through December, at present we are treating a number of patients equivalent to our peak figures in April and November 2020. We are also caring for increased numbers of non-Covid patients, particularly those requiring urgent and emergency care, as part of the pressures we would normally experience over the winter period.

As a result of rising infection rates across the country driven by a new variant of the coronavirus, the Prime Minister announced that England would return to national restrictions until at least the middle of February. At the time of writing, this action appears to have started to have an impact with increases in infection rates slowing.

The end of January 2021 will mark twelve months since we admitted the first UK confirmed cases of Covid-19 in the UK. This milestone gives us the opportunity to reflect on the huge impact that the pandemic has had on all our patients, local population and staff. Our Medical Director, Chief Nurse and other clinical leaders are working very hard to ensure that we take into account the needs of all of our patients and that we maintain high quality and safe care, as we have done throughout the pandemic. Our teams continue to bring an outstanding level of expertise to everything that they do, across all aspects of patient care and the non-clinical activities. I would like to thank every member of our team for the immense efforts that they are contributing.

Looking ahead, there are some areas of much needed hope. Among these is the Covid-19 vaccination programme, where our programme team and vaccinators have made a very positive start to a programme that will be with us through much of 2021. Elsewhere I am also looking forward to the continuing development and early outputs of Newcastle Improvement, our quality improvement programme, where the Institute of Health Improvement facilitated a session at our Trust Management Group in early December 2020.

The New Year provides an opportunity to look ahead as well as reflect on the preceding 12 months. Whilst we all will be hoping that 2021 has more positive news than 2020, regardless of external events everyone in Newcastle Hospitals will be focussing on continuing to provide and support outstanding care for our patients, and driving our organisation's continuing development.

Operational activity and Covid-19 response

Operational position and coordination

As mentioned above, since the end of December 2020 we have experienced an increase in the number of Covid patients we are caring for, with numbers similar to those experienced during our first and second wave peaks. Our staff absence rates also increased in late December to early January, although have now stabilised.

We continue to work and respond closely with our colleagues in our Integrated Care System (ICS), and NHS regional team to coordinate patient care. In line with different rates of community transmission, some parts of the region have experienced greater Covid pressures than others and specific operational challenges as a result. In order to relieve these pressures Newcastle Hospitals has offered support where possible. In addition, and in line with the ongoing Level 4 national incident command, we have also received a small number of patients from outside the region.

To support the NHS response at a regional level, I have chaired regular meetings of provider CEOs to ensure that any necessary actions and areas of support to organisations are delivered. These tie closely to discussions between Chief Operating Officers, Nursing and Medical Directors from provider organisations across the region.

Alongside this close NHS engagement, I have joined colleagues from Newcastle City Council amongst others at the City Futures Board meetings in December and January. The focus of these meetings remains 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 are a key element of this response, and outside of the City Futures Board, through the Collaborative Newcastle architecture, we are ensuring that all necessary actions to protect patients, staff and the wider public are being taken.

Pressures from increased numbers of Covid-19 patients are continuing to have an impact on our non-Covid activity. This activity has also increased as we would expect during the winter months. As has been the case throughout the pandemic thanks to the efforts of our clinical and operational teams, we are still performing well across the ambitions set out nationally. Specifically, our figures for December show that we are providing a level of activity compared to our pre-Covid average of between 70% and 80% for inpatient spells and over 100% for outpatient attendances – although for outpatient procedures the number is around 65%. Levels of referrals for care in Newcastle Hospitals have remained close to their pre-Covid levels.

With the increase in surge capacity for Covid care, we have had to take the very difficult decision to postpone some elective procedures. We recognise that each of these postponements has an impact on an individual and their family, and we aim to ensure that these appointments and procedures can be reinstated as early as is safely possible.

The numbers of patients who are waiting longer for treatment remains higher than we would like and this is an issue challenging organisations right across the NHS. Our teams are working through the implications for each patient to ensure that wherever possible those with increasingly urgent requirements are supported. We continue to take every action within our power to tackle this.

Covid Vaccination

Since the November Public Board meeting, and following the regulatory approval of the Pfizer/BioNTech vaccine on 2 December 2020, the Covid vaccination programme has begun and become a significant area of activity. As reported to the previous Public Board meeting, Newcastle Hospitals is the lead Covid vaccine provider for the North East and North

Cumbria. As part of this role, we are responsible for the system vaccine operations centre, which brings together a multi-professional and multi-agency programme team to manage the vaccination programme. We are working closely with partners from across the ICS, including those in primary care. The principal focuses of this centre are to:

1. Provide the vaccine from within our hospital sites;
2. Establish and support partners to provide the vaccine from vaccination centres;
3. Coordinate with colleagues across health and care organisations to support multiple vaccination sites across the North East and North Cumbria; and
4. Link with national colleagues on the delivery of each.

Newcastle Hospitals were one of the first organisations in the world to provide Covid vaccines to patients in the Royal Victoria Infirmary on 8 December 2020. Since then, we have been following the guidance set out by the Joint Committee on Vaccinations and Immunisations (JCVI)[1] for prioritising the vaccinations for care home residents and staff, people aged over 80, frontline NHS staff, people over 70 years of age, and clinically extremely vulnerable individuals. These individuals make up the first four cohorts of the JCVI's prioritisation, and the national ambition is to provide the vaccine to all these individuals by 15 February 2021.

Meeting the national ambitions requires the North East and North Cumbria to administer 12,000 vaccines per day, which we are currently on track to meet. This requires the multi-faceted approach to vaccine locations and sites outlined above. A particular focus for the coming weeks will be on identifying and opening large vaccination centres. The North East and North Cumbria's first large vaccination centre – one of the first in the UK – opened on 11 January 2021 at the Centre for Life in Newcastle.

The Covid-19 vaccines are a much needed source of hope and positivity. I am proud of how our teams have come together and supported colleagues regionally in this national effort. I would like to thank all involved for their efforts in operationalising this programme in unprecedented circumstances.

Integrated Covid Hub North East (ICHNE)

Our ongoing development of the Integrated Covid Hub North East is reaching a critical phase. Progress has been positive across the three strands of the hub – the lighthouse lab, coordination and response centre, and innovation lab – who combined will test, protect and innovate towards boosting our collective response to the pandemic. Specifically:

- The Coordination and Response Centre (CRC): This opened in November, and is supporting the project management of community projects including lateral flow testing and care home support across the region. To complement this, the centre's analytics programme will commence in the next few weeks. The centre has been asked by NHS Test and Trace to pilot a localised track and trace service covering a number of North East Local Authorities.

[1] https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020

- Innovation Lab: This formally opened on 4 January, and since then the newly appointed team have been forming links with industry partners across the country with the underlying aim of accelerating the development of next generation diagnostic tests.
- Lighthouse Lab: Construction was completed on time with the site formally handed over on Christmas Eve. Since then the lab has had testing equipment and machinery fitted with a view to going live in the coming weeks subject to the satisfactory approvals through the Trust Board.

Running throughout these three strands are the core aims of Collaborative Newcastle, to improve the health, wealth and wellbeing of our communities. The employment benefits that the project alone has created – over 1,000 new public sector jobs, and the focus of the CRC on targeting our community Covid response to those parts of our population who are heavily affected are of vital importance to our region.

Collaborative Newcastle

Following the sign off of the Collaborative Newcastle Agreement in the last Public Board meeting, all other partner organisations have now signed up to the Agreement at their respective Boards or governing bodies. As we made clear as we approved the Agreement, the far-reaching potential and opportunities that Collaborative Newcastle has will lead to improved health, wealth and wellbeing outcomes for the people of our city.

The Joint Executive Group met on 8 January 2021 to discuss the priority areas of focus for priming the strategic outcomes and specific deliverables for Quarter 4 (Q4) 2020/21, and into 2021/22 onwards. For health and care, we agreed the following priorities for 2021. All partners across Collaborative Newcastle look forward to continuing our joint work to set out and make specific changes where we can improve the health, wealth and wellbeing of the people of Newcastle.

North East and North Cumbria Provider Collaborative

The North East and North Cumbria Provider Collaborative, which I currently jointly chair with Lyn Simpson, Chief Executive of North Cumbria Integrated Care NHS Foundation Trust, has continued its development to set its agenda for Q4 2020/21 and into 2021/22. There have been regular meetings at least every month since September, as well as sessions to discuss provider views, concerns and priorities in response to particular issues.

Our sessions have focussed on a mix of operational and strategic issues – including the ongoing response to the pandemic, options for capital prioritisation, how some diagnostic services are managed in a clinical network, as well as reacting to the NHS England and NHS Improvement 'Integrating Care' publication[2].

This publication, issued on 24 November 2020, signalled the next steps for building strong and effective integrated care systems across the English NHS, and specifically set out how provider organisations are being asked to step forward in formal collaborative arrangements

[2] https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf

that allow them to operate at scale. Alongside this, there are clear signals around strong partnerships in local places, developing strategic commissioning through systems with a focus on population health outcomes, and the legislative options that are likely to take effect from April 2022 to underpin them. The publication will have significant implications both for Newcastle Hospitals, our partner organisations across health and care, and the North East and North Cumbria ICS. Whilst we are well placed across the next steps signalled in 'Integrating Care', the Executive Team and Trust Board will need to carefully consider our response to the publication.

As part of the ongoing development of the Provider Collaborative following the 'Integrating Care' publication, we have had good engagement with national and regional colleagues to outline the specific next steps our Collaborative needs to take and focus on over the coming year. Myself and my CEO colleagues across North East and North Cumbria providers are clear about the significant opportunity that the Provider Collaborative has in contributing to, setting and leading on integrating care across our region to:

- Improve the health and wellbeing of the region, with particular focus on improving health inequalities; and
- Optimise the delivery, quality and efficiency of local health and care services provided by NHS and other organisations for the region.

These aims will focus our ongoing development of the Collaborative and its work-plan for the coming months.

Regional People Board

On 5 January 2021, I chaired the North East and Yorkshire Regional People Board. As I set out in my update to the 26 November 2020 Public Board meeting, the Board provides strategic leadership to ensure the implementation of the People Plan and the workforce plans of the four ICSs across the region. It is looking 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 North East and Yorkshire region.

In the meeting, as well as assuring ourselves on the actions ongoing in each ICS to respond and implement the actions set out in the national People Plan for the NHS, we had two strategic discussions. Firstly, the Board received an in depth analysis of the changing size and shape of the population in the North East and Yorkshire, to identify the likely workforce challenges and opportunities that will exist up to 2040. Secondly, alongside colleagues from Academic Health Science Networks and the NHS Confederation, the Board discussed what contribution NHS organisations can, should, and already are making to improve population health through employment and education. There were close links here to the work Newcastle Hospitals are doing with our civic partners in the universities and Newcastle City Council.

As part of my role in chairing the regional board, I have also been invited to join the National People Board, chaired by Prerana Issar, NHS Improvement Chief People Officer, and Navina Evans, Health Education England Chief Executive, in order to shape the national agenda.

NHS Genomic Medicine Services Alliances

In December 2020, Newcastle Hospitals alongside colleagues from Leeds and Sheffield, were pleased to be confirmed as the lead organisations for one of the seven NHS Genomic Medicine Service Alliances. In the alliance covering the North East and Yorkshire we will work across our wider region to bring together the multi-disciplinary leadership in this exciting area and support strong collaboration across the region and between the range of organisations, networks and bodies that are relevant. This will include Genomic Laboratory Hubs, Primary Care Networks, the Northern Cancer Alliance, colleagues in research and academia in our universities, patients and the public.

We look forward to providing clinical leadership alongside our partners to build trust and work to enable all staff across our local NHS to use genomics safely, effectively and efficiently. We are proud to be a part of a national effort to enable our NHS to become the first health service in the world to systematically embed genomics into routine care. In turn, this will help us make significant strides to create a system focused on improving health, not just treating illness, able to more accurately predict disease, and better tailor treatments to individuals. I am grateful for the staff in our team, led by Michael Wright, Consultant Clinical Geneticist, and Victoria McFarland-Reid, Director for Enterprise and Business Development, who have led on our engagement in this space.

NHS Charities Together "Covid-19 Appeal"

Since early 2020, members of the public and UK businesses have donated funds totalling more than £140m to NHS Charities Together (NHSCT) for their 'Covid-19 Appeal'. This has been in support and appreciation of the efforts of NHS staff, and to help hospitals through the pandemic.

NHSCT is a membership association for over 250 NHS Charities throughout the UK, and Newcastle Hospitals Charity is a long standing member. To date, Newcastle Hospitals Charity has received £581,000 of Covid-19 Appeal funds, through a combination of automatically allocated grants (£140,000) and grants that have been applied for (£441,000). The grants received to date have supported a wide range of initiatives aimed at supporting our staff, patients, and local community through the pandemic. Funded projects include the addition of a fruit and vegetable stall at the Freeman Hospital; a joint leadership programme for our BAME and Disability networks; the installation of the much appreciated festive illuminations and a range of recovery initiatives to take place throughout 2021.

Our Charity is also working closely with the network of NHS charities throughout the North East and North Cumbria to support a NHS Charities Together Community Partnership grant programme which aims to support the recovery of disproportionally affected communities through partnership activity with the Voluntary, Community and Social Enterprise Sector (VCSE). The Community Foundation network and the ICS Public Health and Prevention Board are assessing proposals for this grant programme, which has a total value of £1.4 million and will be awarded in April 2021.

2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing or using virtual meetings, 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 26 November Public Board meeting I have met with staff from the Coordination and Response Centre (CRC) within the Integrated Covid Hub North East (ICHNE), key staff from our research team, and our Freedom to Speak Up Guardians network.

Through November and early December I also held a series of meetings with consultants, where over 250 colleagues joined in total. As leaders across the organisation and within their clinical teams, they highlighted how hard everyone across our multidisciplinary teams is working, and where teams are collaborating in new ways. We also discussed some opportunities in areas where we need to continue to develop. These meetings and check-ins continue to be vital to hear first-hand from colleagues working across our organisation and understand from their perspective.

Alongside colleagues from the University sector, and Lord Victor Adebowale, Member of the House of Lords, I joined the Civic Universities Network to discuss the relationship between universities and the NHS, and the huge opportunities these organisations have in contributing to their local society and economy. Within Newcastle this relationship and agenda is well developed, with very close links between the civic partners – Newcastle University, Northumbria University, Newcastle City Council and ourselves – and a shared ambition and set of workstreams to improve the health, wealth and wellbeing of our local population. The event on 30 November was an opportunity to discuss our progress, some of the lessons we have learned, and share these with colleagues from across the country.

Linking to another area of our strategic agenda, on 14 December I joined a roundtable with other NHS leaders with Lord Bethel and colleagues from the NHS^{X} Centre for Improving Data Collaboration. In the session we had a number of wide ranging discussions about how we can expand and improve our data-driven innovation in the NHS. We discussed our collective ambitions in this space – specifically linking to the Great North Care Record, and the work ongoing in the Newcastle Health Innovation Partners Academic Health Science Centre.

I was also pleased to take part in two recent podcasts – The Health Foundation podcast, and the Compassionate Leadership podcast. The Health Foundation podcast was hosted by Jennifer Dixon, Chief Executive, and alongside Nick Timmins, Senior Fellow, The Kings Fund, we had a wide ranging discussion about the future policy and reform direction for the NHS. This included how Newcastle Hospitals is acting as the anchor and lead specialist acute trust for Newcastle and the wider North East to collaborate and partner with organisations across health and care to improve health, wealth and wellbeing. The Compassionate Leadership podcast is hosted by Chris Whitehead who has written extensively about how leaders can create places of belonging and motivate and mobilise staff in a positive environment. My thanks to both for inviting me to join these podcasts.

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

- With the shadow Secretary of State for Health and Social Care – to discuss the ongoing response to Covid, preparations for winter pressures, and the initial stages of the vaccine rollout.
- With all Shelford Group CEOs, an extended session to talk through the issues that we are facing as large specialist teaching trusts. We discussed the pressures facing us in terms of treating patients both with and without Covid-19, our emerging reaction and views on the proposed future direction of travel following the NHS England and NHS Improvement 'Integrating Care' publication and our work as providers with a key role in supporting the distribution and administering of a Covid Vaccine.

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 cam support and inform national policy.

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 regional and national level.

- Darren Vernon, one of our specialist stoma nurses has won the Jennifer Cole Award as part of his university studies – it recognises hard work and dedication to cancer and palliative care modules.

- Consultant in respiratory medicine, Dr Bernard Higgins, received the 2020 British Thoracic Society medal in recognition of his support to the Society in a number of key roles, including past Chair of the Executive Committee, and his contribution to respiratory medicine in the UK and internationally – in particular his leadership and commitment to national asthma guidelines.

- Our pharmacy team were awarded the Telehealth Award, at this year's Health Business Awards. Our pharmacists were the first in the UK to use an electronic prescription service.

- Mr Maniram Ragbir was named Trainer of the Year 2020 by PLASTA (Plastic Surgery Trainees Association).

- A team of our surgeons were the first in the world to pilot a new robotic surgery telementoring system, enabling them to work more collaboratively and support each other, particularly during more complex cases, without the need to travel - an important development with travel restricted due to the Covid-19 pandemic. Consultant colorectal surgeon Peter Coyne piloted the system while performing an anterior resection on a patient with bowel cancer.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
21 January 2021

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
Title	Medical Director's Report						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
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
	☒	☐	☐	☐	☐	☐	☐
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

Quality and patient safety has remained the top priority in these challenging times. The team has been working at full stretch throughout the pandemic to ensure that all aspects of this remain in full sight.

- Ockenden Report – this will be discussed under agenda item A5(ii)a but is an absolute priority.
- Awareness of potential impact on quality of care if skill mix and/or staff numbers diluted significantly beyond normal levels due to sickness or increased demand. Mitigations are in place for such eventualities.
- Newcastle Improvement – the first learning and sharing event took place two weeks ago with over 100 participants from widespread disciplines including clinical, managerial, HR, pharmacy, service improvement, risk and others. Superb examples of improvement projects were presented including enhanced recovery in HPB and colorectal, and quality of laboratory requests. As well as demonstrating impressive quality improvement including improved patient experience, increased efficiency and reduced length of stay, both projects showed an impressive return on investment. The enthusiasm at the meeting was palpable with enormous positivity.
- The Newcastle Improvement consultant team commenced on 1 January 2021.
- The Medical Examiner process has commenced, based at the Freeman Hospital.
- Healthcare Safety Investigation Branch (HSIB) specialist Serious Incident (SI) training commenced this week to a group of 16 Directorate Quality and Safety Leads.

2. CANCER

Cancer surgery throughput continues with a regular review of cases and senior clinical prioritisation. Appropriate modifications to patient management have occurred, including hormone therapy for early breast and endometrial cancer, and prostate cancer patients. Radiotherapy is offered as an alternative radical treatment, where appropriate, for head and neck, lung, upper GI, bladder and prostate tumours. We are ensuring that the impact of COVID19 on cancer patient outcomes will be minimal. All treatment modifications are agreed by the tumour specific Multidisciplinary Teams (MDT's), with data appropriately recorded in order to be able to assess any subsequent impact of COVID-19.

Overall Cancer Waiting Time (CWT) referrals for December are approximately 5% below that of December 2019 with head and neck and Lung CWT referrals remaining 10-15% below pre COVID rate.

December Performance (not fully validated)

- Faster Diagnosis Standard (28 days) currently 75.3%(75%) - improvement is a result of the additional dermatology clinics and the start of the tele-dermatology service.
- 14 day 48.5%, this is an improvement on November 43.0% and I am confident that it will improve because of the tele dermatology service as skin CWT referrals make up the greatest number of referrals.
- 31 day subsequent treatment (Drugs) 93.1%.
- 31 day subsequent treatment (Surgery) 93.4%.
- 31 day subsequent treatment (Radiotherapy) 99.9%.

Newcastle Hospitals (NuTH) is the lead Trust for the North Northern Cancer Alliance (NCA) Surgical Hub, which has been operational since March 2020. January 2021 is the first time that surgical cancer patients have been allocated theatre slots with a different trust. So far, NuTH and Northumbria Healthcare NHS Foundation Trust have accepted colorectal and gynaecology cases from Cumbria, and NuTH has also accepted head and neck, thyroid and urology cases. Other Trusts have not been in a position to provide any support. The Cancer Leads remain in daily contact.

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

At the time of writing, prospective modelling is being carried out to assess the implications of further surging Intensive Care Unit (ICU) capacity in line with national and regional demands, whilst maintaining P1 and P2 surgical cases and supraspecialist referrals. A verbal update will be presented to the Board as the situation remains very fluid and unpredictable.

To date the following should be noted:

- Slow increase in admissions continues with increased pressure on ICU's from regional and national referrals in addition to NuTH. ICU beds have been surged in a stepwise fashion with redeployment of theatre nurses as required.
- Community prevalence declining at time of writing.
- Healthcare Associated Infections (HCAI) 2% compared to 9% nationally.
- Regular contact continues between Regional Medical Directors (MD) and Shelford Medical Directors. Weekly Shelford MD meetings with Professor Steve Powis, MD of NHS England (NHSE).

4. RESEARCH

- 19 active COVID studies including circa 3500 patients.
- Invitation to participate in a head to head comparison study of Pfizer and Astra Zeneca vaccines – this is testament to the performance of the team as few sites have been invited.
- Approached about a study looking at a completely novel approach to COVID treatment in the form of gamma Delta T Cell therapy.

- Increased recruitment to SIREN – vaccine follow up trial.
- Head of national 'leader board' with non-COVID studies – recruited 800 more participants between April 2020 and December 2020 than over the same period the previous year.
- No suspension of research has taken place during the 2nd and 3rd waves.

5. PARTNERSHIPS

There has been significant collaborating with other Integrated Care System (ICS) Trusts, by way of regular communications at Executive level. NuTH have received patient transfers to ICU to assist decompression of other units both regionally and nationally. Loan of ventilators has also taken place. There are regular Medical Directors meetings, and constant Whats App communication to maintain a feel of regional pressures.

6. TEACHING AND TRAINING

This is the 13th year that doctors in postgraduate training across the UK have been surveyed to find out what they think about the quality of their training. The current report presented an analysis of the 2020 General Medical Council (GMC) national training survey in relation to the Newcastle upon Tyne Hospitals NHS Foundation Trust. The national response rate was 47% for trainees and 21% for trainers, which was thought to be lower than the usual rate of just below 100% due to the lack of mandatory requirement and the unusual circumstances. The summary report is included in the Board Reference Pack.

This year, there was an increased emphasis on how doctors were affected by the pandemic. The survey was postponed to July, and the doctors were asked about their experiences during the peak of the pandemic in March. New questions were added to understand the effect of the pandemic on training, wellbeing and support alongside usual questions about workload, burnout and patient safety. Results are usually analysed by "indicators" which are made up of several questions.

NuTH ranked top of all 10 Trusts in the Shelford Group. It was a positive outlier (green) for 34 out of the 38 possible questions. To receive 34/38 positive outliers is exceptional. We feel it is a marker of the understanding and support that had been given to the trainees at the height of the pandemic.

In comparison to 11 other Trusts in the North East, NuTH ranked 2nd. This is a significant improvement on previous years, with the caveat that this year's survey is different. The highest-ranking questions were for patient's safety concerns, adequate staffing, quality of clinical supervision, not being asked to manage beyond their competence, communication of information relating to the pandemic, been treated fairly, being listened to and intensity of workload. Many of these questions rated highly because we redeployed doctors to areas of most need, ensured that they were well supervised, and kept them informed, both with regular emails, and within departments.

7. TRANSPLANTATION

Newcastle remains one of two liver transplantation units open nationally at the time of writing so continues to collaborate on a case-to-case basis.

8. BOARD REFERENCE PACK DOCUMENTS

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

a) Consultant Appointments;
b) Honorary consultant Appointments; and
c) GMC Training Survey 2020: Summary of Key Findings.

9. RECOMMENDATION

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

A R Welch FRCS
Medical Director
20th January 2021

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Agenda item A5(ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	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: • Nursing and Midwifery Staffing; • Virtual Career Clinics; and • Patient Experience Summary – Quarter 2 2020/2021.						
Recommendation	The Board of Directors is asked to: i) Note and discuss the content of this report; and ii) Note the actions taken.						
Links to Strategic Objectives	• 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
	☒	☒	☒	☐	☒	☐	☐
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.

It has been a challenging and busy few months with the senior nursing team co-ordinating and leading the implementation of the Trust's Test and Trace programme, Lateral Flow Test programme and the staff vaccination programme. This is alongside significant work to ensure the wards, departments and services are safely staffed to cope with the increasing numbers and acuity of patients.

The staff vaccination programme continues to progress rapidly. After initially prioritising high risk staff, the programme has since been opened up to all staff. Vaccinations have been offered on the Freeman Hospital (FH) and Royal Victoria Infirmary (RVI) sites supported by Occupational Health and staff from clinical directorates. To date nearly 10,000 staff have received their first vaccination. Due to the change in guidance from the national team regarding the length of time between vaccinations, work is on-going to support staff to arrange their second vaccination dose. Our priority in phase 1 has been vaccinating front line clinical staff and over the course of February we will be focusing our efforts on other health and social care staff through our Trust sites and our 3rd centre which is opening at the old Cragside ward on the Campus for Ageing and Vitality (CAV) on 25th January.

In November 2020, I was extremely proud as Chief Nurse that England's Chief Nursing Officer, Ruth May awarded seven of our staff with her coveted Chief Nursing Officer medals. Six nurses received a Silver Medal which recognises major contributions to patient care and the nursing and midwifery profession.

Ruth, also awarded her highest possible accolade - the Gold Medal – to senior nurse, Suzanne Medows on the day she retired from Newcastle Hospitals following a much respected nursing career spanning over 40 years.

The Silver Medal winners were all commended for demonstrating outstanding levels of commitment, dedication and leadership.

- Ian Joy, Associate Director of Nursing;
- Dr Clare Abley, Nurse Consultant for vulnerable older adults;
- Peter Towns, Associate Director of Nursing;
- Sharon De Vera, staff nurse at the Freeman Hospital's cardiothoracic theatres;
- Hilary Earl, Matron and service lead for babies, children and young people up to the age of 19 years;
- Jackie Rees, Nurse Consultant leading on issues affecting the bladder and bowels.

I'd like to add my personal congratulations to them all.

In these challenging times it was a privilege to see our outstanding nursing staff recognised and celebrated in this way.

2. NURSE STAFFING

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

- In the last quarter no wards have required high level support or medium level support for two consecutive months hence there are no action plans highlighted.
- Below is an overview of the number wards reviewed and level of escalation for the last quarter.

Month	No. of Wards Reviewed	Directorate	Low Level Support	Medium Level Support	High Level Support	No support required
October	6	x1 Surgical Services x2 Musculoskeletal Services x3 Internal Medicine	4	0	0	2
November	10	x6 Internal Medicine x1 GNCH x1 Neurosciences x1 Cardiothoracic x1 EPOD	6	0	0	2
December	8	x2 NCCC x1 EPOD x1 Neurosciences x3 Internal Medicine x1 Surgical Services	8	0	0	0

- From a staffing and outcomes perspective there are recurrent themes from the reviews. These include an impact on safe staffing levels from fluctuating sickness levels and workforce availability due to Covid-19 related absence and a notable increase in patient acuity, particularly in Internal Medicine and Surgery. These themes continue to be closely monitored via normal assurance mechanisms with mitigation actioned where appropriate.

Whilst this group provides oversight and high level monitoring and assurance, there is a robust leadership and management framework led by the matron team who manage the wards staffing ensuring safety every day.

TRUST LEVEL FILL RATES

The Trust level fill rates are detailed below:

Month	RN day fill rate %	HCA Day fill rate %	RN Night fill rate %	HCA Night fill rate %	Trust fill rate %
October 2020	96.44	89.55	95.12	103.01	95.48
November 2020	94.76	89.09	94.96	104.44	94.72
December 2020	95.89	88.26	95.97	104.08	95.30

- Although the fill rates appear relatively static and favourable, this is based on a temporary reduction of 6 to 4/5 beds on a number of in-patient wards and therefore a subsequent change in planned staffing numbers. Due to the significant movement of staff to support the wider Covid-19 effort and Covid-19 related absence, if all beds were open there would be a notable reduction in fill rates compared to the same point last year.
- The Healthcare Assistant (HCA) fill rate on days is lower than last year (average 94%). The cause of this is multifactorial but Covid-19 related absence, an increased need for HCA in other Covid-19 related services such as the swabbing service and a reduced number of staff picking up shifts via the staff bank has all had an impact. Staff Bank Band 2 recruitment continues at scale and over recruitment agreements are in place to maximise substantive recruitment where possible.

RECRUITMENT AND INTERNATIONAL RECRUITMENT

- Centralised Band 5 recruitment continues with local bespoke recruitment agreed as required. The total vacancy position has varied significantly in the last quarter due to the rapid establishment of new services to manage Covid-19 (Ward 49/Test and Trace/POD Swabbing) with a lag in subsequent recruitment. In the interim, staff have been moved from other areas in the Trust to support these areas. The current vacancy rate is 6.6% which is still a favourable position compared to the same period last year.
- Our international recruits who commenced employment with the Trust in October are currently due to take their Objective Structured Clinical Examination (OSCE) on 13th January. These are the final candidates from this recruitment.
- As part of a national campaign to strengthen recruitment, NHS Improvement/England (NHSI/E) have offered additional financial support to expand International Recruitment. This funding is subject to deploying recruits prior to the end of April. Whilst challenging the Trust has agreed in principle to recruit up to 50 candidates working with NHS Professionals.
- Centralised Band 2 HCA recruitment continues with interviews planned in January. 79 candidates have been shortlisted for approximately 70 whole time equivalent (wte) vacancies. Further recruitment is planned in the coming months with a focus in maximising HCA apprentice recruitment.
- A 2nd strand of this work is the launch of the Healthcare Support Worker (HCSW) programme nationally. The aim of this programme is to support Trusts to reduce vacancies to zero, particularly offering posts to those new to the care environment, with financial support available to Trusts to achieve this. A task and finish group is

being set up with support from finance and HR colleagues to provide oversight and maximise recruitment potential.

COVID–19/ WINTER PRESSURE

A comprehensive overview was provided to the Board in November outlining a number of measures which have been established to manage and mitigate staffing risk in light of the continued Covid-19 pandemic. Outlined below are a number of important updates:

- At the time of writing, there are 367 Registered Nurse (RN)/Registered Midwife (RM) and 138 HCA/Maternity Support Worker (MSW) with Covid and non-Covid absence. The impact continues to be a logistical challenge and the measures outlined in this report support effective, efficient and dynamic decision making.
- Ward 49 at the RVI opened November 2020 as an 8-bed high-level respiratory unit with additional dedicated surge critical care capacity to cohort Covid-19 patients. The high-level respiratory beds are nursed by 26wte staff from other directorates (partly achieved through bed reductions on base wards) with additional support, supervision and training to safely manage this patient cohort. This ward is funded until March 2021 and has both critical care and high-level respiratory patients on the unit.
- During and subsequent to the first wave of the pandemic over 400 members of staff had training to support in the Critical Care units during times of surge. A large majority of these staff were from theatres. This training has continued to ensure maximum utilisation of the available workforce is currently deployed.
- Staff with existing critical care skills have also accessed training to refresh their skills and are part of a reservist list to utilise as required to expand capacity further.
- Over the last two weeks there has been an increasing requirement to increase Intensive Therapy Unit (ITU) capacity to accommodate patients in the Trust, the region and nationally.
- A number of theatres have been closed to release staff to support critical care in line with the agreed escalation process and those on the reservist list redeployed.
- At present, the additional staff are supporting the delivery of care but the Trust is now not able to provide a critical care trained nurse for every patient and we have been required to move to escalation ratios in line with the national guidance. Robust professional leadership in is in place to ensure the most appropriate deployment of staff based on acuity and individual patient requirements.
- The situation is dynamic and further modelling continues to respond to further surge into critical care if required.
- NHSI/E released additional safer staffing guidance in late November for both critical care and adult inpatient areas. A review demonstrated that the Trust was largely compliant but additional assurance measures to strengthen the Trust position further have been developed. A specific Covid-19 addendum to the Nursing and Midwifery Staffing Guidelines was approved by Gold Command and introduced.
- To strengthen existing oversight and assurance, a robust daily review and reporting of staffing risk across the Trust is in place; this reports to the ECN, silver command and escalates to gold command as required. This ensures any risks are identified and mitigated at a Trust level.
- Although assurances are in place, it is important to recognise the impact the sustained pressure is having on our frontline clinical staff. Staff well-being is of paramount importance and we are strengthening the existing support available across the Trust.

3. VIRTUAL CAREER CLINICS

The Nursing and Midwifery Recruitment and Retention Group (NMRRG) provides strategic oversight for a number of initiatives aimed at maximising external recruitment and retaining staff. Over the last year, the group has formally piloted, reviewed and now implemented career clinics aimed at supporting staff to understand their career options and guide them in achieving their goals and aspirations.

The first evaluated 'Career Clinic' took place in 2018 within the Directorate of Internal Medicine as a retention initiative and although only small scale evaluated very well.

The idea evolved, and in February and March 2020, overseen by the NMRRG, two further Career Clinics were held for all staff within the Trust where advice was offered from our HR department, Workforce Development department, the Senior Nursing Team as well as three of the local universities. Staff booked in to see one individual or multiple and the evaluation was excellent.

It was decided by the NMRRG that Career Clinics should be delivered on a regular basis. Unfortunately, due to Covid-19 this could not be done in person and a 'Virtual' Career Clinic was developed. The events are advertised via the intranet and 'In Brief' as well as utilising social media with support from the Communications team. Experts include members of:

- Senior Nursing Team
- Practice Education Team
- NMAHP Research Team
- HR (Flexible working options/flexible retirement)
- Workforce Development
- Apprenticeship Team
- Leadership and Talent Management
- Clinical Skills Academy
- Pensions Department

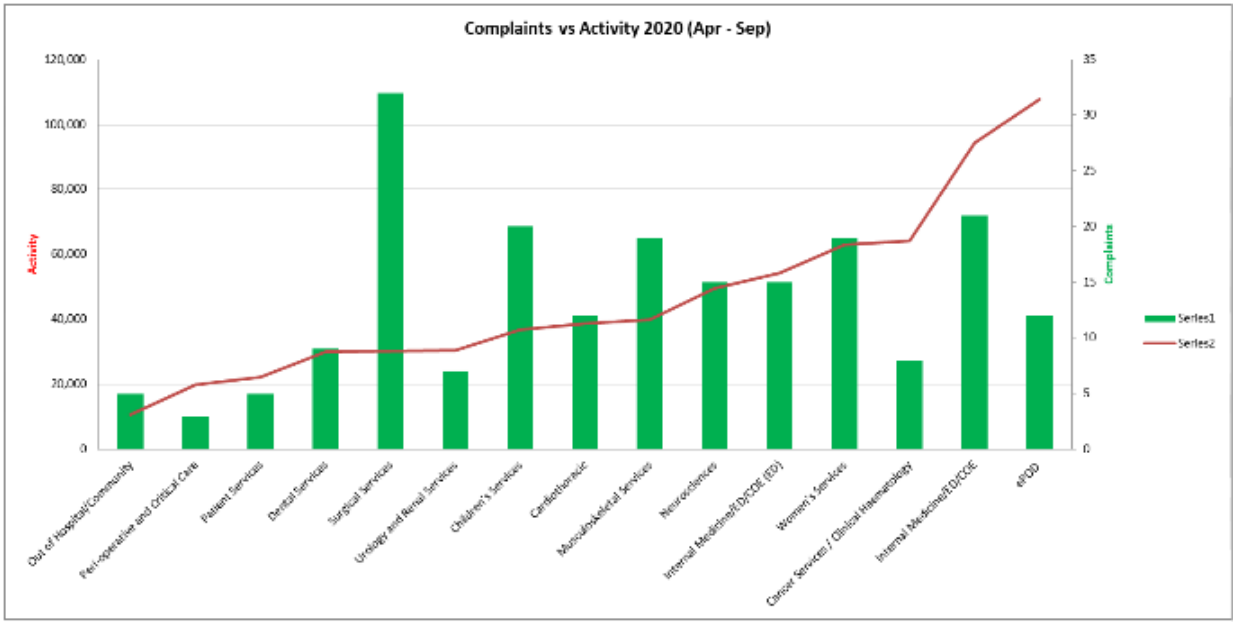
The clinics are also able to accommodate students who would like career advice or preparatory advice prior to interviews. All staff complete an electronic evaluation form to ensure the clinics continue to organically evolve to meet people's needs. The first Virtual Career Clinic has taken place and the team are in the process of reviewing the evaluations.

This is an exciting piece of work which embodies our Trust vision and values and demonstrates the positive impact from continued high level collaboration between the senior nursing and HR teams. There has been a broad representation of staff attending from Bands 2-7 from clinical and non-clinical roles. To date over 50 staff have accessed these clinics with staff subsequently accessing further education opportunities or being promoted internally.

4. PATIENT EXPERIENCE – QUARTER 2

Complaints Activity

The Trust has opened a total of 132 formal complaints in Q2, which is an increase of 49 from complaints opened in Q1 (83). The Trust is currently receiving on average 36 formal complaints per month, which is a 20% decrease from the previous year where the average was 45 per month.

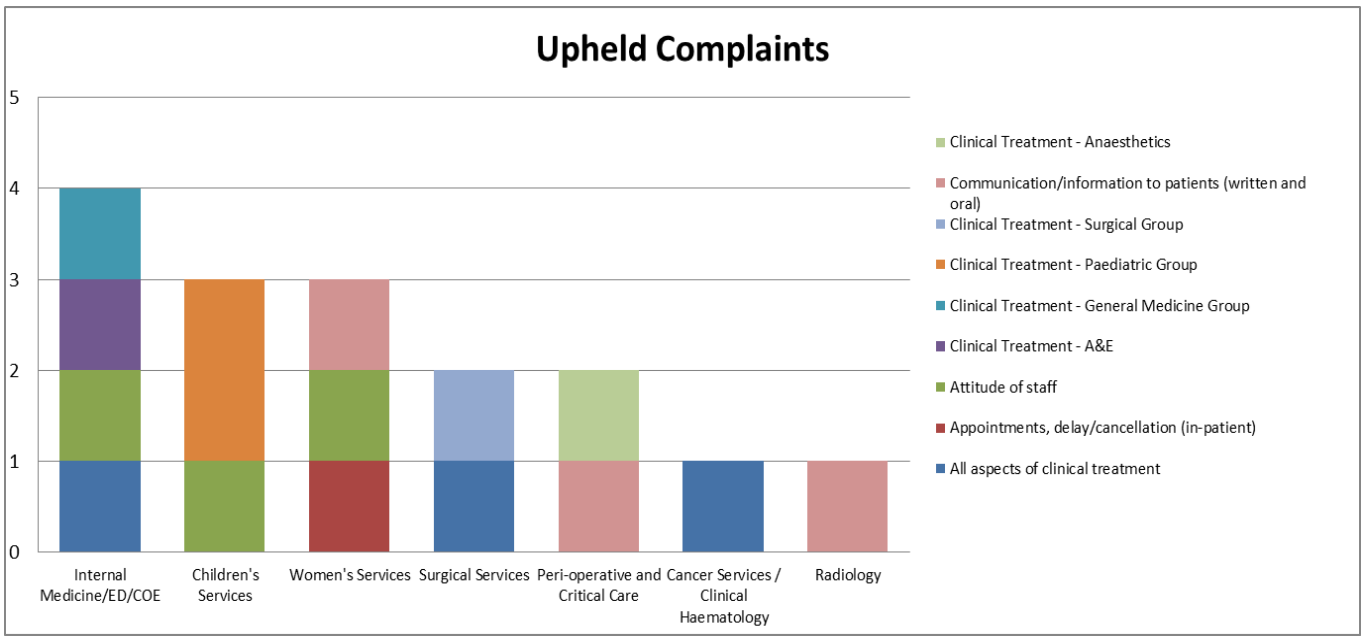


The primary issue in 68% of the complaints received within this quarter was in relation to clinical treatment. Subdivided where medical care is the most common issue (n59), followed by progress of care (n10) and clinical investigation (n8).

There have been no formal complaints where Covid-19 was the primary reason for complaint in Q2, however looking at all the subjects raised there were 6 occasions where Covid-19 was an element of some of the complaint. This was in relation to communication, postponement of treatment and visiting restrictions/PPE.

KO41 Mandatory Return

From the 95 complaints resolved in Quarter 2, 16 were upheld, 20 were partially upheld and 59 were not upheld. The table below breaks down the 16 upheld in to their clinical areas, showing that Surgical Services have a quarter of the upheld complaints with a wide range of subjects within clinical treatment and staff attitude subjects as the primary concern. Clinical treatment is the most critical area with 8 complaints within these sub-subjects followed by attitude of staff with three primary concerns.



NHS Choices

The Trust received 42 items of feedback in Q2, with most feedback in relation to Women's Services (n9), Surgical Services (n7) and Medicine (n6). 79% of comments received a maximum score rating of 5 stars.

Women's – "*Ward 40 ... an absolute pleasure to be in hospital, every single member of the team involved with my care; consultants, doctors, theatre, and ward staff, you're all so lovely and really do care, lots of time and patience, proper old fashioned nursing ... the best hospital in the world, thankyou, much love NHS* ❤"

Surgical Services – "*Went in for day surgery. Everything went like clockwork once I entered the ward. Was made to feel welcome, at ease and cared about. Nothing was too much trouble for the staff who were wonderful. First time having an operation and was nervous. Received follow up telephone calls as to how I was etc. Could not fault anything at all. Well done the NHS. Cheers.*"

Urology – "*The care and commitment the staff demonstrate and practice is exceptional. Their ability to interact and respond to patients needs is very reassuring and professional in delivery. My grandmother was cared for on ward 15 at the Freeman and the service overall across all departments and staffing levels was outstanding.*

No problems with communication and meeting the needs of the patient. Despite COVID-19, hitting the region, lack of staffing and restrictions in place to combat COVID and other diseases I personally cannot fault the overall commitment of the team that work here.

I make the above statement on behalf of my grandmother and having visited her nearly every day during her time on this ward."

NATIONAL PATIENT SURVEY PROGRAMME

The timetable for the remaining national surveys in 2020-21 is as follows:

Survey	Fieldwork timing	Expected month of publication
Urgent and Emergency Care	October 20-March 21	September 2021
Adult Inpatients	January 21- May 21	November 2021
Children and Young people	January 21- May 21	November 2021
Maternity Survey	April-August 21	January 2022

National survey of patients with Covid-19

This national survey was commissioned by the Care Quality Commission (CQC) and carried out by Ipsos Mori in response to the Covid-19 pandemic to run alongside the NHS Patient Survey Programme.

The experiences of people who were admitted to hospital for inpatient care during March, April and May 2020 were examined with a focus on patients with Covid-19, however also included patients in hospital for non-Covid reasons.

A random sample of 10,000 patients aged 16 years or over at the time of their hospital stay and discharged between 1 April and 31 May 2020 were selected.
Overall, views were good with:

- 83% 'always' having confidence and trust in the staff looking after them.
- The majority of patients felt involved in decisions about their care.
- High levels of perceived cleanliness and visible infection control measures.
- Overall, patients felt able to get attention from staff when needed and reported generally positive experiences of communication.
- Most patients were able to keep in touch with their family and friends even though there were restrictions on visitors in hospital during the pandemic.
- One in three Covid patients said they did not know what would happen next.

The results from this survey will help support the Trust to plan for and improve future Covid-19 care.

NHS FAMILY AND FRIENDS TEST (FFT)

The suspension of the submission of FFT data from all settings continues; therefore no data is available from March 2020 to date. There are no penalties for not complying with any part of the guidance during this period.

NHS Improvement and Insight announced that Trusts would be required to submit FFT data from December 2020, in January 2021. The patient experience team have circulated postcards to clinical areas and are beginning to receive completed feedback. The Trust will be in the positon to submit data to NHS Improvement and Insight as required by end of January 2021.

APEX – ADVISING ON THE PATIENT EXPERIENCE

APEX members have been unable to meet face to face due to the Covid-19 restrictions. Members have been kept informed and involved via electronic newsletters. The Patient Experience Team have been in regular contact asking for their involvement and seeking their views on new and service improvement projects including:

- Survey and questionnaire design.
- Patient information leaflets.
- Views on virtual meetings.

Virtual APEX meetings were launched in October 2020.

SMALL CLAIMS

The Trust received a total of 11 small claims in Q2 compared to 10 in the same quarter in the previous year. The majority of claims are in relation to lost glasses, dentures and personal belongings.

	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Number of claims received	18	15	15	25	10	11
Number upheld	7	10	14	18	7	11
Amount paid	£3,917	£1,402.39	£1,339.91	£7,371	£3,730.25	£3,224.29

EQUALITY, DIVERSITY & HUMAN RIGHTS

Equality objectives have been developed in partnership with third sector organisations, for 2020-2021. The Trust was successful in applying for NHS Charities Together funding which has helped to develop the objectives further:

- **Carers information and advice worker project**
  A stakeholders group including Trust staff, third sector partners and Newcastle City Council have met to promote engagement and success of this project. It is anticipated that Elderly Medicine and Renal Dialysis will pilot this project in the first instance early in the New Year.
- **Develop and evaluate English Unlocked training**
  English Unlocked is an e-learning package to enable staff to work more effectively with patients who do not speak English as their first language. A stakeholder group are helping consider how to tailor the training as an e-learning package.
- **Larger screens for BSL VRI and promote use of the technology**
  Larger screens for BSL VRI are being purchased to provide a better experience of video interpreting for patients who are deaf.

Mental Health Passports for patients have been recently developed by MacMillan Cancer Support in partnership with Mind and Mental Health Trusts. NCCC and End of Life Care Services are considering how the passports can be best utilised within Trust.

The patient experience team are in the process of developing short ‘How To’ guides to help support staff when booking and using spoken language interpreters, British Sign Language

interpreters and Deafblind Communicator Guides. We are hoping to launch the guides in the New Year.

The Trust continues to link closely with Newcastle Public Health and third sector organisations to listen to and respond to feedback in relation to Covid-19. Information in other languages is available and has been promoted through Trust Communications Department, this includes:

- Newcastle Council information on 'Getting a Covid test'.
- Link to information in other languages on NHS England.
- Doctors of the World translated information.
- Information in other languages for pregnant BAME women.

FREEDOM OF INFORMATION (FOI) REQUESTS

Overall there has been a reduction of FOI requests received in Q2 (173) in comparison to the same quarter the previous year (248).

14 requests have been received from identifiable press contacts. 62 commercial requests have been received largely with no particular themes or trends.

Pharmacy are receiving requests on a quarterly basis from freelancers who are commissioned by firms to obtain drug usage data for specific conditions.

PALS

548 issues have been raised with PALS over this period. This compares to 268 in the previous quarter and 843 in the same quarter 2019-20. Due to Covid-19 fewer people have contacted PALS, reflecting different service activity levels and peoples reluctance to raise concerns, particularly at the start. Contact is increasing month on month.

PALS concerns and enquiries over this three month period do not demonstrate any particular themes or trends however it is important to monitor any patterns as issues raised with PALS can contribute to themes emerging elsewhere in the Trust.

Subject	Q2	Q3	Q4	Q1	Q2
Admissions		3	3		4
Appointments	159	147	128	27	96
Bereavement		1	2		
Care & Treatment	203	169	137	58	84
Communication	172	147	168	73	139
Complaint	65	77	87	24	71
Compliment	27	21	15	9	16
Discharge	17	10	14	4	7
Environment & Facilities	39	37	47	4	11
Food & Nutrition	3	2	2	1	
General	68	59	84	23	56
Infection Control	1		3	1	

Medical Records & Record Keeping	44	42	46	14	34
Patient's Property	8	8	15	8	6
Privacy & Dignity	35	52	39	22	24
Transfer	2	2	3		
Total	**843**	**777**	**793**	**268**	**548**

CHAPLAINCY

The Red Box Project came about to tackle period poverty in schools, this aims to stop girls missing classes because they could not afford sanitary products. Chaplaincy co-ordinated this effort working collaboratively with Red Box Benfield, Mams to Mams and Northumbria Police. During the project the Trust recognised a need for free products for members of Trust staff who may be accessing our foodbank services and other help and the 'Little Brown Bag' was created. Each bag contains enough sanitary items for a month, plus some additional comfort in the form of chocolate and nice cosmetics. Those who need the bag simply attend the chaplaincy offices and collect one.

This service has been well received and appreciated and most importantly very generously supported by all of our amazing staff. With new support being implemented across primary and secondary schools in England, a number of Red Box projects have closed down. The Trust chaplains however felt it was important and that there was a need for us to continue to run the 'Little Brown bag' service.

The chaplaincy team continue to provide a valued support network not only for our patients but also for staff wellbeing.

5. RECOMMENDATIONS

The Board of Directors is asked to:

i) Note and discuss the content of this report, and ii) note the additional actions taken to provide assurance regarding staffing level across the trust.

Report of Maurya Cushlow
Executive Chief Nurse
28 January 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021		
Title	The Ockenden Report; Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust, 10th December 2020 Newcastle Hospitals Maternity Services Response; Compliance and Assurance		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Dr Paul Moran, Clinical Director Women's Services Stella Wilson, Directorate Manager Jane Anderson, Associate Director of Midwifery		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☐
Summary	The Ockenden Report published on 10th December 2020, is the report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an 'independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust'. The purpose of this paper is to provide an assessment of the initial assurance to the Trust Board that the Maternity Service has undertaken a benchmarking exercise using the Maternity Assessment and Assurance Tool (NHS England, (NHSE)), against the recently published Ockenden Report. Of the 7 Immediate and Essential Actions and 12 emergent Urgent Clinical Priorities, the Trust is compliant against 8, with a self-assessment of being partially compliant against the remaining 4. Further work is required to establish the work required and any associated investment for the Service to become compliant. Section 2 of the Assessment and Assurance Tool requires the Trust to demonstrate workforce planning for all staff groups within the Maternity Service; this paper discusses and provides an overview of the current position for both the Midwifery and Medical workforce. Associated risks have been identified which align to elements of workforce and the delivery of obstetric training within the Maternity and Neonatal Services.		
Recommendation	The Board of Directors is asked to i) Receive and discuss the report; ii) Note that there are current gaps in assurance as benchmarked in the Maternity Assessment and Assurance Tool, and that further work is required which may require additional investment to ensure full compliance; and		

	iii) Note the strategic implications arising for all Maternity Services arising from the Ockenden Report and the impact that this brings for Newcastle Hospital as the leading Tertiary Centre.						
Links to Strategic Objectives	Putting patients at the heart of everything that we do. Providing care of the highest standards focussing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☐	☒	☐
Impact detail	Neonatal Workforce; Risk ID No 3284.						
Reports previously considered by	New Report.						

THE OCKENDEN REPORT, EMERGING FINDINGS AND RECOMMENDATIONS FROM THE INDEPENDENT REVIEW OF MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST 10TH DECEMBER 2020

NEWCASTLE HOSPITALS MATERNITY SERVICES RESPONSE; COMPLIANCE AND ASSURANCE

1. INTRODUCTION

The purpose of this report is to provide the Board of Directors with background and overview of The Ockenden Report; Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust 10th December 2020, and provide initial assurance of the Newcastle Hospitals Maternity Service ability to meet the requirements of the 7 Immediate and Essential Actions (IEA), and 12 Urgent Clinical Priorities (UCP).

2. BACKGROUND

The Ockenden Report published on 10th December 2020, is the report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an 'independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm at The Shrewsbury and Telford NHS Trust'. A first report was published in December 2020 and presents the Emerging Findings and Recommendations from the Independent Review. It is anticipated that a second report will be published in late 2021.

In 2018 The Shrewsbury and Telford Hospital, supported by NHS Improvement (NHSI) & NHSE undertook an open book, two stage review of Trust records – firstly electronic and then using paper records of cases of stillbirth, neonatal death, hypoxic ischaemic encephalopathy (HIE grades 2&3) and maternal deaths. As the review progressed, many more families directly approached the review team voicing similar concerns. Between June 2018 and summer 2020 a further 900 families contacted the review team. In total, 1,862 families will be included in the review.

To date 250 cases have been reviewed and the Emerging Themes and Findings are based on these first cases. The first report brings attention to the actions which are required to be urgently implemented to improve the safety of maternity services at The Shrewsbury and Telford Hospitals NHS Trust, as well as learning that is recommended be shared and acted on by all maternity services across England. They are published with resulting Immediate and Essential Actions and identified Urgent Clinical Priorities, which when implemented will help to improve safety in maternity units across the country.

All units across the country have been tasked to complete a Maternity Services Assessment and Assurance Tool to self-assess against these actions with the requirements of the 10 Safety Actions contained within The Maternity Incentive Scheme (CNST), and present these

for discussion at the Board of Directors. The detail of this self-assessment has also been presented and discussed at an extraordinary Quality Committee meeting held earlier this month. This completed Tool is required to be submitted to the Local Maternity System (LMS) and NHSE by 15th February 2021.

3. NEWCASTLE HOSPITALS MATERNITY SERVICES ASSESSMENT AND ASSURANCE

The Maternity Services Assessment and Assurance Tool, developed by NHSE and published in December 2020, supports providers in assessing their current position against the 7 IEAs in the Ockenden Report, and to provide assurance of effective implementation to their Board, Local Maternity System and NHSE and NHSI regional teams. The Tool provides a structured process to enable critical evaluation and identify further actions and any support requirements. The 7 IEAs in the report have been cross referenced with the 12 urgent clinical priorities and the 10 Safety Actions within the Maternity Incentive Scheme.

The Maternity Services Assessment and Assurance Tool has been used in determining Newcastle's current position within the Maternity Services and this work is led by the Clinical Director, Associate Director of Midwifery and the Directorate Manager.

In addition, the Trust is required to ensure that there are appropriate mechanisms in place for workforce planning across all professional groups with specific focus on the leadership within the Maternity Services.

There is a requirement to review the approach to NICE guidelines in Maternity and provide assurance that these are assessed and implemented where appropriate.

Of the 7 Immediate and Essential Actions and 12 emergent Urgent Clinical Priorities, the Trust is compliant against 8, with a self-assessment of being partially compliant against the remaining 4.

Table 1 presents the 7 Immediate and Essential Actions, together with the 12 Urgent Clinical Priorities illustrating Newcastle Hospital's current position.

Table 1

Immediate & Essential Action	Urgent Clinical Priorities	Compliance
1. Enhanced Safety ▪ Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks.	Perinatal Clinical Quality Surveillance Model	Partial
▪ Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and LMS oversight.	SIs shared with Boards/LMS/HSIB	
2. Listening to Women and their families ▪ Maternity services must ensure that women and	Robust service feedback	

their families are listened to with their voices heard.	mechanisms	Fully
	Executive/Non-Executive Directors in place	
3. Staff training and working together ▪ Staff who work together must train together.	Consultant led ward rounds twice daily	Partial
	Multidisciplinary Team (MDT) training scheduled	
	CNST funding ring fenced for maternity	
4. Managing complex pregnancy ▪ There must be robust pathways in place for managing women with complex pregnancies.	Named consultant lead/audit	Fully
▪ Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and/or referred to a maternal medicine specialist centre.	Development of Maternal Medicine Centres	
5. Risk assessment throughout pregnancy ▪ Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.	Risk assessment recorded at every contact	Partial
6. Monitoring fetal wellbeing ▪ All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	Identified midwifery & obstetric leads	Fully
7. Informed consent ▪ All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.	Pathways of Care clearly described, on website	Fully

4. MATERNITY WORKFORCE PLANNING

The Trust is required to undertake a Maternity workforce gap-analysis and to have a plan in place to meet the Birthrate Plus (BR+) standard by 15th February 2021, together with a plan for detailing the timescale for implementation.

4.1 Midwifery Workforce

The Board of directors are aware from previous papers presented to this board that an external Birthrate Plus workforce review was undertaken in October 2020 which has enabled the Directorate to compare the recommended levels of staffing for the Maternity Unit against the current budgeted establishment. The Directorate Manager and the Associate Director of Midwifery are currently reviewing further and plans are in place to ensure that optimisation of the Midwifery workforce is made and completed by Spring 2021, with exceptions reported to the Trust Board. This will be included in the regular staffing reviews to the Trust Board as well as regular updates in relation to Ockenden.

As part of the workforce review, the Trust is required to describe how the organisation meets the maternity leadership requirements as set out in the manifesto of the Royal College of Midwives Strengthening Midwifery Leadership. This element will be incorporated into the overarching review of Midwifery within the Trust.

4.2 Neonatal Medical Workforce

The Neonatal Unit is currently not staffed at Tier 2 to the required British Association of Perinatal Medicine (BAPM) National standards for junior medical staffing. The Directorate have submitted a business case to support the expansion of junior tiers of medical staffing; the outcome of this business case is awaited which will generate an action plan to meet the recommendations.

4.3 Neonatal Nursing Workforce

The Dinning Tool has been utilised to inform the nurse staffing, actual against budgeted Whole Time Equivalent (WTE). Due to the increase in cots, this exercise will be undertaken again to ensure that staffing remains within safe parameters and plan accordingly.

4.4 Obstetric Medical Workforce

Regular workforce planning is undertaken led by the Clinical Director in conjunction with the Directorate Manager, which identifies any shortfall.

4.5 Governance, Quality and Safety Team

Prior to the publication of the Ockenden Report, it was noted by the Directorate that the current resource from a governance, quality and safety perspective is small taking into account the high risk nature of a large Maternity Service. The business case submitted in November 2020 requesting additional staffing resource will be reviewed in light of the Ockenden Inquiry.

5. INITIAL ACTION PLAN

Table 2 provides high level actions that are required to facilitate the work in progressing the Service towards compliance.

The Newcastle Hospitals Maternity Services Assessment and Assurance Tool High Level Action Plan to support the initial outstanding actions: 19th January 2021				
Immediate and Essential action (IEA)	**Urgent Clinical Priority (UCP)**	**Action required to meet recommendation**	**Lead/s**	**Completion Date**
Enhanced Safety	Perinatal Clinical Quality Surveillance Model	Work has commenced on the implementation of this model; a draft plan will be completed and confirmation of implementation will be reported to the Trust Quality Committee and the LMS and Trust Boards.	Associate Director of Midwifery Head of Obstetrics Clinical & Quality Effectiveness Midwife	15.02.21
	• SIs shared with Boards • LMS • Healthcare Safety Investigation Branch (HSIB)	Awaiting agreed structure and Terms of Reference (ToR) from regional teams for sharing of information; this will form part of the Perinatal Clinical Quality Surveillance Model.	Associate Director of Midwifery Head of Obstetrics Clinical & Quality Effectiveness Midwife	March 2021
Staff training and working together	MDT training scheduled	Revised Training Needs Analysis (TNA) required to incorporate national core competencies.	Consultant Obstetrician (Training Lead) Practice Support Team	15.02.21
	Confirmation that funding allocated for Maternity staff training is ring-fenced CNST funding is ring fenced for Maternity Services	Initiate a review to establish current budget, workforce and competency requirements and develop a remediation plan to manage gaps. Analysis from this review to be progressed through the Board Assurance Framework.	Clinical Director Directorate Manager	April 2021
Risk assessment throughout pregnancy	Risk assessment recorded at every contact	Newly implemented risk assessment documentation requires robust implementation of the audit schedule	Head of Obstetrics Midwifery Matrons	15.02.21
Actions to support Maternity Workforce planning				
		Action required to meet recommendation	**Lead/s**	**Completion Date**
Midwifery workforce	A plan in place to meet the Birthrate Plus standard	Complete gap analysis and create action plan with timescales for full implementation.	Associate Director of Midwifery Directorate Manager	15.02.2021

6 NICE GUIDANCE RELATED TO MATERNITY

The Trust intranet Clinical Guideline Database holds internally and externally endorsed Maternity guidelines. With each new or revised iteration of a NICE maternity guidelines the Service assesses assurance with compliance or proposes. The Head of Obstetrics leads on the review of all guidelines through the Obstetric Governance group. Local guidelines that are not NICE compliant are added to the Directorate risk register and feed through into Trust Governance processes.

7 STRATEGIC IMPLICATIONS

As a Tertiary centre this Trust will work with the LMS and other units within the region to establish and consider the wider implications of meeting the Ockenden requirements. These will feature in future updates to the Trust Board.

8 RISKS

The risks are currently under review and the Service is working through these which form will part of the arising actions in developing a combined risk and assurance framework.

9. CONCLUSION

The Directorate have undertaken the initial risk assessment, however, it is clear that there is further work to undertake to identify how the established gaps can be resolved including any additional investment required. Indeed there will be implications for maternity services across the region and work will continue with the LMS and other local systems to fully understand what these are and the plans that are required in developing further compliance with regard to the requirements arising from the publication of the Ockenden Review.

10. RECOMMENDATIONS

For the Board of Directors to:

i) Receive and discuss the report.
ii) Note the current level of assurance and the identified gaps in assurance as benchmarked in the Maternity Assessment and Assurance Tool (NHSE).
iii) Support the development of a further detailed action plan and risk and assurance framework for future reporting.
iv) Recognise that further detailed work is required to ensure full compliance.
v) Note the strategic implications arising for all Maternity Services arising from the Ockenden Report and the impact that this brings for Newcastle Hospital as the leading Tertiary centre for Cumbria, Northumberland, Tyne and Wear (CNTW).

Report of Maurya Cushlow
Executive Chief Nurse
28 January 2021

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Agenda item A5(iii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☒		☐		
Summary	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. Reporting requirements in regards to the Maternity incentive scheme previously paused since 26 March 2020 due to the Covid-19 response, have now been re-launched on 1 October 2020. The content of this report specifically addresses maternity safety actions 1, 2, 3, 4, 5, 6, 7, 8 & 9.						
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
	☒	☐	☒	☐	☐	☐	☐
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 July 2020, 24 September 2020 and 26 November 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.

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 3 (01/10/20 – 31/12/20) PMRT is included in this paper and all baby deaths have had a review started using the PMRT (see Private Board Reference Pack A5(iii)). There were 14 baby deaths in the Trust (9 stillbirths; 5 neonatal and post-neonatal deaths).

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 3 (01/10/20 – 31/12/20) 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 in the scheme.

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.

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 partially or not met, achieve compliance for data quality and completeness by the 20 May 2021 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 to 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 as outlined in previous papers and a 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 outlined in the previous paper. 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 has been completed. This review assessed the impact of the factors outlined in the requirements above and was completed before the 30th November 2020 deadline as outlined in the scheme.

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.

The Trust is compliant with this standard as outlined in previous papers and there is on-going monthly review of the ATAIN action plan. 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 previous papers. The October 2020 action plan was shared with Board Maternity Safety Champions via email review on 30th November 2020 and also overseen by Board Maternity Safety Champions at the Safety Champions Meeting held on 9th December 2020; there were no significant recurring themes noted.

The November 2020 action plan was shared with Board Maternity Safety Champions via email on the 22nd December 2020 and there were no common themes identified. A theme associated with increased respiratory admissions to the neonatal intensive care unit (NICU) was identified and an audit of 37/40 week induction of diabetic mothers will be undertaken to review decision making and outcomes in this patient group.

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 support the expansion of junior tiers of medical staffing and this is also being reviewed with reference to recommendations outlined in the Ockenden Report published on 10 December 2020.

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 to Board in May 2020 as outlined in the previous paper and the next annual report is planned for May 2021. 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 was submitted to November 2020 Board as outlined in the previous paper.

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 YOUR 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-PROFFESSIONAL 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?

The numbers of staff trained are improving and the Trust is confident of being compliant with this standard by the 20 May 2021 deadline. 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, multi-professional training during the ongoing Covid-19 response.

9.2 Standard b

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, 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 20 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 and this pre-dates the deadline of 31st March 2020 as outlined in the previous paper. Progress with actions in relation to staff safety concerns are raised at monthly feedback sessions, are visible to staff and progress can be demonstrated.

Monthly feedback sessions took place on 3 December 2020 and 24 December 2020 and are compliant with the time-scales outlined in the relaunch of the scheme from 1st October 2020. Progress with actioning named concerns from staff walkabouts were shared with staff on 25 November 2020, before the deadline of 30 November 2020 outlined in the scheme.

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 prioritised 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
22/01/2021

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Agenda item A5(iv)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
Title	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Dr Lucia Pareja-Cebrian, Associate Medical Director, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mrs Elizabeth Harris, Deputy Chief Nurse Mrs Angela Cobb, Infection Prevention & Control (IPC) Lead						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of December 2020. IPC Board Assurance Framework for COVID-19 can be found in the Private Board Reference pack (COVID-19 Board Assurance Framework updated 14.01.21); trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report Scorecard December 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
	☒	☒	☐	☐	☐	☐	☐
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). 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 reviewed biweekly at the COVID-19 Assurance Group where the criteria is reviewed and updated as necessary. The latest updated version is included within the Private Board Reference Pack. An overview of COVID-19 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 1 entitled HCAI Report and Scorecard December 2020 (located within the Public Board Reference Pack).

2. KEY POINTS FOR NOVEMBER/DECEMBER 2020

2.1 Coronavirus (COVID-19)

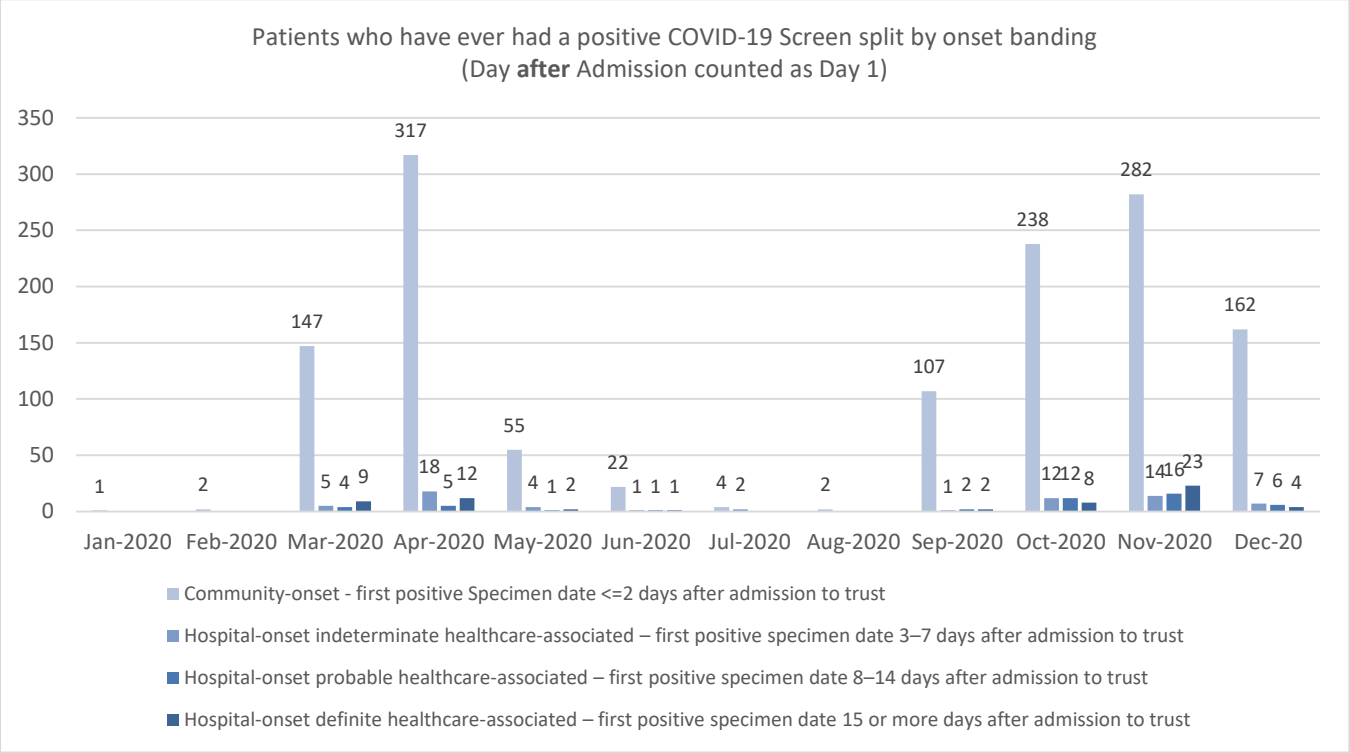
During November 2020, admissions rates to the Trust had progressively increased, reflecting the epidemiology in the community. Due to the prevalence of COVID-19, a system of Tiers or regional restrictions was instigated which led to a reduction in overall prevalence in our region. During the first weeks of January 2021, community prevalence of COVID19 has progressively increased across the North East prompting an increasing number of admissions across all Trusts within the Region.

2.1.1 Managing HCAI COVID-19 cases

COVID-19 cases are classified based on the detection date in accordance with national definitions. The graph below demonstrates the COVID activity and category of detection. This takes into account the incubation period, which for most people is 5-7 but can be up to 14 days.

COVID-19 infections are classified as follows:

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



Early detection of COVID-19 is key to limiting the transmission and exposure for other patients; in line with national recommendations an additional screen at day 3 was introduced on 7 December 2020 for all in-patients. Inpatients are now routinely screened

- On admission;
- Day 3; and
- Day 5.

Elective cases are screened at 72 hours prior to admission with the requirement to self-isolate prior to admission.

In addition to standard and rapid Polymerase Chain Reaction (PCR) testing, the Trust became an early adopter site for a novel Rapid Antigen Test, which delivers results within 12 minutes. The ability to access different tests has enabled improvements in patient flow of COVID-19 admissions. This information is used in the daily meetings between Patient Flow Services and IPC to enable appropriate placement and minimum movement of patients in line with Trust policy and national best practice guidance. Escalation of bed capacity during times of operational pressures is based on careful risk assessment that includes IPC information.

A COVID-19 outbreak is defined by NHSE as 2 connected cases in the same area over a period of 14 days, and is required to be kept under review for 28 days. The Trust's first outbreak was declared in September 2020; by the end of December 2020, there have been a total of 27 outbreaks declared to NHSE / Public Health England (PHE), with a mixed number occurring within the clinical and non-clinical area.

A total of 13 outbreaks affected staff only, with the most common themes relating to non-compliance in office areas or during breaks. The Trust will launch "Hand Face and Space" Champions in January 2021 in clinical and non-clinical areas so that staff have increased ownership of the message and can self-monitor practice with the use of service-led audits.

In December 2020, NHSE reported a hospital onset COVID-19 rate across the North East and North Cumbria (NENC) of 18.4% of all in-patients. The reported rate at that time in this Trust was 4.4%. The rates of infection vary depending on activity and they are reported daily by NHSE.

On 25 December 2020, the national rate for HO.dHA was 9.0%; the North East and Yorkshire was 7%; the rate in the North East was 8% and the rate at Newcastle Hospitals was 2%. These figures are monitored and reviewed weekly in partnership with the Integrated Care System (ICS) and NHSE.

During November 2020, a technical issue resulted in the duplication of reporting for 27 hospital onset COVID cases. This led to the Trust's rates looking higher than they should have. This has been notified to NHSE, however the national dashboards cannot be retrospectively amended.

In addition to the mortality review for all COVID deaths led by clinical teams, from December 2020, IPC will lead a Serious Infection Review Meeting (SIRM) of healthcare onset cases that have had COVID recorded as contributing to their death, in line with national requirements and subsequently referred to the Serious Incident (SI) Review Panel.

2.1.2 Test & Trace (T&T)

Since November 2020, there is now a dedicated staff T&T team providing a 7 day service working closely with IPC. Their role involves contacting COVID positive staff to undertake a risk assessment, identifying if IPC practices were followed and if any contacts are required to self-isolate. All staff who test positive for COVID-19 are followed up by the Test & Trace Team and advised to self-isolate as per Government advice. Staff data is triangulated against data on patient cases, investigating any links between those 2 groups.

Lateral Flow Test (LFT) was rolled out for asymptomatic testing of staff on a voluntary basis in the latter half of 2020 and the aim of this test is to identify cases among staff early in order to prevent exposure to other staff or patients. At close of play on 18 January 2021, there were 68 positives out of 23,391 tests so 0.3% asymptomatic staff using LFTs were identified. Symptomatic staff and household contacts continue to have access to PCR testing via the testing pod.

2.1.3 COVID-19 Vaccination Programme

The COVID-19 vaccination programme was launched in the Trust in the week commencing on 7 December 2020 with the Pfizer Vaccine.

To date (close of play 18 January 2021) 9,506 staff have received their first dose of the COVID vaccine which has been initially offered to those aged 58 and over, Black, Asian and Minority Ethnic (BAME) and Clinically Extremely Vulnerable (CEV) staff, as well as front line staff including Emergency Department, Assessment Suite and Intensive Care Units. To the same date, 836 staff have received their second dose. In line with government policy, no second doses have been administered to staff since 13 January in order to maximise the number of people who receive at least 1 dose of vaccine.

Currently there are 2,000 new appointments for staff immunisations per week at Freeman Hospital Ward 12 and 1,000 appointments per week at the Royal Victoria Infirmary (RVI). Trust vaccinators have delivered the vast majority of vaccinations but a small number (approx. 100) has been delivered to staff by other organisations.

2.1.4 New variant of concern

Over time all viruses mutate, and several different strains of SARS-CoV-2 have already emerged. The retrospective genetic evidence suggests this variant emerged in September 2020. It circulated in low levels until mid-November 2020 when exponential growth started. By 22 December 2020, confirmed cases with this variant had been identified in England, predominantly in London, South East and East of England.

The prevalence of a new circulating strain is monitored by PHE and it is acknowledged that that the virus is circulating in the North East.

2.2 *C. difficile* Infections (CDI)

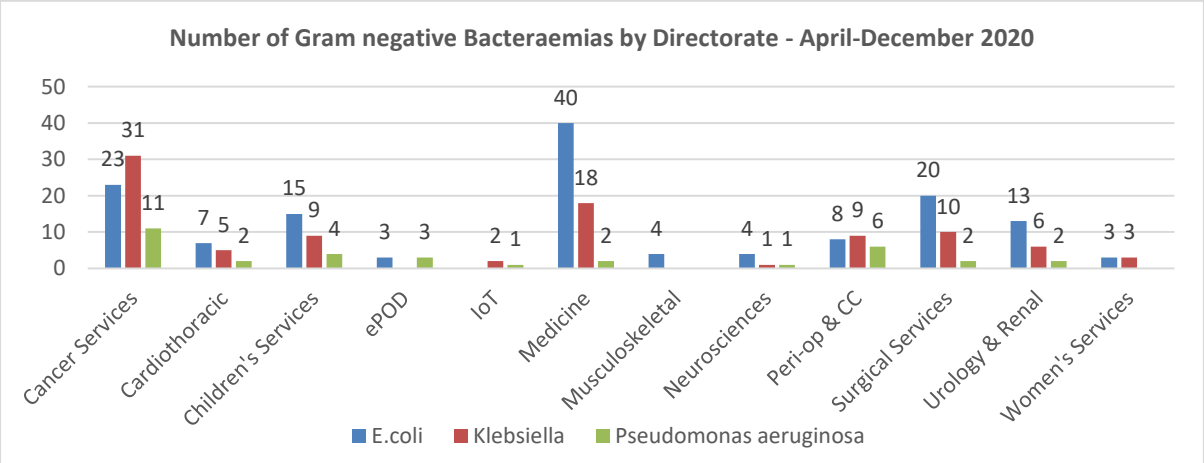
The Trust continues to work to 2019-20 reduction trajectory of no more than 113 cases annually. Current position is 79 cases which is 5 cases less than the planned trajectory at the end of December 2020.

2.3 MRSA / MSSA Bacteraemias

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

To date the number of MSSA cases continues to reduce with 63 cases, 4 cases under internal reduction trajectory.

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



To date the number of *E. coli* cases remain within the internal reduction trajectory of no more than 146 at end of December 2020, with a total of 140 cases reported.

The number of Klebsiella cases is also under internal trajectory with 94 cases reported

against forecasted position of 102. Whilst our rates remain within our internal reduction trajectory, there is an ongoing focus to reduce these further. There has been a retrospective review of Gram negative bacteraemias, which has identified areas for improvement of practice, which will lead to a reduction of cases. Whilst data is still being analysed, gaps on antibiotic prescribing both as prophylaxis and as treatment in cases with an identified Hepatobiliary source is a theme for a significant number of these cases. These include prescription of antibiotics prior to admission to hospitals. In addition, changes in the antibiotic sensitivity profiles of some of these organisms has also played a role. These themes will be reviewed by the Antimicrobial Stewardship Group, which will issue recommendations to the Infection Prevention and Control Committee (IPCC).

Outside of the surgical directorates, the most significant theme is associated with central line contamination and subsequent infection among high-risk cancer patients. Additional education and training working in collaboration with the directorates who have high rates of line insertion and use is planned.

The number of Pseudomonas aeruginosa cases is 1 under the internally set trajectory for this period with 34 cases reported.

2.5 *Burkholderia aenigmatica / cepacia* complex Infections

There is a national outbreak of a single strain of *Burkholderia aenigmatica*. In the Trust, there have been 5 confirmed cases and 1 probable to date. *Burkholderia aenigmatica* is a newly described species within the *Burkholderia cepacia* complex (BCC).

Confirmed cases include hospitalised patients of wide age range (0-73 years) and co-morbidity most of whom have spent some time in an intensive care/high dependency unit setting. Cases (confirmed and probable) have been identified from over 30 hospitals in England and a common cause is still to be identified and confirmed.

2.6 Outbreaks and Periods of Increased Incidence (PIIs)

Other than the COVID outbreaks, one other outbreak was declared in December for diarrhoea and vomiting. This affected 12 patients and 1 staff; no organism was identified and the ward re-opened following deep clean; this resulted in a total of 31 lost bed days.

There were 2 instances of a PII of *C. difficile* during November and December: ribotyping confirmed different strains and therefore this is not thought to be due to cross infection.

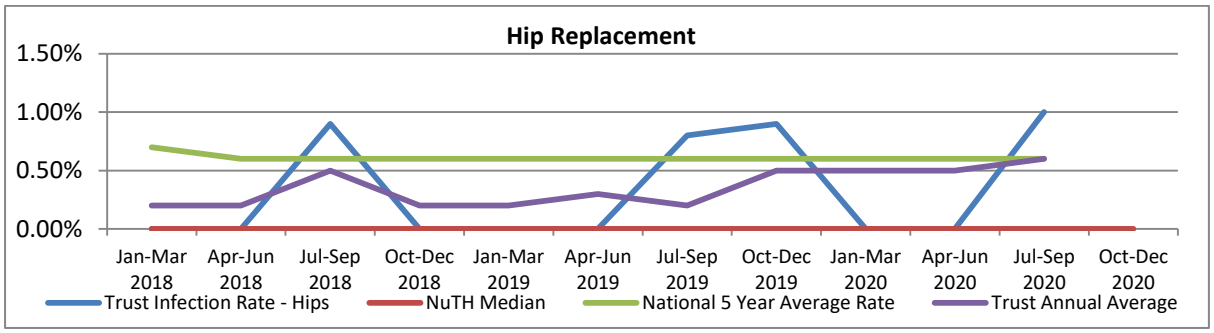
MSSA monitoring has identified 3 PII in for this period and support is being provided for IV device management and hand hygiene.

2.7. 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 3 (July - September 2020) which demonstrated that no SSIs where reported for this period.

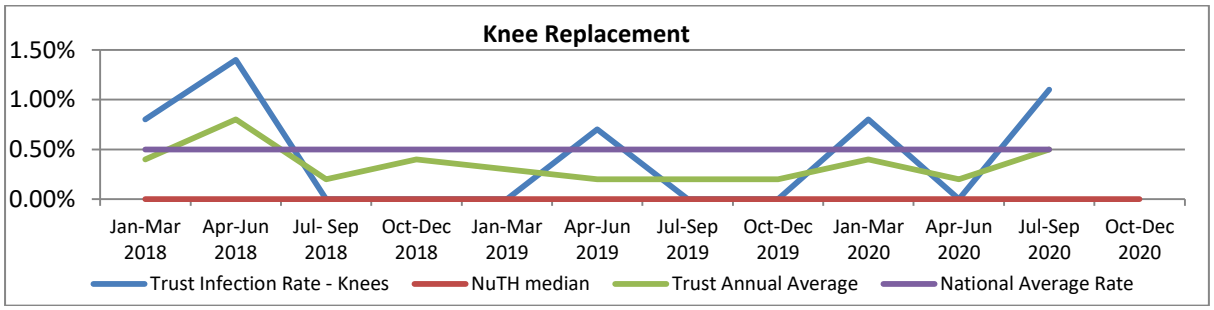
2.7.1 Hip Replacement

Within Quarter 3 there was 1 superficial SSI identified, resulting in a quarterly rate of 0.8%, as illustrated below. The Trust SSI rate for the last 4 reported quarters stands at 0.6%, which reflects the National Average. Multidisciplinary Team (MDT) root cause analysis continue to be undertaken for all joint SSIs.



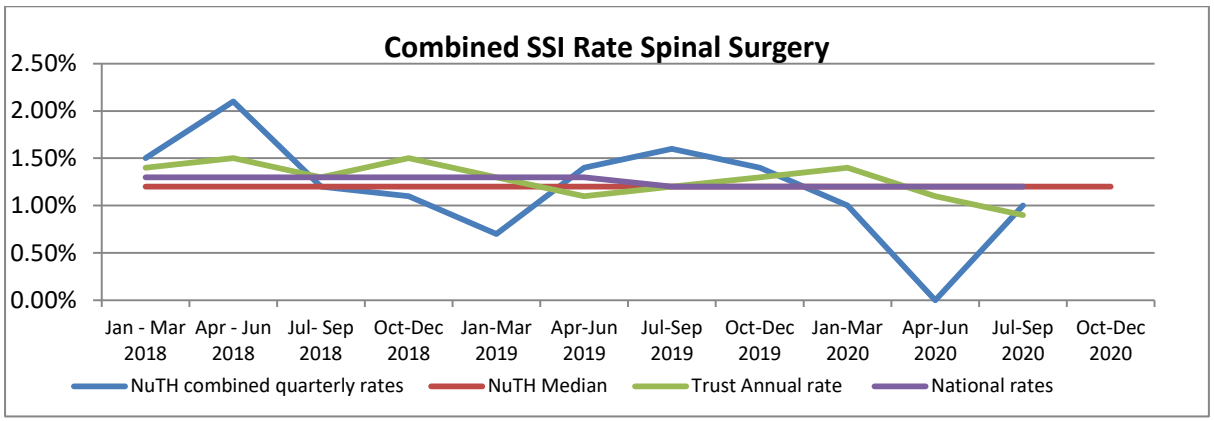
2.7.2 Knee Replacement

Quarter 3 has seen 1 superficial SSI identified, putting the Trust quarterly rate at 1.1%. Consequently, the Trust SSI rate for the last 4 reported quarters matches the National 5 year benchmark of 0.5%.



2.7.3 Spinal Surgery

In the previous quarter 2 report, Freeman Hospital (FH) had begun undertaking spinal surgery to support the Trust's response to COVID-19. No SSI had been identified for any of the surgery undertaken at the FH therefore the data had been combined with the RVI data when calculating the combined Trust SSI rate. However, PHE have issued a report incorporating previous spinal SSI rates from 2016 which is within the 5 year benchmarking period and therefore notified the Trust as an outlier from the quarter 2 reports. A Trust response was made regarding this and PHE have agreed this is not a point of concern. Due to this historical data, the SSI rate reported for the previous 4 periods at FH site remains high at 2.9%.



Within Quarter 3 there has been 3 SSIs identified from surgery undertaken at RVI site, these figures include spinal surgery from both Neurosurgery and Orthopaedics. The resulting quarterly rate of 1.0% has led to a reduction in the Trust annual SSI rate to 0.9%; this is below the National 5 year benchmark for the second consecutive time in the last 4 quarters. The Trust annual rate has dropped below the National average of 1.2%.

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.

2.8 Sepsis

Work within deterioration & sepsis continues to be high priority. The deteriorating patient CQUIN 2020-21 was postponed and is provisionally planned to be introduced in April 2021-22 to capture severely septic patients who are admitted to critical care. Whilst this CQUIN is postponed, the team continue working towards achieving the good practice and goals within Deteriorating / Sepsis.

Some features of COVID infection are similar to sepsis and COVID-19 remains a major focus within the organisation. During the COVID-19 pandemic, sepsis compliance has become more complex to differentiate between COVID and bacterial sepsis.

Trust wide education sessions are promoted to all directorates to raise awareness about Deteriorating Patients and Sepsis. Education strategies to improve compliance with sepsis screening process and treatment have also been developed. Along with a new up to date Trust Sepsis video.

As previously reported, the sepsis alert on eRecord was paused on 30 September 2020. Relaunch of the Alert is expected for the beginning of February 2021.

2.9 Antimicrobials

The Trust is continually striving to improve Antimicrobial Stewardship (AMS) and has its antimicrobial guidelines (RxGuideline™) into a much improved platform, called MicroGuide™.

The Pharmacy Antimicrobial Team have started a rolling programme of 2 weekly directorate audits undertaken every 12 months, to identify and improve practice at the clinical level. All

prescriptions for antibiotics must follow the best practice "Start Smart then Focus" principles and follow Trust guidelines. The audits will be presented and discussed at the Directorates Serious Infection Review Meetings (SIRM).

In addition, an Antibiotic Point Prevalent audit was undertaken in December for the first time in 3 years, with involvement from Infection Specialists, trainees and Pharmacy. The results should be available for January 2021 and form part of a future report.

The Take 5 audits are currently on hold, whilst an alternative platform is identified. These audits are useful for the prescribers to continually check and put into practice their knowledge against the Trust antibiotic guidelines and requirements for AMS and to present to their Governance meetings.

2.10 Influenza Vaccination Campaign 2020/21

Since the campaign commenced on 5 October 2020, there has been a total of 12,700+ staff vaccinated which is a 77% uptake as at the end of December 2020. There must be a minimum 7 days between flu vaccination and any other type of vaccination including the new COVID-19 vaccination.

The final campaign statistics will be published on the 'flu jab elsewhere app' which will collate this campaign's information against last year (added an additional 800 staff) and this will then conclude the flu campaign for 2020/21.

2.11 Water Safety

There is a robust Governance framework around Water Safety, which continues to be monitored by the IPC team. Any issues arising from routine reviews are discussed at operational groups and escalated appropriately.

Bespoke training has been arranged for all members of the Strategic Water Safety Group (SWSG) in January 2021. This training is to focus on water safety awareness and the roles and responsibilities of group members.

2.12 Ventilation

The commissioning and validation of a new Air Handling Unit (AHU) on Ward 49 at the RVI is now complete and the ward has been re-opened for COVID-19 patients.

The AHU upgrade on RVI Ward 50 is awaiting a design proposal prior to seeking approval from the Trust Ventilation Safety Group.

The members of the Trust Ventilation Safety Group have completed bespoke training which focused 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)

28 January 2021

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Agenda item A6

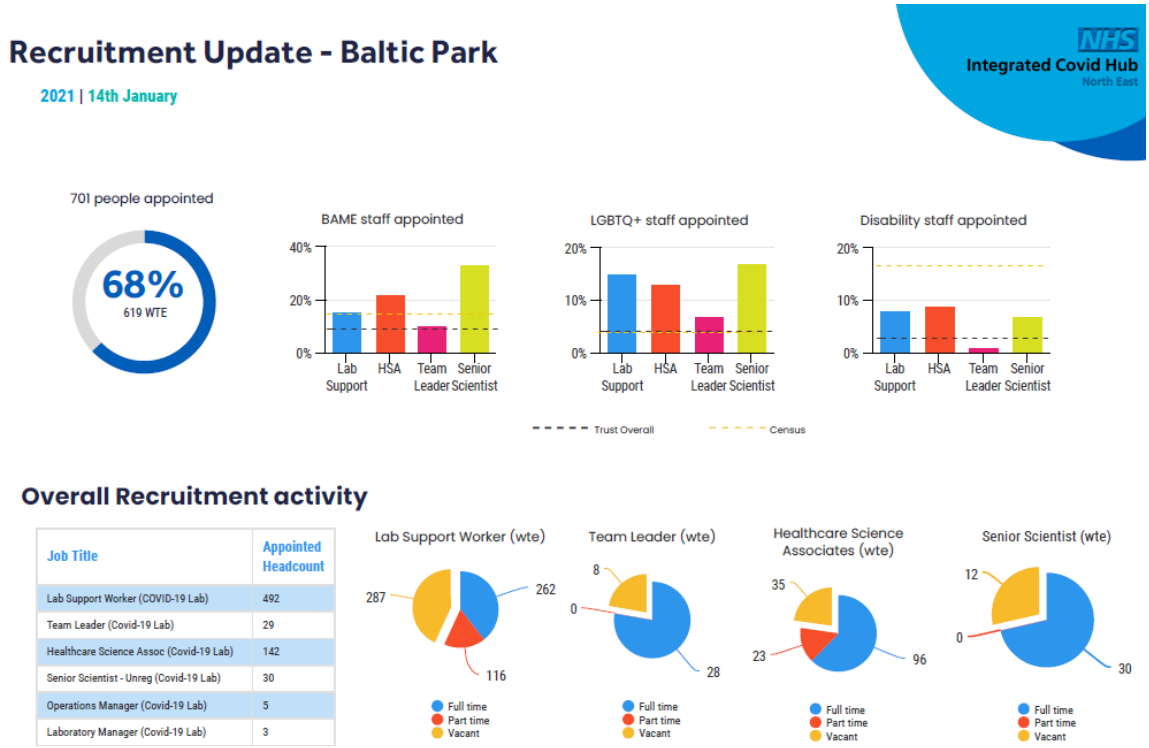
The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	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 and actions. It also provides a summary update on Covid 19 people related activity.						
Recommendation	The Board is asked to note the content of this report and support direction of travel.						
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
	☒	☒	☒	☒	☒	☒	☒
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	Routine update to the Trust Board.						

PEOPLE REPORT

1. COVID/RECOVERY/WINTER: WORKFORCE ACTIVITY

Integrated Covid Hub North East (ICHNE) – 'Lighthouse'	• The on-boarding programme commenced on 7 December and will run weekly until the end of March. • 95 new starters have been on-boarded into the Covid Lab. • Very positive evaluation feedback from the new starters on the on-boarding programme. 
Covid 19 Mass Vaccination Hub & Programme	As North East & North Cumbria Integrated Care System (ICS) Lead Provider for this programme, a mass recruitment programme to appoint up to 2,700 staff was commenced, in addition to voluntary staff. This includes: ○ Active recruitment to management, registered and non-registered staff from across the ICS region to cover the 9 sites and 20 pods required to meet the programme requirements. ○ People are being appointed to both fixed term contracts and bank assignments; full and part time working, as well as the full range of flexible working options are available. • The 'Centre for Life' Hub moves to 12 hour shifts from 25 January 2021; the Nightingale Hub is planned to open on the same date. • Significant volunteer recruitment activity underway to provide marshalling, front of house and post vaccine support within the hospital hubs and mass vaccination sites. St John's Ambulance and the Royal Voluntary Service are supporting with both vaccinator and marshalling volunteer roles for all sites. • The North East Ambulance Service NHS Foundation Trust (NEAS) is actively involved

	in supporting us with delivery of this programme. • Very encouraged that so many of our Governors and former staff have come forward to support the vaccination programme both within the Trust for staff and across the region. • Vaccinators training for staff and mass vaccination programmes streamlined. • An on-boarding programme to support the COVID Vaccine North East and North Cumbria programme commenced 11th January 2021. • A training programme guide for each role is near completion based on very recent national guidance; this will be released very soon via the Trust intranet and communication bulletins. The guides will: ○ Support both current staff and newly recruited staff to understand the training requirements for their role and includes an Electronic Staff Record (ESR) help guide to support staff in navigating the system. ○ Provide contact details to Education and Workforce Development to help with the training requirements or using ESR to access e learning. Support for staff using e learning on ESR is available via the libraries at the Freeman Hospital (FH)/Royal Victoria Infirmary (RVI) sites.
Staff Covid Vaccination	To proactively encourage our Black, Asian and Minority Ethnic (BAME) staff to take up the vaccine, and in partnership with our staff network, a number of positive steps have been taken to support and address any concerns staff may have including: ○ A session to give information about the vaccine with a Question & Answer element, a recording of which will be made available to all staff. ○ Talking heads short film-depicting staff who have had the vaccine talking from different prospective.
Staff Engagement	In recognition and appreciation of the efforts of our staff throughout the pandemic, an additional day's leave (pro rata for part time staff) has been granted to say 'thank you'. This can be taken up to end March 2022.

Flourish at Newcastle Hospitals

2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

Well Workforce	• The staff '**Health and Wellbeing Strategy'** has been published this month and is available on the Trust intranet. This was developed in partnership with staff and staff representatives. We continue our focus on ensuring access to support in a timely and convenient way. • National lockdown has again resulted in on site staff gyms closing.
Belonging, feeling valued and recognised	• **2020 NHS Staff Survey:** final response rate was 48%, an improvement on 2019, with over seven thousand staff participating. Results to be published nationally by the end of January, including benchmarking data. • Refreshed **Local Clinical Excellence Award (LCEA) round** opened in December 2020. To increase diversity and the ambition to improve gender and ethnic pay gaps, the local applications criteria has been refreshed, Committee membership changed, and in particular, the Consultant body membership better represents the diversity of the Consultant workforce. Eligible people working 'less than full time' (LTFT) have been positively

	encouraged to submit an application and will be scored to reflect the activity that can be proportionately achieved within their contract; female consultants have also been particularly encouraged to apply as fewer have applied in previous rounds. To support implementation of these changes, a list of higher award holders willing to be approached by potential applicants for guidance has been shared, and some of these individuals have also agreed to run virtual sessions providing further advice and answering any specific queries.

Inclusive and diverse workforce	• The Trust has been shortlisted as a finalist for the first **Health Service Journal** (**HSJ) Race Equality Award 2020** relating to our work on the Workforce Race Quality Standard (WRES) 'Refocus to achieve'. The shortlist interviews are expected to take place in February, and the winner will be announced at the virtual award ceremony in March 2021.
	• **Reverse Mentoring:** Mentors and Mentees were invited to participate in an evaluation session (conducted separately), all reported positive outcomes. Stage 1 and 2 evaluation has taken place, the results are being analysed and initial outcomes are good. Stage 3 evaluation and round up sessions are being planned'.
	• Charitable Funds have been granted to enable the Trust to design and deliver a number of **bespoke development programmes** to support the following:
	  ○ Leadership development for BAME staff and people with disabilities via our staff networks.
	  ○ Supporting wellbeing and reintegration back to work following absence due to Covid shielding.
	  ○ Addressing microagressive behaviours.
	• February will be **Lesbian, Gay, Bisexual and Transgender** (**LGBT) History Month** and a programme of events has been planned and has recently been published. Due to the virtual nature of the events, local NHS Trusts have been invited to attend via their staff network/Equality, Diversity and Inclusion (EDI) leads. The programme has been shared with Leads for the Integrated COVID Hub North East.
	• Plans for the LGBT NHS National Conference have re-commenced – being planned in a virtual capacity.

Improvement Academy	Newcastle Improvement have been working to consolidate new foundations including the creation of governance structures to support new ways of working, improving connections with education, training and development, and strengthening medical leadership and coaching resource. The first 'Sharing and Learning' event took place this month.

Flourish Learning & Leadership

3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING

Leadership	**Leadership & Organisation Development**

Development	• Graduate Management Training Scheme (GMTS): It has been confirmed the Trust has been successful in its bid for 3 trainees – 2 x general management and 1 x HR. In addition, a trainee is being supported to complete their GMTS programme by the Trust following their Strategic Placement not being able to proceed at another NHS Trust. • Flourish leadership: A calendar of activities with a range of diverse and inclusive themes is being planned. • Two staff have been accepted for the 'Windrush Leadership Development Programme' for Nurses and Midwives this year. • A BAME Leadership Development programme in development and will be launched in 2021 in line with WRES action plan. • Inter-professional Leadership Development: Those who did not gain a place on System Leadership have been offered this programme as a suitable option to bridge areas for development. • Options for 'Senior Leadership Apprenticeships' are being explored. • Organisational Development: Currently 5 active targeted interventions are taking place, with a further 4 in development/awaiting start.

Apprenticeships	• Supports 'growing our own' workforce supply: overall apprentice numbers:
	  • Total levy funded starts 1 April 2017 to 31 December 2020: 421
	  • Starts in the current financial year (1 April to 31 December 2020): 69
	  • Currently on programme: 222
	  • Expected to start January 2021: 20
	• 'Get to Gateway – Leadership Apprenticeship': Successful transition of learners to e-Learning platform which supports both on programme delivery and preparation for a positive end-point assessment.
	• A further group of 20 Nursing Associate apprentices have now completed and achieved Nursing and Midwifery Council (NMC) registrations. 60 staff have now completed their apprenticeship using the assessment flexibilities introduced during the pandemic.

Newcastle Clinical Skills Academy (NCSA) /CPD	The aim is to embed the NCSA within the business processes/systems relating to training and development of the Trust's workforce. It will become the recognisable and visible education and training offer for the Trust available internally, locally and nationally supporting all currently available educational offers and facilitating development of new training initiatives. It will support the People strategic priority by enabling staff to 'liberate their potential'.
	
	In readiness for the **formal launch of the NCSA** in February a communications strategy is being prepared with the key message "All education is of value. We are always learning".
	  ○ Learning to do the job
	  ○ Learning for development
	  ○ Learning for improvement
	  ○ Learning to learn
	This Continuing Professional Development (CPD) funding is an exclusive offer, intended specifically for the Nursing, Midwifery and Allied Health Professions (NMAHP) workforce; the intention is that the NCSA will be a fully inclusive

	offer as a source of information and signposting for all staff regardless of profession, trade, experience or pay band: 'all individuals are valued and encouraged to develop themselves personally and professionally'. Ahead of the launch, a staff survey has been published to gather baseline data concerning staff experience of accessing development and awareness of NCSA.
Medical Education	**Postgraduate** • General Medical Council (GMC) Trainee Survey 2020 results put Newcastle Hospitals number 1 in the Shelford group and second in the region. The primary focus of last year's survey was the wellbeing of trainees and how the Trust have responded to the pandemic. • Some areas of concerns were highlighted in the GMC survey. These are; Obs & Gynae, Cardiothoracic Surgery, Cardiology and Ophthalmology. • The GMC Trainer survey flagged that there is still an issue with time for training in some departments. Medical Education is working alongside Medical Staffing and Clinical Directors to ensure this time is implemented through job planning. • Organisation is underway for the annual medical education event which is to be held virtually in June. • Full review of the Trust medical CPD programme with a view to roll out from April 2021. **Undergraduate** • Recent Medical School evaluation has seen marked improvements in the delivery of Stage 5 'Preparation for Practice' and 'Hospital Based Practice' Courses. • Successful implementation of Year 4 'Clinical Decision Making' Course with exceptional contribution from NUTH specialty leads. • Year 4 Multiple Observed Standardised Long Examination Records (MOSLERs) running at Nightingale Hospital this month; 74 students being assessed.
Simulation, Resus and Technology Enhanced Learning (TEL).	**Resus** Through this challenging year, the Resus team has been involved in many projects and developments including: • Providing support to clinical areas and staff with increased numbers of cardiac arrests, delivering essential training for medical students and supporting 72 medical staff through ALS, defibrillation deployment and associated training continues, with 4,600 staff trained to date. • QCPR manikins proved effective and efficient when face-to-face training had to be cancelled. • A key improvement project for 2021 involves the replacement of Resus Trollies across the Trust. This presents an ideal opportunity to consolidate recent findings from Trolley audits, standardise contents and work in partnership with paediatrics to implement standardisation that work for all areas of the trust. **Technology Enhanced Learning (TEL)** The TEL Team continues to receive higher volumes of requests than normal from across the Trust in response to COVID.

	• Projects are being prioritised according to impact on patient safety and availability of interim delivery methods. • It is anticipated that when the new team member has joined this month, the current waiting time for non-urgent or non-COVID related projects will reduce. **Simulation and Health Care Academy** • The simulation centre continues to assist in the upskilling of Critical Care Nurses and Clinical Skills for non-clinical registered nurses returning to practice. • Whilst this training continues, the number of candidates on Simulation Courses and the Health Care Academy has been reduced to ensure compliance with social distancing measures. Courses continue to be modified and adapted as a result of learning through the pandemic. The Health Care Academy has more simulated content, and Health Care Assistant Apprentices now receive a further 5 days training within the Academy. • The team are currently exploring filming and editing of simulation courses to build an on line-learning library resource. • Further course developments include 'The Deteriorating Patient' for Health Care Assistants and Nursing staff; 'Communication in a Clinical Setting' and 'Understanding Human Factors'.
Library and Knowledge Services	24/7 Swipe access is now available at both RVI and FH Libraries; library induction now virtual. The volume and range of e-Books has increased with online training available
Quality	The 'Annual Deans Quality Meeting' has been scheduled for early spring, and preparation is well in hand with the annual 'Multi Professional Self-Assessment Report' (SAR) and Quality Improvement Plan (QIP) being prepared for submission.
Training space and Facilities	Available space continues to be a challenge and work is ongoing with Estates to identify suitable, alternative accommodation to support delivery.

4. PEOPLE WORKING DIFFERENTLY

Harnessing technology to support flexible working.	Supporting more staff to work from home/more agilely through increased use of technology and location based e-rostering enabling staff able to record their working hours via the Allocate online app.
Robotic Process Automation (RPA)	Our bid through NHSX has been successful. This will enable the Trust to expand its local RPA programme into a regional 'Centre of Excellence' pilot site, designed to rapidly expand our RPA usage locally and also to support other NHS organisations in accelerating their RPA development capabilities.
'Growing our Own' - Recruitment	Medical Staff • To ensure our medical workforce supply throughout the global pandemic, we continue to adapt recruitment process moving to virtual recruitment wherever possible, reducing recruitment time and fast tracking COVID-

	related posts in particular. In hard-to-fill specialties and posts, alternatives to traditional recruitment routes are being explored using organisations such those which support refugee professionals which helps supports re-qualifying doctors granted leave to remain as they restart their life in the UK. The Trust is able to help overseas doctors in particular gain access to the relevant Specialist Register and ultimately substantive Consultant roles via the CESR route (Certificate of Eligibility for Specialist Registration) with proactive support and opportunities to gain experience. • In the February 2021 junior doctor rotation, there will be 226 'new starters', of whom 145 are currently in post or have been in the Trust within the last 12 months. All work schedules have been provided to the Lead Employer Trust. Nursing and HealthCare Support Workers • The NMC reopened the temporary Covid-19 registered to trained overseas nurses in response to workforce pressures. • To continue to strengthen our workforce supply, further international nurse recruitment is planned with a target commencement date of 1 April for up to 50 people from India. NHS Improvement/England have offered Trusts additional funding to support progress as soon as possible. • Further funding is also being accessed to reduce the Healthcare Support Worker vacancy position to as close to zero as possible by March 2021. This will provide opportunity to develop and enhance our Health Care Academy and Apprenticeship offer.

5. PARTNER AND 'ANCHOR' INSTITUTIONS

Collaborative Newcastle	Joint Systems Leadership – which has evaluated well and potentially enables people to have a portfolio career across the system. Cohorts 3 & 4 selected, all participants have confirmed acceptance of place. Cohort 3 commenced 12/1/21 with 32 virtual attendees.
System Working	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.
	The **Newcastle Health Innovation Partnership** (NHIP/AHSC) continues to develop its strategic map, with People and Culture a priority. The anticipated focus will be on addressing barriers to creating great careers, equality of opportunity, career development and ensuring a robust supply for the clinical academic workforce.

BREXIT

Following the end of the UK transition period to exit the European Union (EU) on 31 December 2020, the new immigration system has launched and applies to all non-UK (excluding Republic of Ireland) national wishing to live and work in the UK. The EU Settlement Scheme remains open for EU citizens and their family members.

An impact of Brexit is that it's likely that EU nationals currently not residing in the UK will be less likely apply for medical posts and the Trust has already seen a significant decrease of applications for junior doctor posts, in particular from Greece and Spain.

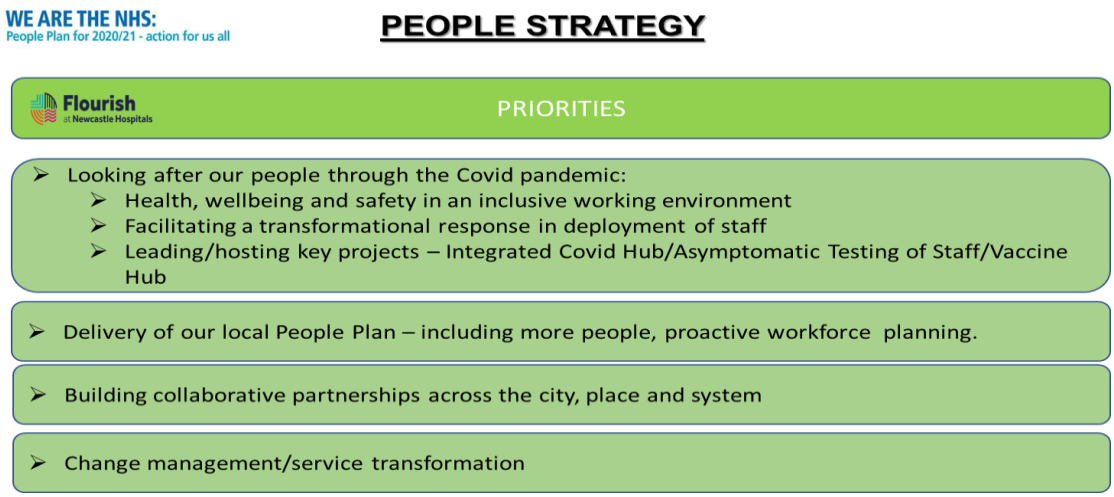
6. NHS PENSION SCHEME EMPLOYER CONTRIBUTIONS

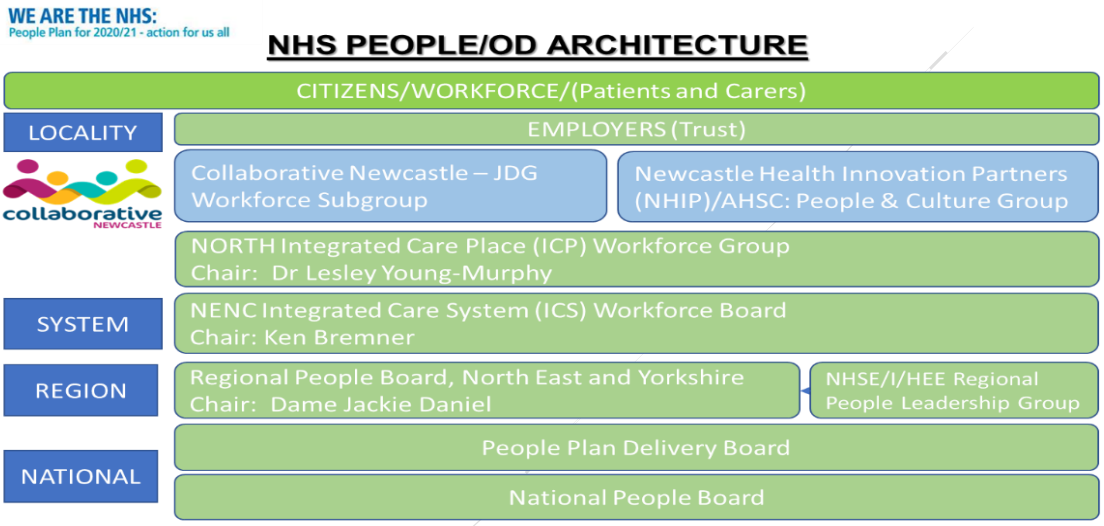
NHSE/I have confirmed that the employer contribution rate for the NHS Pension Scheme will remain at 20.6% of pensionable pay, with an additional administration levy of 0.08% for the 2021/22 financial year. Employers will continue to pay 14.38% of pensionable pay to the NHSBSA; the remaining amount will be funded centrally.

Additional funding to cover this increase for employers in 2019/20 and 2020/21 was provided by Government in view of the covid pandemic. This is continuing during 2021/22 to maximise stability for employers. Member contributions remain unchanged for 2021/22.

7. PEOPLE PLAN UPDATE

Our local People Plan was shared and endorsed at the People Committee in December 2020. This, together with our detailed plan for putting the strategy into action, is included for information in the Board Reference Pack. Below and in summary, we outline our People Strategy, our current priorities and the NHS People/OD Architecture:





8. RECOMMENDATIONS

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

Report of Dee Fawcett
Director of HR
18 January 2021

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lowis – Senior Business Development Manager (Performance)						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
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
	☒	☐	☒	☒	☐	☒	☐
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.						

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Integrated Board Report

Quality, Performance, People and Finance

January 2021

Healthcare at its best
with people at our heart

Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of **Quality, Performance, People and Finance** in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider.

Restart, Reset and Recovery (3Rs)

- 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; and
    - changes in primary care activity and delivery meant very **few patients were referred from GPs** to hospitals for elective care.
- **Following the first peak, the NHS increased its elective activity again but with reduced capacity due to new protocols to protect patients and staff:**
    - **rigorous infection prevention and control arrangements** such as social distancing of staff and patients;
    - adding **air settle time** between aerosol generating cases; and
    - reducing **beds in bays from 6 to 4**.
- **The Trust maintained large volumes of activity during the autumn of 2020, despite a second surge of COVID-19** inpatients:
    - **Outpatient activity exceeded the NHS England Phase 3 ambition** in response to COVID, with many appointments switched to a virtual review; and
    - **Inpatient activity also continued to recover quickly and safely**, despite falling just below the NHSE Phase 3 ambition.
- **During the current third surge the Trust has experienced large COVID volumes and has provided support regionally and nationally:**
    - Priority **surgery and cancer operations have been maintained and protected**, with NuTH providing regional support; and
    - Early **vaccine rollout** has been successfully initiated for staff, patients and the wider public.

Report Highlights

1. The Trust **had no cases of MRSA bacteremia attributed in December**, therefore the total number of cases attributed to the Trust YTD is 1 (April).
2. The **number of patient incidents per 1,000 bed days** reported in recent months is trending back towards the pre-pandemic mean.
3. The Trust did not achieve **the 95% A&E 4hr standard in December, with performance of 86.9%**. A&E attendances remain below pre-COVID levels.
4. The **Trust PTL size was 71,404 for December, with 2,680 patients waiting over 52 weeks. RTT Compliance was 70.2%.**
5. The Trust **achieved 2 of the 8 Cancer Waiting Time standards in November** which is one less than the previous month.

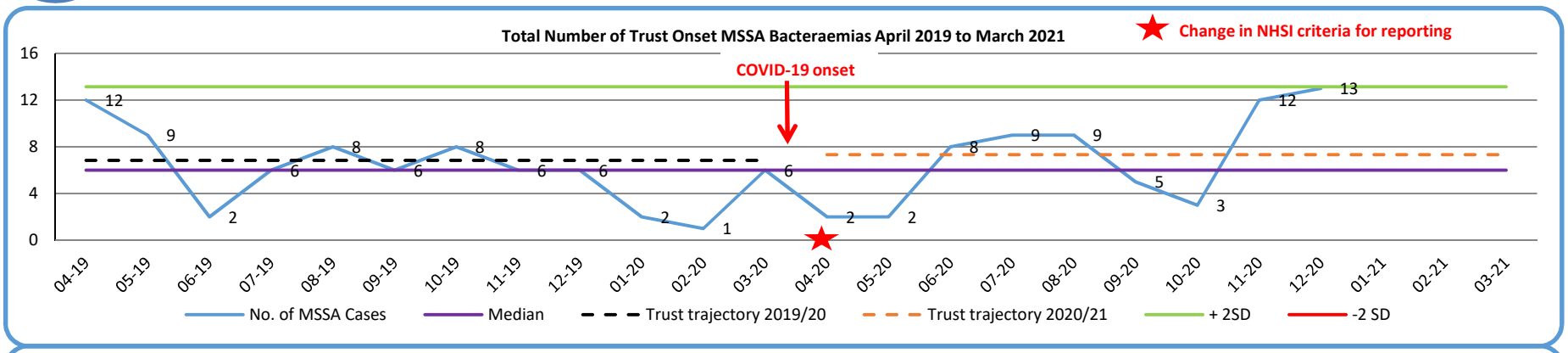
Contents: January 2021

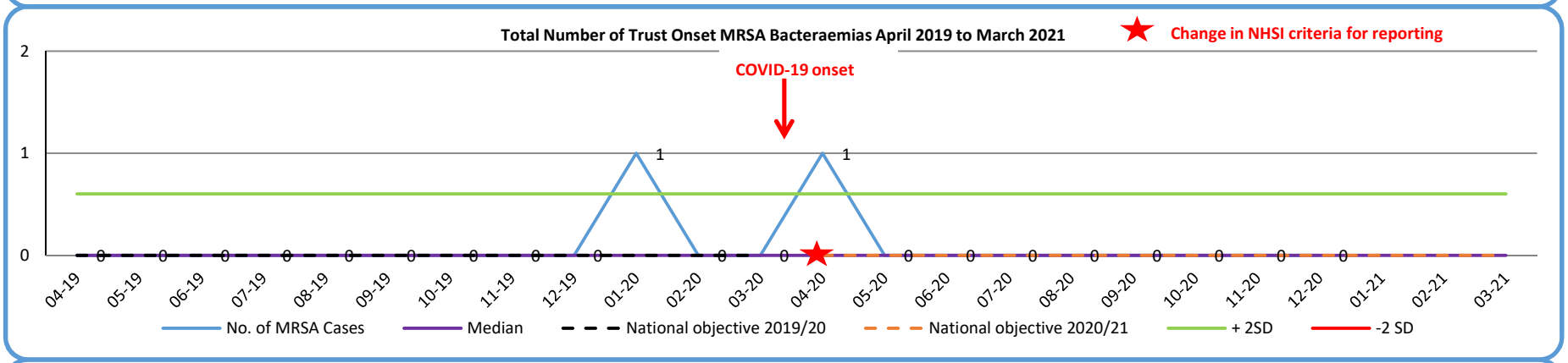
Quality & Performance

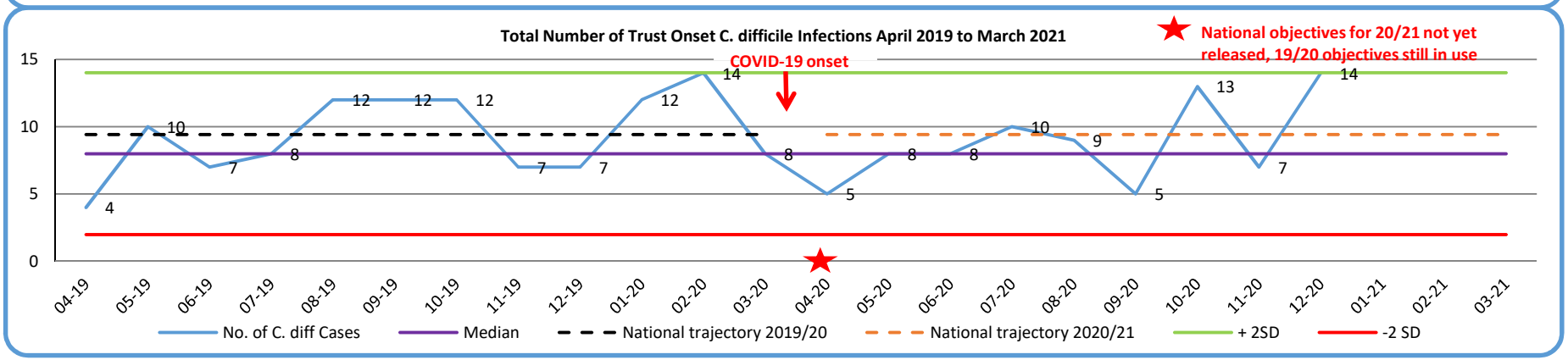
People

Finance

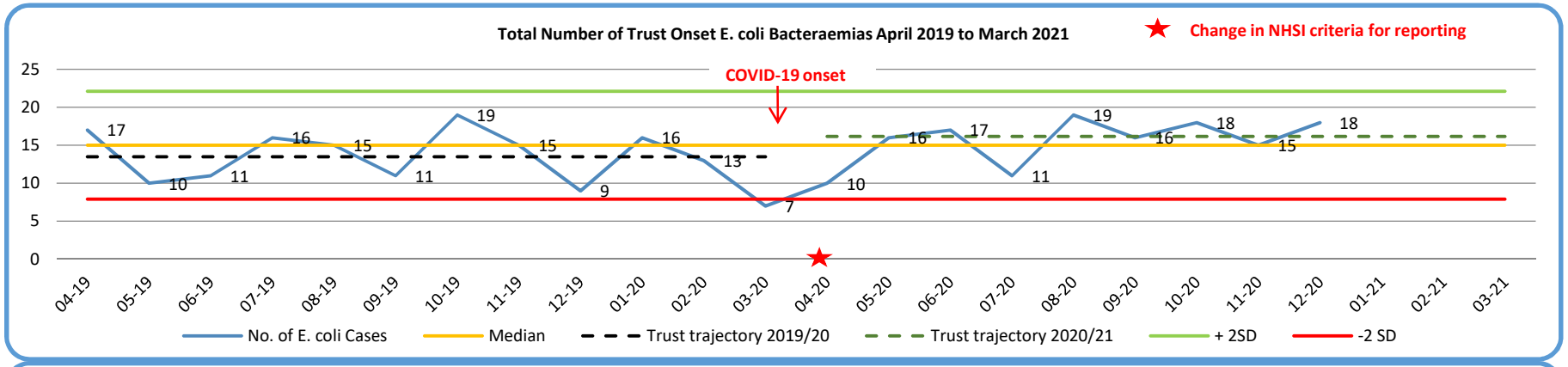
Quality and Performance: Healthcare Associated Infections

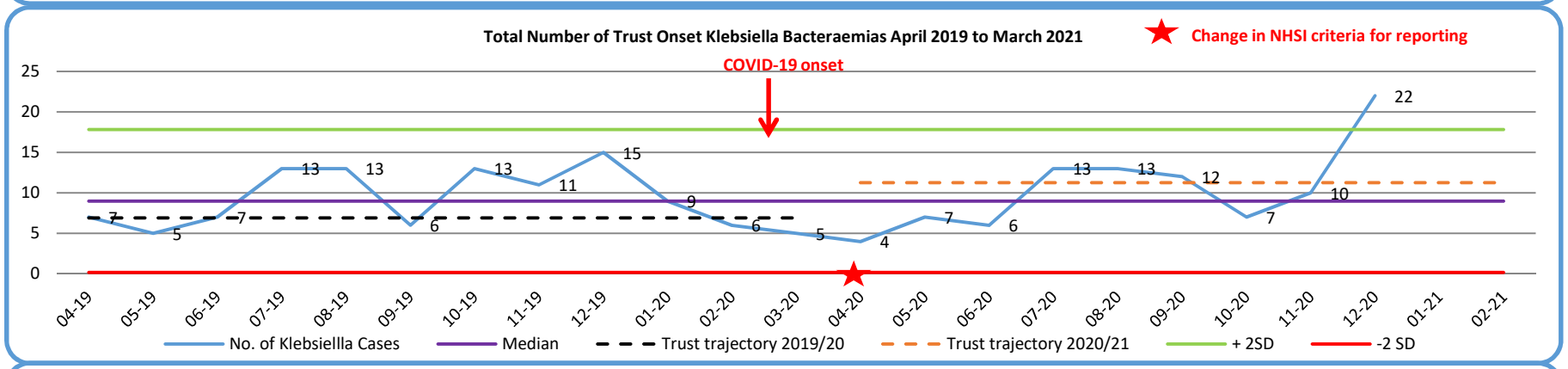


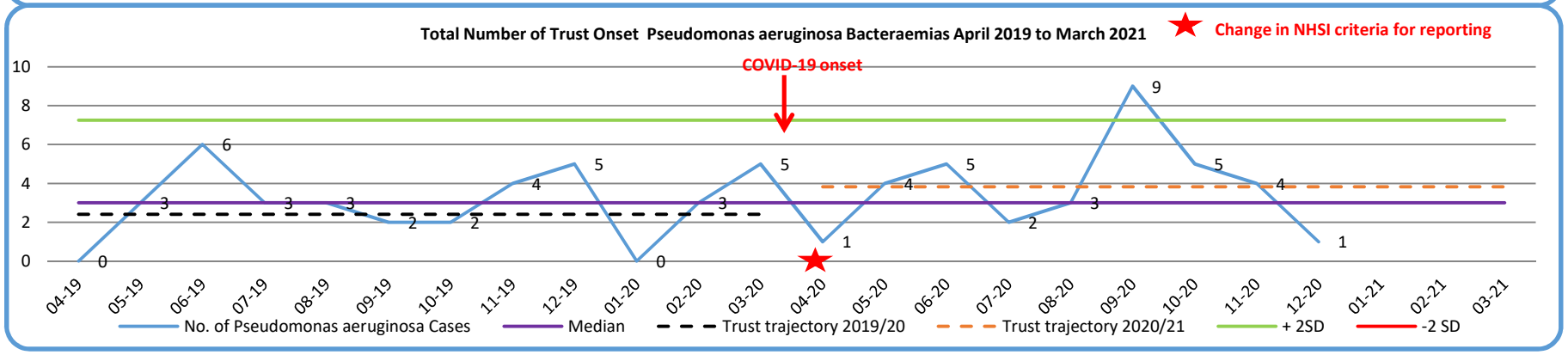




Quality and Performance: Healthcare Associated Infections

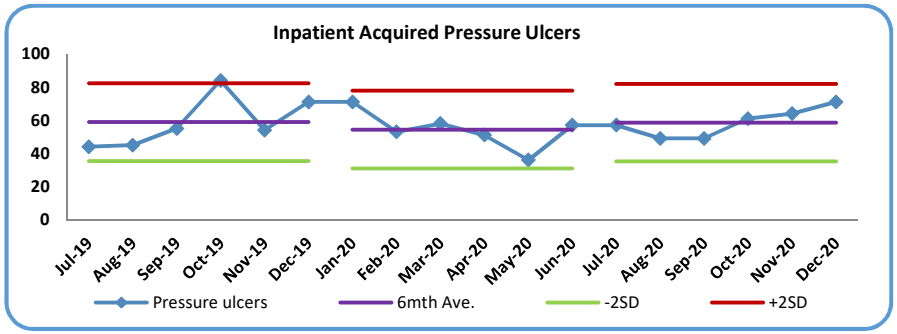


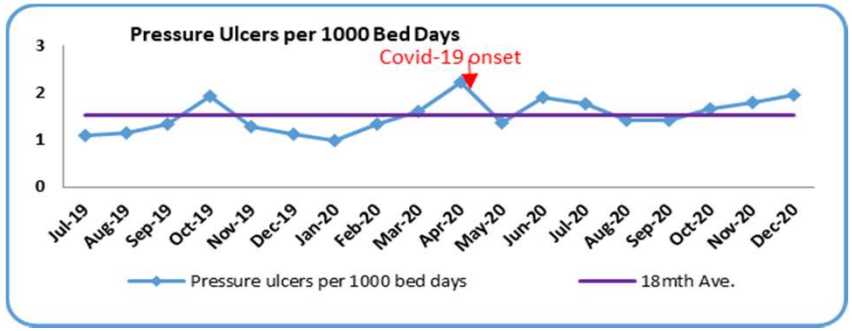




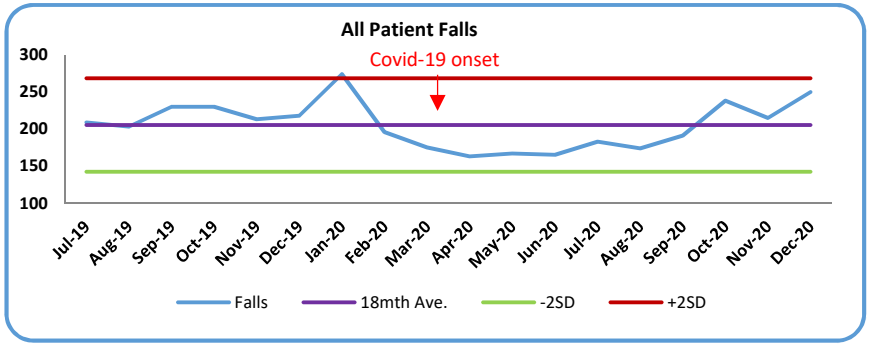
Quality and Performance: Harm Free Care

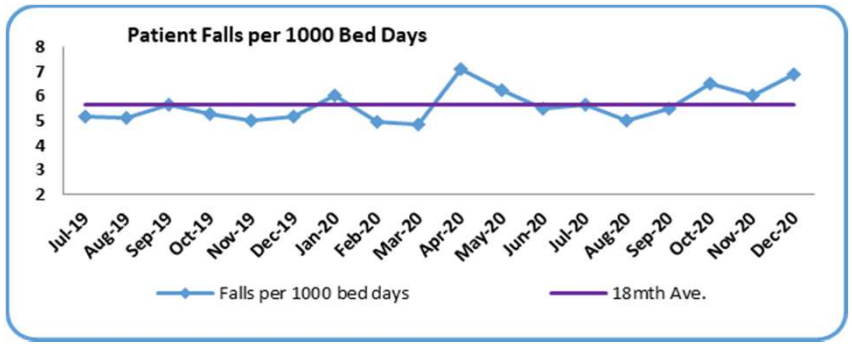
There has been a gradual reduction in the average number of pressure ulcers (PU) since May 2019. Whilst not demonstrated on the charts below, there has also been a reduction in serious harm from pressure damage. From October 2020 there was an increase in the number of PU reported. However this remains within the normal levels of variation and is consistent with previous years where we have also seen an increase in the Winter period. In addition to this it is evident from safe care data that the acuity of patients has increased this year, and can be explained due to COVID-19, this is consistent with other Trust's in the Shelford Group. Any increases are monitored and fed back to individual Wards, to promote ownership and understanding at Ward level. The Tissue Viability Team, continue working with these areas, to instigate preventative measures to reduce incidence.



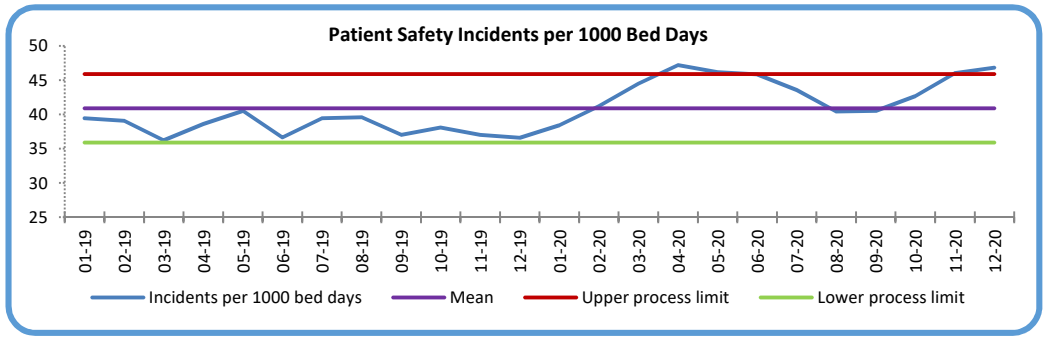


There was a significant reduction in inpatient falls between February and September 2020 however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1,000 bed days. In December a significant increase is evident, this is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there has been a significant rise in Covid-19 patients, and many surgical wards have converted to medicine in order to increase capacity. Medical patients tend to be of a higher risk of falls and therefore this can explain the increase, in addition to this evidence indicates Covid 19 patients suffer a sudden deconditioning which puts them at a heightened risk of falls. The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury.

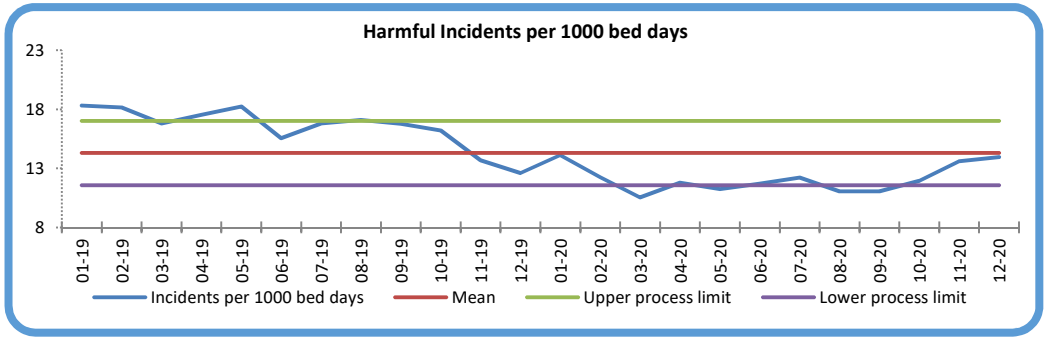




Quality and Performance: Incident Reporting

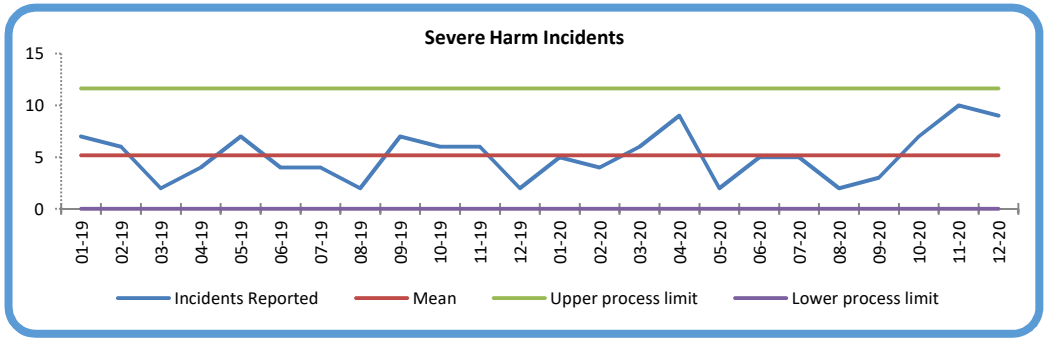


All patient incidents: There has been a slight increase in the rate of incidents reported per 1,000 bed days in November and December 2020. This is likely to be due to increase in patient acuity in winter months.



Harmful incidents: There is an improvement shift demonstrated, starting with a downward trend in the number of *harmful patient safety incidents per 1,000 bed days from May 2019 to December 2020. This reflects a combination of increased accuracy in grading of harm from patient safety incidents and a overall reduction in incidents resulting in harm.

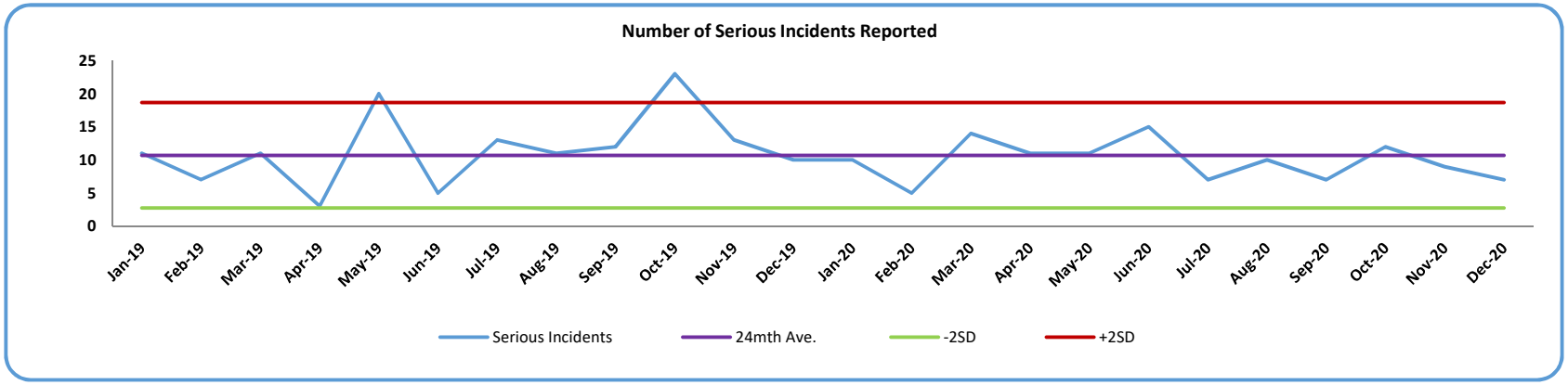
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*

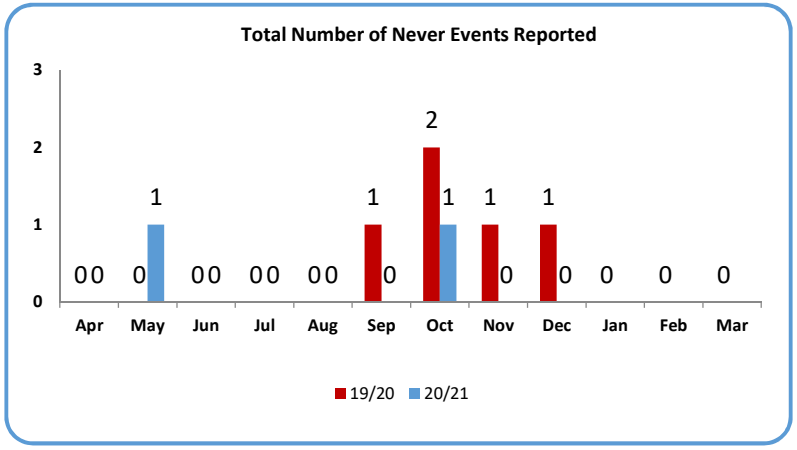


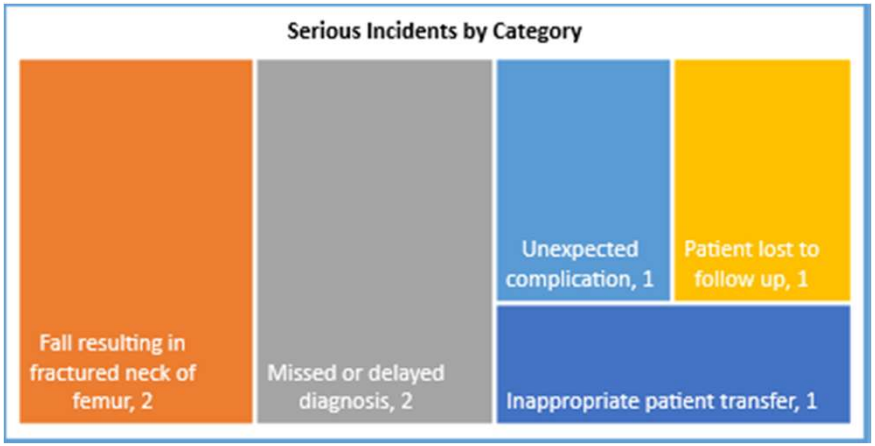
Severe harm incidents: There were 9 patient safety incidents reported which resulted in severe harm in December 2020. This data is subject to change in future reports as severity grading may be modified following investigation.

Quality and Performance: Serious Incidents & Never Events (NE)

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 December 2020.







Quality and Performance: Serious Incident Lessons Learned

Learning identified from SI & NE investigations completed since September 2020

The following section outlines key learning from SI investigations that have been completed since September 2020. This data excludes information on falls, pressure ulcers and SI cases subsequently de-registered.

SI Learning for January IBR - includes the learning from all SI investigations completed since September 1st 2020.

Delay in patient receiving cancer treatment

• Digital dictation introduced Trust-wide which provides a reliable system to ensure referral requests requiring onward processing are captured within the electronic patient record.

• Local multi-disciplinary team (MDT) processes have been revised to ensure tracking of all cancer patients and not limited to those patients newly diagnosed.

Missed pre-assessment MRSA screening

• Robust local screening processes are in place supported by the recruitment of a Paediatric Specialist Nurse.

Missed anti-coagulation treatment

• A review of admission documentation and e-record checklists is underway to provide robust reminders for staff regarding the VTE patient admission pathway.

• Trust-wide approach to increase staff and patient awareness of VTE risks and preventative therapies.

Delayed treatment for potassium replacement

• Improved processes for electronic blood collection, prescribing and clinical handover.

• Further work ongoing to improve compliance with electronic results endorsement.

Missed anti-coagulation due to not attending planned procedure

• Review Trust-wide processes for safety netting high risk pre-operative patients, out-with the elective pre-assessment clinic pathway, who do not attend for planned procedures.

Missed diagnosis of Pulmonary Embolus

• Clarification of Emergency Department triage processes to identify and escalate appropriate patients onto the non-Covid-19 pathway.

Complication of central venous line insertion

• Training programme refreshed to raise awareness of the uncommon and rarely encountered risks associated with line insertion.

4 maternity cases were reported under Each Baby Counts* criteria and the learning is as follows:

• Robust introduction of the Maternity Early Warning Scores tool during labour has enabled staff to identify and escalate any deviations from expected range in a timely manner.

• Structured fetal wellbeing assessment tool has been developed and included as part of staff clinical skills training to enhance fetal assessment.

• Introduction of a reduced fetal movements checklist and development of a telephone advice proforma as part of the Maternal Record, helping to trigger appropriate medical assessment.

• A system of categorisation for urgency for instrumental deliveries with clear timescales adopted in order to help guide staff decision making and to further embed practice.

• Training provision to re-enforce key human factors principles of maintaining situational awareness to ensure the safe management of complex situations.

• Information regarding agreed criteria for placental histology is available and accessible to all relevant staff.

• Refresher training and reflection provided to relevant staff.

*Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby Counts' national quality-improvement initiative should (by default) be notified as Serious Incidents.

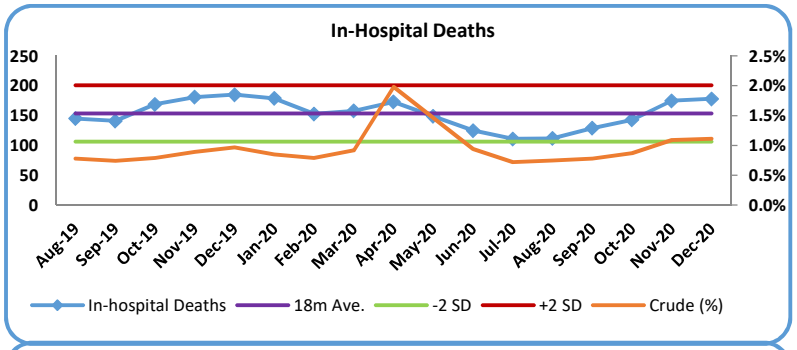
Quality and Performance: Mortality Indicators

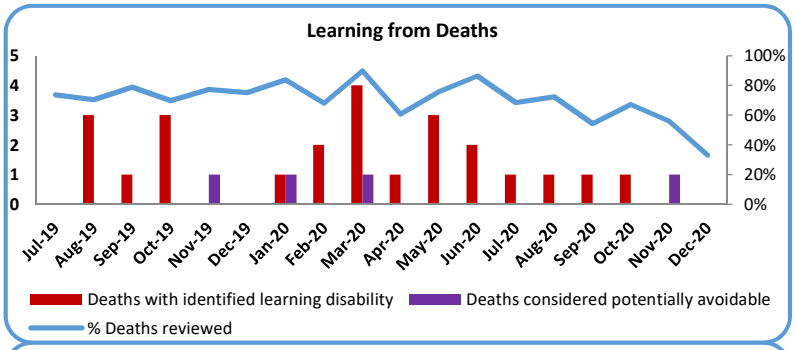
In-hospital Deaths: In total there were 178 deaths reported in December 2020, which is lower than the amount of deaths reported 12 months previously (n= 185). Crude death rate is 1.11% . Historically crude death rate has consistently been under 1% with the exception of a peak in April/May 2020 coinciding with the peak of Covid-19.

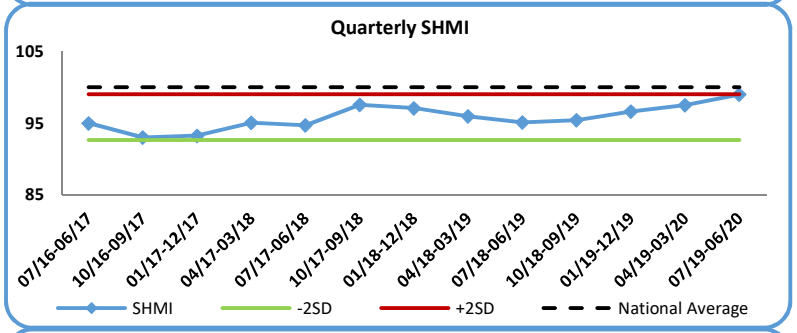
Learning from Deaths: In December 2020, 178 deaths were recorded within the Trust and to date, out of the 178 deaths, 59 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly. One death in November has been considered as potentially avoidable and is currently being investigated as a serious incident.

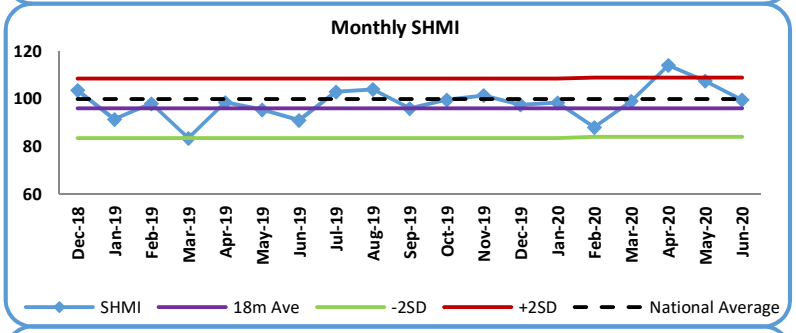
SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 99 from months July 2019 – June 2020, this is the national average and is within the "as expected" category. Monthly SHMI data is published to June 20 and is within expected limits. A rise in April 2020 is reflected by the elevated crude data.

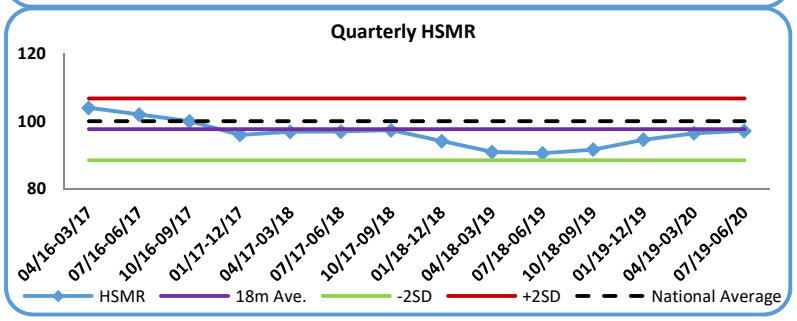
HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to June 2020 and is below the national average. Monthly data is available until August 2020. This number may rise as the percentage of discharges coded increases.

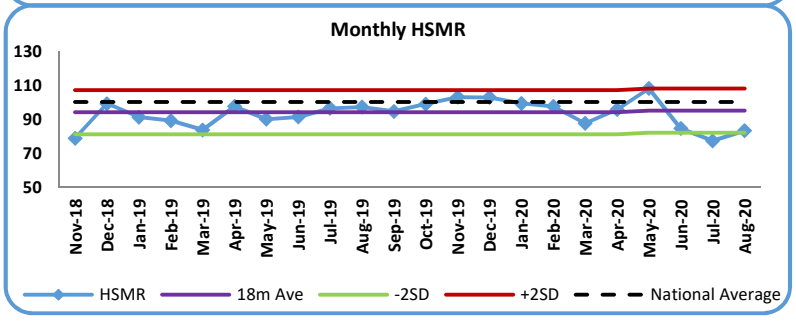












Quality and Performance: FFT and Complaints

Friends and Family Test

The Trust implemented the new FFT using postcards and online surveys from the end of November with the first data submission to NHS England due in January 2021 for December 2020 data.

Trust Complaints 2020-21

The Trust received a total of 355 (335 with patient activity) formal complaints up to the end of December 20, with 45 complaints opened, a increase by 6 on last month's opened complaints.

The Trust is receiving an average of 39 new formal complaints per month, which is 14 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 0.09% (9 per 10,000 contacts) and the lowest are within EPOD & Cancer Services at 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 64% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 18% of all subjects raised within complaints.

	2019-20				
Directorates	Complaints	Activity	Patient % Complaints	Ratio (YTD)	19-20 Ratio (Full Year)
Cardiothoracic	19	63,778.00	0.030%	1:3357	1:1873
Children's Services	26	57,754.00	0.045%	1:2221	1:1753
Out of Hospital/Community	6	17,366.00	0.035%	1:2894	1:6027
Dental Services	13	53,652.00	0.024%	1:4127	1:6857
Internal Medicine/ED/COE	35	150,483.00	0.023%	1:4300	1:2552
Internal Medicine/ED/COE (ED)	26	85,411.00	0.030%	1:3285	1:3817
ePOD	26	185,821.00	0.014%	1:7147	1:6745
Musculoskeletal Services	34	67,999.00	0.050%	1:2000	1:2080
Cancer Services / Clinical Haematology	16	107,919.00	0.015%	1:6745	1:7908
Neurosciences	24	76,009.00	0.032%	1:3167	1:2373
Patient Services	15	33,036.00	0.045%	1:2202	1:3819
Peri-operative and Critical Care	6	31,524.00	0.019%	1:5254	1:2640
Surgical Services	45	49,576.00	0.091%	1:1102	1:1310
Urology and Renal Services	10	49,415.00	0.020%	1:4942	1:2406
Women's Services	34	98,754.00	0.034%	1:2905	1:3114
Trust (with activity)	**335**	**1,128,497.00**	**0.030%**	**1:3369**	**1:3241**

Quality and Performance: Health and Safety

Overview

There are currently 1,060 health and safety incidents recorded on the Datix system from the 1st January 2020 to 31st December 2020 this represents an overall rate per 1,000 staff of 69.4. The Directorate with the highest number of incidents is Peri-operative & Critical Care reporting 154 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Internal Medicine (106.2), Peri-operative & Critical Care Services (106), Women's Service (91.1) and Patient Services (65.8).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 911 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st January 2020 to 31st December 2020 - this represents an overall rate of 59.6 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (243.5), Neuroscience (178), Musculoskeletal Services (135.9), Community (93.7) and Surgical Services (79.8).

Sharps Incidents

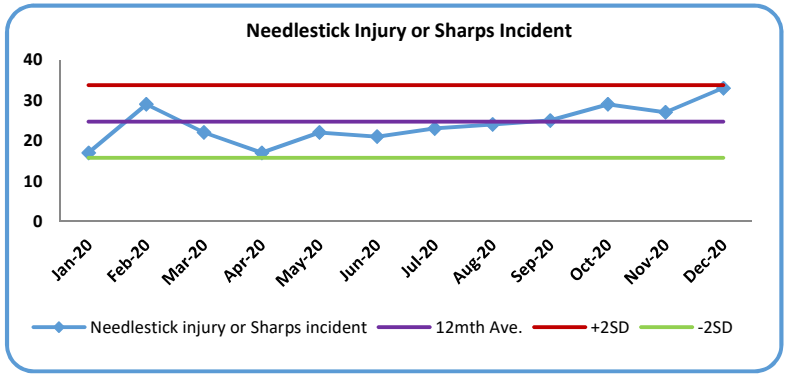
The average number of all sharps injuries per month is 24 between 1st January 2020 to 31st December 2020 based on Datix reporting, with 16.3% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 18.5 per month.

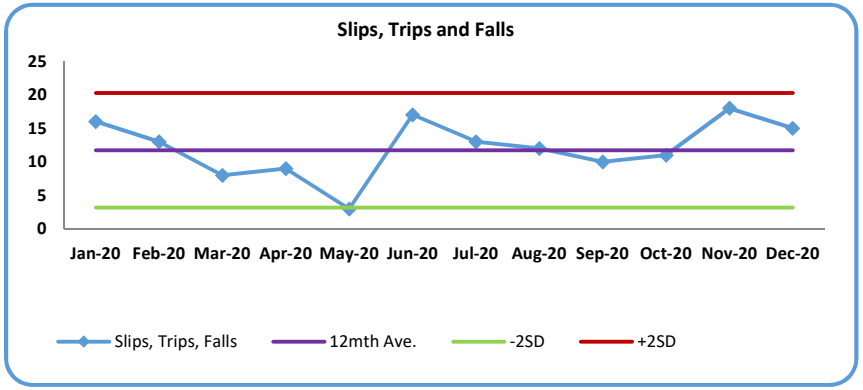
Slips, Trips and Falls

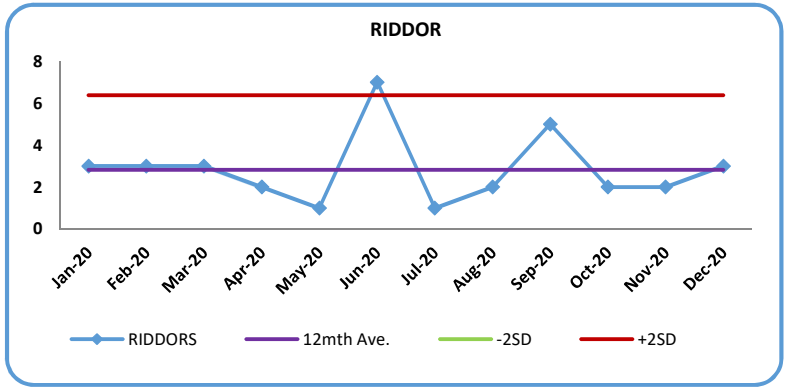
Slips on wet surface, fall on level ground and tripped over an object collectively account for 50% of falls between 1st January 2020 to 31st December 2020. Fall as a result of fall from height; fall up or down stairway and falls from a chair account for 8.3% of the incidents recorded.

RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st January 2020 to 31st December 2020 are Slips and falls (12), moving and handling (8) and Exposure to Hazards (3). These account for 69.6% of reportable accidents over the period.







Quality and Performance: Clinical Audit (1/2)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Audit of care at the End of Life	2019 findings	• Recognising the possibility of death (Trust 98% v UK 88%). • Casenotes recorded an individualised plan of care (Trust 100% v UK 71%). • Patients individualised plan of care discussed (Trust 100% v UK 94%). • Discussion with families / carers that patient may die or a reason why not recorded (Trust 100% v UK 97%). • Hospitals have access to a specialist palliative care team (Trust Yes v UK 99%). • Families / carers felt the hospital was the right place for the patient to die, all deaths (Trust 100% v UK 77%). • Casenotes recorded patient's hydration status and assessed daily (Trust 95% v UK 77%). • Families / carers were asked about their needs (Trust 84% v UK 58%). • Families / carers felt they were given enough emotional help and support by staff (Trust 92% v UK 65%). • Families / carers felt the quality of care provided to the patient was good, excellent or outstanding (Trust 92% v UK 80%). • Families / carers felt the quality of care provided to themselves was good, excellent or outstanding (Trust 92% v UK 75%).	• Patients hydration options discussed (Trust 69% v UK 80%). • Nutrition options discussed with families / carers or a reason why not recorded (Trust 31% v UK 47%).	Discussed at December 2020 Clinical Audit and Guidelines Group
National Paediatric Diabetes Audit	2018-2019 data	• Percentage of children and young people with Type 1 diabetes who received HbA1b check (Trust 100% v North East & Cumbria 99.1% v England and Wales 99.4%). • Percentage of children and young people with Type 1 diabetes who received BMI check (Trust 98.7% v North East & Cumbria 98.3% v England & Wales 99.2%. • Percentage of children and young people (aged 12 plus) with Type 1 diabetes who received Blood Pressure check (Trust 98.6% v North East & Cumbria 94.6% v England & Wales 96.2%. • Percentage of children and young people (aged 12 plus) with Type 1 diabetes who received Albuminuria check (Trust 81.6%, North East & Cumbria 81.6% v England & Wales 78.3%).	• Percentage of children and young people with Type 1 diabetes who received Thyroid check (Trust 68.2% v North East & Cumbria 88.8% v England & Wales 87.2%). • Percentage of children and young people (aged 12 plus) with Type 1 diabetes who receive Eye Screening check (Trust 71.4% v North East & Cumbria 81.5% v England & Wales (77.5%). • Percentage of children and young people (aged 12 plus) with Type 1 diabetes who receive Foot examination check (Trust 74.8% v North East & Cumbria 75.5% v England & Wales 82.5%).	Discussed at December 2020 Clinical Audit and Guidelines Group

Quality and Performance: Clinical Audit (2/2)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
British Thoracic Society; National Smoking Cessation	Audit Report 2019	• The Trust has publically pledged its support for a Smokefree NHS and the CEO, Chair and Medical Director signed the NHS Smokefree Pledge on 24 May 2018. Hence a commitment has been made to helping smokers to quit, providing treatment and creating a Smokefree environment by signing the NHS Smokefree Pledge. • There are formal pathways in place that have been developed with the Local Authority (LA) and the LA commissioned Stop Smoking Services (SSS). Agreement has been obtained from the Public Health Team at Newcastle City Council (Commissioners of the Newcastle Stop Smoking Service that NUTH can forward referrals of patients who live out of area to the to the appropriate provider. • Documentation of smoking status, referral to stop smoking service, VBA and NRT provision are all documented in the e-record • Champix (Varenicline) is on prescribing formulary and the Trust has signed the Pfizer discount offer to NHS Foundation Trusts which makes Champix a highly cost effective medication to use when appropriate. • The Trust has a multidisciplinary Smokefree operational group in place that brings together the named trust clinical lead (Associate Director of Nursing); Public health consultant (Strategic Lead) Estates, training, IT; clinicians and Comms. with a dedicated Senior Trust lead. Smokefree NHS Leads across the Trusts in the region include Medical Directors, Senior consultants, Public Health Consultants, Associate Directors of Nursing and Directors of Estates. • The Smoke Free policy in the Trust is in the process of being revised with the aim to be ratified in January next year. Steps are already put in place to progress implementation on two key priorities relevant to the digital side (e-record and referral pathway) and NRT (tobacco dependency treatment). • There is a named clinical lead for the Smoke Free Policy in the Trust who is the Associate Director of Nursing. The Trust NHS Smoke Free Lead is the Consultant in Public Health. • A band 7 Public Health Midwife with a remit to support smoking cessation in maternity will be appointed in December on a fixed one year post. The interview will take place on the 17th of December. This post will help support driving the smoke free policy implementation in maternity.	• The key area where the Trust needs to focus in order to meet national targets is offering all inpatient smokers NHS-funded tobacco treatment in the form of NRT or Champix. • Implement the changes in the Smoking cessation e-record. This includes clarifying and confirming the mandated fields in particular on recording smoking status. • Simplify the referral process to the Stop smoking service by providing an automatic referral (at the press of a button after completing all mandated question in the re-record). • Undertake all necessary steps to schedule submissions to NECS on a quarterly basis a minimum data set as part of the regional Smokefree NHS Data Collection. • Ensure that referral data from different wards and services are fed back to information services in the Trust and back to wards. Hence close the data loop allowing the data to be used to target interventions. • Develop a PGD for a start prescription dose of NRT for 24 hours and ensure governance around this is clear. • Need to ensure at least one week supply of pharmacotherapy to patients on discharge. • Ensure that patients are followed up by the stop smoking service, especially for patients outside Newcastle. • Consider and develop training to support prescription and supply of NRT both to front line professionals including medics and pharmacists. • Finalise a revised Smoke Free Strategy and develop and develop and coordinate an implementation action plan together with Executive sign off of the Strategy. • There is a need for one full time equivalent role of a Band 6 to lead on smoking cessation and implementation of the smoke free policy in the Trust.	Discussed at December 2020 Clinical Audit and Guidelines Group

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

- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective Surgery.**
    - Led by the sub-groups, a number of new frameworks and standard operating procedures have been produced and maintained to provide guidance for Directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways**.**

- **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.

- **Due to the second and third COVID waves, groups have been reinvigorated** with a focus on maintaining safety, rescheduling any displaced treatments / assessments and maximizing any remaining elective capacity.
    - As well as necessary immediate actions, performance recovery initiatives will be directed through these subgroups once the third wave is navigated.

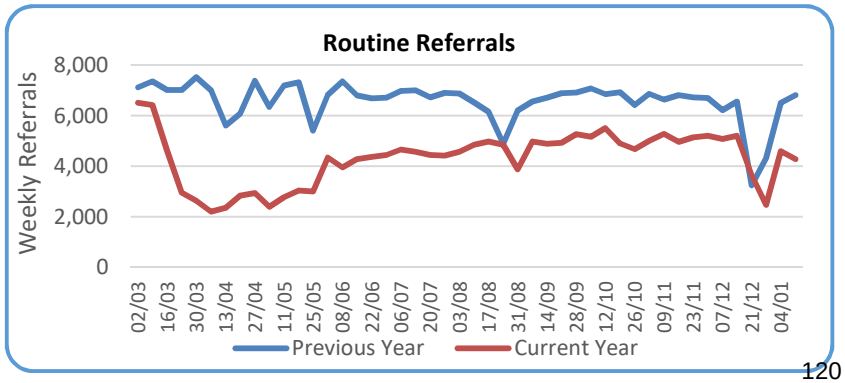
- **Key measures are tracked through the 3Rs programme and investigated further where necessary.**
    - Additional Recovery Schemes (ARS) have been approved through the 3Rs programme and will continue to be monitored.

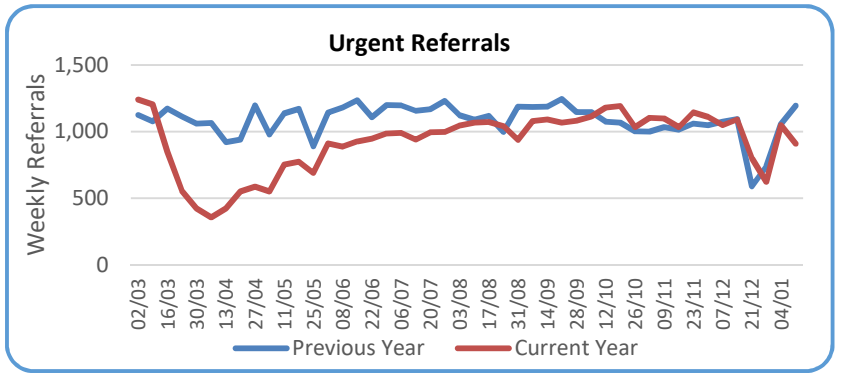
Schemes include:

- Cataract surgical centre
- Mobile MRI imaging unit
- Chemotherapy Day Unit moving to 7 day working
- Additional sessions within Endoscopy
- Additional sessions within Dermatology

Measures include:

- Referral rates
- DNA rates
- Activity levels
- Waiting list growth
- TCI bookings





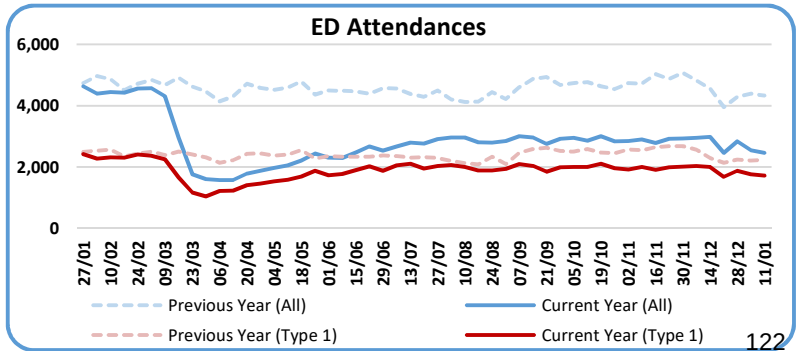
Quality and Performance: Monthly Performance Dashboard

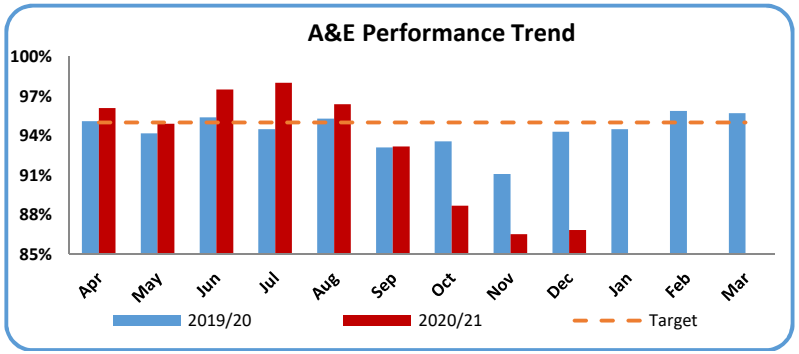
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month Previous Year		
				w/e 06/12/20	w/e 13/12/20	w/e 20/12/20	w/e 27/11/20	w/e 03/01/21	Oct-20	Nov-20	Dec-20
Front Door	Type 1 Attendances (Main ED)	2,377	1,874	84.6%	85.7%	84.3%	70.6%	78.8%	81.5%	74.9%	79.8%
	Ambulance Arrivals	635	649	99.4%	104.3%	100.7%	93.6%	102.2%	91.1%	91.2%	98.6%
	Eye Casualty Attendances	416	177	67.0%	60.5%	62.2%	43.7%	42.5%	56.4%	63.8%	64.1%
	Walk in Centre Attendances	1,419	612	33.8%	36.1%	41.4%	32.8%	43.1%	34.5%	33.9%	35.4%
	A&E 4hr performance (Type 1)	89.5%	78.7%	-7.8%	-10.6%	-11.9%	-3.8%	-10.8%	-4.3%	-3.2%	-8.6%
	A&E 4hr performance (All Types)	94.3%	85.9%	-6.9%	-9.2%	-9.5%	-4.0%	-8.4%	-4.9%	-4.5%	-7.4%
Admission & Flow	Emergency Admissions (All)	743	695	98.7%	99.3%	97.9%	85.5%	93.6%	84.1%	72.6%	79.5%
	Bed Occupancy	80.8%	74.2%	78.2%	80.8%	79.6%	67.0%	74.2%	73.1%	79.2%	76.0%
RTT/Planned Care	Outpatient Referrals (All)	8,115	3,218	83.0%	80.9%	81.3%	57.9%	39.7%	78.9%	80.4%	80.6%
	Elective Spells & Outpatient Procedures	6,994	2,181	75.4%	75.9%	76.0%	47.8%	31.2%	67.2%	72.6%	72.7%
	Outpatient Consultations	16,187	7,522	114.5%	115.9%	117.3%	72.9%	46.5%	97.5%	96.2%	84.0%
	DNA Rates	7.2%	7.7%	8.8%	9.1%	9.3%	9.1%	7.7%	8.9%	9.0%	9.0%
	Incomplete Performance	87.3%	67.4%	69.2%	69.1%	68.6%	68.4%	67.4%	68.8%	70.6%	70.2%
	RTT >52 Week Waiters	18	3,596	2,972	3,106	3,344	3,413	3,596	2,045	2,680	3,421
Cancer	2WW Appointments	482	274	88.9%	92.9%	87.7%	79.2%	56.8%	85.0%	97.4%	99.2%
	All Cancer 2WW	No weekly performance recorded.							48.0%	43.0%	Reported one month in arrears.
	Cancer 2WW Breast Symptomatic								73.3%	29.3%	
	Cancer 62 Days - Urgent								82.1%	81.8%	
	Cancer 62 Days - Screening								85.7%	90.9%	
Diagnostics	Total Diagnostic Tests Undertaken	4,275	2,121	88.0%	89.0%	91.2%	61.1%	49.6%	84.3%	84.3%	90.3%
	Diagnostic Performance	No weekly performance recorded.							76.6%	76.4%	77.4%

Data provided as 'Actual' figure rather than % comparison

Quality and Performance: A&E Access and Performance

- **The past 2 months have seen the Trust's lowest performance against the monthly A&E 4hr standard (95%) for many years.**
  - December's performance of 86.9% was in line with November's level, but 7.4% below December 2020's performance.
  - Despite this, NuTH's performance was 6.5% above the national average, which fell significantly by 3.5% to 80.3% in December. Performance across Cumbria and the North East was 85.7%, placing it 7th out of the 42 regional areas.
- **Performance continues to struggle in January and is currently 86.8%** against the 95% standard as at 15/01.
  - Additional challenges with maintaining flow through the department are presented by the resurgence of COVID-19 admissions both locally and nationally. Bed occupancy has risen again following the usual seasonal dip over Christmas, averaging 81% in the first full week of January.
- **Factors which contributed to the low performance in December include:**
  - Medical staffing issues caused by illness and quarantine and fewer funded junior doctors posts than last winter.
  - Reduced bed capacity due to COIVD IPC measures - 6 bedded bays to 4 - contributing to a net loss of 237 beds across the organisation.
  - Increased ambulance arrivals for the 4th successive month resulting in a higher proportion of those attending being higher acuity patients.
  - Average 60+ COVID inpatients in December with the COVID second wave contributing to high bed occupancy equaling the levels seen in the same period last year. This is the first time 2020 occupancy has matched 2019 levels and has created patient flow difficulties.
- **Changes in attendance profile / acuity:**
  - Type 1 attendances now account for a significantly higher proportion of overall attendances with 68% of attendances in December 2020 classified as Type 1, compared to just 52% in December 2019.
    - With patients classified as 'majors' forming a higher proportion of attendances, approx. 65% vs 60% previous year.
  - The Trust's Urgent Treatment Centres have seen very low attendance levels in recent months, with attendances last month at only 35% of December 2019 levels.
- **The Emergency Department are working alongside Newcastle Improvement and Patient Services to implement actions to improve performance via:**
  - Short term solutions are being implemented to cover the medical staffing gaps.
  - Additional staff are being recruited to assist with patient flow between the Emergency Department and clinical specialties.
  - Additional pop up suites have been purchased to increase the capacity available to conduct patient assessments.
  - The department are working with directorate managers and clinicians to review emergency pathways within numerous clinical specialties.
  - Emergency Department Digital Interface (EDDI) is being implemented. This offers designated arrival times for patients who ring 111 and are triaged to ED. This aims to reduce walk in attendances and direct patients to quieter times of day.
  - Additional rapid response cleaning time has been allocated to ED/Assessment Suite to enable beds to be available again more quickly.

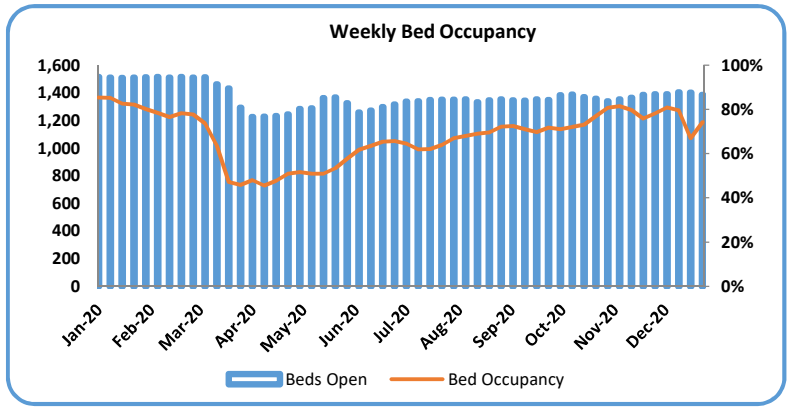




Quality and Performance: Bed Occupancy and Long Length of Stay Patients

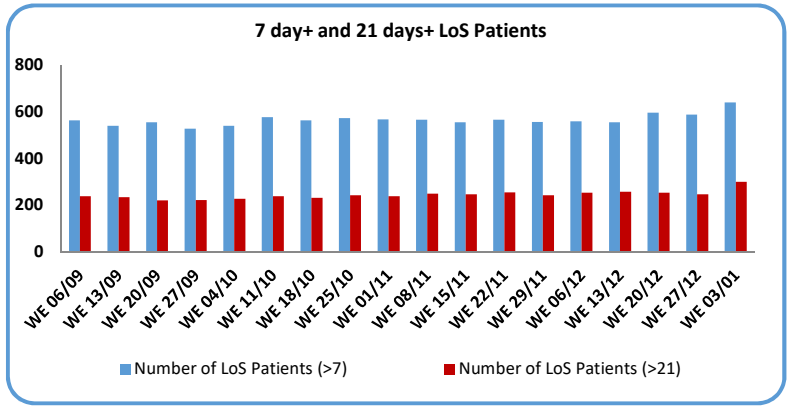
- **Due to the suspension of reporting to NHSE/I this report will no longer contain information relating to Delayed Transfers of Care (DTOCs) for the remainder of 2020/21.**
    - Processes remain in place to ensure this reporting can be restarted in April 2021 in line with the proposed national timescales.
    - 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.

- **During November and December bed occupancy equalled the levels seen in the same period last year.** Prior to this, occupancy had consistently been well below pre-COVID levels. In the first 3 weeks of December occupancy was around 80%, with the rise in recent months creating patient flow difficulties. In line with usual seasonality occupancy fell around Christmas, mainly due to fewer elective admissions. Consequently, occupancy for December overall was 76%.
- Reasons for the higher occupancy in the past 2 months include:
    - Monthly elective activity (as a proportion of the activity delivered in the same month in 2019) continued to increase.
    - COVID admissions reached their highest level since April.
    - Growing numbers of Long Length of Stay (LoS) patients >7 days.
    - Rising levels of emergency admissions.



- The growth in bed occupancy has contributed to November and December having the most medical boarders in 2020. This creates patient flow difficulties and makes achievement of the A&E 4 hour standard more difficult. Solutions have been implemented to increase medical bed capacity across sites, although this does reduce elective bed capacity. Additionally, additional consultant assistance is being provided to Assessment Suite to support earlier discharge and release capacity.

- However, higher bed occupancy levels were prevented in December by a significant fall in bed closures. This was due to fewer closures for COVID outbreaks and staffing shortages, and increased bed availability following the completion of Estates work. Consequently in December the level of breaches due to 'No Beds Available' halved compared to November.

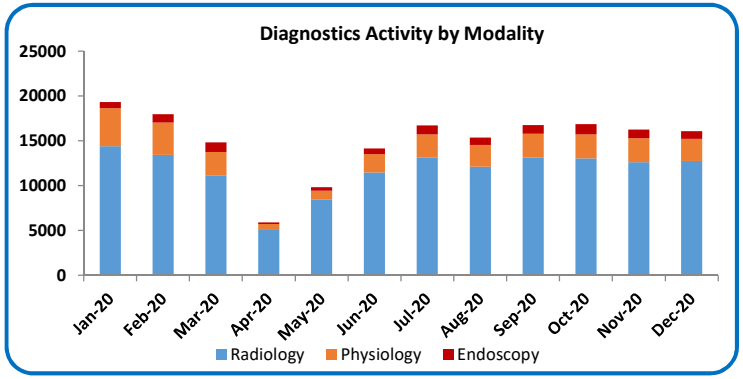


- **During December there was an increase in Long Length of Stay Patients.**
    - The Trust averaged 586 patients with LoS>7 days, 4% higher than November.
    - 261 of these patients on average had a LoS >21 days. This is the highest level of 2020 and 11% higher than 2 months ago.

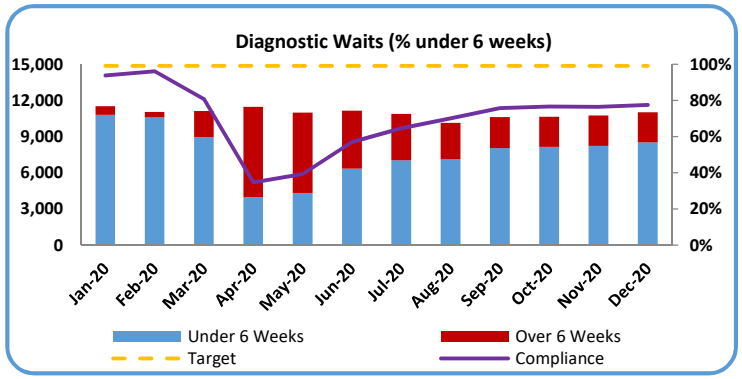
Quality and Performance: Diagnostic Waits

- **Diagnostics performance in December was 77.4% against the 99% standard, the highest level of compliance since March 2020 and a 1% increase on performance for November. The monthly trend remains stable, with the standard achieved hovering between 75% and 78% since September.**
  - Performance improved within Physiological Measurements (47%, +7.6%) but declined slightly in both Imaging (87%, -1.1%) and Endoscopy (49%, -3.8%). The long waiter backlog continues to be processed with 8% of the waiting list now having waited 13+ weeks, down 2.4% from November.
  - In November (latest available NHSE data) NuTH's diagnostics performance (76.5%) was above the national (72.5%) and regional (71.2%) positions.
- **In December 16,070 tests were carried out, 173 less than the total undertaken in November representing a fall of only 1.1%.**
  - This breaks the common trend of December in-month activity reducing in comparison to November due to the holiday period.
    - In 2018 and 2019 activity reduced by 12% from November levels.
    - Imaging activity actually increased on the November outturn by 1.3%, whilst Endoscopy contracted by 12%.
  - In terms of activity recovery, December represents the most successful month to date when compared to the same month last year (working day adjusted) at 90.3% of 2019 levels. Non-adjusted activity was down 5.1%.

Patients Treated Within Month	Current Month	Previous Month	Difference (Actual)	Difference (%)
Imaging	12,774	12,616	158	1.3%
Physiological Measurement	2,447	2,663	-216	-8.1%
Endoscopy	849	964	-115	-11.9%
Trust Total	**16,070**	**16,243**	-173	-1.1%



- **Efforts are ongoing to increase activity across all settings against the backdrop of increasing bed occupancy, ongoing social distancing and additional settle time requirements, which continue to pose significant challenges.**
  - Services including Radiology continue to utilise independent sector capacity and provide extra lists, assessing further opportunities when they arise.
  - Endoscopy are providing extra sessions regularly to the end of March.
  - ECG activity has been outsourced with devices sent to the homes of patients, who then post the equipment back to report the results. Whilst this activity does not directly contribute to submitted performance, the initiative has increased activity whilst reducing patient footfall on site.



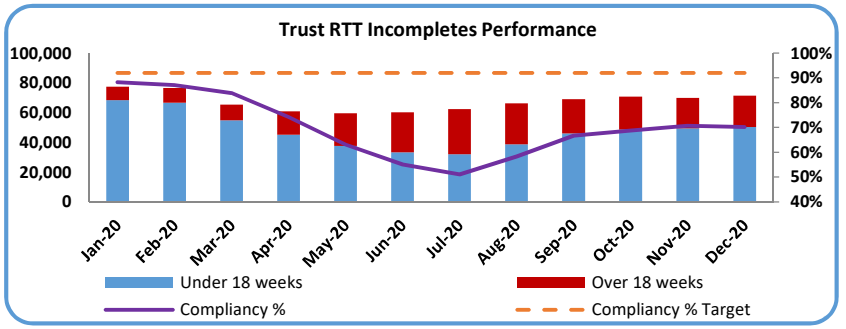
- **The total waiting list (WL) size (10,998 patients) increased marginally by 252 patients (2.3%) in December, and remains stable at volumes comparable to the months prior to the pandemic onset.**
  - In November the overall national waiting list was 13.2% higher than in the same month last year, whilst comparatively NuTH's waiting list reduced by 3%.
  - Echo have reduced their WL size by 22% in the past month, assisted by the locum staff in place. The service are exploring the option of utilising their own staff to increase capacity further through overtime.
  - At least one-third of all patients on the WL for Sleep Studies (55%), Echo (47%) and Colonoscopy (34%) have waited >13 weeks. Patients remain reluctant to attend for sleep studies due to the isolation period required, and parents are hesitant to leave their children in hospital overnight.

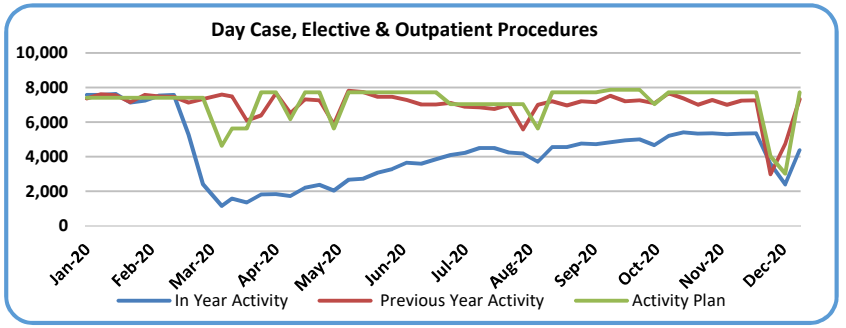
Quality and Performance: 18 Weeks Referral to Treatment

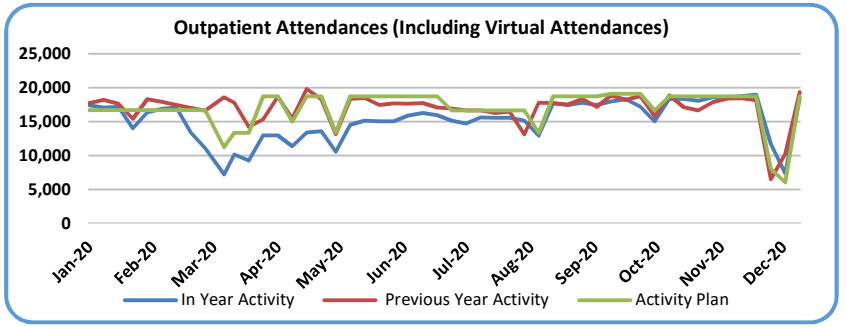
- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted with 18 week performance only having started to recover from August onwards. Performance declined slightly in December with achievement of 70.2% against the 92% standard, and the number of patients waiting 52 weeks or more for their first treatment continues to increase, now standing at 3,421.**
  - Six specialties met the standard with Oral Surgery compliant for the first time since February. All but six specialties have 52+ week waiters.
  - 21,268 patients have now waited greater than 18 weeks, with 11,087 of those having waited over 40 weeks.
  - NuTH have the 6th largest PTL in the country (November 2020) and have the second highest compliancy rate of the Trusts with the 10 largest PTLs.
  - National RTT compliance continues to increase month on month, now standing at 68.2% for November.
  - Harm reviews continue to be carried out for all patients over 52 weeks, with patients prioritised by clinical urgency.
  - Since June the waiting list has grown consistently, sitting at 71,404.
  - The volume of referrals received in Dec 2020 was 85% of the volume seen in Dec 2019, with Urgent referrals 4% higher.
  - In December the Trust had one patient who breached 104 weeks.

- **Treatment of long waiters as well as recovery of elective activity and RTT performance are key ambitions of the Trust, with NHSE/I Phase 3 ambitions to achieve 90% of DC, EL and OP Proc. activity (combined) from Oct-20 onwards, and 100% of OP Attendance activity from Sept-20.**
  - Due to the recent third wave bed and ITU capacity is severely limited with high priority urgent and cancer surgery (P1 and P2) prioritised, especially during the early weeks of 2021.
  - Due to pressures urgent cases from other providers have been performed at NuTH, this will continue in the short term.
  - Although the holiday period makes accurate comparisons difficult, the week ending 20th December 2020 measured at 74% (Day Case, Elective & Outpatient Procedures) and 104% (Outpatient Attendances) when compared to the previous year.
  - The Trust continues with its established 3Rs recovery work streams, including dedicated sub groups focusing on elective surgical restart, outpatient transformation and RTT / outpatient process issues.

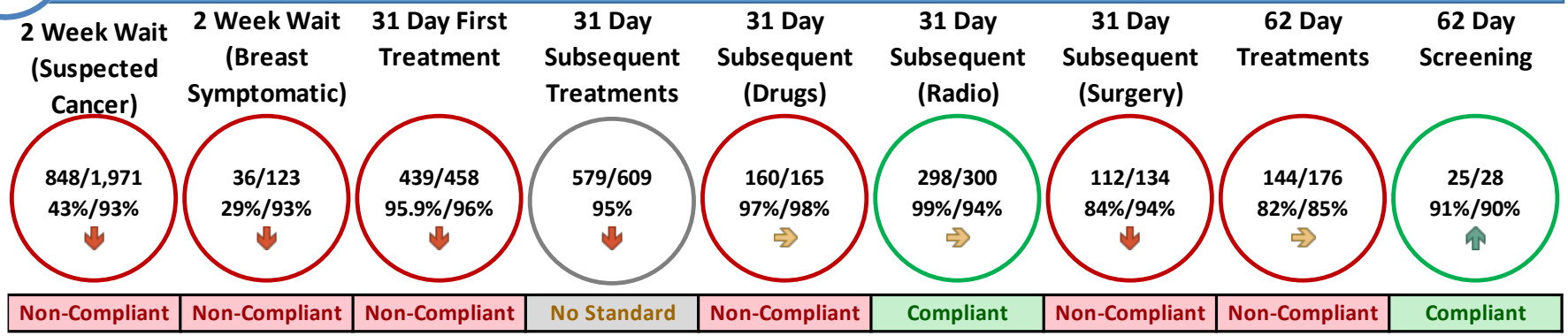
- **The main recovery schemes are:**
  - Cataract pop up theatre scheme to go live in March which once running aims to deliver 33% additional activity annually.
  - Re-instatement of DNA reminder service (February).
  - Additional sessions within Dermatology, Endoscopy and Radiology
  - 7 day working within the Chemo Day Case Unit.
  - 7 day working within the Echo service, insourcing of additional Echo capacity and implementation of remote ECG monitoring.
  - Further schemes are identified but need additional funding.







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 2 of the 8 Cancer Waiting Time standards in November; 3 of the 8 standards were met in October.**
  - **The 31 Day Subsequent Treatments – Radiotherapy standard was met** in November with performance of 99.3%.
  - **The 62 Day Screening standard was met** in November with performance of 90.9%.
- **The 2ww position has consistently dropped in the past 6 months and fell further to** 43% in November. The low performance is predominantly due to an issues within Skin cancer (12%) which accounts for the largest volume of 2ww referrals, actions are in place to address but will not have full impact until 2021. The suspected Breast position (52%) declined as well due to a high volume of Lower GI performance also remained very low (12%).
  - **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.
    - From November a tele-dermatology pathway has been initiated with GPs now sending images to NuTH alongside referrals.
  - **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 additional waits at the start of the pathway. Shortly GPs will provide the result of the FIT before referral which will increase performance.
- **The Northern Surgical Hub** which captures patients requiring surgical intervention across the Northern section of the Cancer Alliance is now redistributing some surgical work from Trusts who do not have capacity due to COVID.
  - Through this initiative NuTH are performing additional surgeries for urgent cancer patients which would have been performed by other providers.
  - This will carry on through to February.
  - Although this will allow patients across the patch to be treated in the best timeframe and provide the best outcomes this will impact on NuTH's future 62 day performance (post November position).
  - A similar initiative is being discussed for patients requiring chemotherapy due to significant system pressure.
- **The Northern Cancer Alliance met 2 of the 8 standards in November; 3 of the 8 standards were met in October.**
  - 1 provider within the Northern Cancer Alliance achieved the 2ww target in November.
  - 1 provider within the Northern Cancer Alliance met the 62 day target in November.

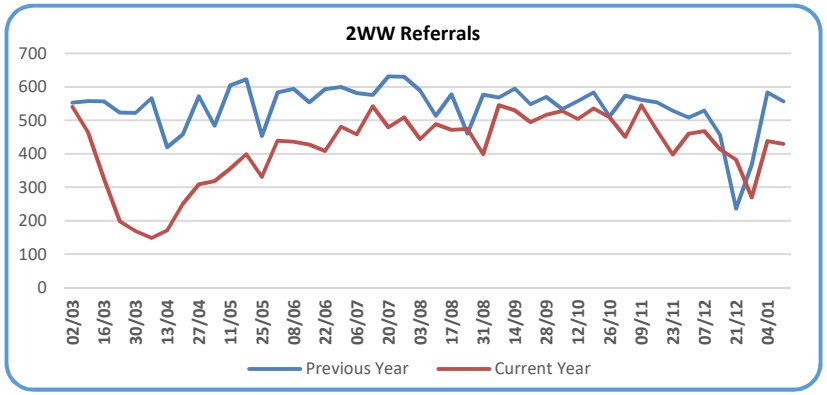
Please see additional charts and referral information contained on the next page

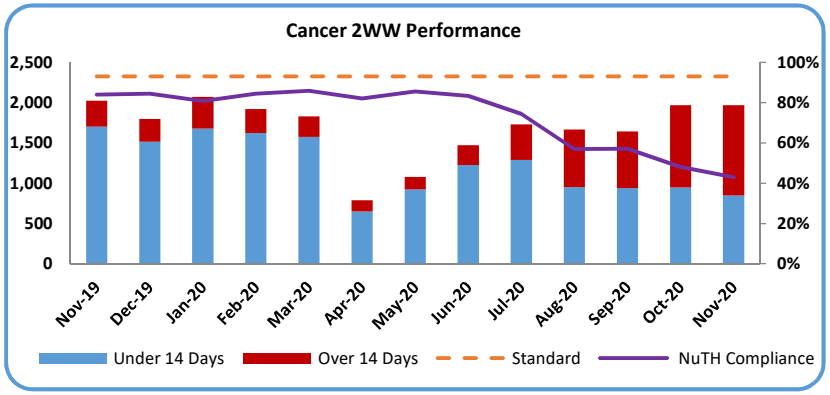
Quality and Performance: Cancer Performance (2/2)

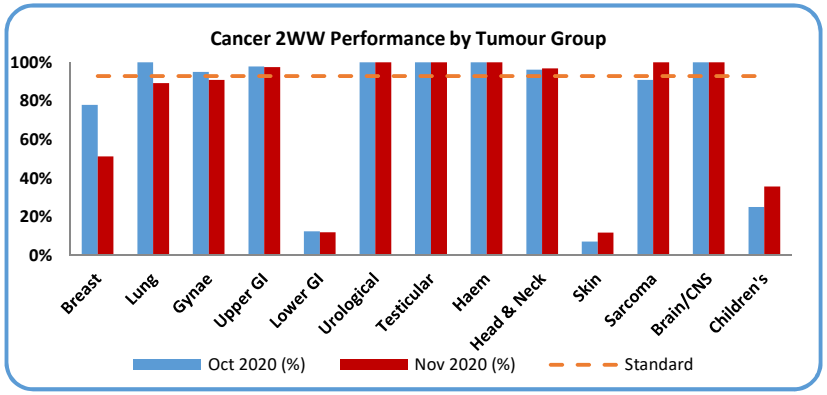
Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels. Referrals have reached close to previous levels with some reduction in Urology, Lung and Head and Neck tumour groups.

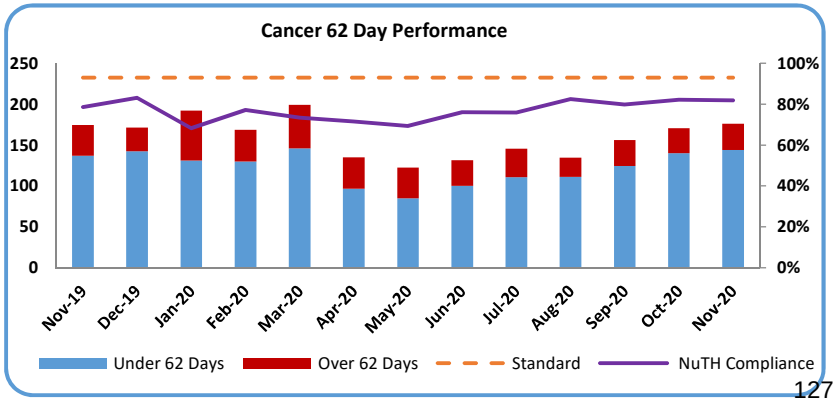
Referral levels across the region have been reflective of the NuTH position.

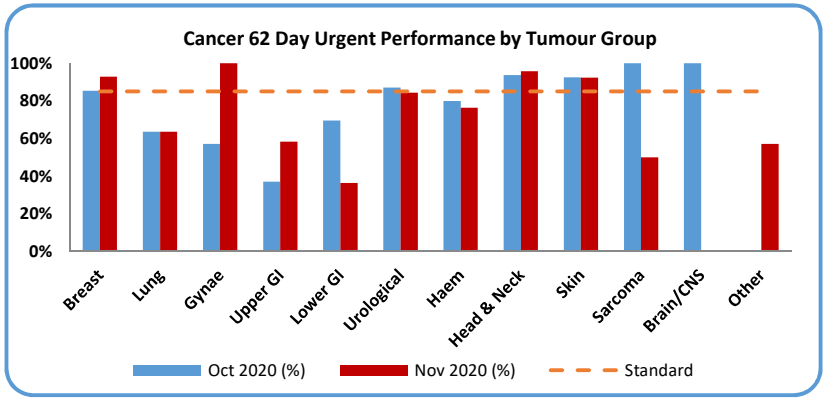
There is a small lag in the latest weekly position for referrals.











Quality and Performance: Other Performance Requirements

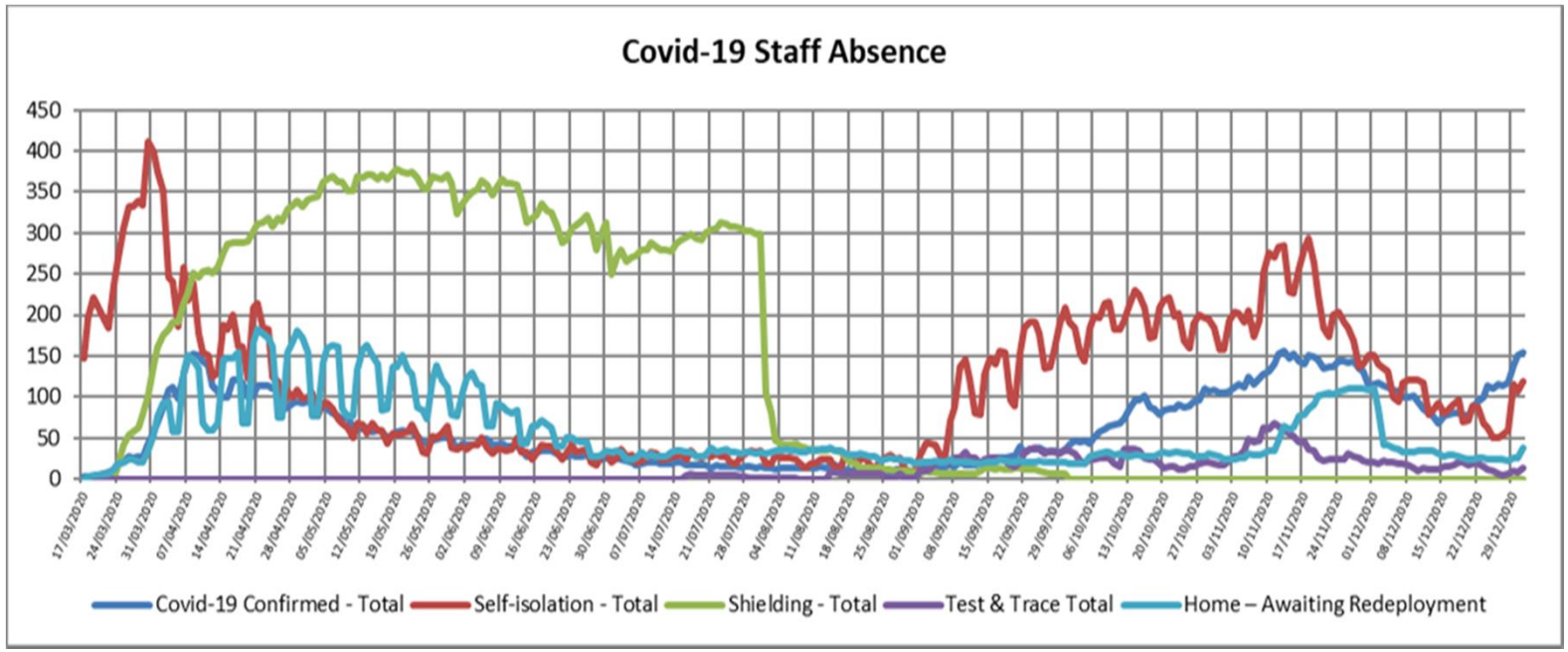
- **The Trust reported 14 'last minute' cancelled operations in December 2020.**
  - This is the lowest total since April 2020, despite elective inpatient activity within the Trust continuing to increase. The total is significantly less than the pre-COVID monthly average of 62 and reflects both the current close management of listed patients and the urgency of patients listed.
  - Cardiothoracic (5), Neurosciences (4), and Surgery (3) saw the highest tallies at directorate level, but all are reductions on the previous month.
  - For the 6th time in 7 months, NuTH reported 0 breaches against the standard to treat within 28 days following last minute cancellations. There have only been 2 breaches in the past 7 months, a significant improvement compared to 26 breaches in the preceding 7 months.
  - Alongside the reduction in 'last minute' cancellations, throughout the month of December there was a gradual decline from the high peaks observed throughout November in the number of planned operations cancelled in advance. COVID admissions were at much lower levels in comparison to November, reducing the pressure on ITU bed capacity.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in December.**
  - Performance against the referral metric was 100% and this is the 17th 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 continues to be lower than the target of 1.58% with December's performance at 0.83%, the lowest level of compliance since May.**
  - Whilst referrals continue to gradually increase post-lockdown they are yet to return to pre-COVID levels. The service plans to repeat a recent audit that showed proportionally similar reductions across different genders and ethnicities, as well as a largely unchanged mix of acuity.
  - Newcastle Gateshead CCG have recently announced an uplift in service funding that should enable the service to reach the required 18.9% annual access target once additional staff are in place.
- **In December performance against the IAPT 'moving to recovery' standard decreased to 32.1%, considerably below the 50% target and the lowest level of compliance observed for many years.**
  - A waiting list validation exercise is being undertaken in steps, which may result in an imbalanced level of discharges occurring from month to month, affecting the 'moving to recovery' rate. The service hope to further explore the data to understand the variations in the coming weeks.
- **IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 89.7% and 100%.**
  - Following a gradual reduction in the size of the waiting list (WL) over recent months due to lower referral levels and validation the WL size has started to increase again, partly due to the Christmas holidays as well as understaffing in the service. This has resulted in an increase in waiting times, although those waiting for CBT continue to reduce with an external digital provider, IESO, taking on some cases.
  - Whilst recruitment continues to be a struggle due to a shortage of CBT therapists and psychologists nationally, a further two CBT trainees have been taken on to continue internally developing staff. Additional funding has been offered by the CCG to utilise by the end of March and the service are looking to extend the contract with IESO, as well as exploring capacity with NE counselling service MIND.

Reportable Cancelled Operations	Dec-19	Jan-20	Feb – 20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Last minute cancelled operations	52	48	51	70	7	15	16	45	40	34	30	30	14
Number of 28 day breaches	4	5	3	4	3	6	0	0	0	0	2	0	0
Urgent operations cancelled for a 2nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
% asked the dementia case finding question within 72 hours of admission.	36%	35%	42%	39%	42%	37%	36%	28%	39%	38%	36%	43%	42%
% reported as having had a dementia diagnostic assessment including investigations.	61%	55%	69%	72%	67%	65%	67%	62%	71%	64%	38%	36%	26%
% who are referred for further diagnostic advice in line with local pathways.	96%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

People: Flourish – 'Shaping the Best Place to Work'

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 18th March and 31th December.
- At the end of December all COVID related absence reasons were on the increase.



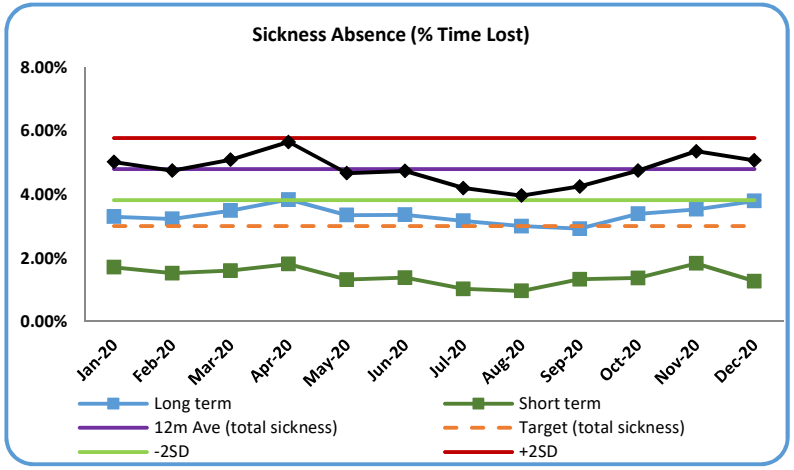
- Risk Assessments have been made available to all Trust staff – staff in 'high risk' category prioritised.
- As of 31st December 99.87% of LET Doctors on placement have been offered or completed a Risk assessment with mitigating outcomes agreed where necessary.

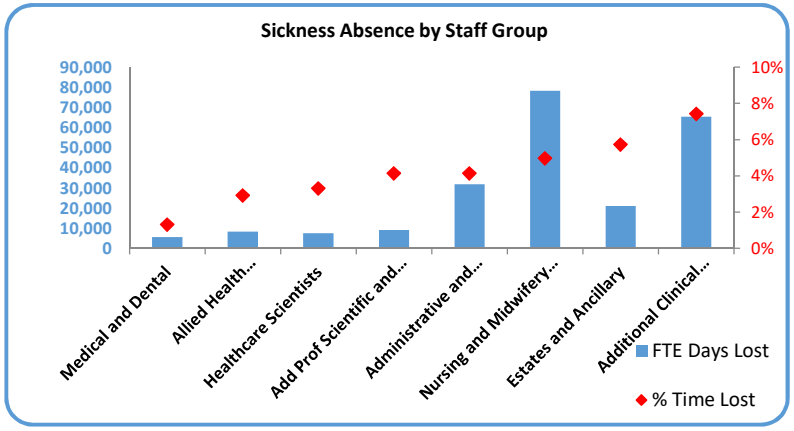
People: Flourish – 'Shaping the Best Place to Work'

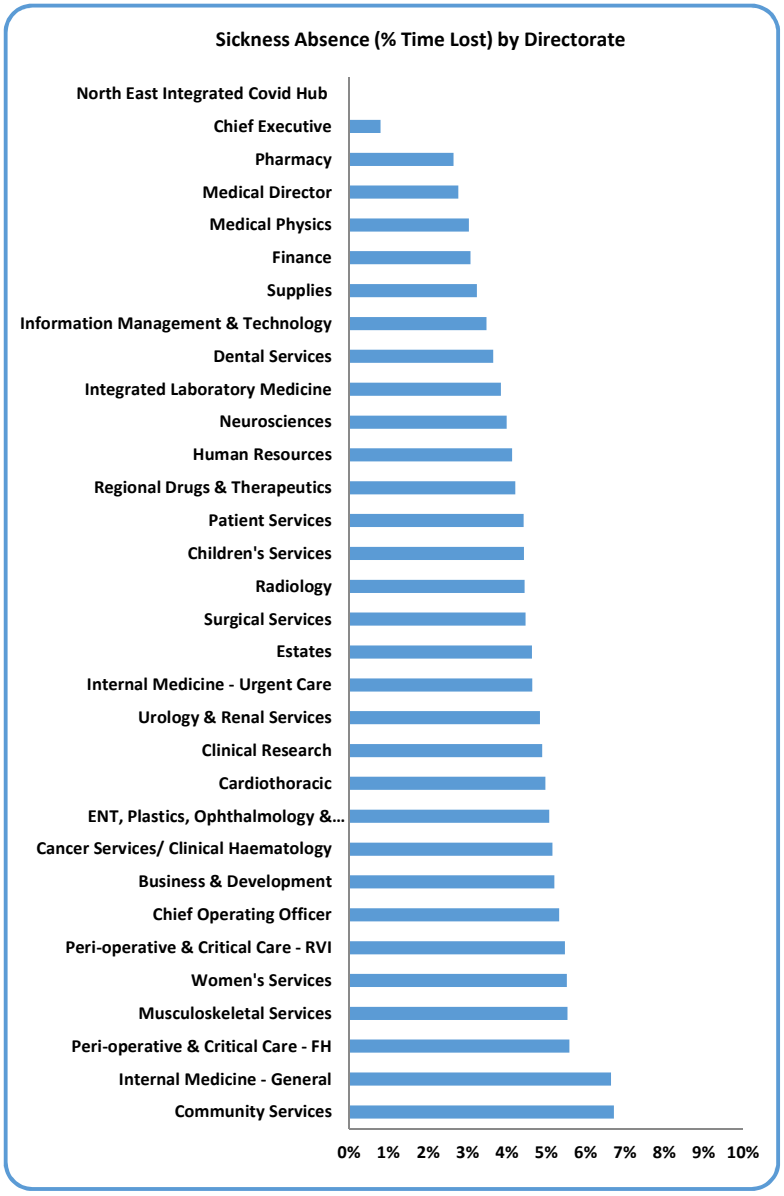
- Year to year comparison for sickness absence :

	Dec-19	Dec-20	
Long-term	3.03%	3.40%	↑
Short-term	1.38%	1.38%	→
Total	4.41%	4.79%	↑

- Cost of absence £19.8m compared to £17.1m in December 2019.
- Overall sickness absence is 4.79% , which is up from the end of March 2020 position of 4.48% - (% Time Lost)



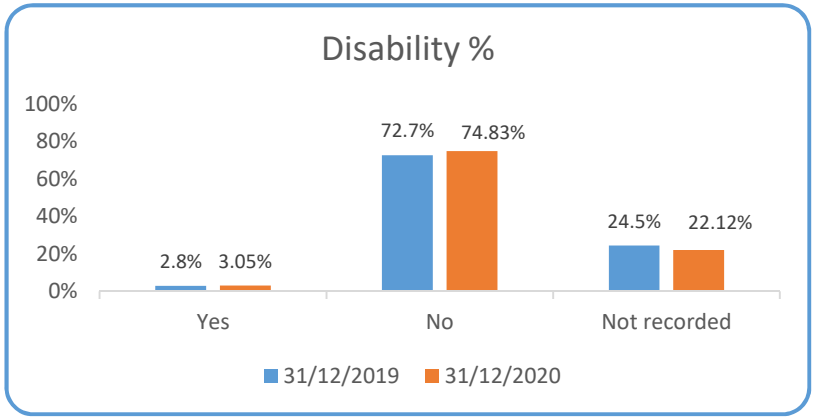


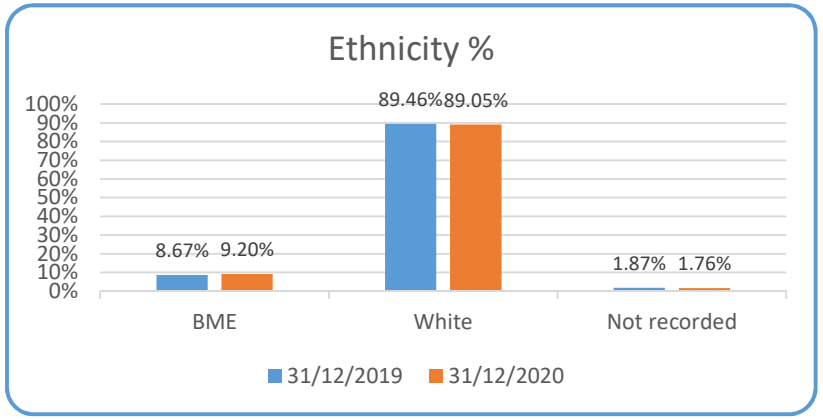


*COO Directorate includes Outpatients / ABC Service

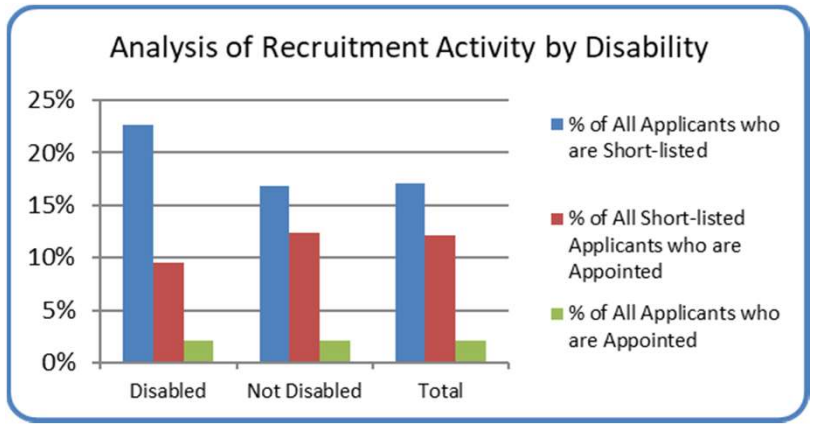
People: Flourish – 'Shaping the Best Place to Work'

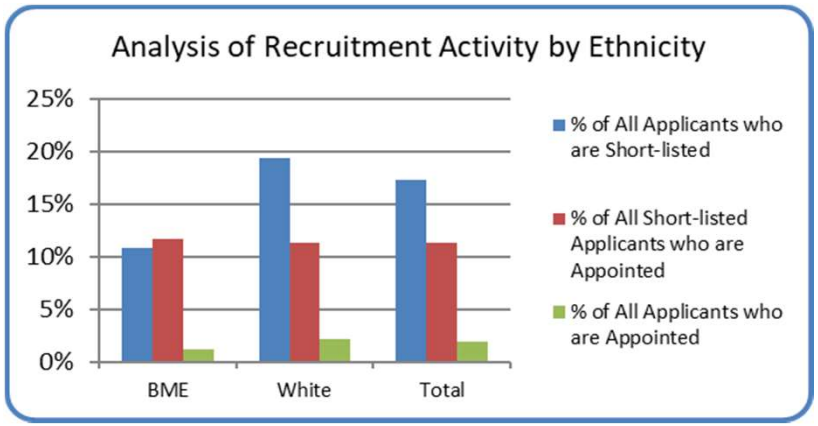
- The graphs below identify, by headcount, the percentage of staff in post in December 2019 and 2020 by disability and ethnicity. The percentage of staff employed with a disability has increased from 2.85% to 3.05% and the percentage of BAME staff has increased from 8.67% to 9.2%.





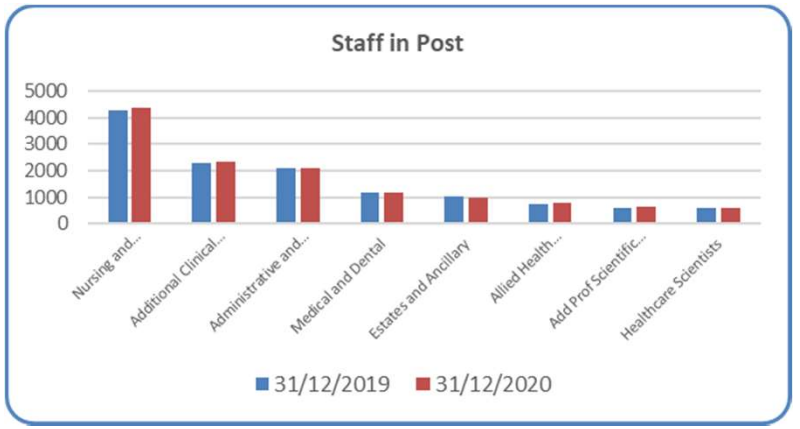
- The graphs below identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending December 2020.

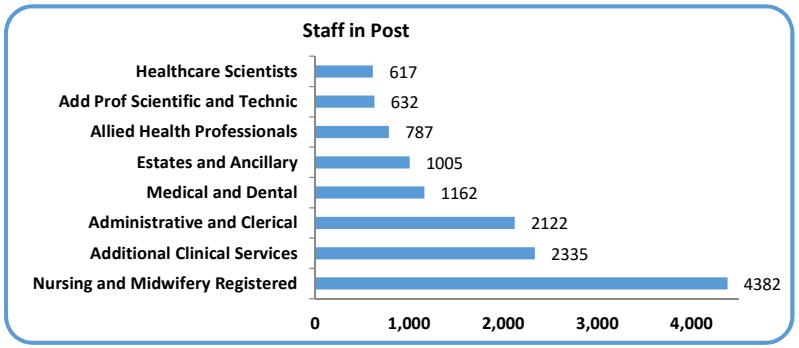


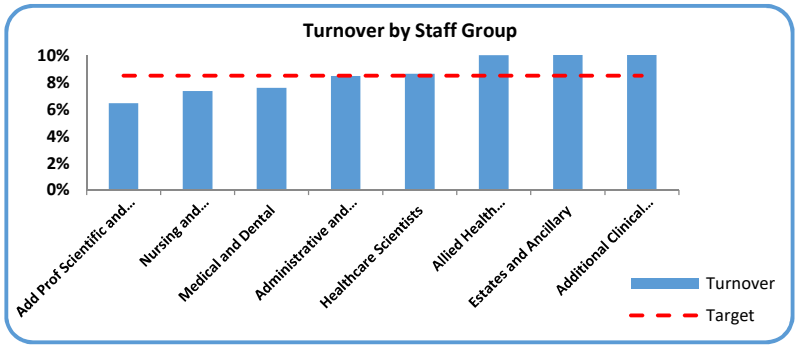


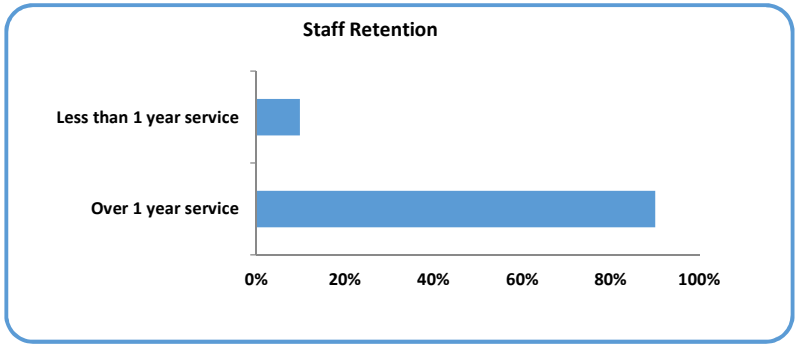
People: Flourish – 'Shaping the Best Place to Work'

- Staff in post at December 2020 is 13,041 wte compared to 12,784 in December 2019; Headcount is 15,052.
- Staff turnover has increased from 9.05% in December 2019 to 9.62% in December 2020, against a target of 8.5%.
- The total number of leavers in the period January 2020 to December 2020 was 1,556.
- Staff retention for staff over 1 year service stands at 89.96%, which is a slight increase from 88.95% in December 2019.



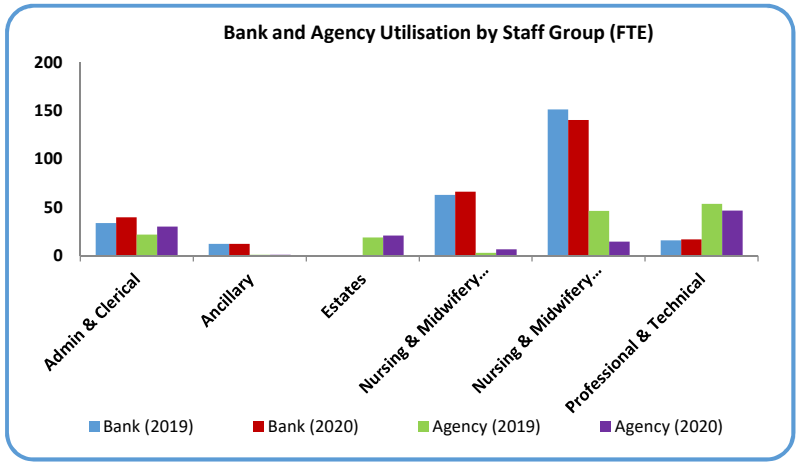


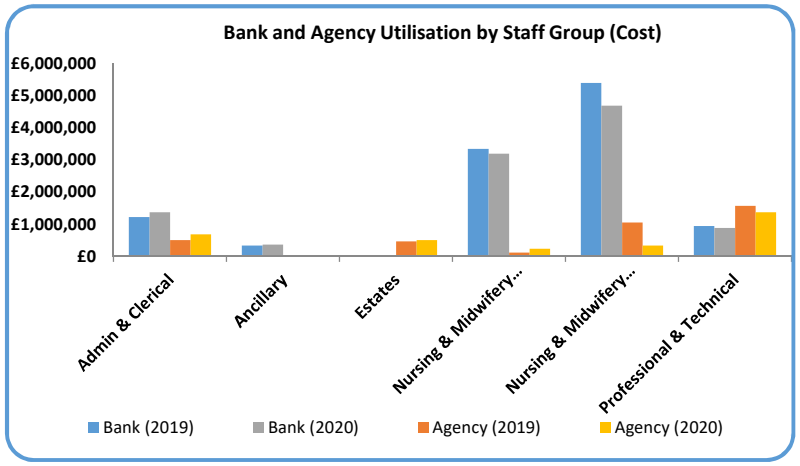


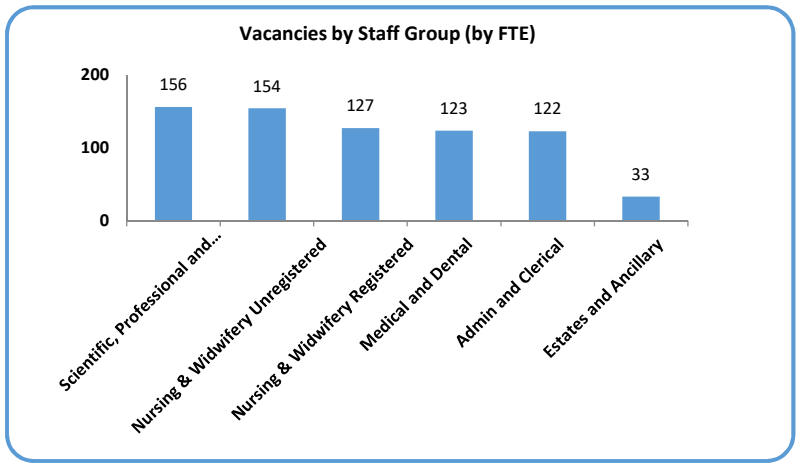


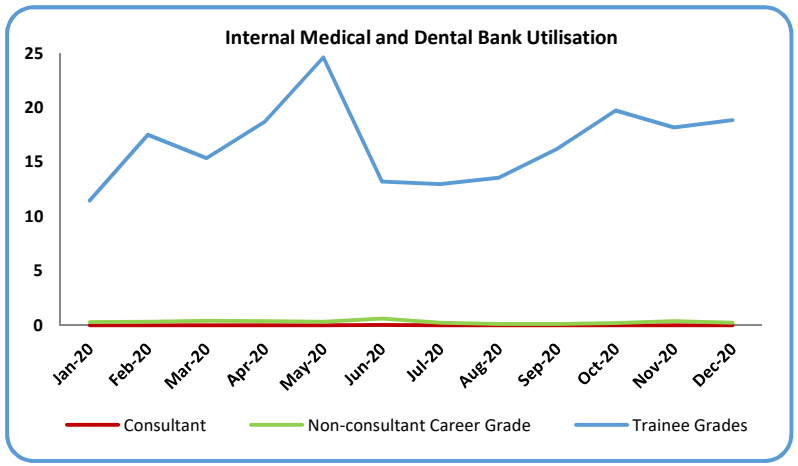
People: Flourish – 'Shaping the Best Place to Work'

- Comparing the periods January 2019 – December 2019 to January 2020 – December 2020, overall bank utilisation has decreased from 276 wte to 275 wte and agency utilisation has decreased from 145 wte to 119 wte.



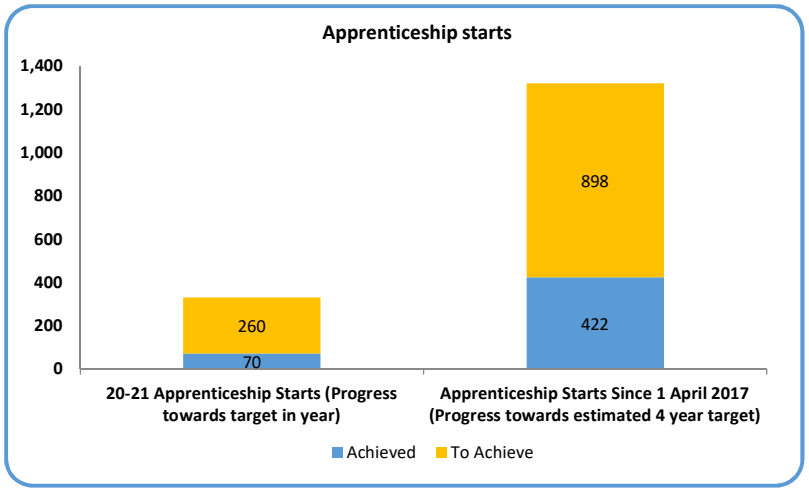


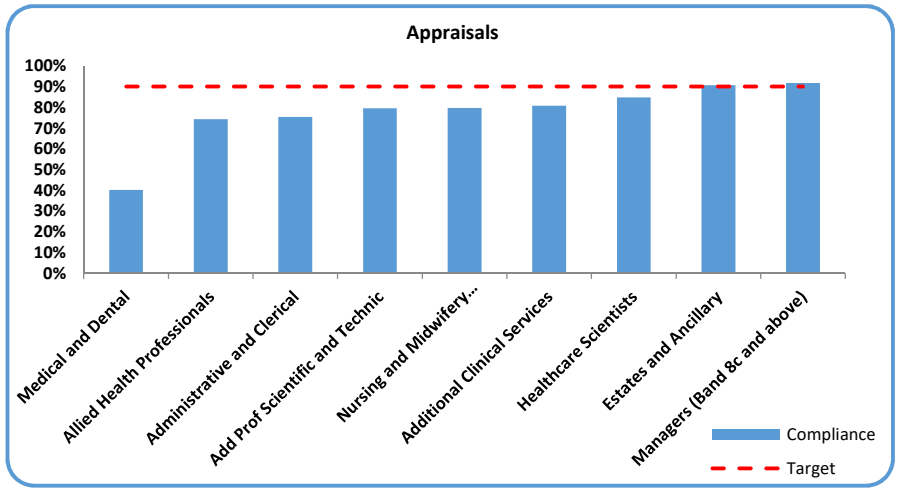


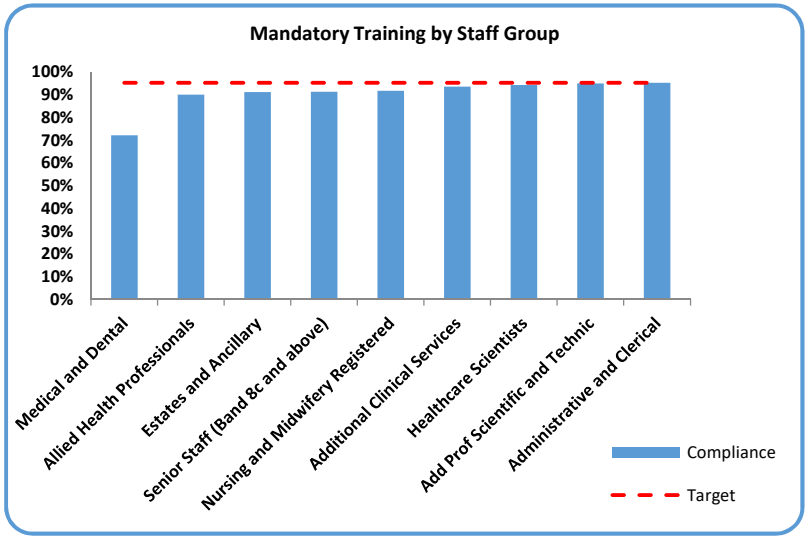


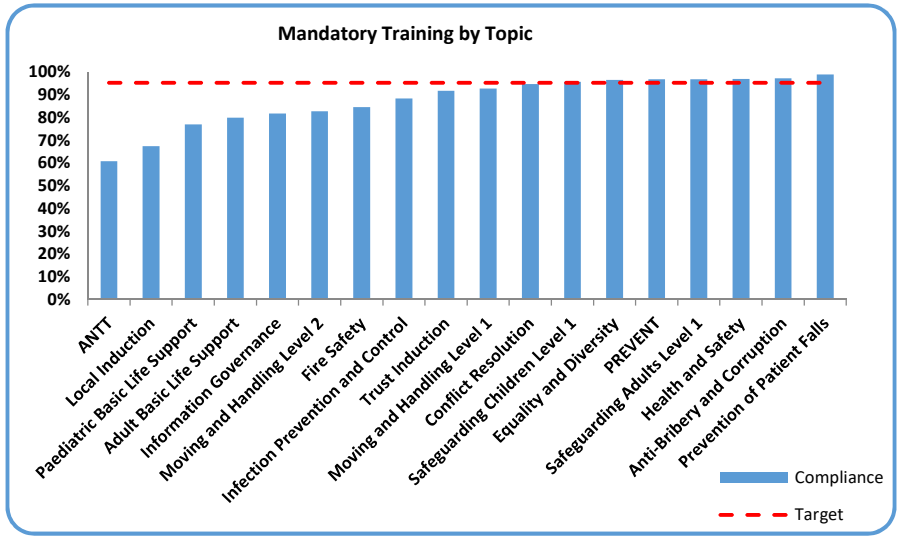
People: Delivering Excellence in Education & Training

- Appraisal compliance stands at 77.42% , against an end of year target of 95%. The December 2019 position was 76.17%. Interventions are in hand to improve this.
- Mandatory training compliance stands at 90.82% at end of December 2020, against a Q2 target of 85% and end of year target of 95%. The December 2019 position was 88.06%









Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 31st December 2020.

The income to 31st December includes all retrospective top up received months April to September (1 – 6) and assumed income in month 8 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 December 2020 the Trust had incurred expenditure of £936.4 million, and accrued income of £921.5 million, leading to a deficit of £14.9 million, which is in line with the Revised Plan (on a control total basis).

To 31st December the Trust had spent £30.6 million capital, £4.1 million behind Plan.

Overall Financial Position			
	Month 9 Budget £'000	Month 9 Actual £'000	Month 9 Variance £'000
Income	896,443	921,532	25,089
Expenditure	911,296	936,384	25,088
I & E position (excl impairment)	14,852	14,852	(0)
Capital Programme	34,759	30,648	(4,111)

Agenda item A8

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
Title	Newcastle Hospitals Charity Strategy						
Report of	Caroline Docking, Assistant Chief Executive						
Prepared by	Teri Bayliss, Charity Director						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☐		☐		
Summary	The staff, patients and people of our region have a great deal of pride and affection for Newcastle Hospitals and this is regularly demonstrated via support for Newcastle Hospitals Charity. A strategic review of our Charity in 2019 highlighted that there is a great deal of potential for our Charity to be more ambitious in terms of grant-making and fundraising that can play a role in improving the health and the health outcomes of the people within the region, and, via research, nationally. Following a 2 year period of review and wide consultation, a new 5 year strategy has been developed for Newcastle Hospitals Charity. This strategy gives our Charity a clear purpose: to be an enabler for the Trust to improving the health and wellbeing of patients, our people and the wider communities of Newcastle Hospitals, providing support for compassionate and innovative healthcare, education and research; locally and nationally. This strategy is about 'Helping Our Hospitals Go Further'. This strategy is underpinned by a clear set of goals; aims; impact; priorities and key actions, as outlined in the strategic framework attached.						
Recommendation	It is recommended that this strategy is ratified for implementation from 1 April 2021.						
Links to Strategic Objectives	The Charity Strategy has its own strategic objectives, as outlined in the attached framework. However, these are aligned and linked to the Strategic Objectives of the Trust.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☐	☐	☒	☐	☐	☒	☒
Impact detail	Delivery of this strategy will ensure strategic grant-making, evaluation and impact, aligned to an agreed framework, and will result in more effective income generation for our Charity.						
Reports previously considered by	This report follows the Trust Board Development session in October 2020 and substantial consideration through the Charity Committee.						

NEWCASTLE HOSPITALS CHARITY STRATEGY 2021 - 2026

1. OVERVIEW

Newcastle Hospitals Charity (NHC) is one of 257 NHS charities in the United Kingdom and is a relatively large charity within the North East and North Cumbria in terms of income, grant-making and reserves.

The Newcastle upon Tyne Hospitals NHS Foundation Trust is the Corporate Trustee of NHC and recognising that NHC had potential to be more ambitious about the impact that the Charity could have, a strategic review of the Charity was commissioned by the Corporate Trustee in 2019. The strategic review, conducted by the Tarnside consultancy, consulted comprehensively within the Trust and benchmarked NHC against comparator NHS and health related charities, and within the NHS charities linked to members of the Shelford Group. The Strategic Review concluded that there was potential for the Charity to be more ambitious in relation to both fundraising and grant-making impact, with improvements to Charity operations and clarity on purpose and priorities.

Following the appointment of a new Charity Director, and strengthening of the core team, further consultation was held with the Trust Board of Directors, Trust Governors, Members and colleagues as well as with donors; supporters and partners of our Charity, during June – December 2020. Key themes of these consultations highlighted the need for the charity to be more visible and to improve understanding of what our Charity does; the complexity of our processes for donors and grant applicants; a need for better dialogue and communication across the Charity and better impact reporting. Consistent themes for setting fundraising priorities also emerged during these consultations and the strategic review, which are reflected in the fundraising focus for our strategy.

In developing this strategy, we have acknowledged that the strategic review was conducted pre-pandemic. However, the pandemic has also clarified first-hand the extent to which the NHS and NHS charities are valued locally and nationally. Over £140M of funds have been donated to NHS Charities Together, for NHS charities, to show support and appreciation for our colleagues and services since the pandemic began. NHC has received £581,000 of these funds to date, and has received much more through offers of support and direct donations of material goods. Prior to the pandemic giving in support of healthcare related causes was higher in the North East of England than the rest of the country (UK Giving 2018, Charities Aid Foundation, March 2018) which is an insight into the generosity of the people of the region, and what is important to them – caring for others.

As we have developed this strategy, we have considered our core purpose and our mission to ensure that we are relevant today and for the future, and that we make impact. We know that issues that existed in our region pre-pandemic, particularly those of health and social inequalities, have been brought even more sharply in to focus and that those communities experiences the highest proportion of health and social inequality have been even more disproportionally affected by the pandemic. We believe that with the right strategy, our

Charity can play a role, as a catalyst and as a partner, in helping to address some of these issues.

2. SUMMARY OF OUR STRATEGY TO 2026

Our strategy is ambitious and relevant with clear aims and priorities. It puts people at the heart of what we do and shares the vision of the Newcastle upon Tyne Hospitals NHS Foundation Trust to "achieve local excellence and global reach through compassionate and innovative healthcare, education and research".

Our ambition is to strengthen the role of our Charity as a key partner of the Trust and to collaborate with the private, voluntary, community and social enterprise sectors to increase the impact that we can make improving the health of our region and beyond.

Working in close partnership with the Trust the goals of our Charity are to:

- Improve the patient and visitor experience, enhancing patient centred care;
- Improve staff health, wellbeing and development; and
- Tack health inequalities and key health issue for our region and nationally.

In delivering these goals we aim to:

- Provide more opportunities to improve the patient and visitor experience across the Trust, further enhancing the highest quality of care;
- Increase support for staff development opportunities that support wellbeing as well as clinical excellence;
- Support research and innovation that ensures we continue to lead the way in delivering world class health care and treatment;
- Actively seek and strengthen partnership at a regional and national level to tackle health inequalities and create healthier communities; and
- Increase engagement across the Trust and become more visible as the charity for all of the Trust.

We will ensure effective governance and take a thematic approach to maximising our fundraising income, and we will focus our grant-making on where we can make the greatest impact.

A full outline of our strategic framework is appended to this report.

3. CHALLENGES AND OPPORTUNITIES

The current challenges to delivering this strategy are operational and these will be addressed as priority milestones. We must improve our processes and systems and make better use of available technologies, becoming more efficient and impactful, and ensuring a positive donor experience.

We have work to do to ensure that the Charity is visible and to engage and educate Trust colleagues on what is possible. We will become one integrated Charity team across grant-

making, evaluation, fundraising and management of our income generation and resources to deliver our goals. We will also ensure that the Charity team are supported and developed to reach their full potential.

As with many sectors, the full impact of the pandemic and the measures to mitigate the spread of the virus is as yet unknown. However we do know, through sources such as the VONNE Covid-19 Impact Survey, that there has been an increase in demand for services provided by the voluntary, community and social enterprise (VCSE) sector and an increase in organisational collaboration in order to deliver services and support to those that need them the most, and that our Charity can play a role as a trusted partner for such services locally.

The pandemic has also accelerated the need for a sustained shift from physical to digital fundraising for our Charity. The findings of the UK Giving and Covid-19 Special Report (Charities Aid Foundation, 2020) highlights that the number of donors making cash donations – usually the country's most popular way of giving – saw a substantial drop off between March (34%) and April (13%) and remains at very low levels compared to previous years. At the same time, the number of donors giving via a website or app increased significantly over the same period (from 13% to 24%) and this remains at much higher levels than previously. Further research during the pandemic found that four in ten people (41%) said that they will avoid using cash wherever possible because of the coronavirus, and six in ten (60%) think it is more hygienic to use contactless debit or credit cards, rather than cash. Whilst there will be a return to face to face fundraising activities, digital access must continue to be a priority.

4. RISK

A key risk that has been considered relates to future fundraising, particularly in the short to medium term. However the Charities Aid Foundation has reported that giving to charities increased by £800million in 2020 (UK Giving and Covid-19, Charities Aid Foundation 2020). A reduction in new fundraising income for NHC could affect our ability to provide effective, impactful grants. However this is a lesser risk in the short-term given the significant value of our reserves. Thus far our income levels have not fallen during 2019/20 and are showing an increase, reflecting a large national increase in the number of people supporting charities connected to hospitals.

This risk will be added to the Charity risk register and will be reviewed on a quarterly basis. Work is now underway to develop the Charity risk appetite. This will further support the delivery of the Charity strategy and provide robust risk management arrangements.

5. SUMMARY

This strategy is ambitious yet deliverable, and will allow our Charity to make the greatest impact that it can for our staff, patients and local communities in what will be a greatly uncertain time. Our Charity has the opportunity to make a difference for many while offering some optimism and hope during these coming months and years, and genuinely helping our hospitals to go further for our staff, our patients and our local community.

6. RECOMMENDATION

It is recommended that this strategy is ratified for implementation from 1 April 2021.

Report of Caroline Docking
Assistant Chief Executive
19 January 2021

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Mission

To be an enabler to improving the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals, providing support for compassionate and innovative healthcare; education, research; locally and nationally.

"Helping Our Hospitals Go Further"

Guiding Principles

We are caring	We are honest and open	We are respectful	We are committed to high standards	We make best use of our resources

Goals

Improve the patient and visitor experience, enhancing care for patients and the wider community	**Improve staff health, wellbeing and development**	**Tackle health inequalities and key health issues for our region and nationally**

Strategic Aims

Aim 1: Enhance the patient experience and environment	**Aim 2:** Support the health, wellbeing and professional development of the staff of Newcastle Hospitals	**Aim 3:** Fund major developments and health related clinical research and innovation	**Aim 4:** Develop place-based partnerships to tackle health inequalities and to create healthier communities	**Aim 5:** Be a trusted charity partner with connected and engaged supporters and volunteers

Link to Strategic Framework of the Trust

Patients – putting patients at the heart of everything we do. Providing care of the highest standard focusing on quality and safety	**People** – ensuring that each member of staff is able to liberate their potential	**Pioneers** – ensuring that we are at the forefront of health innovation and research	**Partnerships** – we will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes	**Performance** – being outstanding, now and in the future

Impact

• Improvements to the patient environment • Excellent patient experience and engagement • Creative patient and community engagement opportunities	• Improved health, wellbeing and morale of staff • Opportunities for Trust staff • Delivery of sustainable healthcare initiatives • Expanded clinical knowledge/practice, better patient outcomes	• Catalyst funding for Trust's strategic priorities • Ability leverage available funding for strategic priorities	• Collaborative approach to addressing health inequalities and preventions/ interventions • Proactive in influencing policy for addressing health inequalities	• Efficient and effective charity governance and operations • Charity a household name in the region • Significant increase in fundraising income, from diverse range of sources • An outstanding charity team • Loyal and informed supporter base

Strategic Priorities

• Deliver an effective, accessible grants programme to support Trust improvements to services and the patient environment • Establish a grant programme dedicated to supporting patients and families experiencing severe financial difficulty during their treatment • Establish Arts engagement programme for staff and local community	• Generate financial support for the Trust's flagship wellbeing and recognition programmes • Generate financial support for staff initiatives within 'Sustainable Healthcare in Newcastle' (SHINE) • Fund a research fellowship programme for staff, supporting career progression while supporting the Trust to be at the forefront of health innovation and research	• Fund and fundraise for major projects within the Trust, and where the Trust is a key partner • Provide financial support for cutting edge clinical research and innovation, particularly when there is no other source widely available	• Build and strengthen partnerships with key health and VCSE organisations to deliver greater impact • Establish Newcastle Hospitals Charity as a regional partner for collaborative prevention initiatives • Support micro-communities through Collaborative Newcastle to improve health and wellbeing and reduce inequalities • Work with the NHS Charities Together network to influence national NHS charity funding priorities	• Ensure excellent governance and ethical standards of charity practice • Develop and resource professional, ethical fundraising programmes to deliver our ambition • Develop brand to ensure that our ability to deliver impact is understood • Focus fundraising on initial key themes: - Green & Healthy Hospitals - Research and innovation - Child Health - Cancer

Priority Actions

Increased visibility, profile and understanding of Charity within the hospitals and wider community	One Charity team supported to succeed	Effective use of technology and systems across all charity operations	Well managed income generation and resources to deliver our goal	Strategic grant-making, evaluation and impact

Agenda item A9

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	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 26 November 2020: • People Committee – 15 December 2020; • Charity Committee – 18 December 2020; • Extraordinary Finance Committee – 22 December 2020; • Extraordinary Quality Committee – 13 January 2021; • Audit Committee – 26 January 2021; and • Finance Committee - 27 January 2021.						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☒	☒	☒	☐
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 November 2020.

2. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 15 December 2020. During the meeting, the main areas of discussion to note were:

- James Dixon, Head of Sustainability, provided a presentation on Sustainability and detailed the 'people' related elements of the recently launched Climate Emergency Strategy. This included the launch of Shine Rewards, a staff benefits programme for undertaking activities such as saving energy, reducing waste and travelling sustainably.
- An update on the Trust's response to COVID-19 from a staffing perspective was provided, which included updates on both the Integrated COVID Hub North East (ICHNE) and Vaccination Hub recruitment.
- The Director of HR provided an update on employee wellbeing, noting the recent launch of the Staff Health and Wellbeing Strategy.
- The final response rates for the NHS Staff Survey were provided, along with details of next steps.
- A comprehensive Education and Workforce Development update was provided.
- The Director of HR presented the local People Plan and associated action plan.
- The Committee discussed the Trust workforce age profile in relation to succession planning.

The next meeting of the Committee is scheduled to take place on 16 February 2021.

3. CHARITY COMMITTEE

A formal meeting of the Charity Committee took place on 18 December 2020. During the meeting, the main areas of discussion to note were:

- The Charity Director provided a presentation on the Charity Strategy which included feedback from the Charity survey undertaken earlier in the year.
- A number of grants were received and approved, including grants for research and the 'Wellbeing Wednesday' initiative.
- The Charity Director presented the Charity Policy, which was approved subject to a number of small amendments.
- A number of financial reports were received by the Committee, including:
    - The Statement of Financial Accounts and Balance Sheet;
    - The Target Spend Report;
    - The Income Report; and

- The Summary of Investments.

- A NHS Charities Together update was received.
- Committee members approved the final Charity Annual Report and Accounts.

An extraordinary meeting of the Committee is scheduled to take place on 29 January 2021.

4. EXTRAORDINARY FINANCE COMMITTEE

An extraordinary meeting of the Committee took place on 22 December 2020. During the meeting, the main areas of discussion to note were:

- The Finance Director presented the Month 8 position, along with an update on the projected 2021/22 financial regime.
- The Chief Operating Officer provided an update on the Nightingale Hospital North East (NHNE), ICHNE and the Vaccination Hub.
- The Chief Operating Officer also provided an update on the Restart, Reset and Recovery programme.

The next meeting of the Committee is scheduled to take place on 27 January 2021.

5. EXTRAORDINARY QUALITY COMMITTEE

An extraordinary meeting of the Committee took place on 13 January 2021.

The committee was convened to discuss the recently published Ockenden Report.

The next meeting of the Committee is scheduled to take place on 23 February 2021.

6. AUDIT COMMITTEE

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

- The Assistant Chief Executive presented the quarterly Risk Register Report and review of the Trust's Risk Appetite.
- The Internal and External Audit Progress Updates were received.
- The Fraud Specialist Manager presented the Counter Fraud Activity Report.
- The Trust Secretary presented updates to the Trust's financial governance documentation for approval.
- The Committee received a number of reports, including:
  - The Annual Report and Accounts Timetable and Plan for 2020/21;
  - Review of Schedule of Approval of Single Tender Action and Breaches and Waivers exception report;
  - Review of Debtors and Creditors Balances; and
  - Review of Schedule of Losses and Compensation.

The next meeting of the Committee is scheduled to take place on 27 April 2021.

7. FINANCE COMMITTEE

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

- The Month 9 Finance Report, including the forecast year end income and expenditure position, was received.
- The Director for Enterprise and Business Development presented a report on Planning for the 2021/22 financial year.
- The Chief Operating Officer provided an update on the NHNE, ICHNE and the Vaccination Hub.
- Updates on the Commercial Enterprise Unit and Procurement were provided, along with projections for the 2021/22 financial year.
- The Committee considered:
    - The draft Capital Programme for 2021/22;
    - The quarterly Board Assurance Framework Report; and
    - A Cyber Essentials Report.
- The Committee received a tender and Terms of Reference for the Commercial Strategy Group for approval.

The next meeting of the Committee is scheduled to take place on 24 March 2021.

8. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
21 January 2021

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Agenda item A10

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	28 January 2021						
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				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	The report includes an update on the following areas: • Council of Governors Update; • Council of Governors Elections; • Annual Report and Accounts 2020/21; • NHS Provider Licence Self-Certifications; • Risk Management Update; • Annual Declarations of Interest; • Data Protection Officer Update; • Charity Committee Terms of Reference; • CQC Future Strategy Consultation; and • Spotlight on Services.						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
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
	☒	☒	☒	☒	☐	☒	☐
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 meetings continue to take place virtually with the last formal meeting held on 10 December 2020. The meeting contained three presentations on the following subjects:

- The Restart, Reset and Recovery Programme from Martin Wilson, Chief Operating Officer;
- The Charity Strategy from Teri Bayliss, Charity Director; and
- An update on the Trust's Climate Emergency and Sustainability Strategy from James Dixon, Head of Sustainability.

The next meeting of the Council will take place on 18 February and will be a private workshop. The agenda is currently being finalised.

Board members will be aware that the Council has a number of Appointed Governors from partner institutions. Professor Andrew Wathey, Vice Chancellor and Chief Executive of Northumbria University has now completed the maximum nine year term of office as a Trust Governor. The thanks of the Chairman and the Board of Directors were extended to Professor Wathey for his time as a Governor.

Professor Peter Francis, Deputy Vice Chancellor, has now joined the Council of Governors as the Appointed Governor for Northumbria University, replacing Professor Wathey for an initial three year term. New Governor induction with the Trust Secretary and Chairman is being scheduled.

The Deputy Trust Secretary continues to keep the Governors apprised regarding Trust developments via regular MS Teams meetings and a fortnightly email. Positive feedback has been received on this engagement.

3. COUNCIL OF GOVERNOR ELECTIONS

Preparations for the 2021 round of Council of Governor elections have commenced for those seats that will be vacated on 31 May 2021.

The vacancies in the Public constituencies are as follows:

Constituency	No. of seats
Newcastle upon Tyne [1]	5
Northumberland, Tyne & Wear (excluding Newcastle upon Tyne) [2]	2

North East [3]	2

There will be three vacancies within Staff Governor seats.

The election cycle will take place in the early spring.

4. ANNUAL REPORT AND ACCOUNTS 2020/21

The Trust has commenced preparations to produce the Annual Report and Accounts and awaits the publication of the *'NHS Foundation Trust Annual Reporting Manual 2020/21'* from NHS Improvement (NHSI) and NHS England (NHSE).

It is anticipated that content requirements will be streamlined, much the same as during the last financial year.

The first meeting to coordinate production took place on 19 January. The report will be reviewed by the Audit Committee prior to agreement at the Board of Directors in advance of the submission date in June 2021.

This precedes the receipt of the Annual Report and Accounts by Parliament and will be shared with the public in early September at the Annual Members Meeting.

5. NHS PROVIDER LICENCE SELF CERTIFICATION

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

A review of compliance took place in January 2021 and compliance with the conditions of the NHS provider licence, NHS legislation and the NHS constitution has been confirmed. The Self Certification documents can be found in the Board Reference Pack.

6. RISK MANAGEMENT UPDATE

Over the last month, the Corporate Risk and Assurance Manager has been meeting with Executive Directors to complete quarterly Board Assurance Framework updates to ensure that the Board Assurance Framework consistently describes strategic risks to the Trust. An annual review of the Trust Risk Appetite Statement took place in December 2020 and a proposal to make two amendments to the statement has been included within the Board Assurance Framework and Trust Risk Management Report. In addition to the Trust Risk Appetite Statement, work is now underway to support the Newcastle Hospitals Charity to develop the charity risk appetite, which will support the delivery of the charity strategy and guide the charity risk management processes and associated governance.

7. ANNUAL DECLARATIONS OF INTEREST

From the first week in February 2021, the annual process for managing conflicts of interest will commence. Senior staff and/or those staff who work in specific areas where conflicts may arise due to the nature of their role will receive an email from the Corporate Governance Team inviting them to complete their annual declaration of interest. This will be an automated process, utilising the Trust's Declare system portal.

8. DATA PROTECTION OFFICER (DPO) UPDATE

The primary focus over the last few months has been around COVID-19 data, specifically around research and developments, the roll out of testing and vaccination planning and implementation.

The national programmes for immunisation and vaccination, NIMS and NIVS, were developed as digital solutions to capture immunisation and vaccination data. Prior to the roll-out of the national programme, the Trust had developed an app to assist with staff testing. The use of the app and the sharing of staff data led to some staff queries regarding consent and the legal basis for sharing such data which were addressed.

The DPO provided support and advice regarding the roll-out of the 'Earn'd app' which provides the ability for staff to draw down the 'earned' element of their monthly salary, which came into place in November 2020. These projects and their use of personal staff data highlighted the need for engagement with the Data Protection Officer at an early stage.

The Integrated COVID Hub North East work program has also seen a concentrated workload, specifically around the contract between the Trust as the lead organisation and the Department for Health and Social Care. The DPO has worked with Trust solicitors to ensure that the Data Protection Schedules within the contract protected both the Trust and its patients.

There has been a steady increase in the number of Privacy Impact Assessments (PIAs) undertaken in the last few months. This was as a result of the increase in COVID specific research, as well as a result of further awareness raising around the mandatory requirements for the completion of PIAs.

The Trust had been preparing for the withdrawal of the United Kingdom (UK) from the European Union (EU) for over twelve months however in December additional work arose due to the identification of new data flows into the Trust from the EU which required the inclusion of additional contract clauses. The final trade deal does include a temporary adequacy agreement between the EU and the UK to allow two-way data flows to continue until 30 June 2021. The Information Commissioner and the EU data regulators are working towards a permanent agreement.

The Freedom of Information team has also seen an increase in the number of requests, with the majority referring to the Trust's management of COVID-19. The DPO has worked closely with the team to provide advice and support where appropriate.

9. CHARITY COMMITTEE TERMS OF REFERENCE

Board members will be aware that the Terms of Reference for each of the Board Committees are reviewed annually. The majority of Board Committee Terms of Reference were reviewed in July 2020.

The review of the Terms of Reference for the Charity Committee is on hold until the Charity Strategy has been reviewed and implemented. The Charity Committee Terms of Reference will be revised and brought to the Board for approval later in the year.

10. CQC FUTURE STRATEGY CONSULTATION

On 7 January 2021, the CQC published a formal consultation on its future strategy. The initial draft has now been produced and key stakeholders are invited to consult upon the content. The consultation on the draft strategy would be open until 4 March 2021. Further information can be found at: https://www.cqc.org.uk/get-involved/consultations/world-health-social-care-changing-so-are-we.

11. SPOTLIGHT ON SERVICES

As outlined in the last report, a series of virtual events entitled 'Spotlights on Services' have been created to allow for further Non-Executive Director and Chairman interaction with the wider Trust whilst Leadership Walkabouts are not able to take place due to the pandemic.

Two further sessions have been scheduled as follows:

- 24 February: Renal Dialysis Service; and
- 22 March: Community Services.

12. RECOMMENDATIONS

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

Kelly Jupp
Trust Secretary

Fay Darville
Deputy Trust Secretary
21 January 2021

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